Psychotherapeutic Interventions of Binge Eating Disorders

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Disclosures

No significant financial conflicts of interest to disclose
This presentation will cover the following:

1. Diagnosis and Criteria of a Binge Eating Disorder - DSM V
2. Cultural Issues
3. Beliefs/Myths of the Body
4. Anxiety - Food - Body Relationship
5. Psychotherapeutic Interventions
6. Other Treatment Options
Objectives of Presentation

- Summarize the Diagnostic Criteria for Binge Eating Disorder (BED) based on DSM V criteria. Understand and classify the levels of severity for BED.
- Begin to assess for underlying causes of Binge Eating Disorder (BED). Be able to identify the characteristics of BED in populations that clinicians are serving.
- Develop a better understanding of the relationship between food, self-esteem, and body-ego/image. Understand how BED is a part of the anxiety-food continuum.
- Explain psychotherapeutic interventions that can be used with individuals who have been diagnosed with BED.
- Review the mythologies of obesity and BED in our society.
The definition of a Binge Eating Disorder is recurrent episodes of binge eating defined as follows:

A. Eating, in a discrete period of time, (usually within a 2-hour period) an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.

B. A sense of lack of control over-eating during the episode (a feeling that one cannot stop eating or control what or how much one is eating.) (DSM-5)
c. Binge-eating episodes are associated with three (or more) of the following:
   ▶ 1. Eating much more rapidly than normal.
   ▶ 2. Eating until feeling uncomfortably full.
   ▶ 3. Eating large amounts of food when not feeling physically hungry.
   ▶ 4. Eating alone because of feeling embarrassed by how much one is eating.
   ▶ 5. Feeling disgusted with oneself, depressed, or very guilty afterward.
Diagnostic Criteria cont.

- D. Marked distress in the binge eating disorder is present.

- E. The binge eating occurs, on average, at least once a week for 3 months.

- F. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.
Levels of Severity

- Mild Severity - 1-3 binge eating episodes per week.
- Moderate Severity - 4 - 7 binge eating episodes per week.
- Severe - 8 to 13 binge eating episodes per week.
- Extreme - 14 or more binge-eating episodes per week.

DSM V
Diagnostic Criteria Cont.

- A. Partial Remission is defined as full criteria for a binge eating disorder being met and then a binge eating that occurs at an average frequency of less than one episode per week for a period of time defines partial remission.

- B. Full Remission is defined as full criteria for a binge eating disorder being met and then no symptoms or criteria being met for a sustained period of time.
Binge Eating Disorders (BED) occur in normal-weight, overweight and obese individuals.

Research has shown that is usually associated with overweight and obese individuals in treatment-seeking individuals.

BED differentiates from obesity in that there is a tendency to consume higher amounts of calories in eating behaviors (in one sitting) and have higher levels of day to day impairment and more subjective distress.

It has been shown to begin in adolescence and young adult but can also occur in later adult life.
Prevalence

- A 12-month prevalence of BED in the U.S. adult population is 1.6% of females and 0.8% of males.

- BED is as prevalent among females from racial or ethnic minority groups as been reported for white males.

- BED is seen to be more prevalent among individuals seeking weight-loss treatment than in the general population.
Psychological and Behavioral Signs of BED

- Increase in appetite
- Weight gain
- Binge Eating
- Eating large amounts of food later at night
- Guilt about Eating
- Preoccupation with food
- Avoidance of eating in public
- Hoarding food
- Feelings of being unable to stop eating
- Eating when one is full or not hungry
- Eating rapidly
Cultural Issues

Patriarchy is a social system in which men hold primary power and predominate in roles of political leadership, moral authority, social privilege and control of property.

Patriarchal View of the Body - The notion of beauty and attractiveness is synonymous with one’s body image; how we view ourselves and how we think other people think of us in terms of looks or appearance. Patriarchy strives to exercise control by defining what beauty is. This applies to the body in the sense that there are numerous attempts at shaping one’s body into the more angular masculine form, one where there is zero fat to round of the edges.
Western View therefore continues to value a society where masculine, linear, rational, and logical is still considered superior to what is feminine, circular, intuitive and emotional.

