BINGE EATING BEHAVIOR : AN EXPLORATORY STUDY

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# ABSTRACT

Studies and clinical observations show that large number of people in the general population, specifically women, engage in some form of disordered eating. Although it is very recent that binge eating has its own category as a disorder, it has been a joint characteristic of binge/purge subtype of anorexia nervosa, bulimia nervosa (BN) and binge eating disorder (BED). This exploratory study consisted of qualitative interviews with 8 Turkish women who have engaged in binge eating. Through a case-oriented examination of these interviews, the study seeks to gain objective information about binge eating and to understand the subjective experience of individuals who engage in this behavior. More specifically, this study explores the purpose and meaning of binge eating behavior for the binge eater. The interview consisted of focused and open-ended questions that aimed to explore the participants' own experiences, thoughts and feelings. The themes identified from this qualitative data were examined in the light of a number of theories found in literature on the experience and etiology of binge eating and eating disorders. Two main themes that were consistent with the literature were the idea of binge eating as a self-regulator and the use of binge-eating as an escape from self-awareness.

**ÖZET**

Çalışmalar ve klinik gözlemler genel nüfusun büyük çoğunluğunun, özellikle de kadınların, bir şekilde yeme bozukluğu yaşadığını göstermiştir. Tıkınırcasına yeme bozukluğunun bir hastalık olarak bu bozuklukların arasında yerini alması çok kısa süre önce olsa da, anoreksia nervoza, bulimia nervoza ve tıkınırcasına yeme bozukluğunun bir alt-tipi olarak her birinin özelliklerini göstermektedir. Bu açıklayıcı çalışma, tıkınırcasına yeme bozukluğu yaşamış olan 8 Türk kadını ile yapılan niteliksel röportajlardan oluşmaktadır. Tüm bu röportajların 'vaka-odaklı' incelenmesi yoluyla, tıkınırcasına yeme bozukluğu ile ilgili nesnel bilgi edinmeye ve bu davranışı gösteren bireylerin öznel deneyimlerini anlamaya odaklanılmıştır. Özellikle, bu bozukluğu gösteren bireyler için tıkınırcasına yeme bozukluğunun amacı ve anlamı incelenmiştir. Röportaj, katılımcıların deneyimlerini, düşüncelerini ve hislerini incelemeyi amaçlayan ucu-açık ve odaklı sorulardan oluşmaktadır. Bu niteliksel verilerden çıkarılan temalar, tıkınırcasına yeme ve diğer yeme bozukluklarına ilişkin nedenbilim literatüründeki teoriler ve örnekler ışığında incelenmiştir. Literatür ile tutarlılık gösteren iki ana tema, tıkınırcasına yemenin kendi kendini denetleme olarak ve öz-farkındalıktan kaçış için kullanılmasıdır.

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# 1.INTRODUCTION

Studies and clinical observations show that large number of people in the genereal population, specifically women, engage in some form of disordered eating. The number is likely inaccurate as this problem is often under-reported for various reasons. Although it is very recent that binge eating has its own category as a disorder, it has been a joint characteristic of binge/purge subtype of anorexia nervosa, bulimia nervosa (BN) and binge eating disorder (BED).

Via qualitative interviews with eight women, this study seeks to gain objective information about binge eating and to understand the subjective experience of individuals who engage in this behavior. More specifically, this study explores the purpose and meaning of binge eating behavior for the binge eater.

There are a number of theoretical explanations for the etiology of binge eating. While this study mentions many of them, it mainly focuses on the self-psychological view. Thus, this study also situati the qualitative findings within a self-psychological perspective, in an attempt to assess whether this perspective sufficiently and usefully accounts for the etiology of this behavior within this particular population of Turkish women.

The literature review covers the definition of and factual data on binge eating as well as eating disorders in generalm based on previous research. In addition, it discusses the limited theoretical explanations around the phenomenon of binge eating.

The research project consisted of qualitative interviews with 8 Turkish women who have engaged in binge eating at least during a 3 months period, at least once in

a week in the past year. The interviews sought to explore participants' objective and subjective experience of binge eating and as well as their understanding of the reasons and purposes behind their behavior. The interview was generated from focused and open-ended questions for responsive exploration of the participants own experiencesi thoughts and feelings. The interviews were conducted in Turkish and then translated to English. The themes identified from this qualitative data were looked through with some of the theories found in the psychoanalytic and self psychology literature that examine the experience and etiology of binge eating and eating disorders as general.

Lastly the results were discussed through the lens of self psychology in an effort to reach a more comprehensive understanding of this phenomenon.

## 1.1 REVIEW OF THE LITERATURE

This section will include the description of binge eating, when it occurs as a disorder, its diagnostic criteria, prevalence of the disorder, who engages in binge eating and what is conversant about subjective and objective experiences of binge eating. In addition, the limited theoretical studies and research on the phenomenon of binge eating will be looked at.

### **1.1.1** What Is Binge Eating Disorder?

The common vocable meaning of eating is to "take (food) into mouth and swallow for nourishment" (Oxford Dictionary, 2003).However, it is well known that eating goes beyond physiological nourishment and has important psychological and sociological components.

Then, what is binge eating?  Most of the people can eat excessively from time to time. Pretty much everyone sometimes keeps on eating when having a holiday or celebration meal with family or friends, even though they no longer feel ungry. It cannot be said every over-eating behavior turns into a binge eating disorder or any other eating disorders. So it is important to differentiate over eating and binge eating disorder (Bayraktar, 2011).

Defining and distinguishing the normal eating behavior may not be possible but to distinguish an eating disorder, the most fundamental criterion is when person's eating attitude and behavior threatens her health, psychological condition, cognition, daily and social life (Bayraktar, 2011). Though binge eating disorder's origin

is based on centuries ago, its definition was made in 1990's. Incipiently from 1970, in 1980's, although it was observed that most of the obese individuals were eating in sizes that can be considered as normal, binge eating episodes were observed in some of the subgroups of obesity and also individuals who were in normal weight. Additionally, individuals who experience binge eating episodes, to have cognitive distortions about their body and weight and also distorted eating behavior caused this situation to be evaluated as an eating disorder (Bayraktar, 2011).

### 1.1.2 Diagnostic Factors

According to The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) criteria for Binge Eating Disorder is as follows;

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances

    - a sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
- The binge-eating episodes are associated with three (or more) of the following:
    - eating much more rapidly than normal
    - eating until feeling uncomfortably full
    - eating large amounts of food when not feeling physically hungry
    - eating alone because of feeling embarrassed by how much one is eating
    - feeling disgusted with oneself, depressed, or very guilty afterwards
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for three months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder. (DSM-V, American Psychiatric Association,2013)

Until 2013, binge eating disorder was not specified as a disorder in The Diagnostic and Statistical Manual of Mental Disorders published by American Psychiatric Association. The symptom of binge eating was first defined by Stunkard in 1959. In 1987, binge eating was first referred under the criteria of Bulimia in DSM-3. In 1994 binge eating was referred under the catch-all category Eating Disorder Not Otherwise Specified (EDNOS) in DSM-4. It was defined in Appendix B: Criteria Sets and Axes Provided for Further Study.

Further studies and research indicate that considerable number of individuals with eating disorder was not suitable for bulimia nervosa or anorexia nervosa categories. It was appeared that those individuals who were diagnosed as eating disorder not otherwise specified may haave binge eating disorder fundamentally. As a result binge eating disorder was accepted as a category itself in DSM-5.

The only criteria that has been modified in DSM-5 is binge eating episode's frequency and duration. Previous edition of DSM (DSM-4) requires binge eating must appear, on at least 2 days per week for no less than 6 months on average; whereas, the currently suggested revise for the DSM-5 requires binge episodes must appear, at least once per week for no less than 3 months on the average.

### 1.1.3 Prevalance

The fact that many number of people who have eating disorder not seeing this situation as a disorder or although they see as a disorder, not seeking help has been hindering the achievement of accurate statistics of the disorder (Bayraktar, 2011), but contrary to prevailing belief, ratio of eating disorders is increasing rapidly. According to publication of the National Eating Disorder Association 2.8 % of the U.S adult population suffers from BED at some point in their life span and 60% of individuals with BED are female and 40% are male.

With the ratio of 2.8 %, binge eating disorder is the most common type of eating disorder. With respect to recent findings the prevalence of binge eating disorder in the general population is about 1-3% and it is reported that this ratio is 25% or higher in patients with obesity and in patients who seek support to lose weight (Pull,

2004). Another investigation looked at the prevalence of binge eating behavior among females in a general Austrian population with random sample of 1000 women aged 15-85 years. Results indicated that 12.2 % of women met the diagnostic criteria for binge eating, 8.4 % of women for binge eating syndrome and 3.3 % of women for binge eating disorder. In the same investigation, prevalence of bulimia nervosa was 1.5% which is mostly nested with binge eating syndrome. (Kinzl, Traweger, Trefalt, Mangweth & Biebl, 1999). For non-clinical populations, Grilo, Fairburn and Brownell remark aprevalence rate that ranges from 0.7% to 4 % (cited in Yücel 2009). Another recent study achieved an outcome that binge eating troubles almost 5% of U.S adults at in their life time (Mathes, Brownley, Mo & Bulik, 2009). Even though there is limited research and missing, deficient report of the individuals with BED, the prevalence can be still considered as noticeable.

### 1.1.4 Who Engages in Binge Eating?

Binge eating is seen among all weight ranges; Yanovski (1995) states that there can be individuals with BED who are severely obese or emaciated anorexic. However, most researchers, theorists and clinicians seem to agree on the demographic variables that portray the representative binge-eater. Eating disorders have been considered as female perversions and Sands remarks that women are more likely to binge eat than men (2003). However, Kullman, who comes from a clinical background disagrees with this claim in his theoretical paper (2007). He asserts that men use food to aid themselves think or handle their emotion as often as women, speaking of an important number of obese or overweight males, in addition to men who binge and purge, yo-yo diet, starve themselves or try to recompense the influences of their

eating by attempting in extreme sports but only difference is that society tolerate men to embody their own toxicity in physical ways more than tolerate women (Kullman, 2007).

Even though there are some varied aspects, mainly literature reviews, researches and case studies give point to females still. Possible reasons that may contribute to the vulnerability of women to binge eating will be examined in the part of etiology widely.

Fairburn defines that the common ageof onset ranges from 14 to 18 years of age. (1995).

Didie and Fitzgibbon's research investigates the relationship between weight and eating pathology and general psychiatric distress among normal/overweight, obese and severely obese men and women with BED and finds out that there is no difference in any groups (2005).

Another set of findings represent that people from different ethnic and racial backgrounds are affected equally from BED (Engel, Reiss, Dombeck, 2007).

### 1.1.5 Etiology

Little is known about the etiology of binge eating disorder. The aim of this section is to investigate the question of why individuals binge eat by viewing and integrating some of the reasons and intentions of binge eating behavior supplied by a range of theoretical perspectives. Even though the exact reason of the disorder is not known yet when all of these perspectives are taken into account, social, genetic, biological

and developmental factors all need to be considered. In this section, sociological, physiological perspectives are mentioned briefly and mostly focused on psychological factors, mainly three themes may provide possible explanations for this behavior. These three themes are based on some of the developmental or environmental perspectives which are related to each other and nested in the relevant literature.

