

**Shame resiliency practices and acceptance as a therapeutic intervention for men diagnosed  
with binge eating disorder**

**By**

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### Abstract

Research suggests that often male eating disorders are underdiagnosed and misrepresented as ideal body standards play an important role in male resiliency. This Capstone examined research to further understand the extent to which the underlying emotion of shame connects to the symptoms of eating disorders among men. Researchers have found that often, binge eating disorders are associated with comorbid psychological, social, and interpersonal influences that impact the quality of life of individuals. People with binge eating disorders are constantly preoccupied with episodes of overeating, depressed mood, loss of control or perfectionism, social withdrawal, and body image. The writer hypothesized that shame resiliency and acceptance may be used as a therapeutic intervention for men diagnosed with binge eating disorder. The results of the research indicated that the underpinnings of binge eating disorder revolved around shame. Key findings highlighted the need to address shame and acceptance as part of therapeutic strategies necessary to promote healthy living and self-care in males suffering from disordered eating. Additionally, the need for early and appropriate intervention, which is key to overcoming BED. It is recommended that clinicians improve their understanding of male risk factors and integrate interventions to provide new insights on the impact of shame in male BED. In conclusion, given the limited research on eating disorders in the male population, this author recommends future research using survey questions modified to this population. In addition, encouraging the use of the shame resiliency and acceptance model by clinicians to foster emotional resilience in those with eating disorders, nurture connection, empathy, and acceptance to address the diverse needs of patients.

Keywords: *Shame Resiliency Theory, Eating Disorders, Binge-eating Disorder, Shame, Acceptance, Acceptance and Commitment Therapy*

### **Dedication**

This paper is dedicated to my parents, Mario and Gina. I am incredibly blessed to have you both. I thank you for your motivation and devotion to help me reach my full potential. Your guidance and wisdom have been the anchor to my journey. Thank you for all your encouragement, strength, and support. I will forever be grateful for your belief in me and for your hand in my success. Your strength, love and courage inspire me every day.

## Table of Contents

Acknowledgments .....	2
Abstract .....	3
Dedication .....	4
Table of Contents .....	5
List of Tables .....	7
<b>Chapter One: Introduction .....</b>	<b>8</b>
Introduction .....	8
Research Problem .....	10
Significance of Study .....	11
Theoretical Framework .....	13
Key Concepts .....	16
Researchers Positionality .....	18
Overview of the paper .....	20
<b>Chapter Two: Methodology .....</b>	<b>21</b>
Literature Search Process .....	21
Inclusion and Exclusion Criteria .....	22
Selection of Articles .....	23
Challenges encountered during research .....	24
Data Analysis Procedures .....	25
Methodological Strengths and Limitations .....	25
<i>Strengths of Quantitative Studies</i> .....	25
<i>Limitations of Quantitative Studies</i> .....	27
<i>Strengths of Qualitative Studies</i> .....	27
<i>Limitations of Qualitative Studies</i> .....	28
Summary .....	28
<b>Chapter Three: Review of Literature and Findings .....</b>	<b>29</b>
Binge Eating Disorder .....	29
Findings from the Literature .....	30
Binge Eating in Males .....	30
<i>Eating Disorder in Men as Opposed to Women</i> .....	34
Shame and Binge Eating Disorders .....	35
<i>Body Shame in Males</i> .....	36
<i>Self-compassion and Binge Eating Disorders</i> .....	39
Ethical Considerations .....	42
Respect for Persons .....	42
Concern for Welfare .....	44
Justice .....	46
Summary .....	47
<b>Chapter Four: Applications to Clinical Practice .....</b>	<b>48</b>
Clinical/Therapeutic Implications .....	48
Binge Eating in Males .....	49
Eating Disorder in Men as Opposed to Women] .....	49
Shame in Males with Binge Eating Disorders .....	50

Body Shame in Males .....	50
Self-compassion and Binge Eating Disorder .....	51
Recommendations for Practice .....	52
<b>Chapter Five: Conclusions and Recommendations .....</b>	<b>53</b>
Conclusions.....	53
Recommendations.....	55
Clinical/Therapeutic Level.....	55
Research Perspective .....	56
Future Research .....	56
Reflexivity of Researcher .....	59
References.....	59
Appendix A. Reference List of Studies Reviewed .....	61

**List of Tables**

Table 1. Overview of Findings .....	30
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## **Shame resiliency practices and acceptance as a therapeutic intervention for men diagnosed with binge eating disorder**

It is a misconception that ED is an exclusive "female" condition, since with BED alone, there is a 3 to 2 ratio between both genders (Bomben et al., 2022; Chmura et al., 2022; Malova & Dunleavy, 2021). Symptomatology for males and females is strikingly similar, with purging and fasting for weight loss being equally common between both genders (Chmura et al., 2022). In a study by Malova & Dunleavy (2021), men would be attracted to other men with ED, suggesting an innate desire to "hide" the ED due to the perceived lack of social sensitivity. Literature suggests that men desire to meet the popularized muscular body image as a means of improving their social standing, and anything less than the ideal body will evoke fear of judgment and rejection (Bomben et al., 2022; Candea & Szentagotai, 2013; Coopey & Johnson, 2022; Kaleji et al., 2021; Malova & Dunleavy, 2021). Consequently, body dissatisfaction, the drive for muscularity, and over-exercising are strongly associated with disordered eating patterns in men. This is problematic as approximately 43 percent of men are dissatisfied with their bodies (Sandler et al., 2023). Therefore, a lack of understanding of emotions or an individual's limited ability to regulate their emotions may lead to bingeing episodes (Dayal et al., 2015; Dryer et al., 2016; Gianini et al., 2013; Gonidakis et al., 2018; Slade et al., 2018). Furthermore, emotional eating, loss of control, depression, and anxiety are interrelated (Alcaez- Ibanez et al., 2019; Barnes et al., 2020; Hazzard et al., 2019; Malova & Dunleavy, 2021; Potterton, Austin, Allen, Lawrence & Schmidt et al., 2020; Sandler et al., 2023).

Eating disorders may be characterized by severe and persistent disturbances in eating behaviors and associated distressing thoughts and emotions (American Psychiatric Association, 2022; Giel et al., 2022). The most known eating disorders are anorexia nervosa [AN], bulimia

nervosa [BN], and binge eating disorder [BED] (American Psychiatric Association, 2022; Giel et al., 2022). The central feature of BED is the occurrence of episodes of binge eating (American Psychiatric Association, 2022; Giel et al., 2022). It is estimated to have a lifetime prevalence of 0.2-4.7 percent (Lo Coco et al., 2020). While BED is more common than other eating disorders, it is under-researched. This is evidenced in an updated study by Qian et al. (2022), which disclosed the lifetime prevalence of BED to be nearly 4 times that of BN and 10 times that of AN. BED lifetime prevalence rates are at 1.53 percent and are primarily represented by Western countries (Qian et al., 2022).

Several researchers have defined eating disorders as complex and associated with medical and psychiatric comorbidities (Barnauskas et al., 2022; Gorrell & Murrar, 2019; Lo Coco et al., 2017; Spratt, 2022). Further, most adults report enduring symptoms, with 94 percent experiencing a lifetime of mental health conditions (Miskovic-Wheatley et al., 2023). Specifically, suicide accounts for approximately 20 percent of deaths among those with ED (Hazard et al., 2019; Miskovic-Wheatley et al., 2023; Smith et al., 2018; Udo et al., 2019). This does not include the 23 percent who had attempted suicide, with only half recognized for treatment (Miskovic-Wheatley et al., 2023). Additionally, due to the complicated prognosis of eating disorders, individuals face yearly healthcare costs 48 percent higher than the general population (Miskovic-Wheatley et al., 2023; Heath et al., 2017). This is indicative of the pervasive societal problem seen in eating disorders. Many individuals with an eating disorder live with subclinical symptoms and have limited access to care (Chmura et al., 2022; Heath et al., 2017; Malova & Dunleavy, 2021). It is estimated that only 19 to 36 percent of individuals will receive treatment, and of those, only 35 to 40 percent will receive targeted treatment for their ED. While the representation of men suffering from ED is exponentially higher than reported

(Malova & Dunleavy, 2021; Spratt et al., 2022; Ziolkowska & Mroczkowska, 2020), due to the lack of awareness, 50 to 80 percent of male ED cases go undetected or misdiagnosed (Baranauskas et al., 2022; Giel et al., 2022; Hamilton et al., 2022; Stanford et al., 2012). Further, signifying that eating disorders may be increasing more quickly in men than women (Bomben et al., 2022).

### **Research Problem**

Overall, recovery from an eating disorder is dependent on earlier recognition and treatment. The longer the illness has persisted before seeking treatment, the less likely one can recover (Nicula et al., 2022). Thus, there remains a constant need to expand research to distinguish male factors in eating disorders. However, the notion of acceptance is difficult to achieve due to the many misconceptions of binge eating disorder. This may be indicative of the embedded shame in binge eating disorder. Hence, what appears to be lacking is how shame inhibits acceptance thereby delaying the treatment of binge eating disorders in men. As eating disorders continue to put individuals at risk, clinicians must engage in effective treatments that connect interpersonal and societal influences. Specifically, this study aimed to explore, How might a therapist utilize shame resiliency practices and acceptance as a therapeutic intervention for men diagnosed with binge eating disorder.

Those who experience BED may benefit from shame resiliency practices and acceptance as it targets the ways to build positive emotion regulation. Developing such skills has proven to diminish shame and maintain favorable lasting effects up to 5 years (Gorrell & Murray, 2019; Matos et al., 2015; Miskoic-Wheatley et al., 2023). Therefore, this study aimed to fill an identified gap in the literature on the impact of shame and acceptance as a therapeutic strategy to treat binge eating disorder.

### Significance of the Study

Unfortunately, eating disorders in men are unrepresented, and misdiagnosis creates maltreatment (Standford & Lember, 2012; Spratt, 2022). Many studies investigate women despite BED being equally distributed between the sexes (Ágh et al., 2016). This may be because women are more easily diagnosed with BED than men, as they often seek help more readily (Ágh et al., 2016). This further implicates shame on men with eating disorders. It contributes to the perceived shame that men are “effeminate” when diagnosed with BED (Ziolkowska & Mroczkowska, 2020). Supplementary, this pushes men towards the tendency to abuse alcohol and drugs, failure in intimate life, and socio-professional problems. It correlates to the finding that sexual abuse in the past was experienced by 30 percent of men suffering from ED (Baranauskas et al., 2022; Momeñe et al., 2022; Ziolkowska & Mroczkowska, 2020). Further, 57 percent of men with EDs show signs of substance abuse compared to only 28 percent of women. This is significant as it is often associated with the development of muscle dysmorphia as a protective measure. The idea is that the strength behind the developed muscles will prevent this type of abuse from happening again (Rodrigue et al., 2018; Ziolkowska & Mroczkowska, 2020). Overall, individuals with eating disorders are subject to developing severe psychological and somatic complications that may increase the severity of their disorder (Qian et al., 2022).

