

“What triggers the eating disorder gun? An exploration of predisposing and perpetuating factors and implications for treatment”



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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)
 - Avoidant and Restrictive Food Intake Disorder (ARFID)
 - Anorexia athletica
 - Bigorexia
- 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 every year. One in five of the most seriously affected will die prematurely.
- EDs of all psychological conditions have the **worst prognosis**- 50% recovery rate.

Linked conditions

Depression

Reported in **50-75%** of sufferers

Personality Disorders

Present in **42-75%** of eating disorder sufferers

Substance Abuse

Present in **30-37%** of BN sufferers and **12-18%** of AN sufferers

Obsessive Compulsive Disorder

Approximately a **25%** incidence rate in AN

Body Dysmorphic Disorder

20% of eating disorder sufferers have a form of BDD not involving weight & shape

Bipolar Disorder

Present in **4-6%** of sufferers

Source: American Psychiatric Association (2006), 'Practice guideline for the treatment of patients with eating Disorders'.

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

The **why** behind the **what** of Eating Disorders

- Creates a sense of **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’
- Rejection from friends or someone who they’d like a relationship with
 - “Food became the **best friend** I never had”
- **Sense of belonging** to a community (Ana and Mia)
- Protective armouring

Nutrition Facts

Serving Size 172g

Amount Per Serving

Calories 60

	Calories from Fat 2
	% Daily Value
Total Fat 0g	1%
Saturated Fat 0g	1%
Cholesterol 0g	0%
Sodium 36g	0%

- 1) Why do eating disorders begin? (*development phase* before onset of the problem)
- 2) Why do they persist? (*maintenance phase* after its onset)

If the goal is the *prevention*, the task is to identify those processes that exert their influence before onset – during the development phase – and try to stop them from operating.

In contrast, if successful *treatment* is the goal, the task is to identify the processes that are keeping the problem going.

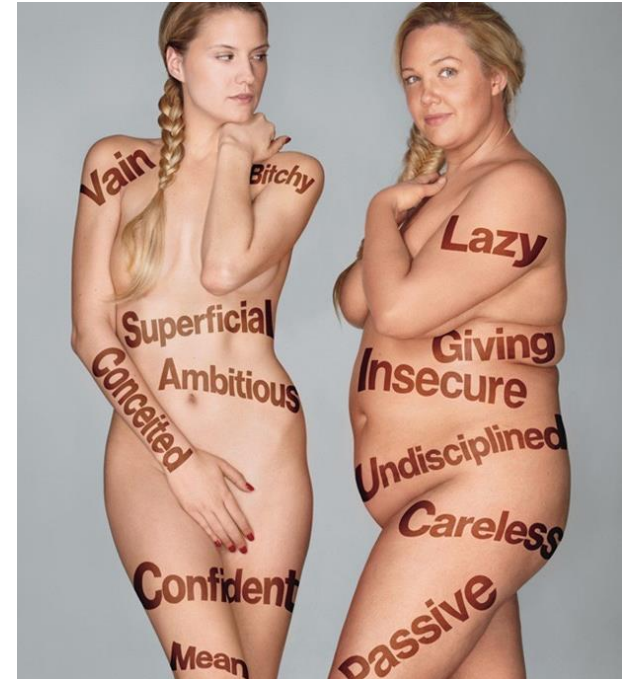
Predisposing/Risk Factors

Psychological factors

- Low self-esteem
- Feelings of inadequacy
- Depression or anxiety
- Early inadequate attachment experiences
- Difficulty expressing emotions and feelings, particularly negative emotions such as anger, sadness, anxiety or fear
- Ineffective coping strategies
- Fear or avoidance of conflict
- Highly concerned with the opinions of others, often with a need to please
- Prone to extremes, such as 'black and white' thinking
- A belief that love from family & friends is dependent on high achievement
- Competitiveness
- Impulsive or obsessive behaviours
- Perfectionism

Social factors

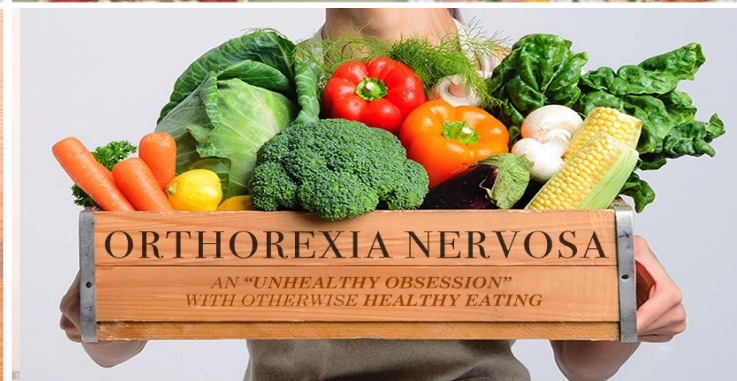
- Cultural value placed on thinness as an inextricable part of beauty.
- Valuing of people according to outward appearance and not inner qualities
- Media and popular culture's unrealistic portrayal of people's shapes and bodies
- The ugly truth behind beauty magazines (4 min clip)
- <https://www.youtube.com/watch?v=zIIKTNPP5Ts>



