Eating Disorders as Experiential Avoidance: Navigating Recovery by Embracing Discomfort with Acceptance and Commitment Therapy

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Conflict of Interest Statement

- The authors whose names are listed immediately below certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.
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Objectives

- Describe how Acceptance and Commitment Therapy (ACT) can be incorporated into the treatment of eating disorders
- Understand the role of experiential avoidance as a maintaining factor for eating disorders
- Explore acceptance and defusion techniques to disrupt avoidance cycles and promote recovery

Agenda

Eating Disorders (EDs)
- Quick overview
- Diagnostic criteria

Acceptance and Commitment Therapy (ACT)
- Quick overview
- Targets for treating EDs

Avoidance
- What is it? When does it happen?
- Why/how do we target it?

Role of Avoidance in EDs
- Cycles of Avoidance
- ED behaviors as avoidance

From Avoidance to Acceptance with ACT
- Breaking free from avoidance cycles
- ACT skills for EDs

Eating Disorders

- A quick overview
- Diagnostic criteria

Anorexia Nervosa

Key Diagnostic Factors

- Restriction leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health
  - Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected
- Intense fear of gaining weight or of becoming fat
  - Or persistent behavior that interferes with needed weight gain
- Body image distortion, self-evaluation based on weight, or denial of seriousness of current low body weight

- **Subtypes:**
  - **Restricting type:** no regular bingeing/purging in last 3 months
  - **Binge Eating/Purging type:** regular episodes of bingeing and purging in last 3 months

Bulimia Nervosa

Key Diagnostic Factors

- Regular episodes of binge eating defined by:
  - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- Compensatory behavior in order to prevent weight gain
  - Self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise
- Self-evaluation overly reliant on weight
- Behaviors occur at least weekly for 3 months
- Does not occur in the context of Anorexia Nervosa

Binge Eating Disorder

Key Diagnostic Factors

- Recurrent and persistent episodes of binge eating
  - 1 episode per week for 3 months or more = DSM-5 diagnostic criteria
- 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 being embarrassed by how much one is eating
  - Feeling disgusted with oneself, depressed, or very guilty after overeating
- Marked distress regarding binge eating
- Absence of regular compensatory behaviors

Avoidant Restrictive Food Intake Disorder

Key Diagnostic Factors

- Eating or feeding disturbance with 1 or more of:
  - Significant weight loss
  - Significant nutritional deficiency
  - Dependence on enteral feeding or oral supplements
  - Marked interference with psychosocial functioning
- Subtypes:
  - **Avoidant** - individuals simply avoid certain types of foods in relation to sensory features, causing a sensitivity or over stimulation reaction (may feel sensitive to the smell of foods; textures, including soft foods or fruit and vegetables that have prickly or defined textures; or general appearance, including color)
  - **Aversive** - experience fear-based reactions to food; evokes a fear of choking, nausea, vomiting, pain and/or swallowing, forcing the individual to avoid the food altogether
  - **Restrictive** - little-to-no interest in food, forgetting to eat altogether, low appetite, can get extremely distracted during mealtime, extreme pickiness of foods resulting in limited intake.
  - **Mixed Type** - Avoidant and restrictive features that co-exist at presentation but were not at onset of symptoms (Usually baseline restrictive with acquired aversive features)
  - **"Plus"** - those experiencing more than one type of ARFID can begin to develop features of anorexia nervosa

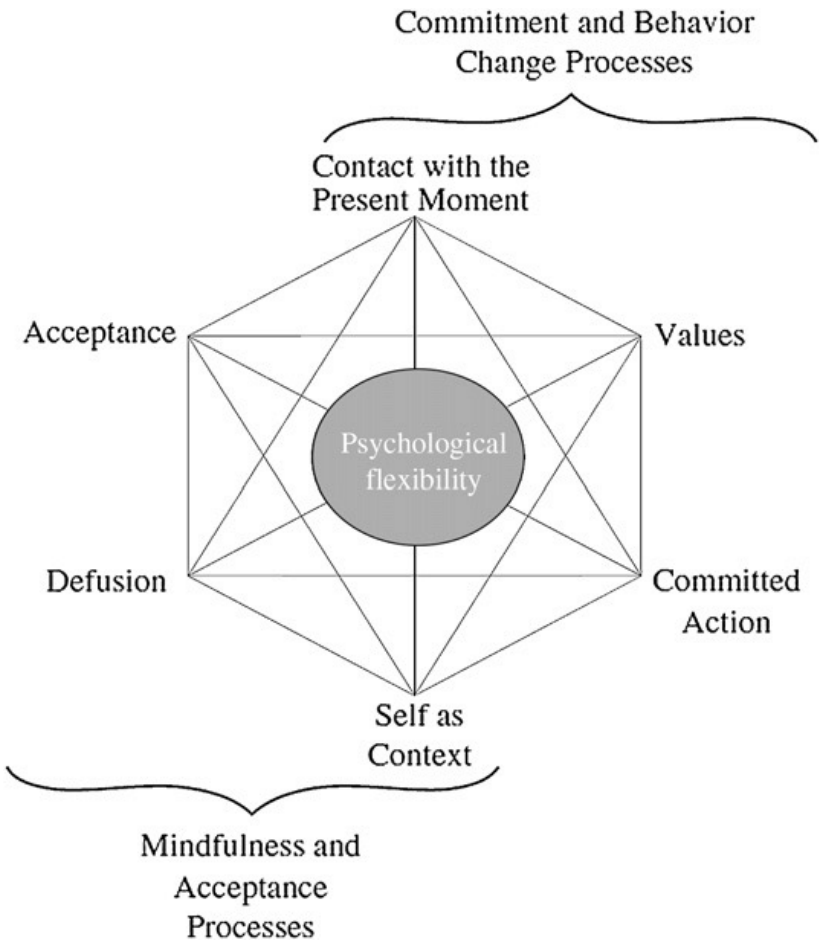
Other Specified Feeding or Eating Disorder

- Atypical Anorexia Nervosa
- Bulimia Nervosa (of low frequency or limited duration)
- Binge Eating Disorder (of low frequency or limited duration)
- Purging Disorder
- Night Eating Syndrome
- Chewing and Spitting
- “Orthorexia”

Acceptance and Commitment Therapy (ACT)

- Quick overview
- Targets for treating EDs

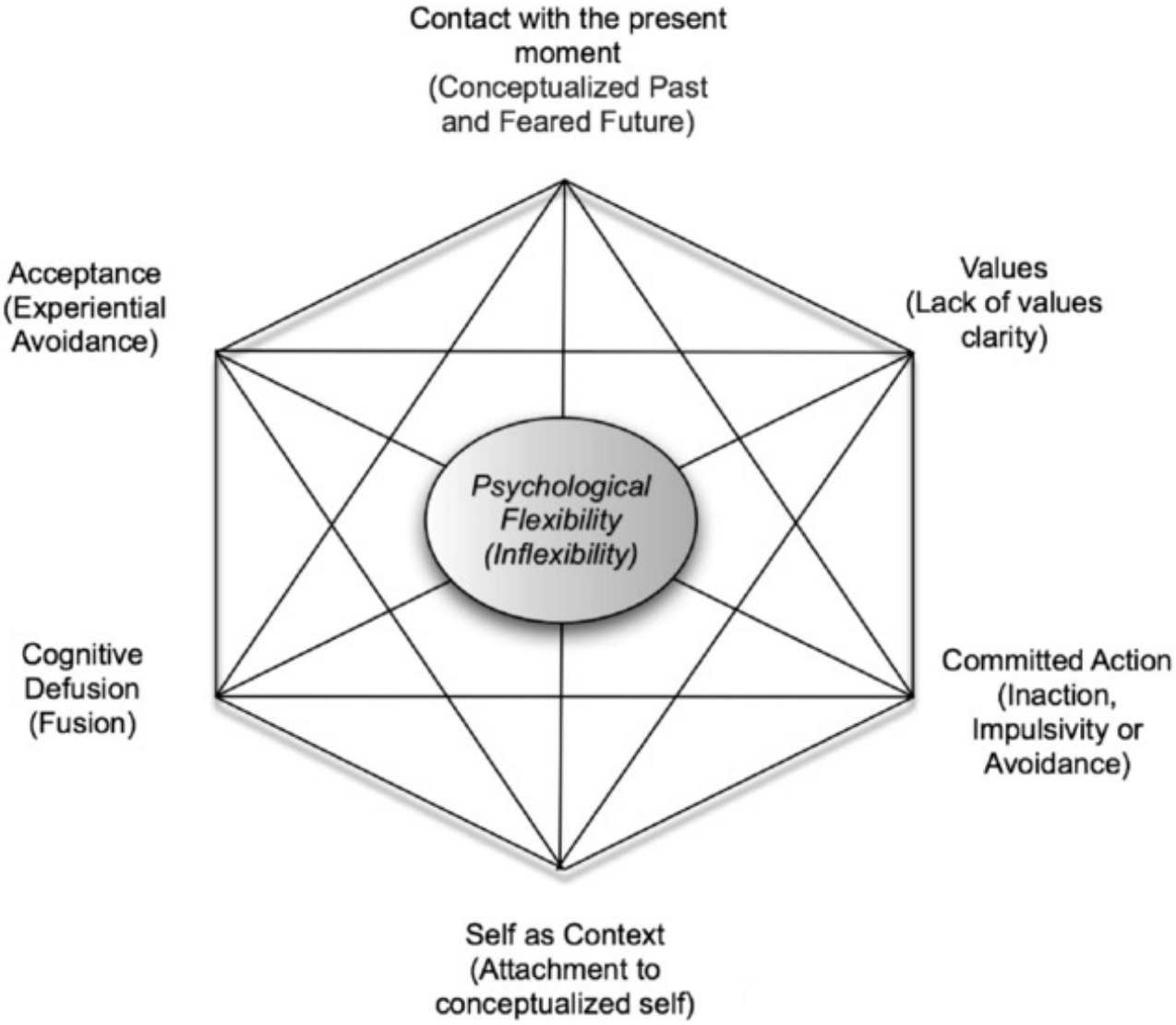
Acceptance and Commitment Therapy



- Mindfulness-based behavior therapy
- By changing our relationship with our thoughts and emotions, we can make space to connect with our values and take action towards them

