Eating Disorders

1 in 250 girls experience an eating disorder (APA)

5-9% die

20-47% recover

Eating Disorders

- Possible signs
- Skips meals
- Takes very small portions as compared to others
- Eats in a ritualistic way (chews each bite a certain # of times)
- Has very rigid rules about eating (won't eat past a certain time)

Eating Disorders

- Chews food but spits it out before swallowing
- Likes to shop and cook, but does not eat the meals he or she prepares
- Regularly has excuses not to eat (not hungry, ate early, feels ill)
- Boasts about eating healthy food

Eating Disorders

- Becomes vegetarian but does not eat the necessary fats and oils
- Chooses primarily low-fat items to eat, with little balance
- Chooses primarily low-calories items to eat
- Reads food labels all the time

Eating Disorders

- Always drinks diet sodas or chews gum
- Rearranges food on the plate to make it look like he or she is eating
- Feels disgusted by foods he or she used to like, especially high-fat items
- Categorizes food as safe or good versus dangerous or bad

Eating Disorders

- Thinks irrational thoughts about eating (If I'm thin, I'll be happy)
- Competes with others to eat the least and be the thinnest
- Becomes irrational or sulks when someone talks to him or her about eating
- Buys large amounts of a particular food, often a junk food

Eating Disorders

- Secretly takes food from cupboards or the refrigerator
- Leaves empty food packages lying around
- Wants to change shape and weight (more than regular fat talk)
- Wears baggy clothes or layers to hide body shape or particularly disliked body parts

Eating Disorders

- Obsesses about his or her clothing size
- Spends lots of time inspecting self in the mirror
- Exercises to lose weight, rather than to promote health

Eating Disorders

- Serious signs:
- Person binge eats (eats a large amount of food at one time)
- Has dramatic weight loss (more than 5 percent of his or her normal weight, even though not ill)
- Is preoccupied with thoughts about food and weight, so that it is hard to concentrate on anything else

Eating Disorders

- Denies hunger, even though he or she has not eaten for a long time
- Binges to escape stress and negative emotions, and avoids talking about feelings
- Goes to the bathroom immediately after eating, and you notice signs of vomiting

  (dirty toilet, smell, running water or hair drying to mask sound, excessive use of mouthwash)

Eating Disorders

- Buys laxatives, diet pills, diuretics, or natural weight loss products
- Shows physical signs of vomiting, such as calluses on back of hands, unusual swelling of the cheeks or jaw, discoloration of the teeth
- Has frantic fears of gaining weight or becoming obese

Eating Disorders

- Insists you cannot feel good about yourself unless you are thin
- Exercises immediately after eating to avoid weight gain
- Exercises daily for more than an hour outside of scheduled team practices

Eating Disorders

- Consumes sport drinks and supplements, but not enough calories to support the athletic lifestyle
- Exercises even in bad weather, when ill, injured, or overtired

Eating Disorders

- Anorexia Nervosa – low weight; intense fear of gaining weight, even though very low weight; distorted image of shape or weight, overemphasis on shape or weight in evaluating herself, or denial of the consequences of the current low weight
- Amenorrhea – loss of menstrual period for 3 months

Eating Disorders

- Bulimia Nervosa – Reoccurring binge eating episodes
- Reoccurring purging behaviors to prohibit weight gain
- Binging and purging behavior occur twice a week for 3 months

Eating Disorders

- Overemphasis on shape or weight in evaluating herself
- These difficulties are not occurring during an episode of anorexia nervosa

Eating Disorders

- Binge Eating Disorder
- Reoccurring binge eating – eating an unusually large amount of food in a given period of time
- Feeling a lack of control over what is eaten and how much is eaten

Eating Disorders

- Binge eating include 3 or more:
- Eating much faster than usual
- Eating while feeling full and uncomfortable
- Eating large quantities even though not hungry
- Eating alone and feeling ashamed by amount eaten

Eating Disorders

- Having feelings of disgust, depression, or guilt after overeating
- Experiences distress due to binge eating
- Bing eating occurs 2 days a week, for 6 months
- There is no regular use of purging behavior, and binge eating is not occurring during episodes of anorexia or bulimia

Eating Disorders

- Recovery is defined as eliminating the obsessive preoccupation to weigh less than medically accepted levels, and setting realistic goals about eating and appearance, which then result in a gradual resumption of normal weight and eating patterns.

