

Reconceptualizing emotion regulation and coping strategy usage in eating disorders research: The utility of a regulatory flexibility framework

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Funding information

National Institute of Mental Health, Grant/Award Number: T32-MH082761

Action Editor: Anja Hilbert

Abstract

Emotion regulation and coping strategies are often conceptualized in eating disorder (ED) research as inherently adaptive or maladaptive, and successful regulation is often defined as greater overall use of adaptive strategies. However, recent empirical work outside of the field of EDs challenges this categorical conceptualization of strategies, demonstrating that adaptiveness is determined by the ability to flexibly implement and adjust strategies based on contextual demands (i.e., regulatory flexibility). Despite evidence that emotion regulation and coping strategies are best conceptualized in terms of flexibility in the broader literature, few ED studies have adopted this model. We review the current conceptual framework of emotion regulation and coping strategies used in ED research and present regulatory flexibility as an alternative approach to conceptualizing these strategies. The lack of research on regulatory flexibility among individuals with EDs limits our understanding of the role of emotion regulation and coping difficulties in ED risk and maintenance. Adopting a regulatory flexibility model of strategies in EDs may extend knowledge of the role of emotion regulation difficulties in the development and maintenance of EDs. We highlight the potential utility of investigating regulatory flexibility and present recommendations for future research on regulatory flexibility in EDs.

Public Significance Statement: Research on emotion regulation and coping strategy usage in eating disorders often view regulatory strategies as inherently adaptive or maladaptive. However, recent studies support defining strategies in terms of flexibility. Adopting a regulatory flexibility model of strategies in eating disorders research may advance knowledge of the role of emotion regulation difficulties in the development and maintenance of eating disorders, ultimately enhancing prevention and treatment efforts.

KEYWORDS

coping, emotion regulation, regulatory flexibility, regulatory strategies, stress

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1 | INTRODUCTION

Research in eating disorders (EDs) often conceptualizes emotion regulation (ER) and coping strategies as inherently adaptive or maladaptive (Leppanen et al., 2022). However, this conceptualization is inconsistent with evidence that the adaptability of strategies is contextually dependent (Bonanno & Burton, 2013). In this article, we argue in favor of an alternative conceptualization of ER and coping strategy usage in ED research, namely *regulatory flexibility*. We will: (a) discuss the conceptual framework of ER and coping strategies most commonly used in ED research, (b) introduce an alternative conceptual framework (regulatory flexibility), (c) highlight the utility of adopting a regulatory flexibility framework in ED research, and (d) offer directions for future research.

1.1 | Current conceptual framework of regulatory strategies in ED research

ER and coping strategies aim to modify emotions or alter stressors that prompt emotional responses (Compas et al., 2014). Table 1 depicts commonly investigated strategies in ED research. EDs are associated with an overreliance on putatively maladaptive ER and coping strategies (Perthes et al., 2021; Prefit et al., 2019; Trompeter et al., 2021). Individuals with EDs also report less frequent use of putatively adaptive strategies compared to individuals without EDs (Svaldi et al., 2012). Putatively maladaptive strategies (i.e., methods used to regulate emotions; Koole, 2009) are considered less effective in modulating emotions, resulting in

emotion dysregulation (i.e., an emotional experience/expression pattern that impedes appropriate behavior; Beauchaine, 2015). In contrast, putatively adaptive strategies are considered more effective in modulating emotions, resulting in improved ER (Aldao et al., 2010). Theoretical models conceptualize ED behaviors as maladaptive attempts to regulate emotions, which may be used in the absence of adaptive strategies (Heatherton & Baumeister, 1991). Collectively, this supports the use of interventions to replace maladaptive strategies with adaptive strategies.

Research on regulatory strategy usage in EDs primarily adopts a categorical conceptualization of strategies, which assumes that strategies are inherently adaptive or maladaptive (Prefit et al., 2019). Aligned with this conceptualization of strategies, evidence-based treatments for EDs (e.g., Enhanced Cognitive Behavioral Therapy [CBT-E]) focus on decreasing the use of maladaptive strategies and increasing the use of adaptive strategies (Fairburn, 2008). Although these treatments generally lead to improvements in ER and coping, individuals with high emotion dysregulation have poorer treatment outcomes compared to those with low emotion dysregulation (Brown et al., 2020; Cassioli et al., 2022), suggesting that this method of addressing regulatory deficits may be insufficient.

