

A META-ANALYSIS OF THERAPEUTIC INTERVENTIONS  
FOR WOMEN WHO OVEREAT; SUPPORTING THEM  
TO HAVE A HEALTHY RELATIONSHIP  
WITH FOOD

by  
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A thesis submitted to the faculty of  
City University of Seattle  
in partial fulfillment of the requirements of the degree of  
Masters of Counselling (MC)

Division of Arts and Science  
City University of Seattle  
2016, April

## ABSTRACT

This research was performed to locate effective therapeutic interventions that support women who overeat to have a healthy relationship with food. Previous research and available information recognizes how to support women with undereating disorders or eating disorders as defined by the DSM V. It has failed to recognize the cause of overeating and how to therapeutically and socially support the issues behind overeating without a diet or blaming and shaming the individual. The research question was developed to fill this gap and determine what therapeutic interventions best support women who overeat, due to emotional reasons, to have a healthy relationship with food. This research excludes overeating due to a hormone imbalance, medication side effects or uneven brain chemistry. The method used was a meta-analysis of books and research articles related to the research question. Searches of psychology and social science databases in the City University of Seattle Library and the Vancouver Island regional library located articles and books on topics that included overeating, healthy relationship with food, obesity, emotional eating, food addiction, abuse and overeating, trauma and overeating, therapeutic support and overeating and programs for obesity. The factors that are examined in the analysis are results of the studies, limitations, and the future research considerations. There is not one effective way to support women who overeat to have a healthy relationship with food. Unregulated and unidentified emotions in collaboration with societal pressures on women enhance the likelihood of overeating. The diet and food industry exacerbates and promotes an unhealthy relationship with food. This can potentially increase the likelihood of overeating by using restriction and unrealistic diets while stating that failure to comply is based on a person's lack of willpower. Research indicates that supporting women to be aware of how societal pressure impacts their choices can lead to a healthier relationship with their body and food. Supporting woman to have self-compassion, live mindfully and become connected to their bodies and emotions can support them to create a healthy relationship with food. Further research needs to be completed to identify how to therapeutically support women who overeat to have a healthy relationship with food. Community and social development programs educating woman and men on the societal pressures placed on women could increase awareness and provoke change.

### **Acknowledgements**

I want to acknowledge the many people who encouraged and supported me along this journey. Starting with City University of Seattle, Director Allan Wade, Administrative staff Charlene Boyd and Recruitment manager Maika Tshimbalanga. They continually supported me through this course and program; acknowledging and accommodating my busy life and individual needs. I would like to thank and acknowledge the numerous instructors I have had throughout this program who have supported my desire to learn, improve and enhance my clinical skills to reach a lifelong goal of becoming a Clinical Counsellor. I would like to acknowledge my editor Cole Little and my thesis supervisor Susan Breiddal for helping me develop my ideas into a thesis document. Finally, I would like to acknowledge all the students who have shared this journey with me, your words and experiences contributed immensely to my learning.

## **Dedication**

### **To My family**

This work is dedicated to my loving husband and super fabulous daughters. I was encouraged, loved, gently pushed and kindly reminded by all three that I could do this and that I should complete this work and follow my dreams. I myself have struggled with trying to obtain an ideal weight and the need to love myself more. This dream to work with women who overeat to have a healthy relationship with food came long before having my children. After having two daughters I was pushed even further to provide information on how to support women with the struggle that comes with their gender and eating, weight, diets and fitness. More than anything I want to provide an environment where my girls learn to have self-compassion, self-love and can enjoy food for its nutritious deliciousness. Thank you, thank you, thank you to my family for guiding me and loving me through this long journey.

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## **Key Definitions**

The discussion of eating, what is considered too much, what is considered healthy and what enhances the likelihood of eating too much, flows throughout this paper. Researching the definitions of these topics illuminates the confusion that comes with what is healthy, normal or the right amount in relation to food and eating. This section describes the definitions I encountered in my research and it clarifies the definitions I will be using throughout the paper to provide the reader with a clear understanding of what the topic is. For clinicians, it is most important, from my perspective, to focus on a woman's self-identification as having a problem with overeating, not that she fits into a definition described below. If I have a client who requests support for overeating or to develop a healthy relationship with food, I would encourage and expect them to identify the problem, its impact on their life, how we can work together to discover the issues behind it and how we can move towards their goals of health. In other words, I am not as interested in diagnosing a client as having an eating disorder as I am in helping them reach their own goals, in a collaborative fashion.

### **Overeating**

Overeating is a term that has multiple definitions and meanings. McCarthy, the founder, CEO and co-owner of a treatment facility for eating disorders, founded in 1986, and author of a best selling book on the topic, describes overeating as the lost ability to control thinking and behaviours around food (2012, p. 44). Gagnon-Girouard, Begin, Provencher, Tremblay, Boivan & Lemieux, researchers with Laval University (2009) define overeating as having two indicators; disinhibition and binge eating (p. 246). Gagnon-Girouard, a prolific author, and researcher on the topic of eating disorders, body image, overeating and obesity in women, and

her colleagues Begin, Provencher, Tremblay, Boivan & Lemieux, researchers with Laval University (2009) define overeating as having two indicators; disinhibition and binge eating (p. 246). They used the Three Factor Eating questionnaire to assess disinhibition. The questionnaire assessed the overconsumption of food as a response to habitual, emotional or spiritual stimuli (Gagnon-Girouard et al, 2009, p. 247). As defined by Eating Disorders online, overeating means to eat excessively, consuming more calories than necessary and generally consuming in portions that cause a person to feel uncomfortably full (Lein, para. 1). Lein describes signs of overeating as eating when not hungry, becoming embarrassed by the amount eaten, isolated eating and excess time and money spent on food (para. 3). Overeating becomes a problem when a person's relationship with food is leading to less happiness in their life (McCarthy, 2012, p. 57). For the purposes of this study, the definition of overeating will be to consume food when not hungry and to be identified as a problem by the woman.

## **Obesity**

Obesity and overeating are not the same thing. Overeating does not always lead to obesity. Heneen, a psychotherapist and researcher who specializes in women and eating disorders, believes that the link between the amount of food people eat and their body size and shape is contentious because some compulsive eaters are not obese and some obese people do not eat compulsively (2005, p. 239). This scenario can make diagnosis difficult (Heneen, 2005, p. 239). The Center for Disease Control and Prevention describe obesity as, weight that is higher than what is considered healthy for a given height. Body Mass Index (BMI) is a tool used to measure obesity and being overweight (<http://www.cdc.gov/obesity/adult/defining.html>).

Overeating can lead to obesity if the amount of calories consumed on a regular basis exceed the daily recommended intake.

### **Emotional Eating**

Some people look to self-soothe by eating, when they are unable to manage the intensity of their emotions. This behavior is referred to as emotional eating. When emotions are so intense that people do not know how to manage them they eat to self-soothe to experience some relief (Goss 2010; Roth 1992; Taitz 2012). Emotional eating has been described as, "... eating that is influenced by emotions, both positive and negative" (Taitz, 2012, p. 12). Feelings can impact multiple parts of eating, including the motivation to eat, food choices, where and with whom to eat, and the speed at which food is consumed (p. 12).

Taitz (2012), a licensed clinical psychologist who uses Dialectical Behaviour Therapy, Cognitive Behaviour Therapy and Mindfulness Based therapy working with people who emotionally eat states that "most overeating is prompted by feelings rather than physical hunger" (p. 13). Goss (2010), a consultant clinical psychologist and head of Coventry Eating Disorders in the UK also links emotional difficulties and eating, and notes that clients associate food with soothing distress, with rewards, or with good times (p. 6). Throughout this paper overeating and emotional eating are used interchangeably as research conducted indicates that overeating is created by an emotional response or suppression of emotions (Roth 1992, 2010; Taitz 2012; Goss 2010). Women's relationship with food is complex and is impacted by emotion and can be affected by life events (Goss, 2010, p. 6). To be clear, overeating does not exclusively occur from an inability to handle emotions but when a person has unregulated emotionally they may overeat.

### **Conditioned Hypereating**

This is a term developed by Dr. David Kessler a former commissioner of the US Food and Drug Administrator and author of “The End of Overeating: Taking Control of the Insatiable American Appetite” (<http://foodanthro.com/book-reviews/review-the-end-of-overeating/>).

Kessler defines conditioned hypereating as a learned behaviour where a person eats more food than is necessary for health. Conditioned hypereating occurs when food is scientifically designed to create cravings and insatiability.

### **Unhealthy Relationship with Food**

Before clarifying what is a healthy relationship with food it is important to discuss what the literature deems as an unhealthy relationship with food. Overeating to the point of feeling guilty, or it causing a person to feel bad about themselves is unhealthy (Roth, 2010, p. 8).

Continually eating food that has little nutritious value with a lack of desire to fuel one’s body with nutritious food is unhealthy (Albers, 2012, p. viiii). Spending the majority of time thinking of food for the purpose of dieting, self-sabotage or to suppress emotions is unhealthy (Albers, 2012, p. 73; Taitz, 2012, p. 15).