Finally, it is important to consider that because binge eating behavior is a joint characteristic of binge/purge subtype of anorexia nervosa, bulimia nervosa (BN) and binge eating disorder (BED), this study utilized the relevant parts of the literature on all these disorders.

#### 1.1.5.1 Social Factors

Sociocultural theorists discuss that changing norms toward thinness for women have generated a conviction to dieting (Crandall, 1988). In his study, Crandall (1998) calls attention to decreasing body sizes of the winners of beauty contests over the past 20 years and women internalize thinness as a norm of beauty which is a social norm rather than biological. In addition to damaging effects of dieting on body's natural balance, Crandall states that achieving or failing in losing weight is very self-relevant because of the psychological investment in dieting.

There is likely a link between this explanation and the etiology of binge eating because there are studies that shows dietry restrictions can predict binge eating. In Zunker et al.'s study, the relationship between caloric restriction and binge eating

was examined (2011) and the result of their study indicates that possibility of binge eating rises on the day that caloric restriction occurs and also on the following day. Another study which investigated if food restriction directs to binge eating, shows that adolescent girls who practises the most excessive weight control behaviours, such as decreasing meal frequency and/or starvation, attempt to binge eating more (Akkermann et al., 2011).

There are also some findings that point to individuals who experienced binge eating behavior and then dieting. For example, Spurrell, Wilfley, Tonofsky and Brownell's research. intends to identify if first binge eating preceded dieting (binge-first) or first dieting preceded binge eating (diet-first) (1996). Among the 87 participants who had BED, it was seen that 55% of them are binge-first and 45% of them diet-first. Study of Marcus, Moulton and Greeno (1995) presents that age of onset of binge eating has influence on binging and dieting process. It is asserted that early-onset binge eaters are more likely to binge eat before dieting than those with later onset binge eaters (Marcus et al., 1995). All in all, the current social norms that promote low body weight and dieting certainly seems to be one of the factors that contribute to the etiology of binge eating.

#### 1.1.5.2 Physiological Factors

Yanovski (1995) mentions about the presence of some suggestions that abnormal insulin or glucose responses which lead to hunger may play a role in binge eating but she advocates that metabolic abnormalities are not seen in binge eating disorder, by contrast to anorexia nervosa and bulimia nervosa.

Mathes et al. (2009) claim that by its biological and etiological position, binge eating phenomenon can be viewed from a similar framework to that of substance abuse and addiction. There is an implication of passing from distractional drug use to drug abuse and overeating to binge eating. The usage of food high in sugar and fat which is common in binge eating episodes may be a parallel neurobiological process to addiction, as sugar and drugs activates the natural reward pathways in the brain in the same way (Mathes et al., 2009).

In an informative paper about binge eating disorder, prepared by U.S Department of Health and Human Services (2009), it is mentioned that since it is observed binge eating disorder appears in several members of the same family, there are some research in the early stages, on genetic factors of the etiology of binge eating disorder. Dr. Allan Kaplan, head of the eating disorder program at the Toronto General Hospital states that (as cited in Finlay, 1999) genes may predispose an individual to an eating disorder and the environment influences whether it appears. Finlay (1999) reports there is evidence that abnormalities in brain serotonin acts a significant part in binge eating behavior, therefore genes related in serotonin

transmission, such as the 5HTT gene which is the serotonin transporter gene (Motluk,2007), may participate in the biological vulnerability to BED.

#### 1.1.5.3 Psychological Factors

Binge Eating as Escape from Self Awareness

The theory of escape, as a motivated attempt, by shifting levels of awareness in the presence of aversive awareness of self, have been applied to the binge eating phenomenon (Heatherton & Baumeister, 1991). Based on the escape theory, the way to reduce the level of self-awareness is to narrow the focus of attention to the current and instant stimulus. Heatherton and Baumeister explains that this as a process to retain self-awareness at a low level in some degree and defending self against significant considerations about identity and the containment of different conditions (1991).

Relative to escape theory, binge eating is associated with emotional distress that threatens self-esteem. As Heatherton and Baumeister review the relevant argument they note that a comparison of self against high expectations and demanding ideals lead individual to escape from self-awareness. Heatherton and Baumeister (1991) states that the higher standards may give rise to more defeat and in relation to having high standards, self-ideals, and individuals may assess themselves more and accordingly, binge eaters should be characterized by low levels of self-esteem and high levels of aversive self-awareness. Rosenthal and Marx (1981) state that food may reduce negative emotional experience by supplying a short-term pleasurable experience which is considerable for the experience of aversive self- awareness.

A central signification of binge eating is attributed to an 'escape from awareness' as a model of dissociation (Tyszkiewicz & Mussap 2008).

Mela and friends (2010) argue that dissociative experiences are associated in eating disorders, and binge eating is connected to dissociation. By narrowing awareness and decreasing self-awareness; dissociation may serve patients to start binging behaviour, without having to deal with the long-term consequences of their actions, such as weight gain, guilt, and self-dislike (Mela et al., 2010). In their study they evaluate whether eating disorder patients display a higher level of dissociation than healthy control individuals or psychiatric control patients with anxiety and mood disorders and to examine the effects of dissociation on eating disorder symptoms, specifically binge eating. Results of the study demonstrate that eating disorder patients had higher levels of dissociation than both the psychiatric control group and the healthy control group and within the eating disorder group, the number of binge episodes was linked to the level of dissociation (Mela et al., 2010)

Lyubomirsky et al. (2001) also examined dissociative experiences and abnormal eating among non-eating disordered women and bulimic women. Their study presents that in bulimic women, dissociative experiences increase during binge eating. In the nonclinical sample of women, dissociative experiences were associated with abnormal eating attitudes and behavior as well (Lyubomirsky et al., 2001).

Austin (2013) describes dissociative dynamics of binge eating in her paper. She reports her work with a non-vomiting binge eating disordered woman who is in analysis about a year because of her binge eating problem.

In her paper she shares her patient's own description of her binging periods:

> *It is as if I live in a glass room. While things are good with food, in other words, while I only eat fruit and yogurt, and not very much of those either, the glass walls hold, and I am safe. It may last hours, or days. It feels clean, ordered, sane. I am clean inside, acceptable. I can look people in the eye. I am not crippled with disgust at myself and what I do [with food]. Then, with no warning, I see a hair-line crack appear in one of the walls. Frantically, I try to tape it back together, hoping that I will be able to somehow make it unhappen. But I know I can't stop what happens next. It's only a matter of time before it all falls apart and I am eating whole loaves of bread, and all the food my flat mate has left in the fridge. I am awash with food madness. It is chaotic. And I have no idea if it will ever stop again. So far it always has, but I have no way of telling how or when it will happen. Maybe I will walk out of my front door and the sky will be just the right colour, and the wind touch me in some way. Maybe I will be on a bus and see an advert which somehow clicks me back. Maybe I will wake up one morning and the glass room is back. Until next time. (Austin 2005, pp. 194–95)*

Kullman (2007) asserts that binge/purge eating disordered patients experience of unexpected swell of hunger and pressing thoughts of food. She interprets such a condition as below; which is similar with Austin's patient expression:

*Although some sink into the inevitability of their patterns, most awaken each morning determined to end their tortured relationship with food: They vow to be "good" , to eat only vegetables, to resist all temptations but when their planned regimens collide with emotions that overwhelm their minds, the promises disintegrate. "Something happens," and within a fraction of a second their resolve disappears. It is as if they literally "lose their minds," unable to recall why they should do anything but eat foods that they just seconds before had no thought of or hunger for. (*Kullman, 2007 , pp. 707)

Austin tells that she constructs her work based on Jung's understanding of the psyche as naturally and healthily dissociable. Howell (2005) explains this dissociative state of psyche as relationally structured by defining dissociation is a way for psyche to regulate its own structure to adapt interaction with 'a frightening but needed, and usually loved, attachment figure'.

By the light of this instructions, Austin interprets her patient's binge eating is a way to express her 'inner othernesses or Not-I elements (which threaten ego) of her personality which rejects to perish and she finds it potentially a rise of psychological improvement (2013).

#### 1.1.5.4 Self Psychology Approach

This section will review the literature that approaches the etiology of binge eating from a self-psychology perspective. De Groot and Rodin (1994) believe that eating disorders may be a reflection of psychological disturbance which can be remarked as

disturbance in the sense of self. Thus, to understand eating disorders among women, understanding gender-specific psychological development is necessary. According to the self psychology approach, identity of women is more tightly engaged with relationship (Chodorow, 1978; Jourdan & Surrey, 1986). Kohut states that contribution of the early infant- caregiver bond to the psychological development of both girls and boys is underlined (1971) , however separation from the mother may be a considerable success in the strengthening of male identity but female identity may be situated more on a continuing identification with mother and relatedness to mother (de Groot & Rodin, 1994). In Olesker's study (1990) it is noticed that female infants more often launch connection, participate activities and feelings with the mother than did boys who had interactions with the mother using playing objects. Douvan and Adelson (1966) claim that a consequence of girls' superior inter relatedness with their mothers may be a discriminating sensitiveness to the judgemental reactions of others. This superior attunement to the authorization and thoughts of others by girls may restrict chances to confirm their own subjective experience or to trust in their own self assessments. Steiner- Adair (1990) discovered that adolescent females with disturbed eating behaviors were restricted in their potency to estimate own subjective experience and disposed to detect socially appropriate notions as their own. These persons promote the model of the ideal image of the independent, autonomously successful "superwoman" as their own ideal image. The observed connection of the female infant to the mother may develop relatedness but may demand an extra task in distinction of self experience (de Groot & Rodin, 1994). Chodorow has proposed that mothers have a tendency to attempt their daughters as more permanent with and more alike to themselves than their sons and this sensed resemblance may subscribe to the disposition in the mother to not to

be aware of the daughter's separateness and uniqueness and mother may be less able to tolerate or accept the infant as an individual (1978). De Groot and Rodin (1994) state that among girls who got insufficient earlier recognition of their subjective experience and self-worth, identity may come to be formed primarily by external confirmation or disconfirmation.When parents are incapable of distinguishing or to answering mutually to the original and separate emotional positions of the daughter, that child may have bigger struggle in realizing, confiding in, and organizing her own emotional experience (de Groot & Rodin, 1994).

