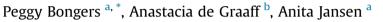
Appetite 96 (2016) 611–616

Contents lists available at ScienceDirect

Appetite

journal homepage: www.elsevier.com/locate/appet

'Emotional' does not even start to cover it: Generalization of overeating in emotional eaters



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ARTICLE INFO

Article history: Received 22 May 2015 Received in revised form 2 November 2015 Accepted 3 November 2015 Available online 10 November 2015

Keywords: Emotional eating External eating Food cue exposure Cue-reactive eaters Cue reactivity Food intake Types of eaters

ABSTRACT

Based on recent studies indicating that emotional eating is not the clearly defined problem it is often thought to be, the present study investigated whether emotional eaters overeat merely in response to negative emotional cues, or to other cues as well. It was hypothesized that emotional eaters would overeat after a variety of food cues, not limited to negative emotions. Participants took part in four condition) divided over two sessions. Each condition was followed by a bogus taste test, after which food intake was measured. Results showed strong correlations between food intake after all four conditions, indicating that increased intake after one type of cue is related to increased intake after other cues. Participants were identified as emotional or non-emotional eaters based on food intake in the negative mood condition, and based on self-reported emotional eating scores. Both measures of emotional eating were significantly related to food intake after all cues. Based on the current findings, we conclude that individuals who show increased food intake when in a negative emotional state also overeat when experiencing other food-signalling cues. This indicates that 'emotional eating' may not fully capture the eating behaviour of individuals currently identified as 'emotional eaters'.

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1. Introduction

In eating research, it is common practice to use labels to define certain types of eaters. In the 1970s, Herman and Mack (1975) introduced the 'restrained eater', a term that is used to describe individuals who deliberately try to restrict their food intake to maintain or achieve their desired weight. Restrained eaters were later contrasted with disinhibited eaters (Stunkard & Messick, 1985), to discriminate between those who are constantly able to restrict food intake, and those who tend to overeat or break their diets on a regular basis (Herman & Polivy, 1975). Such disinhibiting factors leading to overeating could be internal cues (e.g., emotions), or external cues (e.g., the sight or smell of food), and two types of eaters have been presented accordingly: emotional eaters (assumed to be specifically responsive to negative emotions) and

external eaters (assumed to be specifically responsive to external food cues) (Van Strien, Frijters, Bergers, & Defares, 1986). These eater types are distinguished from restrained eaters, who are supposed to succeed in restraining their food intake (Van Strien et al., 1986). Currently, the distinction between emotional, external and restrained eaters is generally accepted, and the past 20 years have seen a wealth of studies devoted to these specific sub-types. Some clear empirical predictions follow from the division into these three eating types: individuals scoring high on measures of emotional eating should increase their food intake in response to the experience of (negative) emotions, high scorers on external eating scales should consume more in response to external cues, and those scoring high on restraint – but low on emotional and external eating – should not overeat.

However, recently there have been indications that emotional and external eating are not the clearly demarcated issues of overeating in response to negative emotions or external cues they have long been thought to be, but rather small aspects of a more general issue revolving around problematic food intake. Van Strien and Ouwens (2003) found that emotional eating, but not external eating or dietary restraint, moderated the relationship between a







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preload and food intake. Jansen et al. (2011) assessed degree of emotional eating, external eating and restrained eating in a female student sample. Unexpectedly, external eating scores did not predict food intake after exposure to food, and very similar eating patterns among high scorers on all three types of eating were found. Based on their data, Jansen et al. (2011) argued that there may be no need to distinguish between different types of eaters, but that high scorers on such scales are 'generally eating-concerned', whereas low scorers are unconcerned. According to the researchers, the eating-concerned individuals are characterized by an ever-present concern about their food intake as well as problems with restricting their food intake when confronted with intake-inducing cues such as emotions and palatable food. Along similar lines, studies taking a diary-approach were unable to relate emotional eating scores to food intake after the experience of daily hassles (Adriaanse, de Ridder, & Evers, 2011; Conner, Fitter, & Fletcher, 1999). However, they did identify snacking out of habit, restraint, and external eating as predictors of overeating after experiencing negative emotions. In an additional study, Adriaanse et al. (2011; study 3) found that high scores on emotional eating were predictive of eating concerns, specifically high worrying about and high monitoring of their own eating behaviour, low perceived control over the own eating behaviour, and stronger extrinsic motivation with regard to healthy eating. They proposed that people who score high on emotional eating are preoccupied with food and eating in general, and focus specifically on the negative aspects of eating.