### **Healthy Relationship with Food**

There is no clear definition for a healthy relationship with food. The literature suggests that a healthy relationship means to eat with ease or acceptance (Albers, 2012) that there is no label of good or bad food (p. 73), and that a person is free of obsessive thinking about food (2012, p. 77). The person with a healthy relationship with food enjoys food and is able to eat around other people with no feelings of shame or guilt or embarrassment (Albers, 2012, p. 88).

Goss (2010) describes a healthy relationship with food as: "...putting food back in its place, as an important and enjoyable part of our lives, something that can be shared with others, not a threat to our health or sense of personal well-being" (p. 10). Relationship with food involves how a person views food, experiences it and can be present with it. To be healthy, the relationship should be one of pleasure, nourishment and purpose.

## Chapter 1

The main purpose of this paper is to discuss the connection between emotional issues and overeating for women. I will begin with a review of the kind of life events that can impact women, and lead to emotional issues that affect women in their decision to overeat. Relationship with food can be influenced by emotions (Taitz, 2012), parenting (Goss, 2010; Zimberg, 1993), socio-economic status (Zimberg, 1993), trauma (Rohde et al., 2008) and societal values and messages about food and women's bodies (Fernandes, Papaikonomou, Nieuwoudt, 2006). My research will attempt to address what is missing from conventional diet regimes that restrict food intake and instead will focus on effective clinical or therapeutic techniques to address the emotional issues behind overeating. Therapeutic Interventions that are explored are Dialectical Behaviour Therapy, Cognitive Behaviour Therapy, Compassion Focused Therapy, Mindfulness Based Therapy, Externalising, Labelling, Group work and Psychoeducational support. My focus will be on how to best clinically support women who identify overeating as a problem, to have a healthy relationship with food. Research indicates that there is a correlation between emotions and overeating (Taitz, 2012; Roth, 2010; Goss, 2010), hormone imbalance and overeating (Karst, 2006) and brain chemistry (Kessler, 2009) or a combination of the above. This research focuses on the relationship between emotions and overeating. It is written for Canadian counsellors and discusses the services available for women who overeat in Canada.

To clarify the limitations of this study, I will be excluding eating disorders, as defined by the DSMV and instead will be focusing on self-identification of overeating as a problem. This meta-analysis will exclude overeating issues related to men and children to focus specifically on the issues related to women and eating. However, the results of this study may benefit anyone

who struggles with overeating. There will be discussions around the suggested need of, and damage from using a restriction diet as an intervention to overeating issues.

## Chapter 2: Literature Review

Food is an essential part of our daily life; it nourishes our body and fuels our mind. Food is a large part of our social world and is used as a way for us to connect with the present moment and the past memories. For women who struggle with overeating the thought of food or the act of eating can cause great shame, loneliness, helplessness and anxiety (Roth, 2010, p. 8).

Although there is a social discourse obtained through advertisements emphasising healthy eating, eating locally and losing weight, there is increasing evidence that encouraging diet behaviour and following a diet of restriction does not work (Bacon & Aphramor, 2011, para. 2 & MacInnis, 1993). For instance, Gaesser (2009) the Director of the Healthy Lifestyle Research at Arizona State University, with a research interest in the obesity paradox, confirms this evidence by reviewing the National Weight Control Registry that shows seventy-seven percent of weight loss through diets is regained within four or five years (p. 38), which indicates that restriction diets are not a maintainable solution.

Women in the western world live with societal expectations about their appearance and femininity which conflict with the results of overeating or enjoying food. For instance, Catrina Brown, PHD and Associate Professor at Dalhousie University and Karin Jasper, Clinical Mental Health Specialist for an Eating Disorder Program (Brown & Jasper, 1993) discuss the impact of the shifting image of the ideal female body as women's social roles have changed; the most notable among such transformations has been that from the ideal of being rounded and fertile-looking that predominates women's role as child bearer, to the thin and muscular look of today that reflects the ideal of super woman (p. 18). They make a connection between the macro context of social world pressures around food, body and femininity with the micro context of individual women's relationship with food. To complicate matters, eating is required on a daily

basis for sustenance, and can therefore cause conflict as women are expected to provide food and sustenance to their families and yet monitor their own eating to maintain or lose weight as required by media and patriarchal ideals (p. 19).

The literature on overeating presents a number of current supports for women who overeat--such as Overeaters Anonymous, or Jenny Craig and Weight Watchers – each part of the multibillion dollar industry diet operations, dieticians, nutritionists, and self-help books. There appears to be a gap in the literature, however, when it comes to therapeutic counselling programs that address the underlying emotional issues behind overeating. The only therapeutic interventions offered in Canada for women who overeat is individual counselling. Theoretically, providing effective clinical treatment to women who are overeating and struggling to find a healthy relationship with food might decrease the amount of women who become obese, who are diagnosed with an eating disorder or struggle from anxiety or shame (Bacon & Aphramor, 2011, para. 31). Geneen Roth (2010), a popular author who has supported thousands of women with eating issues discusses how having a healthier relationship with food could also increase personal body and life satisfaction while creating a happier life (p. 81). She discusses the importance of changing how one feels about one self by healing the beliefs that created the reasons for overeating, using a mindfulness based approach. This requires the person to be compassionate, kind and curious towards themselves so that their relationship with food and themselves can be transformed (1992). Taitz (2012) provides tangible tools to support clients to manage their emotions, eat mindfully and live a valued life with Dialectical Behaviour therapy. Goss (2010) uses Compassion Focused Therapy to help people disengage from self-criticism by encouraging the use of self-compassion.

By doing a meta-analysis of the work done to successfully address underlying issues of overeating, I hope to support counsellors who work with this population, in order to help women whom want to improve their relationship with food. This analysis is primarily focused on overeating, binge eating and secret eating habits that are self-identified by the individuals as uncontrollable, over whelming and devastating. Diagnostic Statistics Manual of Mental Disorders (DSMV) eating related disorders will be excluded from this analysis to highlight the gap in research and services provided to women who overeat. To clarify, a woman's self identified label is imperative in the therapeutic process regardless of her diagnosis. Heenan (2005), a feminist psychotherapist and author on the subject of eating disorders states, to contextualize further, the label 'eating disorder' is also contentious as it suggests that there is something called 'normal eating' which we all know is socially, culturally, class and gender specific. However, as a psychotherapist, when a woman tells me she feels out of control around food, my concern is to understand her distress, albeit from a psycho-social context. (p. 239)

For the purpose of this study what is most important is that the woman identifies that she wants change.

Even if weight-preoccupied overweight women do not show severe eating disturbances reaching the criteria for a full blown eating disorder like bulimia or binge eating disorder, these abnormal behaviours and attitudes should be more expansively documented and studied, especially overeating (Gagnon-Girouard et al., 2009, p. 244)

This analysis will further explore the issues behind the number of people who are overweight yet continue to consume unhealthy food knowing the damage it can do to their emotional and physical health as recommended by Albers (2012, viiii).

In 2013 the DSM V recognized Binge Eating as an eating disorder, but it failed to address the issue of overeating related to emotional eating, obesity, trauma, gender marginalization and chronic dieting (American Psychiatric Association, 2013). “All too often, women’s experiences with emotional eating have been neglected, trivialized, and misunderstood. These experiences have been dismissed as ‘just weight problems,’ and considered less significant than the ‘real’ eating disorders (Zimberg, 1993, p. 137). The lack of significance given to this problem is clearly reflected in the limited therapeutic or clinical services available to women who overeat.

The motivating purpose behind my research is to provide a specialized service in which counsellors can clinically support women in enhancing their desire to be compassionate to their bodies and fuel them with nutritious food. The limited services for overeating make it imperative that “comprehensive public, private and non-governmental initiatives on obesity prevention and treatment are urgently needed in order to reverse this epidemic” (Canadian Obesity Network, September, 2014). There is limited documentation on what therapies actually work for eating related issues (Russel-Mayhew, von Ranson and Masson, 2009, p.40). Being able to provide a service that gets to the core of overeating and encourages a healthy connection with food could potentially decrease the Canadian obesity statistics, and fill a gap in service, but more importantly it could enhance the lives of our mothers, sisters, aunts and daughters on an individual and social level.

### **Societal Pressure – The Macro Influence**

Food and eating are a large part of our social life. For some people, there is no celebration without food and the expectation is to eat and drink to enjoy the party. For women who have issues with food, this creates a conflict with societal ideals of women's body image as thin or skinny as displayed in or through Canadian social media, advertisements and values (Fernandes, Papaikonomou, Nieuwoudt, 2006, p. 853; MacInnis, 1993, p. 77). This conflict is substantiated by studies that state that "by age 18, 80 percent of all women have dieted to lose weight" (MacInnis, 1993, p. 75), believing that time and money invested in body image will be rewarded. This is not just a belief, as some studies have shown that when women's bodies are closer to society ideals, their opportunities expand, such as improving their chances of getting into college, obtaining employment, and finding a marriage partner (MacInnis, 1993, p. 77).

