



KADIR HAS UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
PSYCHOLOGY DISCIPLINE AREA

**ASSOCIATION BETWEEN PERCEIVED PARTNER
RESPONSIVENESS AND BINGE EATING BEHAVIOR:
MEDIATING ROLE OF THE INTERPERSONAL
EMOTION REGULATION**

AHMET FURKAN TOSYALI

ADVISOR: ASSOC. PROF. DR. MEHMET HARMA

MASTER'S THESIS

ISTANBUL, JUNE, 2018

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A thesis submitted to the Graduate School of Social Sciences of Kadir Has University in partial fulfillment of the requirements for the degree of Master's in the Discipline Area of Psychology under the Program of Psychology.

ISTANBUL, JUNE, 2018

I, AHMET FURKAN TOSYALI;

Hereby declare that this Master's Thesis is my own original work and that due references have been appropriately provided on all supporting literature and resources.

NAME AND SURNAME OF THE STUDENT

Ahmet Furkan TOSYALI

DATE AND SIGNATURE

06.07.2018




ACCEPTANCE AND APPROVAL

This work entitled **ASSOCIATION BETWEEN PERCEIVED PARTNER RESPONSIVENESS AND BINGE EATING BEHAVIOR: MEDIATING ROLE OF THE INTERPERSONAL EMOTION REGULATION** prepared by **AHMET FURKAN TOSYALI** has been judged to be successful at the defense exam held on **13 JUNE 2018** and accepted by our jury as **MASTER'S THESIS**

Assoc. Prof. Dr. Mehmet Harma (Advisor)

Kadir Has University



Assoc. Prof. Dr. Emre Selçuk

Middle East Technical University



Assoc. Prof. Dr. Tarcan Kumkale

Kadir Has University



I certify that the above signatures belong to the faculty members named above.

Prof. Dr. Sinem AKGÜL AÇIKMEŞE
Dean/GSSS

DATE OF APPROVAL: 13/6/2018

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ABSTRACT

TOSYALI, AHMET FURKAN. *ASSOCIATION BETWEEN PERCEIVED PARTNER RESPONSIVENESS AND BINGE EATING BEHAVIOR: MEDIATING ROLE OF THE INTERPERSONAL EMOTION REGULATION*, MASTER'S THESIS, Istanbul, 2018.

Main aim of this study is to investigate whether there were relationship between perceived partner responsiveness (PPR), co-regulation between romantic partners, and binge eating. Data were collected from 148 adult females and their male romantic partners (18-61 years old) with mean relationship duration of 8.04 years. Dyadic data was analyzed through actor-partner interdependence model framework. We proposed a model where co-regulation between partners mediates the relationship between PPR and binge eating. Results showed that there was not direct association between any of PPR and binge eating scores of participants. However, significant direct associations were found regarding both actor and partner effects of PPR on co-regulation between romantic partners. Besides, there were four mediational pathways where co-regulation of females mediated the associations. Co-regulation of females mediated the association between both actor and partner effects of PPR on their binge eating scores. Co-regulation of female participants also mediated actor effect of PPR on binge eating scores of male participants. Indirect significant associations still remained after controlling for influence of body dissatisfaction on binge eating scores. These findings are the first to illustrate relationship between PPR and binge eating. Also, this study is the first attempt to examine binge eating in terms of interpersonal emotion regulation processes.

Keywords: Perceived Partner Responsiveness, Interpersonal Emotion Regulation, Binge Eating, Romantic Relationship Dynamics

ÖZET

TOSYALI, AHMET FURKAN. *ALGILANAN PARTNER DUYARLILIĞI VE TIKANIRCASINA YEMEK YEME DAVRANIŞI ARASINDAKİ İLİŞKİ: KİŞİLER ARASI DUYGU DÜZENLEMESİNİN ARACI ROLÜ*, YÜKSEK LİSANS TEZİ, İstanbul, 2018.

Bu çalışmanın temel amacı algılanan partner duyarlılığı (APD), romantik partnerlerin birlikte duygu düzenlemesi ve tikanircasına yeme davranışı arasında ilişki olup olmadığını incelemektir. Ortalama ilişki süresi 8.04 yıl olan 148 yetişkin kadın ve onların erkek romantik partnerlerinden (18-61 yaş arası) veri toplanmıştır. Diyadik olarak toplanan veriler, aktör-partner karşılıklı bağımlılığı modellemesi çerçevesinde analiz edilmiştir. Partnerler arası duygu düzenlemesinin, APD ve tikanircasına yeme davranışı arasındaki ilişkide aracı olduğu bir model sunulmuştur. Sonuçlar, APD ve tikanircasına yeme davranışı arasında direk bir ilişki olmadığını göstermiştir. Bununla beraber, partnerlerin birlikte duygu düzenlemeleri üzerinde anlamlı aktör ve partner APD etkileri bulunmuştur. Ayrıca, kadınların karşılıklı duygu düzenlemesinin aracı olarak rol oynadığı dört tane anlamlı ilişki bulunmuştur. Kadınların birlikte duygu düzenleme skorlarının, aktör ve partner APD'nin katılımcıların kendi tikanircasına yeme davranışı üzerindeki etkileri bağlamında aracılık ettiği bulunmuştur. Kadın katılımcıların birlikte duygu düzenlemesinin ayrıca, aktör APD'nin erkek katılımcıların tikanircasına yeme davranışı üzerindeki etkisi bağlamında da aracılık ettiği bulunmuştur. Endirekt anlamlı ilişkiler; vücut memnuniyetsizliği skorlarının katılımcıların kendi tikanircasına yeme davranışları üzerindeki etkileri kontrol edildiğinde de anlamlı çıkmıştır. Elde edilen bulgular APD ve tikanircasına yeme davranışı arasındaki ilişkiye yönelik ilk olma özelliği taşımaktadır. Ayrıca, bu çalışma tikanircasına yeme davranışını kişiler arası duygu düzenlemesi bağlamında inceleyen ilk çalışmadır.

Anahtar Sözcükler: Algılanan Partner Duyarlılığı, Kişiler Arası Duygu Düzenlemesi, Tikanircasına Yeme, Romantik İlişki Dinamikleri

INTRODUCTION

Have you ever lost your control for keeping yourself away from any kind of snacks, fatty and sweet foods following a stressful event? Stress may divert our attention to high-fat, high calorie, and "comfort foods" and push us toward overeating. Previous studies have shown that hypothalamus produces corticotropin-releasing hormone, which suppresses appetite and individuals may lose their sense of appetite in short term. However, if the stress persists, cortisol is released by the adrenal glands and may result in increases in appetite and motivation to eat (Mathes et al., 2009). Once the stressful situation is handled, cortisol level returns to the baseline level (Mathes et al., 2009). Thus, returning the baseline level after stressful event is vital (and protective factor) for avoiding "binge eating". Could another "one" help us easily recover our stress reaction? Previous work on the function of close relationships has indicated that romantic partners help us in regulating our stress. This study investigated how the perception about romantic partners associated with regulation of stress together, and in turn, how co-regulation of stress could be associated with eating behaviors from the dyadic perspective.

Considering the established associations between stress and binge eating (e.g., Sulkowski et al., 2011), interpersonal relationship context could be an important domain for understanding the associations between interpersonal relationships and binge eating. Although interpersonal relationship could be one of the sources of distress (e.g. break up, conflict, infidelity, etc.), being in a responsive and satisfactory relationship has important functions: stress-buffering and interpersonal emotion regulation (also called as co-regulation). Previous work has yielded that these functions may lead individuals being healthier in their life. For instance, ten-year longitudinal study showed that couples had healthier cortisol values in parallel with greater perceived partner responsiveness (Slatcher et al., 2015). Similarly, increase in perceived partner responsiveness was related to better sleep quality via lower anxiety and depression levels (Selçuk et al., 2016).

In this study, we focused on the interpersonal emotion regulation function of close relationships on one of the health related behaviors, binge eating. We investigated if perceived responsive partners facilitate regulating negative emotions at dyadic level,

and in turn, if successful interpersonal emotion regulation of each partner predicts lower levels of binge eating. Specifically, we suggested that when individuals get stressed, they might not need to seek out compensatory maladaptive behaviors such as binge eating if they have high responsiveness partner. Because having a responsive partner may facilitate “co-regulation of distress”, and thus, it could be an escape for individuals from these hot cognitions (e.g., eating tempting foods).



CHAPTER 1

BINGE EATING: ANTECEDENTS AND CORRELATES

Main focus of this study is to investigate binge eating that is also one of the predictors of bulimia nervosa (BN), binge eating disorder (BED), some subtype of anorexia nervosa (AN), eating disorder that is not specified (Wolfe et al., 2009; Bertoli et al., 2015), other clinical conditions and health-related behaviors such as diabetes mellitus and obesity (De Jonge et al., 2014; Serdar et al., 2011). These problems are also related to coronary heart disease, hypertension, some kind of cancer and stroke (United States Department of Health & Human Services, 2004), substance abuse (Dunn et al., 2002) and smoking (Saules et al., 2009; Udo et al., 2016).

It has been reported that 15% of adolescent females and 3% of adolescent males have eating disorders in U.S. (Stice et al., 2013). Consistent results in terms of the gender difference of prevalence rates were reported in different studies (Allen et al., 2016; Bertoli et al., 2015; Preti et al., 2009). Another study conducted with 6041 participants in Australian population indicated that 5.6% of participants had BED (Hay et al., 2015). In Turkey, it was reported that 1% of adolescents had BED (Vardar and Erzenin, 2011). In non-clinical adult population, it was reported that one in 20 adults had binge eating problem (Mitchison et al., 2012) and in college student population, the ratio was reported as 12.9 percent (Nicoli and Junior, 2011). Moreover, in their study, Mitchison and his colleagues (2017) investigated 18-year time trends of binge eating prevalence in the population and they found that binge eating was six times greater in 2015 compared to 1998. Thus, the prevalence rates might give idea about how serious not only behavioral level of binge eating but also pathological level of it as antecedents of aforementioned disorders.

Even though people reported immediate positive affect in a brief period after binge eating, it has been reported that this behavior is strongly related to long-term psychosocial problems (Wolfe et al., 2009) and increased mortality (Berkman et al., 2007). The point that makes worse the situation is that treatment for eating disorders are difficult and costly.

There are many studies suggesting some predictors for binge eating such as genetic and environmental associations (O'Connor et al., 2016), specific personality traits (Koren et al., 2014), eating habits (e.g. fat consumption; Wilson et al., 2012), attachment anxiety (Gallagher et al., 2014; Tascha et al., 2007), lack of perceived social support (Ghaderi and Scott, 2001), stress, depression, anxiety (Ivezaj et al., 2010), negative affect (Ivanova et al., 2015; Macht and Mueller, 2007; Tice et al., 2001), body dissatisfaction (Dakanalis et al., 2014), loneliness and emotional dysregulation (Coric and Murstein, 1993; Southward et al., 2014). Another study with diagnosed participants also showed potential mediator effect of loneliness (e.g. bored, discouraged, worthless) in terms of relationship between emotion dysregulation and BED and BN (Southward et al., 2014). Results were consistent in previous studies showing BN-loneliness and BED-loneliness relationship (Coric and Murstein, 1993; Masheb and Grilo, 2006). Similarly, Sulkowski and his colleagues (2011) showed a mediational link between stress and binge eating via different type of coping strategies.

The findings about the role of interpersonal relationships on binge eating are scattered. For instance, a comprehensive cross-sectional study investigated the prevalence rate of binge eating and risk factors of adults who participated weight-loss or weight-maintenance program (Bertoli et al., 2015; $N = 7524$, age range = 18-81 years). Results revealed significant marital status effect on binge eating. However, there are other studies showing non-significant associations between marital status and binge eating (Pacanowski et al., 2014; Reagan and Hersch, 2005). Some of this gap may be due to differences in relationship and stress reduction processes that couples perform in their daily life. To our knowledge, no systematic empirical research exists addressing the question of partner perceptions and regulation of distress together could predict binge eating.

Following these arguments, it could be worth to discuss that relationship dynamics between couples might be important for binge eating, rather than marital status itself. Supporting this argument, for example, a longitudinal study ($N = 157$ newly parenting couples) investigated the association between health-related behaviors and romantic relationship dynamics (Cornelius et al., 2016). They found that romantic partners could influence each other in context of specific health behaviors (e.g. weight-related behaviors, tobacco use) that was consistent with previous work (Desrosiers et al., 2015;

Jackson et al., 2015). Besides, in their dyadic study, Cornelius et al. (2016) found significant partner influence in eating behaviors, when there was stronger relationship power between partners. Following these studies, couples could help each other to buffer their stress in an effective way, and in turn, they performed healthier behaviors such as less smoking, healthy eating, and weight-related behaviors.

