



When does behavior follow intent? Relationships between trait level dietary restraint and daily eating behaviors



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ABSTRACT

Background: The relationship between self-report trait level restriction and daily engagement in restriction behaviors is not well understood, and as a result the usefulness of such trait level measures is unclear. The present study aimed both to examine the validity of self-reported trait dietary restraint behaviors, and to examine the respective relationships among self-reported trait dietary restraint intentions and behaviors and both restrained and disinhibited eating at the daily level.

Methods: A sample of 109 women ($M_{\text{age}} = 24.72$, $SD = 4.15$) completed a self-report trait level measure of dietary restraint before providing EMA data on their daily engagement in dietary restraint and disinhibited eating behaviors, as well as mood, over a period of 7 days. Multilevel hurdle models were used to test the relationship between trait levels of dietary restraint, and daily level reports of restraint and disinhibited eating behaviors.

Results: Trait restraint behavior was a consistent predictor of daily presence and frequency of restraint behaviors. In contrast, trait restraint intentions was not a predictor of daily restraint behaviors, however it did predict daily frequency of overeating. In addition, daily negative affect emerged as a predictor of comfort eating, but was not predictive of restraint behaviors.

Conclusions: Findings confirm the usefulness of assessments of self-reported trait dietary restraint behaviors as a method of capturing dieting behaviors. In contrast, trait level dietary restraint intentions was a poor predictor of eating outcomes and more research on the way that restraint intentions affect eating behaviors is warranted.

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The role of dietary restraint in the development of eating pathology and effective eating and weight regulation has been a subject of debate for several decades, in part due to a lack of conceptual clarity and measurement difficulties (Johnson, Pratt, & Wardle, 2012; Schaumberg, Anderson, Anderson, Reilly, & Gorrell, 2016; Stice, Sysko, Roberto, & Allison, 2010). Recently, our understanding of the role of dietary restraint has been advanced by the distinction between restraint intentions versus behaviors (Larsen, van Strien, Eisinga, Herman, & Engels, 2007). However, despite these conceptual clarifications, the respective roles played by intentions to restrict dietary intake, and successful behavioral restriction of energy intake remain poorly understood. Ecological

momentary assessment (EMA) has emerged as a means of capturing daily life eating behaviors with the potential to provide additional insights into the mechanisms of eating self-regulation (Holmes, Fuller-Tyszkiewicz, Skouteris, & Broadbent, 2014a; Holmes, Fuller-Tyszkiewicz, Skouteris, & Broadbent, 2014b). The present study aimed both to examine the validity of self-reported trait dietary restraint behaviors, and to examine the respective relationships among self-reported trait dietary restraint intentions and behaviors and both restrained and disinhibited eating at the daily level.

Dietary restraint has been alternately identified on the one hand as a prospective risk-factor in the development of eating pathology (Holmes et al., 2014a,b; Stice, Killen, Hayward, & Taylor, 1998) and increasing weight-trajectory (Mann et al., 2007; Neumark-Sztainer, Wall, Story, & Standish, 2012), and on the other hand as a predictor of improved self-regulation in eating (Burton & Stice, 2006; Lowe,

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Witt, & Grossman, 2013) and successful weight-loss (Klem, Wing, McGuire, Seagle, & Hill, 1998) and control (Lowe, Foster, Kerzhnerman, Swain, & Wadden, 2001). In addition, research has suggested that self-report measures of dietary restraint lack validity and poorly predict actual energy intake (Stice, Fisher, & Lowe, 2004; Stice et al., 2010). Efforts to resolve these apparent contradictions and limitations in terms of assessment validity have led to increased conceptual clarity and the distinction between different dimensions of dietary restraint, in particular cognitive versus behavioral dimensions (Larsen et al., 2007). The cognitive dimension of dietary restraint is defined as the cognitive effort aiming to restrict food intake, regardless of behaviors and outcomes (Cruwys, Platow, Rieger, & Byrne, 2013; Lowe, Whitlow, & Bellwoar, 1991; Schaumberg et al., 2016). In contrast, the behavioral dimension of dietary restraint refers to the successful limitation of energy intake (Larsen et al., 2007). To date however, it is unclear how helpful the distinction of these two dimensions has been in terms of improving measurement validity and clarifying the relationships between dietary restraint and eating pathology.