Krueger (1997) remarks that persons who are narcissistically vulnerable, to symbolize self-object functioning, to fullfil or to substitute, they use self-object instead of people. Krueger characterizes food, as the primary transitional object, "the bridge between mother and child, is a symbol of all that the mother is or might have been, as well as real", concrete calming substance which physiologically and emotionally normalizes affect and tension positions (Krueger, 1989b). Krueger (1997) states that person may utilize food, and /or the parents may present food as a prize, to comfort, to calm or to replace as an embarked self-object experience and through self-object functioning, the eating disorder may be sensed by these persons as a supplemental part of their self, with the intention to preserve the unity of vital functions and food, a concretized self-object for these persons, is more sensible and presumable than disappointing and or unreachable other human self-objects. Krueger (1997) explains while binging, food can ensure a fantasy that person can possess anything and everything she wants, without any restrictions, so there is no disconnectedness, just as there is no inaccessibility because the object is swallowed, turning out to be at one with one's body self and psychological self. Krueger continues that when individual can not succeed in gaining subjectivity of body self

and self-experience, there is a failure to fantasize, symbolize or reach integrated, variety-generating insight (1997). Depending on this, he evaluates binging as an effort to regulate the affect of a split sense of self and to repair self-object functioning (Krueger,1997). If self-object experiences have not been satisfied firmly and steadily during developmental period, Krueger remarks that a person will turn to other means to pursue “self-organization, cohesion, tension relief, and vitality”. Krueger (1997) explains that an individual with eating disorder goes into a binge in a case of feeling distress and when she binges, she feels more intact, sated, full.Krueger says that these individuals has a background of this behavior, frequently from earliest ages. Krueger claims that binging provides individual a potentiality to self-regulation of affect and tension through food. Also individual has a sense of effectiveness in doing this and preserving symbolic mother by taking over these functions herself. Krueger asserts that food is used as a regulator of affect and for tension decrease, driven by wish for efficiency. Thus, food becomes a pathological self-object experience which is habit-forming. As the object is swallowed, it delivers security and support with a strong regulatory influence. Consequently, food replaces for the self-object experience and obtains fundamental focus of attention and motivation for the person (1997).

A related theoretical concept that can help explain binge eating behavior is what some call a sense of agency, considered by some as a self-invariant and part of the core self (Stern, 1985). Pine defines agency as the sense of ownership of person’s own actions and non-ownership of other people’s actions (1990). Zeanah et al. (1989) explain that driving systems known in infants, which may lend to the growth

of sense of agency contain the urge to explore, to establish assumptions about and study the environment. Tronick (1989) states that regular investigations of parent – child interactions propose that infants who are continuously exposed to disarranged connections with caregivers are disposed to reject or to involve in repetitive self-comforting behaviours, to reduce unfavourable affect. De Groot and Rodin (1994) believe that this concentration of reducing unfavourable affect may not only misrepresent relations with other people, but may also direct to a sense of ineffectiveness.

Kohut (1977), defined the self as a subjectively experienced psychological organization. Normal development of the self be governed by the caregiveer's adequate attunement and alertness to the infant's progressing emotional conditions and needs (Stolorow, Brandchaft & Atwood, 1987) and such empathic responsiveness funds to the strenghtening of the sense of self and to the continuing gaining of functional capacities, together with the regulation of self-esteem, the capacity for self- soothing and for introspection. When these capacities collapse to develop efficiently, emotional experience may be threatening and may initiate anxieties of psychological disorganization or disintegration (Kohut, 1984).

Some empirical evidence suggests that women with eating disorders suffer from a spoiled or suffocated sense of agency. In a study byWilliams, Chamove & Millar (1990) it is found that women with eating disorder feel less self-assured and are more leaning to rely on that happenings are dominated by external forces than women without eating disorders.

Self psychological understanding proposed that eating disorders are associated with developmental arrests and deficits (Sugarman & Kurash, 1981). It is likely that the

individual with an eating disorder was viewed as an extension of the mother, leading to a lack of a psychic life of her own. This understanding highlights troubles in the handling and stability of subjective experience (de Groot & Rodin, 1994).

With respect to Kohut, self-object represents anyone who is significant in regulating the esteem, function and self-cohesion of another person and Krueger (1997) states that thenceforward, as self-psychology has grown, self-object experiences have been studied attentively. Lichtenberg (1991) look through self-object and self-object experiences as framers of major development as well as clinical outlook and it is considered that 'transmuting internalization (that which is done for one becomes something one does for oneself)' establishes competence to self-feed, self-soothe, self-regulate, self-amuse.

However, Adamo (1999) states that the object, which is projecting rather than containing, builds a disorganizing rather than organizing function. Sands also considers the disordered aspects of such relationships with food (2003), noting that

it is a replacement for an absent bond with a 'self-regulating other'. Sands continues by questioning why women are more likely to develop eating disorders than men and suggests that disposition for girls to be used by their mothers as narcissistic extensions more often than boys might cause following usage of eating disorders to specify a distinct self from the maternal object. Sand also points out that the lack of idealizable female role models to assure self-regulating functions might cause following usage of eating disorders to support self-regulation for women. At this point, Sands cites Bion's perspective (as cited in Sands, 2003) which says while men are more likely to use the Other to venture to embody their dependency needs, women are more likely to use their own bodies to embody and this is why women are

more likely to develop an eating disorder, cutting and other body harming behaviours (2003).

Benjamin (1998) offers in her argument that using one's own body to contain dependency needs is an identification with the containing function of the mother. Overall, disordered eating seems to be viewed as some theorists as an attempt to use one's own body as a container by concretizing in the body the unfulfilled developmental cravings, which can be effortlessly satisfied through disordered eating (Sands, 2003).

From an alternative but overlapping point of view, Reich and Cierpka (1998) view the eating disorders as the reason of the conflict between two inconsistent parts of the self. In their view, the patients are terrified of losing control, being visible, or looked down on if they let more personal views of themselves to surface. Blos (1962) also states that any inconsistency between ego ideal and self –representation is sensed as a lowering of self-esteem. Reich and Cierpka (1998) assert that affects such as sorrow, anxiety, sadness or pain, the desire for attention, intimacy, passivity, and abandon are denied as marks of failing.  The need for sexual intimacy also bring about the fear of weakness and insufficiency. All these feelings and intimate longings lead to a core feeling of shame for fundamental aspects of the self and a convinction that one is insignificant and fundamentally undeserving of love and respect. Naturally, according to such individuals, the 'defective self' must be hidden regardless (1998).

According to Kullman (2007) in latest years, the highest number of theories have focused on the eating disorders as aseek for the self, as a symbolized effort for

separation and individuation. Ego psychologists have remarked the infant's effort to distinguish from her mother as being mirrored in ego weakness and an ambivalent relationship to mother's food. On the other hand, self-psychologists have seen the absence of an empathic and mirroring self-object during separation individuation as resulting in a unsuccess of the child to develop a sense of identity or the capacity for self-regulation. Kullman believes that with this confusion, self-regulation presents a continuing struggle for the person and in this way patient does not have accomplishment to calm her affective states, relax or change her doings, without eating to soothe the chaos (2007).

Kullman believes that eating disorder patients are so desperate and searching for he psychically containing object that the containing object recieves the expectation of reassurance, of safety, of not being alone anymore. An eating disorder is only in the receptive distinguish of the psychic and somatic, the concrete from the abstract, with a containing "other", that Kullman offers the capacity to think, to process and tolerate interior experience can develop progressively converting the "hunger for connection" into something that can be found as a final point (2005).

In their study with eating disorder patients, Bemporad and et al. (1992) founds that only %6 participants described their mother and %11 participants describes their father as mirroring emotional needs of the patient and %79 participants were incapable of distinguishing psychologically from their mothers. The therapists in the study conclude that the psychological function of an eating disorder is, maintaining self-control (%82) avoidance of feelings (%60). This data suggests that disordered eating may derive from the conflict between coping abilities and external requests,

leading to growing feelings of insufficiency and low self-esteem (Bemporad et al.,1992)

Simiarly, Sours (1974) stresses in eating disorder patients the centrality of the ego regression that follows minor to "unresolved infantile object dependency and failure in achieving autonomy." Geist (1989) also interprets eating disorders as one leading form of self-pathology in which there has been both traumatic and chronic disturbance in the empathic bond between parents and child and argues that it motivates dissociative defences that turn out to be consistent with the more chronic empathic unsuccess that happens (Geist, 1984) in the families of eating disorder women.

Swift and Letven (1984), assertinging a psychoanalytic model grounded on the study of Balint and Kohut, advocated that eating disorder patients display a basic fault in their ego structure, in particular a distruption in tension regulation functions of the ego. Tolpin (1980), defines the human self, "experienced as a sense of wholeness, aliveness, and vigor, an independent center of initiative over time and through space, is the essence of one's psychological being" and Geist interprets this nursing setting, because it delivers those "confirming, calming, and sustaining functions- mirroring, idealizing, and parenting" which the child adopt and live as part of the self (1989). Geist (1989) states that where parental empathy is precise, the child will feel understood on what can only pronounced as a core level of her being and when a child feels understood, she experiences a sense of authenticity, individually existing and participated in one's own functioning, activities and capacities and when such accepting is present, the person can stand containing specific feelings that her ego does not yet have ability to actualize and control. In other words, the pleasure and

satisfaction innate in being known by another raises higher levels of "empathic resonance" (Kohut, 1984; Wolf, 1983) and such resonance builds one of the most effective bonds that can be between people. Geist (1989) asserts that without empathy, this space which persons associate, turn into an empty space, the manifestation of nothingness; and without empathy the self begins to disappear , and this causes a fear of psychic emptiness and threats to self-cohesion.As a result, self starts to be substituted by defensive structures that keep its 'integrity and cohesiveness (Geist, 1989)

In their regressive states, eating-disorder patients do not experience a loss of connection with reality in general; they experience disintegration anxiety, "the threatened loss of self-cohesion maintaining responses of the empathic self-object" (Kohut, 1984). According to Geist (1989) the emptiness of eating-disorder patients mirrors more the characteristics of a 'depleted and dying self' in the context of its perished nourishing environment and they experience a withering of that creative living where feelings, moods, and events can be 'symbolically represented, played with, and actualized,' The start to be deprived of both the capacity to realize what they are experiencing and to integrate it into an aspect of a more completely experiencing self. Geist continues to consider that the self-lacking the maintaining self-object tie, starts to disappear its sense of being vivid, has no way to diminish the strong affective condition, feels more and more misread and powerless to use the strength of the parents and when the self-object environment distroys traumatically, still, the patient must discover methods to complete the consequential basic deficits ideally she can and for the eating disorder patient food, eating turn out to be a unfailing self-object over which she has omnipotent control (1989).

Caparrotta and Ghaffari (2006) consider that the maternal object is then reached through the bingeing thus imitating the symbiotic feeding experience with the mother, so the symptoms could be seen as the patient's effort to preserve a sense of self.

With respect to this perception, Caparrotta and Ghaffari views individuals with vulnerable self-organization, when they are in danger of losing the wholeness of the self, attempt to minimize this potential loss of wholeness by representing their interior sensations through their body (2006).

Finally, when considering all these theories, it could be said that in the examination of binge eating's etiology, self psychology approach has a wide space in the literature.

# 2.METHODS

The purpose of this study is to provide a preliminary exploration of the phenomenon of binge-eating in a population of women in Turkey. This phenomenological study will investigate the objective and subjective experience of binge-eating through qualitative methodology. More specifically, the study will provide an opportunity to obtain 1) objective information on the binge-eating behavior of the participants; 2) some insight into their subjective experience of binge-eating; 3) an initial exploration of the reasons behind binge-eating as explained by those women.

