Slide 1

"Understanding Eating Disorders and How to Intervene"

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Slide 2

Privately consider the following questions for yourself:

1. When did you become aware of your own body image?
2. What part(s) of your body are you happy/satisfied with?
3. What part(s) of your body are you unhappy/dissatisfied with?
4. Have you noticed changes in your body image over the years and under different circumstances?

Slide 3

Eating Disorders

- Are serious, potentially life threatening conditions that affect a person's emotional and physical health (has the highest mortality rate of all psychological disorders).
- Eating disorders are not simply about food and weight. It is a way that an individual uses to cope with underlying emotions and psychological issues.

Slide 4

Some Statistics

- As high as 1 out of 5 college women has an eating disorder.
- 1 out of 200 girls aged 12-18 suffers from anorexia.
- Approximately 10% of those suffering from an eating disorder are boys and men.
- More than 75% of American women "feel fat".
- 40% of 9-10 year-old-girls polled by Pediatrics magazine are trying to lose weight.
- 70% of women and 35% of men are dieting at any given time.

Slide 5

More statistics

- Over 70% of girls avoid certain activities because they feel bad about their looks.
  For example:
  - 20% won't give an opinion
  - 25% won't go to a social event, party or club
  - 15% won't go to the doctor
  - 16% won't go to school

  ('Beyond stereotypes', Dove Global study, 2005)
- In the US, eating disorders are more common than Alzheimer's disease *(as many as 10 million people with ED as compared to 4 million with Alzheimer's)*.
  - Yet, the funding for ED research is approximately 75% less than that for Alzheimer's (NIH, 2005).

Slide 6

Cross-cultural perspectives on body ideals

- In a landmark 2002 study, researchers reported the effects of the Western mass media on body ideals in Fiji.
  - In Fiji, larger bodies were symbols of health and connectedness to the community. People who lost a lot of weight or were very thin were often regarded with suspicion or pity.
  - When researchers visited one region of Fiji in 1995 they found that broadcast television was not available and there was only one reported case of anorexia nervosa.
  - Just three years after the introduction of television, 69% of girls reported dieting to lose weight, and those whose families owned televisions were three times more likely to have eating attitudes associated with eating disorders.

* The Body Project (Bradley University)

Slide 7

A study found that *3 minutes* spent looking at pictures of models in magazines caused 70% of women to feel depressed, guilty and shameful.

There are 3 billion women who don't look like supermodels

and only 8 who do.

Slide 8

Types of Eating Disorders

DSM (Diagnostic and Statistical Manual of Mental Disorders) categories for diagnoses

- Anorexia Nervosa
- Bulimia Nervosa
- Eating disorder, not otherwise specified (Binge Eating Disorder)

Slide 9

ANOREXIA

Behavioral Signs

- Weight loss of 15% or more of "ideal" body weight
- Restrictive eating and avoidance of certain foods (esp. fats and carbohydrates)
- Denial of hunger or of unhealthy eating patterns, even when starving
- Excessive exercising to burn calories
- Intense, irrational fear of gaining weight, although visibly underweight
- Insistence that she/he is fat, despite being underweight
- Turns AWAY from food to cope

Slide 10

ANOREXIA
Physical/Medical Signs

- Amenorrhea
- Dehydration
- Extreme fatigue
- Hyperactivity/anxiety
- Hypothermia
- Gastrointestinal problems
- Low blood pressure
- Arrhythmia/heart failure
- Head hair loss
- Fine hair on body (lanugo)
- Stunted growth
- Dizziness
- Skin discoloration
- Difficulty with memory and concentration
- Brittle bones/ osteoporosis

Slide 11

BULIMIA
Behavioral Signs

- Usually within 10-15 lbs of normal body weight
- Secretive binge eating and purging by vomiting, laxative abuse, or excessive exercising
- Feeling of loss of control over eating
- Agitation when bingeing is interrupted
- Often eats when not hungry
- Overeating in reaction to emotional stress
- Negative body image
- Strong feelings of shame
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months
- Turns TOWARD food to cope