The relationship between body size and economic status is evident in such expressions as 'a woman can never be too thin or too rich.' Somehow thinness is seen to conform to the North American values of hard work and self-denial: being thin is virtuous and a sign of economic success, but being fat is shamefully lower class. (MacInnis, 1993, p. 77)

Having values connected with a certain body size or look could create anxiety for women, although that anxiety may not be conscious, due to the internalized message that fat is bad (MacInnis, 1993, p. 78). A women's body image determines how she perceives and experiences herself (Fernandes et. al, 2006, p. 852). "One might question whether emotional eating would be a problem for women if this pressure to be excessively thin did not exist alongside society's overt fat prejudice" (Zimberg, 1993, p. 140).

The body is considered as integral to the formation of a woman's identity.

Although the perceptions women have regarding their physical appearance are complex and usually determined by evolutionary pressures, genetics, societal depictions, and individual attributes such as personality, it can be argued that the centrality of the body to feminine identity is still prominent. (Fernandes et al., 2006, p. 852)

The pressure to conform to being thin, skinny, and fit is evident in the media that all women are exposed to on a daily basis. For instance, in the local grocery store I recently found multiple magazines and front page advertisements claiming new diets, or the best foods to slim down for summer, and how to lose the last ten pounds. Yet, at the same time, it is well known that healthy food costs more than fast food or processed foods, and it takes time, skill and requires accessibility to appropriate cooking tools. This pressure to attain the ideal body in combination with cost of healthy food and the overly accessible fast foods, can create a serious conflict for women. In 2009 almost seventy-three percent of women with children under the age of sixteen were in the workforce providing financially for their families (Statistics Canada, para. 15). Families have limited time to put a healthy meal on the table and get in the amount of exercise required to stay fit or at a healthy weight (Rettner, 2013, para. 10). This pressure can create an overwhelming internal conflict for women about their health, size, what food to eat and how to fit in exercise that goes something like this:

For many women it is common to seek out the symbolic happiness that the diet represents. At the same time there is an underlying threat of punishment should one fail to diet. Gutwill (1994a, p. 31) describes the resulting internal conversation as: ‘Go on – try the diet. If...if only...I were good enough, giving enough, sexy, pleasing, or thin enough...If only I could stay on this diet, I could be acceptable and lovable.... But the truth is that I am not good enough: I am selfish, fat, stupid for wanting and needing, ugly and weak. I deserve all I get. It’s my own fault. (Heneen, 2005, p. 241)

An internal dialogue represents conflict that happens for women around food, eating, body size, shape and shame. The pressure to be thin, in combination with a lack of time and highly accessible unhealthy food can be emotionally devastating for some women.

The likelihood of a pattern of excessive consumption developing is greatly increased in the current marketplace with its superfluity, and ready availability, of highly processed, and hyper-palatable foods – particularly those rich in sugar, fat, and salt – compared to previous generations. (Curtis & Davis, 2014, p. 19)

This is a dangerous combination that increases the odds that women will develop an unhealthy connection with food, as illustrated below.

**Food Industry/Highly Addictive Palatable Foods**

Having any type of issue with food and eating is difficult in North American society because food is everywhere and it is marketed in a way that increases the likelihood that we will eat it and enjoy it so much that we will want more (Lavie, 2014, p. 173).

Supermarkets and television advertising put a great deal of pressure on us to eat more. Many food manufacturers have increased their portion sizes over the years and increased the amount of sugar and fat in our foods, and two-for-one and all-you-can-eat promotions are increasingly common. (Goss, 2010, p. 42)

This level of encouragement to eat and eat a lot can be part of the problem of overeating by increasing women's chances of overeating. There is a double message with media pressuring women to be thin and food being manufactured to encourage increased consumption.

The food industry spends thousands of dollars artificially enhancing the taste, texture, and look of foods to tempt us to buy them and associate them in our minds with having a good time, being surrounded by happy people, such as family and friends. Sometimes foods are advertised as "secret pleasures," but usually the subliminal message is that eating high-fat and high-sugar foods goes with social pleasures, such as enjoying family outings or parties. (Goss, 2011, p. 7)

Current research is investigating the impact on the brain from eating highly processed food that may be the cause of hypereating (Albers, 2012, p. x). In his discussion of how food companies and the food industry engineer their food to create cravings (Kessler, 2009, p. 125) Kessler

presents the concept of “neuronal encoding” for palatability, where the brain responds to particular foods, releasing electrochemical signals to stimulate other parts of the brain (2009, p. 36). He illustrates it with animal studies showing that an animal will work almost as hard for a high-sugar, high-fat food as it will for cocaine. In his discussion of orosensory self-stimulation, he describes how highly palatable foods stimulate the brain’s natural opioid receptors, thereby encouraging the brain to crave more of these foods (p. 37).

Goss (2010) explains that human brains are wired to work so that when food is seen, the brain responds with a desire to eat, a left-over from our history of being hunter gatherers, facing food scarcity (p. 14). This wiring ensured that humans had their needs met by preparing for threats to well-being, and is still relevant today as our body experiences anxiety, fear, loneliness and anger (Goss, p. 38). Learning about our threat-protection system can help overeaters to develop self-compassion (p. 38). The threat protection system is necessary so that we can be prepared to protect ourselves and gather food when necessary, however it doesn’t account for why some people find it easier to eat only to fulfill nutritional requirements - a matter that is still being scientifically debated (Goss, 2010, p. 15). As stated throughout this paper, women who are more likely to overeat have difficulty managing emotions which could mean that when their threat protection system is activated it pushes them towards behavior that may comfort or suppress their emotions.

### **Obesity and Weight Pre-occupation**

Concern regarding being overweight and living with obesity are thought by some, to be an epidemic (Bacon & Aphramor, 2011, para. 2). Despite the concern and public monies being put into fixing this problem, there is evidence that the weight focused paradigm of dieting and exercise is not working to produce healthier, thinner bodies (para. 2). The weight focused

paradigm has been shown to be damaging by reducing self-esteem, contributing to weight cycling, food and body preoccupation, eating disorders, weight stigmatization and discrimination (para. 2). If this is the case, further supports are necessary for women who overeat to prevent health issues. Clinicians who have more knowledge about obesity, weight preoccupation, the impact of the weight focused paradigm and its possible health related issues, might be able to provide psychoeducational therapy to clients. For instance, it might be helpful for clients to know that over-sized food portions encourage over-consumption.

The National Heart, Blood and Lung Institute reports that food portions have almost doubled in size over the last twenty years (<http://www.nhlbi.nih.gov/>). Larger portion sizes increase the number of calories consumed at each meal, but do not necessarily relate to the amount of food that is required to stay at a healthy weight. Larger portion sizes can contribute to over consuming (<http://www.nhlbi.nih.gov/>). In 2013 Davis reported that obesity was one of the largest preventable threats to public (p. 171).

A 2010 report estimated that direct costs of overweight and obesity represented \$6 billion – 4.1 % of Canada’s total health care budget. However, this estimate only accounts for health care costs related to obesity, and does not account for productivity loss, reductions in tax revenues or psychosocial costs. (Canadian Obesity Network, September 2014)

In our neighbouring country the statistics are also very dreary. Albers (2012) indicates that, “in the United States, one of three adults are obese. If the epidemic is not controlled, half of all adult Americans may be obese by 2030” (p. xi). Bacon and Aphramor (2011) report that the private weight loss industry was estimated at \$58.6 billion annually in the United States alone (para. 2).

This clearly indicates that new interventions are needed to address the cause of overeating as well as to provide support for people to have a healthy relationship with food. As indicated previously “despite these stark statistics, obesity is not well managed within the current health system, a situation not unique to Canada” (Kirk, Tytus, Tsuyuki and Sharma, 2012, p. 63). It is imperative then to acknowledge that “comprehensive public, private and non-governmental initiatives on obesity prevention and treatment are urgently needed in order to reverse this epidemic” (Canadian Obesity Network, September, 2014). Being able to offer effective clinical treatment to women who have an unhealthy connection with food could decrease the cost to public health and increase our community’s health and happiness as a whole, if woman’s physical and mental health were to improve.

Being overweight and obese does not automatically qualify someone to have an issue with overeating or an increase in the likelihood of health issues. People with a normal weight or BMI can have problems with overeating and be at a higher risk for health issues. Researchers Campos, Saguy, Ernsberger, Oliver, and Gaesser (2006) disagree with the idea that there is an obesity epidemic and explain that the rise in obesity is not as drastic as reported across all ages (p. 55). They contend that the increase in risk of serious health issues and mortality is when individuals have a BMI in the high 30’s or below 25 (p. 56). They go on to explain that the “National Health and Nutrition Examination Surveys I, II, and III—the ‘ideal’ weight for longevity was ‘overweight’” (2006, p. 56). Carl Lavie, a researcher and cardiologist, agrees with them and explains that being overweight or obese does not always increase a person’s health risks and that a higher weight is actually proven to be increase life expectancy (2014, p. 19). Lavie (2014) explains that the issues related to an increased risk of health problems have more do with a person’s cardiorespiratory fitness levels (p. 15) and actually cautions about too much

exercise as well. The messages that come with the obesity epidemic implying that fat is bad and unhealthy, deflect us from what Wilson (2009) believes is really causing ill-health, oppression and poverty (p. 54). The war on obesity has similar underpinnings to racist ideology and the negative attitudes towards minorities and people from oppressed groups (Bacon, Aphramore, 2011; Martin, 2007). This increases the importance for counsellors to recognize the conflict between health advice and societal views for women who are overweight or overeat.