The qualitative research design permits an in-depth examination of the experiences and feelings of the participants, prioritizing an understanding of their experience from their own perspective. A combination of focused as well as open-ended questions will be used in an effort to allow a flexible investigation that is responsive to each participant. The use of open-ended questions will permit the interviewer and participant flexibility in identifying and exploring the most salient themes while the

use of directed questions will allow for the exploration of previously defined areas of investigation.

## 2.1 Participants

### 2.1.1Selection Criteria

Eight participants were recuited for this study based on the following criteria:

1) Participants were women older than 18 years old.

2) At least within the last year, participants engaged in recurrent episodes of binge eating characterized by both of the following:

* eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances

* a sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating).

3) At least within the last year, participants engaged in episodes of binge-eating that also included at least three of the following:

- eating much more rapidly than normal
- eating until feeling uncomfortably full
- eating large amounts of food when not feeling physically hungry

- o eating alone because of feeling embarrassed by how much one is eating
- o feeling disgusted with oneself, depressed, or very guilty afterwards
- • Marked distress regarding binge eating

4) Participants engaged in the behaviors specified above at least once a week for three months.

5) Participants denied engaging in behaviors that could indicate a diagnosis of anorexia or bulimia (weight, purging, extreme restricting...etc.), in the past or present.

### 2.1.2 Identification and recruitment

Participants were recruited in several different ways. First, help was asked from dietitians and psychologist working with eating disorders. Second, an announcement was published on some group pages about diets and eating disorders on the social media. It was explained in the announcement that this was a clinical psychology master degree thesis study. It was indicated that volunteers were being searched for a face to face interview about 30 minutes. The criteria that is required for binge eating disorder was specified.

8 participants were gathered for this study. One of the participant was directed by a dietitian and one participant volunteered, reading the announcement from a dietitian’s social media page. Six of the participants were recruited from an educational institution. Participants were women between the ages of 24-51.

## 2.2 Initial Meeting

Before the interview, an initial phone meeting was conducted, where the purposes and parameters for the study were explained. It was clarified that the meeting will be face to face and around 30 minutes; the interview will be audio taped and identity information of the participant will be kept confidential. Potential participants were informed that they can quit the study at any point before or during the interview. If the potential participant agreed, a day and time was arranged for the interview.

## 2.3 Interview

Before the interview participants were asked to sign the consent form if they are willing to participate (see Appendix A). In the consent form it is stated that participant will be attending voluntarily to a final project of clinical psychology master degree program of Bahçeşehir University. It is reminded that participants' identity information will be confidential and the given information in the interview will be used only for this study and also be confidential. It is manifested that interview will be audio-taped and tape recording will be transcribed and then translated to English. Participants were informed that after the completion of the study, audiotapes and transcriptions will be destroyed. Lastly participants were informed that they are free to terminate the interview anytime, for any reason.

All of the participants accepted to participate and signed the informed consent. None of the participants ended the interview or refused to answer any of the questions.

Interview started with demographic questions including age, marital status, education status and employment status.

After demographic information, participants were asked an open-ended question about their binge eating behavior “Would you tell me about your binge eating?” If the participant did not refer any of the subjects below, she was asked these questions:

- When was the last time you binge-ate?
- How old were you when you first started to binge?
- How often do you binge?
- How long does your binging take?
- What kind of food do you take when you are binging?
- What time of day do you usually binge?
- Do you binge at home or out?
- Do you binge in the absence or presence of others?

Subjective experience of binge eating of the participants was examined by asking an open-ended question: “What is it like for you when you are binge eating?” If the participant did not refer any of the subjects below, she was asked those questions:

- Can you describe the last time you binge-ate?
- Can you tell me about your thoughts and feelings before, during and after you binge-ate?
- What kind of feelings might lead you to a binge?
- Do you think that you have control over your binge eating?
- Is there someone you talk about your binge eating?

Participants were asked “What is your understanding of why you binge eat?” to search the potential cause of their binge eating behavior. If the participant did not refer any of the subjects below, she was asked those questions:

- Do you think your binge eating serves a purpose? If it does, what purpose do you think it serves?
- Do you think your binge eating behavior could be relevant to your present or past life?

Participants’ self definitions, their ideal-self definitions and attitudes towards their feelings were asked with the questions:

- What do you do when you feel bad/sad?

- Can you describe yourself?

Finally, participants were asked about their relationship with and their perception of their mothers.:

- Can you describe your mother?
- Can you describe your relationship with your mother?

The interviews lasted for between 12 to 20 minutes. At the end of the interview, participants were reminded they can contact the interviewer if they have a question

about the study or any comments. Participants were thanked for their time and for the information they provided

### 2.4 Data Analysis

The interviews were tape-recorded. The data of the interviews was transcribed word by word. Transcriptions were translated to English from Turkish to use in the result and discussion chapters. The data received from the interviews was investigated as qualitative and demographic. Demographic data was reported to portray the participants. To have some knowledge about the participants' binge eating behavior, the factual data of their experiences was investigated. After the factual data investigation, the data of participants' subjective experiences of binge eating was presented. Following the participants' subjective experiences, participants' understanding of why they binge eat was studied. It was attempted to analyze collected data with case- oriented understanding. Case-oriented understanding is a qualitative data analysis method which tries to understand a phenomenon from participants' viewpoint. First, participants' stories are transcribed and translated into English, and then common themes were identified.

# 3. RESULTS

This section of the study aims to introduce the findings of the interviews with eight women who participated. Firstly, brief narratives of the participants will be introduced. After the introduction of narratives, demographic information of the participants will be presented. Later, factual data on the binge eating behavior of the participants will be reported and following, participants' subjective experiences of binge eating will be presented. Then participants' understanding of why they binge eat will be represented. Lastly participants' personal and interpersonal development of relational world will be presented which includes participants' descriptions of their mothers, their mothers' attitudes towards their feelings and their relationship with her and participants' self definitions, their ideal-self definitions and attitudes towards their feelings. It is important to note that participants' names were changed to maintain the confidentiality.

## 3.1Individual Narratives

Tuğçe

Tuğçe is a 29-year-old engineer. She is employed and also working towards her master degree. She lives with her housemate. Her family lives in another city. Tuğçe stated that she does not know when she started to binge eat but she thinks it started probably at high school. She lost around 20 kilograms in a year with a diet program

under the supervision of a dietician and now she is in a program to maintain her weight under the same dietician's supervision. She reported that her binge eating has been reduced since she started the program. Tuğçe was not sure about when her last binge was, she reported that it was one or two weeks ago, when she heard that her two close friends' fathers were cancer. She stated "When I get bored, when there is something makes me sad, I think what I can eat and then I eat whatever I find." Later, she says to herself "okay, that's enough. Let's not eat anymore." But a short while later she starts to eat whatever she finds. Mostly she enters a binge eating when she is alone and predominantly in the evenings. Tuğçe believes that "reduction (binge eating) to zero" is hard but "with effort, it can be diminished, at least amount of the food can be diminished." She stated that she always reads about binge eating on the internet. She reported that with the guidance of information on the internet, she shifts to sleeping or talking on the phone to stop eating and said that it works sometimes. She stated that "as long as I stay up, I feel a growing hunger" so she sleeps sometimes to not eat. Tuğçe only has shared her binge eating with her dietician and her mother. She believes that lots of women have binge eating behavior but they are not aware of it and she thinks that her mother also has binge eating behavior.

Merve

Merve is a 51 year old, married woman and lives with her husband. She was a nurse but now she is studying psychology and she will graduate next year. She remembers herself as a child without apetite, was always told to eat but when she was at her 20's her binges started and she keeps binging for 30 years. She stated that she enters binge

eating almost every day. She usually binge eats when she is alone and most of the time it happens at a time up to 5 p.m. She can binge eat both inside and outside. Merve stated that it could last all day long. She defined this process nerve-wracking and says “You are living a love with the fridge, something like this.” She reported that she prefers pastry food “easy foods” that are ready and easier to reach, like cake, muffin, cookie, nuts. She explains her reason to choose these foods that if the food needs to be heat up or be prepared then a perception of eating exists there, which can curb binge eating. Last time Merve entered a binge was 2 days ago and when it is asked to describe what happens before, during and after the binges, she told that she is not aware of her eating during the binge. She stated that she starts to feel bad when she sees what she ate, finished foods and said “If I was aware of it when I’m eating, I would stop anyway.” When asked what feelings could lead her to a binge, she told that she never thought that and when asked the reason why she enters a binge, she couldn’t give an answer and she told that if people can realize the answer of this questions, they would already understand why they binge.

There are only a few friends that Merve talks about her binge eating. When her husband sees her while she is eating and warns her not to eat she feels so much rage and also she feels anger to herself when she says herself do not eat.

Eda

Eda is a 24 years old single woman, studying opera in conservatory. She is at final grade and giving piano lessons. She lives alone for 7 years. Her family lives in another city. Eda remembers herself as a child who loves to eat but she stated that her

binges started to rise after she started to live alone, when she was 17 years old. She stated that when she started to live alone, at the times that she was feeling lonely, when she couldn't find someone to talk, it started to happen more. She shared that she had also binge drinking but for 6 months she had not. She stated that she enters binge eating mostly absence of someone and almost every day and sometimes 2-3 time a day, any time of the day but mostly in the evenings, after she comes home, sometimes waking up at 2 am and enters a binge. Eda stated that her binging lasts sometimes half an hour, sometimes 1-2 hours. She reported that she experienced her last binge, while she was watching TV at home, suddenly something came to her "something like crisis". She said to herself "I'm getting bored, I need to do something" and then she went to the grocery "with a rush" and she filled 2-3 bags with coke, crisps, jelly-bones, " I bought what is there" and she eat " like crazy" when she got home. She "go nuts" until they are finished and then she was disgusted from herself. Eda believes that her binge behaviour does not serve a purpose but she stated that she knows binging harms her body and psychology more and definitely thinks that it is relevant to her past and said "When you are not able to tolerate your unhappiness when you cannot turn of off things with your family, your work, other relationships, sexuality, your boyfriend or relationships with your teachers, you need to remove your anger and I usually eat with that rage."

Anıl

Anıl is a 44 years old single woman. She is a director and also giving acting lecture. She started to binge eat when she was 15 years old. She remembered that her mother was saying "you are so fat, you are a bear". She shared that she sometimes vomits

voluntary and sometimes involuntary. Last time Anıl binge eat was five days ago, she was having dinner with her friends and a friend of hers had broke up with her husband and she was crying at the table, “So we ate a lot but I ate much more than others, I ate nonstop” and continued “I don’t know exactly but I ate a lot in an emotional collapse or a shocking situation and I cannot prevent this.” She stated that she ate everything on the table ‘to keep herself out of the feelings’ because it was difficult her to listen her friend’s break up, emotional things. She binges generally 2 time a week and her binge eating consist of fatty foods, mixed foods. Both absence and presence of others she binge eats but mostly outside and it happens towards evening. Anıl explained what she experiences during the binge as, "After a while you become unable to listen to whoever is talking to you; you space out, your ears start ringing. You find yourself only preoccupied with yourself and cut off from the world. " She defined the feelings that may direct her to binge “90% separation, if I say emotional collapse, it would be too generalized, I can say break up situations.” She added that if someone is made fun of and if she feels bad about it, it can lead her to a binge, “It happens generally in sorrow.” Anıl reported that her binges are quite relevant to taking pleasure and she cannot give up this pleasure, she says “It is my only luxury!” and “life itself!” she laughed. She does not talk about her binge eating behavior to someone.

