



Secretive Eating in Binge-Eating Disorder

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WHAT IS SECRETIVE EATING?

Have you ever grabbed an extra treat when no one was looking or ate a snack quickly at your desk in the afternoon and hoped no one noticed? Think about how you might have felt during either of these activities.

When we ask about secretive eating, patients tell us that their eating felt furtive, like they wanted to hide the fact that they were eating. They describe going to a fast food drive-through lane, eating in the car, and throwing away all the wrappers before going home and eating dinner with their family – so no one would know that they ate two dinners. They describe sneaking foods out of the cabinet at home or work and shuffling remaining portions around, or burying wrappers deep inside the trash can, to hide that they had some. It is not because they are greedy and do not want to share.

“Children who eat in secret also have more disordered eating and body image concerns and experience more depression.”

Secretive eating is eating with a furtive feeling, when a person wants to conceal that they are eating and does not want to be seen eating. Secretive eating is relatively common in youth, including approximately one-third of youth with high weight (Knatz et al., 2011), but it is more than an aspect of development during this life stage (Kass et al., 2017). Children who eat in secret also have more disordered eating and body image concerns and

experience more depression. Secretive eating also appears to be related to binge-eating disorder – adults who eat in secret are more likely to develop eating disorders than those who do not eat in secret (Fairburn et al., 2005), and more patients with binge-eating disorder than anorexia nervosa or bulimia nervosa report eating in secret (Wilfley et al., 2000).

IS SECRETIVE EATING THE SAME AS BINGE EATING?

Binge eating and secretive eating are different, although they share some of the same features. Binge-eating episodes, by definition, occur when individuals eat an amount of food that is unusually large given the context (for example, what another person who is similar but not binge eating would eat in the same circumstances) *with a feeling that they are not in control of what or how much they eat*. There are many ways in which people explain the feeling of loss of control, and one of the best indicators that loss of control is happening (showing a difference between people with and without binge-eating disorder) is that the individual eats alone out of a feeling of embarrassment (White & Grilo, 2011). This is similar to eating in secret, with a furtive feeling. The difference is that secretive eating episodes do not involve the same sense of loss of control.

Some individuals with binge-eating disorder, not all, have secretive eating episodes in addition to binge-eating episodes. In one research study (Lydecker & Grilo, 2019), 755 patients seeking treatment for binge-eating disorder were asked whether they also engaged in secretive eating. About half (54%) of patients reported eating in secret. Patients who reported eating in secret were very similar to

those who said they never ate in secret. The core features and some associated clinical features of binge-eating disorder did not differ significantly between them: number of binge-eating episodes in the past month, number of overeating episodes, weight, or dietary restraint. This is important because it highlights that secretive eating is different from binge-eating disorder, and that secretive eating is not universal among all patients with binge-eating disorder. Even though some of the clinical characteristics of individuals who did and did not eat in secret were similar, there were notable differences. The extent to which they were concerned about their eating, weight, and shape were all significantly higher in the group of patients with binge-eating disorder that also reported secretive eating. Depression was also significantly higher in this group of patients. What this suggests is that patients with binge-eating disorder who also eat in secret might have more severe eating disorders and poorer mental health than those who do not eat in secret.

IS SECRETIVE EATING IMPORTANT WHEN TREATING BINGE-EATING DISORDER?

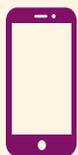
Secretive eating should be considered when assessing eating behaviors that co-occur with binge eating in patients with binge-eating disorder. It is a noteworthy eating behavior that clinicians should be aware of and therefore ask patients whether it is one in which they engage. Although much of what we know about secretive eating applies to youth, some adults also eat in secret, and adults with binge-eating disorder who eat in secret have more depression and body image concerns than those who do not eat in secret.

It is recommended that clinicians ask their patients – children and adults – who have binge-eating disorder about whether they ever eat in secret. As shame can make it difficult for some individuals to talk about their eating habits, it can be helpful to ask outright about secretive eating. Clinicians can ask patients directly, “Do you ever

eat in secret, like you want to hide what or how much you are eating?” This can be a tricky question for individuals to answer if they live alone or spend a lot of time alone, but most can imagine, “What if someone walked in? Do you think you would feel furtive or wish you could hide that you were eating?”

“**Primary care providers and dietitians could consider secretive eating to be a sign that a referral to a mental health provider could help the patient manage thoughts and emotions related to eating and weight.**”

When patients report that they do eat in secret, clinicians can be aware that it would be worthwhile to assess concerns about eating and body image closely, knowing that the patient probably has these concerns. Primary care providers and dietitians could consider secretive eating to be a sign that a referral to a mental health provider could help the patient manage thoughts and emotions related to eating and weight. In psychotherapy, especially in the context of cognitive-behavioural therapy, secretive eating may be an important behaviour to include for patients to track in self-monitoring logs. Because cognitive-behavioural therapy focuses on regular eating and understanding and processing the feelings and thoughts associated with binge eating and other eating episodes, undisclosed secretive eating could leave gaps in treatment. Understanding what comes before a patient eats in secret, and how they feel after eating in secret, could offer insight and intervention points to improve eating-disorder symptoms in the treatment of binge-eating disorder, for example, focusing on triggers and emotional consequences of eating in secret.



**NEDIC Helpline (416) 340-4156 or Toll-Free 1-866-NEDIC-20
Monday to Thursday 9am–9pm and Friday 9am–5pm EST**

Through our programming, campaigns, and national toll-free helpline, NEDIC is committed to prevention, building awareness and ensuring that people no longer suffer in silence.

REFERENCES

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Suggested Readings for Professionals

1. Fairburn, C. G., & Cooper, Z. (1993). The Eating Disorder Examination. In C. G. Fairburn & G. T. Wilson (Eds.), *Binge Eating: Nature, Assessment, and Treatment*. New York: Guilford Press.
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COVID-19 & EATING DISORDERS



We're updating the eating disorders and COVID-19 FAQ page frequently, as the situation is rapidly changing. Follow along: nedic.ca/covid-19-ed-faqs/

The helpline is still operational!

Chat is available at nedic.ca from 9am - 9pm EST Monday - Thursday and 9am - 5pm Friday.

The phone (1-866-NEDIC-20 or 416-340-4156 in the GTA) is available from 11am-7pm Monday - Thursday and 11am - 5pm Friday.

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