



Case Report

Guided self-help to manage emotional eating in a non-obese woman: A case study

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Abstract

Eating behavior in women may be affected by several factors, such as their environment, body image, and mood, and a deterioration in healthy eating behaviors can lead to overeating, stress or emotional disorders, obesity, and other health concerns. This case study examined the results of a guided self-help program (GSHP) designed to address emotional eating behavior in a non-obese woman. The outcomes indicated that a 12-session GSHP reduced the patient's emotional eating behavior. To our knowledge, this is the first such study. The results cannot be generalized to a wider population as they are applicable to only 1 case; therefore, additional research using GSHP with larger samples are needed. Nonetheless, the findings were encouraging and psychiatric nurses should consider implementing GSHP techniques to help regulate emotional eating behaviors.

Keywords: Case study; emotional eating; guided self-help program.

What is presently known on this subject?

- Eating as a response to emotions, often in an effort to reduce emotional distress, can have significant consequences, including emotional and eating disorders, as well as impacts on physical health.

What does this article add to the existing knowledge?

- A guided self-help program was implemented to help a non-obese woman manage emotional eating behavior. The results indicated that the program successfully modified the patient's poor eating habits and helped to foster positive lifestyle changes and thought patterns.

What are the implications for practice?

- Psychiatric nurses should consider the use of guided self-help programs to prevent and treat emotional eating behavior as a tool to improve physical and mental well-being.

Eating behavior refers to food choices, motivations, and eating habits. There are complex physiological, psychological, social, and genetic aspects that can influence the behavior.^[1,2] Several studies have noted the role of factors such as the environment, individual body image, and mood.^[3,4] Thoughts and emotions play a powerful role and can contribute to the development of problem behaviors. Eating behavior problems may

include overeating, undereating, and compensatory behaviors.^[4,5] Emotional eating, or eating in response to emotion, whether positive or negative stimulation, rather than to satisfy physical hunger, is an important dimension of overeating behavior.^[6] Most often, emotional eating is associated with eating in response to negative emotions.^[2,7] Eating can be used as a coping strategy to minimize, regulate, and prevent emotional distress, and in excess, it can become a significant problem.^[8] Emotional eating can lead to weight gain and eating disorders, as well as exacerbate problems such as low self-esteem and poor emotion management. Emotional eating can also be a factor in obesity.^[6,9] Emotional eating behavior is most commonly seen in children, adolescents, women, and obese individuals.^[5,8]

These problems often go untreated, but the consequences of poor eating behaviors can be severe. It is important to recognize them and implement remedial action. Several therapeutic interventions have been used to treat eating disorders and emotional eating behavior. There have been studies using techniques such as dialectical behavior therapy, acceptance

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and commitment therapy, and mindfulness and mindful eating interventions.^[10–12] Evidence suggests that structured cognitive behavioral therapy protocols can be quite valuable.^[11,12]

A guided self-help program (GSHP) uses cognitive behavioral principles in an accessible, low-intensity format. Studies of GSHP in obese individuals demonstrated decreased binge-eating behavior.^[13,14] However, the research of use with other groups is more limited. A GSHP aimed at regulating emotional eating behavior may also prove helpful and serve to protect physical and mental health in the non-obese.^[13] This case study may provide guidance for implementation and additional research of efforts to control emotional eating behavior. The patient selected for this case study was a woman of normal weight who displayed emotional eating behavior.

Case Report

The patient was a 44-year-old homemaker. She was not working outside the home at the time of the study due to the conditions resulting from the coronavirus 2019 pandemic. She had no chronic disease and did not take any regular medication. A preliminary interview was conducted to evaluate her mental state. While her thinking processes, content of thoughts, and affect were normal, her emotional state was evaluated as depressive. Her memory processes, judgment skills, and ability to evaluate reality were normal, and there were no problems detected in attention, concentration, or speech processes. Written and verbal consent was obtained for administration of the Emotional Eater Questionnaire (EEQ) and the Three-Factor Eating Questionnaire (TFEQ).

The patient had gained about 10 kg in the previous year. She reported a gradual deterioration in eating behavior and increased night eating. She described emotional eating and stomach problems whenever she felt empty or distressed and episodes of self-induced vomiting after binge eating. The patient did not observe a fixed meal schedule; she stated that she ate frequently and excessively. She had previously consulted a dietitian and was knowledgeable about nutrition.

Study Process

The study goals and process were described and the patient provided consent, including authorization for the researcher to make audio recordings of the interviews that would be conducted as part of the program. The EEQ, developed by Garulet et al. and adapted into Turkish by Akin et al.^[15] was administered before and after the study. The EEQ consists of 10 items rated on a 4-point, Likert-type scale. A total score of ≥ 11 EEQ indicates emotional eating behavior. The initial, pre-study score was 24. In addition, in order to measure the behavioral and cognitive components, the TFEQ, which was adapted into Turkish by Karakuş et al.,^[16] was administered. The TFEQ comprises 21 items used to measure eating behavior and includes 3 subfactors: cognitive restraint, uncontrolled eating, and emotional eating. The formula used to calculate

the subdimension scores revealed a pre-study score of 39 and 42 points on the emotional eating and uncontrolled eating subdimensions, respectively.

