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Exploring divergent trajectories: Disorder-specific moderators of the association between negative urgency and dysregulated eating

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ABSTRACT

Negative urgency (i.e., the tendency to act impulsively when experiencing negative emotions) is a well-established risk factor for dysregulated eating (e.g., binge eating, loss of control eating, emotional eating). However, negative urgency is transdiagnostic, in that it is associated with multiple forms of psychopathology. It is currently unclear why some individuals with high negative urgency develop dysregulated eating while others experience depressive symptoms or problematic alcohol use. Investigating disorder-specific moderators of the association between negative urgency and psychopathology may help elucidate these divergent trajectories. The current study examined interactions among negative urgency and eating disorder-specific risk factors specified in the well-established dual-pathway model of bulimic pathology (i.e., appearance pressures, thin-ideal internalization, body dissatisfaction, dietary restraint). We hypothesized that these interactions would predict dysregulated eating, but not depressive symptoms or problematic alcohol use. Latent moderated structural equation modeling was used to test this hypothesis in a large ($N = 313$) sample of female college students. Negative urgency was significantly associated with dysregulated eating, depressive symptoms, and problematic alcohol use. However, interactions among negative urgency and dual-pathway model variables were specific to dysregulated eating and accounted for an additional 3–5% of the variance beyond main effects. Findings suggest that eating disorder-specific risk factors may shape negative urgency into manifesting as dysregulated eating versus another form of psychopathology. Future research should use longitudinal designs to further test the impact of interactions among disorder-specific risk factors and negative urgency on divergent psychopathology trajectories.

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1. Introduction

Negative urgency (i.e., the tendency to act impulsively when experiencing negative emotions) is a key personality pathway to impulsive behavior included in recent etiologic models of eating disorders (Pearson, Wonderlich, & Smith, 2015). Negative urgency has consistently emerged as a correlate of dysregulated eating (e.g., binge eating, loss of control eating, emotional eating) in both at-risk samples and individuals with clinical pathology (Fischer, Settles, Collins, Gunn, & Smith, 2012; Racine et al., 2013, 2015). Further, negative urgency prospectively predicted increases in dysregulated eating in college women (Emery, King, Fischer, & Davis, 2013; Fischer, Peterson, & McCarthy, 2013) and girls transitioning from elementary to middle school (Pearson, Combs, Zapolski, & Smith, 2012). Negative urgency and dysregulated eating share a significant proportion of their genetic underpinnings (Racine et al., 2013), suggesting that negative urgency may mediate genetic risk for dysregulated eating. Taken together, negative urgency is a critical etiologic factor in the development of dysregulated eating.

Nonetheless, the risk posed by negative urgency is not specific to dysregulated eating. Rather, negative urgency is a transdiagnostic risk factor that predicts multiple internalizing (e.g., depressive symptoms; Smith, Guller, & Zapolski, 2013) and externalizing (e.g., problematic alcohol use; Settles, Cyders, & Smith, 2010) forms of psychopathology. Several studies implicate negative urgency in the comorbidity among psychological symptoms (Dir, Karyadi, & Cyders, 2013; Fischer et al., 2012), suggesting that prevention and intervention approaches that target negative urgency may impact a variety of mental health outcomes. However, research attempting to explain divergent trajectories—that is, why some individuals with high negative urgency develop dysregulated

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eating while others develop depression or drinking problems—is lacking. Identifying disorder-specific risk factors that moderate the effects of negative urgency on behavior has important theoretical and clinical implications. This research can lead to more comprehensive transdiagnostic models of psychopathology that explain both comorbidity and divergent trajectories (Nolen-Hoeksema & Watkins, 2011). Further, prevention and intervention programs designed to reduce negative urgency could be supplemented with disorder-specific modules.

Thus far, research examining the intersection of negative urgency and disorder-specific risk factors has focused almost exclusively on expectancies for reinforcement from the environment. Much of this work has tested the Acquired Preparedness model, which posits that disorder-specific expectancies serve to mediate the relationship between high-risk personality traits and psychopathology. For example, in a multi-wave longitudinal study of youth, negative urgency predicted increases in the expectancy that eating will alleviate negative affect, and this expectancy predicted increases in binge eating frequency (Pearson et al., 2012). Similarly, drinking to cope with distress mediated the relationship between negative urgency and drinking quantity across the first year of college (Settles et al., 2010). However, several studies also have considered whether disorder-specific expectancies contribute to different symptom presentations in individuals with high negative urgency. In an early study, Fischer and colleagues found that eating and alcohol expectancies moderated the associations between negative urgency with binge eating and problematic alcohol use, respectively (Fischer, Anderson, & Smith, 2004). Moreover, although high levels of negative urgency were found to characterize individuals with alcohol use disorders, eating disorders, and both conditions, eating expectancies distinguished individuals with eating disorders from those with alcohol use disorders (Fischer et al., 2012). Taken together, disorder-specific expectancies may both mediate and moderate negative urgency-psychopathology associations. Nonetheless, it is important to examine other moderating variables that can help explain why some individuals with emotion-based impulsivity turn to food, versus another maladaptive behavior, to reduce distress.