1.2 | Regulatory flexibility: An alternative conceptualization of regulatory strategies

The assumption that ER and coping strategies are inherently adaptive or maladaptive is inconsistent with evidence showing that the adaptability of regulatory strategies depends on the context (defined as an

TABLE 1 Commonly investigated emotion regulation and coping strategies in eating disorders research.

Regulatory strategy	Definition	Example
Maladaptive		
Thought suppression	Attempting to inhibit unwanted cognitions (Wegner & Zanakos, 1994)	Trying to avoid thinking about food
Expressive suppression	Inhibiting the outward expression of emotions (Gross, 1998)	Maintaining a neutral facial expression to hide feelings of sadness
Rumination	Repetitively thinking about the causes and consequences of negative emotions or events (Smith & Alloy, 2009)	Thinking, “why do bad things always happen to me?”
Behavioral avoidance	Avoiding a stressor (Aldao et al., 2010)	Declining invitations to food-related gatherings
Adaptive		
Distraction	Shifting attention away from an emotional stimulus to other content (Sheppes & Meiran, 2007)	Using one's phone to distract while eating
Problem-solving	Taking steps to alter a stressor (Lazarus & Folkman, 1984)	Strategizing how to resolve a disagreement with a co-worker
Acceptance	Having an open and receptive attitude toward a stressor or an emotion (Williams & Lynn, 2010)	Allowing negative emotions to be present, without trying to change them
Reappraisal	Reinterpreting the meaning of a stressor (Gross, 2002)	Focusing on the potential benefits of a romantic relationship ending (e.g., having more time to spend with friends and family)

event, situational feature, or internal characteristic) in which they are implemented (Bonanno & Burton, 2013). Context shapes ER processes, including the selection of regulatory strategies (De France & Hollenstein, 2022; Del Palacio-Gonzalez & O'Toole, 2022; Koval et al., 2023; Socastro et al., 2022; Wenzel et al., 2022; Wylie et al., 2023), and the effectiveness of a particular strategy in modulating emotions varies across contexts (Bonanno & Burton, 2013). For example, reappraisal, which involves reinterpreting the meaning of a stressor (e.g., focusing on the potential benefits of a breakup), requires cognitive functions that are impaired during strong emotional states (Pessoa, 2009; Silvers et al., 2015). Thus, it may be effective in regulating low-intensity emotional distress, but less effective in regulating high-intensity emotional distress (Sheppes et al., 2014; Sheppes & Meiran, 2007). Problem-solving, which aims to alter a stressor, may be effective when dealing with controllable stressors (e.g., an exam), but detrimental when dealing with uncontrollable stressors (e.g., a terminal illness; Lazarus & Folkman, 1984). Given the importance of context in determining the efficacy of strategies, there is growing consensus that adaptive ER and coping do not involve merely using “adaptive” strategies, but rather, flexibly varying strategies in synchrony with changing contextual demands (Bonanno & Burton, 2013). Accordingly, ER research is moving away from a categorical conceptualization of strategies and toward a more dimensional conceptualization of regulatory *flexibility*.

According to a regulatory flexibility framework, adaptive regulatory strategy usage is characterized by the ability to flexibly deploy strategies in accordance with changing contextual demands (i.e., greater regulatory flexibility). In contrast, maladaptive regulatory strategy usage is characterized by the implementation of context-inappropriate strategies (e.g., using re-appraisal to regulate high-intensity emotional distress) and the rigid implementation of strategies across contexts (i.e., lower regulatory flexibility; Aldao et al., 2015; Bonanno & Burton, 2013). Regulatory flexibility overlaps conceptually with other self-regulation constructs (e.g., psychological flexibility) that share a common emphasis on modifying emotions (Bond et al., 2011; Gratz & Roemer, 2004); however, it can be distinguished by its specific focus on the ability to switch between regulatory strategies based on contextual demands.

