Beyond the Trauma: Investigating the Emotional and Behavioral Consequences of PTSD on Eating Patterns

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INTRODUCTION

- People with PTSD continue to experience symptoms of fear during and after a traumatic situation with little to no recovery from reactions after the trauma (NIMH, 2023).
- **Eating Attitudes:** An individual's thoughts, beliefs, and behaviors related to food, eating, and body image. Particularly those that may reflect symptoms associated with disordered eating (Garner et al., 1982).
- **Emotional Regulation**: The ability to manage and respond in ways that support well-being, effective decision-making, and goal-directed behavior (Bjureburg et al., 2018).
- **Emotional Dysregulation**: Refers to challenges in effectively understanding, managing, and responding to emotional expression, often making it difficult for individuals to engage in goal-directed behavior (Thompson, 2019).
- Emotion dysregulation, anger, and dissociation are symptoms or related traits of PTSD that have also been recognized as contributing factors in the link between trauma and eating disorders (Mitchell et al., 2021).

HYPOTHESES

- **H1:** Higher levels of negative emotion dysregulation will be associated with more negative eating attitudes.
- **H2:** Higher levels of PTSD symptoms will be associated with more negative eating attitudes.
- **H3:** Higher levels of positive emotion dysregulation will be associated with more negative eating attitudes.
- **H4:** Difficulties regulating negative emotions will be a stronger predictor of negative eating attitudes than both PTSD and regulating positive emotions.

METHODS

- N = 411, Age: *M* = 35.90, predominantly female *n* = 235 (57.20%)
- Race: *n* = 316 (76.90%) identified as White, *n* = 39 (9.50%) identified as African-American/Black, *n* = 44 (10.70%) identified as Asian/Asian-American, *n* = 19 (4.60%) identified as American Indian or Alaskan Native, *n* = 3 (0.70%) identified as Pacific Islander

Measures

- The **Life Event Checklist (LEC-5)** is a 17-item self-report measure used to identify potentially traumatic events relevant to a PTSD diagnosis (Weathers et al., 2013a).
- The **Post Traumatic Stress Disorder Checklist (PCL-5)** is a 20-item self-report measure that assesses PTSD symptom severity over the past month using a 0–4 Likert scale, where higher scores indicate greater distress (Weathers et al., 2013b).
- The **Difficulty in Emotion Regulation (DERS-16)** is a 16-item self-report measure used to analyze overall difficulties in emotional regulation using a 5-point likert scale (Bjureberg et al., 2016).
- The **Difficulties in Emotional Regulation Scale-Positive (DERS-P)** is a 13-item self-report measure that evaluates how much the participants struggle to process positive emotions using a 5-point likert scale (Weiss et al., 2015).
- The **Eating Attitudes Test (EAT-26)** is a 26-item self-report questionnaire that assesses eating behaviors and determines if further evaluation is needed using a 6-point likert scale (Garner et al., 1982).

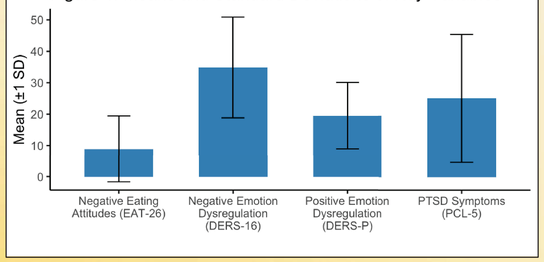
Procedure

- Descriptive statistics (means, SDs) of eating attitudes, emotional dysregulation, and PTSD were assessed.
- Three linear regressions were conducted to examine the associations between PTSD symptoms, negative emotion dysregulation, and positive emotion dysregulation with eating attitudes.

PTSD symptoms, negative emotion dysregulation, and positive emotion dysregulation were all significantly associated with disordered eating. Negative emotion dysregulation emerged as the strongest predictor.

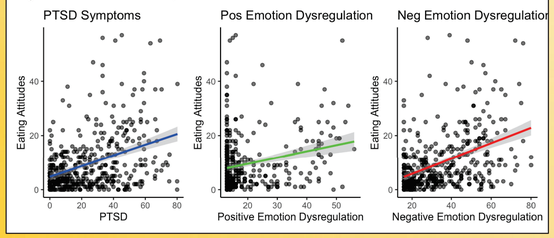
RESULTS

Figure 1. Means and Standard Deviations of Key Variables



- **Participants strongly endorsed negative emotion dysregulation and PTSD symptoms; the measure that had the largest standard deviation was PTSD**

Figure 2. Linear Relationships Between EAT-26 and Predictors



- **PTSD: β = .20, t(409) = 8.39, *p* = <.001**
- **Positive Emotion Dysregulation: β = .23, t(409) = 4.92, *p* = <.001**
- **Negative Emotion Regulation: β = .28, t(409) = 9.51, *p* = <.001**

DISCUSSION

- Our findings are consistent with previous study results that have found difficulties in positive and negative emotion regulation to be a risk factor for disordered eating. PTSD symptoms were also associated with disordered eating, suggesting that trauma-related distress may worsen these challenges.
- Disordered eating behaviors can become a maladaptive coping mechanism to distract from traumatic memories or numb painful emotions (Sage, 2024).
- Effective emotion regulation of positive and negative emotions may help individuals maintain healthy eating habits, while difficulties in emotion regulation may increase the risk of engaging in unhealthy or disordered eating behaviors (Zhou et al., 2025).

LIMITATIONS/FUTURE DIRECTIONS

- Data was collected via MTurk, which may limit generalizability and introduce potential bias due to inattentive respondents or participants motivated primarily by compensation (Rouse et al., 2015).
- The predominantly White sample limits the generalizability of findings, particularly in understanding cultural influences on eating behaviors, PTSD, and emotion regulation.
- Future studies should control for demographic variables to more comprehensively understand the association between PTSD symptoms, emotion dysregulation, and disordered eating. This can help guide the development of clinical interventions such as incorporating emotion regulation skills into PTSD treatment which may help reduce disordered eating as a coping strategy.

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