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# "Just looking at food makes me gain weight": Experimental induction of thought—shape fusion in eating-disordered and non-eating-disordered women

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#### Abstract

Thought–shape fusion (TSF) is a cognitive distortion that can be induced experimentally and is associated with eating pathology. The current study was conducted in order to elucidate the effects of TSF induction in females with eating disorders (n = 35), as well as in restrained eaters (n = 38) and unrestrained eaters (n = 39). It was hypothesized that TSF induction would result in anxiety, guilt, increased feelings of fatness, perceived weight gain and feelings of moral wrong-doing relative to an anxiety and control induction. It was further hypothesized that restrained eaters and individuals with eating disorders would exhibit a stronger reaction to a TSF induction than would unrestrained eaters. The results indicated that, as predicted, TSF can be induced in individuals both with and without eating disorders, and individuals with eating disorders reported the highest levels of "state" TSF after the induction relative to the non-clinical controls. However, contrary to expectations, restrained eaters reported higher levels of perceived weight gain and moral wrong-doing after the anxiety induction (but not the TSF induction) relative to the control induction. Potential mechanisms for this pattern of results are discussed, and the clinical implications of research on TSF are also considered.  $\bigcirc$  2007 Elsevier Ltd. All rights reserved.

Keywords: Thought-shape fusion; Cognitive distortion; Eating disorders; Dietary restraint

#### Introduction

A common anecdote heard by individuals struggling to maintain or lose weight is that "just looking at food" results in weight gain or fatness. Of course, weight gain results mainly from an imbalance of energy input versus output (e.g., Brown, Williams, Ford, Ball, & Dobson, 2005). Although food cues (e.g., the sight or thought of food) can increase hunger or food intake (Cornell, Rodin, & Weingarten, 1989; Herman,

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Ostovich, & Polivy, 1999), which in turn can result in weight gain, there is no evidence that food cues in and of themselves result in weight gain. This suggests that individuals who report that they gain weight after "just looking" at food are experiencing a type of cognitive distortion.

Shafran, Teachman, Kerry, and Rachman (1999) have studied this type of distortion, and have labelled it "thought-shape fusion" (TSF). According to Shafran et al., TSF is a cognitive distortion associated with eating pathology which is comprised of three main beliefs: thinking about eating a forbidden food results in weight gain; thinking about eating a forbidden food is morally wrong; and thinking about eating a forbidden food increases feelings of fatness. Shafran and colleagues supported their assertion that TSF is a cognitive distortion associated with eating pathology by demonstrating that scores on a questionnaire assessing self-reported experiences with TSF are positively associated with eating disturbance, and that individuals with eating disorders report higher levels of trait TSF than do non-clinical controls (Shafran & Robinson, 2004; Shafran et al., 1999). Furthermore, the experience of TSF can be experimentally induced in a group of individuals who endorse high levels of trait TSF. In this study, TSF induction entailed asking participants to imagine themselves eating a fattening food and to write a sentence about eating this food. Such TSF induction resulted in increased anxiety, guilt, perceived weight gain and fatness, and feelings of moral wrong-doing (Shafran et al., 1999); giving participants the opportunity to neutralize the induction (e.g., by crossing out the sentence) resulted in decreases in anxiety and guilt. A similar pattern of findings was obtained after induction of TSF in a group of individuals with anorexia nervosa (Radomsky, de Silva, Todd, Treasure, & Murphy, 2002).

Based on the existing evidence, Shafran and colleagues have concluded that TSF is a cognitive distortion that may play a role in maintaining eating disorders (Shafran & Robinson, 2004; Shafran et al., 1999). However, based on existing research it is not clear if the experience of TSF (e.g., feeling fatter and perceiving weight gain to have occurred) is specific to thinking about eating fattening foods, or whether anxiety in general also can elicit these experiences. Hilde Bruch (1974), a pioneer in the treatment of anorexia nervosa, suggested that individuals with eating disorders have deficiencies in identifying emotional states, such as anxiety. She postulated that individuals with eating disorders displace emotional dissatisfaction about themselves onto their bodies. Forbush and Watson (2006) supported this "body displacement" hypothesis by demonstrating that individuals with eating disorders exhibited higher levels of emotional inhibition than did non-clinical controls. These researchers suggested that emotional inhibition may lead to handling emotional distress by turning it inwards, and confusing "real" affect with "body" affect, thereby experiencing increased feelings of fatness when in emotional distress (Forbush & Watson, 2006, p. 119).

The current study was designed to test the body displacement hypothesis, and to investigate whether the experience of TSF can be induced by anxiety in general, or whether it is specific to thoughts of eating fattening foods. Furthermore, we sought to induce TSF in a group of individuals with eating disorders, and compare their reactions with those of a non-clinical control sample. To date, there has not been a direct comparison of induced TSF in clinical and non-clinical participants. Shafran et al. (1999) successfully induced TSF in a group of participants who reported high levels of trait TSF; however, we hypothesize that although individuals with eating disorders should exhibit higher levels of TSF than will non-clinical participants, it may also be possible to induce TSF in non-clinical participants without pre-selecting for those high in TSF. We further hypothesize that individuals who are chronic dieters (restrained eaters) will experience more TSF than will non-dieters (unrestrained eaters) given that dietary restraint is associated with increased eating pathology (e.g., Griffiths et al., 2000). Finally, we investigated whether induction of TSF would have behavioural effects, in addition to the anticipated self-reported emotional effects. We therefore measured whether participants neutralized the statement used to induce TSF, and also the portion size of cake they would take following the induction. We predicted that participants exposed to the TSF induction would have more neutralization and smaller portion sizes than would those exposed to the control induction.

#### Method

**Participants** 

#### Clinical participants

A total of 35 participants with eating disorders were recruited through the Eating Disorders Program at Toronto General Hospital. All participants were female, and had received a diagnosis of anorexia nervosa

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