



Expressive suppression and emotional eating in older and younger adults: An exploratory study

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ABSTRACT

Aim: A clear gap exists in regard to emotional eating and the effects of affect and expressive suppression on emotional eating among older individuals. The aim was to compare the emotional eating patterns of younger and older individuals and assess the role of expressive suppression in the association between affectivity and emotional eating in each of the age groups.

Methods: Participants were 210 individuals recruited by means of a convenience sampling, which intentionally included a wide age range, along with varied socio-economic and education levels. Participants completed the short version of the Dutch Eating Behavior Questionnaire, The Positive affect (PA) and Negative Affect (NA) Schedule and the Courtauld emotional control scale. Data was analyzed for three age groups – young adults (aged 20–40), middle-aged adults (aged 41–60) and older adults (aged 61–87).

Results: Emotional eating was present among all three age groups, but it gradually decreased with age. The use of expressive suppression increased with age. Levels of PA and NA did not differ across the age groups and were not associated with emotional eating, but expressive suppression predicted higher emotional eating. The association between expressive suppression and emotional eating was moderated by age: with a stronger association for the younger group, a moderate association for the middle-aged group and no association for the older adults.

Conclusions: Emotional eating is present among older adults, although in lower intensity than younger individuals, and should be identified and treated by health and mental health practitioners.

1. Introduction

Emotional eating is a relatively new concept that was developed in relation to accumulating knowledge on the effect of emotions on human eating behaviors (Macht, 2008). It is defined as increased food consumption in response to emotional arousal (Canetti, Bachar, & Barry, 2002; Spoor, Bekker, Van Strien, & Van Heck, 2007). A gap exists on the relationship between older age on/and emotional eating.

Emotion-induced changes in eating habits vary according to type and intensity of specific affective states (Canetti et al., 2002). Studies on affect reveal two main affective states, positive affect (PA) and negative affect (NA), which may represent either a personal and relatively stable trait or a situational reaction (Watson, Clark, & Tellegen, 1988). PA represents the degree to which an individual feels enthusiastic, energetic and joyful, while NA is described as a state of subjective distress, and feeling angry, weary, anxious or irritated (Watson et al., 1988). PA and NA are considered to be separate psychological constructs that reflect the individual's psychological well-being (Watson et al., 1988). Fredrickson (2001) proposed that PA increases the use of adaptive

coping strategies and therefore is related to more positive outcomes in relation to coping with stressors or adversity.

Previous studies showed that both PA and NA affect eating behaviors, but differ in regard to the extent of their influence on the individual's attempt to regulate their current emotional state through eating, and thus on actual eating behavior as well. NA was found to have a more substantial impact on emotional eating than PA (Kenardy, Butler, Carter, & Moor, 2003; Konttinen, Mannisto, Sarlio-Lahteenkorva, Silventoinen, & Haukkala, 2010; Macht, 2008). Food consumption was found to increase in response to NA (Macht, 2008) or in relation to symptoms of depression (Konttinen et al., 2010; Macht, 2008). Emotional eating is often characterized by consuming food high in sugar and fat, often referred to as 'comfort food' (Macht, 2008). Neuro-endocrine studies shed light on the biological mechanisms of emotional eating and indicate that 'comfort food' reduces the effects of stress, helps to blunt negative emotions and improves mood by increasing the dopamine neurotransmissions in the brain, recognized as a 'feel good' chemical (Macht, 2008). However, other studies have found no connection between NA and increased eating (Schneider, Appelhans,

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Whited, Oleski, & Pagoto, 2010) or any evidence that NA leads to reduced food intake (Macht, 2008). The effect of PA on eating behaviors has received very little research attention compared to that of NA. Food intake in response to PA was found to be smaller compared to the response to NA (Canetti et al., 2002; Turner, Luszczynska, Warner, & Schwarzer, 2010), but another study found that food intake was higher in times of joy compared to times of sadness (Macht, 2008).