1.1. THE ROLE OF CLOSE RELATIONSHIPS ON EATING BEHAVIORS

Previous studies have consistently documented that supportive and positive relationships are associated with both good mental and physical health (Berkman, 1995; Berkman et al., 2000), whereas nonresponsive relationships are related to poor mental and physical health outcomes, and mortality (Berkman and Syme, 1979; Cacioppo et al., 2002; Holt-Lunstad et al., 2010). Responsive partners promote sense of security and this sense of security has two functions: stress buffering and interpersonal emotion regulation of distress (Selcuk et al., 2010). Stress buffering refers to social, informational, and instrumental resources – that are provided to others when it is needed – have potential to heal pathogenic effect of stressful issues. Underlying mechanism is that support inhibits stress appraisal while decreasing perceived harm or increasing perceived coping ability (Cohen, 2004; Cohen and Pressman, 2004). Therefore, partner can inhibit affective reactions or maladaptive behaviors (e.g. binge eating) and provide adaptive problem solving or distraction. Interpersonal emotion regulation refers to mutual conditioning between biological reward systems of significant others (e.g. romantic partners). That kind of mutual connection increases sense of security, which in turn, decreases stress response in both physiological and psychological level (Sbarra and Hazan, 2008).

Studies have focused on the predictor role of emotion regulation on binge eating at intra-individual level (e.g., Han and Pistole, 2014; Sulkowski et al., 2011) rather than interpersonal level. For example; a study conducted by Han and Pistole (2014) aimed to investigate relationship between insecure attachment (in romantic relationship perspective; anxious and avoidant type) and binge eating by using structural equation modelling framework and then, they proposed a model where emotion regulation mediates the association between insecure attachment and binge eating. There were 381 (155 male; 41%) undergraduate or graduate students who participated the study via

online survey. Findings of the study confirmed two hypotheses suggested by the authors. Firstly, insecure attachment was found as positively and significantly related to binge eating. Secondly, significant relationship between attachment insecurity and binge eating was fully mediated by maladaptive emotion regulation. However, even though this study had valuable contributions into existing body of knowledge with respect to romantic relationship dynamics and binge eating, the study only examined emotion regulation process at individual level. Thus, more research is needed to examine possible influences of couple-level emotion regulation in the link between the quality of close relationships and binge eating. From this perspective, we hypothesized that interpersonal emotion regulation of distress between romantic partners may have an important role in eating behaviors. This hypothesis is also consistent with the basic premises of the social baseline theory (Coan, 2008, 2010). According to the social baseline theory, efficient psychological and biological regulations are attained through close and trusted others. Through this psychological and biological inter-dependency to close others, emotional and physiological balance can be provided by spending less cognitive and metabolic resource. Therefore, successful emotional coping may be achieved with limited effort in a more adaptive way instead of maladaptive coping strategies. However, it is obvious that attaining psychological and biological inter-dependency between close other requires more responsive and consistent partners. Thus, the quality of relationships and partner characteristics should be taken into account in explaining successful interpersonal emotion regulation (i.e., co-regulation).

1.2. PERCEIVED PARTNER RESPONSIVENESS AND BINGE EATING

Perceived partner responsiveness (PPR) reflects to what extent romantic partners understand, validate, and care each other (Reis and Patrick, 1996) and consists of cognitive and emotional aspects (Reis et al., 2004). Cognitive aspect includes the perceived qualities of the partner and emotional aspect refers to the intensity of emotional bonds with the partner. Reis and his colleagues (2004) defined PPR as a one of the defining components of the self, including believes and perceptions about partner that are attentive and supportive. In addition, responsiveness was suggested as a notion that is formed by thoughtful and empathetic reactions and that forms respect and appreciation (Reis, 1998). It could be also a potential protective factor for binge eating

as it was suggested that PPR was critical to understand relationship between support received by partner and health outcomes (Selçuk and Ong, 2013). Moreover, higher PPR between couples was found as related to lower negative affect in daily life (Maisel and Gable, 2009). This finding is noteworthy due to the fact that negative affect is the most common predictor of binge eating (APA, 2013, p.465). Consequently, we argue that PPR should be considered while understanding binge eating in the context of the close relationship dynamics.

However, to our knowledge, there has not been any study investigating possible association between PPR and binge eating, especially from the dyadic perspective. Based on related literature review stressing dyadic nature of PPR between partners (e.g. Lemay and Clark, 2008), we would expect that greater PPR of females and males would lead to lower levels of binge eating behaviors of themselves (actor effects; Hypothesis 1a). Besides, partners' PPR could also predict binge eating. Specifically, greater PPR of one partner would lead to lower levels of binge eating reports of the other person (partner effects; Hypothesis 1b). Latter hypothesis was consistent with the findings related to dyadic associations between health-related behaviors and romantic relationship dynamics (e.g. Cornelius et al., 2016; Pietromonaco et al., 2013).

1.3. THE LINK BETWEEN PERCEIVED PARTNER RESPONSIVENESS AND EMOTION REGULATION

As romantic relationships are the most intimate ones in adulthood (Levinger and Hustoni 1990), bonding behaviors between partners can enhance positive emotions and reduce negative affect together. This aspect is quite important since emotions include a central function – that is related to both physical and social survival – to adapt problems (Keltner and Gross, 1999). Dysfunctional emotion regulation is associated with worse mental health (Gross and Munoz, 1995) and most of the psychological disorders occur due to problems in emotional processes (Kring and Werner, 2004). Thus, regulation of emotions is also as important as the emotions itself. In this context, emotion regulation was defined by James J. Gross (1998) as “...is the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (p.275). However, as responsiveness refers to reaction to disclosure of a partner (Reis and Patrick, 1996), expression of these emotions –

important part of emotion regulation as understood from the definition – are meaningful and functional when there is a responsive partner who is also perceived as responsive by other party.

PPR – which reflects quality of the relationship – is associated with emotion regulation as Reis (2014) stressed the link between responsiveness and affective interdependence among romantic partners. However, processes such as emotion regulation (Butler and Gross, 2009; Rime, 2009), health (Berkman et al., 2000), depression (Coyne, 1990; Whisman, 2001) have been mostly examined at intrapersonal level. Here, important point is that these kinds of processes should be extended to interpersonal level since human behaviors and experiences are appeared in interpersonal environment and influenced by social context (Reis et al., 2000). This argument is also parallel with two aspects (intrinsic vs. extrinsic) related to emotion regulation introduced by Gross and Thompson (2007). Intrinsic emotion regulation refers to regulation of own feelings while extrinsic one refers to regulation of others' feelings. There are few studies investigating latter aspect in adult population (for couples; Gleason et al., 2003; Gleason et al., 2008; Hicks and Diamond, 2008), that is to say, we point our scarcity of studies related to interpersonal emotion regulation. In this context, we handled emotion regulation – that is related to binge eating (Han and Lee, 2017; Svaldi et al., 2014) – at interpersonal level as co-regulation (interpersonal emotion regulation) between partners. Interpersonal emotion regulation effort could be seen as a central component of our psychological structures. Individuals get support from others to dampen their stress (e.g., Uchino et al., 1996) and foster positive affect (Gable and Reis, 2010). Related to successful interpersonal emotion regulation, Randall et al. (2013) investigated relationship between emotional coordination and cooperation among romantic partners. Cooperation refers to mutual communication process aiming to reach satisfying solutions and healthy interpersonal emotion regulation (Sheras and Koch-Sheras, 2006). As an example; constructive problem solving and active listening may be elements of this process (Assad et al., 2007). In this context, Randall et al. (2013) aimed to examine association between behavioral cooperation and interpersonal emotional coordination. Dyadic data analysis was conducted through answers of 44 heterosexual couples (Age interval = 19-69). In general, findings demonstrated that high behavioral cooperation predicted both greater emotional experience and successful emotion regulation at

interpersonal level. However, pattern of the relationship differed across gender (see Randall et al., 2013). Specifically, pattern of emotional coordination occurred in same direction for men which refers that when women were less positive, men were also less positive or when women were more positive, men were more positive. By contrast, pattern of emotional coordination occurred in opposite direction which refers that when men were less positive, women become more positive or when men were more negative, women become less negative.

Interpersonal emotion regulation was operationally defined as co-reappraisal and co-brooding in our study. Reappraisal process in itself has beneficial impact on functional emotion regulation strategy, health and well-being (Gross, 1998; John and Gross, 2004). Appraisal of the situation could reduce its negative emotional impact and responsive partner can be an adaptive resource by co-reappraising the stressor together for situations that include perceived threat. In contrast, brooding process, as a maladaptive emotion regulation strategy, refers to repetitively focusing on negative content where same distressing scene is played over and over again in mind that breeds more sadness. In addition, co-brooding is an interactional sharing of the negative issue without responsive reactions (Horn and Maercker, 2016). In other words, if a partner keeps repeating same subjects bothering him/her to other partner over and over again, even though he/she knows that talking with the partner does not make any difference; this process is an example for co-brooding. Thus, in this study, we used co-reappraisal and co-brooding (reversely in our context) as indicators of successful interpersonal emotion regulation.

In the light of existing body of knowledge, we would hypothesize that both females' and males' PPR would positively predict their own scores on successful interpersonal emotion regulation (actor effects; Hypothesis 2a). In addition to this hypothesis, due to dyadic nature of close relationship dynamics (e.g. PPR; Reis et al., 2002), we would also expect partner effects: PPR of one partner would positively predict successful interpersonal emotion regulation of the other (partner effects; Hypothesis 2b).

1.4. EMOTION REGULATION AND BINGE EATING

Influence of emotional factors on overeating was stated decades ago (Bruch, 1964). In addition, both cross-sectional and experimental studies presented association between

sad mood, depressive symptoms and binge eating (Antony et al., 1994; Dingemans et al., 2015). Besides, a meta-analysis conducted by Cardi et al. (2015) presented remarkable findings. Eligibility criteria for the meta-analysis required experimental studies including mood condition group and control group, adult participants who was diagnosed with eating disorders or obese participants. Having excluded unsuitable studies, thirty-three studies were involved in the meta-analytic review. There were 2491 participants ($M_{age} = 24.4$) at total. As a result of this systematic review, causal relationship between negative mood and greater food intake was found. Parallel to this result, existing body of knowledge confirmed that binge eating could temporarily increase positive mood (e.g. Dingemans et al., 2009; Munsch et al., 2008).

Here, important interpretation is that relationship between mood or affect and binge eating may not only arise due to negative emotions but also lack of adaptive coping strategies with the negative affect (Evers et al., 2010). Adaptive and maladaptive coping strategies varies, for example; reappraisal, that refers to creating positive interpretations or perspectives to diminish negative affect, is considered as an adaptive coping strategy (Danner et al., 2014). In contrast, suppression that refers to response-focused strategy is an example of maladaptive coping strategy and it was suggested that long-term impact of this strategy results in failure (Gross, 2002). Furthermore, studies that included participants who were diagnosed with eating disorders showed that those individuals were more likely to suppress emotions and less likely to use reappraisal as a coping strategy (Dingemans et al., 2017). Therefore, emotions and emotion regulation has been suggested as a crucial indicator of binge eating in both clinical (e.g. Dingemans et al., 2009) and non-clinical sample (e.g. Han and Pistole, 2014) of individuals who had symptoms of binge eating. To be noted, however, related literature review shows that most of studies included clinical samples rather than non-clinical samples that had binge eating problem.

Over and above, to explain binge eating behavior in context of affect or mood, there are several theories which need to be reviewed. Firstly, the *escape theory*, for example, indicates that binge eating is a maladaptive escape mechanism from emotional distress (Heatherton and Baumeister, 1991). Secondly, the *negative affect theory* suggests that binge eating provides distraction and comfort when people encounter with negative stimuli (Stice and Agras, 1999; Stice, 2002). This argument was demonstrated as even

consistent with children and adolescent participants. For instance; consistent with the relationship between negative affect and binge eating in children and adolescents, Elliott et al. (2010) aimed to examine predictor role of negative affect on loss of control over eating. They proposed a model where negative affect mediates the association between social problems (e.g. inter personal problems in school, home etc.) and loss of control over eating. Participants were gathered through convenience sampling that includes youths (age interval; 8-17) who are part of non-clinical sample. Loss of control overeating was assessed based on individual interviews. As inclusion criteria for binge eating symptom; participants were asked whether they had experienced at least one time in the last month. Then, the proposed model was tested through structural equation modelling framework. Findings suggested that social problems of participants significantly predicted greater negative affect, in turn, led to more binge eating symptoms. Therefore, both escape theory and negative affect theory emphasized the role of affect on binge eating. Consistent results were found in a cross-sectional study ($N = 255$ women diagnosed with BED) examining similar model where negative affect mediates the association between interpersonal problems and binge eating disorder symptoms (Ivanova et al., 2015). Therefore, efficient emotion regulation against emotional distress or any other negative stimuli is crucial to predict eating behaviors as presented in previous studies (e.g. Micanti et al., 2017).