### **Diet Industry/Advertising**

As a woman, researcher and clinician I see a clear correlation between the promotion of the diet industry, and how food is advertised with overeating. This link is important in understanding how women get caught between dieting and overeating. The diet industry is worth billions of dollars and women with access to television, internet and advertising are being inundated with new fads or diets, usually endorsed by a celebrity by saying that women can lose weight and love themselves again. It is well known that slender figures are glorified, ideal body weight and standard body mass index (BMI) are promoted by the amount of advertisements on slimming programs and weight management packages that can be easily found on TV, food packages, media stories and articles (Lavie, 2014, p. xiii). Some examples are Jenny Craig, Weight Watchers, Dr. Bernstein, the Paleo Diet and Herbal Magic.

Fatness is being constructed as a problem attached to one's attributes, such as a lack of willingness to seek self-improvement and health. All these discourses and histories are influential when someone walks into our therapy room and wants to talk about overeating. (Tsun on Kee, 2011, p. 12)

Goss (2010) concurs that weighing above what is considered a healthy weight now comes with a message of being morally bad, while being the right weight or fit is morally good (p. 17). This message encourages women who are overeating or struggling with their weight or relationship with food to feel bad about themselves and to believe that there is something wrong with them as a person (Albers, 2012, p. x). The diet industry plays into this message encouraging better lifestyle choices, implying that being overweight shows weakness and is dishonourable. It is not surprising then, to find that diets don't work, and many people are obese, have obesity related illness, eating disorders and eating problems that can come with psychological and physical consequences (Goss, 2010, p. 9). Restricting food types or calories is not working.

Current evidence suggests that only one dieter in twenty who loses a significant amount of weight will maintain this loss in the long term (National Heart, Lung, and Blood Institute Obesity Education and Innovation Expert Panel 1998). Even people taking part in the research trials, with a high degree of professional support, are unlikely to lose more than nine to twenty-two pounds and maintain this for at least a year. (Goss, 2010, p. 10)

There are diets and weight loss programs that successfully support people to lose weight and change their eating habits. Anderson, Konz, Fredrich, and Wood (2001) completed a meta-analysis of twenty-nine weight loss programs in the United States that included maintenance programs and follow up over a five-year period (p. 579).

This meta-analysis of 29 reports of long-term weight-loss maintenance indicated that weight-loss maintenance 4 or 5 y after a structured weight-loss program averages 3.0 kg or 23% of initial weight loss, representing a sustained reduction in body weight of 3.2%. (p. 584)

The meta-analysis clearly described the importance of a maintenance program to support people in integrating the exercise and diet changes. It failed to identify the outcome for the participants who were not successful in the completion of the initial weight loss program or the maintenance portion, which might tell us that the underlying issue is not about the food and therapeutic support may be beneficial for these women.

Overeating and relationship with food is complex – more than just food and more than just weight. In order to help women whom overeat to develop a healthy relationship with food it is important to understand elements that can increase a women's likelihood of overeating. The next chapter will review situations and influences that could increase the likelihood for a woman to have issues with emotional overeating.

### **Chapter 3: What Influences Women to Overeat**

Identifying what influences emotional overeating is important in understanding how to support clients. There are numerous opinions on what influences people to overeat. For the purposes of this paper I will list the most common influences I have found as a way to help the reader understand what commonly influences women to overeat. However, it is imperative to note that each individual should identify on their own, what influences their issues with overeating. I will not explore a correlation between a hormone imbalance and overeating (Galland, 2005), brain chemistry and overeating (Kessler, 2009). This chapter will identify the issues that can create emotional reasons for overeating.

#### **Women's Emotional Relationship with Food**

We celebrate and socialize with food; we eat according to the capitalist lunch bell instead of our internal hunger cues; we eat/don't eat to please; we eat/don't eat to rebel; we eat/don't eat to punish; we eat/don't eat to reward. As very young children we often learn and internalize these meanings. Some children learn how to please when we are praised for being "good little girls" when our plates have been cleaned, and are subsequently rewarded by dessert. We learn that saying no to food is a first and powerful way to rebel against our primary caretaker (most often mother or a female mother substitute). We learn that being denied food is punishment for doing something wrong, and are soothed with food when we are hurt. (Zimberg, 1993, p. 138)

A relationship with food is shaped by caregivers and experiences right from the beginning of life. The connection between eating and emotional soothing begins from infancy. From there is an association with food, and eating with emotional comfort (Goss, 2010, p. 35).

Our first experience with food is through the breast or bottle. This type of feeding is a means of providing both sustenance and comfort. The comfort received cannot be denied, nor does it miraculously disappear. Certainly, babies learn and develop alternative comfort measures, but even as we grow older this connection between putting something in our mouths and feeling good continues. (Zimberg, 1993, p. 139)

Goss (2010) suggests that sometimes people who were soothed with food, instead of with affection or communication as children, can have eating problems and may not learn to manage their emotions effectively (p. 6). The connection between emotions and overeating has been a common theme in this research. Goss (2010) suggests that soothing children with food can impact their ability to link the connection between their eating and emotions. People can eat to soothe emotions or turn off emotions instead of learning to identify their emotions (Taitz, 2012, p. 16). Connecting to emotions with awareness, mindfulness and compassion may play a role in decreasing overeating and building a healthier relationship with food.

Both Dounchis (2001) and Gagnon-Girouard, Begin, Provencher, Tremblay, Boivin and Lemieux (2009) discuss the role of negative affect theory and restraint theory on overeating or binge eating. Dounchis (2001) comments that “the negative affect theory posits that binge eating occurs as a means of coping by reducing, or escaping from, unpleasant affect (p. 3). Negative

affect theory fits with the idea that people will eat to cope with whatever emotions are overwhelming for them at the time. This might also be explained as emotional eating. In her work on how to use Dialectical Behavior Therapy with emotional eating, Taitz (2012) emphasizes that the core issue for both binge eating and overeating is the suppression of emotions or feelings, also suggesting that overeating is an attempt to manage emotions (p.16). “Research finds that difficulty in identifying and understanding emotions, as well as problems in regulating them, influences binge eating more than gender, food restriction, or overvaluing shape and weight do” (Taitz, 2012, p. 16).

The restraint theory proposes that dietary restraint predicts a greater risk for bulimic behaviors considering that caloric deprivation has psychological and physiological consequences leading to overeating, one of them being the abstinence-violation effect (breaking strict dietary rules can result in disinhibited eating). (Gagnon-Girouard et al, 2009, p. 245)

There appears to be more causal links between negative affect and overeating than the restraint theory and overeating (Gagnon-Girouard et al, 2009, p. 245). Emotional eating and dieting go together and societal pressures to have the ideal body, or internalized fears together with being overwhelmed by emotions, may influence the cycle of emotional eating followed by dieting. The pressure to have a certain body shape can lead to a restriction diet that is not realistic or sustainable. The restrictions become too much to bear due to semi-starvation, a sense of deprivation or boredom. After the bout of overeating, a sense of guilt and anger lead into another diet which triggers another cycle of dieting followed by bingeing. Although Gagnon-

Girouard, Begin, Provencher, Tremblay, Boivan and Lemieux (2009), believe that the restraint theory has less links to overeating it is still imperative to note its existence as this cycle can cause extreme distress to a women struggling with her relationship with food. Although some researchers may say that restraining food has little to do with overeating, it is important to understand how restricting intake can lead to overeating which in itself is not the problem, but rather is a set-up up for this cycle. However, as Lavie (2014) points out, the restraint theory fails to describe or explain the theory of externality (p. 165), which recognizes the power of cues to eat more of the highly palatable food that is available (p. 165). Combined, these theories describe a cause or motivation to overeat.