Eating Disorders

- Eight million victims in the US
- 95% are women
- Ages 11 to 22 are the most vulnerable years to onset

Eating Disorders

- Erik Erikson states that a child must address the issue of “trust versus mistrust” before adolescence. Trust is about dependency and attachment.
- Identity emerges from development of successful trust and intimacy.
- Intimacy is about connection with others

Eating Disorders

- If the development of childhood trust, dependency, and attachment fails, the child must reassure herself, regulate her own anxiety, and invent a false premature independence grounded in the self-assurance of a child by a child. Children who are forced to parent or nurture themselves were not nurtured.

Eating Disorders

- The child often displays obsessive or perfectionist behavior. A child who becomes anorexic is using her body to express her need for perfectionism.

Eating Disorders

- To help children develop a sense of who they are, they need parents to:
- Look at them frequently with loving eye contact which leads to self-esteem
- Voice tone indicates how they are regarded by the parent.
- Warmth, confidence, and authoritativeness is also expressed by tone of voice.

Eating Disorders

- Parental interactions help the child to develop a sense of self. Children who are not given this support, are left “un-described” and they replace their identity through creating a false one to fool those around them.

Eating Disorders

- Anorexia is characterized by weight loss, followed by lowered body temperature, lowered blood pressure, slowed heart rate, loss of menses, thinning of hair, fatigue, and other signs of malnutrition.
- The anorexic consumes fewer and fewer calories, intensifies exercise, uses laxatives, and diuretics.

Eating Disorders

- The child who has never developed a healthy dependence in early years has nowhere to go emotionally for her identity but to the larger culture and its messages to girls and women. Most of these messages are about being thin and ridding oneself of unnecessary and unwanted fat.

Eating Disorders

- Separating points where eating disorders may occur
- Puberty, junior, senior year in high school, leaving home for college, graduation from college, marriage, childbirth, incest, or losing best friend
- Separation points refer to separating from a less mature level of dependency which has been unfulfilling, so the person is unable to move successfully toward independence.

Eating Disorders

- 4 stages of Eating Disorders – Steven Levekron
- Stage 1 (Achievement Stage) begins with a desire on the part of the anorexic to lose weight, to be thin, and make herself socially acceptable to her peers.
- As she loses weight, she is rewarded by praise, admiration, and envy from others.

Eating Disorders

- Stage 2 (Security-Compulsive) – The second stage starts with the loss of two pounds per week as a goal. The concept of “goal weight” disappears. The thinner she gets the fatter she feels. She has cross the line into mental illness. She becomes preoccupied with measuring her arms, waist, thighs, trying on smaller clothes, and thinking of little else.

Eating Disorders

- Stage 2 continued
- She walks more, uses exercise to excess, increases her weight loss goal each week. This becomes an obsession, which she is always thinking about. She must continue her weight loss to reduce her anxiety. She has little time for anything else and detaches herself emotionally from others.

Eating Disorders

- Stage 2 continued
- She develops sleep disorder, haunted by thoughts of food and eating. Skin wrinkles in the crook of her arm and behind her knees are mistaken for fat because her body has shrunk more than her skin can contract.

Eating Disorders

- Stage 2 continued
- Her brain is trying to signal her to save herself from starvation but she doubles her efforts to lose weight. Most anorexics are liquid as well as food phobic.

Eating Disorders

- Stage 2 continued
- Phobias mount up…fat phobia, food phobia, weight gain phobia, appetite increase phobia, slower metabolism phobia.
- When someone is losing weight or reach a starvation weight, the body burns fewer calories per pound.

Eating Disorders

- Stage 2 continued
- Calories are not wasted to keep body temperature at 98.6 so the person is cold all the time. Calories are not wasted to keep blood pressure normal so dizziness often occurs. Calories are not wasted to maintain a normal heartbeat, so the heart shrinks and the number of beats per minute diminish.

Eating Disorders

- Stage 2 continued
- Protein stores are decreasing so the body doesn't waste protein on growing scalp hair, maintaining the menstrual cycle.
- Stage 2 is an increasingly desperate attempt to avoid insecurity. The victim is obsessive, compulsive, distanced from others, ashamed, and depressed.

Eating Disorders

- Stage 3 (Assertive Stage)
- Often girls who develop eating disorders have a history of being nice, compliant, agreeable, avoiding conflict with others
- She now become defiant to everyone around her. She is not worried about what anyone thinks of her actions and feels no obligation to please them.

