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The DBT Approach to Stopping Binge Eating

Over our many years working with patients we have found that stopping out-of-control eating is one of the hardest things most people will ever do. But don't worry: This program is all about teaching you that *hard* is not the same as *impossible*. It includes three important components:

1. The program starts by explaining why it's such a challenge to stop binge eating. Understanding what triggers a binge and what keeps you trapped in the binge-eating cycle can free you from judging yourself negatively, which actually thwarts your efforts to stop bingeing.

2. Then you'll learn skills and strategies for managing emotions without turning to food. By the end of this program you'll have a whole toolbox of skills to help you face problems instead of avoiding them, tackle them effectively instead of using the destructive approach of binge eating, and manage emotional distress when you encounter one of life's unsolvable problems. Our patients often tell us they think of the program's skills as a kind of "Emotions 101," or a basic life skills course they never had before.

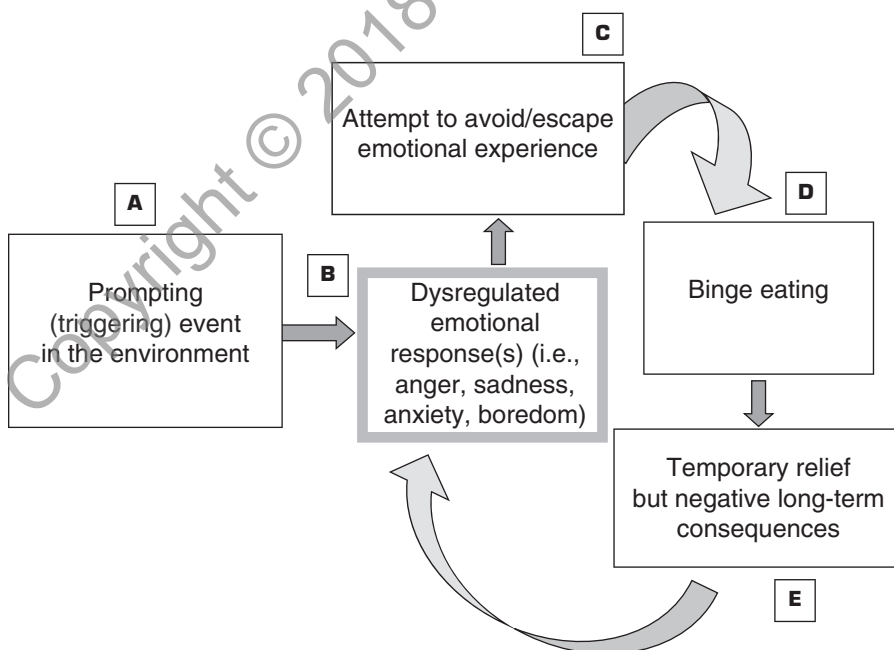
3. The program uses *dialectical thinking*, which provides an alternative to rigid or "black-and-white" patterns that can keep you stuck. Dialectical thinking promotes more flexible thinking and allows you to embrace seemingly contradictory actions that help move you forward—accepting yourself as you are while simultaneously attempting to change, and using skills you already have while remaining open to learning the new ones taught in this program.

The DBT Emotion Regulation Model: Understanding the Link between Emotions and Binge Eating

You may or may not already be aware that you turn to extra food in response to emotional discomfort. The DBT emotion regulation model of binge eating (at the bottom of this page) helps explain how this response unfolds. Emotion *regulation* involves knowing what you're feeling and modulating your reaction to your emotional state or accepting and tolerating it when your emotions can't be changed immediately. According to the model, instead of regulating your emotions you turn to binge eating when your emotions feel too intense to modulate, tolerate, or otherwise manage—when you're emotionally *dysregulated*. Whether your emotions are “positive” (like happiness, excitement, desire), “negative” (like fury, disappointment, worry), or a combination, binge eating has become a learned behavior that serves the function of reducing your emotional distress. The good news is that a learned behavior can be *unlearned*. (See the box on the facing page.)

Angela's Story

Angela was driving home late from work thinking about how her boss had criticized her report, leaving her hurt and angry. Brooding over how she



The DBT emotion regulation model of binge eating.

“The Carrot and the Stick”: The Fundamentals of Positive and Negative Reinforcement Science

Behavioral psychology helps to explain how reinforcement affects our actions. A reinforcer is anything that increases the chance that we will engage in a behavior. Reinforcers can be positive or negative. A *positive reinforcer* might be being paid money at the end of each binge-eating episode, where a negative reinforcer might be reducing your emotional discomfort. Either reward will encourage you to binge eat again. But, many of our patients argue, they actually feel worse after a binge and it doesn't always “work” to reduce negative, painful emotions. How, then, can reinforcement principles explain why they still binge?

There are two reasons:

1. Bingeing offers the short-term benefit of numbing painful emotions, even though in the longer term it may increase distress, guilt, shame, and disgust.
2. Bingeing seems to “work” some of the time. If it worked every time and then suddenly stopped working, you would probably try something else to deal with painful emotions. But when it “pays off” just often enough to convince you that there's a chance it will do so this time, you'll keep turning to it. Fortunately, you can use this intermittent or variable reinforcement to make positive changes in this program: If you try hard to use the skills we teach in this program and find that sometimes they work very well, you'll be more likely to keep using them even if they don't work every single time.

hadn't gotten clear instructions or the appropriate appreciation for getting so much done alone, in so little time, she felt more and more resentful. As she spotted a fast-food restaurant, she found herself ordering two cheeseburgers, a milk shake, a large fries, and two apple pies. While eating, she stopped thinking about work or how angry she felt. Not too long after, however, she was flooded with disgust and shame. “How come I keep doing this to myself? Why can't I handle anything?” As the night went on she felt more and more furious with herself and increasingly devastated, hopeless, and angry, especially when she thought about having to go back to work the next day. Then she glimpsed her daughter's leftover birthday cake in the fridge and couldn't resist. “It's all too much,” she said to herself. She finished the cake, feeling even more ashamed and an even deeper sense of despair. She went to sleep telling herself, “I HAVE to stop. This is crazy. What is wrong with me?”