In considering additional disorder-specific risk factors that might interact with negative urgency to lead to dysregulated eating, we turned to the well-established dual-pathway model of bulimic pathology (Stice, 2001). The dual-pathway model posits that sociocultural pressures to be thin from family, peers, and the media lead some individuals to “buy into,” or internalize, cultural ideals of thinness. As the thin ideal is difficult for most to obtain, thin-ideal internalization can produce body dissatisfaction, especially for individuals with greater body mass. Body dissatisfaction may lead to attempts to diet in order to move towards the thin ideal and/or increases in negative affect because of a failure to reach these cultural ideals. Finally, dietary restraint is thought to precipitate binge eating due to physiological deprivation or disruptions in cognitive control, while negative affect can lead to binge eating due to the comfort and distraction that binge eating may provide (Stice, 2001). In addition to empirical support for the relationships specified in the dual-pathway model (Stice, 2001), each dual-pathway model risk factor has been found to predict binge eating onset in adolescent females (Stice, Presnell, & Spangler, 2002).

Given the above, the current study sought to examine whether interactions between negative urgency and each disorder-specific risk variable from the dual-pathway model (i.e., appearance pressures, thin-ideal internalization, body dissatisfaction, and dietary restraint) significantly predicted dysregulated eating. Dysregulated eating was assessed using available measures tapping specific constructs (i.e., binge eating, loss of control eating, emotional eating) previously shown to relate to negative urgency (Emery et al., 2013; Racine et al., 2013, 2015). Participants were 313 female undergraduate students. College women endorse high levels of disordered eating, with 49% of participants in this age group reporting at least weekly engagement in eating disorder behaviors in a recent study (Berg, Frazier, & Sherr, 2009). However, unlike in clinical populations, significant variability in dysregulated eating and its risk factors exists, enabling us to test the presence of interactive effects. In order to explore whether interactive effects contribute to divergent symptom presentations among individuals high on negative urgency, we also investigated whether these interactions predicted depressive symptoms and problematic alcohol use. We hypothesized that negative urgency would predict all three forms of psychopathology, but interactions among negative urgency and dual-pathway model variables would specifically relate to dysregulated eating.

2. Method

2.1. Participants

Participants were 313 undergraduate women enrolled in an introductory psychology course at a Midwestern university. Participants were between the ages of 18–39 (M (SD) = 19.23 (2.04)) years with body mass indexes (BMIs) ranging from 17.11 to 54.73 (M (SD) = 23.47 (4.20)). Participants primarily identified as Caucasian (90.4%), with 3.3% identifying as African American, 2.3% as Asian, 0.7% as American Indian or Alaskan Native, and 3.3% as bi- or multiracial. Participants completed a series of behavioral health questionnaires via an online survey system and received a portion of course or extra credit for participation. This research was approved by the Ohio University Institutional Review Board. All participants provided informed consent prior to participation.

2.2. Measures

The (Negative) Urgency, (lack of) Pre-meditation, (lack of) Perseverance, Sensation Seeking-Positive Urgency (UPPS-P) Impulsive Behavior Scale (Lynam, Smith, Whiteside, & Cyders, 2006). The UPPS-P Impulsive Behavior Scale assesses 5 personality pathways towards impulsive behavior via items rated on a 4-point scale (disagree strongly to agree strongly). The Negative Urgency subscale has demonstrated excellent internal consistency (αs > 0.85; Smith et al., 2007) as well as adequate test-retest reliability in college students over 1 month (r = 0.73; Anestis, Selby, & Joiner, 2007). Convergent and discriminant validity have been established; negative urgency assessed via self-report and interview methods is highly correlated, with lower correlations among negative urgency and other UPPS-P traits (Smith et al., 2007).

Sociocultural Attitudes Towards Appearance Questionnaire – 4 (SATAQ-4; Schaefer et al., 2014). The SATAQ-4 assesses societal and interpersonal aspects of appearance ideals. The Family, Peer, and Media Pressures subscales capture perceived pressure from these information sources to obtain sociocultural appearance ideals, while the Thin/Low Body Fat Internalization subscale measures acceptance of and adherence to cultural ideals of thinness. Items are rated on a 5-point scale (definitely disagree to definitely agree). The SATAQ-4 was validated in 4 US and 1 international sample of females, as well as a US male sample (Schaefer et al., 2014). Across all samples, the Family Pressures (αs = 0.85–0.89), Peer Pressures (αs = 0.85–0.89), Media Pressures (αs = 0.93–0.95), and Thin/Low Body Fat Internalization subscales (αs = 0.75–0.91) demonstrated excellent internal consistency (Schaefer et al., 2014). Further, females who endorsed eating pathology scored significantly higher on all subscales than their healthy counterparts (Schaefer et al., 2014).

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