

# Effects of an Integrative Approach on Restoring Balance to Eating and Weight Issues

## Abstract of Doctoral Dissertation

For the degree of DOCTOR OF THEOLOGY: Spiritual Healing and Energy Medicine

Holos University Graduate Seminary

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**Objective:** To evaluate the effectiveness of an integrative spiritual healing approach to restore balance to disordered eating, body image, and weight issues.

**Design:** An 8-week randomized clinical trial.

**Subjects:** A Sample of 102 healthy adult women volunteers, seeking an alternative approach to managing eating and weight, were recruited from a Northern California community through metro media, networking, and marketing channels, and were randomly assigned to an intervention or control (wait-list) group.

**Intervention:** Sixteen hours of in-class experiential instruction and training and eight hours of outside class activities, as follows: intention process (vision, purpose and goals for class); meditative and affirmative prayer practice; non-diet and intuitive eating techniques; decoding of symbolic food cravings (developed by author) to reveal unmet emotional, spiritual, and soul-driven hungers rooted in disordered eating; recognizing the symbolic language inherent in the search for meaning and purpose; and restoring satisfaction of intrinsic needs to replace eating in this role; mindfulness and non-judgmental eating; present time practice; physical movement as self-care and creative expression; self- and body acceptance/appreciation practices; and the influence of ritual and masculine and feminine archetypal energies on food and body issues. There was no nutrition education or meal plan advice given, and dieting behaviors were discouraged in both groups, as per enrollment in the study.

**Main Outcome Measures:** Data was obtained at baseline and post-intervention for both the Treatment and Control groups using the following instruments and measures:

1) Dutch Eating Behavior Questionnaire (DEBQ, 33 items): assesses the levels of restrained eating (less food than desired), emotional eating (in response to diffuse emotions, such as when feeling bored, restless, or lonely, or in response to clearly labeled emotions such as anger or irritation), and external eating behavior (in response to external cues such as the sight or smell of food); 2) Motivation for Eating Scale (MES, 43 items): measures the following 3 subscales in relation to the motivation for eating: environmental (cues in the environment, such as food advertisements, watching television, or seeing food displayed), emotional (emotional states such as loneliness, boredom, stress, and anxiety); and physical (responsiveness to hunger cues as a primary motivator for eating); 3) Eating Attitudes Test (EAT-26, 26 items): screening measure for eating pathology or eating disorder symptomology with the following 3 subscales: dieting (dietary restriction and guilt); bulimia and food preoccupation (weight and food obsessing, uncontrolled eating or bingeing and compensation), and oral control (control of eating by environment or concern over what others think); 4) Intuitive Eating Scale (IES, 26 items): measure of intrinsic eating, extrinsic eating, anti-dieting behaviors, and self-care practices; 5) Spiritual Well-Being Scale (SWBS, 20 items): measures subscales of existential (personal fulfillment, purpose and meaning in life, connectedness to a higher power or larger reality) and religious spiritual well-being (relating to individual perceptions of faith in God); 6) Rosenberg Self-Esteem Scale (RSES, 10 items): measures general feelings of self-esteem. Body Esteem Scale (BES, 21 items): measures the 3 subscales of feelings on personal appearance, attributes of appearance to others, and acceptance of body weight; 7) Bem Sex Role Inventory (BSRI, 60 items, each one word): measures the perceived degree of feminine or masculine traits and the total score reflecting degree of psychological androgyny, or integration; 8) Body Mass Index (height and weight relationship to assess overweight/obesity); 9) Food and Exercise Frequency Questionnaire (developed and coded by the Principal Investigator to assess frequency and type of exercise and qualitative dietary intake).

**Statistical Analyses Performed:** Descriptive Statistics, Analysis of Variance, and Multiple Linear Regression

**Results:** Training in intuitive and integrative practices illustrated a statistically significant effect in the treatment group compared to the control group in the following areas: decreased overeating and dieting behaviors—reduction in cognitive dietary restraint, emotional eating, external cues for eating, eating anxiety and disconnection—and improved eating attitudes, body image acceptance, self-esteem, spiritual well-being and masculine/feminine integration; with a small effect on improved nutritional practices and physical activity. There was also an effect of the intervention on weight and Body Mass Index, with the intervention group showing a small but significant weight loss compared to controls.

**Conclusions:** Results suggest that the integrative approach used in this study, which addresses the whole person in mind-body-soul-spirit, has a positive effect on restoring balance in eating, body image, and weight issues. If these issues, so prevalent in western culture today, are to be addressed effectively and responsibly, including prevention, the results of this study call for a radical change in conventional dietary approaches, to one that integrates the whole person: mental (reframing of thoughts and beliefs through mindfulness); physical (heightened awareness of physical hunger and satiety, intuitive eating practices, and physical self-care); emotional (connection with feelings and emotions); and soul and spirit (discovering ways to fulfill intrinsic needs that replace meaning and purpose lost to symbolic eating and the soul-language of body dissatisfaction). Follow-up measures for evaluating long-term benefits of the intervention, and further studies on this approach, may be useful in the treatment and prevention of overweight, obesity, and clinical eating disorders, such as Binge Eating Disorder, Bulimia Nervosa, Anorexia Nervosa, or Eating Disorders Not Otherwise Specified.

**Key Words:** Motivational styles of eating: integrative, intuitive, emotional, intrinsic, and extrinsic; disordered eating; symbolic food cravings; decoding; soul hunger; archetypal energy; spiritual well-being; body esteem; weight issues. Contact: Dr. Barbara Birsinger: [research@barbarabirsinger.com](mailto:research@barbarabirsinger.com) 888-243-9582.