



## The moderating role of resilience on the relationship between perceived stress and binge eating symptoms among young adult women



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### ABSTRACT

**Objective:** Adolescence and young adulthood are developmental periods during the life course that are sometimes associated with heightened stress and engagement in binge eating. Binge eating has been linked to psychiatric comorbidity, poorer physical health, and lower quality of life. However, less is known about protective factors that could buffer against binge eating behaviors. The current study examined the moderating role of resilience on the relationship between perceived stress and binge eating symptoms among emerging adult female college students.

**Method:** Participants were 297 young adult women aged 18–25 years ( $M_{age} = 19.22$ ,  $SD = 1.51$ ; 52% self-identifying as a racial/ethnic minority) with Body Mass Index ranging from 15 to 66 ( $M_{BMI} = 25.01$ ,  $SD = 6.18$ ). Women completed this cross-sectional study while they were attending universities in the Western or Southern United States. Participants provided demographic and height/weight information, and completed the following measures: Perceived Stress Scale, Binge Eating Scale, and Brief Resilience Scale.

**Results:** Higher perceived stress was significantly associated with more severe binge eating symptoms ( $b = 0.31$ ;  $p < .01$ ). In addition, higher resilience was associated with lower binge eating pathology ( $b = -0.20$ ;  $p < .01$ ). Moderation was supported as the relationship between perceived stress and binge eating symptoms varied by resilience level ( $b = -0.16$ ;  $p < .01$ ).

**Conclusions:** Women who perceived higher stress were more likely to engage in binge eating relative to women experiencing low stress; however, resilience attenuated this association. Resilience could be targeted to reduce the negative effects of perceived stress on eating behaviors in young women.

### 1. Introduction

Binge eating is a diagnostic marker implicated in all three eating disorders (i.e., Binge Eating Disorder (BED), Bulimia Nervosa (BN), and Anorexia Nervosa – binge/purge type) and it is the primary diagnostic symptom of BED and BN. In order to meet DSM-5 criteria for BED or BN, individuals must endorse engaging in a binge eating episode at least once a week for three months. An episode of binge eating is defined as: “eating, in a discrete period of time (e.g., a two hour period), an amount of food that is definitely larger than what most people would eat during a similar period of time and under similar circumstances,” and “lack of control over eating during the episode (e.g., feeling that you cannot stop eating or control what or how much you are eating)” (American Psychiatric Association, 2013). As the typical age of onset for BED and BN is between the ages of 18 and 26 years (Stice, Marti, & Rohde, 2013), this young adult developmental time period (Arnett, 2007) is a

critical time to address binge eating.

Young adults experience numerous unique stressors (such as managing autonomy from parents, developing an independent sense of identity, and navigating peer, familial, and romantic relationships), which make them vulnerable to poor health (Park, Scott, Adams, Brindis, & Irwin Jr, 2014). This period of the life course also coincides with the start of college for many young people. The cumulative stressor model hypothesizes that the co-occurrence of certain stressors during adolescence and young adulthood (e.g., puberty-related weight gain, dating onset, and intensified academic demands) interact to precipitate dieting and other eating disturbed behaviors, such as binge eating (Stice, 2002). Consistent with this cumulative stressor model (Stice, 2002), college students experience a number of unique stressors due to adjustment to college life and leaving home (often for the first time), both of which have been associated with engagement in high risk health behaviors, including binge eating (Phillips, Kelly-Weeder, &

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Farrell, 2016). Thus, the college environment is a particularly high risk setting for engaging in binge eating behavior, given the high levels of stress and the age range of most college attendees (Goldschmidt, Wall, Loth, Bucchianeri, & Neumark-Sztainer, 2014).

The association between stress and binge eating has been widely reported. Groesz and colleagues found that higher stress was associated with an increased desire to binge eat among women who ranged from lean to obese weight categories (Groesz, McCoy, Carl, et al., 2012). Researchers have also shown that women who endorse binge eating report experiencing more stressful life events and rate their daily hassles as more stressful than women who do not engage in binge eating (Crowther, Sanftner, Bonifazi, & Shepherd, 2001). Similar associations have been found in college and young adult populations. College women who engage in binge eating behaviors consistently report high levels of perceived stress over time (Wolff, Crosby, Roberts, & Wittrock, 2000). Similarly, findings from a study of 1700 adolescents and young adults revealed that individuals endorsing high levels of stressful life events were more likely to endorse binge eating behaviors relative to those endorsing low levels of stressful life events (Loth, van den Berg, Eisenberg, & Neumark-Sztainer, 2008). A meta-analysis supported these results, showing that a confluence of stressors in late adolescence and young adulthood led to increased engagement in binge eating and other eating pathology, supporting the notion of the cumulative stressor model of eating disturbances (Stice, 2002).

The link between stress and binge eating could be explained by the affect regulation model (Whiteside et al., 2007). Specifically, experiencing high levels of stress has been associated with higher levels of negative affect among some individuals (Hammen, 2015). Experiencing negative affect may lead these individuals to engage in unhealthy behaviors, such as binge eating (Safer, Couturier, & Lock, 2007), in order gain relief from these negative emotions. Illustratively, a recent systematic review showed that binge eating was immediately preceded by negative emotions and engaging in overeating (to cope with these emotions) appeared to provide immediate relief – resulting in a negative reinforcement cycle (Leehr et al., 2015). The mechanism by which higher stress leads to greater engagement in binge eating behavior has been posited by Goldschmidt et al. (Goldschmidt, Wonderlich, Crosby, et al., 2014). Specifically, these researchers found a mediational effect of negative affect on the relationship between stress and binge eating (Goldschmidt, Wonderlich et al., 2014). Given that binge eating is associated with numerous negative health outcomes (Stice et al., 2013), exploring protective factors (such as resilience) that might weaken the association between stress and binge eating is warranted. This knowledge might provide ideas for how to break the negative feedback loop from stress to negative affect to binge eating.