Therefore, this study will contribute to the existing knowledge in psychology and encourage practitioners to explore an alternative perspective. By supporting a modality that fosters resilience and acceptance, therapists can build strong relationships and help those suffering from binge eating disorders connect and change through acceptance. Fostering an inclusive posture towards men will advance treatment and better support society and men impacted by eating disorders. Further, it will lower the average duration of untreated disorder in

help-seeking, which is currently 67.4 months for BED (Hamilton et al., 2022; Miskovic-Wheatley et al., 2023). Thus, this review will reduce the barriers including the shame men experience when seeking treatment by normalizing male help-seeking practices related to binge eating disorders (Heath et al., 2017; Kelly et al., 2014; Nechita et al., 2021). In conducting this review, we are emphasizing the need for future research about shame resiliency and acceptance to combat the many elements of eating disorders.

This study while beneficial to clinicians, is also important to an increased awareness by other health professionals, and policymakers that men tend to be unaware of problematic behavior or that they are binge eating due to the vast under-representation in studies (Leehr et al., 2015; Malova & Dunleavy, 2021). A contributory factor to the under-representation is that assessment tools inadequately identify an eating disorder in males as they were designed for females. For example, the eating disorder inventory includes the item, "I think my thighs are too large (Stanford & Lemberg, 2012)." This contradicts what is expected in men: muscularity-oriented disordered eating or muscle dysmorphia (Stanford & Lemberg, 2012). Instead, what should be observed is the concept of "cheat meals," or planned-high-calorie meals (Sandler et al., 2023; Stanford & Lemberg, 2012). Thus, these behaviors often fly under the radar as they aren't acknowledged as a medical risk. Consequently, the representation of men suffering from ED is exponentially higher than reported and should be of concern to clinicians (Malova & Dunleavy, 2021; Spratt et al., 2022; Ziolkowska & Mroczkowska, 2020).

Current leading psychotherapy treatments for BED include Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IPT). The goal of CBT is to normalize eating patterns by setting goals and self-monitoring to develop flexible restraint (CBT). IPT specifically posits that social interactions create an environment where binge eating becomes a coping

mechanism (IPT). These models work to regulate food intake by emphasizing negative behaviors and relational dynamics. With a behavioral focus, such treatments tend to be effective for only half of the clients who complete a course of therapy. In research, it is proven that the factor that impacts treatment and recovery is the helplessness to tolerate different emotions (Grogan et al., 2021; Kelly & Carter, 2015). This is evidenced by only 50 percent of patients responding to current treatments and about 20 percent developing an enduring ED (Marzola et al., 2022). BED is a distinct chronic disorder, as such, treatments need to comprehensively address all associated problems to ensure improvements may be sustained over the long term. In doing so, clinicians and other health providers can support individuals return to psychosocial functioning and quality of life post-alleviation of symptoms rather than just focusing on remission (Miskovic-Wheatley et al., 2023; O’Loughlen et al., 2021).

Shame is a powerful and impactful human experience that is especially important for those with BED. Current treatments neglect to evaluate how emotions such as shame, maintain BED symptomology. Therefore, I am proposing shame resiliency practices and acceptance to address binge eating as they work through the emotional experiences of individuals. These models shift the focus on binge eating from primarily behavioral components by looking at the root of what triggers a bingeing episode. Thus, it seeks to explain how both shame resiliency practices and acceptance may better address the underlying concerns and distresses centered around BED.

### **Theoretical Framework**

The Shame Resilience Theory and Acceptance Commitment Therapy (ACT) will be used to conceptualize therapeutic interventions for men diagnosed with binge eating disorder. Shame Resiliency Theory proposes to negate the adverse shame outcomes seen within self-evaluations

(Arnink, 2020). Moreover, four elements of this theory can be integrated into men experiencing BED to nurture resilience in shame (Arnink, 2020). First, the ability to recognize shame helps one to understand the triggers of humiliation (Arnink, 2020). Second, practicing this critical awareness further helps to reflect on what is achievable. The third element revolves around receiving empathy and connecting with other people. This speaks to the final and fourth element: opening up (Arnink, 2020). The significance of being vulnerable and engaging with others warrants that one's relationship with shame is more favorable (Arnink, 2020). This is supported by the fact that researchers have posited that individuals with BED indicated that they would more likely access support from friends (Hamilton et al., 2022). The benefit of this model is the open posture for reflection and acceptance of one's vulnerability. As one recognizes the physical signs of shame, one can manage the many overwhelming connected emotions. Further, forming mutually empathetic relationships with others normalizes the experience and eliminates judgment. Hence, as individuals, especially men acquire the language to analyze shame, they learn to separate it from inferior emotions (Arnink, 2020). Therefore, it is a reasonable assumption that by incorporating Shame Resiliency into treatment, there will be an increased likelihood of change from negative evaluation, and feelings of shame to more self-appreciation and empathy among men experiencing BED.

Acceptance and Commitment Therapy (ACT) as a therapeutic model works to increase one's psychological flexibility (Harris, 2019). That is one's ability to be conscious and present in the moment, and act in ways that persist to serve one's values (Harris, 2019). This is achieved through six core processes. The first process is acceptance, here one is taught to embrace challenging situations as a means to let go of the pain and increase value-based action. This is followed by cognitive defusion; which is a technique to alter undesirable thoughts or emotions by

changing how one relates or internalizes negative thoughts (Harris, 2019). This serves to diminish unhelpful activity which allows one to be more present. Further, this speaks to the third principle, the promotion of unconditional, non-judgmental respect of personal experiences or environments. Here, individuals focus on the “self” in their environments fostering more control in their behavior (Harris, 2019). The fourth process encourages individuals to be mindful or aware of their flow of experiences without attaching to them. The fifth process builds on the previous process. By detaching, men experiencing BED can reframe the narrative of shame and become more empowered to regain control over their actions . and develop a clear path or purpose. Lastly, committed action is the final process that encourages one to act according to their chosen values (Harris, 2019).

Overall, ACT conceptualizes that awareness of one's thoughts and feelings supports a wider response to painful inner experiences, and the development of a more positive stance toward one's body image (Fogelkvist et al., 2020). An impaired capacity to access, identify, and be guided by healthy emotions results in a perception of an emotional experience as overwhelming or negative and the need for binge eating to avoid "feeling" (Bomben et al., 2022; Glisenti et al., 2018). Therefore, given that the experience of undesirable feelings is among the most accurate predictors for bingeing episodes in BED, it merits reason to explore psychological treatments with more focus on the role of shame. Specifically, both shame resiliency practices and acceptance allow individuals to become more aware of their emotions and increase their ability to choreograph new experiences. One can redress the balance of shame by facing it with no judgment (Arnink, 2020). A study by Grogan et al. (2021) supports these ideas as they restored resilience within individuals in three stages; 'Who am I without my ED?', 'My ED does not define me,' followed by, 'I no longer need my ED (Grogan et al., 2021).' This allowed those

with BED to feel empowered and fostered an openness to challenge the eating disorder behaviors (Dayal et al., 2015; Wacker, 2018). Through the integration of empathy and agency, positive relationships were made, which steered people away from the social and cultural trappings of shame (Brown, 2018). Likewise, a study by Fang et al. (2022) supported how cognitive defusion serves to improve body image concerns and encouraged individuals to develop a more objective view of the self (Fang et al., 2022).

Acceptance addresses the opposite of the coin of shame resiliency practices. Together they work to fill the gap at the core of each model. One works to develop their authentic selves, moving away from shame and towards psychological flexibility. It aims to strengthen the mindset of individuals with ED, correcting behavioral eating patterns by developing emotional resilience (Bomben et al., 2022; Glisenti et al., 2023; Grogan et al., 2021). Both theories encourage those experiencing symptoms to seek help sooner. The fear of receiving an adverse reaction will diminish, and the experience of those who have lived with an eating disorder will be validated. Overall, a combination of the Shame Resiliency Model and ACT, allows clinicians to better manage and address binge eating episodes.

### **Key Concepts**

Concepts for this research question include Shame Resiliency Theory, Eating Disorders, Binge-eating Disorder, Shame, Acceptance, Acceptance and Commitment Therapy.

#### **Shame Resiliency Theory**

Shame Resiliency Theory involves connecting with one's authentic self while fostering meaningful relationships with others (Mensing, 2022). SRT works as a compass for this literature review. It highlights the importance of incorporating emotion, specifically shame, as a resiliency mechanism against BED. It aims to move people toward empathy (Mensing, 2022).

## **Eating disorders**

Eating disorders (ED) are psychiatric severe disorders that represent a group of multifaceted mental health conditions that can sincerely impair health and social functioning. Due to the physical nature of their defining symptoms, eating disorders can cause emotional distress and significant medical complications (Miskovic- Wheatley et al., 2023).

### **Binge-eating disorder**

Binge eating disorder is characterized by a lack of control while eating at least once a week for a minimum of three months (Giel et al., 2022). A diagnosis of BED is made based on the following criteria: recurrent episodes of binge eating, marked distress regarding binge eating behavior, and binge eating is not coupled with the regular use of appropriate compensatory behavior and does not occur exclusively during anorexia nervosa or bulimia (Gorrell & Murray, 2019).

### **Shame**

Shame is defined as an expression of humiliation that arises from the perception of having done something dishonorable or improper. Therefore, we can characterize shame as sensitivity, being worried about others' opinions, feeling unappreciated, rejected, or regretful. While shame is a negative emotion, there are times when it plays a part in our survival. Without shame, we may not feel the need to adhere to cultural norms, follow laws, or allow ways to exist as social beings. Thus, identifying when shame becomes harmful or problematic may be challenging. When overcome by shame, one cannot be one's authentic self. This creates a lack of trust in others and withdrawal (Sedighimornani, 2018).

## **Acceptance**

As defined by ACT, this is a means of actively making room for unpleasant emotions and sensations in order to give them undue attention. It is developed openness of the here and now (Harris, 2021).

## **Acceptance and Commitment Therapy**

Acceptance and Commitment Therapy (ACT) is a therapeutic model that works to develop psychological flexibility. This is the ability to stay present in the moment regardless of unpleasant thoughts and feelings. It combines mindfulness skills with the practice of self-acceptance as a mechanism to face challenging experiences. Commitment plays a key role as it forces one to embrace any challenge by upholding to one's values and goals (Harris, 2019).