The experience and expression of NA and PA is regulated by emotion regulation mechanisms, which have also been linked to the regulation of emotional eating (Canetti et al., 2002). Emotion regulation is defined as individuals' conscious efforts to influence which emotions they experience, when they experience them, and how these emotions are experienced or expressed (Gross, 2002). Emotion regulation represents various strategies to control and tolerate strong negative emotions without being overwhelmed by them or choosing to engage in either avoidance techniques or efforts to enhance the scope and intensity of positive emotions (Gross, 2002). *Expressive suppression*, defined as the attempt to hide, inhibit or reduce ongoing emotion-expressive behavior, is a main emotion regulation technique (Gross, 2002) and is perceived as an intentional coping strategy (Watson & Greer, 1983). Nevertheless, previous studies showed that the increased use of expressive suppression may become an obstacle to expressing emotions and is related to higher levels of NA (Gross, 2002; Watson & Greer, 1983), and higher levels of C-reactive protein in the blood, which is indicative of inflammation level (Appleton, Buka, Gilman, & Kubzansky, 2013). This was explained by suggesting that the diminished expression of emotions may hinder the individual from actively coping with stressors, impede the ventilating or processing of emotions or the use of social support, or obstruct any action to resolve the situation that has caused the emotional distress (Kennedy-Moore & Watson, 2001). An alternative explanation is that people who are more distressed may possess greater emotional intensity, and thus have a greater need for emotional control (Giese-Davis & Spiegel, 2001). In contrast, a higher use of emotion regulation was also found to be associated with lower psychological distress (Cohen, 2013; Soto, Perez, Young-Hoon, Lee, & Minnick, 2011), which may be related to cultural context (Soto et al., 2011). However, very little research attention has focused on examining the effect of emotion regulation interactions with PA and NA in relation to emotional eating.

Several studies found that emotional eating is related to a higher use of expressive suppression (Evers, Stok, & De Ridder, 2010; Spoor et al., 2007) because individuals who cannot properly regulate emotions may use the maladaptive strategy of overeating (Evers et al., 2010; Spoor et al., 2007). On the other hand, while several previous studies have found an association between expressive suppression and emotional

eating, no association was found between emotion suppression and emotional eating (Evers et al., 2010; Spoor et al., 2007).

Although emotion regulation as well as affectivity are considered to be dispositional traits, which remain relatively stable throughout the lifespan, empirical studies showed an increase in the use of emotion regulation in old age, often combined with an increase in PA together with a decrease in NA (Scheibe & Carstensen, 2010). Past studies are inconsistent regarding the usage patterns of expressive suppression in old age. While several researchers reported a decrease in expressive suppression (John & Gross, 2004), others reported similar patterns across different age groups (Phillips, Henry, Hosie, & Milne, 2008) or even an increase in the use of this strategy among older adults (Nolen-Hoeksema & Aldao, 2011).

Although studies reported that there are changes in eating behaviors associated with normal aging (Elsner, 2002), only a few studies to date have examined differences in emotional eating between young and older adults (Bailly, Maitre, Amanda, Herve, & Alaphilippe, 2012; Dakanalis et al., 2013; MacDougall & Steffen, 2017). A previous study showed that emotional eating patterns change with age; in a study of older adults aged 65–90, the older age group (74–90) reported a lower degree of emotional eating than the younger age group (65–73) (Bailly et al., 2012). However, to the best of our knowledge, the differences between emotional eating behavior in relation to affect and expressive suppression patterns have not yet been examined, apart from a recent study which showed that self-efficacy for controlling upsetting thoughts was a significant predictor of women (age range 21–88) caregivers' emotional eating (MacDougall & Steffen, 2017). Therefore, the aim of the current study was to compare the emotional eating patterns of younger and older individuals and to assess the role of expressive suppression in the association between affectivity and emotional eating in each of the groups.

2. Materials and methods

2.1. Participants

The study sample consisted of 210 participants. Inclusion criteria was sufficient knowledge of either Hebrew or Arabic to complete the questionnaires satisfactorily. Participants were divided into three groups: young adults (aged 20–40), middle-aged adults (aged 41–60) and older adults (aged 61–87), as suggested by previous studies that found non-linear differences in emotion regulation and emotion experience among age subgroups (Cohen, 2014). Table 1 shows the distribution of background characteristics among the groups. Slightly more than half of each group was comprised of women. Education level

Table 1
Background characteristics (N = 210).

Variables	Young adults N = 90		Middle-aged adults N = 68		Older adults N = 52		Difference
Age, years (M, SD) range	32.05 20–40	5.05	51.07 41–59	6.04	70.61 60–87	7.63	$F(2,178) = 517.84^{**}$
Education (M, SD) range	14.54 10–25	3.49	14.09 4–23	3.66	12.37 0–23	5.11	$F(2, 1787) = 4.28^*$
Gender (N, %)							$\chi^2(2) = .10$
Women	52	57.80	39	57.35	30	57.69	
Men	38	42.22	29	42.65	22	43.31	
Marital status (N, %)							$\chi^2(2) = 3.38$
Married, cohabitating	54	60.00	51	75.00	35	67.31	
Not married, living alone	36	35.00	17	25.00	17	32.69	
Economic status (N, %)							$\chi^2(4) = 3.63$
Good	34	37.78	28	41.79	23	44.23	
Fair	51	56.67	33	49.25	26	50.00	
Poor	5	5.55	6	8.96	3	5.77	

* $p < .01$.

** $p < .001$; The percentages were calculated from the number of actual responses.

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