Luoma, Hayes & Walser, 2007

Acceptance and Commitment Therapy



Luoma, Hayes & Walser, 2007

ACT and Eating Disorders

Target: tolerating discomfort associated with emotions, body image; increase sense of mastery in ability to experience emotions

Acceptance (Experiential Avoidance)

Contact with the present moment (Conceptualized Past and Feared Future)

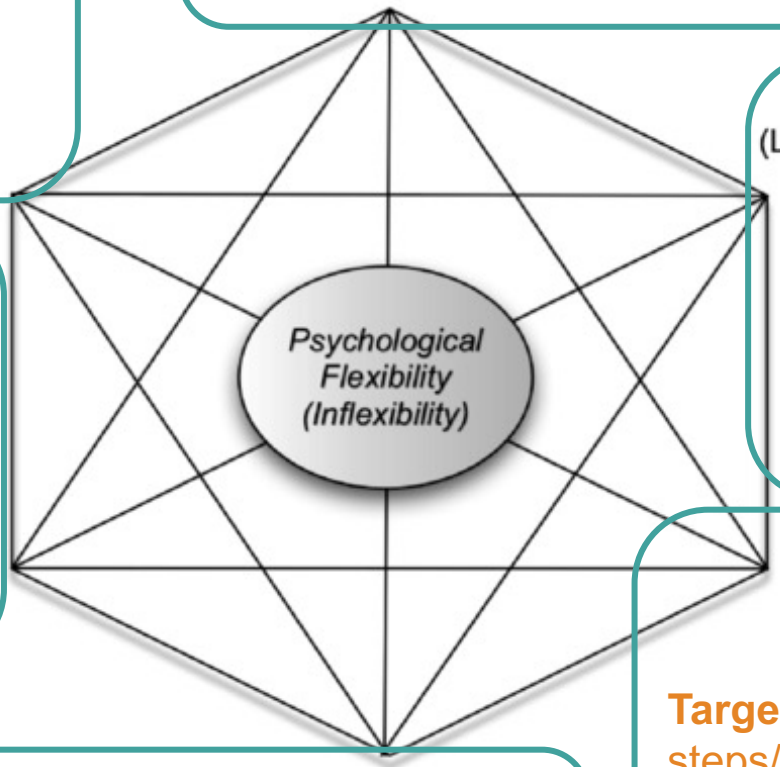
Target: move away from future tripping or being stuck in the past

Values (Lack of values clarity)

Target: connect with values (reasons to recover); ambivalence; separate from ED values; identity outside of ED

Target: relationship with ED thoughts; stop fighting with ED thoughts, stop allowing them to dictate behavior

Cognitive Defusion (Fusion)



Committed Action (Inaction, Impulsivity or Avoidance)

Target: taking steps/actions that promote recovery; decreasing avoidance or impulsivity

Target: identity outside of ED/body shape; self-compassion; empathy; connection; perspective taking

Self as Context (Attachment to conceptualized self)

(Hayes, 2019; Hayes & Pankey, 2002; Sandoz, Wilson, & DuFrene, 2011)

ACT and Eating Disorders

Acceptance and Commitment Therapy is evidence-based treatment for eating disorders

- Significant reduction of eating disorder symptoms when using ACT as an adjunctive intervention in higher levels of care as compared to treatment as usual for eating disorders across the spectrum (Duarte et al., 2017; Fogelkvist et al., 2020; Juarascio et al., 2013)
- Significant correlation between experiential avoidance and eating disorder pathology (Della Longa & De Young, 2018; Elmquist et al., 2018; Rawal et al., 2010)
- Experiential avoidance serves as a mediating role between eating disorder symptoms and common comorbidities such as:
  - suicidality (Skinner et al., 2017)
  - childhood trauma and negative affect intensity (Kingston et al., 2010)
  - anxiety sensitivity (Epsel-Huynh et al., 2019)
- Increases in psychological flexibility strongly predict improvement in eating disorder recovery (Walden et al., 2018)

Avoidance

- What is it?
- When does it happen?
- Why/how do we target it?

Avoidance

What is it?

Attempting to get rid of, fix, control, or avoid unpleasant internal experiences (thoughts, emotions, memories, urges)

When does is it happen?

Avoidance = OVERESTIMATING how "bad" something is going to be + UNDERESTIMATING your ability to cope

Why do we target avoidance?

- Lower levels of avoidance are correlated with lower levels of ED behaviors
- Avoidance moves us away from our values!

(Cowdrey & Park, 2012; Della Longa & De Young, 2018; Fahrenkamp, Darling, Ruzicka, & Sato, 2019; Lilis, Hayes, & Levin, 2011; Rawal, Park, & Williams, 2010; Schaumberg et al., 2016)

Avoidance

How do we target it?

- Exposure to difficult feelings and events
- Increasing self-efficacy by mastering coping skills
- Connecting with and acting in line with values

What is the goal?

- To decrease the experience of “feeling bad is AWFUL and I must do anything that I can to make that feeling go away as quickly as possible!”
- To feel distress AND DO IT ANYWAYS
  - Don’t wait until distress is low to act…this may not happen

Avoidance and Values

Why focus on values?

Acting in alignment with values increases sense of wellbeing and creates a rich, meaningful life

Examples of how avoidance interferes with valued-living

1. Not going to a party because of fear of body judgment
   - Belief: "I need to lose weight before I can go to a party"
   - What is being avoided: Fear, anxiety, self-consciousness
   - Moving away from value of: Fun and Friendships

2. Avoiding going to dinner with friends because of fear of triggering a binge
   - Belief: "If I have one bite of dessert, I will lose control and binge"
   - What is being avoided: Fear, obsessive food thoughts, urges to binge
   - Moving away from value of: Connection

3. Staying overly busy to feel a sense of accomplishment
   - Belief: "I need to be productive, so I am not seen as lazy and to prove my worth"
   - What is being avoided: Emotional discomfort, low self-esteem, social anxiety, identity confusion
   - Moving away from value of: Self-Care, Health, Self-Acceptance, Presence, Connection

What does avoidance look like?

Types of Control Strategies

Flight Strategies (running away or hiding from unwelcome thoughts and feelings)		
Distraction	You distract yourself from your thoughts and feelings by focusing on something else.	You're feeling bored or anxious, so you smoke a cigarette or eat some ice cream or go shopping. You're worried about some important issue at work, so you spend all night watching television to try to keep your mind off it.
Hiding/ Escaping	You hide away or escape from situations or activities that might bring up uncomfortable thoughts or feelings.	You drop out of a course or avoid going to a social function, in order to prevent feelings of anxiety.
Zoning Out/ Numbing	You try to cut off from your thoughts and feelings by zoning out or making yourself numb.	The use of medication, drugs or alcohol Sleeping excessively Simply 'staring at the walls'.

(Harris, 2007)

What does avoidance look like?

Types of Control Strategies

Fight Strategies (attempts to dominate or fight your unwanted thoughts and feelings)		
Suppression	You try to directly suppress unwanted thoughts and feelings.	You forcefully push unwanted thoughts from your mind. You push your feelings 'deep down inside'.
Arguing	You argue with your own thoughts to try to disprove them rationally. Or you may argue against reality.	If your mind says, 'You're a failure', you may argue back, 'Oh, no, I'm not—just look at everything I've achieved in my work.' 'It shouldn't be like this!'
Self-Bullying	You try to bully yourself into feeling differently. You call yourself names or you criticize and blame yourself.	You call yourself a 'loser' or 'idiot'. 'Don't be so pathetic! You can handle this; why are you being such a coward? You should know better than this.'
Taking Charge	You try to take charge of your thoughts and feelings. Or you try to replace negative thoughts with positive ones, or to force yourself to be happy when you're not.	You may tell yourself things like, 'Snap out of it!' 'Stay calm!' or 'Cheer up!'

(Harris, 2007)

Control Strategies

Coping vs. Avoidance

Control Strategies can be forms of <u>healthy coping</u> if:

- You use them only in moderation
- You use them only in situations where they can work
- Using them doesn't stop you from doing the things that you value

Control Strategies become <u>problematic</u> when:

- You use them excessively
- You use them in situations where they can't/don't work
- Using them stops you from doing the things that you truly value

Role of Avoidance in Eating Disorders

- Cycles of Avoidance
- ED behaviors as avoidance

Avoidance

The solution is the problem!