## **Researcher Positionality**

I first became aware of ED at a young age when my friend disclosed disordered eating, which led to significant physical health impairments. As we both were active in sports it was easy to fall into the competitive drive to be the “best fit” on the team. In addition to this, I paid significant attention and focus to existing fashion trends and was driven to maintain specific shapes and sizes that coincided with the ideal body standards. Thus, a few weeks into my practicum, my interest amplified as I listened to many others who were enduring similar struggles. What became apparent was the comorbidities attached to eating disorders. As I built rapport with my clients, they began to disclose the body shame they felt and how it intensified other mental health issues. Hence, from the choice of topic to recommendations for future research and everything in between, my worldview has influenced this paper. I view this profession as working to facilitate self-awareness using their experiences and emotions as pillars of guidance. Thus, when presented with the opportunity to write this paper, I embraced the

opportunity to explore the nuances of eating disorders to help individuals suffering from the many underlying symptoms.

Furthermore, I would like to draw explicit attention to my choice of binge-eating disorders. BED is the most common eating disorder, which causes people to feel they have no control over their eating behavior or patterns. Most importantly, these behaviors cause them to feel embarrassed, disgusted, or depressed. Thus, people with BED tend to hide their behavior from others due to shame or embarrassment. This leads to various other factors that contribute to BED, including body image issues, psychological conditions, and trauma (Mitchison & Hay, 2014). This speaks to my position as I hope to expand the innate desire to treat the behavior and instead look to work with the emotions that lie beneath. Often, people assume that ED is to be treated medically or within treatment facilities; however, this is not always sustainable for individuals. Therefore, with awareness, therapists may better acknowledge these underlying factors as predictors for BED, and it may motivate one to tackle prevalent issues correctly in the course of their disorder.

Of course, acknowledging the biases I may hold based on the experience with eating disorders should be noted. Asforementioned, I have encountered individuals experiencing eating disorders and the harmful effects societal pressures and body standards place on them. With this knowledge, the interpretation of research may be clouded by looking at factors that contribute to the emotion and cognitive elements of eating pathology. Additionally, I may readily see the shame practices and maintenance factors contributing to BED disorder within the articles reviewed. This is a bias may concern those reading this paper. Thus, to combat my bias on this subject I intend to review and include an abundance of articles that hold differing positions than

my own. I intend to counter my bias by reviewing in a upstanding way all the articles found to provide a proper confirmation and disproving of the literature.

### **Overview of the paper**

Due to their complex nature, there are many contributing factors to be recognized within male eating disorders. The remainder of this paper will be organized to answer my research question as follows: Chapter 2 will provide a description of the literature search process; Chapter 3, provides a review of the literature, a critical analysis of the findings, and ethical considerations. Chapter 4 will address the application to clinical practice and this will be followed by Chapter 5 with a discussion on the conclusions and recommendations for future research as well as my reflection from both a clinical and research perspective.

## **Chapter 2 – Methods of Literature Search**

This Chapter reviews the methodology of the search for selected articles for this Capstone study. A robust review supports the integrity of the methodology of how the articles were selected for this study. Furthermore, understanding how the articles were selected provides an opportunity to better evaluate the databases and search engines, the search parameters, the significance of the selected studies, the challenges encountered, limitations of the methodology, and subsequent interpretation of findings.

For this literature search, I started with ten key recent peer-reviewed journal articles for my prospectus. I later leveraged these core articles to find other articles relevant to my research topic/research question that allowed me to conduct a comprehensive literature review. The selected articles were a combination of recent available research about shame resiliency and acceptance applicable to males with eating disorders and relevant to practitioners and their current understanding of this phenomenon.

### **Literature Search Process (Data Collection Procedures)**

A literature search was conducted using key terms and combinations, including “eating disorders and binge eating disorder”, “shame in compensatory eating”, “shame resiliency in counseling/psychotherapy”, “body shame and binge eating disorder”, “shame and resiliency”, “perfectionism and body shame”, “social stigma and shame in eating disorders”, “acceptance with shame.” Several databases were used to find the articles selected for this study. Information was obtained from the City University of Seattle's online database. This was the first point of access which accessed other databases such as ProQuest, e-Book Central, Taylor & Francis Online, PubMed, Behavioral Medicine, Eating and Weight Disorders, Journals of Contemporary Psychotherapy, International Journals of Eating Disorders, Academic Search Premiere, EBSCO,

Journal of Psychology, Journal of Clinical Psychology and Journal of Eating disorders. In utilizing so many databases, the explored topic provided a broad scope of available and current research.

### **Inclusion and Exclusion Criteria**

In the process of selecting articles, dates, type of study, and descriptive information were considered (Snyder, 2019). A strict review of findings followed by a full reading of texts was completed to ensure articles met the inclusion criteria. The selected articles embodied various elements around the topic of male eating disorders. Among the articles, the oldest was published in 2014, while the newest was published in 2023. All other articles were dated within the past eleven years. Articles that extended past the eleven years were excluded from this literature review. As literature constantly evolves, it is essential to remain current and relevant. This ensures that gained knowledge is valuable and relevant to professionals in the field (Creswell & Creswell, 2018). This speaks to the significance of designing a review that adds quality and credibility to literature findings (Snyder, 2019).

Inclusion criteria for research in this literature review addressed shame and eating pathology. They were informative on stressors that maintain adverse effects and approaches to help manage eating disorders, such as compassion. Studies that included male symptomology and facets of eating pathology were essential in this literature review. Further, studies that addressed body shaming, dissatisfaction, stigma, masculinity in eating disorders, and loss of control were included. Hence, inclusion criteria involved studies that examined how effective shame resiliency practices are in men. Additionally, barriers to treatment and how one may utilize shame in treatment to help combat comorbid influences were accepted within this

literature review. Lastly, research conducted outside of Canada was included to provide a wider scope of the topic.

Exclusion criteria were articles that do not address shame, resiliency, and compassion in binge eating disorders. Further, studies that did not discuss negative emotions and distortions, such as shame in eating pathology, were excluded. Additionally, articles that did not highlight male risk factors were not included in this literature review. This indicates that they did not expand or provide a deeper understanding of why and how such experiences incite change for individuals experiencing BED.

Lastly, only peer-reviewed articles were included to ensure credibility in this literature review. The selected articles applied both qualitative and quantitative approaches to the literature that explores shame experiences in emerging adults. Further, most articles provided statistical data to support their findings. Most researchers gathered information through a survey, interview, or experiment (Creswell & Creswell, 2018). These articles were selected as they met all the exclusion and inclusion criteria, provided a credible understanding of the research question, and offered extensive information.

### **Selection of Articles**

Given the abundance of sources for this literature review, several steps and strategies were applied to ensure that the literature exhibited credibility, dependability, and transferability. The research approach to assuring credibility began with understanding the methodology implemented and used for data collection. This addressed the quality of data received and collected (Creswell & Poth, 2017). Checking the dependability of the data involved ensuring the data were reliable and counted for proper analysis. This involved a clear and detailed report of

data, based on the strategy involved in conducting and collecting information (Creswell & Poth, 2017).

Furthermore, the strategy used to determine transferability involved determining whether the study had external validity and generalizability. This process was implemented by reviewing the data collected to decide whether it would be transferable to another study or others within the field. This literature review explored the articles that showed the relationship between the Shame Resiliency Theory and eating disorders in males. There needed to be more research, as many articles only addressed singular factors or concepts of the interplay of shame resiliency and eating disorders in men. Appendix A provides an extract of a few key articles taken from the expansive list of references used in writing this capstone paper.

### **Challenges encountered during the research process**

The research and the study findings showed that stigma majorly impacted male willingness to seek treatment (Coopey & Johnson, 2022). With limited exploration in men, barriers to treatment may be attributed to the lack of openness and support available for those in need of assistance (Malova & Dunleavy, 2021; Spratt et al., 2022; Wacker, 2018). Beyond its influence on effective diagnosis and treatment outcomes, this underlines the need for further research. Thus, various research gaps were identified in the range of studies and material available in the emergent field of men with binge eating disorders. Spratt et al. (2022) found that despite being underdiagnosed, approximately 25% of males were at risk of eating disorders. The stigma that EDs only affect women led men to believe they were not suffering (Bomben et al., 2022). Further, this literature review highlighted the limited available studies on recovery strategies for binge-eating males. Within the literature, there is an identified gap of resiliency

through shame and males who binge eat. Thus, additional insights into counselors' experiences working with males who binge eat are needed to inform practical strategies.

### **Data Analysis Procedures**

To fully understand the conventions made in each article, it was crucial to critique the methodology of each article, as this was the lens researchers used to gather their findings and assumptions (Xiao & Watson, 2019). Thus, all articles were critically analyzed through evaluation, synthesis, and interpretation. They were reviewed within the research paradigm, validity and reliability, data analysis, whether they were qualitative or quantitative, and differences and limitations were explained throughout this process.

The findings and literature review were critically analyzed further using synthesis and analysis (Xiao & Watson, 2019). Articles were analyzed within the current literature to assess and present a cohesive response to the research question presented in this paper. They were further analyzed using general themes found within the articles, which helped articulate various insights. Thus, through careful synthesis and analysis, conclusions and recommendations were considered and discussed in this capstone paper.

### **Methodological Strengths & Limitations**

The following section explored the strengths and limitations separately for qualitative and quantitative study methods. An overview of the articles was provided by listing strengths and limitations of all articles. This allowed for further synthesis and integration in all articles.

#### ***Strengths of Quantitative Studies***

When exploring the quantitative articles, it was necessary to note that they used a wide variety of methods for recruitment and sampling. The recruitment in these articles allowed for participants from various backgrounds and cultures worldwide. There were articles from Italy

(Lo Coco et al., 2020), the United States (Hazzard et al., 2019; Heath et al., 2017), Canada (Kelly & Carter, 2014), Australia (Dryer et al., 2016) and Spain (Alcaraz-Ibanez et al., 2019). This is important to recognize as the various elements incorporated within eating disorders are similar worldwide.

Additionally, the sample size for some articles had a wide range. The average sample ranged from 97 to 545 participants (Lo Coco et al., 2020; Dryer et al., 2016; Heath et al., 2017; Alcaraz-Ibanez et al., 2019; Gonidakis et al., 2018). The study by Hazzard et al. (2019), had the largest sample size of 12, 040, representing U.S schools exploring longitudinal associations between binge- eating related concerns and depressive symptoms. While this sample size is more significant than necessary, it represents 80 high schools and 52 middle schools (Hazzard et al., 2019). The smallest sample size was 41 participants (Kelly & Carter, 2015). This study sought to compare a compassion-focused therapy-based intervention to binge eating disorder. Overall, all study sample sizes exceeded the recommended 30 participants outlined by Creswell & Creswell (2018). Further, the robust sample size provided greater generalizability over studies with smaller sample sizes (Creswell & Creswell, 2018). The study by Hazzard et al. (2019) had a larger sample size, and provided more accurate results (Andrade, 2020). It is also important to mention that most of the articles used reliable measures in their studies by using surveys and self-reported questionnaires. All articles utilized coding software to demonstrate statistical analyses better. Furthermore, many studies were completed in clinical or university environments; and obtained ethical approval before recruitment.

