Several studies have suggested that negative emotions may have a causal impact on the occurrence of binge eating [1–5] in binge eating disorder (BED). Furthermore, emotion regulation (ER) is known to influence the course of emotional experience [6, 7], and there is some evidence of ER deficits in BED patients [8, 9]. We therefore tested the causal role of ER as a mediator in the link between negative emotions and desire to binge (DTB).

The experimental group (EG) consisted of 27 women with a DSM-IV [10] diagnosis of BED, and the control group (HC) consisted of 25 healthy overweight women [for exclusion and inclusion criteria, see 11]. Groups did not differ significantly on age (means ± SD; EG: 42.7 ± 11.6 years, HC: 38.3 ± 13.8 years; F1, 51 = 1.57, n.s.), but the EG had a significantly higher BMI (EG: 36.7 ± 3.89, HC: 33.8 ± 6.53; F1, 51 = 14.5, p < 0.000) and Beck Depression Inventory (BDI) score (EG: 14.7 ± 10.1, HC: 9.3 ± 5.93). Groups did not differ significantly on age (means ± SD; EG: 42.7 ± 11.6 years, HC: 38.3 ± 13.8 years; F1, 51 = 1.57, n.s.), but the EG had a significantly higher BMI (EG: 36.7 ± 3.89, HC: 33.8 ± 6.53; F1, 51 = 14.5, p < 0.000) and Beck Depression Inventory (BDI) score (EG: 14.7 ± 10.1, HC: 9.3 ± 5.93). Groups did not differ significantly on age (means ± SD; EG: 42.7 ± 11.6 years, HC: 38.3 ± 13.8 years; F1, 51 = 1.57, n.s.), but the EG had a significantly higher BMI (EG: 36.7 ± 3.89, HC: 33.8 ± 6.53; F1, 51 = 14.5, p < 0.000) and Beck Depression Inventory (BDI) score (EG: 14.7 ± 10.1, HC: 9.3 ± 5.93).

Instructions were presented in a fixed order because we reasoned that participants would not indulge in suppression once they had experienced the alleviating effect of reappraisal. A further limitation concerns the assessment of control emotions. While results remained unaffected when controlling for BDI
scores, other emotions such as anger could have influenced the BED women's reactions to the clips [3]. Finally, the generalizability of the DTB to the actual occurrence of binge eating is debatable. Even though food cravings are a central part of eating pathology in bulimia nervosa, in BED craving does not always lead to binge eating [18]. On the other hand, urge to binge is higher before bingeing than on non-binge days [19].

To our knowledge, this is the first study to identify suppression as a critical mediator between negative emotions and DTB. Our results propose the therapeutic integration of a module that conceptualizes binge eating as a maladaptive emotion-regulation strategy, and thus focuses on the mediation of more adaptive affect-regulation skills. In fact, similarly to cognitive-behavioral therapy [20–23] and interpersonal psychotherapy [20, 24], dialectical behavior therapy adapted for BED has proven to be effective in the reduction of binge episodes [25–27].

References


Letter to the Editor


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