Dietary restraint theory suggested that high level of dieting is a risk factor for binge eating due to the fact that individuals may cope with caloric deprivation through binge eating (Heatherton and Polivy, 1992). In addition to context of restraint theory of binge eating, Stice (1998) interpreted that dietary restraint may be resulted due to social reinforcement and modeling of thin-ideal fostered by family, peers, and media. He tested this interpretation that had never been tested before, based on two studies. In the first study, main aim was to investigate correlation between social reinforcement, modeling and abnormal eating behavior (e.g. binge eating). Participants were undergraduate female students ($N = 114$) from 17 to 29 years old. Note that characteristic of the sample did not include clinical cases and male participants. As a result, positive correlation between social reinforcement of the thin-ideal (by family, peer, and media) and abnormal eating behaviors was found. However, family and peer modeling was found as positively related to abnormal eating symptoms but there was

not significant relationship between media modeling and eating pathology. According to those findings, second study was conducted to examine predictor role of social reinforcement of thin-ideal and modeling on eating symptoms based on a longitudinal analysis. In the second study, participants were female senior students ($N = 218$) from 16 to 18 years old. Male participants were excluded consistent with the first study. Data were collected with 9-month time interval. Consequently, predictor role social reinforcement and modeling (by family and peers, not media) was found on binge eating and purging symptoms. As a summary of both cross-sectional and longitudinal investigation, Stice (1998) suggested that social reinforcement and modeling of thin-ideal is internalized by individuals, which in turn, may breed body dissatisfaction. Due to the sense of dissatisfaction to body, individuals go through dietary restraint process that ends up with binge eating symptoms. Even if he did not measure body dissatisfaction, his interpretation related to body dissatisfaction and binge eating was consistent with current studies (e.g. Andres and Saldana, 2014).

Before those cumulative studies, Stice (1994) suggested dual-pathway model including psychosocial process to explain binge eating. According to this suggestion, Onset of abnormal eating symptoms (e.g. binge eating) was originated due to both dietary restraint and negative affect or combination of those risk factors. Stice and Agras (1999) conducted a study to investigate this view. There were female participants who met diagnostic criteria of bulimia nervosa ($N = 265$). Questions related to dietary restraint and depressive symptoms were answered. Findings were consistent with a four-year longitudinal study, conducted by Stice et al., 1998, indicating that not only dietary restraint but also negative affect may be related to binge eating symptoms when both of the predictors were considered. To be noted, however, Stice et al. (1998) found that in multivariate analyses, influence of negative affect had become non-significant when it was considered with dietary restraint. Thus, authors stated that this non-significant result occurred due to strong collinearity between dietary restraint and affective problems. Despite of the fact that cumulative knowledge related to emotion, emotion regulation and binge eating has been well documented, to our knowledge, interpersonal aspect of emotion regulation and its relation to binge eating has not been investigated yet.

1.5. THE CURRENT STUDY

We aimed to investigate possible underlying mechanism explaining the link between perceived partner responsiveness and binge eating via interpersonal emotion regulation (i.e., co-reappraisal and co-brooding) from the dyadic perspective. Since binge eating itself was suggested as an emotion regulation strategy (Wedig and Nock, 2010) or emotional dysregulation significantly predicted binge eating (Buckholdt et al., 2010), interpersonal emotion regulation process between partners might have crucial role on binge eating at dyadic level. Therefore, we would expect that interpersonal emotion regulation of both partners would negatively predict their own binge eating reports (actor effects; Hypothesis 3a). Besides, we would also hypothesize partner effects in the same line: interpersonal emotion regulation of one partner would negatively predict binge eating reports of the other partner (partner effects; Hypothesis 3b). Finally, we also examined if interpersonal emotion regulation mediates the link between PPR and binge eating behavior at both actor (Hypothesis 4a) and partner level (Hypothesis 4b).

The current study has several potential contributions into existing body of knowledge related to romantic relationships and health-related behaviors of individuals. At first, even if there have been studies examining some health-related behaviors (e.g. tobacco use, weight-related behaviors) in terms of romantic relationship dynamics (e.g. relationship power; (Cornelius et al., 2016), the literature lacks with respect to binge eating so that we believe the current study fills this gap. Secondly, relationship between interpersonal emotion regulation and binge eating has been mostly examined at individual level. However, the current study emphasizes the role of interpersonal emotion regulation process between romantic partners. Thirdly, previous studies strongly suggested need and benefit for dyadic analysis to fully capture actors' and partners' characteristics and their outcomes in health domain (e.g., Pietromonaco and Powers, 2015) so that we collected data from heterosexual couples. Therefore, dyadic nature of the data enables us to investigate the proposed mechanism in a more comprehensive model through Actor-Partner Interdependence Model (APIM; Cook and Kenny, 2005; Kenny and Cook, 1999). Thus, we argue that the constructs in our model should be examined in APIM framework due to dyadic nature of the constructs (e.g. PPR; Reis et al., 2002). In this regard, a unique conceptual model (shown in Figure 1.1)

where interpersonal emotion regulation (co-regulation) mediates the association between PPR and binge eating was examined.



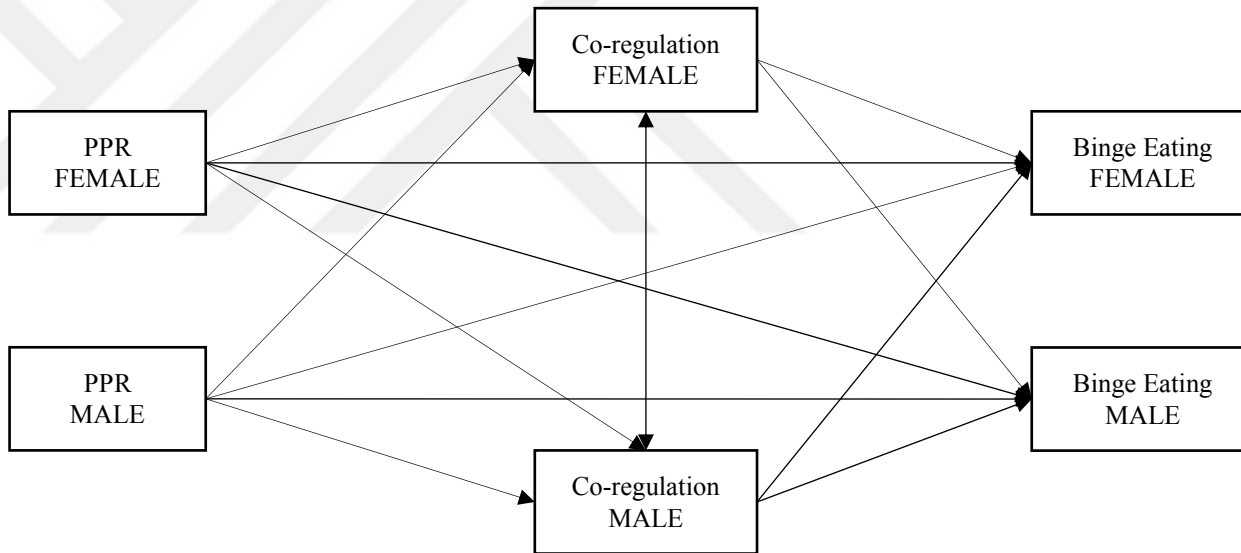


Figure 1.1. The Conceptual Model

Note. “PPR” in this figure refers to perceived partner responsiveness.

CHAPTER 2

METHOD

2.1. PARTICIPANTS

296 participants (148 heterosexual couples) ranging from 18 to 61 years ($M_{age} = 29.98$, $SD = 11.40$) who had romantic relationship for at least three months ($M_{duration(month)} = 96.55$, $SD = 115.10$) took part in the study. Educational levels of participants were diverse; majority of the participants were university students (%45.6), %18.6 were graduated from high school, %14.9 were graduated from university, %8.4 of were master or Ph.D. students, %5.4 were graduated from master or Ph.D., and remaining %7.1 participants were graduated from primary school or secondary high school. A question related to socio-economic status (SES) level of participants was asked based on 10 points Likert-type scale ranging from 1 (*lowest SES*) to 10 (*highest SES*) and indicated almost average SES level for the current sample ($M_{SES} = 6.00$, $SD = 1.39$).

2.2. PROCEDURE

The measures that we used in this study were submitted for the approval of Kadir Has University, Human Participants Ethic Committee. Having received the approval of ethical standards of the institutional committee in Kadir Has University (Approval number: 23370156-003982), we started to gather the data. In the beginning of the data gathering process, an online survey link was sent via the social media platforms such as WhatsApp mobile messaging application, Facebook, and Twitter. Since we have aimed to collect dyadic data including both male and female answers, participants were asked questions (e.g. 'Could you please write down second letter of your name/ Could you please write second letter of your partner's name') to create a unique code for the purpose of matching each couples' answers while keeping the answers as anonymous and getting dyads for each couple. However, in this process, we have failed to match unique code questions due to lack of consistent answers for unique code questions. Failure for the data matching strategy might have been due to misunderstanding of

participants or deliberate effort of them. Subsequently, we changed the sampling strategy and the study was announced in two different universities. Participants, who had romantic relationship at least for three months were participated either voluntarily or for exchange of bonus points for a selected course. Thus, convenient sampling strategy – which is used due to proximity of participants – was used.

A pair of identical questionnaires, that took 15-20 minutes to complete, for each partner were given in a signed envelope and they had a week to bring back the same envelope that was signed. Couples were required to fill the questionnaire without knowing each other's responses and delivered the closed envelope. Returning the envelopes without following the instructions was considered as exclusion criteria for the data. All information was kept confidential.

The questionnaire consisted of two parts. In the first part, participants reported demographic information such as gender, age, education, relationship duration, and socio-economic status (SES). Besides, a question related to whether participants had any chronic illness that may lead specific dieting program was also asked. Data returning from two participants who had a chronic illness that might influence eating habits (e.g. diabetes) would be excluded with their partners' answers due to protecting dyadic nature of the data. In the second part, measurement scales related to binge eating, perceived partner responsiveness, co-regulation (i.e., co-reappraisal and co-brooding), and body dissatisfaction were administered to our participants.

2.3. MEASURES

2.3.1. Binge Eating Scale

Binge eating was assessed by using Binge Eating Scale (BES) developed by Gormally et al., in 1982. This scale was used to screen binge eating severity in overweight and obese adults to examine treatment outcomes and interventions before BED was recognized in APA Manual, in 2013. However, the scale is a tool that is currently used in studies intending to measure binge eating in non-clinical samples (e.g. Duarte et al., 2015; Grupski et al., 2013; Han and Pistole, 2014; Nicoli and Liberatore, 2011).

The Turkish adaptation was conducted on the scale and it was back-translated in Turkish by two other researchers. BES includes 16 items in which eight of those

describe feelings/cognitions (e.g. guilt, feeling lack of control) and remaining eight items indicate behavioral manifestations (e.g. eating fast, eating secretly). The scale has been commonly used as it measures single factor (Duarte et al., 2015). Each item presents three to four options stating from normal to abnormal eating. There are weights (0-3) assigned for each option and higher points indicated severity of the binge eating. As an example of sample item: (a) *“I am usually physically hungry when I eat something,”* weighted 0; (b) *“Occasionally, I eat something on impulse even though I really am not hungry,”* weighted 1; (c) *“I have the regular habit of eating foods, that I might not really enjoy, to satisfy a hungry feeling even though physically, I don’t need food,”* weighted 2; (d) *“Even though I’m not physically hungry, I get a hungry feeling in my mouth that only seems to be satisfied when I eat a food, like a sandwich, that fills my mouth. Sometimes, when I eat the food to satisfy my mouth hunger, I then spit the food out so I won’t gain weight,”* weighted 3. Items were averaged to create composite score with higher scores suggesting a greater binge eating severity. Thus, higher scores indicate higher rate of binge eating. The original scale indicated good reliability ($\alpha = 0.85$) as it does in the current study ($\alpha = 0.83$ for both gender).

Confirmatory factor analysis (CFA) of binge eating was conducted on single factor as it was used in same way in the original inventory (Gormally et al., 1982). The covariance matrix was used as input and maximum likelihood estimation was employed in all confirmatory factor analyses. Single factor model measuring binge eating was hypothesized. The proposed single factor model presented good fit to the data for binge eating. While assessing model fit, goodness-of-fit indices that are comparative fit index (CFI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR) were interpreted for all of CFA estimated in this study. Since chi-square value of the model is quite sensitive to sample size, Bentler comparative fit index was considered as an additional goodness of fit indices. Combination of cutoff values CFI > .90, RMSEA < .10, and SRMR < .10 is considered as good and CFI > .95, RMSEA < .05, and SRMR < .05 is considered as indicator of excellent fit (Hu and Bentler, 1999). Although results did not meet with cut-off values, values were close to adequate fit [$\chi^2 (104) = 221.894, p < 0.001$], CFI = 0.877, RMSEA = 0.062, SRMR = 0.052]. Modification indices were examined for further analysis. One remarkable modification indice was presented between the errors of items 14 and 6 (32.16). In a

study (Duarte et al., 2015) examining CFA results of BES on single factor, same modification indices (item 14 and 6) was applied and the model significantly improved. After following the modification indices, the model presented good fit [χ^2 (103) = 188.656, $p < 0.001$], CFI = 0.911, RMSEA = 0.053, SRMR = 0.048]. Factor loadings (shown in Table 2.1) ranged from .30 (item 1) to .65 (item 10).



