Understanding Eating Disorders: Food For Thought
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THE ADDICTION TREE

THE UNDERLYING DAMAGE OF SHAME, WOUNDING AND DIVISION WITHIN THE INDIVIDUAL

Roots
Issues e.g. Low self-worth, Guilt, Fear,
Lack of control, Rejection, Self-hatred,
Stress, Shame, Grief, Anger, Abandonment

Soil: Circumstances
Some Facts about Eating Disorders

• Eating disorders (EDs) are serious, complex, costly and challenging mental illnesses and include:
  – Anorexia Nervosa
  – Binge Eating Disorder
  – Orthorexia
  – Diabulimia
  – Bulimia Nervosa
  – Obesity
  – Eating Disorder Not Other Specified (EDNOS)
  – Anorexia athletica
  – Bigorexia
  – Avoidant & Restrictive Food Intake Disorder (ARFID)

• EDs tend to be more common in females than in males, with research indicating that less than 10% of those admitted to hospital with eating disorders are male.
• Many EDs emerge in adolescence.
• EDs have the highest mortality rate of any mental illness claiming precious, promising lives ever year. One in five of the most seriously affected will die prematurely.
• EDs of all psychological conditions have the worst prognosis- 50% recovery rate.
The **why** behind the **what** of Eating Disorders

- Creates a sense of (perceived) **control**
- Seems like a logical choice to navigate life and **anaesthetize pain** and hurt
- Can **gain approval** from other people (body shape)
- Can **affirm** the **disgust** that the person feels towards themselves (especially if they are overweight)
- Find **comfort** in eating (especially compulsive/binge disorder)
- Purging **releases tension** and ‘bad feelings’
- Food can become a lifeline or best friend.
- **Sense of belonging** to a community (Ana and Mia)
- Body fat can form a **protective armouring**
Partner work:
Please answer the following questions:

• When have you felt out of depth working with someone with an eating disorder?

• How did you know that you were out of your depth?

3 mins each
Why you might feel out of your depth…

• Some therapist’s experiences of feeling out of their depth:
  – Overworking in and outside the session
  – When I feel afraid of asking or engaging with some of the material being presented
  – When I feel myself holding back and becoming theoretical, pathologizing, or creating an analytical distance between myself and the client.
  – Lack of psychological contact and relational depth
  – I noticed how physically full I felt (and I didn’t want to eat) and also how emotionally angry, irritated and bloody minded I was about the client and I struggled to find or understand their depth of experience

• Ambivalence: AN is egosyntonic
• Risk issues
• BMI <15 may not be cognitively amenable to treatment
  – Minnesota starvation experiment
• Co-morbidity
Enhanced Cognitive Behaviour Therapy for Eating Disorders “CBT-E”

• CBT-E is the leading evidence-based and most effective treatment for eating disorders.

• [www.credo-oxford.com](http://www.credo-oxford.com)
  - What is CBT-E
  - The standing of CBT-E
  - CBT-E resources
What factors might affect therapy (therapist related)?
Factors affecting therapy (Therapist related)

- The therapist’s individual characteristics e.g. training level, optimism/pessimism, gender and even size may influence the therapeutic relationship.
- Therapists who are **very thin** may be challenged about their own eating habits and weight.
- Therapists who are **overweight** may find these clients hard to engage as some have negative attitudes toward people who are overweight (Fairburn, 2008).
- Fat* medical professionals are likely to be seen by both medical professionals and clients as **less credible and trustworthy** and therefore clients are less likely to follow their professional recommendations (Puhl et al, 2013).
- There is an argument that the body shape / weight of a therapist does matter to clients because there is a prohibition on the therapist sharing personal information so the body assumes additional importance for clients, offering a place to read information about the therapist and a rich site for **transference**.
Discussion points:

• How might our own relationship with food and body image affect our work with clients presenting with eating disorders?

• An article in Therapy Today titled “Fat Stigma in therapy” posed the question: “If obesity is linked with physical and psychological ill health, can it be unethical for a fat therapist to practise?”

• Are fat therapists fat because they engage in emotional eating and are therefore emotionally troubled in some way? If so, fatness becomes a signifier of mental instability and this, given the professional context, is fatally discrediting.

• With respect to thin therapists, do you think clients would perceive a double standard when these therapists asked them to gain weight or eat more while the therapist was “allowed” to stay thin.

Just playing devil’s advocate
Key points to take away

• All eating problems are significant and can only be understood as an expression of underlying issues and difficulties. They contain a message that goes beyond the limits of the behaviour itself. Eating is never a mere physical function: it contains and carries much more than is evident on the surface. As therapists, if we ignore the meaning of the eating pattern, we miss the essential symbolism of the problem.

• Important to find a Supervisor who has experience working with EDs and someone you can trust with your vulnerabilities, fears, slip ups, lostness, confusion and overwork. Build a strong culture of clinical feedback and supervision and be prepared to fail “successfully”.

• Quality of therapeutic alliance very important.
Resources and Contacts

Websites

• The UK’s Eating Disorder Charity
  http://www.b-eat.co.uk
  Provides details about support and services including:
  - Helplines
  - Message Boards
  - Treatment Options
  - Online Support Groups
  - Peer Support Groups
  - Regional Projects

• www.credo-oxford.com
  - What is CBT-E
  - The standing of CBT-E
  - CBT-E resources

Books & Articles

• Getting Better Bit(e) by Bit(e): Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders – Ulrike Schmidt, Janet Treasure..
• Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method - Janet Treasure, Gráinne Smith, Anna Crane.
• Overcoming Binge Eating: The Proven Program to Learn Why You Binge and How You Can Stop – Christopher G. Fairburn.
• Cognitive Behavior Therapy and Eating Disorders - Christopher G. Fairburn