

Treating Binge Eating Disorder Utilizing Mindful Techniques

by Cheryl Harris, MPH, RD

After Super Bowl XLVIII, football and health enthusiasts were intrigued when the Seattle Seahawks announced that the team regularly practiced meditation. Mindful techniques have proven beneficial in a huge range of health and performance areas. Mindfulness has particular promise in nutrition, and the concept of mindful eating has garnered increasing attention in the past few years. Recent research has linked the cultivation of these intentional practices with better nutritional outcomes, such as reduced binge eating, improved weight management, and enhanced diabetes management. This article delves into the latest research on mindfulness, mindful eating, and self-compassion in binge eating disorder (BED) and gives nutrition professionals insight into potential techniques to use with clients.

Binge Eating Disorder: Background

Although BED is the most common eating disorder, affecting 3.5% of women and 2% of men,¹ it was only recently recognized as a distinct condition and added into the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5)*² in May 2013. In the previous manual, DSM-IV, binge eating disorder was categorized under Eating Disorder Not Otherwise Specified (EDNOS). Hopefully, recognition of BED as a distinct condition will lead to added interest, greater understanding, more resources, and improved treatment opportunities.

BED has key diagnostic features that differentiate it from simply eating large portions. According to the DSM-5, BED involves:

1. Recurrent and persistent episodes of binge eating
2. Binge eating episodes associated with three (or more) of the following: (a) eating much more rapidly than normal, (b) eating until feeling uncomfortably full, (c) eating large amounts of food when not feeling physically hungry, (d) eating alone because of being embarrassed by how much one is eating, (e) feeling disgusted with oneself, depressed, or very guilty after overeating.
3. Marked distress regarding binge eating
4. Absence of regular compensatory behaviors (such as purging)

To meet diagnostic criteria, the bingeing must occur on average at least once a week for more than 3 months.²

While BED occurs across a range of body mass indexes (BMI), it is most common among people who are overweight or obese, and it affects approximately 30% of obese people seeking treatment for weight loss.³ Risk factors for BED include dieting, low self-esteem, depression, difficulty regulating emotional distress, and other psychological comorbidities.^{1,3,4} Because shame is a hallmark of BED, many people remain undiagnosed.

Mindfulness

Mindfulness is an umbrella term that covers a huge range of traditions and practices centered on body and breath awareness. Kabat-Zinn defines mindfulness as “paying attention in a particular way: on purpose, in the present moment, as if your life depended on it—and non-judgmentally.”⁵ Mindfulness is more about the way we pay attention to our experience than it is about engaging in a specific practice or exercise.

Meditation is the formal practice of mindfulness. Meditation practices span a wide range, including mantra meditations or chanting, active or movement meditations (e.g., some forms of yoga and tai chi practices), and relaxation. Some forms of meditation involve awareness of sensations, which encompasses mindful eating.

Mindfulness-Based Stress Reduction

The extensively researched 8-week Mindfulness-Based Stress Reduction (MBSR) program has been linked to potential benefits for such conditions as depression, anxiety, irritable bowel syndrome, addiction, chronic pain, and stress associated with cancer treatment. MBSR participants have reported improved quality of life and sleep.^{6,7}

Adapting the MBSR program to apply specifically to individuals with BED, Kristeller and colleagues developed the Mindfulness-Based Eating Awareness Training (MB-EAT).⁸ The aims of MB-EAT are to cultivate non-judgmental awareness regarding eating decisions and promote greater self-acceptance and increased ability to make conscious choices. Exercises in the program cultivate an awareness of sensations, help participants recognize satiety cues and taste while eating, enhance awareness of hunger cues, and practice forgiveness. Sessions include both silent meditation or inward reflection and direct experiences of eating foods in a slow, deliberate manner with awareness of internal responses to those foods.⁸