## Elif

Elif is a 27 years old single woman who studied psychology in university and now starting a master degree program abroad. She had lived with her family but for 3 years she has been living abroad alone. Elif could not remember when she start to

binge eat and stated that she has always been a person who eats too much. Last time Elif binge eat was 2 days ago, she just finished the breakfast and after 10 minutes she felt that she needs to eat and continued eating and ate too much. She reported that she binge eats generally 3-4 times a week but if she has under stress, if she has homework or exams, her binge eating frequency increases in these periods. Elif usually binge eats when she is alone. Previously she was careful to not binge outside, she was ashamed but she shared that for 2 years she has no shame and does not care how other people look at her or say to her. Her binge eating happens mostly happens after 7 pm, she said "Because 7 pm is the time that I am left with myself". Elif's binges consist of fast-food she bought, more fatty foods, and fried foods. She reported that her mind is busy with food all the time and when she enters a binge she stated that she does not have any control over her behavior and said "My self-control is not strong." Before she enter a binge, she feels a strong desire to eat, she reported that she feels that she needs to eat immediately. She shared that "I barely stand 5 minute distance road, and after I enter in my room with the bag (food), I just take off my jacket and before doing something else I start to eat."

Elif thinks that this behavior is a habit. Especially when she feels lonely, unhappy, stressful she feels that she needs to eat to feel better but she continued "But I never did." She stated that even binging does not make her feel better, still if she does not do, she cannot sleep. She shared that it does not matter that she feels regretful after she binges, as long as she has this relaxation and enjoyment during she eats. Elif does not see this behavior something to talk about with someone and she does not share with anyone, she said "I eat and it stays with me".

## Ülkü

Ülkü is a 27 years old single woman. She is a computer engineer. She lives alone and her parents live in another city. Her binge eating behavior started about 2 years ago. She thinks that her binge eating started after she begin to work. She remembers when she was a child, if there was a food that she likes very much, she was eating a lot of that food but it was not something spreads to the entire day. She defined her binge "something like feeling an emptiness". She said her binge eating happens in the evenings, "because day passes one way or another, but in the evening if you are alone it's great!" she laughed. She reported that she can control herself in the day time, she said "You can fill that with working, you are with lots of people, and you are busy with work" but when she is left alone food thoughts appears. She said that she binge eats mostly outside because it is easier to reach food by ordering. She binges 90% absence of others, the times when she binges presence of other people, they watch in wonderment, by the look of "how can you eat so much?" she laughed. Ülkü mostly eats sweet, sugary food during her binges, "it is a moment that numbs you and I believe that there is no difference between this and drugs, that's why it is so dangerous." She reported that after her binge eating she feels regret, "It is certain that, it is the same with everyone, nobody binges happily." She stated that her binges starts with a quandary, to eat or not to eat, she say "If you came to that point, you definitely eat." She defined her binge moments as pleasurable but added that after a while she does not get that pleasure in fact but keeps eating. She considers her binge eating behavior is relevant to being lonely and continued "If there is nothing in your life that you take pleasure from, you put food instead." Ülkü thinks binge eating becomes an addiction.

She said that she does not share her binge eating behavior with her friends or family, once she asked for advice but she believes that “Nobody can help.”

## Beril

Beril is a 39 years old, banker woman. She has an 8 years old daughter. She is in a divorce process with her husband. She does not remember when she first started to binge eat but said that “it is something structural”. Her last binge was one day ago. She stated that she usually binges 1-2 times a week and if her menstrual period is close, it happens more. Mostly she binges when she is alone and in the evenings usually, she says “It happens more in the evenings because in day time I am busy at work.” Beril binges both inside and outside. Her binge eating consists of “pleasurable foods, not home-cooked kind of meal.” Her previous binge happened at a dinner with her friend and kids, she said “We ate enough to cry.” She stated that “After a while you know you are full, and after a point it does not give any pleasure but “you do not stop yourself, even though you know you should not eat and you will regret afterwards. It is something like you repress something.” She shared that she does not look for food if she is very happy or very sad “depressive sad” but she said she realized that when there is something she needs to, wants to say and if she feels a pressure to keep her mouth closed “you need to find something to keep your mouth closed and that ‘choking need’ comes then.” Beril thinks that she does not have any control of her binge eating behavior. It was the first time that she talked about her binges, she has not share her binge eating behavior with someone before.

Tuana

Tuana is a 29 years old biologist works at medicine licensing. Her binges started 10 years ago, when she was 19-20 years old. Last year she lost around 20 kilograms under the supervision of a dietician. After losing weight, vomiting started to go along with her binges most of the time, she said “You become able to do anything to maintain your weight.” She has not binge eat for 1 month, she said “I’m clean for a month.” She eats very regular, 3 main meals and 3 snacks and she stated because of that her mind is busy with food until she sleeps. Sometimes she finds food meaningless and said “Insomuch that we should be fed by capsules.” Her binges happens periodical, usually takes 3-4 months and in that the periods she is in depressive mood and also during her menstrual periods her binges occur much frequent. She binges only in the absence of others but if she feels she ate too much in the presence of others, she try to vomit if it is permitting. She said that she takes carbohydrate weighted food during her binging. Her pre-binge she reported that “I just get out of control, the only thing I can think of is what I will eat, what I can eat”. She goes to a supermarket and she said “I attack! I buy everything from the junk food section which I never visit normally.” and sometimes she starts to eat at the cash desk even though her apartment is so near. She continued “After arriving home and continuing to binge, 5 minutes later you start to feel disgusting, feel loathed to yourself.” Tuana believes that binge eating behavior can be controlled but an assistance is necessary. She shared that the times she does not binge and binge/purge, she feels herself more energetic, has better communication and positive interactions with people, “It feels better not to do this.” She reported that she thought to see a psychologist who works with eating disorders many times but always postponed. She

stated that although she has not binge for a month, she knows her binging or binging/purging will continue. Tuana does not share her binging or binging/purging behavior with anyone except her boyfriend.

### 3.2 Demographic Data

The demographic information of the eight participants' of this study is shown in Table 1. The average age of the participants was 33.75, ranging from 24 to 51. Two of the participant were married, one of them being in a divorce process. The other six participants were single and only one of the six single participants had a relationship at the time of the study. Seven participants were employed. At the time of the study, two participants were studying in a master degree program. One participant was in her second bachelor's degree program and one participant was in her last year of bachelor's degree. The other three participants were bachelor's degree graduates and a participant was master degree graduate. Five participants were living alone. One of the participants was living with a housemate. One of the participants was living with her husband and the participant who was in divorce process was living with her daughter. Seven participants were living in İstanbul and a participant was living in England for 3 years. Except for one participant, participants were living in different cities or countries than their parents.

Table 1

Participant Demographic Variables

| **Participant** | **Age** | **Marital Status** | **Living Situation** | **Currently in School** | **Highest Education Completed** | **Occupatian** |
|---|---|---|---|---|---|---|
| **Tuğçe** | 29 | Single | Alone | MSc | BSc | Engineer |
| **Merve** | 51 | Married | Husband | $2^{nd}$ BA | BSc | Nurse |
| **Eda** | 24 | Single | Alone | BA | High School | Student |
| **Anıl** | 44 | Single | Alone | - | BA | TV Series Director |
| **Elif** | 27 | Single | Alone | M.A | BA | Psychologist |
| **Ülkü** | 27 | Single | Alone | - | BSc | Engineer |
| **Beril** | 39 | In Divorce Process | Daughter | - | BA | Banker |
| **Tuana** | 29 | Single | Alone | - | MSc | Biologist |
| **MEAN** | **33.75** | | | | | |

### 3.3 Factual Data on Binge Eating Behavior

Among the eight participants of the study, the frequency of binge eating in general was reported. One participant reported that she binge eats once a week, two participants reported that they binge eat between one and two times a week, one participant reported that she binge eats twice a week, one participant reported that she binge eats between three and four times, or more a week, two participants reported that they binge eat every day and one of them added that sometimes she binge eats two or three times a day. One of the participant could not report a specific number and said it is frequent.

Two of the participants reported that they vomit sometimes after they binge ate. One of these two participants, added that she sometimes vomits involuntary.

One of the participants reported she had also entered binge drinking but has not binge drunk for six months.

Among the participants, three of them reported they started binge eating when they were 15 years old. Two of the participants reported that they started binge eating when they were 20 years old. One of the participants reported that she started binge eating when she was 25 years old. Two of the participants reported that they do not remember when they started binge eating.

All of the participants reported that they binge eat both outside and inside. Two of them specified that they binge eat outside more than they binge eat inside (home) and two of them specified they binge eat inside (home) more than outside.

Seven of the participants reported that they binge eat both in the absence and presence of other people but six of them specified that they binge eat mostly in the absence of others. One of the participants reported that she binge eats only in the absence of others.

Six of the participants reported that they mostly binge eat in the evenings, after 6.30-7 p.m. One of the participants reported that she binge eats anytime of the day and night. One of the participants reported that she binge eats up to 5 p.m. mostly.

Participants reported that during their binge, they eat all types of foods, mostly fast food and junk food which are purchased or ordered. One of the participants specified she eats mostly pastry food. One of the participants specified she eats mostly sweet food during her binge.  One of the participants specified she eats mostly carbohydrates during her binge. Five of the participants specified they eat mostly oily, fried foods during their binge.

One of the participants reported that her binge eating approximately lasts for thirdy minutes to two hours. One of the participants reported that her binge eating approximately lasts for one and half hours. One of the participants reported that her binge eating approximately lasts for one to one and half hours. One of the participants reported that her binge eating approximately lasts for one to two hours. Two of the participants reported that their binge eating can last all day long. One of

the participants reported that her binge eating lasts for until she sleeps. One of the participants reported that her binge eating lasts for until foods are finished.

Three of the participants reported that they have never talked about their binge eating behavior before to someone. One of the participants reported that she has talked only with her boyfriend about her binge eating behavior. One of the participants reported that she has talked only with her mother and her dietician about her binge eating behavior. Two of the participants reported that they have talked about their binge eating behavior to a few close friends. One of the participants reported that she has talked about her binge eating behavior to a teacher of hers for advice.