Despite Angela's determination to stop binge eating, at her core she feels powerless to change because she doesn't truly understand why she's bingeing. We've filled in the DBT emotion regulation model for her first binge on the top of the facing page and for her second binge at the bottom to show not only what led to these binges but also what keeps her caught in this binge-eating cycle.

A: As shown for Angela's first binge, first *something happens*. At this point, Angela's binge eating may seem so automatic that she's not aware of anything setting it off—she just finds herself in the drive-through. But actually, there was a prompting (*triggering*) event (A), which can then lead to certain thoughts and feelings. Here the prompting event was criticism from Angela's boss, which led to the thought "My boss doesn't appreciate me. I'm never treated fairly" and the emotion of anger.

B: This next step is critical. The prompting or triggering event sets off an *emotion* (B) with which you don't feel able to cope. For Angela, it was feeling angrier and angrier at her boss's treatment of her. What types of emotions tend to be hard for you to cope with? Being bored when you are in the house alone might make you feel quite uncomfortable in and of itself. Also, being alone could set off more powerful emotions such as intense sadness, deprivation, or frustration. Even positive emotions like joy or desire can feel uncomfortable if you don't know how to manage their intensity. The idea here is that Angela has begun to experience an emotion that brings her discomfort.

Triggering events can be hard to identify, but essentially they are environmental prompts that start a chain reaction leading to binge eating. Here are a few examples:

Prompt: Catching a glimpse of your reflection. *Thought:* "I look so fat." *Emotion:* Shame.

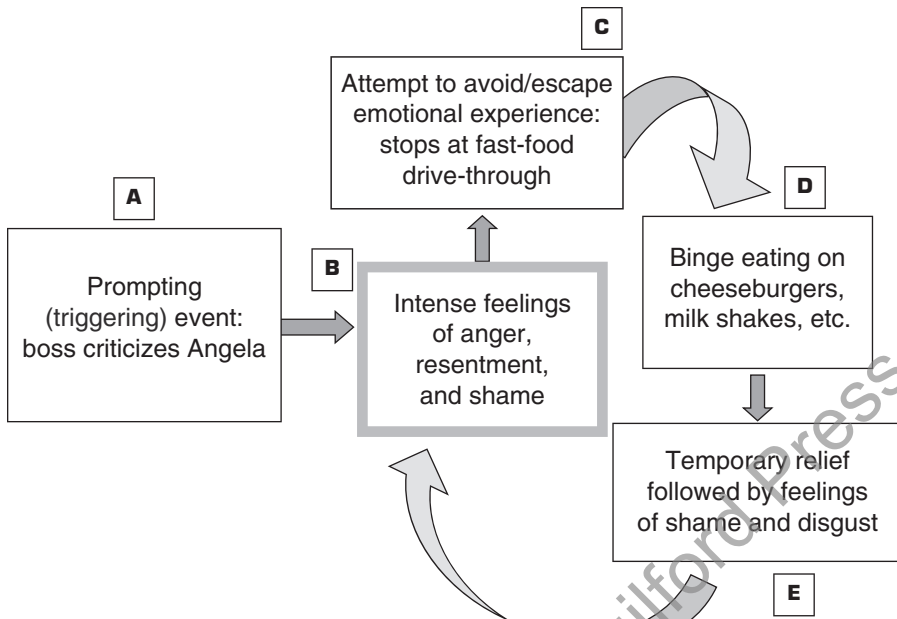
Prompt: Your spouse flirting with an attractive stranger at a party. *Thought:* "He never looks at me that way anymore." *Emotions:* Sadness, jealousy.

Prompt: Cupcakes from your favorite bakery brought to the office for a birthday. *Thought:* "That would taste SO good! It's not fair that I have to limit how much I eat!" *Emotions:* Resentment, sadness.

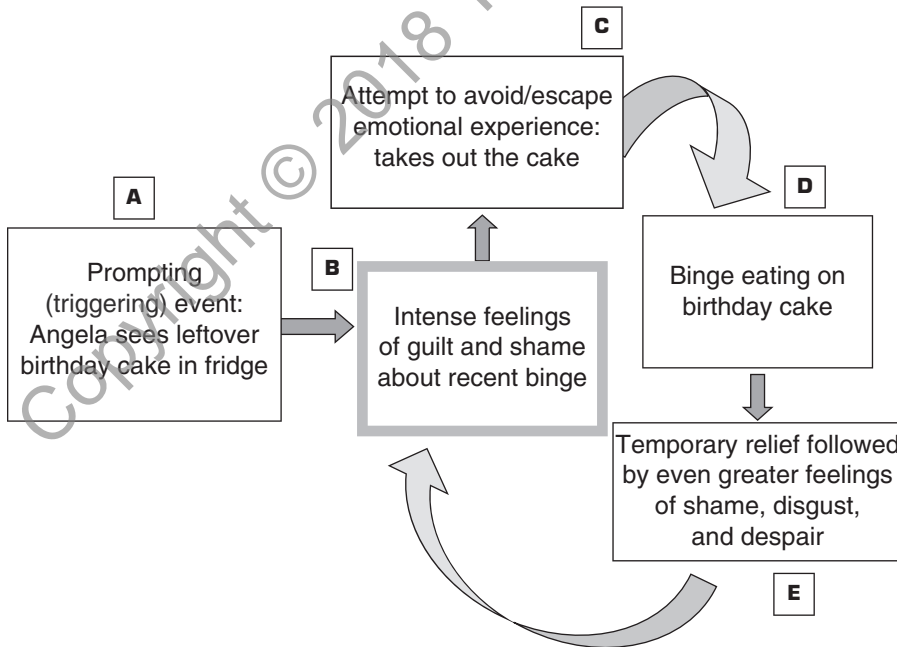
Prompt: Eating something off your food plan. *Thought:* "I've already blown it. I might as well keep going." *Emotions:* Resignation or hopelessness.