Overall, within the articles, many strengths were reviewed in the methodological critique. The articles provided longitudinal and cross-sectional data, which is essential for a literature review as it demonstrated changes in data that can occur within their participants. Further, it

provided a better understanding of the research findings and the opportunity to discuss the value of addressing shame and resilience in eating disorders.

### ***Limitations of Quantitative Studies***

In all research studies, there are limitations. In the quantitative articles reviewed, convenience sampling was used. Creswell & Creswell (2018) highlighted how this makes the findings more challenging to generalize across different populations. The challenge is the lack of ability to provide a complete representation of the population being studied. Additionally, only Gonidakis et al. (2018) and Kelly and Carter (2015) disclosed the researchers' role within the studies, which increased credibility. Most other articles left the reader to assume the role of these researchers is one of objectivity. Transparency is important as researcher positionality often impedes the quantitative standard of gaining knowledge and representing truth (Creswell & Creswell, 2018).

### ***Strengths of Qualitative Studies***

The strength of qualitative studies is that they provide an in-depth analysis of a phenomenon by capturing the influences of people in their experiences (Yilmaz, 2013). Purposeful sampling plays a key role in qualitative research, which is evidenced by the study (Potterton, Austin, Allen, Lawrence & Schmidt, 2020). Additionally, qualitative researchers often submerge themselves in their research environments using open-ended questions to gain insight into their research participants (Creswell & Creswell, 2018). Here, the authors spoke on how they managed the data as a security measure to remove the chance for bias in data analysis (Creswell & Creswell, 2018). Moreover, all studies used a variety of recruitment methods to acquire participants. These studies conducted comparable qualitative analyses for researchers to replicate their findings.

### ***Limitations of Qualitative Studies***

In qualitative studies, authors can establish unique perspectives and understanding in their research. However, using open-ended questions may impede the generalizability of findings (Creswell & Creswell, 2018). Yilmaz (2013) suggested that it was still important to reflect upon this potential predicament and identity and possible conflicts of interest to the research project. This was not achieved in any of the three studies (Wolfe et al., 2023; Grogan et al., 2021; Potterton, Austin, Allen, Lawrence & Schmidt, 2020). A recommendation could be for the researchers to explicitly state how they worked to mitigate bias and reflect on their positionality within the research study. Lastly, the studies by Wolfe et al. (2023), and Grogan et al. (2021) used convenience sampling., however, a limitation is that this may impact the generalizability of study findings.

### **Summary**

Overall, the studies were conducted well. The articles used different paradigms, sampling, recruitment, demographics, data collection, and data analysis strategies to appropriately compile and synthesize information centered around eating disorder symptomology. Additionally, producing a diverse sample allowed a critical lens to draw overall findings and conclusions. Thus, while acknowledging several limitations, it is essential to recognize that the findings may be generalizable to many individuals with eating disorders. InChapter Three I will examine existing literature to explore current research on shame resiliency in eating disorders by highlighting themes that help to answer my research question.

### Chapter 3- The Review of the Literature

As I introduce the topic of shame resiliency and acceptance in male binge eating disorder, it is essential to review the existing literature on binge eating disorder. After reviewing the topic, this chapter looks to interpret the findings from the literature. The articles will uncover several themes that serve to address how effective shame resiliency practices and acceptance are as a therapeutic intervention for men diagnosed with binge eating disorder. These themes include binge eating disorder in males and shame in males with binge eating disorder. Highlighted within the listed themes will be various sub-themes that articulate the underlying factors attributed to binge eating disorder (Coopey & Johnson, 2022; Glisenti et al., 2023; Hamilton et al., 2022; Health et al., 2017; Kelly et al., 2014; Malova & Dunleavy, 2021).

#### **Binge Eating Disorder**

Binge eating occurs during a discrete period, particularly within a two-hour time frame, where individuals eat more substantial amounts than usual. While binge eating, individuals often feel a lack of control, as if they cannot stop (Sangha et al., 2019; Wolfe et al., 2023). In sum, an individual with binge eating associates with eating much more rapidly than normal, eating until they feel uncomfortably full, eating sizeable amounts of food when not even feeling physically hungry, eating alone because of shame or embarrassment, having decreased emotional or self-regulation and feeling appalled with oneself, depressed, or guilty after overeating (Chao et al., 2019; Giel et al., 2022). Binge eating disorder is classified with three or more of the above criteria.

In addition to these symptoms, binge eating follows a system and severity grading of mild, moderate, severe, or extreme. This means that one binges at least one to three times a week to the extreme of fourteen times per week (Chao et al, 2019; Giel et al., 2022; Gorrell &

Murraray, 2019). Further, due to the stigma associated with binge eating, researchers have linked 95 percent of bingeing episodes to negative emotions experienced before or after an episode (Dingemans et al., 2017). Moreover, binge eating has multiple symptoms, including a repeated or frequent consumption of large amounts of food in one sitting and in short amounts of time. This includes constantly grazing or hiding food, eating until uncomfortable, and eating to regulate difficult emotions (e.g., shame (Gianini et al., 2013; Giel et al., 2022; Nechita et al., 2021).

For counselors and clinicians to provide adequate support to men with binge eating disorders, they must first understand the characteristics of eating disorders and binge eating disorders that apply to men. It is imperative to distinguish those characteristics shared with women and those specific to men. These are often overlooked due to the lack of published knowledge, and general media coverage on male eating disorders (Izydorczyk et al., 2020).

### **Findings from the Literature**

A summary of significant findings and patterns is illustrated in the chart below.

- **Table 1**
- *Overview of Findings*

Themes	Sub-themes
Binge Eating disorder in Males	Eating Disorder in Men as opposed to Women
Shame in Males with Binge Eating Disorder	Body Shame in Males Self-compassion and Binge eating disorder

### **Binge Eating in Males**

Eating disorders are complex and have a range of psychological impacts that negatively affect an individual's health and frequently have an onset of comorbidities that can increase mortality (Smith et al., 2018; Udo et al., 2019). Further, a principal issue with males and eating disorders concerns social influence, masculinity, and shame, which often leads to a delay in

treatment (Sangha et al., 2019). It is noted that young boys and men "often" or "always" worry about body image, where 25 percent feel shame (Kaleji et al., 2021; Spratt et al., 2022; Stanford & Lemberg, 2012). Therefore, male eating disorders may be considered as achieving leanness or sculpting muscles simultaneously (Chmura et al., 2022; Rodrigue et al., 2018).

Moreover, male eating disorders have increased from 10 to 25 percent of all cases in the last decade (Spratt et al., 2022). This is likely higher due to underdiagnosed and inconsistent treatment when it comes to EDs in men. A study looking at male college students demonstrates the continued increased prevalence, with 30 percent of males reporting binge eating (Wolfe et al., 2023). However, research and understanding of BED have largely ignored male experiences, as they are shown to be included in less than 10 percent of all research (Stanford & Lemberg, 2012; Spratt et al., 2022). Therefore, even those who do seek help face an increased risk of not being diagnosed due to the social misunderstanding of eating disorders. This puts men with binge eating disorder at risk, as they do not receive the support necessary. Hence, the stereotype that eating disorders are a "female-only" issue affecting young women is further exacerbated (Bomben et al., 2022; Chmura et al., 2022; Spratt et al., 2022; Ziolkowska & Mroczkowska, 2020). Thus, finding data on males with binge eating disorders was challenging due to the lack of research. This is indicative of the shame, embarrassment, and stigmatization internalized in men. They may not seek treatment for eating disorders as often as women because they fear being seen as weak, inadequate, strange, or less masculine (Carey et al., 2017). This negates men's struggle with the same eating disorders as women despite higher overeating rates (Carey et al., 2017).

Studies indicate that men engage in unhealthy bingeing due to underlying psychological reasons (Carey et al., 2017). Furthermore, as men ignore the issues and refrain from seeking help, they may develop type 2 diabetes, heart disease, depression, and anxiety (Giel et al., 2022).

This is crucial in understanding the impact of binge eating disorders on men's everyday lives. Hence, men may use eating as a coping mechanism to numb their emotions of shame, which goes unnoticed due to the social stigma that accepts and assumes men carry more weight (Kelly et al., 2018).

Aforementioned, eating disorders are highly comorbid with psychological disorders and are strongly associated with suicidality (Smith et al., 2018). A study by Hazzard et al. (2019) examined longitudinal associations between binge eating-related concerns and indications of depression across various ethnicities. Thus, both in eating pathology and depression, there appear to be more similarities in rates of eating disorders across ethnic groups (Hazzard et al., 2019). Embarrassment over the amount eaten, fear of losing control, overeating, and endorsement of binge eating-related concerns correlated with greater depressive symptoms seven years later (Hazzard et al., 2019). Further, this implicates the risk of depression in young men as they develop in society (Hazzard et al., 2019).

Additionally, suicide in eating disorders is found to be a more severe issue than is generally considered. It accounts for approximately 20 percent of deaths among those with ED (Miskovic-Wheatley et al., 2023). Canadians estimate around 10 to 15 percent of mortality rates are due to eating disorders (Eating Disorders in Canada, 2023). A study by Benjet et al. (2022) identified that 8.5 percent of university students are at risk for suicide ideation, with greater prevalence in males attempting for the first time. Moreover, studies show that between 13.5 and 22.9 percent of individuals with BED have attempted suicide and are four to five times more likely to have tried suicide than those without BED (Smith et al., 2018; Udo et al., 2019). This highlights the detrimental impact shame has on how one perceives their body (Herpertz-Dahlmann et al., 2015).

To further establish male binge eating disorder a study by Racine and Horvath (2018) reported how an individual may use food to regulate negative emotions. This indicates males' tendency to consume highly high-calorie food during an eating episode (Racine & Horvath, 2018). Losing control is one of the greatest vulnerabilities to BED as it stems from a lack of emotional regulation (Racine & Horvath). Negative emotions such as shame inhibit positive behavior. Instead, themes such as "keep eating, cannot stop, without thinking" are prevalent (Wolfe et al., 2023). During a binge-eating episode, men are zoned out while distracted by various media outlets, i.e. watching television (Chao et al., 2019). Thus, after mindlessly consuming high volumes of food, individuals feel ashamed and distressed. Further, this emphasizes that individuals unable to regulate emotions, especially those built in shame, tend to become stuck in this response system (Dingemans et al., 2017; Goss & Allan, 2014). Hence, loss of control is a salient component of binge episodes (Pollert et al., 2013). This means that binge eating may happen as individuals try to avoid or suppress unpleasant aspects of their bodies, shame, and social environments (Albertsen et al., 2019). The loss of control is used to avoid accepting distressing emotions, which translates into destructive bingeing (Albertsen et al., 2019).