Slide 12

BULIMIA
Physical/Medical Signs

- Arrhythmia /heart failure
- Callus or abrasion on back of hand
- Dehydration
- Dental/gum problems
- Edema (bloating)
- Seizure
- Swollen salivary glands
- Electrolyte imbalance
- Frequent weight changes
- Gastrointestinal problems
- Inflammation or rupture of the esophagus
- Menstrual irregularity
- Memory loss / loss of concentration
- Muscle cramps

Slide 13

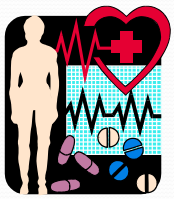
BINGE EATING DISORDER
Behavioral Signs

- Alternating periods of overeating and restricting/dieting
- Binge eating
- Night eating
- Inability to voluntarily stop eating
- Feeling guilty or ashamed about eating
- Overeating in reaction to emotional stress
- Excessive concern about weight
- Binge eating occurs, on average, at least 2 days a week for 6 months

Slide 14

BINGE EATING DISORDER
Physical/Medical Signs

- Obesity
- Shortness of breath
- High blood pressure
- High cholesterol
- Joint problems
- Osteoarthritis
- Diabetes
- Heart and gall bladder diseases



Slide 15

Commonly Co-Occurring Features of Eating Disorders

- Mood Disorders
- Anxiety Disorders (including Obsessive-compulsive Disorder, PTSD)
- Personality Disorders
- Substance Abuse/Dependence
- Self-injurious behaviors
- History of trauma or abuse (including bullying and teasing)

Slide 16

Real Women Have Real Curves

Source: www.campaignforrealbeauty.com

Slide 17

What "causes" eating disorders? - *possible risk factors*

- Psychological Factors
  - Feelings of inadequacy, depression, anxiety, and/or loneliness
  - Difficulty managing intense emotions
  - A feeling of being out of control (the ED helps them cope with painful emotions and makes them feel more in control)
  - Perfectionism
  - Competitiveness
  - Lack of assertiveness
  - History of trauma or abuse
  - Limited coping strategies

17

Slide 18

Possible risk factors:

- Interpersonal factors
  - Unhealthy family dynamics
    - Parents not supportive of child's individuation
    - Unhealthy boundaries (over- or under-involvement)
    - Food and weight issues intergenerational
    - Frequent family secrets (abuse, affair, etc.)
  - Fear/experience of rejection or loss (i.e., deaths, break-ups, loss of ability)
  - Avoidance of intimacy (emotional or sexual)
  - During life changes and transitions (puberty, separation, independence, relationship break-up)
  - Childhood teasing/bullying

18

Slide 19

Possible risk factors:

- Social factors
  - Cultural expectations / Media influences
  - Thinness ideal, "The Perfect Body", "The 6 pack abs"
  - Increase in childhood obesity rates
  - Value put on physical appearance rather than on inner qualities and strengths
  - "You can be whatever you want to be"
  - "Freshmen 15" (for college students)
  - Search for quick fixes (i.e., fad diets, diet pills)
  - "Supersize me"

19

Slide 20

Possible risk factors:

- Biological /Physiological Factors
  - Dieting – deprivation leads to bingeing; yo-yo dieting leads to metabolism changes
  - Some evidence shows that there are abnormal amounts of various hormones, but this could be the result of emotional stress or dieting, not necessarily the cause
  - Genetic predisposition

20

Slide 21

Possible risk factors:

- Family systems
  - "perfect" family – suppress negative feelings
  - "overprotective" family – enmeshment, no individual identity, child needs to be dependent on family
  - "chaotic" family – constant crises, alternate between too close and too distant, often sexual abuse/ACOA, explosive anger (food calming)