Table 2.1. Factor loadings of Binge Eating Scale

Item No	Items	Factor Loadings
1	a. Başkaları ile birlikteyken kilom ve vücut ölçülerim hakkında pek düşünmem. b. Başkalarına nasıl göründüğümü umursarım, ama bu genellikle kendimle ilgili hayal kırıklığı hissettirmez. c. Beni hayal kırıklığına uğratan görünüşümden ve kilomdan utanırım. d. Kilom üzerinde çok düşündüğümü hissederim ve sıklıkla kendimden utanır ve öğrenirim. Bu öz-farkındalığım nedeniyle insanlarla iletişim kurmaktan kaçınırım.	.297
2	a. Doğru şekilde, yavaş yemek ile ilgili bir zorluk yaşamam. b. Yemekleri silip süpürüyor görünsem bile sonunda çok yemekten tıkanmış hissetmem. c. Hızlı yemek yemeye eğilimli olduğum zamanların sonrasında rahatsız edici derecede tok hissederim. d. Yemeği çiğnmeden yutma gibi bir alışkanlığım vardır. Böyle olduğunda genellikle çok yemiş olduğum için rahatsız edici derecede tıka basa dolu hissederim.	.500
3	a. İsteddiğim zaman yemek yeme dürtülerimi kontrol edebilirim. b. Yemek yememi kontrol ederken ortalama bir insandan daha fazla başarısızlığa uğradığımı hissederim. c. Yemek yeme dürtülerimi kontrol etmek söz konusu olduğunda, kendimi son derece çaresiz hissederim d. Beslenmemi kontrol etmekte çok çaresiz hissettiğim için, kontrolü ele geçirmeye çalışırken tamamıyla umutsuz olurum	.588
4	a. Sıkıldığım zamanlarda yemek yeme alışkanlığım yoktur. b. Sıkıldığımda bazen yemek yerim, ama genellikle kendimi meşgul etmeyi ve yemeği aklımdan uzaklaştırmayı başarabilirim. c. Sıkıldığımda yemek yemek düzenli bir alışkanlığımdır, ama ara sıra başka aktiviteleri aklımdan yemek yemeyi uzaklaştırmak için kullanabilirim. d. Sıkıldığımda yemek yemek değişmez bir alışkanlığımdır. Hiçbir şey bu alışkanlığımı kırmama yardım edebilirmiş gibi gelmiyor.	.344

5	<p>a. Genelde acıktığım zaman bir şey yerim.</p> <p>b. Ara sıra, gerçekten aç olmamama rağmen içgüdüsel (gayri ihtiyari) olarak bir şeyler yerim.</p> <p>c. Fiziksel olarak besine ihtiyacım olmadığında bile açlık hissini gidermek için gerçekten keyif almayacağım şekilde yemek gibi düzenli bir alışkanlığım var.</p> <p>d. Fiziksel olarak aç olmadımda bile sandviç gibi ağzımı dolduracak bir şey yediğimde geçecekmiş gibi gelen bir açlık hissim olur. Bazen bu açlığımı geçirmek için yemek yedikten sonra kilo almamak için yediğim yemeği kusarım</p>	.471
6	<p>a. Aşırı yedikten sonra suçluluk hissetmem ya da kendimden nefret etmem.</p> <p>b. Ara sıra, aşırı yedikten sonra suçluluk hissederim ya da kendimden nefret ederim.</p> <p>c. Neredeyse her zaman aşırı yedikten sonra ağır suçluluk hissederim ya da kendimden çok nefret ederim.</p>	.309
7	<p>a. Aşırı yediğim dönemlerden sonra bile diyet yaparken beslenmem üzerindeki tüm kontrolümü kaybetmem.</p> <p>b. Diyeteyken yasaklı yiyecek yediğim bazı zamanlarda elime yüzüme bulaştırdığımı hissedip daha fazla yerim.</p> <p>c. Diyeteyken çok yediğim zamanlarda sık sık kendime “şimdi her şeyi batırdım, battı balık yan gider” deme alışkanlığım vardır. Böyle olunca daha fazla yerim.</p> <p>d. Katı diyetlere başlama gibi bir adetim var ama fazla yiyerek bu diyetleri bozarım. Hayat tarzım, ya kendime ziyafet çekecek ya da kıtlıktaymış gibi davranacak şekildedir.</p>	.524
8	<p>a. Nadiren, rahatsız edecek kadar çok yerim.</p> <p>b. Neredeyse ayda bir kez, yedikten sonra “tıka basa doymuş” gibi hissedecek miktarda yerim.</p> <p>c. Ay içinde, düzenli olarak; ya yemek vakti ya da atıştırma olarak çok fazla yemek yediğim zamanlar olur.</p> <p>d. Devamlı olarak yedikten sonra çok fazla rahatsız hissedecek kadar, bazen de midem bulanacak kadar fazla yemek yerim.</p>	.621

- 9
- a. Kalori alım düzeyim düzenlidir, ne çok yüksek ne de çok az olur.
b. Bazen, çok fazla yedikten sonra, aldığım fazla kaloriyi dengelemeye yetmeyecek kadar olsa da, kalori alımını düşürmeye çalışırım.
c. Geceleri devamlı çok yeme gibi bir alışkanlığım var. Görünen o ki, sabahları aç kalmama akşamları ise çok yeme gibi bir alışkanlığım var.
d. Kendimi haftalarca gerçekten aç bıraktığım zamanlar oluyor. Bu zaman aralığımı çok fazla yediğim zamanlar takip ediyor. Görünen o ki; kendime ziyafet çekecek ya da kısıltaymış gibi davranacak şekilde yaşıyorum.
- .557
- 10
- a. Genelde, yemek yemeyi istediğim zaman bırakabilirim. Sınırımı biliyorum.
b. Bazen kontrol edemediğim bir yemek yeme dürtüsü yaşıyorum.
c. Sık sık kontrol edemediğim yemek yeme isteği yaşıyorum, ama diğer zamanlarda bu yemek yeme isteğimi kontrol edebiliyorum.
d. Yemek yeme isteğimi kontrol etme kabiliyetimin olmadığını hissediyorum. Yemek yemeyi kendi isteğimle bırakamamaktan korkuyorum.
- .635
- 11
- a. Tok hissettiğim zamanlarda yemek yemeyi bırakmada sorun yaşamıyorum.
b. Tok hissettiğimde genellikle yemeyi bırakabilirim ancak ara sıra aşırı yemek rahatsız edici derecede tıkanmış hissettiriyor.
c. Bir kere başladıktan sonra yemek yemeyi bırakmakta sorun yaşarım ve genellikle bir öğün yedikten sonra tıkanmışçasına rahatsız hissedirim.
d. İsteddiğim zaman yemek yemeyi bırakmakta sorun yaşadığım için, bazen tıkanmışlık hissini gidermek için kusarım.
- .576
- 12
- a. Hem başkalarıyla beraberken (aile, sosyal çevre) hem de yalnızken aynı miktarda yeme eğilimindeyim.
b. Bazen başkalarıyla birlikteyken istediğim kadar çok yemek yemem, çünkü yemek yemem konusunda kendimi bilirim.
c. Diğer insanlar varken sık sık az miktarda yemek yerim, çünkü yemek yememle ilgili çok utanırım.
d. Aşırı yemek yememden o kadar utanırım ki, yemek yemek için kimsenin beni görmeyeceğini bildiğim zamanları seçerim.
- .352

13	<p>a. Nadiren yemek arasında atıştırarak günde 3 öğün yemek yerim. b. Günde 3 öğün yemek yerim ve genelde öğün aralarında atıştırırım. c. Çok fazla atıştırdığım zamanlarda düzenli öğünlerimi atlama alışkanlığım vardır. d. Öğünlerimi planlamadan devamlı yemek yediğim belirli dönemler vardır.</p>	.369
14	<p>a. İstenmeyen yemek yeme dürtülerimi kontrol etmeye çalışmak üzerine çok düşünmem. b. En azından bazı zamanlarda, zihnimin yeme dürtülerimi kontrol etmeye çalışmakla meşgul olduğumu hissedirim. c. Sık sık, ne kadar çok yediğimi ya da daha fazla yememeye çalıştığımı düşünmeye çok zaman harcarım. d. Uyanık olduğum zamanın çoğunda yemek yemek ya da yememek ile ilgili düşüncelerle meşgulmüşüm gibi gelir. Sürekli yemek yememek için mücadele ediyormuş gibi hissedirim.</p>	.487
15	<p>a. Yemekler üzerine çok düşünmem. b. Doymak bilmez bir iştahım vardır ama kısa sürede geçer. c. Yemekten başka hiçbir şey düşünemediğim günler vardır. d. Günlerimin çoğu yemekle ilgili düşüncelerle meşgulmüş gibi gelir. Yemek için yaşadığımı hissedirim.</p>	.620
16	<p>a. Genellikle aç olup olmadığını bilirim. Kendimi doyurmak için yeteri kadar porsiyon alırım. b. Ara sıra açlığımı bildiğimden emin olamam. Böyle zamanlarda kendimi doyurmak için ne kadar yemek yemem gerektiğini anlamam zordur. c. Ne kadar kalori yemem gerektiğini bilsem bile, benim için normal miktar yiyeceğin ne kadar olduğuna dair bir fikrim yoktur.</p>	.560

Note. Standardized factor loadings were reported.

2.3.2. Perceived Partner Responsiveness Scale

Turkish version of the original scale invented by Reis and Carmichael (2006) was used (Selçuk, 2018). The scale consisted of 18 items (e.g. ‘*My partner is responsive to my needs*’) ranging from 1 (*definitely disagree*) to 9 (*definitely agree*). Higher scores indicated higher perceived partner responsiveness. The original scale was found as reliable ($\alpha = 0.98$). In this study, the scale had good reliability ($\alpha = 0.94$ for both gender).

Confirmatory factor analysis of perceived partner responsiveness scale was conducted on single factor as it was used in same way in the original inventory. The proposed single factor model did not present good fit to the data for perceived partner responsiveness. [$\chi^2(135) = 859.637, p < 0.001$], CFI = 0.795, RMSEA = 0.135, SRMR = 0.072]. Modification indices were examined for further analysis. After following theoretically suitable modification indices (shown in Table 2.2 step by step), the model presented relatively better fit to the data for perceived partner responsiveness [$\chi^2(126) = 495.158, p < 0.001$], CFI = 0.900, RMSEA = 0.099, SRMR = 0.060]. Factor loadings (shown in Table 2.3) ranged from .58 (item 1) to .82 (item 7).

Table 2.2. Modification Indices on Perceived Partner Responsiveness

Model	χ^2	<i>df</i>	<i>p</i>	CFI	SRMR	$\Delta\chi^2$	Δdf
Initial	859.637	135	<.001	0.795	0.072		
(Item 1 with 2)	708.425	134	<.001	0.838	0.068	151.21	1
(Item 4 with 6)	653.645	133	<.001	0.853	0.068	54.78	1
(Item 13 with 14)	615.719	132	<.001	0.863	0.067	37.93	1
(Item 17 with 18)	584.988	131	<.001	0.872	0.065	30.73	1
(Item 3 with 4)	562.521	130	<.001	0.878	0.063	22.47	1
(Item 6 with 15)	540.016	129	<.001	0.884	0.062	22.51	1
(Item 6 with 9)	521.716	128	<.001	0.889	0.062	18.30	1
(Item 14 with 15)	508.846	127	<.001	0.892	0.061	12.87	1
(Item 5 with 15)	495.158	126	<.001	0.900	0.060	13.69	1

Note. Correlation between error terms were added between items of perceived partner responsiveness scale

Table 2.3. Factor Loadings of Perceived Partner Responsiveness Scale

Item No	Items	Factor Loadings
1	Nasıl biri olduğumu çok iyi bilir	0.578
2	“Gerçek ben” i görür	0.714
3	İyi yönlerimi ve kusurlarımı, benim kendimde gördüğüm gibi görür	0.469
4	Söz konusu bensem yanılmaz	0.641
5	Zayıf yönlerimi de dahil her şeyimi takdir eder	0.557
6	Beni iyi tanır	0.785
7	Beni anlar	0.818
8	Çoğu zaman en iyi yönlerimi görür	0.596
9	İyisiyle kötüsüyle “gerçek ben” i oluşturan her şeye değer verir ve saygı gösterir	0.803
10	Ne düşündüğümün ve hissettiğim farkındadır	0.785
11	Beni gerçekten dinler	0.775
12	Bana olan sevgisini gösterir ve beni yüreklendirir	0.778
13	Ne düşündüğümü ve hissettiğimi duymak ister	0.738
14	Benimle birlikte bir şeyler yapmaya heveslidir	0.695
15	Yetenek ve fikirlerime değer verir	0.755
16	Benimle aynı kafadadır	0.718
17	Bana saygı duyar	0.596
18	İhtiyaçlarıma duyarlıdır	0.580

Note. Standardized regression coefficients were reported.