### **Childhood Abuse and Maltreatment**

Abuse, depression and maltreatment during childhood can increase the likelihood of obesity and being overweight (Fuemmeler, Dedert, McClernon & Beckham, 2009; Rohde et al, 2008). Self-reported child abuse is strongly associated with increased body weight and obesity in adulthood, leading to approximately twice the likelihood of both current obesity and depression in middle age (Rohde et al, 2008, p. 879-884). Correlations made suggest that people who have experienced sexualized violence or who come from alcoholic families will have a higher chance of having a preoccupation with weight, and will use food as a way to cope with their emotions in order to survive (Brown, 1993, p. 133). These findings suggest that childhood trauma play a large role in a woman's relationship with food and that women who seek help may have been using food as a way to cope or deal with difficult emotions for many years. The core issue is not food, but rather food is merely a coping mechanism or way to attempt to gain control in a chaotic and traumatic experience. Therefore, providing women with skills in developing

self-compassion, self-acceptance, and mindfulness could be helpful. Zimberg (1993) describes what her clients say about the reasons they overeat:

The women I have counselled have shared multitude of reasons for their emotional eating. These include feeling angry, depressed, and dissatisfied, out of control, lonely, bored, empty, afraid, and even happy. The use of food has been described, time and time again, as a way to escape from or numb these feelings. Laura described it this way; “I would wait all day, biting my tongue, smiling appropriately, trying to ignore the rude comments, anticipating the relief at home ... safe ... eating and eating, stuffing myself until there was no room left ... not for food ... not for feelings ... not for me .... Sleep was all I wanted ... exhaustion would set in ... another day had passed. (p.144)

Laura’s words illustrate the way that food and overeating helps her manage in the moment, and shows that over the long term, the impact on physical and emotional health is devastating. It is clear that the coping mechanism, and the cycle of euphoria while eating followed by guilt, shame and anxiety, does not solve the initial problem (Roth, 2010; Taitz, 2012, Albers, 2012). Roth (2010) reiterates that the problem is not about food or weight,

when a pill is discovered that allows people to eat whatever they want and not gain weight, the feelings and situations they turned to food to avoid will still be there, and they will find other more inventive ways to numb themselves. (p. 50)

This section has described the importance for counsellors to help their clients look beyond the food and determine the cause of using food as a way to cope or feel better. Recognizing what influenced a woman to overeat can be a beginning in recognizing that the problem goes far beyond a lack of will power. However, poverty is another factors that contributes to unhealthy relationships with food.

### **Poverty**

Growing up in poverty can play a role in overeating.

When we grow up in a family where food is scarce, its meaning is different from that in families where food was abundant. Several women with whom I have worked have shared their intense need to keep their cupboards full in response to their fear of not having enough food, as was the case during their childhood.

(Zimberg, 1993, p. 138)

Having limited money for food impacts the type of food that can be bought and consumed. Buying less expensive food generally means also buying less nutritious food. My experience working with families in need, is that the goal becomes sustaining children's appetites even when the preferred interest might be to provide nutritious meals, which is outside the available budget of some women. The Household Food Security in Canada Report clearly indicates that 7.7 percent of people are food insecure (Edge and Howard, 2013). This can mean they have a less-varied diet with a lower intake of vegetables, fruit and micronutrients. A study on the nutritional contents in food hampers from the Calgary food bank indicated multiple missing nutrients in their hampers (Jessri et al, 2014). Nutrition requires fresh produce, meat and dairy

which is out of reach for some people (2014), and so they turn to processed foods out of necessity.

A person's relationship with food begins to form from infancy and is shaped by caregivers and how they teach to relate to food, emotions, and situations (Goss, 2010, p. 35). A person who struggles with unregulated emotions or attempts to suppress their emotions could turn to food for comfort (Taitz, 2012, p. 16). Being exposed to abuse, maltreatment and poverty increases overeating as an issue for women (Fuemmeler, Dedert, McClernon & Beckham, 2009; Rohde et al, 2008; Zimberg, 1993). Recognizing what influences some women to overeat can help therapists understand how to support the client more effectively and what therapeutic interventions to use. The next chapter describes the therapeutic interventions that could support women who overeat.

## **Chapter 4: Therapeutic Interventions**

Therapeutic interventions for women who overeat due to emotional reasons is limited. However, interventions for working with women and for working with eating related issues is available. Below are excerpts from therapeutic theories and techniques that have been identified as useful when working with women who overeat or to support people in having a healthier relationship with food. This information has been collected to identify what may be effective treatment and therapy to provide to women who overeat for emotional reasons.

### **Identification or labelling**

Those who work with people who overeat have noted that when a client is able to identify for themselves that overeating is a problem, change is more likely to happen (Tsun on-Kee, 2011, Overeaters Anonymous, McCarthy, 2012). Acceptance is a part of identification.

It's about finally surrendering to the idea that you have a disease over which you are powerless, and that makes your life unmanageable: accepting that you have a physical addiction to what food does to you and a mental obsession with what it does for you. (McCarthy, 2012, p. 47)

Participants in Overeaters Anonymous found that understanding their overeating problem as an addiction was fundamental to their success (Russel-Mayhew, von Ranson & Masson, 2009, p.40). Thirty percent of eating disorder treatment programs and clinicians across North America use addictions based psychotherapy (Russel-Mayhem, von Ranson & Masson, 2009, p. 34). Recognizing a person's overeating as an addiction can bring the difficulty of their healing into

perspective. Framing a problem as being other than a flawed character trait or personality issue can encourage development of self compassion. Labelling overeating as an addiction creates some conflict with the treatment of being abstinent from your drug of choice; as is the treatment option for other addictions. Obviously some food has to be ingested, which highlights the importance of helping clients build a healthy connection with food.

For the alcoholic or drug addict, he or she is able to lock up the tiger of addiction and throw away the key. But with food it's different. You have to take that tiger out of the cage three times a day. You must train him, walk him around your kitchen, and be able to put him back in the cage without getting yourself mauled.

(McCarthy, 2012, p. 58)

Working through issues with overeating will require acceptance, mindfulness and self-compassion. Being able to label or identify the issue or problem as overeating can create the distance necessary to encourage self-compassion, objectivity and separation. The addiction theory may limit the recognition of outside factors of food such as hyper-palatability, genetics, emotional dysregulation, responsibility or mindless behaviour. In my experience some people do not want to be labelled with an addiction and prefer to find an alternate theory to support them.

### **Externalising**

The use of externalizing language provides some distance so that a client can more fully explore the issue (Tsun on-Kee 2011, p. 28). The idea of externalizing overeating so it is outside of oneself is not a new concept. For instance, the view from Overeaters Anonymous that overeating is an addiction allows the person to know that their eating will not be cured through

will power. Using externalizing as an intervention tool creates space for the client to see themselves as separate from their addiction and able to tackle the problem. “Many women who suffer from this disease view their problem as the result of weak will power. They feel inside themselves that this must be a result of some deep psychological problem” (Colby, 1997, p. 19). To overcome this stigma, women can use the counselling relationship to lead their therapy by identifying the problem, identify what they need to build a healthy connection with food (Horbay, 2016). Experiencing a sense of agency might provide a corrective experience by decreasing thoughts of inadequacy or weak will power, while at the same time proving that they hold the key to their own healing.

### **Group Work and Interpersonal Relationships**

Some treatments are successful because they provide group work in which women can share, learn they are not isolated in having their issues with overeating and food, and create relationships as part of the healing process. Overeaters Anonymous members for instance, found comfort in connecting with other people who they perceived as similar (Russel-Mayhem et al, 2009, p. 41). Similarly, “loving relatedness to others” has been suggested as a way to ameliorate the isolation that many women who suffer from compulsive eating experience (Colby 1997, p. 8). Engaging with others in a support group might allow a person to open emotionally and facilitate building interpersonal relationships. Some therapists have found that women are able to encounter their issues with their body image and eating by learning and sharing with other women (Brown 1993, p. 134). Making contact with others in a group has been found to alleviate guilt, decrease loneliness, share feelings, learn from others and contribute to the personal growth of peers (Jasper, 1993, p. 200).

### **Self Compassion and Loving Kindness**

When a woman changes how she thinks about her body, she decreases the pressure to meet a societal image (Jasper, 1993, p. 200). Allowing societal pressure to tell her what her body should look like creates a conflicting dynamic with food and eating. Heneen (2005) uses tools from a feminist psychodynamic framework in her work with women with eating issues to help them begin to love and accept their bodies. One client reported that when she began to identify with her core she found that she was more than what her outer shell represented (p. 243). “Feminist Psychodynamic therapy enables the client to understand the connections between socially constructed frameworks of femininity, emotions and bodily sensations, rather than act on them through some form of bodily abuse” (Heneen, 2005, p. 244). Acknowledging that societal ideals for what women should look like and eat are contradictory, can support women to stop trying to reach these standards and begin creating their own identity by loving themselves and their unique characteristics. Dr. Farah Shroff (1993), a professor at UBC who specializes in social justice approaches to health, discusses feminisms body-image liberation and recommends empowering women in therapy by encouraging them to make decisions about their bodies and appetites that are not based on societal ideals (p. 114).

This kind of liberation cannot be realized in a political vacuum. Social structures that feed off women’s subordination must be changed. This is not to say that it is impossible for individual women to feel content in their bodies before “the revolution.” There are many pathways to feel better about the body. Counselling, therapy, journal writing, visual art, dance, long walks, and dream interpretation are a few of the ways which women may choose to help themselves. (p. 114)

Supporting women to choose how to eat, love, behave and feel about themselves could affirm that joy, loving kindness and happiness are possible. Counsellors can model acceptance, by conveying the belief that their clients deserve self-compassion and in doing so have freedom of choice about their own way of being. Recognizing and having compassion for the complex relationship that women who overeat have with food, eating and weight, Goss (2010) writes, “if we are gentle with, and kind to, ourselves, if we recognize and accept this complexity and the pain that can be hidden behind the food problem, we have a better chance of working with these issues” (p. 6).