### 3.4 Participants' Subjective Experience of Binge Eating

When the participants were asked about their feelings and thoughts before entering a binge, they reported some common and some varied conditions. Most frequently reported feelings were "boredom, sadness, loneliness." Additionaly, "stressful, angry" were some of the common feelings reported. One participant could not report a feeling or a thought before and during her binge. She stated that she had eaten aldready before she realizes and she can only be aware of that she had eaten, after she sees finished foods. Another participant reported that she feels "out of control" and "depressive" before she binge eats. Another participant defined her feeling before enter a binge as "tıkma ihtiyacı" which refers to need of choking her mouth, she stated "when there are things that you want to say but if your mouth needs to be kept closed, you need to find something to keep your mouth closed" she specified her thought is "you need to shut up." before she starts to binge eat. This participant

reported that she realized these during the interview, when she thought of the answer of the question. Another participant reported "a huge desire to eat." as well as she stated she feels stresfull and lonely and her thought becomes "I need to buy and eat immediately." One participant described her dominant feeling as sadness and added "in an emotional emptiness" and "in break up situations" and she stated that "Somehow I find myself in the kitchen unconciously." Another participant reported there were many times she binged with the feeling of not being loved, as well as sadness, anger, loneliness. Her thoughts are mostly, " your friend does not love you, your mother does not love you, your boyfriend does not love you" or if she could not do well in school she says "jerks" to herself and sometimes her binge eating also starts with the thought " I get bored, so i need to do something." Another participant first said that "I do not know." Then reported that her thought becomes "What can I eat?" One participant's thought becomes "Should I eat or not?" and she who continued "If you come to that point, you always eat. If you think of eating you definetly eat."

When the participants were asked about their feelings and thoughts during they binge eat, they reported some common and some varied conditions. One participant defined her eating "eating like crazy." and she specified her thoughts as "I know that I am full, and I know that I should not eat." then she continued "I go nuts, till foods are finished." One participant also reported that "I eat, although I know that I should not and the same participant reported that during a binge she feels like her sadness becomes lighter, because that eating makes her "happy". One participant defined her binge eating condition as "I attack (food)" and no feelings or thoughts during binge eating. One participant also did not define any feeling or thought during her binge eating, she stated "I just enter my room and right after I take my jacket off and I start

to eat." Another participant could not specified any feeling or thought during her binge eating, she stated "I eat without thinking." and "I eat unconsciously, not getting a taste" , "I only realize that I ate when I see finished foods." Another participant defined her binge eating state as "After a while you become unable to listen to people sits towards you (who talks to her), you become 'space out' and you start to feel a buzzing in your ears and you find yourself being only into yourself and parted from the world." Two participants reported "pleasure" during their binge eating but contunied they first enjoy from the food but although after a while it does not give any joy they keep eating. One of them added that "it goes beyond the taste and thee foods you like, it becomes like you suppress (something)."

Lastly, when the participants were asked about their feelings and thoughts after their binge eating, they reported some common and some varied conditions. Most frequently reported feeling was "remorse". Other feelings reported were feeling self-disgust, self-loathe, discomfort and rage. One participant reported a feeling of "hapsolmuş" in the kitchen means trapped, as well as she reported rage and feeling bad, discomfort and her thought about herself is "You ate again, you pisboğaz (means gluttonous)!" after she binge ate. Mostly the question of " Why did i eat" and the thought of "You knew that you should not eat that much." accompanies their feelings.

### 3.5 Participants' Understanding of Why They Binge Eat

When participants asked about why they binge eat, one participant seemed to be surprised and uncomfortable and she was unable to respond the question. The other answers were varied which could be defined as to feel better, to get a pleasure, for a relief feeling, to fill the emptiness of feeling lonely, to turn the rage inwards. One of the participants reported that one reason she binge eats is being sad and also if there is something she wants to say and if she feels pressure to not say that thing, she binges. Another participant stated that she thinks her binge eating is relevant to being lonely, she stated "If there is not any another thing that gives you pleasure, you put the food instead of it" and "you try to fill that emptiness with another pleasure (food)." One participant defined herself as a person who is happy when she eats and stated that "when I am unhappy, when things are going wrong, subconsciously I think I will catch the happiness again (when she eats)" Another participant believes that her binge eating behavior is a habit and when she feels alone, unhappy and stressful, she thinks "I need to eat (something) to feel better." But she had never felt better. She reported that if she would not eat she could not sleep and continued "I need to eat and as long as i feel that relief and pleasure which are provided with eating, remorse that comes after (binge eating) is not important." One participant reported that she knows that her binge eating gives harm to her body and psychology. She specified one of the reasons for her binge eating behavior "When you can not tolerate your unhappiness or the things that you can not have in your relationships with your family, your boyfriend, your teachers, or in sexuality, you have to vent your spleen on something. I usually ate with that rage." And she continued "You

give harm to your own body whereas you are angry to him/her." One of the two participants who vomit sometimes, reported that she loves to eat and "You are not able to give up that pleasure." She also stated that when she was working on a soap opera as a director she was able to order foods that she wanted, she chose and she stated "even at 3 a.m, I was able to have whatever (food) I want" And she said her reason why she vomits is that she has a fear of becoming an obese person, "it is a serious fear." The other participant who vomits a lot, reported as reason of she binge eats her psychological problems "depression" and she stated that reason why she vomit as, after losing weight " you become able to do anything to maintain your weight.

### 3.6 Participants' Personal and Interpersonal Development of Relational World

When participants' were asked the description of their mother, their mother's attitude towards their feelings and their relationship with her, some answers were varied and some were common. One participant reported that her mother was a "manic depressive" person, and her attitudes towards her feelings are mostly "disinterested" and "teasing". She reported that she has never seen her as a mother, as an adult person, defined her as "childish" and "runs away from her responsibilities". She stated that she was subject of her mother's violence during her childhood and adolescence. She left home when she was 18 years old and she did not speak with her mother between the ages of 20 to 30. After going to therapies and her father's illness, their relationship started to change and she stated "Now we are able to experience the relationship that we should had in my adolescence." Another participant defined her mother's attitude towards her feelings as "judgmental" and "critical" and described

her mother as “ambitious”, “with high expectations”, “very hard-working” and “success-oriented”. When it is asked to define her relationship with her mother she stated that “I guess I am still an unsuccessful girl for my mother, who makes mistakes”. One other participant defined her mother as “very sensitive” “weak” and she stated that as a mother she should be stronger (emotionally). She defined her relationship with her mother “remote” and “distant”. When her mother’s attitude towards her feelings was asked, she stated, “For example, if she knows about my eating disorder, she would not care about it.” And she reported that both her mother and father thinks that she is “strong enough to take care of herself”. She described her parents as “not showing their love” and she believes that she has “emotional deprivation” by the meaning of not having emotional support from her parents. Another participant described her mother as “not empathic”, “distant”, “emotional”, “acts with her emotions”, “judges circumstances always from her angle”. She stated that she shares her feelings with her father more than her mother. She reported that her mother used to be figure for her, tells what to do and not to do. Other participant defined her mother as “withdrawn” and “very sensitive but very strong woman”. She reported that she is the one who is “active” in her relationship with her mother and her mother is the “passive” one. She used to look for her mother’s emotional support but she had never get a respond so she took a decision to not expecting an emotional support from her mother.  When her mother’s attitude towards her feeling was asked, she stated, “she usually does not respond or she talks with a few words, she would be “formal” and “does not pay attention to feelings, she pays attention to happenings.” Another participant described her mother as “lovely”, “rationalist”, “difficult”, “clever”, “disciplined”, “rigid” woman. She defined her relationship with her mother as “complicated” and with lots of conflict. She stated, “there are lots of things I

criticize her motherhood." One other participant described her mother as a woman "lives for her children" and she defined an "indirect pressure" on herself and her siblings, the thought of their mother lives for them makes them direct their lives according to their mother, to not make her sad and then stated her mother as "very oppressive". She defined her relationship with her mother "very good" and reported that even though they argue sometimes, it does not last long. One participant found the questions about the mother absurd. Then she defined her mother as "a person who love to help people", "positive" and "full of life". She described her relationship with her mother "we are like friends but not in a cranky way". She stated that her mother's attitudes towards her feelings are "positive" and "guiding".

When participants' self-definitions, their ideal-self definitions and attitudes towards their own feelings were asked, some answers were varied and some were common. One participant defined herself as she handles all the problems by her own and that made her a person who gives "emphasis on power and success too much" and she reported that she wishes to be a "softer" "understanding" and "a happier person with her child and family" which she chose her career instead. When she feels herself bad, she stated that she goes into bed and wear her "depression cardigan". Another participant reported, time to time she sees herself like her mother sees her, "an unsuccessful girl who makes mistakes" and she said that "It is not an easy thing to define yourself." When she feels herself bad, she stated that eating and drinking is the easiest thing to do but sometimes she walks or takes a shower. One other participant defined herself "very ambitious", "sensitive" and "vulnerable". She stated that she would like to be "more relax" and "not think about everything that much".

Another participant defined herself as a person “who tries to not hurt anybody”, “guarded”, “tolerant”.  She reported that she wishes to be “less sensitive”, “less emotional”, “more light-hearted” and “more sapient”. She stated that when she feels herself bad, she escapes to not feel that feeling by numbing herself with sugary food. Other participant defined herself as a person “who laughs where she should cry” and stated that she does not know when to cry and by laughing she masks her sadness, for people not to see. She thinks her ideal self is very far away from herself. Another participant had difficulty to describe herself and then stated herself as “emotional”, “pure-minded”, and “affectionate”. She reported that the times that she most had felt herself “being herself” “free-minded” “free-conscience” were her 18-19 years old ages and now she feels she is far away her actual self but reported that “I am getting closer.” One other participant “perfectionist”, “escapes from the problems”, “pessimistic about herself” and “not at peace with herself”. She reported that she would like to have some emotional support when she needs but she stated that people around her see her as a “problem listener” so she thinks she has no friends to tell her problems and “that’s why I escape”.

### 3.7 Summary

This section of the study presented the qualitative data achieved from the interviews with eight participants of the study. In the first section brief narratives of the participants' were introduced. In the second section, eight Turkish women participants' with the mean age of 33.75, demographic variables were presented. The third section presented factual data of the participants' binge eating behavior, which remarks that participants' binge eating frequency were varied, that participants mostly binge eat alone, that participants enter a binge eating both inside and outside, that participants mostly enter a binge eating after 6 pm, that participants' binge eating mostly consist of oily and sugary food. The fourth section, it was noticed that participants mainly experience of "sadness", "boredom", and "loneliness" feelings before they enter a binge eating and "remorse" and some of the other reported feelings were "self-disgust", "self-loathe", "discomfort" and "rage" after they binge eat, that most of the participants did not report a feeling or thought of their binge moment and some of them specified some dissociative states during their binge. In the fifth section, participants' understanding of why they binge eat was represented and most common answers were defined as to feel better, to get a pleasure, for a relief feeling, to fill the emptiness of feeling lonely, to turn the rage inwards. Lastly, in the sixth section, it was specified that almost all of the participants defined their mother's attitude towards their feelings as not responding and they defined themselves as "emotional" and "sensitive" and in their ideal-self,

this quality of them was the most pronounced characteristic that they want it to be changed.