Moreover, this highlights the need to address shame and acceptance. With a shift in the dialogue, one can provide therapeutic strategies to promote healthy living and self-care in those suffering from disordered eating. Additionally, this will allow for early and appropriate intervention, which is key to overcoming BED (Goldschmidt et al., 2016; Hazzard et al., 2019; Marzola et al., 2022; Spratt et al., 2022).

### *Eating Disorders in Men as Opposed to Women*

Risk factors for developing an eating disorder observed in the literature have shown that eating disorders may manifest in both women and men, with apparent differences between them. Women are shown to have more anorexia nervosa and bulimia nervosa diagnoses, and males more commonly report binge eating and excessive exercise (Clopton, 2019; Spratt et al., 2022). Bulimia nervosa in males usually manifests in purging and compulsive exercising (Chmura et al., 2022). Anorexia nervosa in males tends to manifest from the individual's desire to appear lean or "ripped," which researchers have defined as a male having well-defined muscles (Chmura et al., 2022). BED is characterized in men as uncontrollable binge episodes and associated feelings of extreme shame (Giel et al., 2022). One would assume this to be a strong indicator that research has better accounted for male experiences; however, this finding was seen in female studies (Spratt et al., 2022). Further, the transdiagnostic model of eating disorders highlights that all EDs share core issues and mechanisms, this being an over-evaluation of weight, which leads to an attempt to control (Spratt et al., 2022). How these core issues are expressed differs significantly across genders (Kaleji et al., 2021).

Eating disorders are a marginalized topic in men (Chmura et al., 2022). However, based on population studies, 10 million US boys and men will experience an eating disorder at one point in their lives (Chmura et al., 2022). Within the Canadian population, every fourth person with eating disorders is a male (Chmura et al., 2022). In fact, men account for 40 percent of all BED cases that are currently known (Chmura et al., 2022). Therefore, increasing awareness of the specific characteristics of eating disorders in males is fundamental in guiding effective strategies for treatment.

Further, it is essential to help identify signs and early onsets of manifestations of eating disorders that are particularly specific to men for prevention, diagnosis, and effective treatment. With the prevalence of eating disorders in males increasing, it is important to fill the gap in men-centered knowledge.

### **Shame and Binge Eating Disorders**

Shame is one of the most important perceived barriers to help-seeking and is related to nondisclosure in treatment (Geller et al., 2019). Based on the shame resiliency practices, shame depicts a deceptive web of pressures and expectations from the socio-cultural organizations and interpersonal environments (Mensing, 2022). It is stressed that over 60 percent of people choose not to disclose their shame to others (Candea & Szentagotai (2013). Seeking counseling in males is seen as "failing" to be a man because it requires asking for help or engaging in emotional vulnerability (Coopey & Johnson, 2022; Heath et al., 2017). Moreover, at least 70 percent of college men experiencing mental health challenges do not seek counseling or other mental health services. Emotionally stable men may be hesitant to engage in counseling or emotional vulnerability, the same way self-reliant men may be resistant to seeking help as it requires one to admit needing help. This emphasizes the shame and reduced self-worth of seeking counseling in men (Heath et al., 2017; Nechita et al., 2021). Many feel trapped, powerless, and isolated (Mensing, 2022).

Thus, to work and regain one's identity, one must separate that of the eating disorder identity (Grogan et al., 2021). This explains how BED becomes less egosyntonic as one's cognitions and behaviors are less intertwined with a person's sense of self (Grogan et al., 2021). Practicing resiliency and acceptance, forces men to detach from internalized fears related to seeking help, eliminates the pressures that dictate who, what, and how we should be in the world

(Heath et al., 2017; Goss & Allan, 2014; Mensinger, 2022). It permits males to be vulnerable by breaking the silence and secrecy that feeds them (Dayal et al., 2015; Mensinger, 2022).

### ***Body Shame in Males***

Men tend to be more unhappy with their bodies as modern Western culture overflows the media with messages about their appearance and body, causing them to conform to the mesomorphic ideal (Bomben et al., 2022; Coopey & Johnson, 2022; Sandler et al., 2023). Furthermore, there is an expectation that men 'man up' and manage their vulnerabilities (Coopey & Johnson, 2022; Fowler & Geers, 2017). This reinforces the position that men refrain from talking about their emotions due to the social expectations continually reinforced by society. Moreover, this amounts to secrecy and an evasion of rebelling against norms, including seeking assistance (Coopey & Johnson, 2022; Hamilton et al., 2022).

When discussing body shame, it is pivotal to comprehend the discrepancies between genders. Further, males look to alter their physiques from the waistline up, while females usually dislike their bodies from the waist down. This highlights the lack of diversity within eating disorder assessments as they often contain items that address the shame felt in women (Stanford & Lemberg, 2012; Sandler et al., 2023). For example, "I think my thighs are too large" or "I like the shape of my buttocks" are not typical items that males would likely endorse (Stanford & Lemberg, 2012). Instead, items that may be better suited for males include; "I am satisfied with the amount of muscle I have" or "I check my body several times a day for fatness." These items assess both male body dissatisfaction and the drive for thinness seen more commonly in women (Stanford & Lemberg, 2012). More precisely, men's preoccupation focuses mainly on developing a more muscular body shape (Rodrigue et al., 2018; Sandler et al., 2023). This leads to more muscular-oriented thoughts and behaviors in men, manifesting in specific behaviors, such as

dieting and excessive exercise (Rodrigue et al., 2018). Henceforth, societal pressures to reach a physical body shape negatively impact males' body satisfaction and instead increase shame (Rodrigue et al., 2018).

This further demonstrates how men use dietary restrictions, bingeing, or harmful behaviors to build muscle (Gorrell & Murray, 2019). This has been seen in males as young as six years old (Spratt et al., 2022). Further, this is reflective of body image as an "inside view" encompassing our attitudes, beliefs, and feelings toward how we look (Dryer et al., 2016). Additionally, this signifies the social influence seen in the development of BED (Kaleji et al., 2021; Spratt et al., 2022). Sociocultural body image standards in the media are influenced by four factors (Izydorczyk et al., 2020). The first factor is the level of internalized body image and appearance promoted by the media (Izydorczyk et al., 2020). Internalization determines the attitude toward body image, which relates to the second factor: the level of pressure endured due to the countless body image-related information in the media (Izydorczyk et al., 2020). The third factor is the internalization of media promoted sociocultural standards of an athletic body shape (Izydorczyk et al., 2020). The fourth factor is the inclination to search for information about body image and appearance in the media (Izydorczyk et al., 2020).

Additionally, a study by Coopey & Johnson (2022) reinforced four similar encompassing themes in male body standards. This is the societal composition of the flawless male, followed by the interconnectedness of control and self-worth, striving to maintain a masculine identity, and the hidden male (Coopey & Johnson, 2022). The idea that men ought not to seek help is reinforced by the societal constructs that reinforce the "strong man" image (Coopey & Johnson, 2022). Rather, the struggle to maintain masculinity reinforces the conflicting experiences of having BED and upholding masculine roles. Striving for perfection in the form of an ED fosters

further disconnect with an individual's emotions (Coopey & Johnson, 2022). Men often internally set a standard using comparison to measure success. Thus, self-worth is determined by internal and external observations of an ones ability and interrelated achievements (Coopey & Johnson, 2022). Feelings associated with men wanting to hide are centered around shame, which is equally connected to a feared social failure. The sense of isolation experienced by men is reinforced through cultural norms that binge eating is not a male disorder (Coopey & Johnson, 2022).

Furthermore, excessive concern about one's muscular shape and an intensive drive for low body fat percentage emphasizes an underlying psychological feature: perfectionism (Rodrigue et al., 2018). This is defined by the quest for unrealistic goals despite negative consequences (Rodrigue et al., 2018). Underlying themes center around concerns with mistakes, personal standards, and doubts about their behavior (Rodrigue et al., 2018). Perfectionism may manifest in a high social comparison level and a fear of negative evaluation in people with eating disorders (Lo Coco et al., 2020). Physical attractiveness's social importance may make one feel ashamed for a perceived failure to live up to beauty ideals (Breines et al., 2014; Kaleji et al., 2021). Furthermore, striving for unattainable ideals through strict diets may result in self-destructive responses to diet failures and unhealthy weight gains resulting in negative emotionality and chronic feelings of shame (Nechita et al., 2021; Thew et al., 2017). Thus, individuals with eating disorders are more likely to be over critical, inhibiting their ability to develop positive eating strategies (Lo Coco et al., 2020). Thus, men's drive for muscularity in BED is driven by self-criticism rooted in shame (Lo Coco et al., 2020; Thew et al., 2017)

This is consistent with the findings highlighting how body image impacts shame and acceptance. Negative affect regarding one's body shape influences one's overall sense of self

leading to compensatory behaviors as a means to improve or increase their masculine image. (Fowler & Geers, 2017; Heath et al., 2017; Malova & Dunleavy, 2021; Thew et al., 2017). Masculine compensatory concludes as defense behaviors in hopes of preserving male shortcomings that may be threatened by feelings of inadequacy due to peer, cultural or environmental pressures. These behaviors increase the severity of BED as there begins a intrapersonal struggle for self-acceptance (Sangha et al., 2019). Men often feel emasculated based on their perceived societal views, which leads them to conceal their eating disorders (Heath et al., 2017). This limits men's potential treatment experience for BED as they are overwhelmed with shame.

### ***Self-compassion and Binge Eating Disorders***

Self-compassion encompasses treating the self with humility and understanding (Breines et al., 2014; Shaw & Cassidy, 2022). Despite predicting multiple aspects of inner well-being, less attention has been paid to the role of self-compassion to body image and eating behavior (Breines et al., 2014; Shaw & Cassidy, 2022). By encouraging acceptance of imperfections and reducing body shame, enforced social pressures have less of a residual effect on an individual's sense of identity (Breines et al., 2014; Sandler et al., 2023). Thus, self-compassion is useful for promoting healthier body image and eating behavior. It emulates a shift in mentality that is mindful and understanding rather than self-critical (Breines et al., 2014).

Striving for unreachable ideals often leads to unhealthy weight control behaviors that lead to self-destructive responses to diet failures (Breines et al., 2014; Marshall et al., 2020). This speaks to the importance of self-compassion and how being motivated by unattainable standards can interfere with accepting empathy from others, being kind-hearted to others, and being self-compassionate (Geller et al., 2019).