2.3.3. Co-Regulation/Interpersonal Emotion Regulation

Co-regulation was assessed by the mean scores of co-regulation scale (Horn & Maercker, 2016) including two co-reappraisal items (e.g. ‘*When I am in a bad mood, I talk with my partner to get a new perspective*’) and three co-brooding items ranging from 1 (*applies not at all*) to 5 (*applies fully*) (e.g. ‘*When I am in a bad mood, we get stuck and circle around the reasons for my mood, and I do not feel understood by my partner*’). While computing the mean scores of the 5 items, the co-brooding items were reverse-coded. Thus, higher scores indicated better co-regulation between couples. The original scale was used in a dyadic study and, in both females and males, indicated acceptable reliability for co-reappraisal ($\alpha = 0.74$ and $\alpha = 0.70$, respectively) and co-brooding scale ($\alpha = 0.82$ and $\alpha = 0.76$, respectively) (Horn and Maercker, 2016). Co-reappraisal ($\alpha = 0.88$, for both gender) and co-broodings scales (for females; $\alpha = 0.84$ and for males; $\alpha = 0.76$) were found as reliable in our study.

Confirmatory factor analysis of co-regulation scale was conducted on a single factor that was intended to measure co-regulation between romantic partners. The proposed single factor model did not present good fit to the data for co-regulation [$\chi^2 (5) = 266.364$, $p < 0.001$], CFI = 0.580, RMSEA = 0.420, SRMR = 0.192]. Modification indices were examined for further analysis. After following theoretically suitable two modification indices (shown in Table 2.4), Results indicated adequate fit to the data for co-regulation [$\chi^2 (3) = 4.901$, $p = 0.179$], CFI = 0.997, RMSEA = 0.046, SRMR = 0.019]. Factor loadings (shown in Table 2.5) ranged from .31 (item 2) to .96 (item 3).

Table 2.4. Modification Indices on Co-regulation Scale

Model	χ^2	df	p	CFI	SRMR	$\Delta\chi^2$	Δdf
Initial	266.364	5	<.001	0.580	0.192		
(Item 1 with 2)	17.577	4	.002	0.978	0.043	248.787	1
(Item 4 with 5)	4.901	3	.440	0.997	0.019	12.676	1

Note. Correlation between error terms were added between items of co-regulation scale.

Table 2.5. Factor Loadings of Co-regulation Scale

Item No	Items	Factor Loadings
1	Kötü hissettiğimde, olaylar hakkında yeni bir bakış açısı edinmek için onunla konuşurum	0.385
2	Kötü hissettiğimde, olayları farklı bir açıdan görmek için onunla konuşurum ve onun bakış açısını dinlerim	0.308
*3	Kötü hissetme nedenlerim etrafında dönüp dururuz ve çıkmaza gireriz. Sonrasında, onun tarafından anlaşılmadığımı hissederim	0.961
*4	Kötü hissettiğimde, işe yaramayacağımı bildiğim halde ona, beni rahatsız eden şeyleri tekrar tekrar söylerim	0.541
*5	Kötü hissettiğimde, ondan duyarlı tepkiler almamış bir durumda, kendimi aynı şeyler üzerinde tekrar tekrar sızlanırken bulurum	0.647

Note. *Reverse coded items. Standardized factor loadings were reported. Item 1 and 2 measured co-reappraisal. Remaining items measured co-brooding

2.3.4. Body-Dissatisfaction Scale

In addition, we measured the potential confound of body dissatisfaction on binge eating behavior due to the stronger associations with binge eating (e.g. Stice, 2002; Andres and Saldana, 2014). To measure body dissatisfaction, sub-scale of the Eating Disorders Inventory (Garner et al., 1983) (e.g. *'I think that my thighs are too large'*) was used. Participants answered based on 5 points Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The items were translated in Turkish by means of back-translation methodology. The scale showed good reliability in both gender ($\alpha = 0.88$; $\alpha = 0.81$, respectively) as it was in the original scale ($\alpha = 0.90$).

Confirmatory factor analysis of body dissatisfaction was conducted on single factor. Results did not meet with cut-off values, [$\chi^2 (20) = 317.314$, $p < 0.001$], CFI = 0.722, RMSEA = 0.224, SRMR = 0.102]. Modification indices were examined in further analysis. Remarkable modification indices were followed as shown in Table 2.6. After following the five modification indices, the model presented adequate fit [$\chi^2 (15) = 58.991$, $p < 0.001$], CFI = 0.959, RMSEA = 0.100, SRMR = 0.043]. Factor loadings (shown in Table 2.7) ranged from 0.39 (item 3) to 0.84 (item 7).

Table 2.6. Modification Indices on Body Dissatisfaction

Model	χ^2	df	p	CFI	SRMR	$\Delta\chi^2$	Δdf
Initial	317.314	20	<.001	0.722	0.102		
(Item 1 with 3)	224.254	19	<.001	0.808	0.085	93.06	1
(Item 2 with 6)	156.739	18	<.001	0.870	0.081	67.52	1
(Item 3 with 4)	109.085	17	<.001	0.914	0.065	47.65	1
(Item 1 with 4)	80.334	16	<.001	0.940	0.052	28.71	1
(Item 3 with 8)	58.991	15	<.001	0.959	0.043	21.34	1

Note. Correlation between error terms were added between items of body dissatisfaction scale.

Table 2.7. Factor Loadings of Body Dissatisfaction Scale

Item No	Items	Factor Loadings
*1	Karnımın çok büyük olduğunu düşünürüm	0.402
*2	Bacaklarımın çok kalın olduğunu düşünürüm	0.704
3	Karnımın ideal ölçüde olduğunu düşünürüm	0.283
4	Vücudumun şeklinden memnunum	0.503
*5	Basenimin çok geniş olduğunu düşünürüm	0.881
6	Bacaklarımın ideal ölçüde olduğunu düşünürüm	0.524
*7	Kalçalarımın çok geniş olduğunu düşünürüm	0.874
8	Basenimin ideal ölçüde olduğunu düşünürüm	0.489

Note. *Reverse coded items. Standardized regression coefficients were reported.

2.4. DATA ANALYSIS STRATEGY

All missing values for each item were less than 5% of the total data. Following Tabachnick and Fidel (2013), we dealt with missing values replacing by means. At first, independent sample t-tests were conducted to compare variables in terms of gender difference. Then, bivariate analyses between the study variables (PPR, co-regulation, binge eating, body dissatisfaction and demographics) were examined for each dyad. Next, APIM was conducted on the conceptual model (see Figure 1.1) with Mplus version 6.11 (Muthen and Muthen, 1998-2010), using maximum likelihood estimation. APIM not only enables to examine association between participant's predictor variable and dependent variable (called as actor effects) but also association between individual's predictor variable and partner's dependent variable (called as partner effects). Thus, we measured same variables from different participants whom are members of a couple. Note that while testing the conceptual model (see Figure 1.1), error variances of both actors' and partners' interpersonal emotion regulation scores were correlated due to their non-independence. While interpreting adequacy of goodness of fit indices, chi-square is considered as an indicator, however, it is highly sensitive to sample size and normality assumption (Barrett, 2007) so that Comparative Fit Indices (CFI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Residual (SRMR) were interpreted as additional goodness of fit indices (Hu and Bentler, 1999). Finally, series of chi-square difference tests were conducted to see whether there was significant difference between predictor powers of actor and partner effects (Cook and Kenny, 2005).

CHAPTER 3

RESULTS

This section includes bivariate relationship among variables, independent t-tests in terms of gender, chi-square difference test to measure actor-partner equality and APIM results.

3.1. INDEPENDENT T-TEST RESULTS FOR GENDER

Independent sample t-test results showed that there was not significant difference between females ($M = 7.541$, $SD = 1.312$) and males in terms of PPR, $p = .511$. Females ($M = 3.759$, $SD = 0.844$) and males ($M = 3.833$, $SD = 0.684$) did not significantly differ in terms of co-regulation, $p = .409$. Binge eating scores of females ($M = 0.567$, $SD = 0.419$) and males ($M = 0.624$, $SD = 0.423$) were not significantly different from each other, $p = .242$. However, body dissatisfaction scores of females ($M = 3.314$, $SD = 0.882$) and males ($M = 3.589$, $SD = 0.744$) significantly differed from each other, $p = .004$.

3.2. DESCRIPTIVE AND CORRELATION ANALYSES

As Table 3.1 indicated, correlation analyses across partners yielded that PPR score of female and male participants were positively associated with each other ($r = .581$, $p < .001$). Similarly, binge eating scores of female and male participants were positively associated with each other ($r = .204$, $p = .013$). Co-regulation scores of both members of the couples were also positively associated with each other ($r = .462$, $p < .001$). Finally, body dissatisfaction scores of partners were significantly associated with each other ($r = .177$, $p = .032$).

Within and between-person correlations also yielded significant associations. Specifically, co-regulation scores of female participants were significantly associated with both their own PPR ($r = .531$, $p < .001$) and partners' PPR ($r = .519$, $p < .001$). Similarly, co-regulation scores of male participants were both significantly associated with their own PPR ($r = .463$, $p < .001$) and partners' PPR ($r = .473$, $p < .001$). Binge

eating scores of female participants were negatively associated with both their own PPR ($r = -.243, p = .003$) and partner's PPR ($r = -.195, p = .017$). In contrast, there was not significant relationship between binge eating scores of male participants and neither their own PPR nor partners' PPR (see Table 3.1). Finally, binge eating scores of female participants were negatively correlated with both their co-regulation ($r = -.438, p < .001$) and partner's co-regulation ($r = -.266, p = .001$). Binge eating scores of male participants were significantly associated with partners' co-regulation ($r = -.237, p = .004$). However, the relationship between binge eating scores of males and their own co-regulation was not significant (see Table 3.1).

3.3. CORRELATION RESULTS BETWEEN MAIN VARIABLES AND OTHER VARIABLES

PPR of female participants were positively associated with their own body dissatisfaction ($r = .286, p < .001$). Relationship duration among couples and PPR of female participants were found as negatively associated ($r = -.303, p < .001$). Age of both female and male participants were found as negatively associated with PPR of females ($r = -.271, p = .001$; $r = -.267, p = .001$, respectively). Education level of both females and males was found as positively associated with PPR of females ($r = .177, p = .031$; $r = .179, p = .029$, respectively). PPR of male participants were negatively associated with relationship duration ($r = -.176, p = .032$). Age of both females and males' own age were found as negatively associated with PPR of male participants ($r = -.202, p = .014$; $r = -.192, p = .019$, respectively). Co-regulation scores of females were found as positively associated with their own body dissatisfaction ($r = .274, p = .001$). Relationship duration among couples were found as negatively related to co-regulation scores of females ($r = -.214, p = .009$). Age of females were found as negatively associated with their own co-regulation scores ($r = -.187, p = .023$). Co-regulation scores of males were found as positively associated with body-dissatisfaction of females ($r = .267, p = .001$). We found negative relationship between binge eating scores of females their own and body dissatisfaction ($r = -.520, p < .000$), in addition, this result was consistent also for male participants ($r = -.400, p < .001$). Binge eating scores of female participants and their own BMI was positively related to each to other ($r = .204, p = .013$) and this result was also consistent for relationship between binge eating scores

of males and their own BMI ($r = .302$ $p < .001$). Finally, there was negative association between binge eating scores of males and SES of females ($r = -.172$, $p = .037$).



Table 3.1. Descriptive Statistics and Bivariate Results Among Variables ($N=148$ couples)

	1	2	3	4	5	6	7	8
1 Perceived partner responsiveness ^a	.							
2 Perceived partner responsiveness ^b	.581**	.						
3 Binge eating ^a	-.243**	-.195*	.					
4 Binge eating ^b	-.079	-.080	.204*	.				
5 Co-regulation ^a	.531**	.519**	-.438**	-.237**	.			
6 Co-regulation ^b	.473**	.463**	-.266**	-.079	.462**	.		
7 Body dissatisfaction ^a	.286**	.123	-.520**	.004	.274**	.267**	.	
8 Body dissatisfaction ^b	.113	.043	-.139	-.400**	.088	.059	.177*	.
9 Relationship duration	-.303**	-.176*	-.102	-.014	-.214**	-.060	.001	.134
10 Socio-economic status ^a	.134	-.010	-.064	-.172*	.120	-.013	-.011	.147
11 Socio-economic status ^b	.025	-.035	.029	-.057	.050	-.017	-.003	.044
12 Age ^a	-.271**	-.202*	-.146	.009	-.187*	-.012	.028	.109
13 Age ^b	-.267**	-.192*	-.147	-.038	-.139	-.009	.018	.138
14 Education ^a	.177*	.036	-.05	-.005	.083	.078	.001	-.018
15 Education ^b	.179*	-.011	-.086	-.101	.106	.136	.038	-.031
<i>M</i>	7.541	7.635	0.567	0.624	3.759	3.833	3.314	3.589
<i>SD</i>	1.312	1.147	0.419	0.423	0.844	0.684	0.882	0.744

Note. * $p < .05$; ** $p < .01$; *** $p < .001$ two-tailed, ^a 0=female; ^b 1 = male.