You may not recognize any of these as triggers when they arise. Even seemingly irrelevant events can become triggers when you're already vulnerable due to sleep deprivation, chronic stress, depression, and so forth.

C: Because intense emotions can be very difficult to deal with, it makes sense that Angela would try to reduce, avoid, or get rid of hers (C). People use a wide



Angela's DBT emotion regulation model for her first binge.



Angela's DBT emotion regulation model for her second binge.

range of strategies to try to feel better, but Angela never learned the skills needed to monitor, evaluate, change, and accept intense emotional experiences.

D: This is why Angela decides to stop off at the fast-food drive-through. Food temporarily “solves” her problem, helping her numb out and forget about how angry her boss made her feel. Turning to food reduces her anger, sadness, frustration, loneliness, and any other uncomfortable feelings she has about her boss’s actions.

E: But by the time she gets home, Angela begins to feel disgusted with herself and ashamed of her binge eating (E). When the emotions she escaped by binge eating start to creep back in along with the disgust and shame for turning to food, Angela feels even worse.

A: This is when she sees her daughter’s birthday cake, which becomes the next prompting event (A) that perpetuates the cycle and sets off her second binge.

B: The uncomfortable emotions are the intense guilt and shame she feels about having turned to food.

C: To avoid or escape from the emotional discomfort, she is overcome with strong urges to take out the birthday cake.

D: She has her second binge, this time on the leftover cake.

E: Though temporarily numbed after eating the cake, by the end of the evening she is even more disgusted with herself and has an even deeper sense of hopelessness and despair.

She tries to feel better by promising herself she “will never do this again.” Unfortunately, this promise increases her vulnerability to her intense emotions because she is now depriving herself of the one strategy she had to feel better—eating. She has, in fact, set herself up to repeat the cycle.

Angela experienced an array of intense and uncomfortable emotions. She may, as many people do, believe that her *feelings* are the problem—they are too much, too intense, there is something wrong with her. (As it turns out, people with binge-eating problems may very well be born experiencing emotions more intensely than others, and they may also believe it is inappropriate to experience certain emotions, such as anger. We will discuss this more a little later in this chapter.) However, we believe it’s not Angela’s feelings that are the problem. Angela’s uncomfortable emotions make sense given the situation. When treated unfairly, she feels bad. We believe the problem is the behavior or strategy (binge eating) she is using to cope with her emotions. In the short run, it helps her feel better, but in the long run, her behaviors around food seriously impair her quality of life, leading to more distress, more misery, and more out-of-control eating. Because she doesn’t think she has the tools she needs to identify and solve her underlying problem, she gets caught in a vicious cycle that involves not only increasing reliance on binge eating to temporarily manage emotional discomfort but also isolation and a reduced chance of receiving validation, help, and support.

Numbing emotions with food interferes with developing healthy behaviors that may lead to true improvements in your life.

What if you aren't sure whether your emotions are driving your overeating? Maybe you think to yourself, "I just really love eating" or "I just eat when I'm bored." Or maybe you don't know why you overeat. Let's look at John's experience.

John's Story

John is a busy executive with multiple business dinners a week. When he gets home, he sits down on the sofa and turns on the TV. He doesn't feel hungry ("I just ate a big dinner"), but the next thing he knows he is grabbing a pint of ice cream and a spoon. He came to us for help with what he views as an irrational, distressing habit. "Why are you eating?" he demanded of himself. "There's no reason to eat this much. How can you be able to control other things but be such a failure at controlling your eating?"

