A comprehensive use of EMDR's potential in changing eating behaviors and in losing weight

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Binge Eating Disorder (BED) has officially become a DSM V diagnosis among the broader diagnosis of EDNOS – "eating disorder, not otherwise specified". The average age of onset for BED differs from anorexia nervosa and bulimia nervosa, as it can occur in childhood, as well as in senior years, reaching its highest peak in young adulthood. Individuals with a BED experience episodes of rapid food consumption without strategic compensatory behaviors.

Its epidemiology, as well as its prevalence in obesity and mood disorders, differs consistently from other eating disorders. Onset can occur at any age and it shows a less skewed gender distribution than other eating disorders (30% to 40% of cases are male). Non-purging compensatory behaviors causes BED subjects to gain weight and eventually can lead to obesity. The more obese subjects are, the more likely they are to turn to health care services.

Loss of control over the amount of eating in BED is mostly linked to a difficulty in handling emotions and impulses, rather than being excessively self-conscious about weight and body image as in anorexia nervosa and bulimia nervosa. Causes to anorexia and bulimia nervosa seem to stem from the development of control issues, while BED patients seem to be dominated by issues linked to a sense of inadequacy and powerlessness. The most common trait in BED patients seems to be inherent to the presence of low self-esteem. Low self-esteem produces perceived environmental pressure in having to be thin and therefore diet. A sense of failure related to the compulsive overeating episodes contribute in worsening the sense of self-worth.

Clinicians who work with BED patients are well aware of the high level of dropout risk. Studies have shown that experiencing self-directed emotions, such as self-compassion for not having been able to control compulsive eating and weight gain as a consequence, can cause guilt feelings that lead to further psychopathological symptoms related to the eating disorder (Kelly *et al.*, 2012).

All these emotions, especially fear, anger and shame, can cause giving up controlled eating-plans and abandon psychotherapy treatment.

The workshop will present different intervention programs aimed at identifying targets useful to reprocess dysfunctional schemes attached to self-loathing and to a sense of powerlessness. Anger and guilt related to the inability to adapt a self-regulatory compulsive food-intake behaviour, a general emotional vulnerability (not just negative emotions), as well as experiencing a disabling environment, often leads to the downward-spiral of binge eating: eating for relief, feeling worse afterwards, and then turning back to food for more comfort, not being able to control the compulsive drive and/or to compensate.

The use of the full EMDR protocol (PAST, PRESENT, FUTURE) will be emphasized, as well as the reprocessing of **past** traumas, activating the natural restorative capacity of episodic memory, enhancing efficient self-controlled eating patterns in the **present**, (symptom management, harnessing motivational forces in maintaining constant physical activity), reinforcing achievements and preventing relapses with the **future** protocol**.**

Processed and desensitized memories by working on the past, can be addressed by piecing together fragments of more adaptive information, strengthening motivation toward action and problem solving. Particularly, the use of the Future Protocol will help identify convincing memories that can elicit brief pleasure or pain responses within the subcortical systems involved in the mediation of behaviour, affective states and emotions.

This will allow the brain to activate responding systems, should the anticipated event ever occur in real life, as well as develop and consolidate coping abilities learned during the psychoeducational phase, aimed at taking action to prevent high-risk experiences associated with binge eating. The Future Protocol strengthens, consolidates and makes treatment more prone to effectiveness, reducing dropout contributing factors .

Data will be summarized through video presentations and discussion.