# 4.DISCUSSION

## 4.1 Demographic Variables

As this is an exploratory study with a small sample, the demographic data revealed in this study (e.g, gender, age of onset…etc.) is not strong enough for comparisons with previous studies or for theoretical conclusions. However, it is worth mentioning that the weight was a variable that revealed an interesting parallel between this small study and previous larger scale studies. A number of researchers investigated the relationship between weight and eating pathology and general psychiatric distress among normal/overweight, obese and severely obese women with BED and found out there were no difference in any groups (Didie & Fitzgibbon, 2005). As Yanovski (1995) stated, there can be individuals with BED who are severely obese or emaciated anorexic. Similarly, there was great variability among the weights of the women who participated in this study; which included normal, overweight and obese women. This is consistent with the findings summarized above, indicating that BED is not a direct indicator of high weight or obesity.

### 4.2 Etiology

#### 4.2.1 Social Factors

Sociocultural theorists discuss that changing norms toward thinness for women have generated a conviction to dieting (Crandall, 1988). Crandall uses 'dieting' as skipping meals, not eating sufficient food each day and restriction of food. In addition to its damaging effects on body's natural balance, he asserts that due to the heavy psychological investment in dieting, the success or failure of behaviors related to weight loss attempts have a strong self-relevant and affective component. (1988). Many studies suggest that there is a relationship between binge eating behavior and dieting (Spurrell et al., 1996). This explarotory study revealed some themes that support this correlation. Among the eight participants, two women reported that they lost around 20 kilograms in the last year with a program under the supervision of a dietician. They were overweight and now in normal weight. One of them stated that if she skips a meal, her body realizes that and this affects her body. When her ideal-self asked her, she only specified it concerned with weight and she reported, "I am self-satisfied now, and to tell the truth I have become happier after I lost weight and I believe that I will be happier when I solve the few kilograms remain." The other participant who lost about 20 kilograms reported that she started vomiting after her binges since she lost weight. She stated, "You become able to do anything to maintain your weight status." Another participant stated that "half of my life goes on with dieting". These three participants stated that they had gained lots of weight when they were in puberty and among these participants age of onset was 15 for two

of them and was 20 for one of them. Overall picture gives the impression of binge eating comes first and then attempts to lose weight comes for the participants of this study who takes/took an action to lose weight.

### 4.2.2 Physiological Factors

In an informative paper about binge eating disorder, prepared by U.S Department of Health and Human Services, it is mentioned that since it is observed binge eating appears in several members of the same family, there are some research in the early stages, on genetic factors of the etiology of binge eating disorder. In this study one participant reported that she thinks her mother also has binge eating disorder. Another participant reported that her mother was a “bulimic” and now she is very old and “very thin, cachectic”, she eats very less and unwillingly.

Mathes et al. (2009) claim that by its biological and etiological position, binge eating phenomenon contains some aspects of substance abuse and addiction. It is remarked that the usage of food high in sugar and fat which is common in binge eating episodes may be a parallel neurobiological process to addiction, as sugar and drugs activates the natural reward pathways in the brain in the same way (Mathes et al., 2009) In this study, all of the participants reported that during their binge eating they eat oily, sugary foods, and some of them defined as “pleasurable” “dangerous”. Participants specified that foods, eating makes them happy and give pleasure. Some of the participants reported a relaxation when they eat. One participant stated that when she is about to enter a binge and if she would not binge, she could not sleep

and stated “I need to have that relaxation feeling.” One participant believes that “nobody goes and attacks something healthful” and she stated that she mostly eats sugary foods and continued, “It is a moment that numbs you, I think there is no difference between this and drugs. She reported that during binge eating she cannot control or stop herself and said, “It is a form of addiction.” She expressed, “Some people use drugs, some people start smoking but the food most innocent among them.” Most of the participants reported a state “out of control” and some of them used the word “attacking”, “in crisis”. They also noted an impatience to wait for eating the things they bought, until they got home and they feel a need to eat “immediately” and one participant stated, “I cannot give up that pleasure.”

Furthermore, Mathes et al. (2009) assert that there is an implication of passing from distractional drug use to drug abuse and from overeating to binge eating. Six participants of this study described themselves as they have always loved to eat and always have eaten too much and then most of them at puberty started to engage binge eating.

### 4.2.3Psychological Factors

#### 4.2.3.1Binge Eating as Escape from Self-Awareness

Based on the Heatherton and Baumeister's escape theory for binge eating, binge eating is a way to reduce the level of self-awareness is to narrow the focus of attention to the current and instant stimulus, which is food (1991). They consider this behavior, as a motivated attempt, by shifting levels of awareness in the presence of aversive awareness of self (Heatherton and Baumeister, 1991). Heatherton and Baumeister claim that this keeps self-awareness at a relatively low level and avoids meaningful thought about ongoing identity and the implications of various events (1991). According to the findings of this study most of the participants reported before their binge they focus on the thought what they can eat, what they will eat or should eat or not. Most of the participants mentioned a situation of focusing only to the action of eating, foods during their binge eating. Some participants reported that they do nothing except eating the foods are finished. One participant when she was describing her last binge eating moment, she stated that she lost her mind until the foods she bought were finished.

Some other participants reported a dissociative state during and before their binge. In one participant's case, she stated that she is only able to realize what she had eaten after she sees finished foods. She does not remember herself eating and she could not

report any feelings or thoughts of before and during her binge eating. Also another participant reported that she sometime become aware of that she had eaten when she is eating or after she ate. One other participant reported for her binge eating duration as

"After a while you become unable to listen to whoever is talking to you; you space out, your ears start ringing. You find yourself only preoccupied with yourself and cut off from the world."and stated before she enters a binge “Somehow I find myself in the kitchen unconsciously.” Although most of the participants specified some feelings and thoughts for their be

fore and after binge eating status, they did not report a feeling or thought for duration of their binge eating.

Relative to escape theory, binge eating is associated with emotional distress but if emotional distress threatens the self-esteem. As Heatherton and Baumeister (1991) review the relevant argument they note that a comparison of self against high expectations and demanding ideals lead individual to escape from self-awareness. According to Rosenthal and Marx (1981) food may reduce negative emotional experience by supplying a short-term pleasurable experience which is considerable for the experience of aversive self- awareness. There are many findings of the study that show distress is a common feeling of the participants before they enter a binge eating and most of the participants defined that their binge eating as an escape attempt. One participant reported that she thinks she enters a binge “to not enter the feeling (emotional distress)”. Another participant specified that at the times she feels herself bad, she does something to escape from that feeling and that something is always ‘eating’ or whatever she does to escape, for example she stated she watches a

movie sometimes, but always that activity includes eating. Some common feelings of the findings were feeling of not being loved and feeling of being unsuccessful might be considered as emotional distress which threatens the self-esteem.

A noticeable finding could be that most of the participants defined themselves as “sensitive”, “emotional”, “responsive to others needs, thought, feelings” and they reported that they are not happy from these quality of themselves and stated that they wish to be “more carefree”, “more relax”, “less sensitive”, “ less sentimental”. Also some of the participants described themselves as “perfectionist”, “pessimistic and not in peace with herself”, “unsuccessful”  “puts emphasis on power and success” and wish to be “as powerful as a person who can accomplish everything” which could link to the statement of Heatherton and Baumeister (1991) that self against high expectations and demanding ideals lead individual to escape from self-awareness.

#### 4.2.3.2 Binge Eating as Self-Regulator and Using Food as Self-Object

Self-psychologists have seen the absence of an empathic and mirroring self-object during separation individuation as resulting in a failure of the child to develop the capacity for self-regulation.

Tronick (1989) states that regular investigations of parent – child interactions propose that infants who are continuously exposed to disarranged connections with

caregivers are disposed to reject or to involve in repetitive self-comforting behaviors, to reduce unfavorable affect. In this study, findings showed that many of the participants do not have sufficient capacity or skills to comfort themselves except using foods as an affect regulator, to reduce unfavorable affect. When they feel bad and to cope with that feeling, even though they shift to another activity than binge eating, that activity generally involves eating. These findings seem to match with Kullman's expression that self-regulation submits a continuing struggle for the person and in this way individual does not have accomplishment to calm her affective states, relax or change her doings, without eating to soothe the chaos (2007)

With respect to Kohut, self-object represents anyone who is significant in regulating the esteem, function and self-cohesion of another person. Krueger (1997) states that thenceforward, as self-psychology has grown, self-object experiences have been studied attentively. Lichtenberg (1991) look through self-object and self-object experiences as framers of major development as well as clinical outlook and it is considered that 'transmuting internalization (that which is done for one becomes something one does for oneself)' establishes competence to self-feed, self-soothe, self-regulate, and self-amuse.

In this study, participants were asked about their mothers; specifically, how their mothers responded to the paticipants' feelings. While the responses varied, they all revealed a similar theme that suggested a lack of empathic mirroring, which may have in turn resulted in a limited capacity for the self functions listed above. For example, one participant reported that her mother was a "manic depressive" person, and her attitudes towards her feelings are mostly "disinterested" and "teasing".

Another participant described her mother's attitude towards her feelings as "judgmental" and "critical" She described her relationship with her mother as "remote" and "distant". When her mother's attitude towards her feelings was asked, she stated, "For example, if she knows about my eating disorder, she would not care about it." And she reported that both her mother and father thinks that she is "strong enough to take care of herself". She described her parents as "not showing their love" and she believes that she has "emotional deprivation" by the meaning of not having emotional support from her parents. Another participant described her mother as "not empathic", "distant". She used to look for her mother's emotional support but she had never get a respond so she took a decision to not expecting an emotional support from her mother. Other participant defined her mother as "withdrawn". She reported that she is the one who is "active" in her relationship with her mother and her mother is the "passive" one. When her mother's attitude towards her feeling was asked, she stated, "she usually does not respond or she talks with a few words, she would be "formal" and "does not pay attention to feelings, she pays attention to happenings." When these findings are viewed from the self-object and self-object experiences, they indicate, at best, a serious lack of attunement between the participants and their mothers, as perceived by the participants. According to the theories discussed above, it is likely that these women's early self-object experiences did not lead to the proper development of their self-regulating or self-soothing abilities. Thus, while trying to understand their binge-eating behavior, it is helpful to consider their self-object experiences as an important factor.

Geist defines nursing setting as confirming, calming, and sustaining functions-mirroring, idealizing, and parenting which the child adopts as part of the self (1989). Geist (1989) also specifies, the pleasure and satisfaction innate in being known by

another raises higher levels of “empathic resonance” (Kohut, 1984; Wolf, 1983) and such resonance builds one of the most effective bon

ds that can be between people. Geist (1989) asserts that without empathy, this space which persons associate, turn into an empty space, and the manifestation of nothingness. In this study a participant stated that she thinks her binge eating is relevant to being lonely, she stated “If there is not any another thing that gives you pleasure, you put the food instead of it” and “you try to fill that emptiness with another pleasure (food).” Another participant desribed binge eating as “like you fulfill an emptiness”. When many of the participants feeling of loneliness is considered together with these data and their description of their mothers as a failing mother responding participants’ feelings, may have a weight on their binge eating behavior.

