

Binge Eating: An Integrated Psychological analysis beyond the Notion of Failure in Self-Control

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ABSTRACT

Binge eating is often interpreted as an individual failure of self-control, an understanding that contributes to the stigmatization of eating behavior and to the adoption of therapeutic strategies centered on rigid control of food intake. This article aims to discuss binge eating from an integrative psychological perspective, understanding it as a multifactorial phenomenon resulting from the interaction between dietary restriction, emotional regulation processes, and sociocultural contexts. Through a narrative literature review and an in-depth conceptual analysis, it is argued that episodes of binge eating frequently emerge as adaptive responses to states of physiological deprivation and emotional distress. Explanatory psychological models, the behavioral cycle of binge eating, and clinical implications for contemporary psychological practice are discussed.

Keywords: Binge Eating; Eating Behavior; Emotional Regulation; Dietary Restriction; Mental Health

Introduction

Binge eating occupies a central place in contemporary discussions about eating behavior and mental health. Despite its high prevalence in clinical and non-clinical settings, the phenomenon is still often understood through simplified explanations, centered on the idea of individual failure of self-control. This moralizing interpretation tends to hold the individual responsible for the behavior, disregarding the complex interaction between psychological, physiological, and socio-cultural factors. As a consequence, it reinforces stigma and limits the possibilities for clinical intervention. The centrality of self-control as a normative value reflects widely disseminated ideals in contemporary societies, where food is associated with discipline, productivity, and moral value. In this context, eating behaviors that escape rigid control are interpreted as signs of failure. The persistence of binge eating, even in the face of repeated attempts at control, highlights the limitations of these approaches. This realization has driven the development of theoretical models that seek to understand the phenomenon in a broader and more contextualized way. This article is part of this movement, proposing an integrative psychological analysis of

binge eating, articulating contributions from clinical psychology, the study of eating behavior, and emotional regulation models.

Binge Eating: Conceptual Delimitations

Binge eating is characterized by the ingestion of food accompanied by a subjective feeling of loss of control, difficulty in perceiving satiety signals, and intense emotional experience during and after the episode. Although frequently associated with binge eating disorder, it is fundamental to recognize that compulsive episodes can occur outside of formal diagnostic categories. This distinction allows for understanding binge eating as a dimensional phenomenon, present at different moments in life and associated with specific contexts of vulnerability. By adopting a dimensional perspective, excessive pathologization is avoided and the clinical understanding of eating behavior is broadened.

Psychological Explanatory Models of Binge Eating

Several psychological models attempt to explain binge eating. Models based on dietary restriction suggest that rigid attempts at control increase the likelihood of episodes of loss of control. According to

these models, binge eating does not stem from isolated impulsivity, but from prolonged states of physiological and cognitive deprivation. Other models emphasize the function of binge eating as an emotional regulation strategy, especially in individuals with a limited repertoire of adaptive strategies. Psychodynamic approaches also highlight the role of shame, self-criticism, and intrapsychic conflicts in maintaining compulsive behavior. Despite theoretical differences, these models converge in recognizing that binge eating should not be understood as a moral failing.

Dietary Restriction as a Risk Factor and Maintaining Factor

Dietary restriction is one of the factors most consistently associated with binge eating. It can occur explicitly, as in rigid low-calorie diets, or implicitly, through internalized eating rules and recurrent attempts at compensation. From a physiological point of view, prolonged restriction interferes with hunger and satiety mechanisms, increasing sensitivity to food stimuli. On a psychological level, restriction requires high cognitive effort, resulting in mental exhaustion and reduced self-regulation capacity. These processes contribute to the occurrence of behavioral breakdowns, especially in stressful contexts.

Emotional Regulation and the Psychological Function of Binge Eating

- Difficulties in emotional regulation processes play a central role in understanding binge eating.
- Many individuals report using food as a way to cope with intense negative emotions.
- During a binge eating episode, a temporary relief from aversive emotional states is observed.
- This relief acts as a reinforcer of the behavior, increasing the likelihood of repetition.
- After the episode, feelings of guilt and shame intensify the psychological distress.
- Binge eating can thus be understood as an attempt at emotional self-regulation.

The Binge Eating Cycle

1. The interaction between dietary restriction and difficulties in emotional regulation can be understood through a relatively stable behavioral cycle.
2. The cycle begins with attempts at rigid control of eating.
3. This is followed by an accumulation of physiological and emotional tension.
4. The binge eating episode represents a breakdown of this control.

5. After the episode, feelings of guilt lead to a resumption of restrictive strategies.
6. The repetition of this pattern favors the chronicity of the behavior.

Clinical and Therapeutic Implications

1. The multifactorial understanding of binge eating has relevant clinical implications.
2. Approaches focused exclusively on food control tend to reinforce the compulsive cycle.
3. Psychotherapeutic interventions that prioritize reducing deprivation prove more effective.
4. The development of emotional regulation skills is a central element of treatment.
5. In certain cases, pharmacological treatment can act as an adjuvant resource.
6. The integration of psychological care and medical monitoring promotes better clinical outcomes.

Final Considerations

1. Binge eating should not be understood as a moral failing or lack of self-control.
2. It is a complex behavior, sustained by multiple factors.
3. Recognizing its adaptive function allows shifting the focus from punishment to care.
4. Integrative approaches favor more ethical and effective interventions.
5. Expanding the theoretical debate contributes to clinical practices that are more aligned with contemporary mental health [1-5].

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