Like feeding a hungry tiger

Like climbing out of quicksand

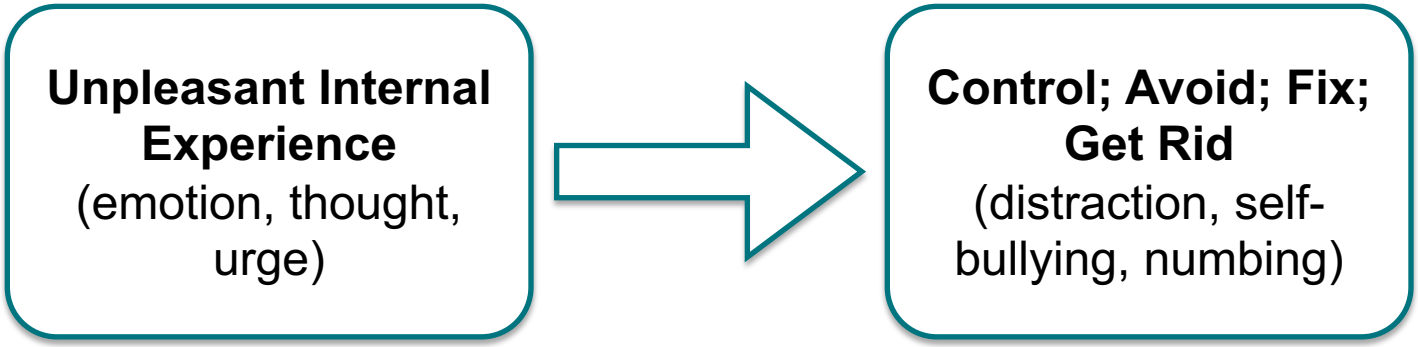
Avoidance Cycles

An ACT Conceptualization

Unpleasant Internal Experience
(emotion, thought, urge)

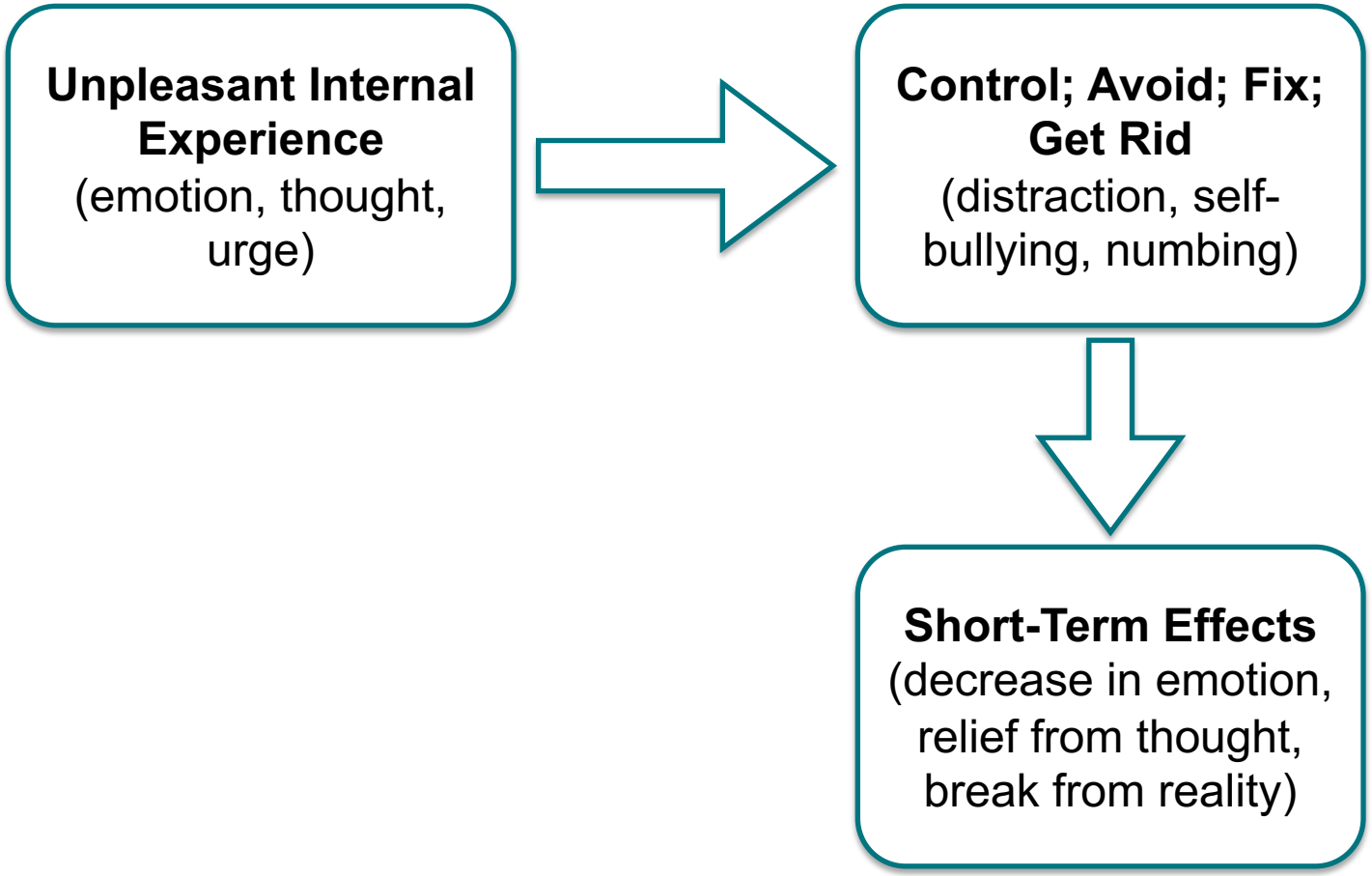
Avoidance Cycles

An ACT Conceptualization



Avoidance Cycles

An ACT Conceptualization



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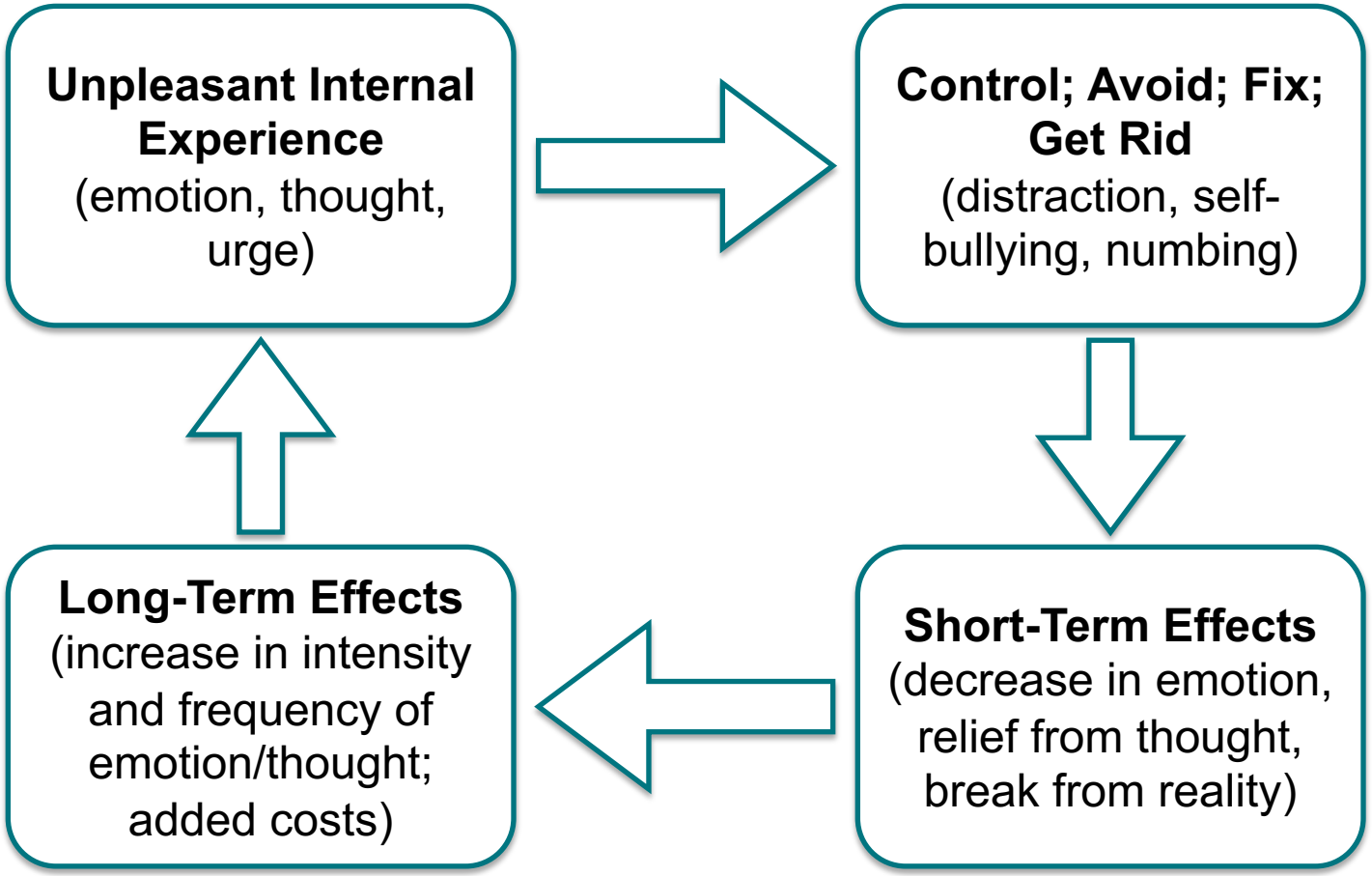

