Cracking the Code: Understanding the Hidden Language of Eating Disorders

Christina Bokenkamp Hruby, LPC
Vitality Counseling, LLC
Eating Disorders Are Common

- 90% female
- 5 to 10 million girls and women
- Anorexia Nervosa: 0.5-1% of females 13-35
- Bulimia Nervosa: 2-5% of females 13-35
- Binge Eating Disorder (BED) prevalence: 1-5% of males and females 30s to 40s
- Industrialized countries
Anorexia Nervosa

- Low body weight (<85%)
- Restriction of energy intake relative to requirements leading to a significantly low body weight
- Intense fear of gaining weight
- Distorted body image
- Extreme Focus on shape/weight
- Denial of seriousness of illness
- Amenorrhea
- Age at onset teens
- 2 Types
Bulimia Nervosa

- Recurrent binge-eating
  - Unusually large amount of food (by social comparison) in a short amount of time
- Feeling out of control
- Compensatory behavior
  - Vomiting
  - Laxative abuse
  - Excessive exercise
  - Fasting
- Extreme focus on shape/weight
- Frequency - 1x/wk for a period of 3 months
Binge Eating Disorder

- Recurrent episodes associated with:
  - Eating rapidly
  - Uncomfortable fullness
  - Large amounts when not hungry
  - Sense of loss of control
  - Depression/guilt

- Marked distress

- Minimum of 1/week bingeing over 3 months

- No compensatory behaviors
Eating Disorders Not Otherwise Specified (EDNOS)

- 50% of eating disorders are atypical, i.e., they fail to meet DSM IV criteria for anorexia or bulimia nervosa.
- Atypical eating disorders are no less serious and present just as difficult challenges for treatment.
- Insurance companies may inappropriately reject payment for EDNOS diagnosis.
What Causes an Eating Disorder?

- Eating Disorders are NOT a Choice
- Eating Disorders historically viewed as “Disorders of Choice”
  - Devalued Seriousness of Disorders
  - Undermined Treatment and Recovery
  - Provided NO Guidance for Families
    - “If she would only eat!”
  - Concept of “Genes” that influence risk for eating disorders viewed as absurd
What Causes an Eating Disorder?

**Biological influences:**
- Genetic makeup of the individual
- Brain structure and neurotransmitters

**Psychological influences:**
- Responses to stress
- Patterns of negative thinking

**Social-cultural influences:**
- Cultural expectations
- Definitions of *normality* and *disorder*
- Stigma and prejudice
- Homelessness
- Abuse
Genetic Studies

- Individuals with a mother or sister who had suffered from Anorexia Nervosa are:
  - 12 times more likely to develop Anorexia Nervosa (Heritability around 60%)
  - 4 times more likely to develop Bulimia Nervosa (Heritability between 28-83%)
  - Heritability of BED is estimated to be approximately 41%

Bulik 2006 & 2010; Reichborn-Kjennerud et al, 2004
Temperament in Anorexia

- Harm avoidant
- Neurotic
- Obsessional
- Anxious
- Reward dependent
- Perfectionistic
- Low novelty seeking
- Abysmal self-esteem
Temperament in Bulimia Nervosa and Binge Eating Disorder

- Harm Avoidant
- Neurotic
- Obsessional
- Perfectionistic
- Anxious
- Low self-esteem
- Higher novelty seeking
- Impulsive
- Affective dysregulation
Biology Loads The Gun

Society Pulls The Trigger
WARNING:

Reflections in this mirror may be distorted by socially constructed ideas of 'beauty'
DIET MENTALITY

Dieting = Weight Loss
Weight Loss = Thinness
Thinness = Beauty & Success
Dieting/Wt Loss = Beauty & Success

Not Dieting = Eating
Eating = Weight Gain
Weight Gain = Failure
Not Dieting/Eating = Failure
EDs are complex conditions that arise from a variety of factors. Media images that help to create cultural definitions of beauty and attractiveness are acknowledged as being among those factors contributing to the rise of EDs.

Messages screaming “thin is in” may not directly cause EDs, but help to create the context within which people learn to place a value on the size and shape of their body.

The average US resident is exposed to approx. 5,000 advertising message a day.
NOTHING TASTES AS GOOD AS SKINNY FEELS
Thin is in.

Thin *Is* In!
ATTENTION IS THE BEST REWARD
Evolution of an Eating Disorder

- Decision to Diet
- Loss of Control over eating behavior
- Identification with the illness
Maladaptive & Functional?

- Coping Skill
- Control
- “Safe” Communication

Understanding the function of one’s eating disorder is a necessity for effective treatment and lasting recovery.
Predisposing Environmental Factors

• Go fast, highly competitive academic/social environment
• Sports require specific body type/weight
• Dieting culture/Media—war on obesity
  – Freshman 15 (more like 4-5lbs)
• Family history of severe dieting/exercise
• Family constellation—emeshed/disengaged
Common Precipitants

- The immediate precipitating factors is almost always an internal or external experience of being **out of control**.
  - Onset of puberty between the ages of 11-14, i.e. four years the average young women gains 40 pounds with a disproportionate fat ratio
  - Major transitions—separation/individuation/identity
  - Traumatic events—abuse/rejection/failure
  - Family difficulty—divorce /disengagement
  - Onset of co-morbid illness—anxiety/depression
  - Innocent weight loss—increased exercise/performance enhancement
Risk Factors for the Development of an Eating Disorder