21

Slide 22

Cultural/racial Risk Factors

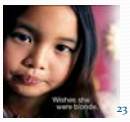
- Used to be assumed EDs only affected young, White, upper-middle class women
- Men comprise of about 10% of all ED cases
- Higher # of BED in men, African Americans and Latinos, and lower SES (less easy access to healthy foods and exercise options)
- Age range is widening to include increasingly younger and increasingly older men and women
- Increased risk among athletes, particularly in sports requiring weigh-ins or where body size is important

22

Slide 23

Cultural/Racial Risk Factors (continued)

- Inconsistent findings about prevalence of ED among people of color
- Some protective factors for women of color
  - Supportive community and extended family network
  - Differing standards of beauty
- Some risk factors for women of color
  - Racial identity and White beauty ideal (skin color, hair, racial features such as eyes, nose, lips)
  - Impact of racism / internalized racism / childhood racial teasing



23

Slide 24

Don't weigh your

Self Esteem.

It's what's inside that counts!

~A message from National Eating Disorders Association

Slide 25

Cognitive behavioral approaches to treatment

- Challenge cognitive distortions
  - All-or-nothing thinking ("since I ate 1 cookie, I might as well eat the entire bag and then just throw it up")
  - Perfectionism ("I have to be perfect to be liked/accepted")
- Give self nurturing statements vs punishing ones
- Regain hunger cues and satiety cues
- Change behavior to raise awareness
  - Incrementally delay a binge / a purge
  - Change binge food
  - Change schedule (3x/wk vs 1x/day)
  - Change method (binge with utensils)
  - Set an alarm

25

Slide 26

Cognitive behavioral approaches (cont.)

- Food / feeling journal (of thoughts and feelings before and after)
- Mindfulness / mindful eating (notice color, taste, texture, temperature, etc)
- Practice relaxation techniques
- Reduce # of times one weighs oneself
- Incrementally decrease (or increase) amount of exercise and replace with (or award self with) a pleasurable activity
- Make binge/purge behavior inconvenient (i.e., long hair or jewelry, knitting to keep hands busy)

26

Slide 27

Cognitive behavioral approaches (cont.)

- Body and ED is only one aspect of oneself, not one's entire being and life (find other meaningful activities, relationships, roles)
- Take responsibility for behavior (i.e., clean up, replace food eaten)
- Talk about functions of the body part, not just their appearance
- Assertiveness training
- Motivational interviewing (i.e., what reason/motivation does the individual have to change?)

27

Slide 28

Psychodynamic and Interpersonal approaches to treatment

- Development of healthy attachments and individuation
- Learn to recognize and express feelings
- Discuss fears if they give up their ED (secondary gains)
- Explore issues of intimacy, loneliness, fears of their needs (an "affair" with food?)

28

Slide 29

Psychodynamic and Interpersonal approaches (continued)

- Deal with defenses: denial, intellectualization, idealization of others
- Explore family issues
  - What purpose did ED serve in the family (attention, triangulation, expression of anger)?
- "Where did you learn you're so bad?" (self-punishment may be seen as the only way to be loved)
- Explore obesity as "body armor" as a result of abuse history

29

Slide 30

Level of Care options

- Prevention
  - Often times the best treatment, because of the cost and sometimes ineffectiveness of therapy
  - Raising awareness
  - Psycho-education
  - Learning and developing healthy coping strategies
- Outpatient psychotherapy with careful attention to medical and nutritional needs
  - Must be tailored to the individual
  - Will vary according to the severity of the eating disorder
  - Must address the symptoms and the interpersonal factors
  - May also include family therapy and group therapy
- Hospitalization
  - Especially when the physical problems become life threatening

Slide 31

Modes of treatment: Inter-disciplinary Treatment Team Approach

- Interdisciplinary Eating Disorders Treatment Team
  - Psychotherapist (individual counseling, group counseling, family counseling)
  - Psychiatrist (medication evaluation and monitoring)
  - Medical professional
  - Exercise consultant
  - Registered dietician (nutritional counseling)

Slide 32

Your body is the vehicle that will carry you to your dreams.

Honor it.

Respect it.

Fuel it.