Eating Disorders

- Stage 3 continued
- She demands special conditions before she will eat…dragging her parents from one restaurant to another or refusing to eat until they're out of the room. Frightened parents will oblige. Her special thinness has become one with her special assertiveness and power.

Eating Disorders

- Stage 4 (Pseudo-Identity Stage) Sooner or later people notice her thinness. Some victims hide their bodies with layers of clothing while others are proud of it and exhibit it by exposing as much of their bodies as possible…short pants, tank tops in summer, tight leggings in the winter.

Eating Disorders

- Stage 4 continued
- She has achieved what she believes in her identity, is known as a special person. The fourth stage is not characterized by new behaviors but a sense of power, and a deepening conviction that she is on the right path.

Eating Disorders

- All anorexics are obsessional. A person has an obsessional disorder when her goal, the methods used to obtain that goal, the constant repetition to obtain that goal becomes a never-ending process and the pursuit has no finish line. This is evident when the percentage of time spent thinking pursuing this goal is greater than time allotted for daily life activities.

Eating Disorders

- There is no fix for an obsession. It is possible to classify an eating disorder as an obsessional disorder with compulsive and addictive features. The person sees themselves as a “fat fighter.”

Eating Disorders

- Helping her find alternative, healthier ways to attain her needs involves the development of a special trust and attachment to those who would help her.
- To recover would mean to temporarily lose one's self, to lose everything achieved by the illness.

Eating Disorders

- Individuals who are unable to form attachments or trust others are emotionally incapable of receiving support, reassurance, or comfort from other people.
- Trauma undermines trust. The result is an obsessional withdrawal away from others and into oneself. Medical traumas to throat or digestive system can be a springboard for eating disorders.

Eating Disorders

- One way to revise the withdrawal pattern is to help the person reattach, re-depend on, re-trust the people that she has either separated from or never sufficiently attached to in the first place. This reverses the process of relationship detachment necessary for obsession to develop.

Eating Disorders

- Abbreviation is the way a person's mind teaches itself to move from step one in their thinking directly to step eight because of learned patterns of thinking. Abbreviation occurs on both the mental and emotional levels.

Eating Disorders

- The substitution of fat feelings for all others allows anorexics to avoid confronting their emotions, and leaves all real problems unsolved. After allowing problems to accumulate, the victim uses “fat ideas” more and more to solve everything. The only solution is losing more weight.

Eating Disorders

- Parenting Styles that contribute to eating disorders:
- Imitative parent uses outdated parenting styles that invites rebellious and delinquent behavior.
- The compensating parent may find that the child becomes tyrannical and the parent becomes the resentful servant of a child who has no boundaries. The problem here is that

Eating Disorders

- The parent is unconsciously compensating the “wronged” child, the parent, by spoiling his or her own child, who was never wronged.
- The balanced parent maintains a combination of warmth, support, sensitivity, and awareness to their child’s needs. They are not sending frightening or needy messages to their child, and

Eating Disorders

- They set appropriate limits when they feel that their child is making a mistake.
- The balanced parent exhibits the following behaviors: warmth and calm, authority (taking the lead, setting limits, and making rules), self-confidence (offering reassurance and optimism), and clear communication.

Eating Disorders

- The family system is filled with anger and fear and guilt. Other family members (especially mothers) may eat more to coax the anorexic member to eat more…mom gets obese…which may serve instead as a reminder to the anorexic member to eat less. The family members feel powerless, while the anorexic feels more powerful.

Eating Disorders

- Remember that by this time the anorexic has withdrawn from her family and is emotionally closer to her disease. The goal of treatment is to transfer the balance back to people she can trust. Parents must be aggressive in encouraging their overly independent and hostile daughter to trust them with her eating, weight, exercise, and judgment. This should be firmly and warmly stated.

Eating Disorders

- The struggle could last for months. This resistance or “testing” period should be focused on building trust, positive attachment to people, and healthy dependency.

Eating Disorders

- Denial functions to disguise the heartbreak, fear, and despair the family experiences when the disease is diagnosed. Their sadness about their child not being normal may turn into annoyance, anger, and rage. The child may be viewed as defective. Older siblings may struggle if they bullied, neglected, or excluded her.

Eating Disorders

- Anorexia is ultimately antisocial. The individual turns inward to a sealed system of perceived security that excludes the impact of others. She is more influenced by the ideas of her disorder than by her connection to others around her, no matter how much they care about her. She can become unreachable.