Table 3.1 continued

	9	10	11	12	13	14	15
1 Perceived partner responsiveness ^a							
2 Perceived partner responsiveness ^b							
3 Binge eating ^a							
4 Binge eating ^b							
5 Co-regulation ^a							
6 Co-regulation ^b							
7 Body dissatisfaction ^a							
8 Body dissatisfaction ^b							
9 Relationship duration							
10 Socio-economic status ^a	-.066	.					
11 Socio-economic status ^b	.009	.460**	.				
12 Age ^a	.901**	-.098	-.040	.			
13 Age ^b	.883**	-.089	-.020	.972**	.		
14 Education ^a	-.407**	.042	-.038	-.249**	-.290**	.	
15 Education ^b	-.293**	.098	.025	-.163*	-.144	.516**	.
<i>M</i>	96.544	5.899	6.115	28.872	31.088	4.027	4.176
<i>SD</i>	115.099	1.308	1.455	10.577	12.094	1.288	1.313

Note. * $p < .05$; ** $p < .01$; *** $p < .001$ two-tailed, ^a0=female; ^b1 = male.

3.4. ACTOR EFFECTS

We run APIM on the role of PPR and binge eating behavior via interpersonal emotion regulation. Besides, we also controlled each partner's body dissatisfaction on their own binge eating scores. Initial model estimation yielded good fit to the data [$\chi^2(6) = 10.992, p = 0.089$], CFI = 0.977, TLI = .915, RMSEA = 0.075, SRMR = 0.037].

All direct and indirect effects were shown in Table 3.2 First, we hypothesized that PPR would predict binge eating behaviors (Hypothesis 1a). However, neither females' nor males' PPR predicted binge eating in the model estimation ($beta = .084, SE = .090, p = .351$; $beta = .014, SE = .097, p = .888, respectively$). Second, as predicted in Hypothesis 2a, females' PPR significantly predicted their own interpersonal emotion regulation scores ($beta = .346, SE = .079, p < .001$). Similarly, males' PPR was also positively associated with their own interpersonal emotion regulation scores ($beta = .285, SE = .084, p = .001$), suggesting that increased partner availability was linked to increased successful interpersonal emotion regulation. Third, Hypothesis 3a was only supported for females. Specifically, interpersonal emotion regulation of females significantly predicted their own binge eating scores ($beta = -.352, SE = .084, p < .001$). Interpersonal regulation reports of male participants, however, did not significantly predict their own binge eating scores ($beta = .019, SE = .089, p = .832$). As a control variable, body dissatisfaction of both females ($beta = -.466, SE = .065, p < .001$) and males ($beta = -.384, SE = .068, p < .001$) were found as significant predictor of their own binge eating scores.

3.5. PARTNER EFFECTS

We also tested if partners' report was associated with participants' own evaluations. As depicted in Figure 3.2, PPR of female and male participants did not significantly predict male and female reported binge eating ($beta = .003, SE = .088, p = .970$; $beta = .089, SE = .098, p = .366, respectively$; Hypothesis 1b). As indicated by Hypothesis 2b, PPR reports of male and female participants significantly predicted their partners' interpersonal emotion regulation ($beta = .318, SE = .079, p < .001$; $beta = .307, SE = .083, p < .001, respectively$). Finally, Hypothesis 3b was partially supported by

indicating that interpersonal emotion regulation of female participants significantly predicted binge eating reports of their partners ($beta = -.268, SE = .092, p = .004$). However, this link was not significant from male-reported interpersonal emotion regulation to female-reported binge eating scores ($beta = -.025, SE = .081, p = .761$).

3.6. INDIRECT ASSOCIATIONS BETWEEN PPR AND BINGE EATING

The APIM results yielded four significant paths for mediations as depicted in Figure 3.2. In predicting female-reported binge eating tendency, we found a significant indirect effect of female-reported interpersonal emotion regulation between both actor PPR ($beta = -.122, SE = .041, p = .003$) and partner PPR effects ($beta = -.112, SE = .039, p = .004$). Similarly, female-reported interpersonal emotion regulation significantly mediated the link between both actor PPR ($beta = -.085, SE = .037, p = .020$) and partner PPR ($beta = -.093, SE = .039, p = .016$) on male-reported binge eating. Overall, these indirect relationship underlined the importance of female-reported interpersonal emotion regulation in the link between partner responsiveness perceptions and binge eating tendency.

Table 3.2 Actor-Partner Interdependence Results

	Co-regulation			Binge Eating		
	<i>b</i>	<i>SE</i>	<i>p</i>	<i>b</i>	<i>SE</i>	<i>p</i>
Perceived Partner Responsiveness						
F(actor)	.346	.079	< .001	.084	.090	.351
M(actor)	.285	.084	.001	.014	.097	.888
F→M(partner)	.307	.083	< .001	.089	.098	.366
M→F(partner)	.318	.079	< .001	.003	.088	.970
Co-regulation						
F(actor)				-.352	.084	< .001
M(actor)				.019	.089	.832
F→M(partner)				-.268	.092	.004
M→F(partner)				-.025	.081	.761

Note. F = female; M = male. Standardized regression coefficients were reported. Significant findings are illustrated in bold.

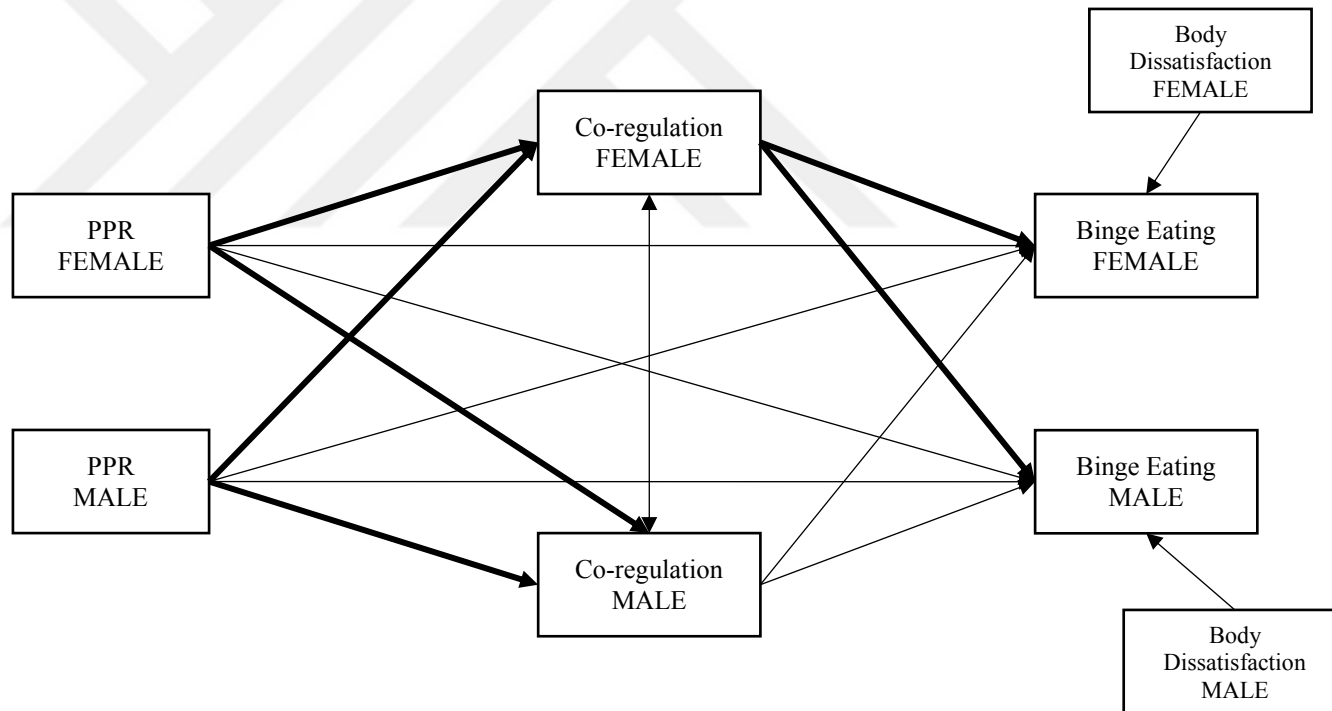


Figure 3.2. Mediation Results

Note. Significant pathways for mediation model are shown in boldface type. ‘‘PPR’’ in this figure refers to perceived partner responsiveness. Actor effects of body dissatisfaction were controlled on binge eating.

3.7. COMPARING THE STRENGTHS OF THE ACTOR AND THE PARTNER EFFECTS

After conducting dyadic data analysis, series of chi-square difference tests were applied to assess predictive power of significant associations. For this purpose, at first, we tested whether interpersonal emotion regulation reports of participants were more strongly predicted by their own PPR scores or their partners' PPR scores. A model, that included a constraint in which actor and partner estimates were equated, was tested. Findings did not suggest significant difference between the parent model [$\chi^2 (6) = 10.992, p = 0.088$] and the nested model [$\chi^2 (8) = 11.013, p = .201$]; [$\Delta\chi^2 (2) = 0.021, p = 0.989$]. Therefore, predictive power of actor PPR and partner PPR effects on both females' and males' interpersonal emotion regulation reports did not significantly differ from each other, which means in other words, that actor and partner effects can be treated as equal.

Secondly, females' and males' actor effects on interpersonal emotion regulation were constrained as being equal. No significant difference was found between the parent model [$\chi^2 (6) = 10.992, p = 0.088$] and the nested model [$\chi^2 (7) = 11.449, p = .120$]; [$\Delta\chi^2 (1) = 0.457, p = 0.499$]. Therefore, the magnitude of females' PPR on their own interpersonal emotion regulation was not significantly different compared to predictive power of males' PPR on their own interpersonal emotion regulation reports.

Lastly, we measured predictive power of significant actor and partner influence of females' interpersonal emotion regulation on binge eating scores. As a result, there was not any significant difference between parent model [$\chi^2 (6) = 10.992, p = 0.088$] and the nested model [$\chi^2 (7) = 11.436, p = .121$]; [$\Delta\chi^2 (1) = 0.444, p = 0.505$]. We could assume that females' interpersonal emotion regulation predicted their partners' binge eating scores as powerful as their own binge eating scores.

CHAPTER 4

DISCUSSION

Close and meaningful others have crucial role on optimal human functioning and quality of bonds between partners is significant (Sbarra and Hazan, 2008). Moreover, relationship quality has a crucial place in positive association between relationships and health-related behaviors (Ryff and Singer, 2000). Parallel to this arguments, this study presents the association between PPR, interpersonal emotion regulation (co-regulation; co-reappraisal, co-brooding) and binge eating after controlling for body dissatisfaction individuals. We investigated the link between these variables by using Actor-Partner Interdependence Model (APIM) considering mediational role of interpersonal emotion regulation variables.

In general, results (both actor and partner effects) showed that there were not any direct associations between PPR and binge eating. Absence of this direct result may be perceived as inconsistent with existing body of knowledge emphasizing link between PPR and health-related outcomes (Selcuk and Ong, 2013). However, this perceived inconsistency breeds two further interpretations. Firstly, a possible explanation for this result might be due to the fact that PPR is not sufficient to explain binge eating in romantic relationship dynamics, meaning that possible moderator (e.g. attachment style; anxious vs. avoidant) and mediator variables may be needed to include in the proposed model. Secondly, since this study is the first attempt to investigate binge eating in terms of romantic relationship dynamics, the non-significant direct associations deserves further investigations including cross-cultural research. Thus, these findings were gathered in Turkey where gender and relationship norms may be different than other cultures (Ataca, 2009; Harma and Sumer, 2015; Sunar and Fisek, 2005).

Actor and partner impacts of PPR were found on interpersonal emotion regulation of both females and males. This result is consistent with the finding that PPR is associated with both partners' outcomes (Reis et al., 2004). Significant dyadic effects on co-regulation indicated that responsiveness – which is important indicator of relationship quality – might facilitate interpersonal emotion regulation between romantic partners. For example; a woman, who perceives her boyfriend as responsive to her in any case of perceived threat, would be more likely to reappraise the stressor with her boyfriend to

diminish negative emotional effect of the stressor. In this case, the boyfriend could be an adaptive source to cope with the perceived threat. Consistent with this interpretation, responsive reactions may protect the partners from co-brooding process against negative stimuli. Thus, instead of circling around same distressing subject over and over again which breeds more sadness, partners may create reciprocally more adaptive coping occasions.