Studies show that American women value being thin over being successful or loved and that most girls are unhappy with their bodies by age 13.

We develop our social identities - our sense of ourselves and where we belong in our families, communities, and societies by comparing ourselves to others.
Women are relegated to moods, mannerisms, and contours that conform to a single ideal of beauty and behavior, they are captured in both body and soul, no longer free.

There is an idea in Western culture that the body is solely meant for sculpture only, representative in the archetypes of the Greek God and Goddesses, Adonis and Venus.

This sets up negative feelings related to body weight, body shape, body acceptance, creating an internal psychological split - a rejection of one’s body due to lack of being able to achieve body perfection based on patriarchal cultural values.
Beliefs and Myths of the Body

Fat in our culture is taboo. Therefore there is a constant rejection of any feminine image that is outside the box of what is deemed as physically attractive.

Fat girls are not one with their peers, cannot eat junk foods, are not invited to adolescent parties, cannot fit into the “skinny” jeans, and therefore not found sexually attractive.
Beliefs and Myths

Obese individuals are not seen as sexually attractive, “therefore, in our society, are not female or male.

Obesity can force humans into isolation, where one then develops a love-hate relationship to food.

Food then becomes to be served as both: 1) as an attempt to cope with the isolation and 2) dangerous because it is serving as the very thing that is creating the isolation.
Key Definitions for BED

- Anxiety is defined as a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.

- Compulsive eating describes a behavior that is present with some forms of eating disorders. ... It is typically used to describe frequent episodes of uncontrollable eating, where a person continues to eat food long after they feel full and sometimes to the point of feeling sick.

- Food - is defined as any nutritious substance that people or animals eat or drink or that plants absorb in order to maintain life and growth.
Key Definitions for BED cont.

- Relationship - is defined the way in which two or more concepts, objects, or people are connected, or the state of being connected.

- Body Ego - in psychoanalytic theory, refers to that part of a person’s ego which forms from self-perception of the body. Basically, it becomes the core of one’s ego around which ideas, desires, and fantasies would center.
In Binge Eating Disorders, a binge episode begins as a way to deal with underlying anxieties to cope with unrealistic thoughts that are usually masculine in nature and critical internal self talk that is harsh to the self.

Food becomes the nurturing protection that quiets the internal negative voice that repeats that “one is not enough, not good enough, not smart enough, not pretty enough.”
Anxiety - Food - Body Relationship

Because food becomes the primary coping strategy as a way to deal with anxiety, emotion, feelings, binge eating usually occurs in secrecy or with attempts to be noticed as little as possible.

There is a tremendous amount of shame that accompanies BED therefore concealing of one’s relationship with food is usually in the forefront of someone who struggles with BED.

This can make it difficult at times to receive therapy or treatment because of one’s embarrassment or shame of their eating habits.
Anxiety-Food-Body Relationship

- One feels shame and humiliation at the amount of one’s food consumption, tries to hide the amount of food consumption from others. This results in negative feelings and anxiety within the individual. Thus the individual returns back to food as a way to cope with all of the negative feelings.

- The outcome is a Binge Eating Episode and a loathing of one’s body that the individual feels betrayed them.
Purposes that BED serves in Individuals

- A way of avoiding negative feelings and thoughts and temporarily soothing the physical self.
- A way of staying in a “people pleasing” identity, to avoid conflict and avoid being real about one’s feelings, hopes and dreams.
- A hyper focus on food let’s one avoid dealing with other issues, work, school, family, and relationships.
- A way to evade being seen as a sexual being and integrating sexuality into one’s life.
- A way of avoiding unwanted sexual advances.
- A way to deal with feeling emotional or spiritual emptiness.
- A constant distraction from the way one feels by having constant thoughts of food.
Psychotropic Medications and BED

- Several types of medication may help reduce symptoms for BED. Here are a few of the following:
  - Lisdexamfetamine dimesylate (Vyvanse), a drug for attention-deficit hyperactivity disorder, is the first FDA-approved medication to treat moderate to severe binge-eating disorder in adults.
  - Topiramate (Topamax), an anticonvulsant. Normally used to control seizures, topiramate has also been found to reduce binge-eating episodes.
  - Antidepressants. Antidepressants may reduce binge-eating. It’s not clear how these can reduce binge eating, but it may relate to how they affect certain brain chemicals associated with mood.
Psychotherapy and BED

- One of the biggest roles psychotherapy can play in the treatment of BED is to help the patient with the self-loathing that comes from the shame and isolation of compulsive and addictive eating behaviors.