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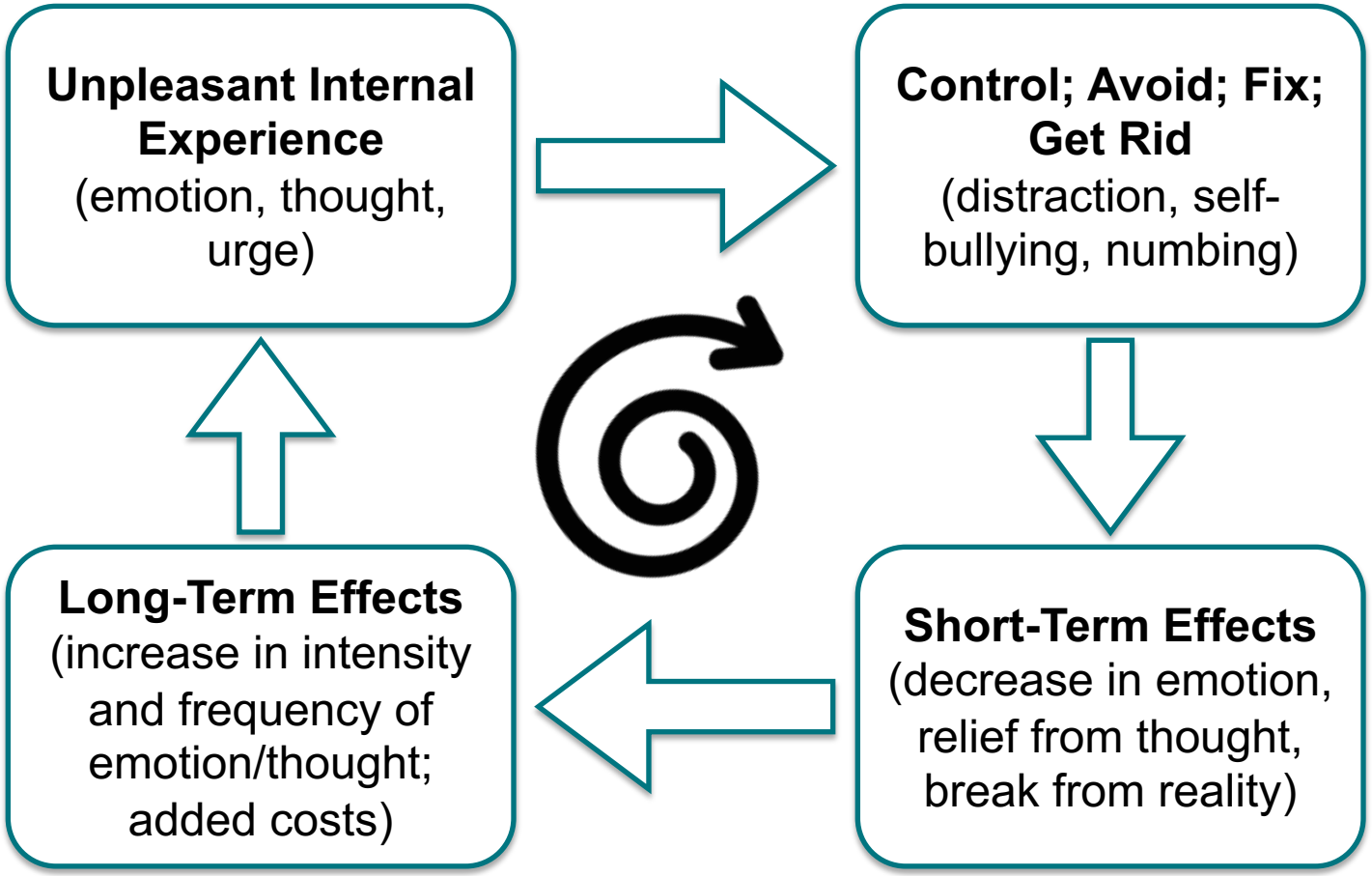


Eating Disorder Behaviors as Avoidance

What purpose are they serving?

Restricting

- Anxiety, loneliness, obsessive thoughts
- Losing a sense of control, identity, achievement

avoiding

Bingeing

- Loneliness, sadness, emptiness
- Boredom, racing or intrusive thoughts

Purging

- Anger, anxiety, shame, disgust
- Feeling full, physical or emotional discomfort

Over-exercise

- Anxiety, agitation, anger
- Body discomfort, obsessive thoughts

Body Checking

- Anxiety, fear, shame, body image distortions
- Body discomfort, losing a sense of control

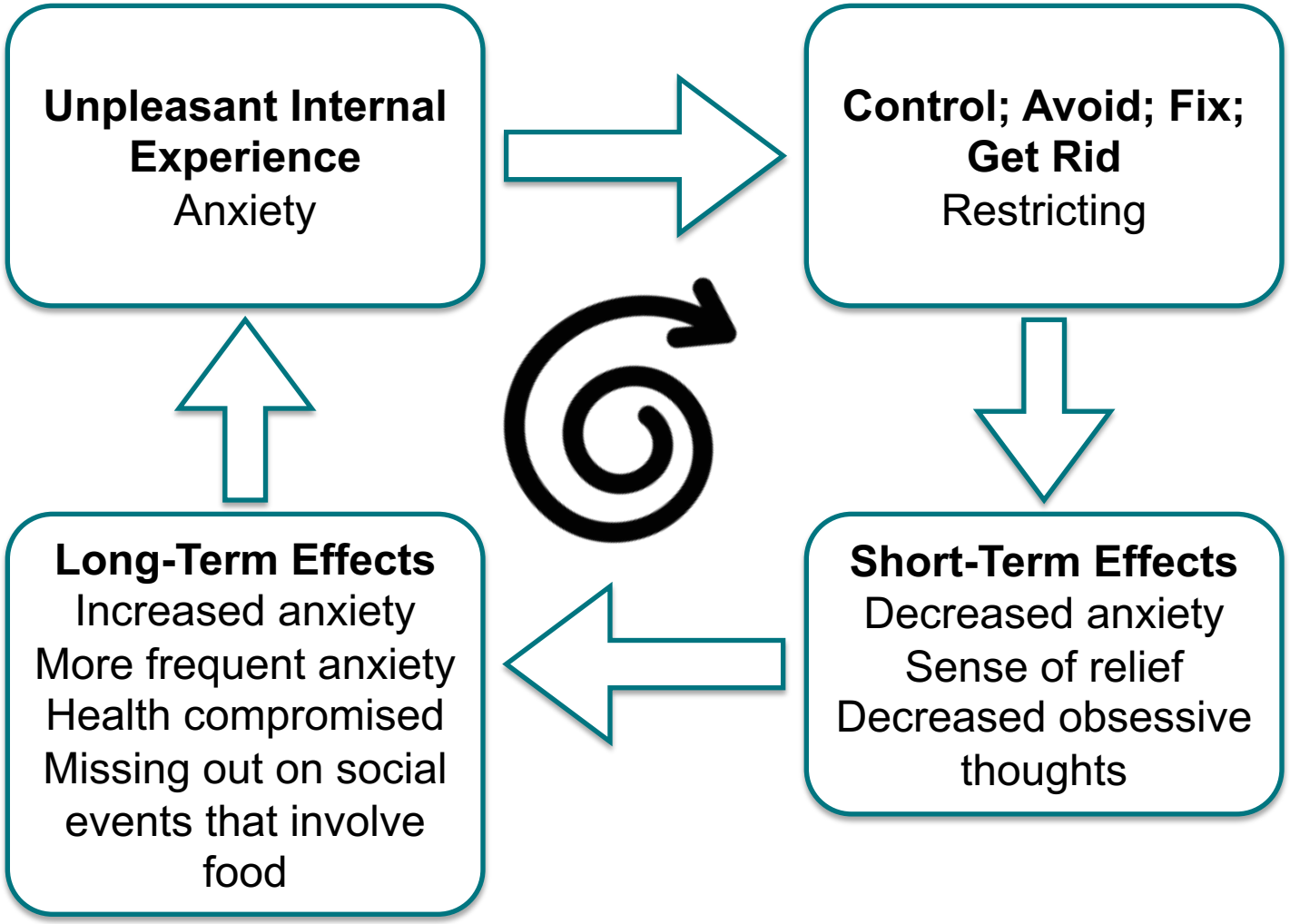
Rule-bound Eating

- Anxiety, helplessness, fear of the unknown
- Losing a sense of control, obsessive thoughts

avoiding

Eating Disorder Cycles

An ACT Conceptualization



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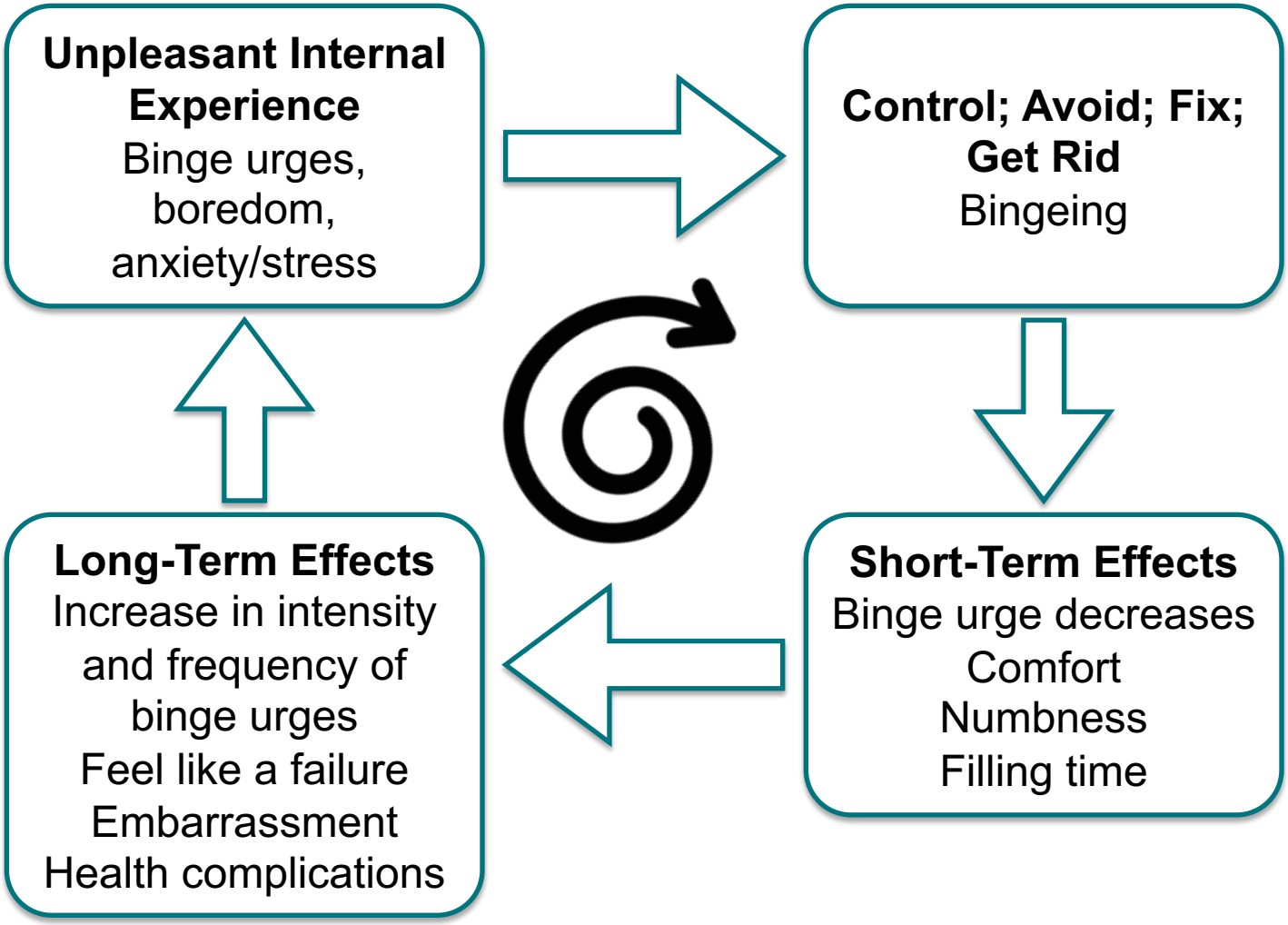

