



Experiential avoidance, eating expectancies, and binge eating: A preliminary test of an adaption of the Acquired Preparedness model of eating disorder risk



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ABSTRACT

This study investigated learned expectancies of eating outcomes as a mechanism through which maladaptive avoidant strategies relate to eating psychopathology. Participants included 244 undergraduate students at a Midwestern university. The participants completed a battery of measures online. Preacher and Hayes's (2008) bootstrapping method of mediation and structural equation modeling were used to analyze the relationships among experiential avoidance, eating expectancies, and binge eating and to test how experiential avoidance fits within the Acquired Preparedness model of eating disorder risk that highlights the role of negative urgency. Results revealed that experiential avoidance was positively related to negative affect eating expectancies and to binge eating. Negative affect eating expectancies mediated the relationship between experiential avoidance and binge eating. Further, experiential avoidance more adequately explained binge eating in the Acquired Preparedness model of eating disorder risk than did negative urgency. The findings from this study suggest an alternative understanding of the pathways through which dispositional and psychosocial characteristics of undergraduate students may impact eating disorder symptomatology.

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1. Introduction

Entering the college environment often imposes unique sources of financial, academic, and social stress (Baker & Siryk, 1984; Tinto, 1982; Xuereb, 2014) and may instigate the development or exacerbation of disordered eating for individuals who already possess certain risk factors for eating psychopathology (Compas, Wagner, Slavin, & Vannatta, 1986; Fitzsimmons-Craft, 2011). Eating disorder behaviors may act as maladaptive coping strategies to mitigate stress and unpleasant emotions (e.g., Heilbrun & Harris, 1986). Thus, the presence of eating disorder symptomatology in college students may be understood in part as a response to college life stress.

Eating disorder symptoms are fairly common in undergraduate students. For instance, in a sample of university students, 13.5% of

women and 3.6% of men endorsed three or more eating disorder symptoms, which predicted symptomatology at 2-year follow-up, suggesting the persistence of eating disorder symptoms while in college (Eisenberg, Nicklett, Roeder, & Kirz, 2011). Further, 48% of college students report ever having had a binge-eating episode, and approximately 20% report ever having used self-induced vomiting as a method of weight-management (Kelly-Weeder, 2011). If engaging in these behaviors is in part a maladaptive response to stress, it is important to identify what makes certain individuals more susceptible than others to these behaviors.

1.1. Experiential avoidance

Experiential avoidance represents an aversion to maintaining contact with unpleasant emotional, cognitive, and physical experiences and a subsequent effort to evade these experiences (Chawla & Ostafin, 2007). While avoidance of this nature may provide initial relief, it can increase the frequency of the negative experiences in the future (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Marx & Sloan, 2005). For example, cognitive avoidance initially includes thinking about the avoided entity (e.g., "I will not think about

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purging.”), which makes the avoided entity more accessible and likely to impact future cognition and behavior (Wenzlaff & Wegner, 2000). As such, the tendency to avoid uncomfortable experiences represents a risk factor for future distress by predicting a number of negative health concerns and initiating various pathways to psychopathology (Hayes et al., 1996). In particular, avoidant personality traits are commonly associated with eating disorders, such that these traits are understood to precede the onset of the disorder and help maintain eating psychopathology (Lyubomirsky, Casper, & Sousa, 2001; Troop & Treasure, 1997; Troop, Holbrey, & Treasure, 1998). Given that efforts to evade uncomfortable experiences are often unsuccessful (e.g., Hayes et al., 1996), the use of eating disorder behaviors may serve as maladaptive methods to facilitate the goal of avoidance. This interpretation is consistent with research suggesting that individuals with poor emotion regulation abilities may use binge eating, purging, and extreme exercise as methods of avoiding undesirable affective episodes (e.g., Lavender & Anderson, 2010; Lavender, Jardin, & Anderson, 2009).

Individuals may use any number of strategies to avoid unpleasant experiences, including thought suppression (Chawla & Ostafin, 2007) and avoidant coping (Cosway, Endler, Sadler, & Deary, 2000; Endler & Parker, 1990). The use of avoidant coping strategies has been linked to eating disorder symptomatology in non-clinical undergraduate women (Freeman & Gil, 2004; VanBoven & Espelage, 2006), adolescent females (García-Grau, Fusté, Miró, Saldaña, & Bados, 2002), undergraduate men (Filaire, Treuvelot, & Toumi, 2012), and women with eating disorders (Ghaderi & Scott, 2000; Sherwood, Crowther, Wills, & Ben-Porath, 2000; Soukup, Beiler, & Terrell, 1990). Thought suppression has likewise been linked to eating psychopathology (Lavender, Anderson, & Gratz, 2012; Soetens, Braet, & Moens, 2008) and more specifically, bulimic symptomatology (Lavender et al., 2009). Furthermore, experiential avoidance as a broader construct has been associated with eating psychopathology in healthy adolescent and adult females (Cowdrey & Park, 2012) and undergraduate students (Fulton et al., 2012; Masuda, Muto, Tully, Morgan, & Hill, 2014; Rawal, Park, & Williams, 2010). Experiential avoidance is also associated with emotional eating, a risk factor for eating disorder symptomatology, among women (Litwin, Goldbacher, Cardaciotto, & Gambrel, 2017).