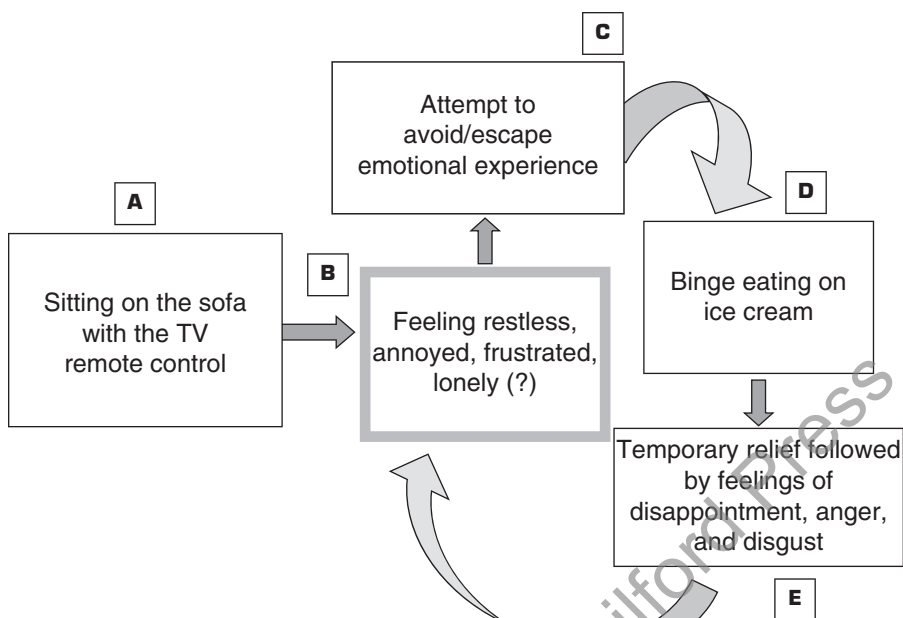
The DBT emotion regulation model helped John see that binge eating might be more than just an "irrational habit" for him. Recalling that his father had responded to any expression of negative or painful emotions with angry demands to "Stop complaining!" John joked that the only time you were "allowed to complain was if you were so ill you needed to go to the hospital." Because he was motivated to gain control over his binge eating, John was open to the idea that his emotions might be linked to his binge eating. He started paying more attention to what was going on inside of him when he binged. After his most recent binge on ice cream after a business dinner, he was able to break down his "irrational habit" as follows (see page 24).

A: Prompting event: sitting on the sofa with the remote control.

B: There he noticed that his body and mind felt restless—"not wanting to go to bed but not quite knowing what to do with my energy." Internally, he was saying to himself: "I need something, I need something, I need something." As we encouraged him to try to come up with emotion words, he said: "Frustrated. I'm annoyed and frustrated. I spend every waking hour at work or at these work dinners. I come home and go to sleep, and then I start all over again." We asked John if perhaps when he said he "needed something" he could be feeling that work alone wasn't enough. He said that might be true, but it was hard for him to know for sure.

C: John goes to the freezer and takes out the ice cream. His first swallows of ice cream taste delicious, distracting him from his distress. This leads him to continue to eat, although he tells himself harshly to stop.

D: Ultimately, he ends up binge eating the ice cream. In the short run, the



John's DBT emotion regulation model for a binge.

binge allows him to numb himself from the discomfort of restlessness, annoyance, frustration, and other emotions, potentially including feeling empty or lonely.

E: However, lying uncomfortably full on the sofa for the rest of the evening, it doesn't take long for him to feel disappointed, angry, and disgusted with himself for losing control yet again.

Not all of our patients describe their difficulties with food in the same way as Angela and John. Leticia, for example, is certain her difficulty is that she just loves food "too much" and can't limit herself, especially if tempted by certain types of foods like carbohydrates.

Leticia's Story

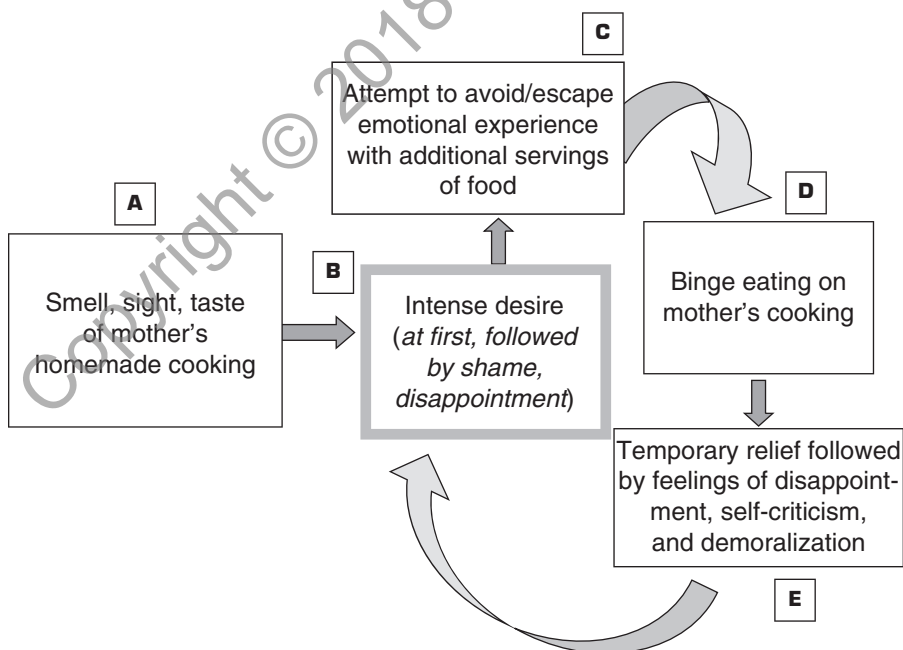
Leticia had been following her "New Year's" diet, the latest in a lifelong series of diets, and was feeling dedicated to finally getting herself into shape. On this particular day, she was able to eat healthfully and moderately because she planned to go to her mother's home for a family get-together. She decided in advance that she would eat only tiny portions of her mother's specialties, but when she got to the house she found the aroma of the homemade food overwhelming. Once she took her first bite she was overcome with the desire to take a larger serving. Then, recognizing that she had broken her

diet despite her resolve and all the hard work and exercise she had invested, she was filled with shame and disappointment. She thought to herself: “I’ve already blown it. The damage is done. I might as well binge all the way so I can start over tomorrow.” She thus ate everything she wanted, including extra sweet potato pie. Initially, this resulted in an almost trancelike state in which all she focused on was the sensation of the food. Eventually she felt overly full and completely demoralized. At her next therapy session, when describing the episode, she didn’t think she had been experiencing any identifiable emotions before she went to her mother’s home and couldn’t see how the DBT emotion regulation model applied to her.