- The therapist can help the patient recognize that the obsession with food and fat does not define who the person is and that can reframe the concept of who the patient really is.

- An awareness can be developed about how disordered eating and BED have served as protective mechanism in one’s life and can stopped being viewed as an impediment to happiness.
Psychotherapy and BED

- The therapist can help the patient to create a friendly relationship with their feelings, help them to respond to them with curiosity and wonderment and not judgment.
- There will need to increase an awareness of feelings, not just labeling them as “fine” or “upset” or “okay”. There will be a need to identify one’s range of feelings.
- Help the patient “to stop seeing feelings as the “enemy”"
Psychotherapy and BED cont.

- One will need to learn to recognize how to the many feelings that one can have:
  - Anger
  - Sadness
  - Happiness
  - Grief
  - Excitement
  - Joy
  - Frustration
  - Shame
Psychotherapy and BED cont.

- Recovery from an eating disorder requires an acknowledgment of how you are feeling and learning to distinguish one from feeling from another.

- And it requires knowledge that there is no right or wrong way to feel.

- Psychotherapy can help the patient with steadfast attention about what one is really “hungry” for and new awareness into hunger-fullness cues that reside within the body.

- A therapist can help the patient create new positive eating rituals.
Practical Suggestions for Creating Positive Eating Rituals.

- **Identify**
  Identify attempts to self-sabotage. Mindless eating may be an attempt to undermine all of one’s effort at recovery.

- **Recognize**
  Recognize patterns of unconscious attempts to be perfect when instead one needs to focus on human needs and limitations. Recognize how food is playing a part in attempts to be perfect.

- **Distinguish**
  Distinguish the danger zones in each day. Change old habits creatively. Rather than rushing to the refrigerator after work, change clothes, take a shower, or play with the pets instead.

- **Learn**
  Learn the difference between real hunger and acute emptiness. Find psychic food for psychic hunger.

- **Recognize**
  Recognize responsibility for one’s own body whether it is big or small.

- **Diet**
  Diet toward life, instead way from it. Have beliefs that say “I want to take care of my body.” “I want to listen to the wisdom of my body.”

- **Identify**
  Identify attempts to self-sabotage. Mindless eating may be an attempt to undermine all of one’s effort at recovery.
Practical Suggestions for Creating Positive Eating Rituals

Get active. Ask your medical care provider what kind of physical activity is appropriate for you, especially if you have health problems related to being overweight.

Eat breakfast. Many people with binge-eating disorder skip breakfast. But, if you eat breakfast, you may be less prone to eating higher calorie meals later in the day.

Arrange your environment. Availability of certain foods can trigger binges for some people. Keep tempting binge foods out of your home or limit your exposure to those foods as best you can.

Stay connected. Don’t isolate yourself from caring family members and friends who want to see you get healthy. Understand that they have your best interests at heart.
Working with the Body-Ego and BED

- Incorporation of movement and exercise with BED and individuals with normal weight levels felt better about their bodies and reported more positivity about their body-egos.

- Recognize one’s own ancestral and generational history of one’s body type. Begin to honor the body that was inherited from generations back.

- Appreciate and honor all of the systems that one’s body offer: cardiovascular system, nervous system, respiratory system, skeletal system, muscular system, as well as the emotive and intuitive systems that come from the senses.

- Begin to become acquainted with the difference between one’s self-talk and one’s actual physical self.
Higher Levels of Care for BED

Center for Change
Address: 1790 N. State St. Orem, UT 84057
Phone: 888-224-8250 or 801-224-8255

Timberline Knolls Residential Treatment Center
40 Timberline Dr
Lemont, IL 60439
866-211-0109

ACUTE Center for Eating Disorders - Denver
723 Delaware Street
Denver, Colorado 80204
866-790-9366
References


