Differences in Emotion Regulation Difficulties Across Types of Eating Disorders During Adolescence

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Emotional regulation skills play a key role in the eating disorder experience and in finding an effective recovery model. However, despite the clear importance of emotion regulation in eating disorders, there has been little research that explores the associations between specific eating disorder diagnoses, eating behaviors, and emotional regulation strategies. This type of research may illuminate areas of treatment that we have not yet uncovered.

Weinbach, Sher, and Bohon (2018) conducted a study in order to explore the various elements of emotional regulation, and to see if there were any links between certain kinds of regulatory strategies and certain eating disorder behaviors. They assessed a group of patients in an eating disorder treatment unit at a medical center in Israel. Participants were diagnosed with either a restrictive eating disorder (n=49) or a bingeing/purging eating disorder (n=49). Restrictive eating disorders included anorexia nervosa-restrictive type (n=32) and OSFED-atypical anorexia (n=17). Binge-purge eating disorders included bulimia nervosa (n=22), anorexia nervosa binge-purge type (n=19), and OSFED-binge-purge disorder/atypical bulimia nervosa (n=8). Emotion regulation was assessed using the Difficulties in Emotion Regulation Scale (DERS) and eating disorder symptoms were assessed with the Eating Attitudes Test 26. In addition, eating disorder diagnoses were taken from participant’s charts and were made by trained psychiatrists.

Results indicated that the binge eating/purging group reported greater difficulties in impulse control than those with restrictive eating disorders. No differences were found between those who presented with typical anorexia versus atypical anorexia, as well as between those who presented with typical bulimia versus atypical bulimia. The researchers also found that adolescents with binge eating/purging eating disorders reported greater difficulty engaging in goal-directed behaviors, greater difficulty with emotional awareness, less emotional clarity, and less availability of effective emotion regulation strategies than those with restrictive eating disorders. No difference was found between the two groups in non-acceptance of emotions.

The researchers noted that there may have been a self-report bias for all of the data collected from the adolescents with anorexia. This was observed due to the fact that the adolescents with restrictive eating disorders scored lower than adolescents with binge
eating/purging eating disorders on a variety of clinical questionnaires, including in severity of the eating disorder. Minimization and denial of the severity of the illness is in fact a common phenomenon in adolescents with anorexia. In order to account for this, the researchers excluded those with anorexia who self-reported a lower severity of eating disorder symptoms and excluding these participants did not alter the results.

This study provides important insight into some of the more common emotion regulation behaviors for the different categories of eating disorders. It also suggests that the types of behaviors that people with eating disorders are engaging in (ie. restriction only versus presence of binge-purge behaviors) may be more important than the specific eating disorder diagnosis. This information will assist and support future research that explores the role of emotional regulation in eating disorders, as well as continue the discussion among eating disorder professionals in regards to how we can treat different eating disorders based on emotional regulation strategies.