

**BINGE EATING AMONG ADULTS WITH PAST TRAUMA****Dr. Ambrien Ahmed**

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**Abstract**

*This study explores the relationship between Binge Eating Disorder (BED) and past trauma in adults, aiming to understand how psychological issues like anxiety, depression, and emotional dysregulation contribute to disordered eating. Using purposive sampling, data was collected from 108 adults in the Delhi/NCR region, employing the Binge Eating Scale (BES) and the Global Psychotrauma Screening Scale (GPS). Results revealed moderate levels of binge eating and high trauma scores among participants, with a weak but statistically significant correlation between trauma and BED. Regression analysis showed that trauma accounted for only a minimal variance in BED symptoms, suggesting that while trauma may influence binge eating behaviors, other psychological and environmental factors play a more substantial role. The study underscores the need for trauma-informed and multifactorial approaches in understanding and treating BED, and recommends further research incorporating broader psychological and social variables.*

**Keywords:** Binge Eating Disorder, trauma, psychological issues, anxiety, depression, emotional dysregulation

**Introduction:**

Binge Eating Disorder (BED) is a significant public health concern, particularly prevalent in adults, and has strong associations with past trauma. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), BED is characterized by recurrent episodes of eating large quantities of food in a short period of time, accompanied by a sense of loss of control and distress. Unlike bulimia nervosa, BED is not followed by compensatory behaviors such as purging or excessive exercise, making it the most common eating disorder in the United States (Hudson et al., 2007).

Trauma, particularly in early life, is increasingly recognized as a critical factor in the development of BED and other maladaptive eating behaviors. Trauma can take many forms, including physical, emotional, or sexual abuse, neglect, or significant loss. Research has consistently demonstrated a connection between trauma and eating disorders, suggesting that individuals with a history of trauma are more likely to exhibit symptoms of disordered eating (Brewerton, 2007).

One theoretical model that helps explain this relationship is the concept of trauma as a trigger for dysregulated emotional responses. Traumatic experiences often lead to chronic hyperarousal, emotional dysregulation, and negative self-concepts, all of which may contribute to using food as a coping mechanism (Grilo, 2017). For instance, emotional eating may serve as a way to manage overwhelming emotions and stressors that stem from unresolved trauma. Over time, this can develop into BED, where the act of binge eating is

used as an attempt to self-soothe or numb distressing feelings.

Studies further support the link between past trauma and BED. A longitudinal study by Mitchell et al. (2012) found that individuals with a history of childhood abuse or neglect were significantly more likely to develop BED in adulthood. Similarly, Brewerton (2019) identified trauma as a key risk factor for eating pathology, citing that nearly half of individuals with BED reported a history of trauma. This suggests that trauma not only increases vulnerability to the disorder but also complicates its course and treatment.

The rationale for this research lies in the need to better understand the complex relationship between past trauma and binge eating in adulthood. Given the high prevalence of BED and its association with severe emotional and physical health consequences, understanding the role of trauma can help improve the effectiveness of prevention and treatment strategies.

**Hypotheses:**

In the present study the following hypotheses have been made:

1. There will be a significant relationship between BED and childhood/past trauma in adults.
2. There will be a significant relationship between BED and anxiety in adults.
3. There will be a significant relationship between BED and depression in adults.
4. There will be a significant relationship between BED and other psychological disorders or issues in adults.

**Methodology**

**Sample:** This study has used purposive sampling to select the participants. The sample consists of 108 adults, ranging in age from 18 to 60 years old. The data has been collected from Delhi/ NCR.

**Tools Used:** The following tools have been used in the present paper

1. **Binge Eating Scale (BES)-** This scale is developed by J. Gormally et.al in 1982. The binge eating scale (BES) is a 16-item questionnaire used to assess the presence of binge eating behavior that indicates an eating disorder. The questions are based upon both behavioral characteristics (e.g., large amount of food consumed) as well as the cognitive and emotional response (guilt or shame). Each question has 3-4 separate responses has a numerical value. The score range is from 0–46: (Non-binging: less than 17), (Moderate binging: 18–26) and (Severe binging: 27 and greater). Results revealed a CR of .96, which indicate very good construct reliability. Regarding the Average Variance Extracted (AVE), results indicated a value of .61, confirming the instrument convergent validity.
2. **Global Psycho Trauma Screening Scale (GPS)-** This scale was developed by International Society for Traumatic Stress Studies in 2017. The scale is a 22 item questionnaire used to assess the present symptoms of anxiety, depression, sleep problems, self-injurious behavior, dissociation, other physical, emotional and social problems, substance abuse, other stressful events, childhood trauma, history of mental illness, social support, psychological resilience with a binary (yes versus no) answer format. With 78.8% sensitivity, 75.6% specificity, 44.5% right positives, and 93.6% correct negatives, a TSQ cut-off score of six indicated PTSD. When used to screen patients with psychotic disorders for PTSD, the TSQ appears to be a reliable method. The GPS-T's convergent validity, divergent validity, and internal consistency reliability were all validated by the data. The GPS-T symptoms appeared to have a three-factor structure, according to the construct validity results.