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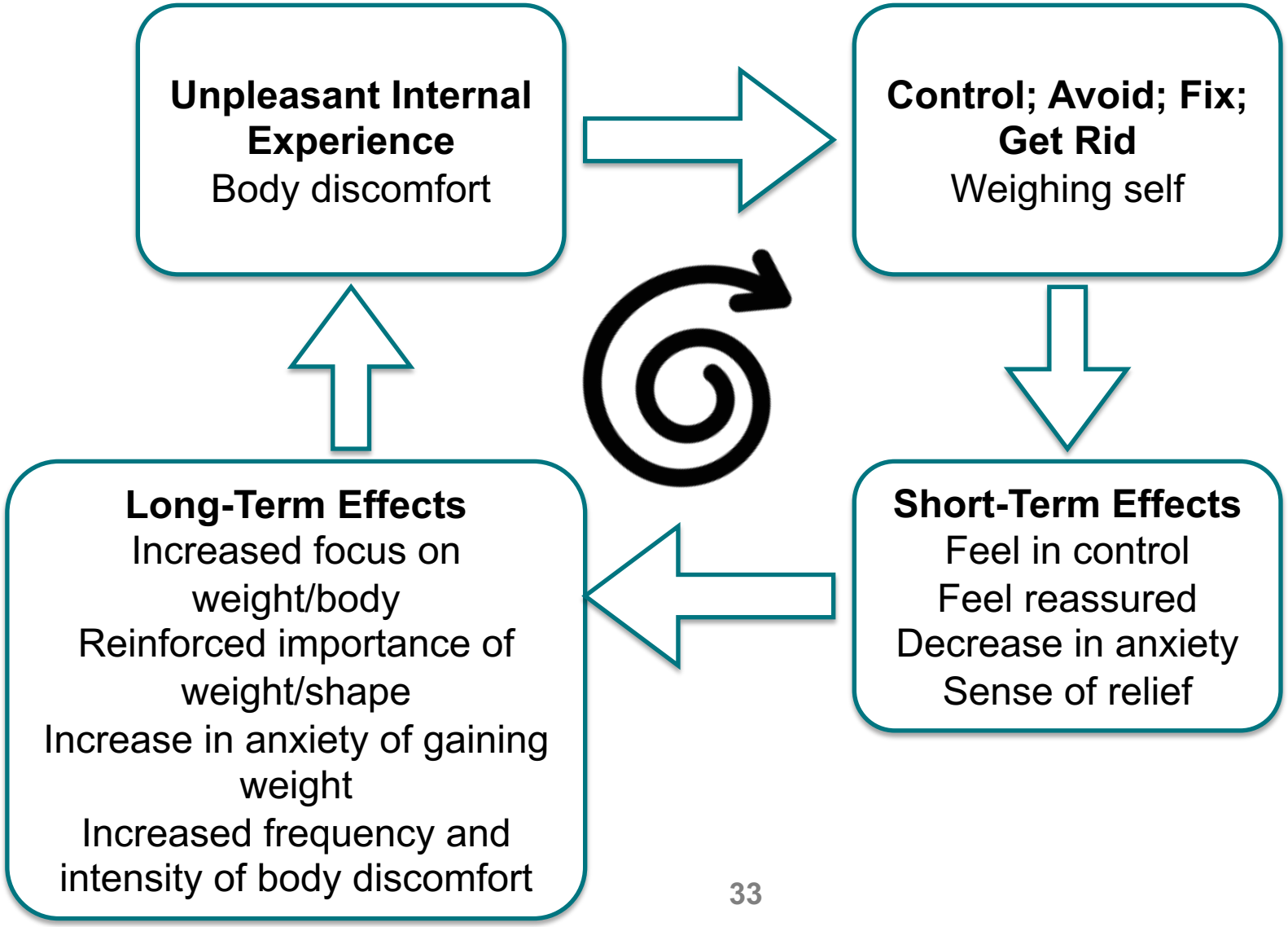

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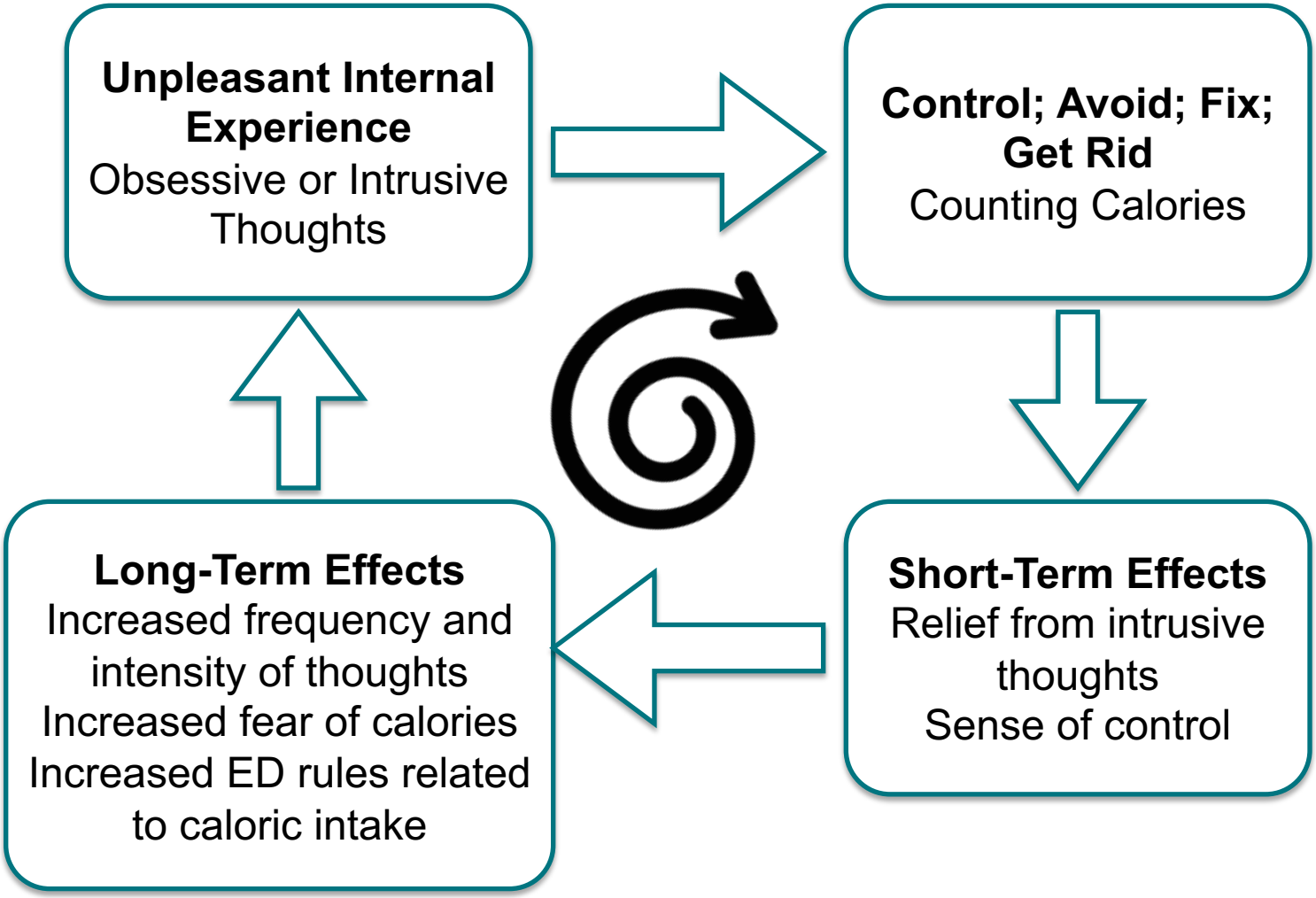


From Avoidance to Acceptance with ACT

- Breaking free from avoidance cycles
- ACT skills for EDs

From Avoidance to Acceptance

Breaking the cycle and moving toward recovery

Avoidance

"In order to have a good life, I need to control how I feel. I must get rid of unwanted thoughts and feelings and replace them with more desirable ones."

