

# The Less Discussed Eating Disorder Behaviors

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Participants will be able to define less discussed or covert eating disorder behaviors

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Participants will gain understanding of the function of the behaviors discussed

3

Participants will be able to identify potential consequences of behaviors discussed

4

Participants will be able to outline therapeutic and nutritional interventions

# Outcomes

# Behaviors that will be discussed

- Chewing and spitting
- Rumination
- Hoarding food
- Night Eating

# Definitions

## Chewing and Spitting

- Involves chewing and spitting food
- Can be done with a variety of portion sizes
- Will typically be foods that client's don't allow themselves to ingest
- Relates to fears about what may occur if they allowed themselves the food
- Can sometimes mimic having just eaten, both internally and externally

## Rumination

- DSM- V:
  - Repeated regurgitation of food over a period of at least 1 month
  - Regurgitated food may be re-chewed, re-swallowed or spit out.
  - The repeated regurgitation is not attributed to GI or other medical conditions
  - If the symptoms occur in the context of another mental disorder, they are sufficiently severe to warrant additional clinical attention.

## Night Eating

- Recurrent episodes of night eating as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal.
- Causes significant distress and/or impairment
- Not better explained by binge-eating disorder or another mental disorder including substance abuse

## Hoarding

- Hiding foods, often in cars or bedroom
- Can involve stealing of food
- Food may or may not be eaten

# Chewing and Spitting

## Function

- Allow pleasure in a controlled and restricted way
- Attempt to comply with meal plan
- Avoid confrontation by people in their life about ED behaviors
- Can impact hunger fullness cues
- Can be a form a self harm or self punishment
- Allowance and purging cycle
- Could be a form a sexual trauma reenactment

## Consequences

- Swollen jaws
- More prone cavities
- Increased risk of mouth ulcers
- Often consume more than they think they do
- Spending large amounts of money
- Malnourishment
- Increased Risk of Stomach Ulcers

# Rumination

## Function

- Self soothing and calming effect
- Typically very secretive
- A way to maintain the ability to purge
- Lower anxiety
- Control weight restoration
- Distraction

## Consequences

- Malnourishment
- Tooth decay
- Increased risk for esophagus ulcers
- Swollen glands
- Possible elevation in Amylase
- Bad breath
- Indigestion
- Choking

# Treatment Interventions

- Consistent structured eating patterns
- Feelings journal include note of if behaviors are currently occurring
- In higher levels of care, more observation and structure around times the client might struggle, i.e. after meals
- Creating space in the group setting to be able to challenge shame and secrecy about behaviors and discuss function
- Tailoring meal plan to avoid times behaviors may be more likely to occur
- Create opportunities for acknowledgment and redirection around the behaviors in a non-shaming way
- Opportunities for exposure to foods that a client may use behaviors with in order to revise the association with that food
- Working towards creating curiosity about the behavior to work towards decreasing shame
- Agendas
  - What am I saying when I ruminate?
  - What are the fears of not being able to ruminate or chew and spit?



# Night Eating

- Possibly related to self soothing with either trauma or anxiety
- It doesn't necessarily mean someone is bingeing
- Can be done as a way to manage binge urges
- Possibly related to restriction throughout the day
- Possibly related to inconsistent or unhealthy sleep patterns
- Evenings or nighttime being a difficult time could be a trigger
- A way to stay awake- i.e. the college student that needs to study
- Typically a significant amount of shame is associated with the behavior
- Important to be aware of medications that may impact client's ability to accurately report
- Individuals that have had bariatric surgery are more susceptible
- Consequences:
  - Obese and overweight which increase probability of high cholesterol, diabetes and high blood pressure
  - Reinforces beliefs that client can not handle or tolerate emotions

# Interventions

- What are my feelings before, during and after engaging in night eating?
- Understanding the origin of the behavior. When did I learn that I could self sooth with food?
- Starting to implement self soothing skills into night time routine
- If trigger is nightmares, working on stabilization of PTSD symptoms within therapy
- Night Eating Questionnaire  
[http://www1.villanova.edu/content/villanova/nursing/centers/obesity/webinar\\_series/may\\_2014/jcr\\_content/pagecontent/download\\_2/file.res/NEQ](http://www1.villanova.edu/content/villanova/nursing/centers/obesity/webinar_series/may_2014/jcr_content/pagecontent/download_2/file.res/NEQ)
- Consistent structured eating patterns
- Working towards decreasing amount of food during episode or exchanging for something else
- Removing food from room
- Dietitian interventions
- Exposure to foods in structured setting
- Never remove the food from the meal plan all together

# Hoarding

- Often can be related to experiencing deprivation and neglect as a child
- Often shame is associated with the behavior
- People may or may not eat the food that they are hoarding
- Could be a way to establish control
- Way of staying connecting with relationships or experiences through the food
- Fear of not having enough but having too much at the same time
- Happens on a continuum like anything else
- May come from experiences in which someone was shamed or rewarded with food
- Consequences
  - Legal if stealing it
  - Strained relationships
  - Impact living conditions

# Interventions

- Differentiating and identifying reminders to separate out past and present
- Identifying and revising internal dialogue around meals
- Working on mindful eating
- Consistent and structured eating
- Creating space to do the processing work in therapy about what happens when the food the client has been hoarding is removed

# References

- [http://www1.villanova.edu/content/villanova/nursing/centers/obesity/webinar\\_series/may\\_2014/jcr\\_content/pagecontent/download\\_2/file.res/NEQ](http://www1.villanova.edu/content/villanova/nursing/centers/obesity/webinar_series/may_2014/jcr_content/pagecontent/download_2/file.res/NEQ)
- DSM-V
- **Evaluation of Diagnostic Criteria for Night Eating Syndrome Using Item Response Theory Analysis** by [Kelly C. Allison](#), Ph.D,<sup>a</sup> [Scott G. Engel](#), Ph.D,<sup>b</sup> [Ross D. Crosby](#), Ph.D,<sup>b,c</sup> [Martina de Zwaan](#), M.D,<sup>b,1</sup> [John P. O'Reardon](#), M.D,<sup>a</sup> [Stephen A. Wonderlich](#), Ph.D,<sup>b,c</sup> [James E. Mitchell](#), M.D,<sup>b,c</sup> [Delia Smith West](#), Ph.D,<sup>d</sup> [Thomas A. Wadden](#), Ph.D,<sup>a</sup> and [Albert J. Stunkard](#), M.D.<sup>a</sup>

# Questions