We explained to Leticia that we had worked with many patients like her and agreed that the emotion that led her to binge was not present before she went to her mother’s home.

A: Prompting event: the smell, sight, and taste of her mother’s home cooking (see below).

B: Emotion: intense desire triggered by eating the food. Leticia experienced her desire as almost unbearable, because Leticia was apparently a *hedonic eater*, someone whose brain is wired to be highly sensitive to food with or without physical hunger (more on this below). Setting a limit or boundary with herself,



Leticia's DBT emotion regulation model for a binge.

especially after she had crossed the one she first set, felt emotionally impossible. This dynamic is explained by the DBT biosocial theory, which we will discuss later in this chapter in detail.

C: Breaking her diet triggered self-criticism, disappointment, and shame and led Leticia to put more food on her plate to try to avoid these emotions.

D: She then gave in to her urges and binged on everything she wanted to eat.

E: Temporarily this led to a reduction in her emotional discomfort, but in the long run it resulted in disappointment, self-criticism, and demoralization.

Leticia now understood desire to be the initial emotion she found so hard to tolerate, so the DBT emotion regulation model seemed to fit her experience. But if she couldn't blame herself and her lack of self-control, she could only blame her brain and biochemistry. Didn't that imply, she worried, that her situation was hopeless?

We don't believe that at all. We teach the DBT biosocial theory because, in our experience, it explains why some people have more difficulty tolerating emotional distress than others and it can help them be more compassionate and patient with themselves. If you recognize yourself as one of those people, you will understand just why the skills taught in this program will be so transformative for you.

We'll delve into the DBT biosocial theory in a minute, but first, think about whether the model of emotion regulation reflects your own experience with binge eating.

EXERCISE 1 Does the DBT Model of Emotion Regulation Fit Your Experience?

- a. On a scale of 1–10, how well does the DBT emotion regulation model fit your binge eating or other problem eating behaviors?

1	2	3	4	5	6	7	8	9	10
Very poor fit									Perfect fit

- b. Explain how the DBT emotion regulation model does or does not seem to explain your binge eating.

What if you're not noticing any emotions (even desire) before bingeing? This program may help you uncover some by teaching you the skills to observe and describe your emotions more astutely.

What if you believe your binge eating is more like an addiction? We hope you'll work through this program anyway. Currently researchers can't say definitively whether food is truly an addictive substance, although we do know that some people appear to be genetically more vulnerable to binge eating carbohydrates and fats than others. Whatever your belief about binge eating and addiction, we've seen many people begin to eat foods in moderation that they once thought they were addicted to with the help of the skills in this book.

The DBT Biosocial Theory of Emotion Regulation

Angela's coworker may be provoked by the same boss but not find her emotions so intolerable that she feels she has to get rid of them no matter the cost to her in the long run. John finds it hard to tolerate feeling restless, annoyed, and possibly lonely where many others manage this discomfort. Leticia's brothers and sisters don't binge during the family get-together as she does. The DBT biosocial theory of emotion regulation helps to explain why some people may seem more vulnerable to experiencing strong emotions than others and why some people are more vulnerable to binge eating. Let's start with the biological (bio) part of the theory.

Biologically Based Emotional Vulnerability

How intensely we feel emotions lies on a spectrum, and this tendency is, in part, hard-wired or biological. Answering yes to one or more of the questions in the following quiz suggests that you may be high on the emotional vulnerability scale.

Emotional Vulnerability Quiz

1. Would you say you are more sensitive or more easily upset than others (whether or not you let others know what you're feeling)?

Yes No

2. Do you think you respond more intensely to your emotions than others (whether or not you express your emotions outwardly)?

Yes No

3. When you feel yourself become emotional or upset, do you tend to stay that way longer than others?

Yes No

Let's look more closely at what these three components of a biological vulnerability to emotion feel like:

1. *Sensitivity*: **It doesn't seem to take as much to trigger you.** A number of our patients have told us that for their whole lives they've been told they're "too sensitive."
2. *Intensity*: You tend to **react to a higher degree** than others in the same situation. People talk about "overreacting" to even the smallest hints of criticism or rejection. Even emotions that aren't expressed are felt more intensely than others describe.
3. *Duration*: You experience a **delayed return to "normal."** Your emotional reactions last longer, and sometimes you don't fully return to baseline before something else triggers an emotional reaction, only increasing your sensitivity and the likelihood that you'll get highly emotional.

If you're biologically vulnerable to emotion, you may describe yourself as emotionally thin-skinned. But what about the binge eater who feels like the opposite—*overly* emotionally controlled? This is not uncommon and actually makes a great deal of sense when you factor in years of using food or other behaviors to blunt or push away uncomfortable or threatening emotional experiences. Being overly controlled is still emotional dysregulation and can be improved with the skills in this book.

Biologically Based Vulnerability to Food and Its Rewarding Properties

People who binge might be biologically vulnerable not only to emotions but also to food and its rewarding properties. At this point, the research is not clear as to whether such vulnerabilities existed before the binge eating developed or were a result of binge eating, or if the two interacted over time, but we know that two factors are likely involved.