According to Breines et al. (2014), self-compassion involves three overlapping components: self-kindness, or treating oneself without judgment. As one can treat themselves compassionately, they develop more balanced reactions to stressful events and a greater self-worth. Thus, there is less focus on social comparison as one begins to embrace perceived imperfections as part of being human, which reduces the anguish associated with the shared experience of failing to meet socially prescribed beauty standards. Further, it provides a buffer against the development of disordered eating. This coincides with the second element, which is common humanity (Breines et al., 2014). This allows one to recognize that failure is part of being human. It is essential to acknowledge that they are not alone, as this prevents overidentification with adverse events and emotions and instead feelings of empowerment (Miskovic-Wheatley et al., 2023). Creating a safe and secure environment may reduce the behaviors and attitudes that knock on a person's resilience (Grogan et al., 2021; Wacker, 2018). For example, a self-compassionate response to negative emotions about one's body image may serve as a reminder that no one is perfect and that it is normal to feel that one has flaws. Breines et al. (2014) reported that self-compassion encouraged healthy eating behavior, endorsed positive body image, and lowered anticipated disordered eating.

On the contrary, lower self-compassion was associated with restraint, bingeing, and purging behaviors. This is supported by Kelly et al. (2014) who found that patients who reported more significant growth in their level of self-compassion early in treatment had a quicker decline in shame over an extended period. Greater self-kindness suggests positive eating attitudes (Shaw & Cassidy, 2022). The third element allows for positive psychological functioning instead of punishing oneself for not dieting or failing to live up to personal or societal standards (Breines et al., 2014). Leading with mindfulness ensures acceptance rather than control over emotions

(Heath et al., 2017; Shaw & Cassidy, 2022). This emphasizes the inverse relationship between self-critical thinking and self-compassion (Lo Coco et al., 2020; Thew et al., 2017).

Being mindful minimizes fear and the overwhelming feeling that compassion is not deserved (Geller et al., 2019). In their research, Geller et al. (2019) used the Fear of Compassion for Self-scale [FCSelf] to address the various levels of compassion. The FCSelf consists of 15 items that address various worries about becoming self-compassionate. This study found fear of compassion to be elevated in those suffering from eating pathology. Specifically, it impacted the level of shame felt by individuals. When comparing FCSelf to the emotional vulnerability subscale, the study by Geller et al. (2019) discovered that fear alluded to reluctance and guardedness when expressing emotions. Hence, those fearful of self-compassion demonstrated fewer improvements in eating disorder pathology, including comorbid symptoms such as depression (Kelly & Carter, 2014; Sandler et al., 2023).

These findings suggest that embracing a more compassionate mindset may lead to lessening feelings of shame over time (Kelly et al., 2014; Goss & Allan, 2014; Shaw & Cassidy, 2022). Self-compassion has a helpful effect on eating behaviors and body image by fostering self-acceptance and eliminating self-judgment and ridicule (Sandler et al., 2023). When shame becomes overwhelming, it prevents improvement in ED symptoms. Hence, self-compassion may allow men to view their emotions as a natural part of being human (Heath et al., 2017). It increases happiness and motivation to improve (Breines et al., 2014; Grogan et al., 2021). This is critical in coping with ED as without compassion, it may pose a barrier to one's resiliency in times of adversity (Chwyl et al., 2021; Geller et al., 2019; Nicula et al., 2022). It highlights how self-compassion may be the best antidote to shame, as it allows one to recognize humanness

(Chwyl et al., 2021; O’Loughlen et al., 2021). It eliminates the sense of isolation and opens opportunities for connection.

### **Ethical Considerations**

The significance of research is to enrich and improve our knowledge and understanding of various topics. However, it is important that research is conducted ethically to build confidence and contribute tangibly to society (Canadian Institutes of Health Research [CIHR] et al., 2018). Further, due to the vulnerable nature of eating disorders, researchers who engage in this topic must have the highest concern for ethics. In this section, the ethical framework set out by the Canadian Code of Ethics for Psychologists (Canadian Psychological Associations [CPA], 2017) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (CIHR, 2018) was utilized.

The guidelines outlined in the Canadian Code of Ethics for Psychologists include four principles: Respect for the Dignity of Persons and Peoples, Responsible Caring, Integrity in Relationships, and Responsibility to Society (CPA, 2017). These aligned with the core principles CIHR (2018) outlined, highlighting principled norms for conduct that discern acceptable and unacceptable behaviors. Further, they protect the integrity of the research, participants, investors, and researchers (Creswell & Creswell, 2018).

#### **Respect for Persons**

The CPA (2017) emphasized all people's inherent worth and moral rights. This principle should always be given the highest weight due to the incorporation to respect the autonomy and protection of the individuals (CPA, 2017). Thus, it was essential to recognize that all participants were equal in moral considerations by acknowledging the interdependence and identity of all persons. Therefore, in respecting the dignity of others, participants should be informed and

provide consent. Here, the expectations for research were outlined in a description of limits to confidentiality, how the data was used, and how the participant's identities were protected (CIHR, 2018). In regard to the research studies, most studies explicitly stated that all participants provided consent before participating in the studies (Alcaraz-Ibanez et al., 2019; Dryer et al., 2016; Gonidakis et al., 2018; Grogan et al., 2021; Heath et al., 2017; Lo Coco et al., 2020; Kelly & Carter, 2015; Potterton, Austin, Allen, Lawrence & Schmidt, 2020; Wolfe et al., 2023).

Specifically, the study by Lo Coco et al. (2020) was approved to conduct their study abiding by the procedures for the ethical treatment of human participants of the Italian Association of Psychology. Participants in the study were kept anonymous and given written information about the study before providing informed consent (Lo Coco et al., 2020). Similarly, these same precautions were used in Alcaraz-Ibanez et al. (2019), where participants were informed of the voluntary, anonymous nature of their participation and their right to withdraw. Additionally, it was explicitly mentioned that there was no monetary or course credit as compensation in exchange for completion. In the study by Dryer et al. (2016), electronic and paper versions of the questionnaire were administered. After completion, the electronic questionnaires were deleted to ensure anonymity and confidentiality (Dyer et al., 2016). This demonstration of how researchers promoted ethical standards of transparency and accountability was also evidenced in the study by Grogan et al. (2021). The researchers in this study outlined the limits to confidentiality, and prior to the commencement of the interview, participants were asked to describe their understanding of the study to provide clarification if necessary (Grogan et al., 2021). The study by Kelly & Carter (2015) maintained the ethical standard to adhere to participants' rights by upholding the ethical standard of withdrawal. By the end of week one, ten

participants dropped out of the study, highlighting the voluntary nature of research studies (CIHR, 2018; Canadian Psychological Association, 2017). Withdrawal is included in principle I and is relevant to the Concern for Welfare principle in the Tri-Counsel Policy Statement (Canadian Institutes of Health Research et al., 2022) as it ensures participants were provided with sufficient information regarding the risk and benefits to make an informed decision to participate.

Overall, developing a cohesive ethical code of conduct for research ensured that researchers avoided miscommunication and were held to one mutually understood code of conduct. Therefore, it is recommended that researchers explicitly identify the consent process, including a discussion around potential risk, confidentiality, and rights with their participants. Although all studies received the necessary ethical approval from the designated review boards, not all were clear in their ethical procedures. We are unaware if participants were allowed to withdraw or told about their limits, protection, and privacy around publication. It is of the utmost importance that participants are aware of their rights and that these standards explicitly uphold the CPA guideline for psychologists. This may change the comfort in disclosing information as participants were more aware of the study's implications. Further, in doing so any ethical risk is minimized.

### **Concerns for Welfare**

It is important to be mindful of the activities that benefit society and demonstrate an active concern for their well-being (CPA, 2017). This aligned with the principle of responsible caring under the code of ethics as it considered the impact on an individual's life, environmental, social, and physical factors (CPA, 2017). It addressed the protection of vulnerable peoples and groups by balancing the potential harms and benefits to them (CPA, 2017). Responsible caring

requires competence, maximization of benefit, and minimization of harm and should be carried out only in ways that respect the dignity of persons and people. (CPA, 2017).

Therefore, participants should be informed of valuable information to adequately assess the risks and potential benefits of participating in any research (CIHR, 2018). This aligned with the respect for persons outlined in the CIHR (2018), as it recognized the intrinsic value of human beings. Moreover, it included a commitment to transparency in the ethical conduct of research (CIHR, 2018). This may be measured through debriefing as it fosters an opportunity for the participants to feel understood and that they are valuable contributors to the study. Reviewing all ten core articles, only two studies clearly outlined a debriefing period after data collection. The study by Gonidakis et al. (2018) clearly outlined how researchers were made available for clarification regarding the nature of the research. In the study by Heath et al. (2017), students were provided a debriefing paragraph after completing the questionnaire. They were also provided with information about crisis and counseling services (Heath et al., 2017). This also highlighted the significance of recognizing the welfare of groups as it may be affected by research since they may suffer from stigmatization, discrimination, or damage to reputation (CIHR, 2018). Additionally, this is pivotal as it fosters a sense of care and protection for those with eating disorders.

Given the emotional vulnerability attached to eating disorders, developed trust maintains integrity in relationships. Furthermore, this is pivotal in future research as trust in the researchers plays a major role throughout the research process. This encompassed principle III, which addressed the integrity of relationships (CPA, 2017). It incorporated the need to be honest and forthcoming in relationships with others. Such disclosures ensure trust in the field of psychology as a whole by the public (CPA, 2017). A fostered sense of trust is significant for those with

eating disorders as they are vulnerable to the emotional factors that impede their overall well-being. This was reflected in the study by Potterton, Austin, Allen, Lawrence, and Schmidt (2020), as time and consideration were taken to establish rapport with participants. This included fostering an open posture to create discussion over the phone but also ensuring participants were safe in their environment during the interview (Potterton, Austin, Allen, Lawrence & Schmidt, 2020). Thus, by adhering to the importance of respect for person, engagement during the design process should be considered (CIHR, 2018).

### **Justice**

Justice in research refers to the obligation to treat people equally with respect and concern (CHIR, 2018). This included being mindful of the vulnerable positions participants may be in and how this may require special attention to various marginalized groups (CIHR, 2018). The study by Hazzard et al. (2019) assessed differences in eating and depressive symptoms by race and ethnicity. However, there needed to be a clear identification of steps to ensure acceptance and follow-up. This aligned with the fourth principle in the code of ethics: responsibility to society (CPA, 2017).

Furthermore, this principle generally speaks to the importance of society in every ethical decision, as integrity and respect for persons should not be lost when advancing research and working for the benefit of society (CPA, 2017). An example of this was demonstrated in the study by Grogan et al. (2021), which discussed the study's clinical implications. Realistic identification of other skills and coping strategies were outlined to establish the multi-level influences on resilience development in eating disorders. As research advances societal knowledge, it is important to be mindful of the potential imbalance in the relationship between the researcher and participant (CIHR, 2018). Thus, competency in the researchers is expected, as

should an expectation of reflexivity in their values, experiences, and social context and how this impacts their responsibility to vulnerable groups (CPA, 2017). The study by Grogan et al. (2021) established this process of reflexivity as the researchers engaged in active reflection throughout the research process.