Experiential avoidance is also salient in clinical populations. Schmidt and Treasure (2006) argue that experiential avoidance represents a relevant maintaining factor of anorexia nervosa, particularly through the act of avoiding negative emotions. This claim is supported by evidence that change in eating disorder symptoms over time is positively associated with change in experiential avoidance (Rawal et al., 2010). Thus, experiential avoidance may be relevant in relation to recovery. In fact, one study examined the effect of Acceptance and Commitment Therapy on binge eating in individuals seeking weight loss. The results suggest that experiential avoidance mediated the relationship between treatment effects and binge eating, such that individuals who reported a reduction in experiential avoidance also endorsed lower levels of binge eating (Lillis, Hayes, & Levin, 2011). Thus, experiential avoidance appears to be related to eating psychopathology; however, why some individuals who desire to limit contact with unpleasant experiences use eating disorder behaviors to accomplish this task is not well understood.

1.2. Eating expectancy theory

Expectancy learning theory describes expectancies as learned associations between behaviors and their outcomes. These associations are retained in memory and influence future behavioral decisions (Behan, 1953; Tolman & Postman, 1954). In the realm of

eating psychopathology, Hohlstein, Smith, and Atlas (1998) identified expectancies about eating that are associated with bulimic and anorexic symptomatology in adults. Specifically, bulimic symptoms and dietary restraint plus disinhibition are related to the expectancy that eating will diminish negative affect and boredom. These expectancies appear to reflect a negative reinforcement process as described by Polivy and Herman's (1993) affect regulation model of binge eating. This model posits that heightened negative affect precedes binge-eating episodes (Berg et al., 2013; Haedt-Matt & Keel, 2011) and that binge eating relieves negative emotional states (Berg et al., 2013; Smyth et al., 2007). Negative reinforcement eating expectancies help explain the perpetuation of bulimic symptomatology in the absence of actual reinforcement, highlighting one of the main strengths of this theory.

1.3. Acquired Preparedness model

Acquired Preparedness (AP) risk models hypothesize that certain personalities make individuals distinctively prepared to acquire expectancies related to risky or deleterious behavior (Smith, Williams, Cyders, & Kelley, 2006). In the eating disorder field, researchers have used the AP model to postulate that some individuals high on negative urgency, a facet of impulsivity describing the tendency to react to stress in a rash manner (Whiteside & Lynam, 2001), acquire the belief that eating diminishes negative emotions (either directly or vicariously; Fischer, Smith, & Cyders, 2008). This belief leads these individuals to engage in binge eating during times of heightened negative emotion. Cross-sectional data of undergraduate students provide some support for this process by demonstrating that individuals with high negative urgency who endorse negative reinforcement eating expectancies are more likely to experience bulimic symptoms (Fischer, Anderson, & Smith, 2004; Fischer, Smith, Anderson, & Flory, 2003; Schaumberg & Earleywine, 2013). Further, cross-sectional and longitudinal studies of preadolescent children suggest that eating expectancies may in fact mediate the positive relationship between negative urgency and binge eating (Combs, Pearson, & Smith, 2011; Pearson, Combs, & Smith, 2010; Pearson, Combs, Zapolski, & Smith, 2012; Pearson, Zapolski, & Smith, 2014).

Only one study has explored the relationship between experiential avoidance and eating expectancies in undergraduate students, finding that experiential avoidance was associated with women's expectancies that eating relieves negative affect and boredom (Hayaki, 2009). Therefore, it is possible that experiential avoidance may be an additional dispositional feature that could explain the presence of binge eating in an AP process. Schaumberg et al. (2016) examined a mediation model with experiential avoidance, eating expectancies, and disinhibited eating (i.e., the propensity to overeat as a consequence of various stimuli; Hays & Roberts, 2008) in a sample of overweight and obese individuals. In this model, experiential avoidance was positively related to disinhibition through negative reinforcement eating expectancies. Thus, some evidence exists in the overweight/obesity population to suggest that believing eating alleviates distress explains the relation between experiential avoidance and abnormal episodes of eating. However, eating disorder researchers have yet to identify a model that explains how experiential avoidance and eating expectancies impact binge eating. It is possible that experiential avoidance plays an important role in the AP model of eating disorder risk by serving as an additional predictor of binge eating. Similar to negative urgency, experiential avoidance represents a trait that drives one to react to negative internal experiences. It may be that individuals who have a tendency to act rashly when encountering these negative encounters and tend to avoid unpleasant internal experiences are at greater risk for engaging in

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