Hedonic eating, which seems to particularly affect Leticia, involves an increased appetite drive or preoccupation with highly desirable food even without physical hunger. It has been shown to be higher in people who binge eat. Individuals with high levels of hedonic hunger are particularly susceptible to food cues (e.g., the sight, smell, and taste of food) in the environment. Interestingly, the rewarding properties of food are "visible" in the brain before food is actually eaten. In other words, just anticipating food—how it will taste, how good it will feel to eat it, and how pleasurable eating will feel—cues the brain to react.

Importantly, there is evidence that the reward value of desirable foods is

increased under distressing emotional states in binge eaters. In addition, research shows that repeatedly binge eating changes the brain's reward circuitry, so that the likelihood of overeating increases.

Delayed discounting refers to difficulty resisting short-term rewards (such as tempting binge foods) in favor of delayed or long-term goals. In other words, the value of future, or delayed, rewards is steeply discounted. This deficit, which affects Angela, John, and Leticia, is found more often among binge eaters than non-binge-eating obese or normal-weight individuals.

You may very well have a biological vulnerability to both emotions and food. However, that's not all that is usually involved in developing a pattern of binge eating to cope with uncomfortable emotions. The DBT biosocial theory refers to a biologically based sensitivity that interacted with the *environment* in which you were raised and specific life events you faced—the “social” part of biosocial.

Invalidating Environment

Some people binge eat due to a mismatch between their biological sensitivity and having experienced an emotionally invalidating environment. This environment could have been one you were raised in or are currently experiencing.

In an invalidating environment people respond inconsistently and/or inappropriately to your inner experiences (your thoughts, feelings, beliefs, and sensations) and oversimplify life's complexities. This doesn't mean that those who raised you didn't love you or didn't do the best they could to care for you. Maybe a parent taught you that emotions, particularly “negative” ones, were best unexpressed (“Stop crying or I'll give you something to cry about!”) and you interpreted that message as meaning emotions shouldn't be felt. Or a parent encouraged you to set unrealistic goals with advice like “Smile and the world will smile with you.” Instead of learning to expect mistakes and disappointments and value your ability to persist despite lack of immediate rewards when pursuing worthy goals, you became highly distressed by failure and quickly gave up. Just as the environment invalidated you, you learned to invalidate yourself.

John was an exuberant child who felt things intensely (a biological emotional vulnerability). When he was happy he was over-the-moon, and when something went wrong he suffered deeply. While the family had enough money, John's father was almost always working, leaving John in the care of his depressed mother. When his father *was* home, he seemed preoccupied and gruff. When something hurtful happened to John, he certainly wasn't given much attention from his mother, who usually ignored him or angrily told him to “Pull yourself together. You're absolutely fine.” John was left with many overwhelming and painful emotions that felt intolerable to him. Being told he was “absolutely fine” by his mother confused him, because he didn't feel fine. On rare occasions when

he hurt himself and cried or was sick, his mother would tell him to get a cookie from the kitchen.

Over time, John learned to soothe himself using food. He also learned to talk to himself in the same minimizing, invalidating way in which his mother spoke to him. For example, John learned to tell himself that nothing upsetting was taking place, despite being in situations in which he felt frustrated and lonely and feeling that something was missing from his life. As mentioned, he had difficulty identifying what he was feeling and mostly experienced himself as an unemotional person. He enjoyed the fact that people told him he seemed very in control, calm, and never seemed very affected by things that others reacted to. The truth was that, lacking emotional attunement, John had never learned skillful ways to tolerate or deal effectively with his negative emotional experiences. His parents had given him overly simplified ways of understanding the world. His goals for himself were often unrealistic, and when he couldn't reach them, he became extremely distressed.

Does any of John's experience sound familiar? Patients often tell us that as children there was little to no room for their emotions, especially negative ones such as anger or intense sadness. Maybe you were taught to ignore your real feelings, and if you couldn't you faced the danger of not being liked or of feeling like an imposition or a burden. Or maybe you were being mistreated and felt responsible and fearful of calling attention to yourself. Often patients will describe learning to override their food satiation signals, for example, if they were encouraged to eat past the point of fullness: "There are starving kids in China" or "I went to all this effort to make you a nice meal."

As mentioned, invalidating environments also exist (or can continue) in adulthood. Perhaps your partner shows discomfort with some of your feelings or thoughts but not others, and you're never sure what kind of reaction you're going to get, so you've started to tell yourself you're not even *having* these inner experiences. As a result, you may have never learned healthy ways to cope with your emotions, particularly distressing ones, or you've started suppressing them.

Angela generally took on most of the household and child-rearing responsibilities because her husband spent his time at home on his own interests, claiming his job was so demanding that he had a right to his free time. When she tried to ask for help or express unhappiness, she was criticized for acting like a nag.

An invalidating environment can leave highly emotionally vulnerable individuals with difficulty tolerating distress and/or difficulty believing that their emotional responses are accurate interpretations of events. They also have a tendency to look outside themselves for cues about how they are feeling. For example, Angela, wanting to keep her marriage peaceful, learned to keep quiet about her unhappiness and resentment. She tried to do this at work as well. When she had difficulty with her boss, Angela blamed herself and told herself to get over it, that she was too sensitive. Food was one of the few things in her life that didn't expect anything from her and didn't criticize her.

What about Culture?

Leticia feels that she wasn't raised in an invalidating environment, although she does have the vulnerability factors of being a hedonic eater and having poor tolerance for intense emotions, especially emotions such as desire. But significantly, Leticia was raised in a culture where food is celebratory and synonymous with love and family. She commented that not partaking in the celebration would make her feel left out and disconnected from her family. Food plays an important role in many cultures, and how it played a role in your family or culture may be an important factor to consider.