Overall, ethical norms promote the aims of research, which are to find knowledge truth and avoid errors. Mutually understood ethical expectations promote collaboration among researchers (CPA, 2017). The above-mentioned ethical considerations highlight pivotal considerations when working with individuals who have experienced eating disorders. They provided the compass to ensure the value of human dignity was expressed in research (CIHR, 2018). Through the exploration of the research articles, these ethical concerns were not fully articulated in each study. This limitation regarding the ethical soundness of some studies leaves room for deliberation on whether the studies considered respect for persons, welfare, and justice.

### **Summary**

Research on men suffering from eating disorders has been silent, underreported, and neglected in diagnoses and treatments, mainly due to males being embarrassed to share their behaviors with healthcare professionals (Strother et al., 2012; Grogan et al., 2021). Overall, these findings supports shame resiliency practices with acceptance, which proposes to negate the negative shame outcomes seen within binge eating disorder (Arnink, 2020).

Chapter Four will explore how the findings from this study may be applied to clinical practice. It will explore how promoting healthier relationships with one's body leads to greater overall well-being.

## **Chapter 4- Application to Clinical Practice**

This Chapter will focus on the major findings from this comprehensive literature review which include clinical and therapeutic implications in multiple main areas. Additionally, this section will address common therapeutic interventions associated with shame resiliency practices and acceptance in binge eating disorder. Exploring these factors is important to help better inform the conclusions and recommendations presented in Chapter 5.

### **Clinical/ Therapeutic Implications**

The findings of this research confirm that many factors are at play in male binge eating disorder. The complex nature of eating disorders and their symptoms cause these conditions to impact quality of life negatively. Individuals with eating disorders are subject to developing severe cognitive and behavioral impediments that may increase the risk for comorbid issues. Further, maintaining a social life becomes difficult for people with an eating disorder as they have diminished self-esteem (Dryer et al., 2016). Overall, understanding shame and the perception of the eating disorder from the client's perspective will help to make meaning of one's experiences. This will aid in the therapist's client work as they will be better equipped to address the emotional components involved in individuals with eating disorders. Thus, counselors can bring change by working through the shame featured in each factor of male BED. Hence, fostering resiliency and acceptance will help to diminish the shame felt by those with eating disorders (Kelly & Carter, 2015). Those with BED are shown new ways of responding to their shame. They are validated and empowered for their vulnerability as they develop the skills to manage binge eating episodes better. Lastly, individuals can normalize their experiences and foster meaningful longitudinal change as they reframe the negative emotions and behaviors attached to BED.

### **Binge Eating Disorder in Males**

The findings in this literature review highlighted the significant gaps in understanding male binge eating disorder. The lack of inclusivity has generated shame and a lack of support for males. Thus, the therapist needs to ensure they have the necessary knowledge, expertise and skills when working with clients (Dryer et al., 2016; Grogan et al., 2021). By showing the client that they have the sufficient knowledge and skills on the subject matter they are better able to form therapeutic rapport. The therapist needs to demonstrate an open posture with appropriate responsiveness and genuineness in order to ensure a positive and safe environment for the client to disclose sensitive information. Further, developing a non-judgmental and empathic ear will ensure the client is supported through the emotional interventions used to develop resiliency (Harris, 2019).

### **Eating Disorder in Men as opposed to Women**

Modern Western culture floods men with messages about appearance and body standards. Research highlights that men strive for defined muscle and low body fat, often following strict rules (Coopey & Johnson, 2022; Dryer et al., 2016). Hence, social expectations reinforce the notion that men do not discuss their emotions or body dissatisfaction. Thus, masculinity norms are a crucial theme identified within the literature and embody the lack of identification in men. It represents cultural expectations on how males should look and act. men from developing a strong sense of identity, contributing to their inability to feel comfortable sharing, or displaying emotions (Heath et al., 2017). This hinders development as men identify difficulties with self-acceptance and body dissatisfaction (Dryer et al., 2016; Matos et al., 2015).

In knowing these cultural discourses, clinicians can demonstrate understanding and recognition to a diverse population. Awareness of diversity and cultural considerations fosters an

open and supportive stance, strengthening the therapeutic alliance. Therefore, as information regarding this topic expands, it is important to recognize the unique needs of men as they encounter unique barriers to counseling. As previously noted, connection with others is a substantive tool to work through shame and body dissatisfaction as it increases one's quality of life (Ágh et al., 2016). Here, therapist may use their awareness to change the discourse on BED through social outlets. This may also prevent a delay in treatment and limit the possible comorbidities from becoming damaging. Thus, developing positive and knowledging attitude will aid in building therapeutic rapport, fostering a sense of safety which may compel men to come forward with their binge eating disorder.

### **Shame in Males with Binge Eating Disorder**

The inner world of someone with BED is often an isolated and inimical place (Chwyl et al., 2021). This impedes an individual's quality of life, impacting one's physical and mental state (Blodgett Salafia et al., 2015). With self-critical thoughts and destructive feelings of shame, one cannot gain resilience to overcome the haunting challenge of binge eating (Chwyl et al., 2021).

Therefore, therapists can help clients defuse or remove the self-blame and inner fear they feel. By fostering the strength to speak about their emotional experiences therapist can help individuals move toward shame resilience. Further, the client and therapist may deconstruct with acceptance and creating new meaning (Harris, 2019).

### **Body Shame in Males**

Men more influenced by cultural ideals have been linked to symptoms echoing an increased risk of ED (Alcaraz-Ibanez et al., 2019). This is evidenced as 16.9 percent of students with average weight still suffered from eating disorders (Baranauskas et al., 2022). Moreover, this highlights the difficulty in treating people with eating disorders and how recognizing the

degree of self-criticism is important in therapy (Lo Coco et al., 2020). The fear experienced highlights the necessity to change one's beliefs about emotions.

Henceforth, it may be helpful to teach emotion regulation skills that focus on improving coping and resilience-based interventions (Geller et al., 2020). Further, it is important to target the individual's emotional vulnerability barriers and readiness (Geller et al., 2020). As therapists work to foster a non-judgmental environment they may educate clients how to let the emotions pass when they show up (McKay et al., 2020). This will allow emotions to naturally subside diminishing negative affect and shame.

Furthermore, understanding the significance of appearance related anxiety and the impact of social messages on men suggests more a need for more involvement by health professionals to promote realistic physical fitness aspirations (Alcaraz-Ibanez et al., 2019). Interventions addressing perfectionism and shame in binge eating symptoms, targeting vulnerability factors such as body dissatisfaction and self-esteem (Petersson et al., 2018).

### **Self-compassion and Binge Eating Disorder**

Compassion is a significant component of shame resiliency practices and acceptance. Being kinder to oneself helps men develop healthier eating habits and feel superior about their bodies (Sandler et al., 2023). With self-compassion, the stream of conscious thoughts within is no longer self-deprecating. This fosters a sense of openness with others who have similar experiences. There is provided comfort in being validated by others similar feelings, allowing men to find their voice and share their story (Music et al., 2022). This fosters a mutually empathic relationship which allows one to connect personal experiences with social and cultural issues. This emphasizes the importance of learning the language of shame as a method of prevention and a mode of treatment.

Thus, this encourages therapists to work with self-compassion as a mechanism of change within shame resiliency practices. This reframes the meaning of self so that true healing can happen (Harris, 2019). Therapists can teach clients self-compassion skills to help them face challenging experiences and commit towards their values (Harris, 2019).

### **Recommendations for Practice**

Through this research, it has been recognized that there are many barriers that males with binge eating disorders may experience. Supplementary, there are a multitude of symptoms that are associated with binge eating. There is clear empirical support for the impact of binge eating disorder in males. The fact is that men are not properly represented in research discussing eating pathology. Therefore, counsellors that are planning to use shame resiliency practice and acceptance should remain competent and receive adequate training. Counsellors would benefit to obtain training training in ACT and resilience practices that specifically focuses on helping clients with eating disorders. The benefit of counsellors partaking in such training, is that they will learn the skills in helping clients move towards psychological flexibility (Harris, 2019). It will focus on emotional resilience as a mechanism of change in binge eating disorder. Learning the processes and tenets of both practices will ensure best practice when helping clients develop a clear path towards emotional resilience. Thus, they serve to address the underlying emotions encompassed in binge eating to foster behavioral change.

## **Chapter 5- Recommendations and Conclusion**

The last Chapter of this paper will present conclusions to inform the recommendations to be used at the therapeutic/clinical level when working with males with binge eating disorders. Lastly, this Chapter will explore future research options to foster an all-encompassing assessment of working with eating pathology in males.

### **Conclusions**

The findings of the reviewed literature highlighted the importance of males in eating disorder research. Males often tend not to speak about their eating disorder symptoms due to the fear of negative judgment (Geller et al., 2019). This paper helped to bring attention to the stigma of eating disorders being seen as a female disorder by bringing awareness to the topic of binge eating disorder in males to counselors and other health practitioners. It advances recovery strategies related to emotional regulation, thus, improving the client's quality of life. The elements of ACT and the Shame Resiliency Model will help to develop appropriate interventions by providing compassion, connection, and relevant support for both men and women (Brown, 2018). The implications of these models better serve society through gained guidelines on managing binge eating and the varied comorbid risks. Additionally, it supports future research investigating compulsivity and reward processing changes for individuals with BED. This may help to improve treatment and its approaches to conceptualize BED more broadly, addressing concepts centered around shame and negative body satisfaction (Boswell et al., 2021). Therefore, it works to develop ways to overcome the long-term effects of eating disorders through shame resiliency. Lastly, it encourages current treatments to incorporate the diverse needs of patients.

Thus, some of the critical impacts identified in this study include how therapists should carefully assess early shame experiences, especially those with peers, as they become central to one's self-identity. Targeting shame experiences helps to reduce the impact of one's sense of inferiority derived from social comparisons based on physical appearance (Grogan et al., 2021; Kaleji et al., 2021). Additionally, individuals with EDs have strikingly high rates of suicidality and predict higher depressive symptoms. Counselors working with ED clients must conduct regular and thorough suicide assessments. Further, early identification of these cognitive features and early intervention may help to reduce the risk of comorbid issues such as depression (Benjet et al., 2022; Hazzard et al., 2019; Smith et al., 2018; Udo et al., 2019). Moreover, counselors should consider perfectionism a potential cognitive mediator between sociocultural pressures and eating pathology. Assessments that address the extent to which the male client subscribes to the body ideals portrayed in the media and the client's level of need to meet physical standards are pivotal in the success of therapy. Understanding the maintenance of eating disorders may help clients recognize the influence of others, fostering opportunities to reframe meaningful connections and realistic expectations (Dryer et al., 2016; Merwin et al., 2022). Lastly, appearance-related self-compassion is associated with lower body shame and disordered eating. Addressing the extent to which people treat appearance-related concerns with compassion plays an influential role in shaping how adaptive people respond to life's difficulties. Thus, self-compassion can influence how one approaches adverse life events (Heath et al., 2017; Kaleji et al., 2021; Mensinger, 2022).