Perfect body? Victoria's Secret lingerie adverts spark outrage



Social Media



External factors

- Life events, particularly those involving major changes (eg. loss of a family member or friend, the divorce or separation of parents, moving schools or jobs)
- Puberty
- Dieting
- Peer pressure
- Inability to effectively deal with stress
- Personal or family history of obesity, depression, substance abuse or eating disorders
- Troubled personal or family relationships
- Sexual or physical abuse
- History of teasing or bullying, particularly when based on weight or shape
- Pressure to achieve and succeed
- Professions with an emphasis on body shape and size (eg. dancers, models, athletes)

Biological factors

- Imbalance of certain chemicals in the brain.
- **Puberty** and the associated physical, hormonal and neural changes.
- **Genetic** predisposition.



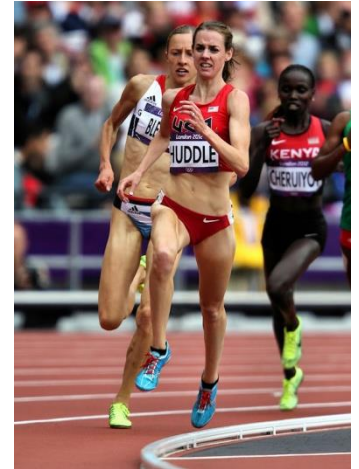
Athletes at highest risk

- **Endurance sports** (eg, distance running, swimming, cross-country skiing, and cycling).

Leanness is related to performance for obvious physiological reasons. Runners who are several kgs over their optimum performance weight will perform less well.



Athletes at the peak of their sports...
world class, but do they look healthy?



- **Weight category sports** (eg, wrestling, boxing, judo, martial arts and jockeys).

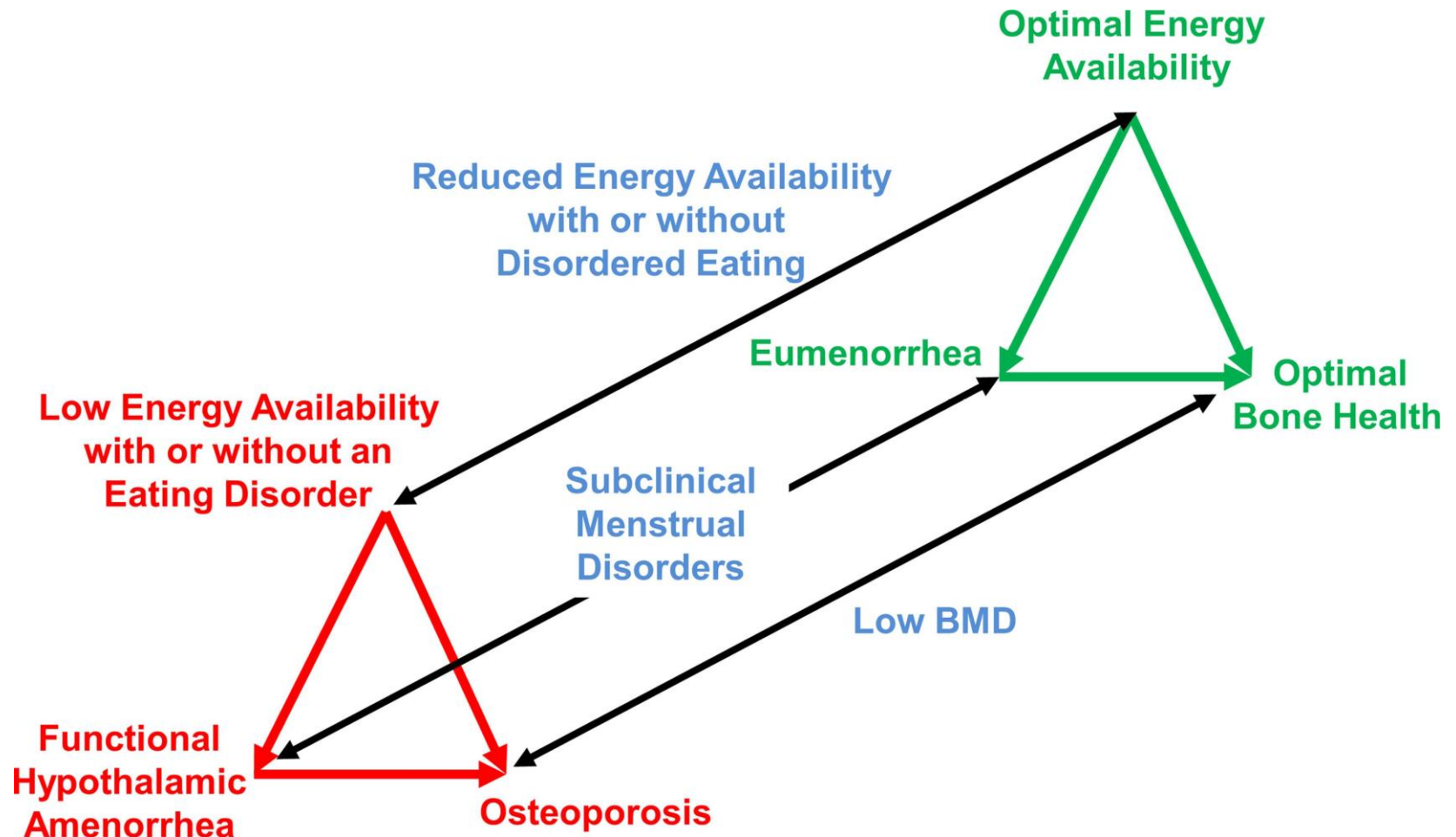
Athletes are not allowed to compete if their weight is above the upper limit and this creates a considerable pressure to achieve the necessary weight loss and often in a very short period of time.