Considering the aforementioned studies, it is conceivable that there is a bigger issue of general food responsiveness at hand and that in certain individuals many different cues will lead to overeating. This idea is further supported by studies showing strong associations between self-reported emotional eating, external eating, and dietary restraint (Jansen et al., 2011; Turner, Luszczynska, Warner, & Schwarzer, 2010; Van Strien et al., 1986). In addition, there is some evidence that positive emotions can also induce overeating (i.e., higher intake in an experimental compared to a control procedure) in people who score high on an emotional eating questionnaire (Bongers, Jansen, Havermans, Roefs, & Nederkoorn, 2013). Insight into the cues that lead to overeating and whether individuals who report or display excessive food intake do so in response to only one specific cue or several cues is important for more effective prevention, assessment, and treatment of overeating.

The aim of the current study was to investigate food intake of emotional eaters in response to a variety of potentially foodsignalling cues. Because substantially more studies have focused on emotional compared to external eating and some previous studies have questioned the validity of emotional eating questionnaires and classifications (see for example Adriaanse et al., 2011; Bongers, Jansen, Havermans, et al., 2013; Evers, de Ridder, & Adriaanse, 2009), we use emotional eating as the reference point in this study. In addition, because recent studies have shown that high scores on questionnaires assessing eating after negative emotions do not necessarily correspond with actual eating behaviour after negative emotions (Adriaanse et al., 2011; Bongers, Jansen, Havermans, et al., 2013; Bongers, Jansen, Houben, & Roefs, 2013; Brogan & Hevey, 2013; Conner et al., 1999; Evers et al., 2009), we sought to add to self-report questionnaires by including actual food intake after experiencing negative emotions to identify emotional and non-emotional eaters.

It is hypothesized that participants identified as emotional eaters will consume more food in a negative emotional state, in a positive emotional state and after food cue exposure compared to a control condition. No intake differences between conditions in the non-emotional eaters are expected. In addition, it is hypothesized that emotional eaters will consume more food than non-emotional eaters after all experimental conditions, but not the control condition.

2. Methods

2.1. Participants

Participants were 42 female undergraduate students of Maastricht University, ranging in age from 19 to 27 years old (M = 20.26, SD = 1.82). They were recruited through advertisements distributed throughout the university and online. The advertisements called for female undergraduate students in the ages 18 to 30 to participate in a study allegedly on taste perception under different circumstances. Students suffering from food allergies were excluded from participating. The study was approved by the local ethics committee.

2.2. Conditions and manipulations

The study employed a within-subject design, with participants partaking in all five conditions. The conditions were divided over two sessions one week apart, with each session containing one control condition and one emotional condition. The emotional conditions were divided over the two sessions to avoid difficulties in switching from positive to negative moods or vice versa in a short time-frame. One control condition was implemented in each session to check for increased food intake during the second session, in light of the possibility that participants felt more comfortable to eat upon returning to the lab. The exposure condition always took place in the first session. Order of the emotion conditions and of the conditions within sessions was counterbalanced. The conditions and sessions are depicted in Table 1.

2.2.1. Negative mood

While listening to personal sad music (see procedure), participants wrote down a sad memory. If they were to finish writing before the music ended, they were instructed to keep thinking about the sad memory. The manipulation lasted for 5 min, and was proven to be effective in earlier studies (Bongers, Van den Akker, Havermans, & Jansen, 2015; Vuoskoski & Eerola, 2012).

2.2.2. Positive mood

This procedure was similar to the negative mood induction, except that participants listened to a personal happy piece of music, while thinking of and writing down a happy memory.

2.2.3. Food exposure

Participants were presented with two bowls containing two varieties of one of their top 3 chosen foods (e.g., for chocolate, they would receive M&M's and Maltesers). For 3 min, they were instructed by the experimenter to smell the food and think about eating it, but not to actually eat it.

Table 1 Overview of conditions per session.

Conditions in session 1 (week 1) ^a	Conditions in session 2 (week 2) ^a
Negative or Positive Exposure Control	Negative or Positive ^b Control

^a Order of conditions was counterbalanced within sessions.

^b The emotional condition in session 2 was opposite from the emotional condition in session 1.

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