In terms of the link between co-regulation and binge eating, there were two paths pointing out significant associations. First one yielded actor effects of female participants, referring to interpersonal emotion regulation scores of female participants that led to decreased binge eating scores. Second significant path revealed partner effects of co-regulation on males' binge eating scores. However, inconsistent with our expectations, we failed to find both actor and partner effects of males' interpersonal emotion regulation reports on binge eating. This gender difference related to actor and partner influence of co-regulation scores on binge eating deserves further investigation. However, two explanations may be considered. At first, there might be different underlying mechanisms moderating the link between interpersonal emotion regulation and binge eating for females and males. For instance; Cornelius et al., (2016) found that relationship power – referring to decision making dominance on a particular outcome – was predictor for eating behaviors (e.g. weight-related and unhealthy eating behaviors). Specifically, for eating behaviors, direction of the association was found as from female to male. This kind of unidirectional association might be explained in terms of gender roles in which women are traditionally dominant in food-related tasks (e.g. shopping, cooking). Therefore, even though we did not measure relationship power over eating behaviors, this variable might be a covariate regarding the link between actor and partner effects of females' interpersonal emotion regulation reports and binge eating. Second explanation may be related to fact that women have more tendency to provide emotional support to others and look for emotional support from others in the time of distress (Debrot, 2016). Therefore, significant interpersonal emotion regulation role of females on lesser binge eating scores may be consistent with this statement.

Regarding the indirect associations, there were four significant paths where females' interpersonal emotion regulation mediated both actor and partner effects of PPR on binge eating. Although there was a gender difference regarding this underlying

mechanism where interpersonal emotion regulation was the mediator, findings are consistent with several theories related to affect-related processes and binge eating (e.g. Baumeister and Heatherton, 1996; Heatherton and Baumeister 1991). Firstly, in perspective of the self-control theory, it is suggested that people have limited capacity in self-control as a resource and there is depletion in this resource over time when constantly encountering tasks requiring self-control (Baumeister and Heatherton, 1996). As a result of the depletion of the energetic resources, people may not resist to tempting food (Verstuyf et al., 2013). Secondly, the negative affect theory suggested that binge eating is more likely to occur when seeking distraction and comfort against negative stimuli (Stice and Agras, 1999; Stice, 2002). Thirdly, the escape theory is also consistent with negative affect theory by suggesting that binge eating is an escape mechanism from emotional distress (Heatherton and Baumeister 1991). Considering latter two theories, binge eating is viewed as a functional behavior to cope with negative stimuli in a maladaptive way. Therefore, in times when individuals' self-control capacity is depleted and negative affect increases, tendency to binge eating may be more likely to increase. Besides, social baseline theory argues that efficient psychological and biological regulations are achieved through close and trusted others by consuming less cognitive and metabolic resources. Put simply, for instance; coping with a stressor alone is costlier, in terms of physical and cognitive resources, than coping with it through responsive others. Our study has just confirmed this argument by presenting consistent findings with respect to compensatory process in romantic relationship dynamics as previous studies showed how positive and supportive processes are compensatory against conflicting and negative stimulus (Bodenmann et al., 2008; Bradbury and Karney, 2004). Consequently, a romantic relationship, that includes responsive partners who reciprocally regulates their emotions in the time of distress, may have less tendency to binge eating. Instead of seeking comfort against negative stimuli or escaping from distress through binge eating, they can find the comfort in partner's responsive reactions or they can escape from negative affect through a responsive partner. Finally, responsive romantic partners do not have to cope with negative stimuli through limited individual physical and cognitive resources (see, self-control theory), they have more capacity to find comfort against negative stimuli with together.

Moreover, when we compared predictive power of the significant actor PPR and partner PPR effects on interpersonal emotion regulation scores of all participants, it was found that actor effects were not significantly larger than partner effects. Therefore, actor and partner estimates of PPR could be equally powerful while predicting interpersonal emotion regulation. Similarly, predictive power of actor PPR effects (both males and males) on their own interpersonal emotion regulation reports, could be treated as equal. Thus, PPR was equally important in terms of affective interdependence for both females and males. In addition, significant predictor role of females' interpersonal emotion regulation found as statistically same while predicting their own binge eating scores and partners' binge eating scores. However, there are some inconsistent results with previous psychology researches using dyadic data analyses (e.g. effect of personality on relationship satisfaction; Barelds, 2005; Dyrenforth et al., 2010; Orth, 2013; effect of perceived partner responsiveness on marital satisfaction; Gadassi et al., 2015). However, Orth (2013) suggested that larger actor effect compared to partner effect derived due to dyadic analyses including only self-report (e.g. "*I see myself as someone who is talkative*"). He also indicated that larger partner effect occurred when using only partner report (e.g. "*I see my partner as someone who is talkative*") in dyadic data analysis. Finally, he concluded that actor and partner effects could have statistically same size when both self and partner reports were considered and controlled for common method variance. As a result, even though we did not account both self and partner reports, we found estimate powers as same size that is to say role of partners on a particular health-related outcome was as crucial as role of individuals themselves.

This study extends previous work by Cornelius et al. (2016) that they examined how romantic partners influenced each other's health-related behaviors (e.g. weight-related behaviors) and Han and Lee (2017) where they investigated link between emotion regulation and binge eating behavior in non-clinical sample. Findings of our study involve not only several original theoretical attempts but also practical contributions into relationship science and health-related issues. As a unique theoretical attempt, at first, we investigated binge eating in terms of romantic relationship dynamics by proposing a conceptual model where interpersonal emotion regulation had significant role on the link between PPR and binge eating. Additionally, another unique contribution into previous knowledge, predicting role of emotion regulation on binge

eating was examined within not only individual level but also interpersonal level. Besides, to investigate interpersonal dynamics, dyadic nature of both concepts and measurement tools (e.g. APIM) in this study, enabled us to highlight new significant processes in a more comprehensive model. Therefore, simultaneous assessment of dyadic effects while taking into consideration of interdependence of the partners enhances the validity of the investigated interpersonal processes (Laurenceau and Bolger, 2012).

In terms of practical implications, at first, studies including romantic partners mostly focused on negative processes rather than positive mechanisms (Debrot, 2016). Our results introduce a positive process related to health-related outcomes. Namely, we showed how a responsive partner and interpersonal emotion regulatory process were related to healthy eating behavior. Secondly, it is always important to understand protective and risk factors in context of preventions and interventions in health-related outcomes. As an initial finding, we presented not only protective role of relationship quality but also positive aspect of interpersonal emotion regulation process in non-clinical sample. Protective role of emotion regulation is crucial since many psychological disorders are originated due to emotional processes (Kring and Werner, 2004).

4.1. LIMITATIONS

Even though this empirical research is original to some aspects, findings needs to be cautiously considered due to some limitations. Firstly, convenience sampling methodology of the study and nature of the sample limits generalizability of the results. Considering descriptive nature of the sample, the study included young, well-educated, and non-clinical participants who also reported relatively high PPR. Especially, relatively high PPR of the sample characteristic indicates particular kind of romantic partners whom both were readily spend time and effort on the given task. To be noted, however, our results may not be consistent in clinical sample (i.e. diagnosed with binge eating disorder) due to the fact that quality and quantity of interpersonal relationship may be different in psychopathological processes (Davialla et al., 1997; Horowitz, 2004) such as eating disorders. For example; it was suggested that individuals diagnosed with a psychological disorder were less likely to benefit from positive

interpersonal behaviors compared to non-clinical sample (Rehman et al., 2008). Therefore, this sort of possible inconsistency creates new research questions in advance. Secondly, measurements were based merely on self-report data. Thus, for instance; social desirability bias may have occurred while answering questions related to relationship dynamics (e.g. PPR) or binge eating. Nevertheless, as indicated by previous studies emphasizing need for data collection from both partners to reduce self-report bias from single source (Selcuk and Ong, 2013), dyadic investigation, in this study, provides methodological strength.

Thirdly, while applying dyadic data analysis, we only used self-report measures (e.g. *“I see myself as someone who is talkative”*) without accounting also partner-report measures (e.g. *“I see my partner as someone who is talkative”*). Thus, further studies should include both measures in dyadic analyses to examine health-related outcomes.

Last limitation is related to design of the study: Findings does not enable us to have causal inference due to cross-sectional design. Longitudinal studies are more suitable to examine correlational questions and infer causality. As a preliminary analysis finding, results should be supported by experimental designs as secondary data that can enhance our understanding and create new further questions and evidence interconnecting Health and Social Psychological point of view.

CONCLUSION

In this graduate thesis work, at first, we reviewed related literature regarding binge eating and its antecedents, functions of close relationships, perceived partner responsiveness, emotion regulation and possible correlates among those variables. Subsequently, our expectations regarding results and potential contributions of the study were introduced. Then, methodology including procedure, characteristics of the participants and measurement tools was explained. Results were examined in perspective of the expectations. Both theoretical and practical contributions of the study were discussed while considering potential limitations which we addressed to consider for further suggestions.

Finally, this study contributed current literature regarding romantic relationship dynamics and binge eating in non-clinical sample. Perceived partner responsiveness was found as indirectly associated with binge eating via mediating role of interpersonal emotion regulation/co-regulation of female partners. A remarkable contribution of the study arises due to inclusion of dyadic perspective in which relationship between emotion regulation and binge eating was presented in both actor and partner effect aspect. Thus, as preliminary findings that need to be expanded through further researches eliminating potential limitations of this study, the study presented how a romantic partner can be an adaptive source in terms of interpersonal emotion regulation and health-related behavior.

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APPENDICES



APPENDIX A

INFORMED CONSENT

Kadir Has Üniversitesi Psikoloji Bölümünden Yrd. Doç. Dr. Mehmet Harma ve yüksek lisans öğrencisi Ahmet Furkan Tosyalı tarafından yürütülen ve bitirme tezi olarak planlanan bu araştırma projesinde, bireylerin beslenme alışkanlıklarının; algılanan partner duyarlılığı ve kişiler arası duygu düzenleme bağlamında incelenmesi hedeflenmektedir.

Araştırmada her soruya vereceğiniz yanıt son derece önemli olduğundan, lütfen her soruyu dikkatle okuyup size en uygun gelen cevabı işaretleyiniz. Ankette yer alan soruların doğru veya yanlış cevabı kesinlikle yoktur. Araştırmanın amacı gereği, katılımcı olabilmek için **en az 3 aylık bir ilişkinizin (sevgili/eş) olması gerekmektedir.**

Bu ankette sizden kimliğinizle ilgili hiçbir bilgi istenmemektedir. Çalışmadan elde edilecek sonuçlar sadece bilimsel amaçlı olarak kullanılacaktır. Ankete katılım tamamen gönüllülük esasına dayanmaktadır ve yaklaşık 15-20 dakika sürmektedir.

Çalışma hakkında bilgi almak için; Psikoloji Bölümü öğretim görevlilerinden Yrd. Doç. Dr. Mehmet Harma (mehmet.harma@khas.edu.tr) veya yüksek lisans öğrencisi Ahmet Furkan Tosyalı (ftosyalı@hotmail.com) ile iletişim kurabilirsiniz.

Katılımınız için teşekkür ederiz.

Araştırmayla ilgili bilgilendirmeyi okudum ve katılım için onayımı veriyorum ()

APPENDIX B

DEMOGRAPHIC INFORMATION

Cinsiyet: **Yaş:** **Boy:** **Kilo:**

Kronik bir rahatsızlığınız var mı? (Var ise lütfen belirtiniz)

Evet ():

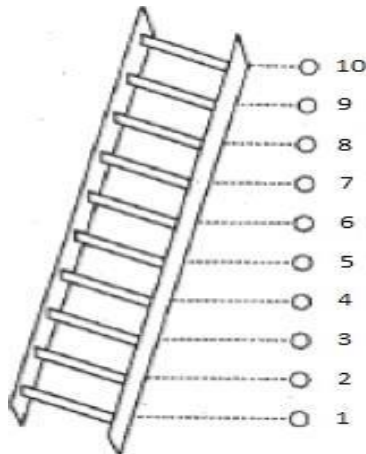
Hayır ()

Eğitim Derecesi

- a) İlkokul Mezunu
- b) Ortaokul, ilköğretim Mezunu
- c) Lise Mezunu
- d) Üniversite Öğrencisi
- e) Üniversite Mezunu
- f) Yüksek Lisans ve/veya Doktora Öğrencisi
- g) Yüksek Lisans ve/veya Doktora Mezunu

İlişkiniz/evliliğiniz ne kadar süredir devam ediyor (ay olarak belirtiniz):

Aşağıdaki merdivenin Türkiye'deki insanların konumunu temsil ettiğini düşünün. Merdivenin en tepesinde en çok paraya sahip, en iyi eğitilmiş, en güzel işlerde çalışan, en varlıklı insanlar var. Merdivenin en dibinde ise, en az paraya sahip, en düşük eğitilmiş, en kötü işlerde çalışan ya da işsiz insanlar var. Lütfen sizin merdivende nerede olduğunuzu temsil eden basamağın numarasını seçiniz.



APPENDIX C

BINGE EATING SCALE

Sayın Katılımcı,

Sizden aşağıda gruplar halinde numaralandırılmış ifadeleri dikkatlice okumanız ve yeme davranışlarınızı kontrol ederken deneyimlediğiniz problemleri en iyi tanımlayan ifadeyi, her soru için ayrı ayrı işaretlemeniz istenmektedir.

1.

Başkaları ile birlikteyken kilom ve vücut ölçülerim hakkında pek düşünmem.