Evidence suggests that regulatory flexibility may be more important for well-being than the use of discrete strategies (Bonanno & Burton, 2013). Low regulatory flexibility is linked to maladaptive affective consequences (Battaglini et al., 2022) and multiple forms of psychopathology, including anxiety, depression (Cheng et al., 2021), and post-traumatic stress disorder (PTSD; Rodin et al., 2017). Adopting a regulatory flexibility framework has advanced our understanding of etiological mechanisms in affective disorders. For example, low regulatory flexibility may enhance susceptibility to developing PTSD following trauma exposure (Levy-Gigi et al., 2016) and play a role in maintaining depressive and anxiety symptoms (Chen & Bonanno, 2021; Goodman et al., 2021). To date, research has predominantly investigated regulatory flexibility in the context of negative emotions. Research is needed to clarify the contribution of low

regulatory flexibility to positive emotion dysregulation and risk for psychopathology.

Regulatory flexibility has been measured using validated self-report questionnaires (e.g., coping flexibility scale; flexible regulation of emotion expression scale; Burton & Bonanno, 2016; Kato, 2012), performance-based laboratory paradigms (e.g., ER choice task, expressive flexibility paradigm; Bonanno et al., 2004; Sheppes et al., 2011), and ecological momentary assessment (EMA) procedures (Battaglini et al., 2022). EMA is ideally suited for studying regulatory flexibility because it can capture within-person fluctuations in strategy use across diverse contexts (English & Eldesouky, 2020). Notably, regulatory flexibility is operationalized inconsistently, with some studies defining it as the degree of covariation between change in strategy usage and change in context (Haines et al., 2016) and others defining it as variability in strategies (Cheng et al., 2014). Thus, there is a need for more consistency in the operationalization of regulatory flexibility (for a more extensive discussion; see Aldao et al., 2015).

1.3 | The utility of a regulatory flexibility framework in ED research

Despite a growing body of evidence supporting the importance of regulatory flexibility in the broader ER literature, research on regulatory flexibility in EDs is sparse. Individuals with EDs show deficits in processes that support the flexible implementation of strategies, providing indirect evidence of a link between low regulatory flexibility and EDs (Tchanturia et al., 2012). Specifically, individuals with EDs show deficits in interoceptive awareness and self-regulatory abilities (e.g., psychological flexibility, access to ER strategies), which may interfere with their ability to tailor strategies to contextual demands (Cobos-Sánchez et al., 2020; Levin et al., 2014; Priefit et al., 2019; Trompeter et al., 2021; Wollast et al., 2022). Individuals with EDs also display trait-level cognitive rigidity and deficits in cognitive flexibility, which may interfere with their ability to adjust strategies in accordance with changing contextual demands (Tchanturia et al., 2012; Wang et al., 2021). To date, only one study has directly investigated regulatory flexibility and ED symptoms in a nonclinical sample of women (Dougherty et al., 2020). This study found that low flexibility in ER strategy usage was associated with a greater frequency of compensatory behaviors, supporting the relevance of regulatory flexibility to ED behaviors.

The lack of research on regulatory flexibility among individuals with EDs limits our understanding of the role of ER and coping difficulties in ED risk and maintenance. Although it is established that individuals with EDs have deficits in self-regulation and implement putatively maladaptive strategies, little is known about their ability to accurately identify contextual demands or synchronize regulation efforts with contextual demands (Levin et al., 2014; Perthes et al., 2021). Investigating regulatory flexibility in EDs may contribute to a more nuanced understanding of the role of maladaptive regulatory responses in the development and maintenance of EDs.

2 | DISCUSSION

2.1 | Directions for future research

2.1.1 | Regulatory flexibility and ED onset

Research suggests that ER difficulties increase the risk for the development of EDs (McClure et al., 2022). However, it is unclear whether deficits in regulatory flexibility predict the later development of ED symptoms. To investigate this, researchers could add measures of regulatory flexibility to community-based cohort studies investigating predictors of health outcomes across the lifespan. Regulatory flexibility may be especially important during adolescence, a developmental period characterized by heightened stress (Núñez-Regueiro & Núñez-Regueiro, 2021) and increased risk for ED onset (Stice et al., 2009). Longitudinal methods also could be used to investigate whether low regulatory flexibility during adolescence predicts ED symptoms due to poor emotional adjustment to stress. Ultimately, research aimed at understanding the predictive links between regulatory flexibility and ED onset may inform prevention efforts during key at-risk periods.