**Results:**

**Table 1: Mean and Standard Deviation of Binge Eating Disorder and Trauma among Adults**

Variables	Mean	Std. Deviation
Binge Eating Disorder	14.31	6.91
Trauma	17.60	4.94

The mean score for binge eating disorder among adults in this study is 14.31 and the standard deviation is 6.91, while the mean score for trauma is 17.60 with a standard deviation of 4.94. These findings indicate that, on average, participants exhibit a moderate level of binge eating behaviors and a higher level of trauma-related experiences. The elevated trauma mean suggests that the individuals in the sample have significant trauma histories, which may be contributing to the development or maintenance of disordered eating behaviors.

The higher trauma mean in comparison to the binge eating mean reflects the well-established link between trauma and the risk of developing binge eating behaviors. Research consistently supports the notion that individuals with a history of trauma are at greater risk for developing BED. Brewerton (2019) found that trauma is a significant risk factor for the onset of eating disorders, particularly binge eating disorder. Traumatic experiences often disrupt emotional regulation and coping mechanisms, leading individuals to turn to food as a form of self-soothing or emotional regulation (Grilo, 2017).

Trauma, especially when unresolved, can lead to chronic stress, anxiety, and emotional dysregulation, which are all common precursors to binge eating episodes. Studies suggest that individuals with higher trauma scores are more likely to experience emotional dysregulation, contributing to the use of binge eating as a coping mechanism (Mitchell et al., 2012). The act of binge eating temporarily alleviates distress or numbs painful emotions, but this behavior ultimately reinforces negative cycles of disordered eating.

**Table 2: Correlation Coefficient between Binge Eating Disorder and Trauma among Adults**

Variables	Trauma
Binge Eating Disorder	.052*

\*Correlation is significant at the 0.05 level (2-tailed)

Table 2 shows the correlation coefficient between binge eating disorder and trauma among adults. The correlation between binge eating disorder and trauma indicates a weak positive significant relationship ( $r = .052$ ;  $< 0.05$ ). Although trauma might play a role in binge eating disorder, it is not the sole or primary factor in explaining binge eating behaviors among the participants. Other factors such as genetic predisposition, emotional regulation issues, stress, or societal pressures might also be influencing binge eating.

**Table 3: Regression Analysis of Trauma on Binge Eating Disorder among Adults**

R	R Square	Adjusted R Square.	Std. error of Estimate
.052	.003	-.007	6.93

Sum of Square	F	Sig.	Unstandardized Coefficients B	Std. error	Standardized Coefficients Beta	t	Sig
13.48	.280	.598	.073	.138	.052	.529	.000

The regression analysis conducted to assess the relationship between trauma and Binge Eating Disorder (BED) among adults reveals a weak and statistically insignificant connection (table 3). The R square value shows that trauma accounts for only 0.3% of the variability in BED, implying that other factors play a far more significant role in predicting binge eating behaviors. The analysis shows that the F-statistic (F=0.28; p=0.598) is not statistically significant, indicating that trauma does not significantly explain the variability in BED.

This finding aligns with previous research that suggests trauma is only one of many factors contributing to binge eating disorder. For example, Grilo (2017) and Mitchell et al. (2012) highlight the complex interplay of biopsychosocial factors, such as emotional regulation, genetics, and environmental stressors, which shape binge eating behaviors. While trauma may have an influence, its effect is not strong enough to act as a standalone predictor of binge eating disorder, as evidenced by the weak and insignificant results in this analysis.

**Suggestions for further Research**

For future research, it would be beneficial to include a broader range of psychological, social, and biological factors to understand better the development of binge eating disorder. Variables such as anxiety, depression, emotional regulation, self-esteem, and family history of eating disorders could provide a more comprehensive model for predicting BED and clarify the role of trauma within this complex framework. Differentiating between various types of trauma, such as emotional, physical, or sexual abuse, would help explain the specific impacts of different traumatic experiences on BED. Additionally, focusing on resilience and coping mechanisms could reveal protective factors that prevent the onset of disordered eating, even in those with significant trauma histories.

**Conclusion**

In conclusion, this study highlights a weak but statistically significant relationship between trauma and Binge Eating Disorder (BED) among adults. While trauma appears to influence binge eating

behaviors, its impact is minimal, suggesting that BED is a multifaceted condition influenced by various psychological, social, and biological factors. Future research should explore additional contributing variables and adopt trauma-informed approaches to better understand and treat BED effectively.

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