Başkalarına nasıl görüldüğümü umursarım, ama bu genellikle kendimle ilgili hayal kırıklığı hissettirmez.

Beni hayal kırıklığına uğratan görünüşümden ve kilomdan utanırım.

Kilom üzerinde çok düşündüğümü hissederim ve sıklıkla kendimden utanır ve iğrenirim. Bu öz-farkındalığım nedeniyle insanlarla iletişim kurmaktan kaçınırım.

2.

Doğru şekilde, yavaş yemek ile ilgili bir zorluk yaşamam.

Yemekleri silip süpürüyor görünsem bile sonunda çok yemekten tıkanmış hissetmem.

Hızlı yemek yemeye eğilimli olduğum zamanların sonrasında rahatsız edici derecede tok hissederim.

Yemeği çiğnemediğimden yutma gibi bir alışkanlığım vardır. Böyle olduğunda genellikle çok yemiş olduğum için rahatsız edici derecede tıka basa dolu hissederim.

3.

İstedğim zaman yemek yeme dürtülerimi kontrol edebilirim.

Yemek yememi kontrol ederken ortalama bir insandan daha fazla başarısızlığa uğradığımı hissederim.

Yemek yeme dürtülerimi kontrol etmek söz konusu olduğunda, kendimi son derece çaresiz hissederim

Beslenmemi kontrol etmekte çok çaresiz hissettiğim için, kontrolü ele geçirmeye çalışırken tamamıyla umutsuz olurum.

4.

Sıkıldığım zamanlarda yemek yeme alışkanlığım yoktur.

Sıkıldığımda bazen yemek yerim, ama genellikle kendimi meşgul etmeyi ve yemeği aklımdan uzaklaştırmayı başarabilirim.

Sıkıldığımda yemek yemek düzenli bir alışkanlığımdır, ama ara sıra başka aktiviteleri aklımdan yemek yemeyi uzaklaştırmak için kullanabilirim.

Sıkıldığımda yemek yemek değişmez bir alışkanlığımdır. Hiçbir şey bu alışkanlığımı kırmama yardım edebilirmiş gibi gelmiyor.

5.

Genelde acıktığım zaman bir şey yerim.

Ara sıra, gerçekten aç olmamama rağmen içgüdüsel (gayri ihtiyari) olarak bir şeyler yerim.

Fiziksel olarak besine ihtiyacım olmadığında bile açlık hissini gidermek için gerçekten keyif almayacağım şekilde yemek gibi düzenli bir alışkanlığım var.

Fiziksel olarak aç olmadığında bile sandviç gibi ağzımı dolduracak bir şey yediğimde geçecekmiş gibi gelen bir açlık hissim olur. Bazen bu açlığımı geçirmek için yemek yedikten sonra kilo almamak için yediğim yemeği kusarım.

6.

Aşırı yedikten sonra suçluluk hissetmem ya da kendimden nefret etmem.

Ara sıra, aşırı yedikten sonra suçluluk hissederim ya da kendimden nefret ederim.

Neredeyse her zaman aşırı yedikten sonra ağır suçluluk hissedirim ya da kendimden çok nefret ederim.

7.

Aşırı yediğim dönemlerden sonra bile diyet yaparken beslenmem üzerindeki tüm kontrolümü kaybetmem.

Diyetteyken yasaklı yiyecek yediğim bazı zamanlarda elime yüzüme bulaştırdığımı hissedip daha fazla yerim.

Diyetteyken çok yediğim zamanlarda sık sık kendime “şimdi her şeyi batırdım, battı balık yan gider” deme alışkanlığım vardır. Böyle olunca daha fazla yerim.

Katı diyetlere başlama gibi bir adetim var ama fazla yiyerek bu diyetleri bozarım. Hayat tarzım, ya kendime ziyafet çekecek ya da kıtlıktaymış gibi davranacak şekildedir.

8.

Nadiren, rahatsız edecek kadar çok yerim.

Neredeyse ayda bir kez, yedikten sonra “tıka basa doymuş” gibi hissedecek miktarda yerim.

Ay içinde, düzenli olarak; ya yemek vakti ya da atıştırma olarak çok fazla yemek yediğim zamanlar olur.

Devamlı olarak yedikten sonra çok fazla rahatsız hissedecek kadar, bazen de midem bulanacak kadar fazla yemek yerim.

9.

Kalori alım düzeyim düzenlidir, ne çok yüksek ne de çok az olur.

Bazen, çok fazla yedikten sonra, aldığım fazla kaloriyi dengelemeye yetmeyecek kadar olsa da, kalori alımını düşürmeye çalışırım.

Geceleri devamlı çok yeme gibi bir alışkanlığım var. Görünen o ki, sabahları aç kalmama akşamları ise çok yeme gibi bir alışkanlığım var.

Kendimi haftalarca gerçekten aç bıraktığım zamanlar oluyor. Bu zaman aralığını çok fazla yediğim zamanlar takip ediyor. Görünen o ki; kendime ziyafet çekecek ya da kısıltaymış gibi davranacak şekilde yaşıyorum.

10.

Genelde, yemek yemeyi istediğim zaman bırakabilirim. Sınırımı biliyorum.

Bazen kontrol edemediğim bir yemek yeme dürtüsü yaşıyorum.

Sık sık kontrol edemediğim yemek yeme isteği yaşıyorum, ama diğer zamanlarda bu yemek yeme isteğimi kontrol edebiliyorum.

Yemek yeme isteğimi kontrol etme kabiliyetimin olmadığını hissediyorum. Yemek yemeyi kendi isteğimle bırakamamaktan korkuyorum.

11.

Tok hissettiğim zamanlarda yemek yemeyi bırakmada sorun yaşamıyorum.

Tok hissettiğimde genellikle yemeyi bırakabilirim ancak ara sıra aşırı yemek rahatsız edici derecede tıkanmış hissettiriyor.

Bir kere başladıktan sonra yemek yemeyi bırakmakta sorun yaşarım ve genellikle bir öğün yedikten sonra tıkanmışçasına rahatsız hissederim.

İstedğim zaman yemek yemeyi bırakmakta sorun yaşadığım için, bazen tıkanmışlık hissini gidermek için kusarım.

12.

Hem başkalarıyla beraberken (aile, sosyal çevre) hem de yalnızken aynı miktarda yeme eğilimindeyim.

Bazen başkalarıyla birlikteyken istediğim kadar çok yemek yemem, çünkü yemek yemem konusunda kendimi bilirim.

Diğer insanlar varken sık sık az miktarda yemek yerim, çünkü yemek yememle ilgili çok utanırım.

Aşırı yemek yemenden o kadar utanırım ki, yemek yemek için kimsenin beni görmeyeceğini bildiğim zamanları seçerim.

13.

Nadiren yemek arasında atıştırarak günde 3 öğün yemek yerim.

Günde 3 öğün yemek yerim ve genelde öğün aralarında atıştırırım.

Çok fazla atıştırdığım zamanlarda düzenli öğünlerimi atlama alışkanlığım vardır.

Öğünlerimi planlamadan devamlı yemek yediğim belirli dönemler vardır.

14.

İstenmeyen yemek yeme dürtülerimi kontrol etmeye çalışmak üzerine çok düşünmem.

En azından bazı zamanlarda, zihnimin yeme dürtülerimi kontrol etmeye çalışmakla meşgul olduğunu hissedirim.

Sık sık, ne kadar çok yediğimi ya da daha fazla yememeye çalıştığımı düşünmeye çok zaman harcarım.

Uyanık olduğum zamanın çoğunda yemek yemek ya da yememek ile ilgili düşüncelerle meşgulumuşum gibi gelir. Sürekli yemek yememek için mücadele ediyormuş gibi hissedirim.

15.

Yemekler üzerine çok düşünmem.

Doymak bilmez bir iştahım vardır ama kısa sürede geçer.

Yemekten başka hiçbir şey düşünemediğim günler vardır.

Günlerimin çoğu yemekle ilgili düşüncelerle meşgulumuş gibi gelir. Yemek için yaşadığımı hissedirim.

16.

Genellikle aç olup olmadığını bilirim. Kendimi doyurmak için yeteri kadar porsiyon alırım.

Ara sıra açlıđımı bildiđimden emin olamam. Byle zamanlarda kendimi doyurmak iin ne kadar yemek yemem gerektiđini anlamam zordur.

Ne kadar kalori yemem gerektiđini bilsem bile, benim iin normal miktar yiyeceđin ne kadar olduđuna dair bir fikrim yoktur.



APPENDIX D

BODY DISSATISFACTION SCALE

Lütfen, aşağıdaki ifadelere ne derece katıldığınızı belirtiniz.

	Hiç Katılmıyorum	Katılmıyorum	Ne Katılıyorum Ne Katılmıyorum	Katılıyorum	Tamamıyla Katılıyorum
Karnımın çok büyük olduğunu düşünürüm					
Bacaklarımın çok kalın olduğunu düşünürüm					
Karnımın ideal ölçüde olduğunu düşünürüm					
Vücudumun şeklinden memnunum					
Basenimin çok geniş olduğunu düşünürüm					
Bacaklarımın ideal ölçüde olduğunu düşünürüm.					
Kalçalarımın çok geniş olduğunu düşünürüm					
Basenimin ideal ölçüde olduğunu düşünürüm.					

APPENDIX E

CO-REGULATION SCALE

Aşağıda sevgilinize/eşinizle olan ilişkiniz hakkında cümleler vermiştir. Eşinizle olan ilişkinizi göz önünde bulundurarak bu cümlelere ne ölçüde katıldığınızı belirtiniz.

	Hiç Katılmıyorum	Katılmıyorum	Ne Katılıyorum Ne Katılmıyorum	Katılıyorum	Tamamıyla Katılıyorum
Kötü hissettiğimde, olaylar hakkında yeni bir bakış açısı edinmek için onunla konuşurum					
Kötü hissettiğimde, olayları farklı bir açıdan görmek için onunla konuşurum ve onun bakış açısını dinlerim					
Kötü hissetme nedenlerim etrafında dönüp dururuz ve çıkmaza gireriz. Sonrasında, onun tarafından anlaşılmadığımı hissedirim					
Kötü hissettiğimde, işe yaramayacağını bildiğim halde ona, beni rahatsız eden şeyleri tekrar tekrar söylerim					
Kötü hissettiğimde, ondan duyarlı tepkiler almamış bir durumda, kendimi aynı şeyler üzerinde tekrar tekrar sızlanırken bulurum					

APPENDIX F

PERCEIVED PARTNER RESPONSIVENESS SCALE

Lütfen şu anki romantik partnerinizle (yani sevgiliniz ya da eşinizle) ilgili aşağıdaki soruları cevaplayınız. (1=Hiç Doğru Değil, 5=Ne Doğru Ne Yanlış, 9=Tamamen Doğru)

Partnerim (eşim, sevgilim) çoğu zaman:

	1	2	3	4	5	6	7	8	9
Nasıl biri olduğumu çok iyi bilir									
“Gerçek ben” i görür									
İyi yönlerimi ve kusurlarımı, benim kendimde gördüğüm gibi görür									
Söz konusu bensem yanılmaz									
Zayıf yönlerimi de dahil her şeyimi takdir eder									
Beni iyi tanır									
Beni anlar									
Çoğu zaman en iyi yönlerimi görür									
İyisiyle kötüsüyle “gerçek ben” i oluşturan her şeye değer verir ve saygı gösterir.									
Ne düşündüğümün ve hissettiğim farkındadır									

Beni gerçekten dinler									
Bana olan sevgisini gösterir ve beni yüreklendirir									
Ne düşündüğümü ve hissettiğimi duymak ister									
Benimle birlikte bir şeyler yapmaya heveslidir									
Yetenek ve fikirlerime değer verir									
Benimle aynı kafadadır									
Bana saygı duyar									
İhtiyaçlarıma duyarlıdır									

CURRICULUM VITAE

Personal Information

Name and Surname : Ahmet Furkan Tosyalı
Birth Place and Date : Sivas/18.02.1993
E-mail : furkantosyali@duzce.edu.tr

Education

2016-2018 Social/Health Psychology
Kadir Has University, Turkey

2011-2016 Psychology B.Sc.
Istanbul Medeniyet University, Turkey

Professional

05/2017 – *current* **Research Assistant**, Duzce University, Psychology Department

01/2018 – 05/2018 **Teaching Assistant**, Kadir Has University, Psychology Department, *Research Methods for Psychology-II*; Undergraduate Course given by Sezin Oner

08/2017 – 01/2018 **Teaching Assistant**, Kadir Has University, Psychology Department, *Advanced Research Methods and Data Analysis-I*; Graduate Course given by Mehmet Harma

01/2017 – 05/2017 **Teaching Assistant**, Kadir Has University, Psychology Department, *Research Methods for Psychology-I*; Undergraduate Course given by Mehmet Harma

01/2016 – 03/2016 **Trainee**, University of Lodz, Faculty of Educational Sciences, *Erasmus+ Higher Education Learning Agreement for Traineeships Scholarship*, Advisor: Anna Jarkiewicz