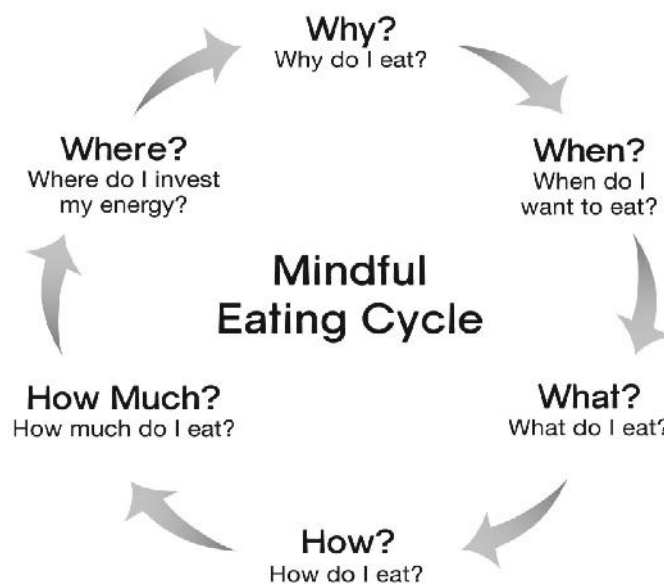
Peer-reviewed research supports the effectiveness of the MB-EAT model.⁸⁻¹⁰ By the end of the 1999 MB-EAT pilot program, many participants no longer met the diagnostic criteria for BED.⁹ A longer (10-wk) version of MB-EAT combined inner wisdom with sessions on “outer wisdom,” or a discussion of nutrition recommendations, resulting in significantly decreased bingeing behaviors as well as weight loss among many participants.¹¹ Future research is needed to determine the long-term effectiveness of the program.

The “Am I Hungry?” Mindful Eating Program

Michelle May, MD, developed a non-diet approach for establishing a more balanced relationship with food, known as the “Am I Hungry?” program.¹² Unlike programs that focus on changing which foods are eaten and restricting the quantity consumed, the core premise of this model involves examining the reasons why we eat. The premise is that for many people who struggle with food, much of our eating is motivated by factors other than hunger.¹²

May's model incorporates aspects of MBSR, dialectical behavior therapy, sound nutritional guidance, and self-monitoring, with the belief that increased awareness of motivation and triggers translates into more deliberate choices. The goal is eating with "intention and attention." A central component is the Mindful Eating Cycle (Fig. 1), which provides a visual representation of the various decision-making points relating to food and lifestyle choices. The 8-week "Am I Hungry?" Mindful Eating Program leads participants through exercises and homework to focus on why, when, how, how much, and where food is consumed.¹²

Figure 1. Am I Hungry?® Mindful Eating Cycle from *Eat What You Love, Love What You Eat*
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May and Anderson expanded and adapted "Am I Hungry?" Mindful Eating workshops to groups of adults with BED.¹³ Initial data following the intervention demonstrate pronounced improvements. Although most participants met the criteria of severe BED at the outset, most participants at the conclusion of the program no longer met BED criteria and experienced significant reductions in depression and anxiety scores. The program had a low attrition rate, and it was highly rated by participants.¹⁴ One-year data from the intervention will be available soon.

Self-Compassion

Self-compassion is mindfully and non-judgmentally practicing awareness of our lives and offering ourselves kindness, caring, understanding, and support. Although the field of self-compassion is relatively young, studies link greater self-compassion to greater self-acceptance and self-worth, improved body image, and less depression.¹⁵ Research has directly associated

self-compassion with lower rates of shame, body dissatisfaction, and eating disordered behavior, and this association appears stronger among a sample of people with an eating disorder.¹⁶