A variety of reasons have been explored for having an unhealthy relationship with food. Focusing on how a woman can care for herself, may help her to shift her relationship with food. When a woman engages in self-compassion and recognizes that she is deserving of love she may notice that she is not to blame for her eating struggles and will be less inclined to engage in overeating (Goss, 2010, p. 8). “Our compassionate journey toward a healthy relationship with food must begin with a clear understanding that this relationship is a complex one” (p. 8). Kindness and affection towards oneself actually impacts brain development (p. 39). “There are special areas of the brain and particular hormones that respond to the kindness of others, and (as recent work has shown) to self-compassion and self-kindness” (p. 39). Supporting women to have loving compassion and kindness regarding the complexity of their relationship with food and throughout their journey to developing a healthier relationship with food is a key part of success.

The ideals behind supporting someone to love and honor themselves through self-compassion are wondrous. However, neither Goss (2010) nor and Schroff (1993) mention the

difficulty for people in changing their beliefs and the road blocks that can come up in therapy, although Goss (2010) does provide a detailed approach to supporting clients to build self-compassion. Understanding and preparing for setbacks that come with challenging an engrained belief system, has yet to be studied in this context.

## **Knowledge**

Understanding how the body works and why food can be tempting can be critical in having self-compassion for overeating. Self-compassion may help women move forward in a journey to a healthy relationship with food as it can decrease or stop self-blame, which can bring awareness about cravings, desires and societal pressures. For instance, food high in fat and sugar (comfort food) has been found to decrease stress in rats (Goss, 2010, p. 40). These findings imply that it is likely that our bodies have responses to eating these kinds of foods and the memories of eating these foods create positive reinforcement that causes overeaters to find food that relays this positive emotional memory (p. 40). For example, if a woman remembers with great fondness baking pies with her grandmother, the smell and taste of pie may initially bring back those positive emotions attached to that memory.

It's really difficult for most of us to understand how our brains and bodies, which evolved in a very different environment over many thousands of years, are responding to the demands and enticements of a modern world that has come into being over mere decades –or at the most, a couple of centuries. (Goss, 2010, p. 8)

Overeaters get caught in the middle of this and do not see how their problem is intertwined. When a woman who has issues with food smell fresh bread at the supermarket, it

stimulates her appetite and the advertisements and shelf displays encourage her to buy more (Goss, 2010, p. 7), and yet at the same time, she is exposed to magazines that show slim fit women. This mixed message can exert pressure that leave her feeling hopeless and helpless.

Providing knowledge of how the body works, enhancing self-compassion and kindness, providing opportunities to connect with other people and using labelling or externalizing are all ways that have been documented to support women who overeat to have a better relationship with food. Therapies that have been researched as successful with people who struggle with eating issues and the specific studies that show how women who overeat can benefit, are discussed in the next section.

### **Cognitive Behavioural Therapy**

Cognitive Behavioural Therapy (CBT) has been identified as a modality that has had some success with long term follow up for binge eating and body dissatisfaction. It has been shown to be equally successful in both groups and individual therapy (Douchis, 2001, p. 7). CBT has resulted in binge eating abstinence in approximately fifty percent of participants, with long term follow up indicating that despite some relapse, outcome is significantly improved over baseline levels (Douchis, 2001, p. 7). Although Binge Eating Disorder (BED) is not the same as overeating there are many similarities and some of the treatment programs or interventions could be beneficial. McLean, Paxton and Wertheim (2011) report that Cognitive Behavioural Therapy has shown a reduction in dietary restraint, depressive symptoms and body dissatisfaction for women with disordered eating or body dissatisfaction (p. 751). It is well known that a change in behaviour over time can become a habit so using CBT or behaviour modification might be helpful to women to initially identify the problem and come up with

solutions or behaviours to change it. “CBT (interventions that target distorted behaviour and thought patterns) has been one of the most successful forms of therapy for treating certain eating problems” (Albers 2012, p. 20). CBT helps clients to recognize negative thoughts and replaces them with rational or more positive thoughts (Albers, 2012, p. 20), which might help women who overeat to change their thought patterns and begin to shift their view away from self-blame and shame, towards having confidence in their own agency to move towards a healthy relationship with food. Although supporting women to change their thought patterns might be helpful, it does not fully address the root issue of why they are overeating, by not addressing the impact of societal pressure and childhood experiences that contribute to the relationship that they have with food and the reasons why they believe it is their fault.

### **Dialectical Behavior Therapy**

Dialectical Behavior Therapy (DBT) was developed to teach people how to manage overwhelming emotions (Taitz, 2012, p. 4). It teaches practical skills in mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness and has been found helpful in treatment with individuals who struggle with emotions, self-harm, binge-eating, bulimia and depression (Taitz, 2012, p. 5). Because overeating is correlated with difficulty in connecting to and managing emotions, this type of therapy could be beneficial in supporting women who overeat to have a healthier connection with food.

When you experience an emotion and eat in response, you may experience more of the same emotions, as well as other emotions that arise in response to emotional eating. Eating to turn off feelings doesn't fully appease your feelings; instead it

just adds more psychological (and caloric) weight to the experience. (Taitz, 2012, p. 17)

DBT teaches mindfulness and awareness to bring a person back to their emotions, body and mind so they can be fully present in their world. Taitz explains, “if we eat to suppress this emotion or to distract ourselves from it, we can’t learn what the emotion is telling us, and we can’t react in an appropriate way, such as expressing our feelings to our partner”

(p.19). Noticing and documenting the emotions that arise during or after a situation where someone would normally overeat is a beginning step to connect to their emotions and their reaction of overeating (2012, p. 18.). Identifying the emotion creates an opportunity to become aware of the link it has to certain situations, interpretations, bodily sensations and reactions (Taitz, 2012, p. 32). Helping clients to identify their emotions create an awareness that can lead to understanding the triggers for overeating. Once this connection is made, mindfulness techniques are used to reinforce the process. Labelling emotions helps to regulate them as the client notices how the emotion connects to her body, thoughts and actions. Taitz believes (2012) that appreciating the purpose of feelings, exploring beliefs about feelings, and noticing and labelling feelings is a first step in stopping the link between emotions and food and eating (p. 35).

Emotional understanding can lead to acceptance. Acceptance is not about giving in or giving up, but being gracious, compassionate and kind towards self. This can sound challenging to clients who struggle with food and eating related issues, as they may not be willing to accept their difficult feelings, their weight, or their struggle with food. Taitz (2012) suggests that, “...this very process, a soulful new paradigm, is the key to a new and kinder relationship with

food” (p. 37). “Accepting moment to moment, is a long-term solution. Far from being painful, acceptance is a form of kindness: you acknowledge your truths and where you are in this moment in your life” (Taitz, 2012, p. 37). When a person does not use acceptance, they fight and struggle with their emotions and situations which limits their awareness and their options for success (p. 38). The relationship with food is an ongoing journey that will have obstacles and difficult times. Accepting that this will happen, noticing the journey, and having compassion provides a gentle approach to living that can increase the chance of success.

Acceptance entails recognizing reality as it is, nonjudgmentally understanding the causes of this reality, and engaging with it rather than fighting against it (Linehan 1993b). Acceptance means pursuing effective behaviours rather than getting stuck in judgments regarding what is right or wrong, fair, or unfair. (Taitz, 2012, p. 40)

Practicing acceptance involves noticing a thought or behaviour and simply recognizing it as a thought or behaviour without attaching any judgement, which can decrease the pain associated with it allowing the person to further explore the situation. Acceptance means letting go of control and allowing feelings to be. Studies show that when people restrict or control food intake they then follow with binge eating or returning to old patterns, not because they lack self-control but because they are hungry and/or they experience an emotion for which they are not ready to cope. Acceptance requires learning to let go and mindfully experience emotion.

Akin to mindfulness and acceptance, is letting go, being able to recognize when and what can be controlled is an effective strategy for people who struggle with overeating. Recognizing emotions and the strategies used to control, hide from, or avoid emotion is a useful practice.

Inhibiting emotions causes increased sensations physiologically and limits the ability to organize information and concentrate on one's environment (Taitz, 2012, p. 56).

When it comes to our feelings, research (and our own experience) shows these strategies are worse than ineffective: they actually backfire on us and magnify our suffering. Instead, acceptance is the only viable path to coping with pain and distress and experiencing life in full. (Taitz, 2012, p. 61)

When women are emotionally overeating DBT encourages re-connecting and identifying with emotions by using mindfulness and acceptance which allows for space to experience the pain or emotions identified. DBT provides an opportunity to reflect on the interpretations of emotion while comparing them with facts, while at the same time considering what can and cannot be controlled in life. While the practice of DBT has much to offer, in my own practice I find that some clients resist or find the practice of mindfulness difficult.