The protective factor model of resilience describes how protective factors can interact with a stressor to reduce the potential of a negative outcome (O'Leary, 1998). Resilience, defined as the ability to achieve positive outcomes despite exposure to substantial risk or adversity (Smith et al., 2008), has received increasing research attention because not all individuals exposed to adversity/hardship develop negative outcomes. Ungar, Ghazinour, and Richter (2013) propose an interactional and multilevel model of resilience, where they purport that resilience occurs as a result of an individual, the environment, and the individual's interaction with their environment (Ungar et al., 2013). While researchers have examined resilience across various populations, this concept has been understudied among young adults who engage in binge eating. Given that resilience has been associated with numerous positive outcomes among individuals experiencing adversity (Ungar et al., 2013), and college students are susceptible to high levels of stress (Beasley, Thompson, & Davidson, 2003), examining the association between resilience and stress on binge eating among college students will fill an important research gap.

Only a few studies have examined resilience in the context of eating behaviors. One qualitative study conducted in Spain showed that resilience played a critical role in improving the recovery process from

eating disorders, such that women who had been successful in their recovery described higher “trait resilience” as a key attribute that helped them stay in recovery (Las Hayas, Padierna, Muñoz, et al., 2016). In a US-based study, researchers examined factors that might promote resilience in relation to binge eating among college women (Mason & Lewis, 2016). Findings revealed that greater social support from family, more optimism, and lower rumination were associated with a decreased risk of binge eating for Black women (Mason & Lewis, 2016). In contrast, lower social support from friends, more social support from family, and more rumination were associated with an increased risk of binge eating for White women. To date, only one published study implemented an intervention to enhance resilience among college students during a period of increased academic stress (Steinhardt & Dolbier, 2008). Of note, stress, not eating behaviors, was the intervention target. Findings revealed that students who received the intervention had higher resilience scores, greater positive affect, and lower perceived stress compared to those who did not receive the intervention (Steinhardt & Dolbier, 2008). This research suggests that resilience is mutable and can be strengthened in interventions for college students.

Thus, the current study is poised to address an important gap in the literature by first examining the relationship between perceived stress and binge eating among a diverse sample of young adult college women. Women were the sample of choice given research support for gender differences in binge eating behaviors. Specifically, while some research indicates higher rates of binge eating disorder in men (Hudson, Hiripi, Pope, & Kessler, 2007), many studies have found that women are more likely than men to engage in binge eating behaviors (Kelly-Weeder, Jennings, & Wolfe, 2012) and develop eating disorders (Kessler, Berglund, Chiu, et al., 2013; Stice et al., 2013). Researchers have also shown a higher prevalence of disordered eating among college women than college men (Quick & Byrd-Bredbenner, 2013). Secondly, we explored whether resilience moderated the relationship between perceived stress and binge eating. We hypothesized that higher stress would be associated with greater binge eating severity and greater resilience will weaken the association between perceived stress and binge eating.

## 2. Methods

### 2.1. Participants

Participants were 297 female students enrolled in the participant subject pool at three universities across the Western ( $N = 65$ ) and Southern ( $N = 232$ ) United States. The sample included women ranging in age from 18 to 25 ( $M = 19.22$ ,  $SD = 1.51$ ) with Body Mass Index (BMI) ranging from 15 to 66 ( $M_{BMI} = 25.01$ ,  $SD = 6.18$ ). A total of 5.4% ( $n = 16$ ) participants were classified with underweight ( $BMI < 18.5$ ), 58.2% ( $n = 173$ ) with “lean” weight ( $BMI = 18.5–25$ ), 20.9% ( $n = 62$ ) with overweight ( $BMI = 25–30$ ), and 15.5% ( $n = 46$ ) with obesity ( $BMI > 30$ ). One hundred and forty-four (48.5%) participants self-identified as Non-Hispanic White, 80 (26.9%) as Non-Hispanic Black, 30 (10.1%) as Hispanic, 23 (7.7%) identified with more than one race/ethnic group, 15 (5.1%) as Asian American, 3 (1.0%) as Native Hawaiian/Pacific Islander, 1 (0.3%) as American Indian/Alaskan Native, and 1 (0.3%) chose not to disclose her race. Majority of the sample identified as college freshman ( $n = 151$ , 51.4%), 71 (24.1%) as sophomores, 43 (14.6%) as juniors, 28 (9.5%) as seniors, 1 (0.3%) as a graduate student, and 3 (1.0%) did not report their year in school. Participants reported their parents' income which was used as a proxy for socioeconomic status (SES). Parent income ranged from less than \$10,000 to greater than \$200,000 per year (13.4% of the sample had parental income less than \$25,000; 21.6% between \$25,000–\$49,999; 16.5% between \$50,000–\$74,999; 11.4% between \$75,000–\$99,999; 19.5% greater than \$100,000; 17.5% chose not to report).

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