In a study by Adams and Leary on compassion and food guilt,¹⁷ an experimenter asked female college students to eat a doughnut. Some were told a brief self-compassion statement, as follows: “Several people have told me that they feel bad about eating doughnuts in this study, so I hope you won’t be hard on yourself. Everyone eats unhealthily sometimes, and everyone in this study eats this stuff, so I don’t think there’s any reason to feel really bad about it. This little amount of food doesn’t really matter anyway.” The participants were shown a TV show and then asked to do a taste test of candies. Those who had been told the self-compassion statement ate significantly less candy during the taste test and expressed significantly less guilt. The participants who scored higher on a restrictive eating scale demonstrated a more pronounced effect of overeating and guilt following the doughnut preload, but this was mitigated by the one brief statement from the research assistant. This aligns with other research in which self-compassion appears to lead to less guilt following an incident of “diet breaking.”¹⁵

Because self-compassion can be learned, it provides a potential avenue for practice and investigation for clients and practitioners alike. Some resources include a self-compassion assessment scale (available at www.self-compassion.org/test-your-self-compassion-level.html) and sample self-compassion meditations and exercises (available at www.self-compassion.org/ and www.mindfulselfcompassion.org).

Where to Begin?

To teach mindfulness and mindful eating, registered dietitian nutritionists should begin by experimenting with the techniques in daily life to gain experience, insight, and a deeper understanding of the activities. There are many ways to begin exploring mindfulness and self-compassion, such as:

1. Mindfully eat an item of the client’s choosing with the client, such as a raisin, grape, piece of cheese, or chocolate chip. Observe this item using all of the senses, and slowly eat this food with awareness of physical sensations, emotions, thoughts, and so forth. Discuss what that experience is like, and gradually move on to more challenging or triggering foods.
2. Encourage clients to use the Mindful Eating Cycle to identify current habits and patterns. This information will likely suggest future areas where clients may want to experiment.
3. Notice hunger and satiety cues in the body. What does hunger feel like? What sensations indicate satiety or fullness? What does it feel like when the body is neither hungry nor full? How does “satisfied” compare with “full”?
4. Compare and contrast your experience of different kinds of hunger: physical, emotional, or “sense hunger” (triggered by sight, smell, sounds, etc.). Which kinds appear suddenly versus build gradually? What impact does eating have on each kind?

5. Use guided meditations addressing food, hunger, gratitude, and portion with clients. *Mindful Eating*, by Chozen Bays, contains a CD of guided meditations and scripts for short exercises that are ideal for nutrition sessions and groups.¹⁸
6. Experiment with self-compassion exercises and meditations, or repeating phrases of self-compassion in daily life.

Although ultimately the journey belongs to the client, mindfulness is not a spectator sport. The more personally familiar we are with using mindfulness and self-compassion, the better RDNs can guide, support, and advise clients. The Center for Mindful Eating (www.thecenterformindfuleating.org) is an excellent resource and offers free teleconferences and handouts for the general public, with additional programs for members. Other organizations and Web sites of value to RDNs include the Binge Eating Disorder Association (<http://bedaonline.com/>), the Center for Mindfulness at University of Massachusetts (www.umassmed.edu/cfm/), and the Center for Mindful Self Compassion (www.centerformsc.org/).

If clients display attributes of BED but have not received a formal diagnosis, encourage them to take the Binge Eating Scale at <http://psychology-tools.com/binge-eating-scale/>. Many clients may have labeled themselves as lazy, greedy, or lacking willpower and may be looking for a quick fix or diet. The intent is not to assign a pathology to eating behaviors, but instead to establish BED as a real and treatable condition, facilitate formal diagnosis, and encourage clients to pursue support through nutrition and therapy and set reasonable expectations for treatment.

Hungry for More?

The Mindfulness-Based Stress Reduction, “Am I Hungry?”¹³ and Mindful Self-Compassion programs provide valuable tools for use with clients, and each has training programs available for professionals. Concepts from these groups may be offered in conjunction with other forms of nutrition education and counseling; however, as with other eating disorders, dieting and restriction generally exacerbates BED symptoms. Collaboration with an experienced therapist and health care team can offer invaluable support and will maximize opportunities for the client’s success.

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