Treatment of Binge Eating with Automatic Word Processing and Self-Hypnosis: A Case Report

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Binge eating frequently is related to emotional stress and mood problems. In this report, we describe a 16-year-old boy who utilized automatic word processing (AWP) and self-hypnosis techniques in treatment of his binge eating, and associated anxiety, insomnia, migraine headaches, nausea, and stomachaches. He was able to reduce his anxiety by gaining an understanding that it originated as a result of fear of failure. He developed a new cognitive strategy through AWP, after which his binge eating resolved and his other symptoms improved with the aid of self-hypnosis. Thus, AWP may have helped achieve resolution of his binge eating by uncovering the underlying psychological causes of his symptoms, and self-hypnosis may have given him a tool to implement a desired change in his behavior.

Keywords: Abdominal pain, eating disorder, hypnosis, insomnia, migraine headache

Binge eating can be defined as eating large quantities of food at one time, which can lead to a high caloric intake. This eating disorder frequently is related to emotional factors, including stress reactions and mood problems (Wegner, Smyth, Crosby, Wittrock, Wonderlich, & Mitchell, 2002). In one study, women who were categorized as binge eaters were more likely to binge on high stress days (Freeman & Gil, 2004). Binge eaters also report that they are likely to have a negative mood during days of binging, including increased feelings of anger, depression, guilt, and lowered self-image (Wegner et al., 2002). Binge eating, along with associated weight gain and negative mood, can be destructive to a patient’s health. These factors may perpetuate a
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struggle to enhance mood, control eating and lose weight (Tseng et al., 2004). Mantle (2003) emphasized that eating disorders are complicated, learned behaviors that may be difficult to unlearn because of their integration into the patient’s lifestyle.

Patients with eating disorders may be especially successful with hypnosis because of the psychopathological origin of their symptoms and their capacity for dissociation (Mantle, 2003; Torem, 1992). Based on the underlying issues that influence a patient’s eating disorder, different hypnosis techniques have been demonstrated to help resolve some of these issues; and this in turn may resolve the eating disorder (Torem, 1992). For example, ego-strengthening suggestions can be made to the patient in the hypnotic state, which bolster self-esteem and body image (Torem, 1992). Other useful hypnosis techniques in this setting include achievement of general relaxation and calmness, age progression, age regression, ego-state therapy, and use of self-hypnosis (Torem, 1992). Torem (1986) suggested that binge eating can be the result of a destructive dissociated ego-state. In order to help a patient resolve conflict that may have led to the eating disorder, hypnosis can activate such an ego-state after which it may be addressed (Torem, 1986).

In this report, we describe how a 16-year-old boy utilized automatic word processing (AWP) and self-hypnosis to resolve his binge eating. Biographical information, including the name, was changed to protect his privacy.

Case Report

David, a 16-year-old boy, was referred because of “compulsive” eating. The behavior started when he was 6 years old, and resulted in significant weight gain. At the initial visit, he admitted to consuming large amounts of food in one sitting, e.g., large bags of pretzels or potato chips, a whole loaf of bread, or 8 teaspoons of sugar. David explained that he ate more when he was stressed about his academic performance and lack of physical coordination. Also, he reported that he often became anxious about going to new places, and had concerns about the different tactile perceptions from “strange” objects such as a new type of toilet paper. In addition to his eating disorder, he suffered from recurrent insomnia, migraine headaches, nausea, and stomachaches.

His height was 69 inches, weight was 240 pounds, and his body mass index was 35.4 kg/m² (at much greater than the 97th percentile for his age). His medical work-up revealed no other abnormalities. A nutritionist had designed a meal plan for him, but he did not adhere to the plan and continued to gain weight. A psychologist recommended ways to control his impulsivity, as well as meditation to help him fall asleep. However, David’s behavior and symptoms persisted, despite attempting to follow the recommendations.

It was suggested that perhaps most of his symptoms were related to difficulty in dealing with stress. For example, his binge eating and migraines intensified at the end of the school year, when he was most stressed. His nausea and stomachaches tended to occur on school days and days when he planned to travel to a new place. David agreed that stress was a likely trigger of his symptoms. It was suggested that with hypnotic imagery he could learn how to relax and deal with stressful situations better.

His 45-minute introductory session regarding self-hypnosis included:

1. A description of hypnosis.
(2) Instruction in induction techniques. It was explained that these techniques demonstrated how imagery in the mind can affect his body. He learned how to imagine his hands as two giant magnets that attracted each other, and noted how his hands came together, apparently “on their own.” He imagined holding a pail full of sand in one hand, while holding helium balloons in the other hand. Within 15 seconds, one hand fell slowly to his lap and the other hand levitated. David stated it felt as if his hands had moved of their own accord.

(3) Employment of favorite place imagery and progressive relaxation while in hypnosis in order to achieve relaxation.

(4) David’s selection, while in hypnosis, of extending his right index finger and thumb as a triggering gesture that would remind him how to relax when he was not in hypnosis.