## Recommendations

### Clinical/Therapeutic Level

There are three main recommendations described: 1) utilizing the Shame Resiliency Theory, 2) acknowledging the comorbidities involved in eating disorders, and 3) engaging in understanding the impact of eating pathology on various genders (i.e., males).

In the first recommendation, approaching clinical and therapeutic interventions from a shame resiliency theoretical orientation will allow effective therapy in recognizing the underlying emotion prevalent amongst various symptoms. It will foster connection and compassion and empower individuals to overcome various elements of shame. Further, awareness and education of recovery strategies for counselors working with binge-eating males are needed to improve diagnosis and treatment among practitioners. Increased awareness may lead to increased early detection rates and better health outcomes. Thus, tailoring assessments and interventions for unique populations ensures that all individuals at risk of ED are considered. Additionally, indices of physical and mental health comorbidities should be considered. Lastly, it is recommended that clinicians improve their understanding of male cultural and social stigmas associated with binge eating disorders. Thus, exploring how practitioners integrate used interventions will provide insights and increased perspective on the impact of BED on men's quality of life. As counselors increase awareness, they may better advocate for their clientele in this population. Alternatively, reframing the quest of help to align more cohesively with traditional masculine traits (e.g., responsibility and strength) may reassure younger males to value self-care and take ownership for looking after themselves rather than perceiving weakness (Bomben et al., 2022).

## **Research Perspective**

Despite using several strategies for recruiting participants, the current researchers were unsuccessful at obtaining a larger male sample size. This challenge in recruitment may be due to an overall lack of attention or acceptance amongst men to participate in body image research. Furthermore, using convenience sampling for recruiting participants may lower the generalizability of their findings. More extensive samplings would be beneficial as men are considered in eating disorder research. Including more males in research studies will provide more validity and reliability to this research. Additionally, several studies were completed using a qualitative approach. This added more information and credibility to the research topic at hand. Further, it gathered deeper insights into the impact binge eating disorder has on males, generating new ideas for research. Lastly, a significant number of studies in this literature review utilized quantitative approaches. These studies used cross-sectional and longitudinal approaches to provide an understanding of the research findings. More longitudinal studies may help provide definitive answers, closing the gap between males and eating disorders.

## **Future Research**

Research is constantly evolving, shaping the knowledge of many, and impacting the course of therapy. Based on findings, it is evident that there is information that may possibly be missing from research on binge eating disorders in males. Thus, future studies should target what assessments and protocols need to be in place when monitoring eating disorders? How many interventions should be incorporated into existing activities (Blodgett Salafia et al., 2015; Gorell et al., 2019; Goldschmidt et al., 2016; Herpertz-Dahlmann et al., 2015). Other questions may inquire may include, how many clinicians expand their awareness? What core training should clinicians have before working with eating disorders to understand better how "core" ED

behaviors (dietary restraint, body dissatisfaction, binge eating) and psychopathy may differ in presentation among genders (Coopey & Johnson, 2022).

Research should focus on understanding the onset of disordered eating and the severity of comorbidities amongst different age groups, races and ethnicities, and community settings (Hazzard et al., 2019; Mehak & Racine, 2021; Music et al., 2022; Wacker et al., 2018). It should better understand the role of shame and fear that centers around felt stigma for eating disorders (Dryer et al., 2016; Hamilton et al., 2022). It should explore how self-compassion might mitigate help-seeking barriers (Geller et al., 2019; Heath et al., 2017; Malova & Dunleavy, 2021).

Additionally, in Western cultures, young adulthood otherwise defined as emerging adults is a period of gained autonomy and identity development as they attempt to develop skills to organize their lives (Gonidakis et al., 2018; Potterton, Richards, Allen & Schmidt, 2020). Shame, independence, privacy concerns, and denial of failure are predominant barriers to help-seeking during this transition to adulthood (Potterton, Richards, Allen & Schmidt, 2020). Further in this period, individuals fall into the uppermost risk due to poor eating habits, social support, and abnormal psychological stress (Baranauskas et al., 2022). Many adolescents who report standard binge eating continue to engage in this behavior at 5 and 6 years follow-up (Goldschmidt et al., 2016; Potterton, Richards, Allen & Schmidt, 2020). Thus, future research should focus on this stage where the social influence to prevent any predominant negative social influences.

Moreover, body dissatisfaction or shame might also explain the link between internalized weight bias and disordered eating. Internalized weight bias [IWB] is the belief that adverse stereotypes about weight pertain to the self, leading to an array of physical and psychological issues, including disordered eating (Marshall et al., 2020). Therefore, an individual may avoid entering social situations if they have internalized negative perceptions of their body (Marshall et

al., 2020; Patel et al., 2016). Excessive worry about physical appearance may cause one to avoid wearing body hugging clothes, being weighed and photographed, and avoiding mirrors (Marshall et al., 2020). This highlights the behavioral manifestation of body image disturbance, which includes the expression of body dissatisfaction as a mediating factor in disordered eating (Marshall et al., 2020; O’Loughlen et al., 2021; Petersson et al., 2018). Therefore, future research may want to look at IWB as it may provide the groundwork for creating potent interventions in disordered binge eating treatment (Marshall et al., 2020).

For men, shame is related to dissatisfaction with their appearance (Chmura et al., 2022; Nechita et al., 2021). Men often do not experience the same heightened concern for weight as women. However, they experience pressure to look a particular way (Nechita et al., 2021). Thus, it is noteworthy that shame represents a fleeting reaction before or after binge eating (Nechita et al., 2021; Sangha et al., 2019). Cognitive elements related to “feeling fat” or intrusive thoughts about one’s body shape may influence eating pathology to a greater degree in men (Mehak & Racine, 2021). This reinforces the necessity for BED prevention programs for men. Specifically, programs targeting negative affect and body dissatisfaction can reduce eating pathology by up to 60 percent (Mehak & Racine, 2021). Further, with growing consideration for treating eating pathology in men, it is helpful for clinicians to know that “feeling fat” is associated with binge eating in men.

To add, suicidality is the second leading cause of death among individuals with a lifetime AN diagnoses (Smith et al., 2018). Further, these individuals are between 18 and 31 times more likely to die by suicide than gender or age-related samples (Smith et al., 2018). However, few studies have evaluated suicidal ideation in those with BED, with estimates between 21 and 28

percent (Smith et al., 2018). Therefore, future research should address the contributing factors between suicide ideation and BED.

Addressing the above questions will allow the researchers and practicing clinicians to understand the severity of eating disorders further. It will prevent individuals from feeling unrecognized and unaccounted for in society. This will ensure that more people feel comfortable and safe to seek help from counselors and community resources (Heath et al., 2017).

In conclusion, the review and analysis of the research have presented a necessity for connection and compassion in eating pathology. Specifically, it emphasizes the relevance of addressing the complexities of binge eating disorder in males. This review examines the cognitive and behavioral elements of binge eating disorder, highlighting the emotion of shame. Given the various limitations related to the research on this topic, adding studies focusing on the male perspective will further benefit society. It will break the stigma, promoting a sense of safety for men to disclose their concerns. These findings will provide more insight into eating disorders and their impact on various genders. Overall, it will allow for earlier intervention and more favorable treatment outcomes. This model is built on the foundation of being present with the overwhelming emotions intertwined with eating pathology. This creates meaningful change as it embodies a universal perspective while tackling individual needs.

### **Reflexivity of Researcher**

Reflexivity in the researcher is the ability to reflect on presenting biases and personal backgrounds or values that impact a researcher's interpretations (Creswell & Creswell, 2018). This includes reflecting on cultural influences, gender, personal history, and socioeconomic status (Creswell & Creswell, 2018). It is important that I reflect on my connection with this topic and how it has influenced my research practice.

Eating disorders are particularly interesting to me due to the prevalent comorbid implications. This is the role it plays in an individual's self-esteem. Growing up playing sports, I often felt shame if I did not meet a particular standard level of "fitness." Further, this would affect my confidence as a player amongst my colleagues. I see this in many others who feel they are not the standard beauty set by society. Working with a diverse set of people who have experienced trauma, often they are vulnerable to the shame perceived by others. Issues such as body dissatisfaction often intensify their well-being as they use negative eating behaviors as a coping mechanism or to fill a void. This implies that familiarity with eating disorders can increase consciousness and empathy for those struggling with negative affect. As the connection is built, one is not made to feel alone, thus diminishing the feelings of shame. Moreover, individuals gain empowerment as research advances and speaks to the many triggers associated with male EDs. It helps to connect the bridge between research and clinical work to better support those seeking support.

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## Appendix A

### Reference List of Studies Reviewed

<b>Author</b>	<b>Year</b>	<b>Title</b>	<b>Journal</b>	<b>Type</b>
Alcaraz-Ibanez et al.	2019	Exploring the differentiated relationship between appearance and fitness- related social anxiety and the risk of eating disorders and depression in young adults	Scandinavian Journal of Psychology	Quantitative
Dryer et al.	2016	The Role of Sociocultural Influences on Symptoms of Muscle Dysmorphia and Eating Disorders in Men, and the Mediating Effects of Perfectionism	Behavioral Medicine	Quantitative
Gonidakis et al.	2018	A study on the interplay between emerging adulthood and eating disorder symptomatology in young adults	Eating and Weight Disorders	Quantitative

Grogan et al.	2021	A qualitative study on the multi-level process of resilience development for adults recovering from eating disorders	Journal of Eating Disorders	Qualitative
Heath et al.	2017	Masculinity and Barriers to Seeking Counseling: The Buffering Role of Self-Compassion	Journal of Counseling Psychology	Quantitative
Kelly & Carter.	2015	Self-compassion training for binge eating disorder: A pilot randomized controlled trial	The British Psychological Society	Quantitative
Lo CoCo et al.	2020	Self-esteem and binge eating: Do patients with binge eating disorder endorse more negatively worded items of the Rosenberg Self-Esteem Scale?	Journal of Clinical Psychology	Quantitative
Potterton, Austin, Allen, Lawrence & Schmidt.	2020	“I’m not a teenager, I’m 22. Why can’t I snap out of it?”: a qualitative exploration of seeking help for a first-episode eating disorder during emerging adulthood	Journal of Eating Disorders	Qualitative

Wolfe et al.

2023	Characterizing Loss of Control Associated With Binge Eating in College-Age Men	Journal of American Psychiatric Nurses Association	Qualitative
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