Having a Stick Shift in an Automatic Transmission World

You may be coming to the realization that you're not like those people who seem to "just eat normally" or to be able to control themselves around food. One way to think about it is to imagine yourself as a stick-shift transmission living in a world of automatic transmissions. You may have been trying to operate without knowing how the gears work. Learning to drive a stick shift initially requires paying more attention to the mechanics of driving—at least until you get the hang of it. This program will help you personalize your own operating manual so you can stop stalling out.

This may be hard to accept. Just thinking about these issues and working to change problematic patterns will likely bring up painful emotional experiences. Courage is required to face the discomfort that is likely to arise as we ask you to consider giving up food, the very thing that can make you feel better (at least in the short term). But don't worry—later chapters in this program will focus on increasing your ability to regulate your emotions without using food.

Chapter 1 Summary

As the DBT biosocial theory suggests, you may have a biological vulnerability to emotions that has interacted with sustained invalidation of your emotional experience. The DBT emotion regulation model shows that turning to food does, *temporarily*, decrease your distress, by providing an escape from intense and uncomfortable emotions. In the long run, however, binge eating increases your guilt, despair, and shame and hence makes you even more vulnerable to binge eating. We have found that when our patients understand how these models explain their binge eating, they more easily let go of some of the harsh judgment of their own behaviors and feel more motivated and prepared to learn new skills to manage their discomfort instead of turning to food.

Homework

We mentioned in the Introduction that the exercises and homework assignments in this book are based on those used in our research studies. Patients who worked through them were the ones most likely to successfully stop binge eating. If you have difficulty attempting them and have a therapist, make sure to bring this up! And if you don't have a therapist, strongly consider getting one or checking in with a trusted friend.

Complete the exercises below, including checking the boxes when you have finished. You'll be accumulating skills throughout this program, and checking off the boxes at the end of each chapter helps you stay accountable—to say nothing of giving you a sense of accomplishment and happiness. If you need more than one week to finish a chapter, you can indicate you've completed the weekly homework assignments more than once by adding another check mark either inside or next to these boxes.

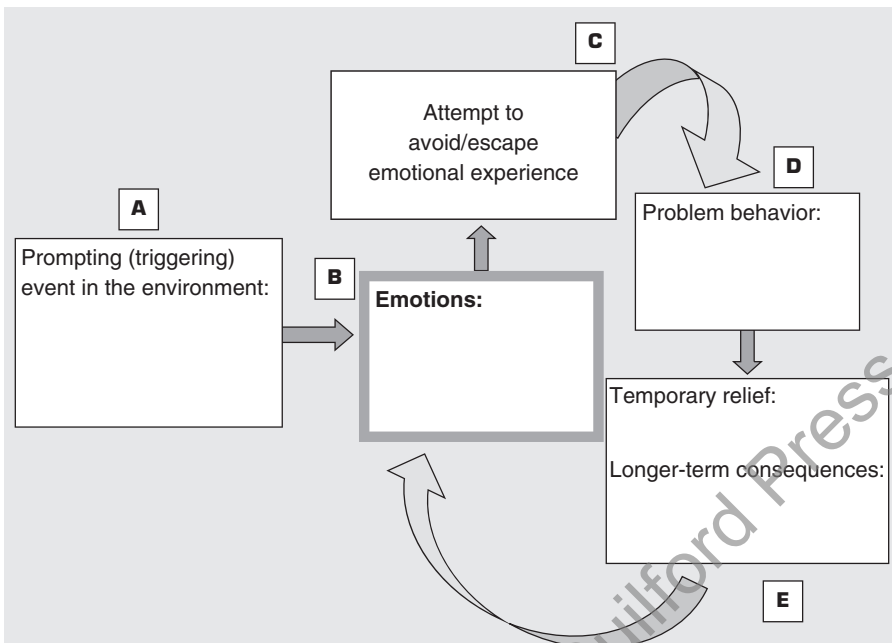
HOMEWORK EXERCISE 1-A

Filling In the DBT Emotion Regulation Model for an Episode of Binge Eating

Let's look at a typical binge for you to see if it fits with the DBT emotion regulation model. Describe your most recent binge or problem eating episode below. When did it take place? Where were you?

What was the prompting event or environmental trigger that might have led to this binge? Write that in box A at the far left of the diagram on the facing page. (Perhaps it was being criticized or receiving a compliment, attending a social event, being given a new responsibility at work, coming home to an empty house, etc.). It's OK if you're not sure—just do your best.

What emotions were you feeling because of the trigger? Enter those emotions (e.g., anxiety, anger, shame, irritation, sadness, worry, relief, happiness, pleasure, guilt) in box B. Again, just do your best to identify what you can.



We've filled in box C for you—that you attempted to avoid experiencing the uncomfortable emotions.

What, specifically, did you do? Did you binge, binge and purge, emotionally eat, overeat? Fill in the behavior you did in box D.