He was encouraged to use self-hypnosis induced relaxation on a nightly basis for at least 2 weeks in order to become adept with its application, and to use it whenever he became stressed and wanted to alter this feeling. By the end of the second session, he was able to use favorite place imagery or his triggering gesture in order to relax quickly.

A month later, at the third session, David reported that his daily self-hypnosis helped many of his symptoms (see table 1). He stated that often he was anxious because he worried about issues that he shouldn’t worry about, such as what might occur during a brief trip away from home. He reiterated that he was afraid of new situations and uncertainty. He said he did not understand why he had these fears.

David was interested in gaining a better understanding of the source of his anxiety through hypnosis. Therefore, he was offered and accepted an opportunity to learn how to utilize AWP (Anbar, 2001), as follows.

David and the therapist sat in front of individual keyboards connected to a single computer screen. David was told that he would be taught how to allow his subconscious to interact with the therapist through typing. Subconscious was defined as a part of his mind of which he is unaware usually (Anbar, 2001). He was told that he might be unaware of some of what would be discussed during the typed interaction, and that it would be his choice whether to remember the content of the word processing or to be shown what had been typed after completion of the session.

AWP induction was accomplished by asking David to close his eyes while imagining himself in a favorite place. He was told that once his subconscious was ready to type, his eyes would open “on their own,” and that his subconscious would be able to read the computer screen, and control David’s typing. He was instructed that while his subconscious was typing, David’s job was to focus on his favorite place imagery.

While David closed his eyes for 10 seconds, the therapist typed, “Hello, are you David’s subconscious?” Once David opened his eyes, his eyes focused on the screen, and then he typed, “Yes.” During the AWP interaction that lasted 65 minutes, David and the therapist communicated by typing only. The following excerpts of the AWP session are presented verbatim (with typographical errors corrected):

Doctor: How about writing a story about a time David was anxious that still plays on his mind but that he is not aware of yet-
David: I got nauseous and sick saying good-bye to my brother at boot camp.

Doctor: What purpose do you think the nausea served you in the past?

David: To be cautious of the unknown and protect us from it.

Doctor: To protect you from what?

David: The unknown.

Doctor: How does nausea protect you from the unknown?

David: To supply a reason for not doing it.

Doctor: Good job. Now we can go in two directions: A) Should we figure out a way to protect you from the unknown that does not involve feeling bad OR B) Should we figure out why you are wary of the unknown?

David: Both, perhaps.

Doctor: May we start with B?

David: B may be the source.

Doctor: Can you tell me about when David needs protection from the unknown?

David: If I knew what would happen every day, I wouldn’t have to protect him but I don’t so I will.

Doctor: Why do you want to know what will happen every day?

David: To stop any mistakes that can be made, and if he didn’t go anywhere he wouldn’t have to fear that. He could be safe at home.

Doctor: Why doesn’t David want to make mistakes?

David: Embarrassment, foolish, look unintelligent in the eyes of others. But he is very smart but unmotivated at times and the motivation could be me.

Doctor: Do you think perhaps his lack of motivation is also a way of protecting him from making mistakes?

David: Yes, but he makes more in the course of protection. He has to always try and stay focused on the world around him.

Doctor: How does staying focused on the world help him with his fear of making mistakes?
David: He has fewer opportunities to make mistakes if I know what is happening.

Doctor: So one way that David can help himself from making mistakes is to stay focused. Now, tell me, what do you think of the idea that the best way to learn is to learn from your mistakes?

David: It is the second best, because a mistake causes you to step back and it takes two more to go forward.

Doctor: But it seems to me that when David is afraid of the unknown, because he is afraid of making mistakes, he is taking no steps forward...

David: You’re saying that I am making a mistake by trying to help him because experience is the best way to learn for one’s self. (John Locke said this).

Doctor: I believe you have been doing the best you can for David. Now that you have the opportunity to evaluate your strategy you can decide that perhaps it would be better for him to let him make his mistakes so that he can move forward...

David: Yes, but that means change.

Doctor: Of course it does. And you get to decide if this is the right change for David. If you decide this is the right change, you can make the change. And if you do that, he will change. For the better.

David: I don’t know of options to choose from.

Doctor: A) Leave things the way they are, B) Let David remain wary of mistakes, but help him feel better about his lack of progress, C) Let David make his mistakes and let him suffer the consequences (embarrassment, etc.); D) Let David make his mistakes and help him deal with them by helping him realize that he is learning and becoming a better person every step of the way - both forward and backward; E) None of the above.

David: D. But I don’t know how.

Doctor: One step at a time. You might take a situation wherein David used to become nauseous in order to protect him, and instead of making him nauseous, you encourage him to move forward. He’ll make a mistake (which is good) and then you’ll work together to help him learn from it. Once you understand how to help him through one mistake, it will become obvious to you how you can help him through future mistakes.
David: Yes, but slowly or else it is defeating the purpose.