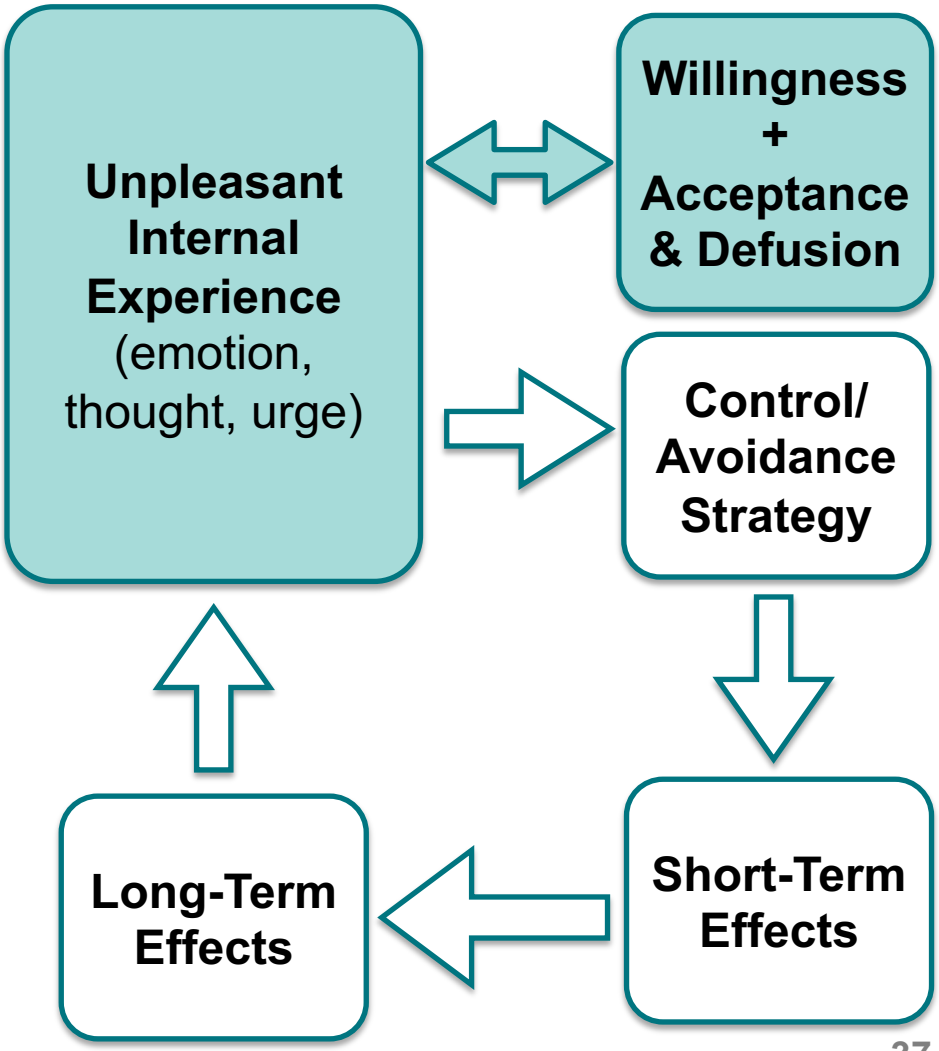
Acceptance

"I can allow my thoughts and feelings to be as they are in this moment (whether they are pleasant or painful, wanted or unwanted). I don't need to struggle with them or get swept away by them. I commit to allowing them to come and stay and go in their own time."

Creative Hopelessness: to **create** a sense of **hopelessness** in the ***agenda of emotional control*** (avoidance) in order to open up to the ***agenda of acceptance***

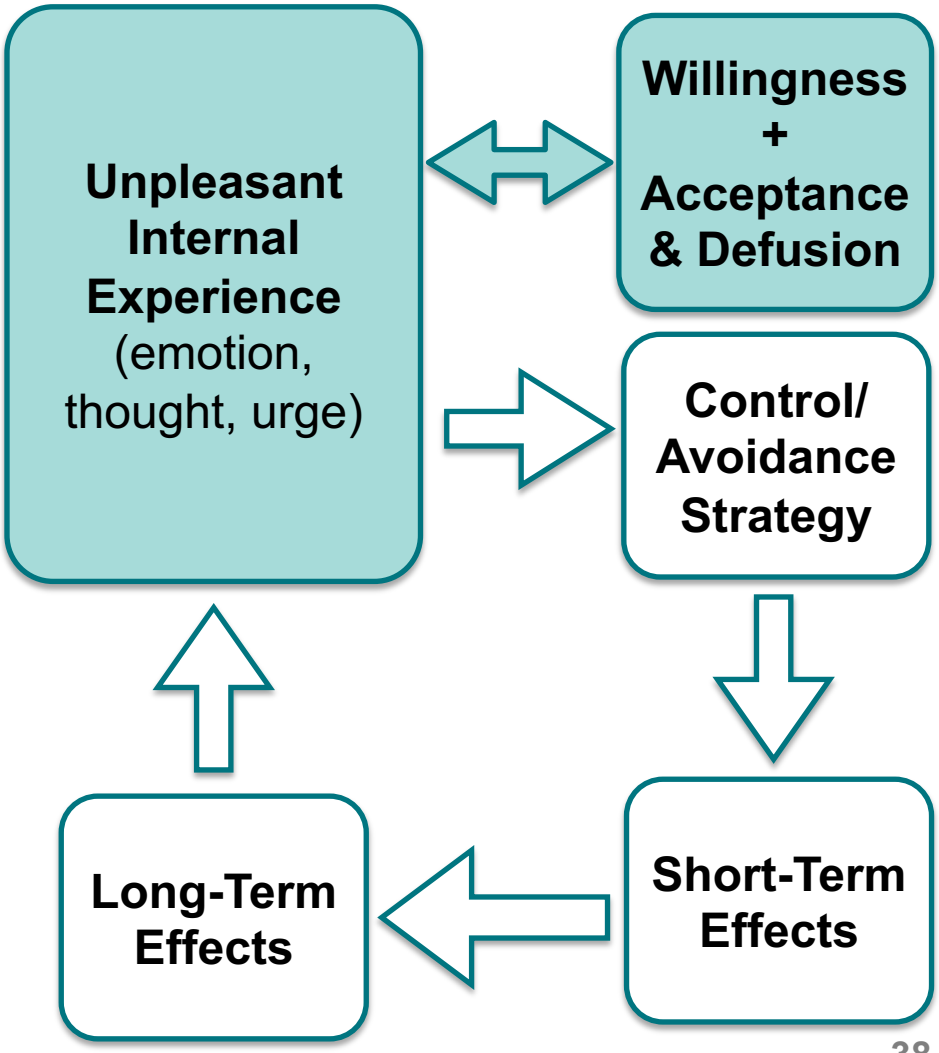
From Avoidance to Acceptance

Breaking the cycle and moving toward recovery



From Avoidance to Acceptance

Breaking the cycle and moving toward recovery



Willingness to feel discomfort **+**

Acceptance ***(of emotions)***

- Opening up to your emotions and being willing to feel them
- Allowing your emotions to be where they already are
- Making room for all emotions

Defusion ***(from thoughts)***

- Creating distance between ourselves and our thoughts
- Creating space between thoughts and actions

Not: *white knuckling, agreeing with, liking, wanting, fixing, or problem solving*

Accessing Acceptance Skills

Through Mindfulness

Be in the Present Moment

Get in contact with your breath

- Box Breathing
- 4-7-8 Breathing

Notice your 5 senses

- 5-4-3-2-1 Skill

Notice your body sensations, emotions, and thoughts

Gently redirect your mind if you find yourself:

- Stuck in the past
- Lost in the future
- On autopilot

Nonjudgmentally

Acceptance Skills

Leaning into Difficult Emotions

Observe - Notice what you are feeling and investigate it with curiosity (like a Curious Scientist)

Name and Rate - Name the emotion for what it is and rate it on a scale of 0-10

Breathe - Take a deep breath into the feeling

Expand - Make room for the feeling to be where it already is; Make space in yourself for this feeling

Allow - Give this feeling permission to be where it already is. Notice urges to change or get rid of it and make the decision to allow the feeling to be there

Objectify - Imagine the feeling as a physical object and describe it

Normalize - Remember that emotions are part of the human experience and that emotions serve a purpose

Show Self-Compassion - Practice being gentle and kind with yourself while having a feeling

Expand Awareness/Take Perspective - Bring your attention back to the big picture

Metaphors for Acceptance

Ride the Wave

Ball in the Pool

Let Go of the Rope

Defusion Skills

Dealing with Difficult Thoughts

Deliteralization

- Milk Milk Milk
- Say it very slowly/quickly

Levity

- Funny Voice
- Sing it

Create Distance

- "I'm having the thought that…"
- Leaves on a Stream
- Name the Story

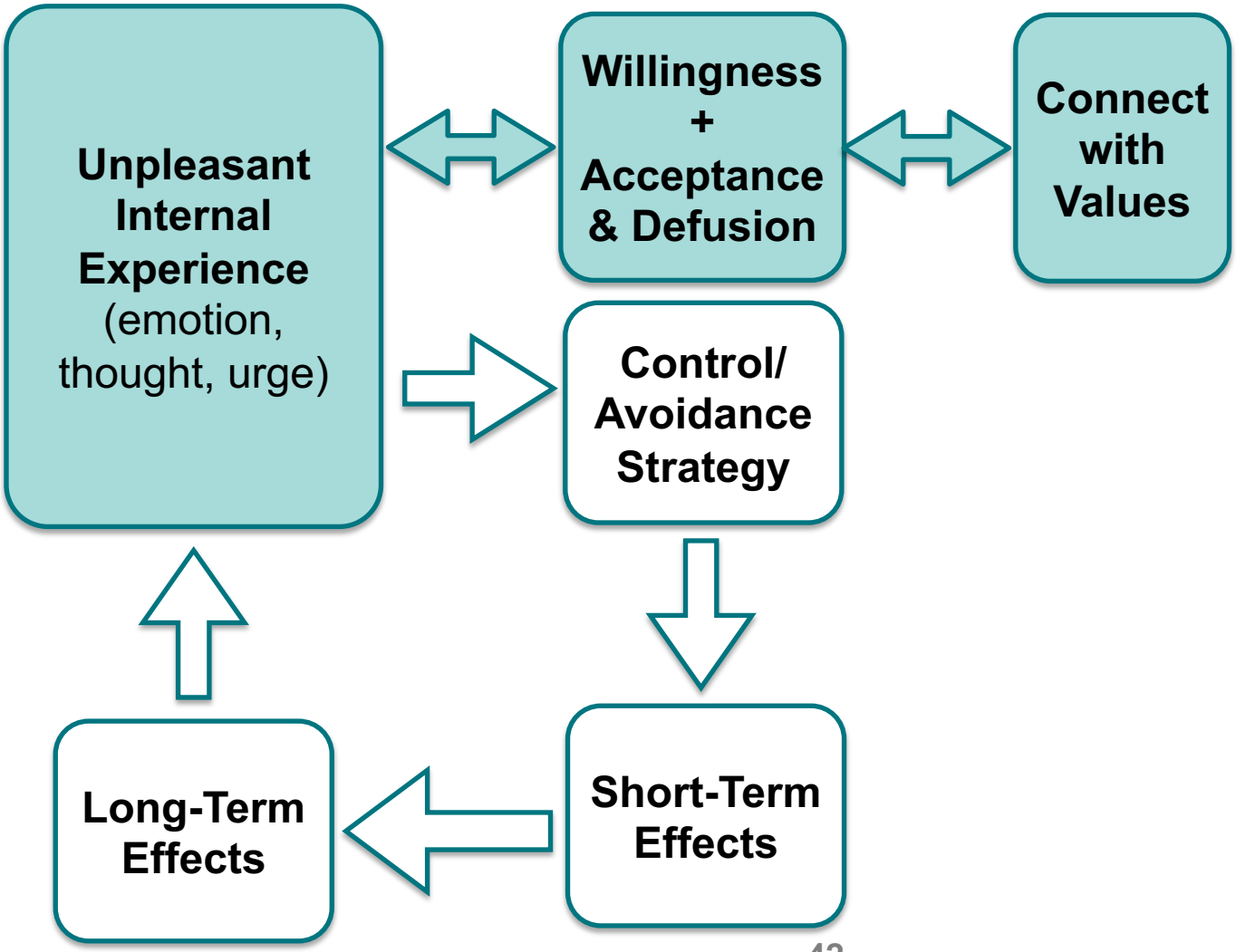
Create distance between yourself and your thoughts