2.1.2 | Regulatory flexibility and ED maintenance

Stress-induced elevations in negative emotions precede the occurrence of ED behaviors, supporting the use of interventions to replace ED behaviors with putatively adaptive strategies (Srivastava et al., 2021). However, if individuals are not able to tailor strategies to contextual demands or flexibly adjust strategies in accordance with contextual changes, they may experience prolonged emotional distress following stressful events, despite broadening their repertoire of putatively adaptive strategies. Research should investigate whether individuals with low regulatory flexibility experience a less pronounced reduction in negative affect over time following stressful events, subsequently enhancing their vulnerability to engaging in ED behaviors. Importantly, difficulties regulating positive emotions are also theorized to play a role in maintaining EDs (Coniglio et al., 2019), underscoring the necessity of going beyond negative affect and exploring whether low regulatory flexibility similarly contributes to positive emotion dysregulation.

EMA is well-suited to investigate these questions, as researchers can capture both proximal and distal temporal changes in regulatory strategies and emotions over time. This may be especially useful when investigating ED behaviors, as they may successfully modulate emotions in the short term but exacerbate distress in the long term (Wedig & Nock, 2010; Wonderlich et al., 2022). Regulatory flexibility itself also comes at a cost (e.g., uses attentional resources) that may vary across time (e.g., when someone is well-rested versus fatigued; Toh & Yang, 2023). Consistent with recommendations by Aldao et al. (2015) and previous studies (e.g., Battaglini et al., 2022), researchers could operationalize

regulatory flexibility as intraindividual covariation between regulatory strategy usage and contextual factors (e.g., by regressing strategy variability onto the change in context). Researchers could also investigate whether this operationalization of regulatory flexibility has predictive validity in ED samples.

2.1.3 | Regulatory flexibility and ED treatment

Evidence supporting the relevance of regulatory flexibility to EDs may indicate the utility of its integration in existing evidence-based treatments. Future studies may investigate the effectiveness of modified treatments that incorporate interventions to directly target regulatory flexibility. For example, one intervention developed by Veilleux et al. (2022) educates individuals about the differential effectiveness of regulatory strategies in high- versus low-intensity emotional states (i.e., different emotional contexts), helps them to recognize when the intensity of their emotions has escalated enough to warrant a shift in strategy, and has them practice switching between strategies in accordance with changes in the intensity of their emotions. Single-case experimental designs could be used to test the effectiveness of modified treatments in individuals with EDs, particularly those with elevated emotional dysregulation. These designs maximize internal and external validity and are ripe for application in clinical settings, which may be ideal for testing treatments aimed at enhancing regulatory flexibility (De Young & Bottera, 2018).

3 | CONCLUSION

Research on ER and coping strategies in EDs has provided valuable insights. However, the categorical conceptualization of strategies has left gaps in our understanding of the role of regulatory responses in EDs. Shifting focus from the dispositional use of putatively adaptive or maladaptive strategies to regulatory flexibility in ED research may advance knowledge of the role of ER difficulties in EDs, ultimately enhancing prevention and treatment efforts.

AUTHOR CONTRIBUTIONS

Elizabeth N. Dougherty: Conceptualization; writing – original draft; writing – review and editing. **Angeline R. Bottera:** Conceptualization; writing – original draft; writing – review and editing. **Alissa A. Haedt-Matt:** Writing – review and editing. **Jennifer E. Wildes:** Writing – review and editing.

FUNDING INFORMATION

This work was supported by the National Institute of Mental Health (grant number T32-MH082761).

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable because no data were created or analyzed in this manuscript.

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How to cite this article: Dougherty, E. N., Bottera, A. R., Haedt-Matt, A. A., & Wildes, J. E. (2023). Reconceptualizing emotion regulation and coping strategy usage in eating disorders research: The utility of a regulatory flexibility framework. *International Journal of Eating Disorders*, 1–7. <https://doi.org/10.1002/eat.24027>