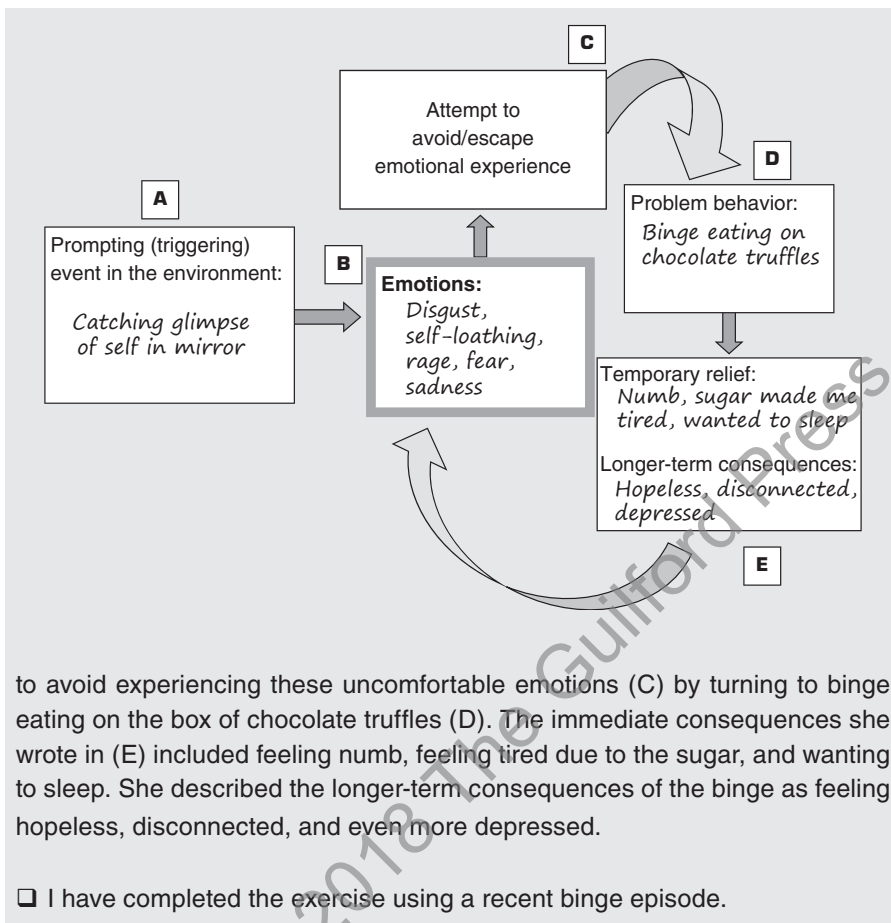
What were the immediate consequences of the binge (or other problem behavior)? Did you feel better temporarily? Describe this in box E. What were the longer-term consequences? Describe this in box E as well.

Here is how one of our patients, Kat, filled this out:

My most recent binge episode was last night. I had had two days of really bad allergy symptoms, including itchy eyes, hives on my eyelids, sneezing, and an overall sense of physical discomfort. I happened to glance in the mirror as I passed the bathroom, and I was revolted by my appearance. At my worst, which this was, I feel like I look like the Quaker Oats man—fat, ruddy-faced, and old.

I was home with my husband watching a movie, and I went upstairs and took a little box of chocolate truffles out of the fridge and absolutely knew that I was going to eat all of them. There were about a dozen. Somehow, I managed to offer some to Tom—probably to pretend to myself that I wasn't really bingeing. He ate two or three, and I ate all the rest.

In the diagram on page 34, Kat wrote that the prompting event (A) was catching a glimpse of herself in the mirror. This triggered emotions she recorded in (B) as disgust, self-loathing, rage, fear, and sadness. She then attempted

**HOMEWORK EXERCISE 1-B**

Reactions to Learning about the DBT Emotion Regulation Model and Biosocial Theory

We've heard from patients that once they've learned about the DBT emotion regulation model and the biosocial theory their "eyes have been opened and there is no going back." What does that mean to you in terms of being more aware of connections between your emotions and urges to binge or overeat? Do you notice yourself being more aware of your sensitivity to your emotions? What are your recollections about experiencing any emotional invalidation growing up and/or in your current environment? Use the space below to answer.

Kat wrote:

I have been more aware of my emotional reactions and responses. It mostly brings up for me reminders of how devastated I was this last year when I discovered Tom was having an affair.

This discovery was a terrible blow to my self-esteem and to my belief in my marriage and my relationship with Tom. I've never experienced such a deep sense of loss.

I also felt like an ugly, old, neutered woman who has outlived her use and should have been put out to sea on an iceberg (if there are any left) to just drift away.

I think that rage and grief have equal valence and that just knowing this may be able to help me short-circuit a binge.

HOMEWORK EXERCISE 1-C

Being More Aware of Your Emotions and Their Connections to Binge Eating This Coming Week and Beyond

Take a moment to think about the DBT emotion regulation model and the bio-social theory every day this coming week (especially after episodes of binge eating, if any). What does it bring up for you when you become more aware of your emotions and how they connect to your binge eating? How do you think your new awareness about your vulnerability to binge eating might help you in the weeks to come?

Kat wrote:

Growing up, my father would rage and was unpredictably violent. It terrified me. I never knew what would set him off and tried to draw as little attention as I could so as to avoid making him angry. So I'm realizing I never had a healthy model of anger and never learned how to deal with it in others or in myself. I always felt that being too angry was a problem instead of realizing that it wasn't anger itself, it's the way a person behaves in response to anger that's the problem. My father threw things and I try to stuff anger down with food or in the past sometimes didn't eat enough. Thinking about my childhood helps me recognize how difficult it has been this past year to tolerate my fury at my husband. No wonder I've craved so much chocolate and everything else I could find to feel numb. Taking time to be aware of this connection every day and why anger is especially hard for me to tolerate is a very helpful reminder to not repeat old patterns.

I have paid attention to (tried to notice) the influence of learning about the emotion regulation model and biosocial theory every day this week (especially after episodes of binge eating, if any).