Eating Disorders

- If there is significant trust, attachment, and dependency, and adequate father's input of feminine self-esteem, the likelihood of a girl drifting into "trusting" the messages of a disorder fostered by society is minimal. The girl who has never had these experiences dismisses her parents and continues to lose weight.

Eating Disorders

- EARLY IDENTIFICATION is the best indicator of a positive outcome. 10 pounds is a lot of weight to lose. Pay attention!
- A family history of anxiety and depression, properly medicated, can prevent the development of a complex disorder.

Eating Disorders

- Lowering one's weight is serious!
- Slowing the heart rate from an average of 72 to 38 beats per minute or lower, causing the risk of dangerous arrhythmia, or lethal insufficiency.
- Shrinking the size of the heart
- Blood pressure low enough to lead to shock

Eating Disorders

- Drop in body temperature to 95 degrees Fahrenheit or lower, causes temporary or permanent loss of peripheral vascular circulation, causing numbness and frostbite in hands and feet
- Dehydration of the cerebral cortex, or shrinking the size of the brain.

Eating Disorders

- Reproductive system shuts down, no menses, reduced breast size, diminished vaginal secretions, disruption of ovulation, and the absence of the desire for all sexual activity.
- Fatigue, insomnia, irritability, rigidity, and mood changes

Eating Disorders

- Anxiety – anguish, apprehension, concern, dread, fear, foreboding, misgiving, trepidation, wariness, and worry.
- When we experience anxiety, we need to assign a reason. If we can establish a cause for it, we can make it go away. The reason does not have to be accurate or correct if it works.

Eating Disorders

- After a period of weeks, feelings of anxiety get abbreviated to “I feel fat.” She’ll view her diminishing weight as getting rid of fat.

Eating Disorders

- Family, friends, and therapists must set firm, explainable, reasonable limits, and demands. They must model caring, protecting, loving, and communicating intensely with someone who has isolated herself from close communication with others.

Eating Disorders

- Treatment Choices
- Medically speaking, we cannot wait for the anorexic to be “ready” for treatment.
- Individual therapy
- Group therapy (danger of younger patients learning new techniques…”symptom pooling” and age placement is critical.

Eating Disorders

- Inpatient versus outpatient decisions are based on medical indicators. Insurance does not pay for long stays!
- Family therapy
- Couples therapy
- Self-help groups
- Behavior modification is the least personal treatment

Eating Disorders

- Transference – the relationship between patient and therapist is critical. The patient is often very resistant toward establishing a bond because of previous poor bonding, trust, and current ways of thinking.
- Use a nurturing-authoritative approach

Eating Disorders

- For the first two months, meet twice a week so that the patient is never more than 3 days away from reinforcement of the idea she now has someone she can trust. Therapy is more interactive, instructional, directive, and less “listening” therapy.

Eating Disorders

- Most anorexic's family systems have characteristic relationships that foster a continuation of the disorder. Family counseling is highly recommended to support recovery and avoid relapse.

Eating Disorders

- Crude rule
- Five feet tall = 100 pounds. Add five pounds for every inch taller and subtract five pounds for every inch shorter. Once a girl has lost weight, she will have to gain 10 pounds or more before menses will begin again.
- The scale for boys is 8 pounds +/- for each inch above or below 5 feet.

Eating Disorders

- A physician needs to diagnose and monitor the anorexic's health via continual examination of organ functions, reproductive system, circulation, bone density, blood values, and weight being mindful of "tricks" she may play like loading up on water before weighing.

Eating Disorders

- Therapist teaches about life and feelings, provides support and coaching when the patient is trying new behaviors, assesses the development of an adolescent.
- Therapist must maintain boundaries and be mindful of counter-transference.
- At the school level, life skills training is helpful.

Eating Disorders

- A second therapist should work with parents to address conflicts between them and to learn to support and nurture their daughter appropriately.

Eating Disorders

- Dual diagnosis should be evaluated and both areas treated, i.e., sexual abuse, trauma, loss may be connected to the development of eating disorders

Eating Disorders

- American Anorexia/Bulimia Association
- www.aabainc.org 800-522-2230
- Anorexia Nervosa and Related Eating Disorders www.anred.com
- Eating Disorders Awareness and Prevention www.members.aol.com/edainc
- 800-931-2237

Eating Disorders

- National Association of Anorexia Nervosa and Associated Disorders
- www.members.aol.com/anad20
- National Eating Disorders Organization
- 918-481-4044