Doctor: Exactly right. You know how many mistakes David can tolerate without becoming discouraged. So you will orchestrate what he needs. He is in good hands with you, as you know.

David: Yes.

Following the AWP session, David stated he did not know if he had typed anything. He did not want to read what had been typed. Three weeks later (session 4) he reported further improvement in his symptoms. He discussed why he did not like making mistakes, much as he had during the AWP session. David stated he was having a deja vu experience, but did not know why. The therapist told him he thought he knew why, but David did not ask how. A month later (session 5), he asked to see what he had typed and was surprised by some of his responses. He smiled when he read the discussion regarding mistakes and said he recognized it as the source of his deja vu experience.

After 7 sessions over 5 months, David reported that he continued using self-hypnosis on an almost daily basis in order to relax. He no longer ate large amounts of food, and had no desire to do so. He had lost 8% of his body weight. He said he had traveled 2 hours to an amusement park because he was far less anxious, and had surprised himself by riding several roller coasters. He had made new friends at school, which he attributed to having become more optimistic. His academic performance also had improved.

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<td>7   3  4  1  0  0</td>
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<tr>
<td>Weight (lbs)</td>
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Note: He did not rate himself in session #2.

Discussion

The patient in this report used his interactions with the therapist and self-hypnosis induced relaxation to reduce his anxiety and improve his self-esteem. These positive responses resulted in the resolution of his binge eating and associated symptoms. He was able to reduce his anxiety by understanding that it originated from his fear of failure, and subsequently developed a new cognitive strategy.
Asking the patient to provide essential input into the AWP therapeutic process, as well as the suggestion that his “subconscious” should orchestrate resolution of his symptoms may have boosted his self-esteem (e.g., ego-strengthening) and promoted the success of the therapy. Additionally, exploration of the psychological factors leading to the development and persistence of his eating disorder may have helped achieve its resolution, consistent with Torem’s (1992) observations. Patients have reported less binge eating on days when they felt strong social support (Freeman & Gil, 2004). Thus, the patient’s success might have been reinforced by emotional support from his new friends.

AWP appears to allow for interaction with an ego-state similar to that activated by “center-core” imagery (Torem & Gainer, 1995) or an “inner advisor” technique (Torem, 1996). All of these techniques encourage patients to take ownership of their recovery and to recognize their own power of self-healing. AWP may activate a “subconscious” ego-state by defining it as a part of the mind of which patients are usually unaware (Anbar, 2001). It is likely that the characteristics of this ego-state are modified by patients’ unstated understanding regarding the nature of their “subconscious,” and thus may vary significantly between patients. On the other hand, center-core characteristics may be less variable because it is defined more specifically as, “logical and rational, cool and collected, calm and relaxed, clever and wise… The one that wants you to heal and recover and get well as a whole person” (Torem & Gainer, 1995).

It is well-recognized that hypnosis can be used to bolster patients’ self-esteem, improve coping strategies, and reduce anxiety level (Valente, 1990; Torem, 1992). Treatment enhanced by hypnosis for overeating typically utilizes suggestions regarding altering the patient’s response to the problem (Mott & Roberts, 1979). For example, Kroger (1970) used a variety of hypnotic techniques including sensory imagery conditioning to control overeating, and teaching patients to transfer glove anesthesia to their stomachs in order to reduce hunger pains.

Several other forms of treatment for binge eating exist. A traditional method for treatment of binge eating is a dietary plan. However, this method alone typically does not help patients lose weight (Tseng et al., 2004); perhaps because it does not address the underlying psychological cause of the eating disorder (Willard, 1991). Other treatments for binge eating include behavior modification groups, such as Weight Watchers or exercise programs, which patients attend on a regular basis (Willard, 1991). An essential component to the success of these programs is the social support they provide (Willard, 1991). In such programs, the patient may experience initial success, but participants often lose interest because of low motivation, depression, or unwillingness to undertake psychological treatment, when indicated (Willard, 1991).

With any eating disorder involving obesity, Willard (1991) points out that there are many factors at play that may contribute to the disorder. Social factors such as family life, work, and eating patterns may influence the outcome. Hormonal factors, including a patient’s metabolism, as well as dieting patterns also deserve consideration. Certain drugs prescribed to the patient for other reasons may exacerbate the disorder (Willard, 1991).

Mantle (2003) proposed that eating disorders are learned behaviors that serve a purpose in patients’ lives. While hypnosis may help the patient to eradicate the
underlying psychological cause for the binge eating behavior, new healthier habits must take the place of the old destructive ones (Mantle, 2003; Torem, 1986). Hypnosis can serve to augment other more conventional methods of treatment, such as following a dietary routine, eating regular meals, and avoiding unhealthy, addictive foods (Mantle, 2003). Future studies are needed to delineate the most effective therapeutic combinations.

In conclusion, AWP may help achieve resolution of binge eating by helping patients understand or resolve the underlying psychological causes of their symptoms, and self-hypnosis may give them a tool to implement a desired change in their behavior.

References