- Family History of eating disorder or obesity
- Affective illness or alcoholism in first-degree relatives
- “Visual Sports” Ballet, gymnastics, modeling
- Personality Traits
- Parental eating behavior and weight
- Physical or sexual abuse
- Low self-esteem
- Body-image dissatisfaction
- History of excessive dieting, frequently skipped meals, compulsive exercise
Precipitating Factors

• What caused the illness may have little to do with why it is continuing
• Brain changes structurally and functionally in response to environment (pathways)
Precipitating Factors

• **Secondary Gain**
  – Reversal of puberty (menstrual threshold)
  – Slow transitions
  – Establish identity
  – Control trauma
  – Fix family difficulty (divorce/separation)
  – Enhance athletic performance
  – Manage other mental illness
Important, even if an individual was at high genetic risk he/she might never develop an Eating Disorder if he/she:

- Did not live in a culture such as ours which emphasizes dieting and thinness
- Go on a diet
- Have a high risk environmental influences
Common Misconceptions

- Eating disorders are all about body image
- Eating disorders are all about food
- One must look “sick” to have an ED
- People suffering from ED’s do it for attention
- It only takes willpower to recover
- Eating disorders are a great way to lose weight
- People with ED’s have it all under control
The Fact is:

- Anorexia usually begins in women between the ages of 15 and 25, but has been documented in girls as young as 6 years old and in women as old as 76.
- 42% of 1st - 3rd grade girls want to be thinner.
- 17% of 8 to 12 year-old girls said they have induced vomiting, used laxatives, or diet pills.
- In a recent study, young girls were quoted saying that they would prefer to have cancer or lose both parents than be fat.
The Fact is:

- The average American woman is 5’4” and weighs 140lbs, the average super model is 5’11 and 117 lbs.
- Most fashion models are thinner than 98% of American women.
- 20 years ago, the average model weighed 8% less than the average woman. Today, the average model weighs 23% less than the average woman.
- 54% of men and 75% of women are unhappy with their physical appearance and wish that their bodies were different.
- More than 10 million women and 1 million men are suffering from eating disorders.
- Almost $50 billion is spent each year, by Americans, on dieting & weight loss products.
Don’t Wait Until you “See” the Problem
Warning Signs

- Dramatic and/or unexplained weight loss/gain
- Wearing baggy clothes or dressing in layers to hide body shape or weight loss
- Vague or unusual patterns during meal time
- Pre-occupied with thoughts of body, weight & food
- Loss of menstrual cycle
- Changes in mood (depressed, isolating, irritable etc)
- “Undoing” Behaviors (i.e. Self-induced vomiting, periods of fasting, laxative use, diet pills).
- Frequently weighing his/her self
Warning Signs

- Excessive concern about weight and shape
- Secretive eating or discovering that food is missing
- Food group avoidance (obsessive focus on calories, carb and fat content, food diaries)
- Exercise out of guilt or to lose weight instead of for health and enjoyment
- Excessive and/or compulsive exercise despite weather, fatigue, illness or injury
- Physical signs (bruised/callused knuckles, bloodshot eyes, pale/grey skin, thin/peeling nails, “chipmunk cheeks”)


Warning Signs: Excessive Exercise

- AKA: Exercise bulimia, exercise addiction, obligatory exercise, compulsive exercise, over-exercise
  - Most common among restricting AN
- Maintain a rigid exercise schedule
  - Prioritize exercise over significant life activities and relationships
  - Feel obligated and no longer enjoys the activity
  - Exercise to point of endangering health
- Feel distressed if unable to exercise
- Tolerate monotonous, repetitive exercise routines
- Obsess about numbers (HR, miles, caloric burn)
What Can You Do?
Do’s and Don’ts

- DON’T ignore the problem hoping it will go away; talk about it.
- DO express your feelings honestly with the person; use “I” statements so it can be heard.
- DON’T comment positively or negatively on appearance or weight
- DON’T make assumptions about peoples health or habits based on their size.
- DO Realize the person is ambivalent about getting well, and that they get comfort and feel safe in the control and rituals of the disorder
How to Approach Your Loved One

- Learn as much as you can about eating disorders
- Know the difference between fact and myths about nutrition and exercise
- Be Honest. Talk openly and honestly about your concerns with the person who is struggling.
- Be caring and Firm.
- **Tell someone**, don’t hold the secret.
What To Say?

- Express your concerns in a calm, caring, non-confrontational and honest way.
- Use “I” Statements
- Avoid accusational “You” statements
- Speak to the changes you’ve noticed
- Avoid giving simple solutions
- Listen without judgment
- Talk with them in private
How will my Loved One React if I Say Something??

- They likely will have some shame about their eating disorder and maybe embarrassed that you are confronting.
- They maybe angry that you question their attitudes and behaviors.
- They may deny that there is a problem.
- Remember that you cannot force someone to seek help.
What if They Won’t Listen?

- Set Healthy Boundaries
  - Be gentle yet, firm
  - Do your actions and words match up?
- Understand the Illness has a purpose
  - Understanding is not permission
- Resistance is part of Recovery
  - Understand the illness has a purpose
  - Shame & Secrecy drive illness
- Seek Support
  - For self and/or for loved on
Where Do I Find Help?

- National Eating Disorder Association
  - www.nationaleatingdiorders.org
- Gurze Books
  - www.bulima.com
- www.something-fishy.org
- Eating Disorder Referral
  - www.edreferral.com
Christina Bokenkamp Hruby, LPC
Vitality Counseling, LLC

1720 S. Bellaire St, Ste 907
Denver, Colorado 80222

P: 720-810-9364
E: vitalitycounseling@Hotmail.com

www.vitalitycounseling.org