- **Aesthetic sports** (eg, rhythmic gymnastics, ballet, figure skating, and high board diving).

An aesthetic evaluation is attached to a particular body composition which is then promoted and encouraged in competitors.

- Sports that require **opposing gravitation** (eg. the high jump, ski jumping and pole vaulting).

Spectra of Female Athlete Triad



7 symptoms of exercise dependence

1. *Tolerance* (increased exercise needed for same effects)
2. *Withdrawal* (exercise used to avoid negative emotions)
3. *Continuance* (continued exercise despite psychological or physical problems)
4. *Lack of control* (inability to exercise less)
5. *Reduction in other activities* (activities given up for exercise)
6. *Time* (excessive time spent exercising)
7. *Intention effects* (exercise for longer than intended)

Extra-therapeutic factors affecting therapy (Client related)

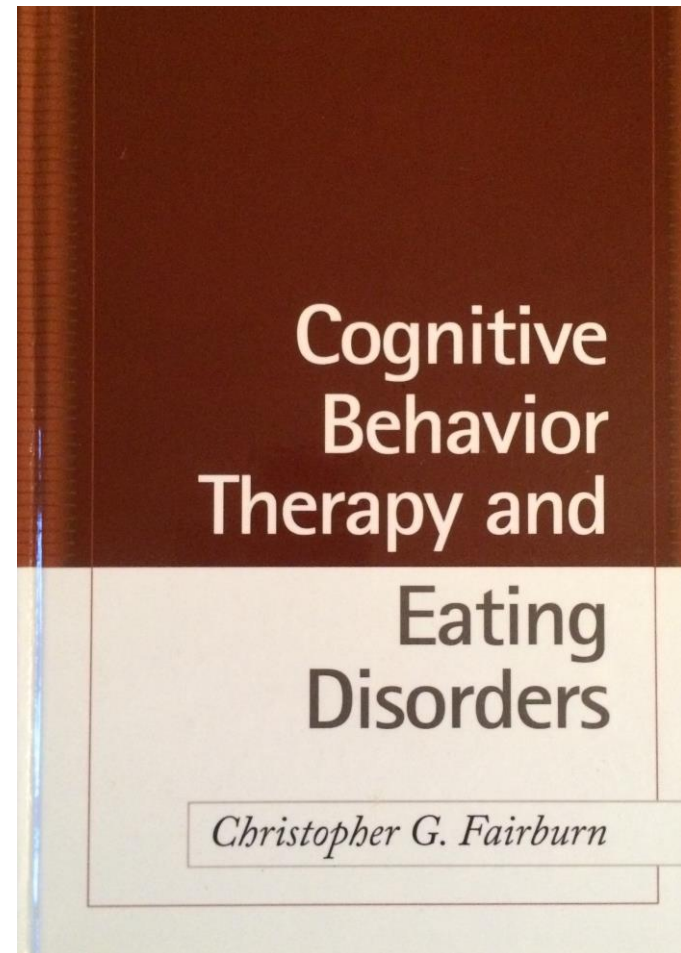
- How long clients have used an eating disorder to solve emotional issues (the earlier it is caught the more treatable the condition is)
- The severity / seriousness of the underlying problems within the client.
- Co-morbidity
- Weight
 - Clients with BMI<15 may not be cognitively amenable to psychological treatment.
- Physical and psychological risk
- Level of drive and motivation
- Social support
- Age

Key findings from Research:

Client/extra-therapeutic factors account for **40-87%** variance of outcome

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
 - What is CBT-E
 - The standing of CBT-E
 - CBT-E resources



What factors affect therapy?

- How might 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

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**.



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

Overcoming Disordered Eating Part A

http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=48

Overcoming Disordered Eating Part B

http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=49

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.
- Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers - Janet Treasure.
- 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
- Goss K. & Allan, A. (2010) Compassion Focused Therapy for Eating Disorders. *International Journal of Cognitive Therapy*, 3, 141-158
- Goss K. (2011) A Compassionate Guide to Beating Overeating: Constable Robinson.
- Goss, K., & Allan, S. (2011). An introduction compassion focused therapy for eating disorders. In J. Fox & K. Goss (Eds.) *Eating and its disorders* (pp. 303-314). Chichester: Wiley-Blackwell.