Create space between thoughts and actions

Is this thought helpful? Is this thought workable?

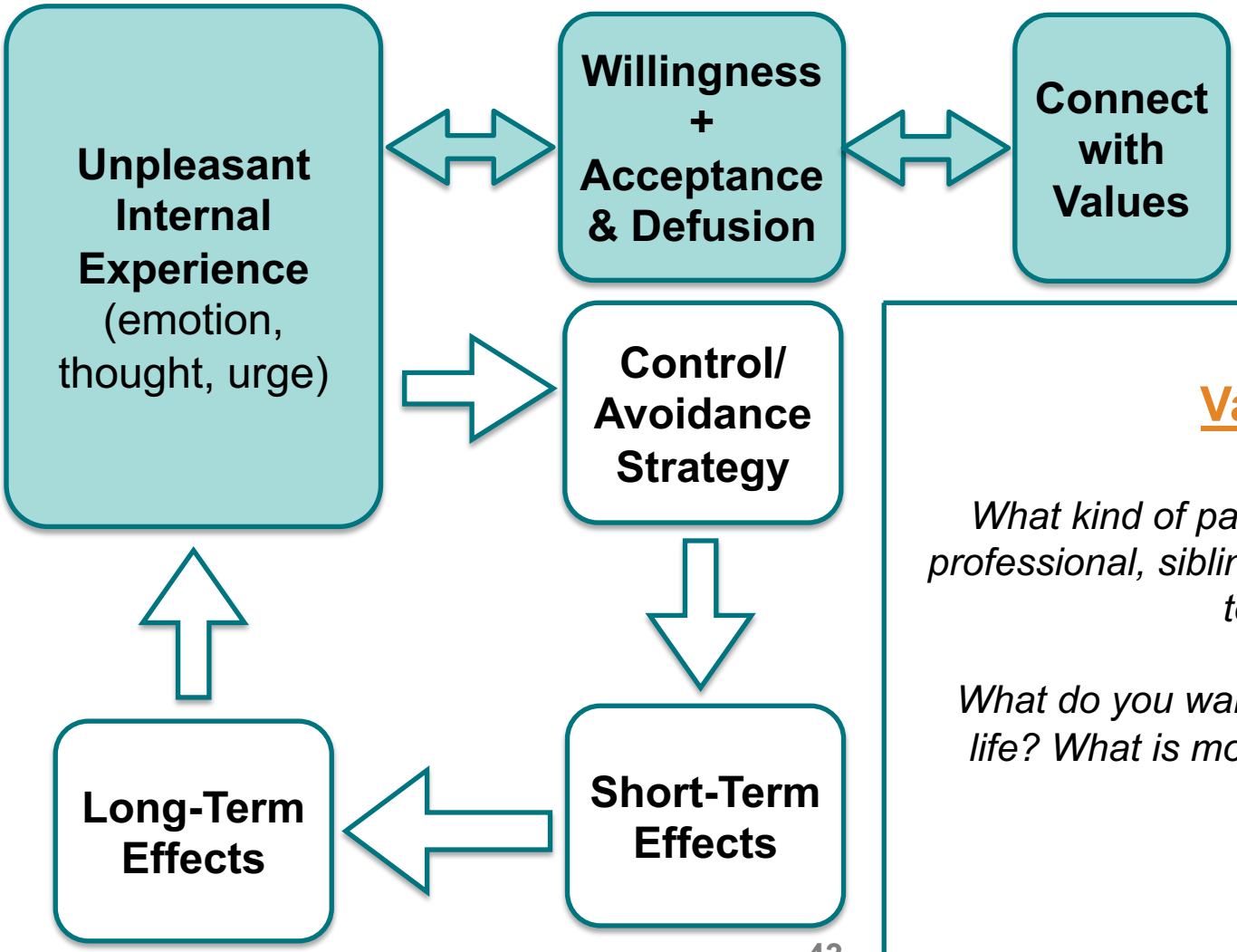
From Avoidance to Acceptance

Breaking the cycle and moving toward recovery



From Avoidance to Acceptance

Breaking the cycle and moving toward recovery



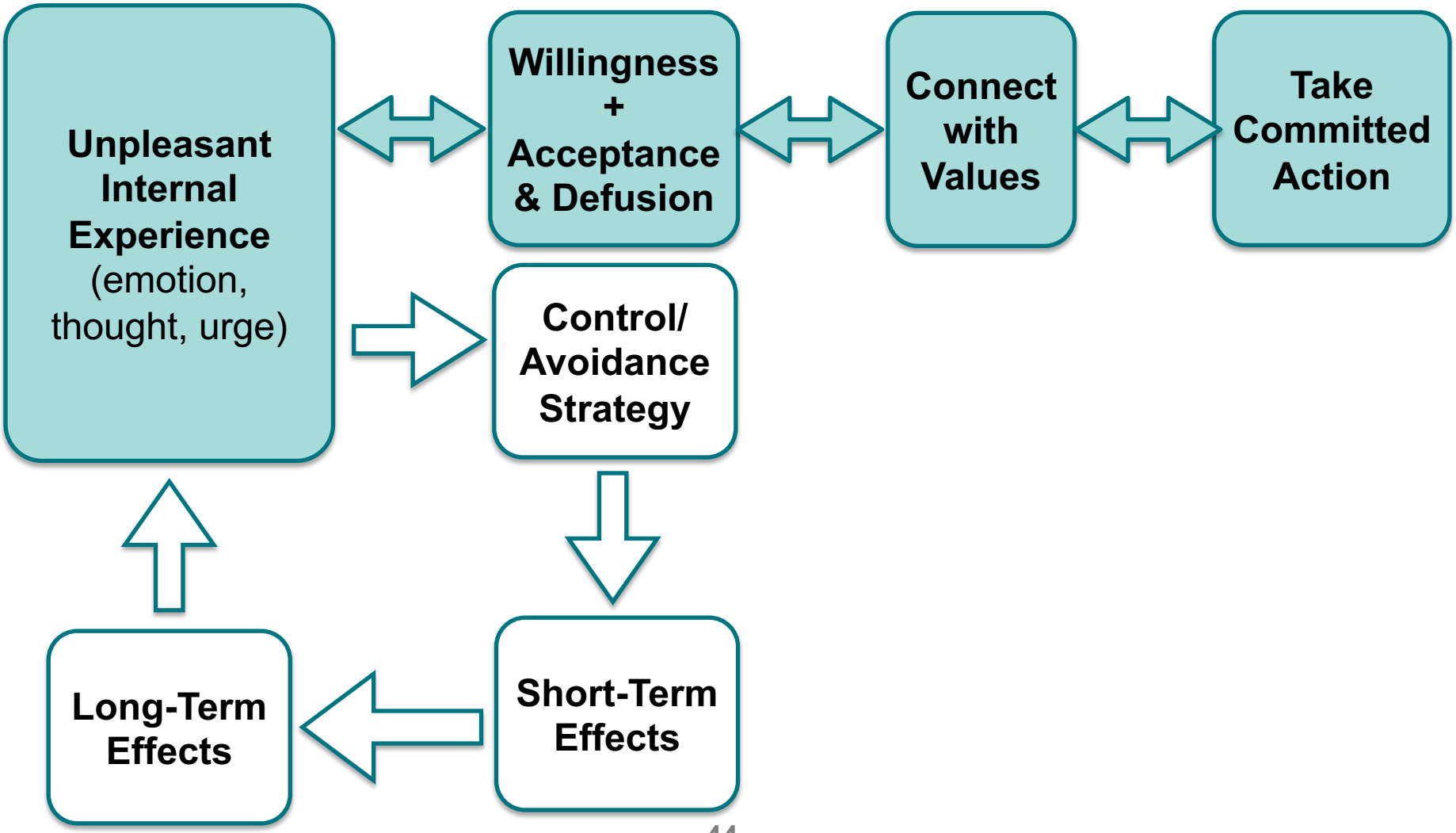
Values

What kind of parent, friend, student, professional, sibling, person do you want to be?

What do you want to stand for in your life? What is most important to you?

