

How Women with Binge Eating Disorder Perceive the Value of Social Support in Their Recovery Processes

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Abstract

The purpose of this qualitative study was to examine how women recovering from binge eating disorder perceive the value of social support in their recovery processes. A phenomenological research model was used to illustrate 10 women's experiences. All 10 participants, ages 31–53 years old, had been engaged in therapy for a minimum of 1 year and had not had a binge eating episode for at least 6 months prior to the interview.

The data for the study were obtained through in-depth interviews. Themes that emerged included that **a) interpersonal relationships are perceived as important in the recovery process; (b) a spiritual connection is perceived as important in the recovery process; (c) healthcare professionals are perceived as both helpful and unhelpful in the recovery process; (d) 12-step programs are perceived as helpful in the recovery process; (e) family members are perceived as both helpful and unhelpful in the recovery process; (f) understanding emotional triggers is perceived as helpful in preventing binge eating.** These themes, consistent with the literature in the field, suggest that social support is a critical component of the recovery process. Participants feel most comfortable reaching out to others who are nonjudgmental and understand the complexities of binge eating disorder. These individuals are typically friends, therapists, nutritionists, and 12-step group members.

Binge eating disorder can be a chronic and potentially lifelong health problem. A qualitative study offers an in-depth perspective and can promote a deeper understanding towards the development of effective treatment models. Implications for counseling women with binge eating disorder, and recommendations for future research.

Statement of Problem

Social support, defined as inpatient or outpatient therapy, support groups, 12-step programs, and others, have been studied at length for anorexia and bulimia nervosa (Beresin, Gordon, & Herzog 1989; Lippi, 2000; Milstein, 2000; Rorty, Yager, & Risotto, 1993). Results have demonstrated that these studies have several things in common. First, they are all qualitative in nature and attempt to provide in-depth information about the recovery process from eating disorders. Second, social support was continually cited as helpful and influential in the recovery process from an eating disorder. Third, each study explored specific social supports and their role in the respondents' recovery processes.

Although studies have been conducted to research the etiology and treatment of this disorder (Halmi, 2005; Marcus & Kalarchian, 2003; Melbourne Academic Mindfulness Interest Group, 2005; Spitzer et al., 1993), little research has been conducted focusing on the subjective experiences of individuals recovering from BED. The present study seeks to explore what social supports are available to women in recovery from BED and whether or not these supports benefit women who have this disorder.

Participant Evaluation of Social Support*

Name	Individual Therapy	Group Therapy	12-step group (OA)	Dietician/ Nutritionist	Friends	Religion	Other
Amy	3		5	1	2		
Carol	5		5		4		AA 4
Cathy	5	5		1	5		Meditation 4, Rebirthing 5
Donna	5		2		5		
Gigi	5	5	5	5	5	5	Mentor 5
Lori	4			3	5		Yoga 5, Nude Model 5
Louise	5	4	5	4	5	1	AA 5
Patty	4		5	5	5		
Sarah	3		4	5	3		
Terry	3		5	5	4		Sister 4

*Data obtained from the demographic questionnaires

5 Extremely Effective

4 Very Effective

3 Effective

2 Slightly Effective

1 Ineffective

N/A Not Applicable (Indicated by the blank spaces)

Thematic Data

Name	Interpers. Connection	Spiritual Connection	Hlp. Healthcare	Unhlp. Helathcare	12 Step	Supportive Family	Unsupportive Family	Awareness of
								Emotional Triggers
Amy	X	X	X	X	X			X
Carol	X	X	X		X	X		X
Cathy	X	X	X	X			X	X
Donna	X		X	X	X	X	X	X
Gigi	X		X	X		X		X
Lori	X	X	X	X			X	X
Louise	X	X	X		X	X	X	X
Patty	X	X	X	X	X	X	X	X
Sarah	X		X		X		X	X
Terry	X	X	X		X	X		X

Participant Characteristics

Name	Age	Height	Current Weight	Highest Weight	Age Binge Eating Began	Length of Recovery	Last Binge Occurrence
				(excluding pregnancy)			
Amy	35	5' 4"	128 lbs.	165lbs.	12 yrs. Old	1 yr.	8 mo. Ago
Carol	42	5' 7"	171 lbs.	195 lbs.	12–15 yrs. Old	1 yr.	7 mo. Ago
Cathy	53	5' 4"	140 lbs.	175 lbs.	14 yrs. Old	10 yrs.	11 mo. Ago
Donna	48	5' 5"	130 lbs.	145 lbs.	Early Childhood	20 yrs.	2 yrs. Ago
Gigi	39	5' 0"	109 lbs.	138 lbs.	16 yrs. Old	9 yrs.	9–10 mo. Ago
Lori	35	5' 4"	145 lbs.	200+ lbs.	22 yrs. Old	10 yrs.	10 yrs. Ago
Louise	44	5' 8"	168 lbs.	188 lbs.	10 yrs. Old	6 yrs.	1½ yrs. Ago
Patty	31	6' 0"	159 lbs.	238 lbs.	13–14 yrs. Old	8 yrs.	8 yrs. Ago
Sarah	42	5' 5"	137 lbs.	151 lbs.	6 yrs. Old	12 yrs.	11 yrs. Ago
Terry	36	5' 3"	145 lbs.	175+ lbs.	5 yrs. Old	7 yrs.	7 yrs. Ago

Results

Many of the findings concur with results from earlier studies conducted with women recovering from eating disorders (Beresin et al., 1989; Lippi, 2000; Milstein, 2000; Rorty et al., 1993, Seamoore, et al., 2006; Starkman, 2005).

Effective Social Support:

- Participants found friends to be the most effective social support.
- Characteristics included friends who were nonjudgmental and who had worked through their own food and body issues.
- Eight of the participants found OA to be helpful at some point in their recovery processes.
- Participants felt most supported by professionals who had an understanding of BED.
- When working specifically with therapists, many of the participants found it important to gain self-awareness about the root causes of their binge eating.
- Several participants found having a supportive partner to be very helpful in the recovery process.
- In addition, one woman confided in her mother, another participant confided in her sister.

Ineffective Social Support:

- The lack of knowledge about BED on the part of their healthcare provider triggered one of the biggest complaints about healthcare professionals.
- The participants in the study stressed to other sufferers the importance of finding practitioners who understood BED.
- Six participants cited family as an ineffective social support.
- The reasons for this included family members not understanding BED, family members making unhelpful or judgmental comments, and family members not being able to detach from the participants' eating behavior.

Conclusions

The present study, influenced by human-development theories and feminist perspectives, focused on the importance of relationships within a framework of social support in the recovery process from BED.

The findings demonstrate that:

- Social support, as defined by the participants includes psychotherapy, peer-support groups, friends, family, and spiritual connections.
- The experience of connection through relationships was found to be highly associated with improved coping skills and management of BED.
- Women have the capacity to discover their potential for authenticity, self-worth, and wholeness in their relationships.
- The insights derived from the data can provide a more accurate understanding of women's psychology and women's experiences.
- Data demonstrated that each participant relied on at least two types of social support in the recovery process from BED.
- The most effective social supports included friends, therapists, nutritionists, and the 12-step program, OA.
- Counselors working with women with BED might want to consider one's significant other as a valuable tool in recovery.
- Clinicians and medical providers, informed of the unique etiology and treatment needs of BED, would contribute to a higher rate of early intervention
- It is in the best interest of medical professionals to gather more information before making a diagnosis based on body weight alone

As one participant in the study stated,

Being witnessed and supported was an amazing experience. It was people who created the trauma, and you need people to heal it. The connection and support, I could not have done my healing without it. (Cathy)

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