### **Spirituality**

If women who overeat are attempting to fill a void or to decrease loneliness, then incorporating spirituality into their life may be effective in creating a healthy connection with food. Overeaters Anonymous (OA) members state that the spiritual component of the program is beneficial in changing their relationship with food and overeating (Russel-Mayhem et al, 2009, p. 39). The spirituality component of OA may be what differentiates this program from other groups on overeating. In the study completed by Russel-Mayhem, von Ranson and Masson (2009) most of the participants that entered OA were initially focusing on losing weight, but their focus changed to attending to emotional and spiritual issues as they realized their problem with

food stemmed from life issues (p. 38-39). Connecting to spirituality can be a form of support for women with eating issues (p. 38-39). Having a clear understanding or connection to spirituality can offer additional social support and improve coping skills through a philosophy that all things have a purpose (p. 39). Roth (2010) states that,

women turn to food when they are not hungry because they are hungry for something they can't name: a connection to what is beyond the concerns of daily life. Something deathless, something sacred. But replacing the hunger for divine connection with Double Stuff Oreos is like giving a glass of sand to a person dying of thirst. It creates more thirst, more panic. (p. 32)

Opening up to allow the experience of emotions and feelings creates an opportunity for life to be fully lived (Albers, 2012, p. 25).

But when we welcome what we most want to avoid, we evoke that in us that is not a story, not caught in the past, not some old image of ourselves. We evoke divinity itself. And in doing so, we can hold emptiness, old hurts, fear in our cupped hands and behold our missing hearts. (Roth, 2010, p. 34)

Spirituality looks different for each person. Using mindfulness as a connection to spirituality is discussed next.

### **Mindfulness.**

Mindful eating is a popular practice used to help people re-connect with their food, lose weight and have a healthier connection to eating and food. "Mindful eating appears to work by

increasing awareness of physical sensations of hunger and fullness, which results in decreased food intake and increased appetite satisfaction” (Stadtlander, 2014, p. 16). As Albers (2012) explains, “the objective wasn’t to correct overeating or eating too little. Instead, it was learning to eat with awareness – just the right amount” (p. 17). Using mindfulness can assist woman to identify with the reasons for eating or overeating. To sit with the perceived hunger and feelings to determine if intake of food is necessary allows a person to feel their emotions and experience them without necessarily eating. This experience can decrease the connection between eating specific emotions. “Several studies have shown that mindful eating strategies might help treat eating disorders and possibly help with weight loss” (Harvard Health Publications, 2011, page x). Susan Albers (2012) explains three ways that mindful eating works to resolve food-related problems and restore health:

Mindful eating reconnects you with your body’s signals. Whether you are overeating or undereating, you have lost track of your hunger and fullness.

Mindful eating plugs you back into your body’s cues so you know when to stop and start eating.

Being mindful brings about better management of your emotions.

Sometimes people restrict or overeat as a way to cope with negative feelings.

Eating and not eating can distract you from your worries. When you have healthier ways of coping, such as mindful breathing and letting go of anxiety, you no longer manage your emotions through your food choices. You can tolerate emotions, as uncomfortable as they may be, without pushing them away or stuffing them down with food.

Mindfulness changes the way you think. Rather than reacting to food-related thoughts that urge you to overeat, under eat, emotionally eat, et cetera, you respond to them. You can hear these thoughts without obeying them. (p. 15)

Roth a bestselling author who works with women who have compulsive eating issues uses a mindfulness and meditation approach. She formulated *The Eating Guidelines*, which are a process that encourages clients to use mindfulness to be engaged and curious about physical hunger signals, which may have been discounted in the past due to restrictive diets that prescribe what, when and how much to eat. The Eating Guidelines can bring women back to the basics of slowing down and really listening to their bodies, which are essential components of mindfulness. Although these guidelines are simple, they may be challenging to live out (2010). Albers (2012) writing on the topic states that,

it sounds easy enough to just “be more aware” of what you eat. But mindful eating is much more complex and sophisticated than that. It’s understanding why and how you eat, the factors that make you stop and start eating. (p. 25)

Mindful eating is one of the missing links in the diet industry today, without which clients will most likely be unable to maintain a healthy weight and relationship with food. Diets contribute to disconnecting women from their body signals and without making connections to bodily signals, and the connections to what makes them start and stop eating, they are unlikely to be successful. Clinical intervention and the practice of mindfulness can provide the necessary depth to be successful in creating a healthier relationship with food.

Zimberg (1993) discusses a similar approach in *Consuming Passions*.

Whenever I speak with a group of women, I talk about the importance of giving up dieting and the dieting mentality (Kano, 1985). I encourage women to learn to listen to their bodies and feed themselves what they want, not what they think they ought to want. The looks of sheer panic set in quickly. There is this sense that, if they give in to their “desires of the flesh” their appetites will be insatiable and uncontrollable: “If I start to eat what I want I will never be able to stop...”; “I could never stop with just one...”; “If we care what we look like we need to have some self-control.” I try to assure them that, if they truly listen to their bodies, chocolate would not be their main staple, and that they would, in fact, be able to stop eating when they chose to. (p. 142)

When beginning mindfulness practice, most women go through a rebellious stage where they eat all the “forbidden foods” which can seem quite liberating for some but frightening for others (Brown & Jasper, 1993, p. 142; Roth, 2010, p. 173). It is recommended that therapists discuss this stage with women before it happens so that they are aware that it is part of a healing process. “When we truly listen to our bodies and treat our bodies, and therefore ourselves, with the love and respect that we deserve, then the food with which we nourish ourselves become a part of self-care” (Zimberg, 1993, p. 143). Women have been denying their right to enjoy and savour the tastes of food by using food as a means to either provide to others, fit into the ideal body image or because they do not trust themselves. This mind frame and behavior needs to stop when creating a healthy relationship with food. Zimberg (1993) stated,

at the beginning of one workshop I facilitated, one woman asked how we can develop the strength to say no to food. I respond that, for me, the central question was how we can develop the strength to say yes to ourselves. (p. 143)

Once the client has determined what makes them stop and start eating it is necessary for the therapist to support them through the process of being aware of painful emotions, sensations, memories and dealing with them moment to moment. Eating to soothe these issues is a way of fighting and blocking the pain. Mindfulness awareness allows people to feel and manage through the pain one moment at a time. This process can be overwhelming, terrifying and potentially traumatic and should be done in a supportive and clinical environment. “A mindful perspective suggests that healing begins by acknowledging and compassionately accepting that something in your life is causing you grief” (Albers, 2012, p. 33). Researchers Killingsworth and Gilbert found that when people spent time thinking about situations other than those occurring in the moment, they were less happy; therefore, teaching acceptance and mindfulness in therapy could increase a person’s happiness (Taitz, 2012, p. 64). Being able to focus on the present moment can empower clients to have insight, experience and explore the life ahead of them rather than focussing on the past (Albers, 2012, p. 33).

### **Compassion-Focused Therapy**

Compassion-Focused Therapy defines compassion as both, “...an openness to the suffering of ourselves and others, linked to a commitment and motivation to try and reduce suffering” (Goss, p. 47) in conjunction with the need to feel cared for by others and by ourselves. Goss (2010) writes that, “focusing on what helps you flourish is central to compassion-focused therapy” (p. 17). Compassion-Focused Therapy recognizes that people who

struggle with overeating tend to be self-critical, which tends to make the problem worse (p. 46). Social pressure, ideal body image, and being the sole food provider creates pressure that can be ameliorated through the use of self-compassion that might assist by reducing stress, and helping clients to relax and focus on a more positive relationship with food. Mindfulness is used as a technique to help clients develop compassion for themselves as they learn to identify patterns of behaviour and feelings. This therapy encourages people to recognize the criticism and disengage from it by being more compassionate (p. 46).

Compassion impacts how the brain functions and has been shown to be just as effective when shown to the self as when receiving compassion from someone else (Goss, 2010, p. 47). This fits with the benefits of showing loving kindness to one's self.

Very good research evidence now shows that developing compassion for ourselves and others is of great benefit to our mental performance, our emotions, the quality of our friendships, and our abilities to understand and cope with difficult feelings and desires. (p. 47)

This is a powerful message that runs counter to the diet mentality, stressing the importance of learning to show self love by treating the body well, including eating nutritious, tasty and well balanced meals. It also helps us to understand why women might feel badly when they do not eat well, as it may be showing a lack of love and compassion for their bodies. Having a compassionate mindset may decrease the likelihood of an emotional spiral, and provide care and understanding to develop more supportive ways to experience our emotions than negative self-talk and may help women to choose to stop overeating (Goss, 2010, p. 49).

This chapter summarized the benefits and possible limitations of using Dialectical Behaviour Therapy, Compassion Focused Therapy, Cognitive Behavioural Therapy, spirituality, mindfulness, externalizing, labelling, psychoeducation and group work. The next chapter will discuss the methods used in doing this meta-analysis.