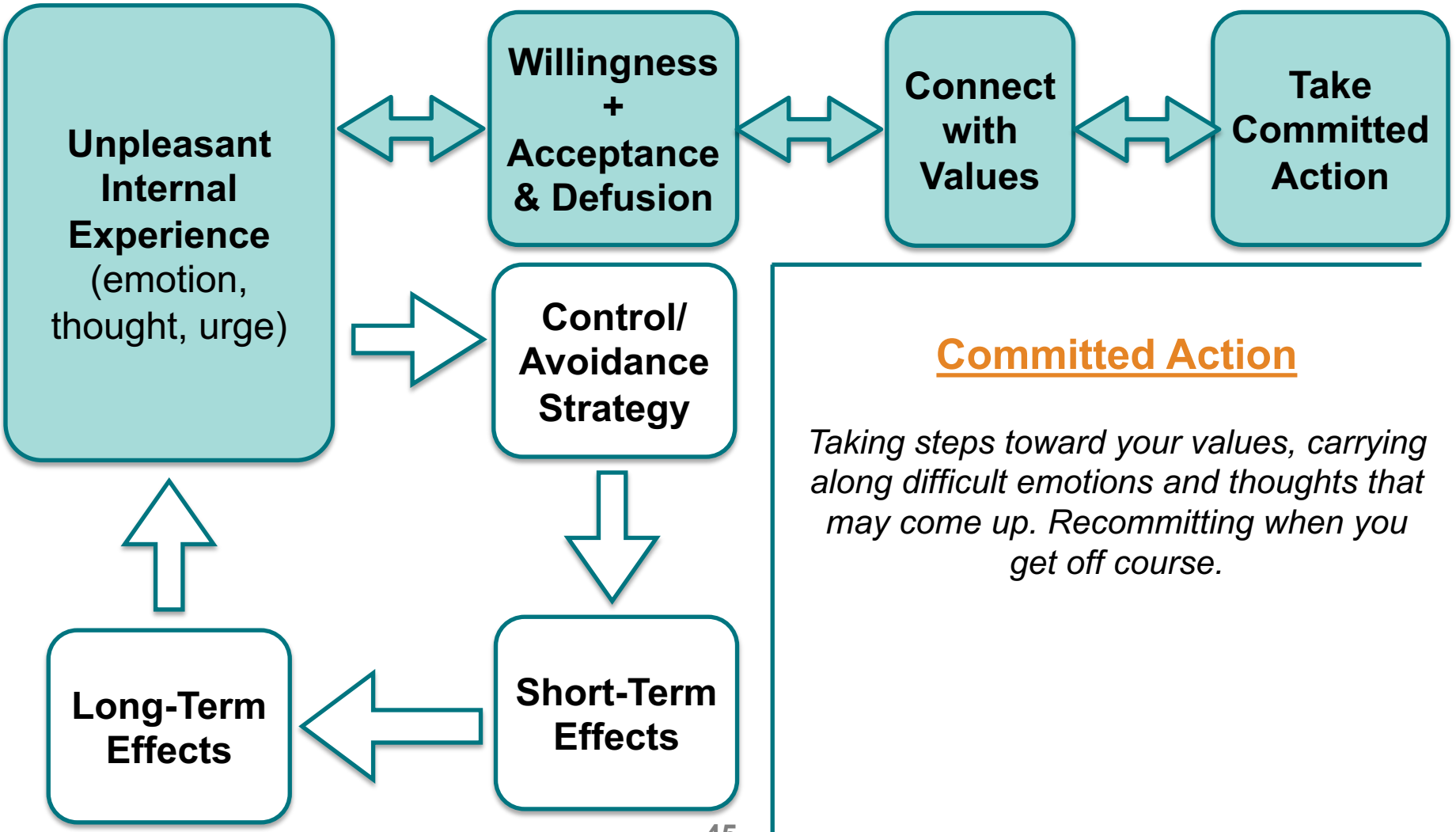
From Avoidance to Acceptance

Breaking the cycle and moving toward recovery



From Avoidance to Acceptance

Breaking the cycle and moving toward recovery

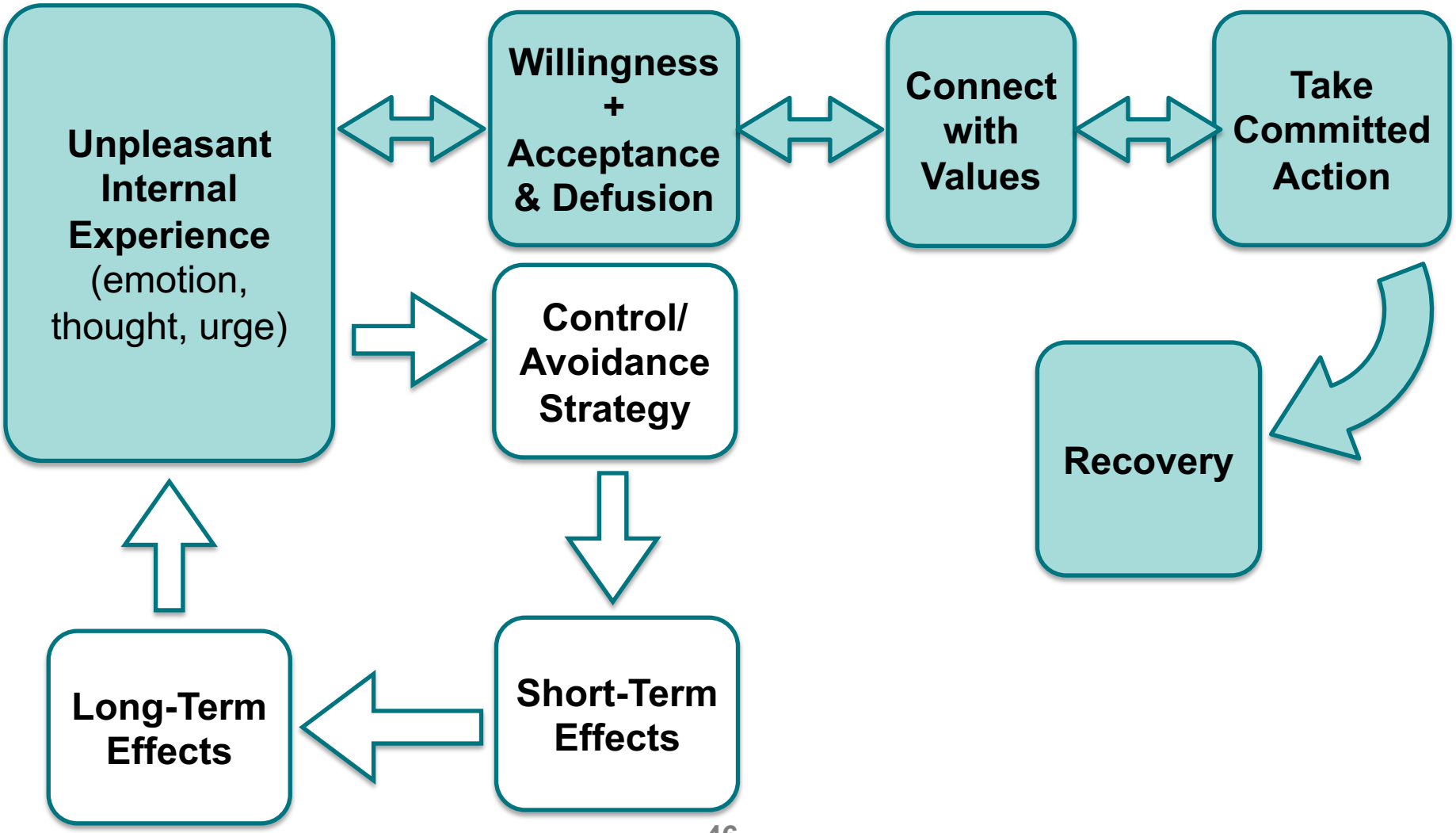


Committed Action

Taking steps toward your values, carrying along difficult emotions and thoughts that may come up. Recommitting when you get off course.

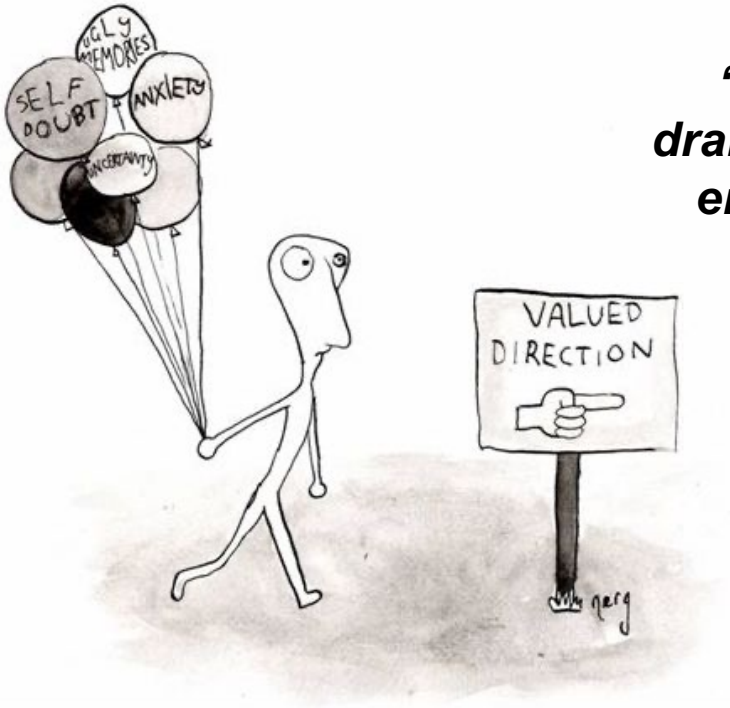
From Avoidance to Acceptance

Breaking the cycle and moving toward recovery



Bringing It All Together

A = Accept your thoughts and feelings
C = Connect with your values
T = Take effective action



"Would you rather have the vitality-draining pain of staying stuck, or the life-enhancing pain of moving forward? "

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THANK YOU

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