The GSHP was conducted in face-to-face interviews held once a week between February 8, 2021 and June 11, 2021. Each session lasted approximately 120 minutes and consisted of 2 parts with a break in between. Each interview was structured based on GSHP modules and an analysis of the results.

Program: Guided Self-Help Modules

Fairburn and Carter^[17] developed a GSHP for patients with binge-eating disorder that has since been applied to other eating behaviors. The GSHP protocol consists of 6 modules administered in 12 sessions focusing on self-monitoring, eating regularly, mindful eating, developing alternatives to emotional eating behavior, problem-solving exercises, and diet and body image.

Module 1: Self-Monitoring

The purpose of the first session was to establish patient awareness of eating patterns and develop a habit of self-monitoring. Diet, tendencies, and the effects were discussed, as well as a plan for observing and recording feelings when eating during the following week. She was also asked about being weighed and it was agreed that she would be weighed once a week after each meeting.

Module 2: Eating Regularly

This module was designed to encourage regular eating behavior. Motivations surrounding eating and weight were explored and the patient was gently urged to analyze her thoughts and feelings. Alternative ideas were examined and evidence was examined. The benefits of eating on a schedule were also discussed, including the physiology of the satiety and hunger cycle, and specifically as a means to help prevent emotional eating. The patient was reassured and inspired by the idea that regular eating could be the beginning of change. A plan was created for the implementation of regular meals and she was asked to observe and report on her experience during the week.

Module 3: Mindful Eating and Creating Alternatives to Emotional Eating Behavior

The concept of eating mindfully, that is with intention and attention, was explained and explored. The well-known raisin exercise was used to demonstrate focus and awareness. Techniques for implementing mindful eating in daily life were discussed, as well as impulse control and regulating emotional eating. These included using activities and urge surfing to recognize and allow a brief emotional hunger impulse to pass without acting on it. The patient was encouraged to implement these alternatives during the week.

Module 4: Problem-Solving Exercises

The purpose of this module was to improve the patient's problem-solving skills. The empty chair technique, designed to help work through interpersonal or internal conflict through seeing the situation from a different perspective and gaining insight into feelings and behaviors, was implemented to explore the patient's emotional eating behavior. Two scenarios were used to examine behavior, perfectionistic thoughts, and all-or-nothing thinking, and to develop alternatives. The advantages and disadvantages of the solution options were discussed and a plan to implement the techniques was created.

Module 5: Diet and Body Image

The goal of this module was to examine dietary practices and anxiety about body image. The benefits and harms of excessive thinking about weight and eating were discussed and analyzed. The factors and thoughts that triggered the patient's weight gain were investigated and the activity plan was emphasized as a means reducing her thinking about weight and eating. Her thoughts on diets and previous use of strict dietary practices and eating restrictions were also discussed.

The patient's thoughts about her body image and self-esteem were also examined. She was asked about self-care habits and self-love. A pie chart illustrating the valuation of various life domains and self-worth was created and discussed. She was asked to prepare a new pie chart for the following week that reflected her goals.

Module 6: Final GSHP Session

The content of all of the sessions was reviewed and discussed. The patient noted that changing her eating pattern made her feel in control and she wanted to maintain this success by continuing to eat on a regular schedule. She added that she had not returned to emotional eating, that her thoughts of perfectionism had changed and her thinking was more flexible, that she had added new plans and activities to her life, and that her stress and feelings of worry had decreased. Actions to sustain progress and what to do if eating problems resurfaced were discussed within the framework of the problem-solving training.

Discussion

This case study examined the use of a GSHP to improve the emotional eating behavior of a non-obese woman. Initially, the patient reported a sense of hopelessness regarding her eating problems and distress. Self-monitoring and regular eating processes were initiated to create recognition of a hunger and satiety cycle. An activity plan was prepared to help overcome her emotional eating and to create healthy routines. Thoughtful analysis of the positive and negative effects of her eating patterns and her perception of weight and body image led to reduced eating-related stress. She reported that

after the GSHP, she ate 3 main meals and 2 snacks during the day and that she was satisfied with her physical appearance. She was able to examine her eating- and body image-related thoughts more realistically and successfully implemented the program techniques. Plans were made to ensure the continuity of this positive change in her eating behaviors.

The EEQ and the TFEQ were re-administered at the conclusion of the program to provide data for analysis of the results. Her second EEQ total score was 5, and her score on the emotional eating and uncontrolled eating subdimensions of the TFEQ was 0 and 11 points, respectively. The findings demonstrated a positive effect following the GSHP. Results in the literature have also demonstrated that a GSHP of 8-13 weeks has been an effective means to address eating behavior problems in adult women.^[18,19] Systematic reviews have noted that although tertiary mindfulness-based therapies were reported to have positive effects on emotional eating behavior, evidence regarding the effect of a cognitive behavioral therapy-based GSHP on this behavior was inadequate.^[12,20]

Conclusion

Although the results of this study were positive, they cannot be generalized to a wider population as there was only 1 participant. Future studies that examine the use of a GSHP with larger samples will be valuable. Nonetheless, psychiatric nurses should consider GSHP techniques to help regulate emotional eating behavior.

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