## Chapter 5: Methods

The aim of this study was to answer the research question: What therapeutic interventions best support women who overeat, due to emotional reasons, to have a healthy relationship with food? In order to do this, I conducted a qualitative meta-analysis of the existing related studies, articles and books. I chose this method to find the most effective clinical treatment for women who overeat. The review criteria were that the literature had to come from studies that were directed at women who overeat or had eating issues. I specifically wanted to obtain information from clinical experience that represented women's experiences so that I could benefit from a broader research lens than if I did the research using a small sample (American Psychological Association, 2011; Sawatzky, 2002). I also wanted to highlight significant gaps in the current research and look for direction for further research or required treatment in this area.

There can, however be limitations to a meta-analysis. For instance, the research material chosen is limited in that it only presents information that was chosen by the researcher as important. In this case, there was limited information on the exact connection between women who overeat for emotional reasons and providing them with a treatment to have a healthy relationship with food. However, this was documented in my study and highlighted as an area for further research. Some of the information that I document was more than ten years old and does not capture the lifestyle changes, medical advances or updated treatment options. It was still pertinent information as overeating remains a largely unrecognized problem despite the additions made to the DSM 5 and the current obesity campaigns.

The objective of doing an analysis of existing studies and therapy models was to compile the information reported in the findings so that I could present some theory, techniques and exercises to therapists who work with women who overeat. The primary focus of this analysis was to examine the studies basic methods, results, limitations and suggestions for further research in an attempt to answer the research question and develop an outline or suggestions for effective therapy, and these are presented at the end of the paper.

### **Search Strategies**

The strategies used to complete the meta-analysis consisted of specific data searches of psychology and social science data bases through the City University of Seattle library. I ran search criteria using the following keywords: overeating, healthy relationship with food, obesity, emotional eating, food addiction, abuse and overeating, trauma and overeating, therapeutic support and overeating, programs for overeating, CBT and overeating, DBT and overeating, mindfulness and overeating and programs for obesity. The initial search was limited, therefore I did a general search of the entire database and extended my search to the Vancouver Island Regional Library and the intranet. I conducted this search method multiple times throughout the period of May 2014 – March 2015 and again between June 2015 – January 2016. The search resulted in multiple studies, dissertations and books where I reviewed the information to select related material. There was limited material that was exclusively related to creating a healthy relationship with food and overeating.

### **Selection Criteria**

Studies were chosen if there was research related to overeating; its cause and therapeutic support or techniques to use with women to create a healthy relationship with food. Due to the lack of exclusively related material, multiple studies and books were chosen where only specific pieces from each were utilized to address key factors of the research question. For example, I found a study on Binge Eating and obesity that focused on an addiction perspective which seemed helpful for women who identify with overeating as an addiction (Curtis & Davis, 2014). I found two other articles that made a correlation between obesity and childhood maltreatment that was useful for identifying an increased chance of overeating if a person experienced early childhood trauma (Rohde et al, 2008; Fuemmeler, 2009).

### **Exclusion Criteria**

Due to the large amount of research that focuses on under-eating issues and diagnosis in relation to therapeutic support, I excluded studies that primarily focused on under-eating disorders. Although it is acknowledged that the cause of under-eating and overeating issues are very similar, for the purposes of this research analysis this thesis excludes the under-eating disorders, focussing instead on the specific needs of women who overeat. I also excluded articles that specifically looked at overeating and men for the same reason, to focus more directly on the specific needs of women who overeat.

Lastly I excluded any articles that discussed a diet as a therapeutic intervention for women who overeat. The primary focus of this thesis was to speak directly to therapeutic interventions that looked beyond food as the problem. The focus was directly on creating a healthy relationship with food and any diet would restrict calories or food groups, which would contradict the definition of a healthy relationship with food as described above.

## Chapter 6: Results

The issue of control is an aspect of any disordered eating, so ensuring that the client has control over their bodies and therapy is crucial to the success of therapy (Brown, 1993, p. 126). Although restricting food can show initial health benefits, without providing therapeutic intervention that uncovers the reasons behind overeating, women are not successful in improving their relationship to food (Bacon & Aphramor, 2011, para. 1).

When women come for help and support with the issue of emotional eating, they often express a desire to eat “normally.” Women hope to learn to eat only to fuel the body; however, as we have discussed, no one eats only for sustenance. Emotional eating exists on a continuum. (Zimberg, 1993, p. 141)

Zimberg (1993) believes that everyone eats for emotional reasons sometimes so expecting abstinence is unrealistic (p. 141). However, when women trust their instincts and listen to their bodies they can stop dieting and begin to develop a healthy relationship with food (Zimberg, 1993, p. 142; Roth 2010; Albers, 2012).

Women need to become aware of the possibility that their use of food may be repressive and oppressive, keeping them emotionally out of touch with their needs. At such times, constructive and gentle confrontation is often necessary. This task is particularly challenging for therapists; they must

sensitively walk a tightrope, balancing women's needs and choices in relation to emotional eating with encouragements to see that such needs will never be fully met in this way. The therapist then needs to facilitate the recognition that emotional eating, at times, can result in denial of self. (Zimberg, 1993, p. 144)

Recognizing the impact of emotional eating on a woman and how it relates to how she views herself and her interaction with the world is important in the therapeutic relationship. "...Understanding our relationships with food often requires us to understand our relationships with ourselves and how the many facets of our lives interact" (Goss, 2010, p. 53). Throughout the literature on women who overeat the following themes were found: self-compassion, awareness/identification, mindfulness, knowledge and agency. It was stressed that regulating emotions through mindfulness and a non-judgemental, compassionate attitude was effective in developing a healthy relationship with food. This awareness may lead to women making connections between what is happening in their lives, bodies, minds and feelings in order to recognize that eating will not make them feel better. Building a healthy relationship with food, after a period of overeating, is a journey, a daily awareness and a lifelong experience, where eating sustains the life force on a daily basis. Counsellors can contribute by providing therapeutic interventions that meets individual client needs in reclaiming enjoyment of food and pleasure in eating to satiety.

## **Chapter 7: Conclusion and Recommendations**

Information on effective therapeutic interventions for women who identify overeating as a problem, and want to develop a healthy relationship with food is available, but limited. Social construction plays a large role in influencing women's relationship with food. There is conflicting pressures to be thin, while at the same time, a flood from media to buy, prepare, serve, and eat the delicious looking food of advertisements. Meanwhile food is enhanced with sugar, salt and fat, that makes it more likely that a woman might overeat, sometimes leading to overweight or obesity. All of the above creates a complex relationship with food for women. Throughout a woman's life her relationship with food is developed by the emotional connection developed around eating and food (Taitz, 2012; Goss, 2010; Albers, 2012). This relationship is impacted by trauma (Fuemmeler et al, 2009; Rohde et al, 2008) and reinforced by the soothing effect food can provide (Kessler, 2009; Goss, 2010).

When I began, I thought that there would be more discussion about food and eating. However, it became clear that if women are to have a healthy relationship with food then the focus needs to be on the relationship that women have to their bodies. How or what women choose to eat is so interconnected that one cannot be discussed without the other. "The starting point for understanding eating problems, then, is one that focuses on the differences in women's experiences" (Brown, 1993, p. 55). Women's experience in society are different from men and are unique in what they have gone through. These differences lead to eating related problems. Recognizing that the relationship women have with their bodies is shaped by society and how

they deal with their body and emotions is mediated by the socially acceptable strategies society offers. Currently dieting and exercising is socially rewarded, while and starving oneself (anorexia) or gorging and purging (bulimia) is pathologized. The literature, however, is clear that these strategies are on a continuum of troubled eating.

Therapy can teach women that overeating can be a response to childhood trauma, enhanced food, societal pressure and socio-economic status. Therapy can provide support and education that can encourage a healthy relationship with food, body and self. Therapeutic interventions identified in the literature as effective are: self-identification that there is a problem, externalising the issue, sharing the experience in a group, learning to have self-compassion and loving kindness, increasing knowledge about how the body works through psycho-education, Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Spirituality, Mindfulness and Compassion-Focused Therapy. These therapeutic interventions have overlapping interventions that involve providing skills on how to regulate emotions, being mindful, having awareness of eating patterns and triggers, making a positive connection to the body and locating support. These interventions address the underlying reasons for overeating and provide resources for change. In conclusion, it is important to recognize that changing ones' relationship with food is a process (Roth, 2010, p. 199), a healthy relationship with food is to respond to the unique needs of the body, eating neither too little or too much (Albers, 2012, p. 25).

Further recommendations for research includes compiling information from woman who have shifted from overeating to having a healthy relationship with food and identifying what therapeutic interventions were most beneficial. In terms of advocacy, it is recommended that

providing education on the societal impacts of advertising, economics and gender roles, is needed. Encouraging friends, sisters, brother, fathers and mothers to love their bodies, enjoy their food, and to disconnect from societal pressures to conform to a particular body shape through punitive and restrictive measures, decreases the impact that advertising and the diet industry can have.



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