Krueger (1997) remarks that persons who are narcissistically vulnerable, to symbolize self-object functioning, to fulfill or to substitute, they use self-object instead of people. Krueger characterizes food, as the primary transitional object, “the bridge between mother and child, is a symbol of all that the mother is or might have been, as well as real”, concrete calming substance which physiologically and emotionally normalizes affect and tension positions (Krueger, 1989b). Krueger (1997) states that person may utilize food, and /or the parents may present food as a prize, to comfort, to calm or to replace as an embarked self-object experience and through self-object functioning, the eating disorder may be sensed by these persons

as a supplemental part of their self, with the intention to preserve the unity of vital functions, and food, a concretized self-object for these persons, is more sensible and presumable than disappointing and or unreachable other human self-objects. Krueger (1997) explains while binging, food can ensure an fantasy that person can possess anything and everything she wants, without any restrictions, so there is no disconnectedness, just as there is no inaccessibility because the object is swallowed, turning out to be at one with one's body self and psychological self.

The narratives of many of the participants in this study eloquently captured the writings of Krueger. One of the participants specified one of the reasons for her binge eating behavior "When you cannot tolerate your unhappiness or the things that you cannot have in your relationships with your family, your boyfriend, your teachers, or in sexuality, you have to vent your spleen on something. I usually ate with that rage." Another participant stated that she thinks her binge eating is relevant to "being lonely", she stated "If there is not any another thing that gives you pleasure, you put the food instead of it" and "you try to fill that emptiness with another pleasure (food)." Another participant believes that her binge eating behavior is a habit and when she feels "alone", "unhappy" and "stressful", she thinks "I need to eat (something) to feel better." Some participants reported that before they enter binge eating, they go to a market and buy "everything". One participant reported that she can "have anything" she wants by giving an order (food). These findings may be a reflection of Krueger's explanation of while binging, food can ensure an fantasy that person can possess anything and everything she wants, without any restrictions, so there is no disconnectedness, just as there is no inaccessibility because the object is swallowed, turning out to be at one with one's body self and psychological self.

Krueger (1997) also explains that a patient goes into a binge in a case of feeling distress and progressively she feels more "intact, sated, full" wholeness and approval. Krueger continues arguing that she has a background of this behavior, frequently from earliest ages of producing her own regulation of affect and tension position through food, of having sense of effectiveness in doing this and preserving a symbolic mother through assuming these functions herself and providing them food. Participants reported varied feelings consistent with this assertion. Their most common feelings before binging were loneliness, emptiness, stress and sadness. According to these findings binge eating may be called into question also as an attempt to have a feeling of effectiveness for these participants. Krueger asserts that food is used as a regulator of affect and for tension decrease, driven by wish for efficiency so food becomes a pathological self-object experience which is habit-forming continual as the object swallowed delivers security and support with an strong regulatory influence and food replaces for the self-object experience and obtains fundamental focus of attention and motivation for the person (1997). In this study, many participants stated that they have always been a person who loves to eat very much, from their childhood to today. And some of the participant described their binge eating behavior as a habit. Just as in Krueger's expression, in this study, it is clear that food has an underlying focus of attention and motivation almost for all the participants; before they binge, during they are binging and after they binged and also at the times without binging. Participants reported that mostly if they do not have something to do, especially if they are alone, after coming home from work, or at the weekends their minds are busy with food thoughts. Three participant reported that their minds are busy with food thoughts continuously. Many of them described the meaning of food for them as "happiness", "pleasure" and one participant stated

“It is the meaning of life!” It is important to remember that most of these participants specified that they do not share their feelings often, specially feelings that makes them sad. Instead of sharing with some other, they shift to the food, binging almost all the time to feel better again. It might be pointing that binging became a concretized sel-object experience for these participants and food, a concretized self-object as in Krueger’s expression.

. Sands questions why women are more likely to develop eating disorders than men and suggests that disposition for girls to be used by their mothers as narcissistic extensions more often than boys might cause following usage of eating disorders to specify a distinct self from the maternal object. Sand also points out that the lack of idealizable female role models to assure self-regulating functions might cause following usage of eating disorders to support self-regulation for women. At this point, Sands cites Bion’s perspective (as cited in Sands, 2003) which says while men are more likely to use the Other to venture to embody their dependency needs, women are more likely to use their own bodies to embody and this is why women are more likely to develop an eating disorder, cutting and other body harming behaviours (2003). In this study, some participants reported that they continue eating even though they are full, not getting a taste and knowing that it gives harm to their body and psychology. One participant stated that one of the reasons for her binge eating behavior “When you cannot tolerate your unhappiness or the things that you cannot have in your relationships with your family, your boyfriend, your teachers, or in sexuality, you have to vent your spleen on something. I usually ate with that rage.” And she continued “You give harm to your own body whereas you are angry to him/her.” Another participant stated that she believes that having a character which tries to not hurting others, has an effect on her binge eating behavior and she stated,

“It turns into you.”  With these findings, maybe binge eating may seen as an act of to turn the rage inwards.

Reich and Cierpka (1998) argue that affects such as sorrow, anxiety, sadness or pain, the desire for attention, intimacy, passivity  are sensed as signs of failing by individuals with eating disorder. Also, the need for sexual intimacy brings about the fear of weakness and insufficiency and this directs to a grassroots feeling of shame for fundamental aspects of the self. In this study, these sorrow, sadness, desire for intimacy, fear of being left, being lonely and desire for attention and for one participant need for sexual intimacy were stated as feelings that trigger their binge eating. In addition, most of them mentioned that they do not share these feelings with others often. Although these feelings were not reported explicitly as being accompanied by shame for fundamental aspects of the self, many of the participants' definition of their ideal-self was “less sensitive”, “less emotional”.This may suggest that probably having these feelings makes them feel weak and shame.

Overall, this study reveals a few important themes that can be situated within the self-psychological perspective on binge eating. One remarkable finding is that the participants use binge eating as a way to reduce the level of self-awareness by narrowing the focus of attention to the current and instant stimulus, i.e., food. This is consistent with Heatherton and Baumeister's escape theory for binge eating (1991) where the behaviour is considered as an attempt to escape from self-awareness and from emotional distress once the self-esteem is threatened. Similarly, the participants' reports of the feelings that trigger their binge eating, --sorrow, sadness, desire for intimacy, fear of being left, feeling lonely, desire for attention and need for sexual intimacy—can all be viewed as feelings of distress that threaten the self-

esteem. This study also supports the theories that link binge eating with dissociative dynamics (Howell, 2005; Austin, 2013) as almost all of the participants defined their binge eating duration as a dissociative state and some of them also defined a dissociative state before binge eating.

One other noticeable finding is that, when the participants' self-regulation ways are viewed, it is seen that for these participants self- regulation is very difficult without binging, without food. Binging seems to become the main coping way with feelings and self-regulation.  This finding is consistent with what Kullman writes about binge eating being a way of self-regulation, asserting that self-regulation submits a continuing struggle for the person with eating disorder and person does not have an ability to calm her effective states without eating.

Finally, this study also reveals findings suggestive of Krueger's conceptualization of food and binge eating (1997), where food is characterized as the primary transitional object and a symbol of all that the mother is or might have been, as well as a real, concrete calming substance which physiologically and emotionally normalizes affect. Considering participants' descriptions of their relationship with their mothers as well as the calming and self-regulating function of food that they reported, it is possible to deduce that a lack of empathic mirroring may have lead to a failure to develop a sufficient capacity for self-regulation, which in turn has contributed to their replacing food and the act of binge eating to fulfil these needs.

### 4.3Clinical Implications

This study has aimed to attain an indepth understanding of binge eating behavior among women, by supplying some possible answers to the questions like who, how, where and why. Also, the feelings and thoughts before, during and after binge eating has been studied. Withal, study has tried to see that if dynamics or theories for the etiology of binge eating reflects on the practice or not and if it reflects, how. This may help clinicians, who work with binge eating disorder clients, to have a higher comprehension of binge eating behavior.

According to the findings of the study, there is a strong resemblance between the function of binge eating behavior and substance use. This finding may be taken into consideration while shaping the treatment.

Another finding shows that, for these women, binge eating is a way to escape from self-awareness, like a dissociative state, a coping way. Many of the participants do not have sufficient capacity or skills to comfort themselves except using foods as an affect regulator, to reduce unfavorable affect. Bringing new coping strategies may be helpful in the treatment.

One other important finding of the study is that when the these women's self-object experiences are evaluated, clinicians working with binge eating disorders may lean over a relational approach in the individualistic therapy. Additionaly, findings demonstrate that these women have very poor resourse to get support about their

binge eating problem. In this context, different kinds of peer support, for example group therapy may be suggested.

Finally, these above-mentioned suggestions are for the individuals who seek help for their binge eating behavior but it is important to note that none of these women has applied for psychological help. Most of them applied for nutrition counseling once or more in their lifetimes and most of them could not reach a successful solution. Besides, very few of them informed their nutritionist of their behavior. Maybe this information may also be helpful for nutritionist. It may be important to inquire if there is any disordered eating behavior and if there is, it may be urgent to direct and encourage the client for providing psychological support as well.

### 4.4 Limitations of the Study

It is crucial to emphasizer that this is an exploratory study. In this study, there are some significant limitations that restricts the generalizability of the findings. Limitations covers sample size, methodological considerations, researcher bias and lingual limitations.

### 4.4.1 Sample Size

The findings of this study are collected by only eight individuals. The number of eight is not a sufficient size even though this is a qualitative study.

### 4.4.2 Methodological Considerations

A qualitative method was applied for this study with the purpose of reaching deeper and detailed information about the subject. This method of approach has some restrictions as well as its advantages. The researcher's presence during data collection, could have influenced the participants' responses.

4.4.3 Researcher Bias

Data analysis of this qualitative study was based on the researcher’s extraction of outstanding themes. It should be taken into consideration that the researcher’s perception and signification of the data can be modified by her personal background or professional interest.

### 4.4.4 Lingual Limitations

Interviews were administered in Turkish, transcribed and looked through for common themes and lastly translated into English. It is important to note that researcher's linguistic limitations may have influenced the reliability of the results. Another lingual limitation was that some words and phrases that participants used, do not have English version. For this reason some of the responses might be affected.

### 4.4.5 Future Research

This qualitative study was restricted in content and sample size. The purpose was to explore binge eating behavior as a subjective and objective experience and using a wider sample size would be very enlightening in the search of the possible reasons of binge eating behavior and to be able to make some generalizations about this behavior.

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# 6. APPENDIX A

Statement of Informed Consent

This study is administered for the final project of the clinical psychology master degree program in Bahçeşehir University, by Özge Beyazıt. The purpose of the study is to interview with the participant about their experience of eating behaviors. Being a participant to the study should be based on voluntariness. Participant's identity information will be confidential. The given information of the participant will be confidential and only used for this study. Interview will be audio-taped. Tape recording will be transcribed and translated to English. When study is completed, audiotapes and transcriptions will be destroyed.

Interview does not contain disturbing questions generally, however, during the participation if you feel uncomfortable because of a question or any reason, you are free to terminate the interview. In such a situation, it will be adequate to inform the interviewer that you want to end the interview. At the end of the interview, your questions will be answered. Thank you for your participation. To get more information about the study contact information: Özge Beyazıt, mobile: 05359602068, e-mail: ozge_beyazit@hotmail.com

I have read and understand the statement above. I accept to participate in this study voluntary.

Name Date

Signature