Theoretical accounts of the relationship between restraint and eating pathology and weight gain posit that periods of restriction serve to both increase the value of food, thus rendering it more attractive and more difficult to resist, as well as increasing hunger, both of which increase the likelihood of disinhibited eating occurring and likely weight gain over time (Schaumberg et al., 2016; Stice, 2001). In addition, these theories highlight the role of dichotomous thinking in promoting the temporary abandonment of dieting intentions following a perceived transgression before the formation of renewed, sometimes increasingly strict, intentions to restrict eating (Fairburn, Cooper, & Shafran, 2003; Lethbridge, Watson, Egan, Street, & Nathan, 2011). When considered within this theoretical framework, the two distinct dimensions of restraint intentions and behaviors might be expected to reveal unique patterns of association with eating pathology. Thus, it has been proposed that the cognitive dimension of restraint, that is restraint intentions, would be most strongly related to failures of self-regulation in eating and eating pathology, while restraint behaviors, that is successfully regulating one's energy intake, would be better predictors of self-regulated eating (Boyce, Gleaves, & Kuijjer, 2015; Larsen et al., 2007). This pattern has been confirmed in some cases (Larsen et al., 2007; Lowe et al., 2013), however other findings have not supported this theory (Boyce et al., 2015; Zunker et al., 2011). Therefore, additional research is warranted to further clarify these relationships.

An additional factor that has been identified as being involved in the relationship between trait restriction and energy intake is negative affect. In particular, the affect regulation model posits that binge-eating patterns are maintained through the reinforcing effect of their capacity to temporarily alleviate negative affect (Polivy & Herman, 1993). Consistent with this, a number of studies have found that negative affect is a longitudinal predictor of overeating or binge eating (Berg et al., 2013; Stice, 2001, 2002). Comfort eating, defined as eating specifically for the purpose of alleviating negative affect but not necessarily in large quantities or in the context of loss-of-control, has received less attention to date. However, cross-sectional support has been found for the relationship between negative affect and emotional eating (Spoor, Bekker, Van Strien, & van Heck, 2007).

In recent years, researchers have highlighted the advantages of assessing daily occurrences of eating behavior through EMA as compared to trait measures (Holmes et al., 2014a,b; Zunker et al., 2011). In the context of dietary restraint, EMA assessment allows for the specific assessment of occurrences of restraint behaviors as well as failures in self-regulation and thus presents a number of advantages for the clarification of these mechanisms. Thus, the

present study aimed to utilize EMA data to further the understanding of the respective roles of restraint intentions and behaviors in relation to daily eating behaviors. In EMA, participants are asked to report at different time points throughout the day whether or not they have engaged in any of the eating behaviors of interest, which allows for the examination of patterns of behaviors over time. Importantly, in such data, individuals with heightened trait dietary restraint may be differentiated from those with lower restraint tendencies on at least two bases: (i) whether they engage in restraint (and over-eating) practices in daily life, and (ii) how often they engage in these restrictive behaviors within daily life. This distinction is particularly important for the present study, since it provides a range of restrictive eating behaviors that may differ in frequency in the general population, from more common, and perhaps less severe, restrictive attempts such as choosing to eat healthier foods for one's next meal, to less common approaches such as skipping a meal altogether. Insofar as at least some of these restrictive behaviors are common to both restrained and non-restrained eaters, mere occurrence of these behaviors in daily life may be poorly predicted by trait restraint scores. In such a case, better differentiation may come from considering the extent to which an individual engages in these behaviors.

The specific aims of the present study were therefore twofold. First, we aimed to examine the validity of self-reported trait dietary restraint behaviors by testing the association with self-reported daily restrained eating behavior. Second, we aimed to examine the predictors of daily reported restrained and disinhibited eating behaviors. Consistent with the theoretical framework outlined above (Larsen et al., 2007), we expected that trait restraint behaviors would predict self-regulated, sustainable, daily restrained eating behaviors (eating less, eating healthy foods) while trait restraint intentions would predict daily extreme restraint behaviors (eating nothing) and disinhibited eating behaviors (emotional eating and overeating). Finally, we examined the role of daily negative affect as a predictor of daily reported restrained and disinhibited eating behaviors.

1. Method

1.1. Participants

The current study utilizes data from a larger study, including a sample of 124 women, with an age range of 18–40 years ($M = 24.72$, $SD = 4.15$) (Holmes et al., 2014a,b). Just over a third of participants had a Bachelor's degree (38.4%) and most were working either full or part time in addition to studying (75.0%). Self-reported body mass indices ($BMI = \text{kg/m}^2$) ranged from 16.38 to 38.99 ($M = 23.96$, $SD = 4.19$). Following practice by Colautti et al. (2011), participants who completed less than 50% of the EMA assessments were removed prior to main analyses. This reduced the final sample to 109 participants.

2. Materials

2.1. Trait measures (phase 1)

2.1.1. Demographics

This questionnaire obtained information concerning the participants' age, height, weight, education level, and employment status.

2.1.2. Dietary restraint

The 10-item restrained eating behavior subscale of the Dutch Eating Behaviour Questionnaire (DEBQ; van Strien, Frijters, Bergers, & Defares, 1986) was used to evaluate individual differences in dietary restraint practices. Consistent with Larsen et al. (2007), the 10

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