~A message from National Eating Disorders Association

Slide 33

Your role as a family member/school professional

- Educate yourself. Recognize the warning signs.
- Promote a healthy environment.
  - Be a role model of healthy self-esteem and body image. Choose to talk about yourself and others with respect and appreciation and value people for their goals, accomplishments, talents and character.
  - Discourage the idea that a particular weight or body size will automatically lead to happiness and fulfillment.
  - Avoid judging yourself or others on the basis of body weight or size.
  - Avoid categorizing foods as "good" or "bad". We all need to eat a balanced variety of food.
  - Be a critical viewer of the media and its messages.
- If you are concerned that someone may have an eating disorder, express your concern in a forthright, caring manner.
- Consult a professional (i.e., school psychologist, family physician).

Slide 34

Helping someone who may have an eating disorder

- **Determine if there is an emergency** (i.e., fainting spells, coughing up blood, threats of suicide, shortness of breath or heart palpitations). If yes, call 911 or get other immediate help.
- In a non-emergency, **talk to the person directly**.
- **Choose a time and a place** where both of you are comfortable and you will not be interrupted.
- In talking to the person, use **"I" statements** instead of "you" statements.
- In a direct but nonjudgmental manner, **express your care, concern and your desire to help**. Indicate to the person that what you're observing could be an indication of a problem that requires professional attention (try to avoid using the label "eating disorders").

Slide 35

How to help…

- **Ask the person to explore these concerns** with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating concerns.
  - Depending on the circumstances, offer to help the person make an appointment or accompany the person on their first visit.
  - Offer the person multiple entry points of contact to ease her/his 1st step towards treatment.

Slide 36

How to help…

- **Avoid an argument or a battle of the wills** with the person of concern
  - If the person refuses to acknowledge that there is a problem, or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.
  - Give the person some time to consider your concerns and revisit the issue possibly at a later time.

Slide 37

How to help…

- **Do not become the person's therapist, savior or victim.** Do not be controlling of the person's life; you are limited in what you can do to help. You may need to learn about letting go.
- **Be patient.** Remember that it is up to the individual to be ready to make the changes. Help the person identify reasons/motivation to want to change (have more energy, can concentrate better, go to college, have a relationship/friendships, ability to pursue a personal interest/dream/hobby, etc).
- Help the individual discover what makes them **happy (or what used to make them happy).**

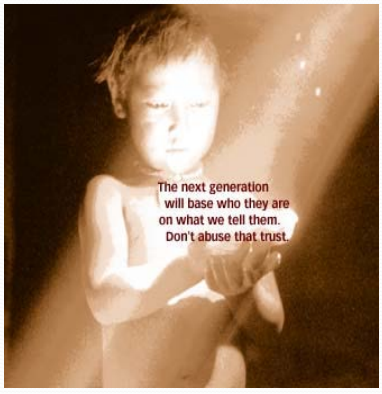
Slide 38

How to help…

- Encourage the person to **try something they have put off** until they have the ideal body (go to a party, try a new hobby, start a conversation, express an opinion, etc.)
- Try to avoid discussing food, weight, eating habits, calories, and exercise. Attempt instead to **discuss feelings.**
- **When the person's behavior affects you,** express yourself without placing guilt or blame upon the person. It's normal to feel frustrated, upset, helpless or angry. Get help and consultation for yourself.
- Refer to the **resources** at the end of this presentation for more information.

Slide 39

According to Dove® research, 66% of girls say their primary role model is their mom. And having positive female role models is essential to building a girl's self-esteem. ***Inspire a girl in your life!***



Slide 40

Resources

- Academy for Eating Disorders: www.aedweb.org
- Gurze Books (on eating disorders): www.gurze.com
- National Association of Anorexia and Associated Disorders: www.anad.org
- National Eating Disorders Association (NEDA): www.nationaleatingdisorders.org
- Something Fishy: www.something-fishy.org
- Proud2Bme: www.proud2bme.org
- Dove Self-Esteem Campaign: www.dove.us/Social-Mission/Self-Esteem-Toolkit-And-Resources