Family Dynamics

Barbara Hayes, LMHC, CAP

"Bobbie"

About me

- I am currently the Clinical Director at Milestones in Recovery, a treatment program that offers residential, partial hospitalization, and intense outpatient services for adult men and women suffering from eating disorders. Milestones believes in applying the addiction model to the treatment of eating disorders. I can provide you with a link to our website later in the presentation.
- But my love for doing family work came as a result of being raised by a father who suffered from addictive behaviors, including food. Back in the days when he became sober we knew, or concentrated very little on addictions and how they impacted the family. Over the past few decades, thankfully that has changed. I sometimes worry that we concentrate little on eating disorders and its impact on families.

And there is no real reason for this picture except I usually try to work them into every presentation. My grandchildren, Andi and Joe

The next few slides are….

- Information about eating disorders, that you have probably heard a lot about in other presentations, so they are included to offer more information and will not be the focus of this presentation. For purposes of this presentation go to slide number 15.

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Statistics

- Although cases of bulimia have been described for thousands of years, Bulimia Nervosa was not recognized as a distinct psychological disorder until 1970's.
- Among those who seek treatment, **90-95%** of individuals are **women**.
- However, the incidence among males is increasing.
- Among women, **adolescent girls** are most at risk.
- ED commonly begin during adolescence or young adulthood (age 18 -21).
- Younger cases of anorexia tend to begin at age 15, but it's more common for cases of bulimia to begin as early as age 10.
- Once ED develop, they tend to be **chronic** if untreated.

Barlow & Durand (2014)

Introduction

- Although eating disorders (ED) often involve weight problems, many people who suffer from ED do not look underweight or overweight.
- Also, not all individuals who are underweight or overweight have an ED.
- Overeating and dieting are not, in themselves, eating disorders. However, they present **risk factors** for developing ED.
- The onset of ED is often associated with a **stressful event**, such as leaving home for college, death of a loved one, parental divorce etc.
- More than 90% of the severe cases of ED are seen in females who live in a **socially competitive environment**.

Barlow & Durand (2014)

Causes of eating disorders

- **Biological**: genetic makeup is about 1/2 of the equation among causes of the ED (emotional instability, poor impulse control, perfectionist traits).

  Eating disorders tend to **run in families.**

- **Psychological**: reduced sense of personal **control** and confidence; **anxiety**, **depression**.

  For binge eating disorder, **impulsive** and extroverted personality styles have been found to play a role.

- **Social**: the cultural imperative for thinness directly results in dieting, the first slippery slope to anorexia and bulimia.

  The "**glorification of slenderness**" in magazine and on TV.

- **Environmental**: Stressful environment (e.g. hostility, chaos, and low levels of nurturance and empathy), troubled relationships with parents and/or siblings, social media, societal views, peer pressure, and **vocational interests** (ballet, sports, modeling etc.)

Barlow & Durand (2014)

Family Influences on eating disorders

- Researchers have found that the "**typical family**" of someone with anorexia is *successful*, *hard-driving*, *concerned* about *external appearances*, and *eager to maintain harmony* (Barlow, 2013).
- Some authors insist that many times family members of girls with disordered eating seem to act as "society's messengers" in wanting their daughters to be thin, at least initially (Barlow, 2013).
- Because of lack of understanding, families may attempt to help the client with her/his issues in ways that, although well intentioned, may in fact serve to maintain the ED.
- Persons with ED are often affected by significant **family events** such as deaths, separations, and other life-cycle changes.
- Individuals with a **family history** of alcoholism, depression and victims of **physical** and/or **sexual abuse** are at increased risk for developing ED.

Woodside & Shekter-Wolfson (2003)

Anorexia Nervosa

- The term *anorexia nervosa* is derived from the Greek term for "loss of appetite" and a Latin word implying nervous origin
- Anorexia nervosa is characterized by 3 essential criteria:

1) Self-induced starvation to a significant degree – ***behavior***
2) Relentless drive for thinness or a morbid fear of fatness – ***thoughts***
3) Presence of medical signs and symptoms resulting from starvation – ***physiological***

Approximately half of individuals suffering from anorexia will lose weight by drastically **reducing their total food intake**.

The other half will not only diet but will also engage in **binge eating** followed by **purging** behaviors (small purge after small amounts of food) or excessive exercising.

Sadock, Sadock & Ruiz (2015)

Bulimia Nervosa

- Bulimia nervosa is characterized by episodes of **binge eating** combined with compensatory behaviors to stop weight gain (self-induced **vomiting**, excessive **exercising**).
- Unlike individuals with anorexia nervosa, those suffering from bulimia typically maintain a **normal body weight**.
- For some, bulimia represents a failed attempt at anorexia nervosa, sharing the goal of becoming very thin, but occurring in an individual less able to sustain prolonged hunger.
- For others, binges represent "breakthrough eating" episodes of giving into hunger.
- Still others use binge eating as a means to **self-medicate** during times of emotional distress.
- Regardless of the reason, binge eating episodes provoke panic as individuals **feel** that their **eating is out of control**. Therefore they are followed by attempts to avoid the feared weight gain by engaging in self-induced vomiting or excessive exercise.

Barlow & Durand (2014)

Binge Eating Disorder (BED)

- Individuals with binge eating disorder engage in recurrent **binge eating** during which they eat an abnormally large amount of food over a short time
- Binge episodes often occur in **private** and generally include foods of high in calories. Oftentimes during the binge individuals feel they **cannot control** their **eating**.
- Greater likelihood of occurring in **males**, and a better response to treatment compared with other ED.
- BED is caused by a separate set of factors from obesity without BED and is associated with more severe obesity.
- Individuals with BED have some **concerns** about **shape and weight** as people with anorexia and bulimia, which separates them from individuals who are obese without BED.

Barlow & Durand (2014)

Consequences of Anorexia Nervosa

Medical consequences:

- Cessation of menstruation (amenorrhea)
- Dry skin, brittle hair and nails
- Lanugo (downy hair on the limbs and cheeks)
- Low blood pressure and heart rate
- Kidney problems
- Electrolyte imbalance

Associated Psychological Problems:

- Depression 71% (at some point in life)
- Obsessive-compulsive symptoms
- Substance Use
- Suicidal thoughts

Barlow & Durand (2014)

Consequences of Bulimia Nervosa

Medical consequences:

- Salivary gland enlargement
- Electrolyte imbalance
- Cardiac arrhythmia
- Seizures
- Renal failure
- Permanent colon damage

Associated Psychological Problems:

- Anxiety 80% (at some point in life)
- Depression 60% (at some point in life)

Barlow & Durand (2014)

Consequences of Binge Eating Disorder

Medical consequences:

- Increased body fat
- Severe obesity
- Increased medical morbidity and mortality

Associated Psychological Problems:

- Depression
- Anxiety
- Substance use
- Social role adjustment problems
- Impaired health-related quality of life and life satisfaction

Barlow & Durand (2014)

If you could tell your family something about your behavior in your eating disorder, what would you say? (The initials of the person given the quote)

- " I don't want you to notice what I am doing, but I want you to care enough to notice if and when I want you to." (N.D.)
- "I have often said that the only thing harder than being an addict of any sort is loving one"(N.D.)
- "Even though we don't share, and probably lie about it, we do want help…desperately" (J.R.)
- "That no matter what we do or say, until the person with the disorder is truly ready to give it up, they can't heal us. That we hear them, even if we don't listen. That the guilt we feel for not being able to "fix it for them" impacts us every day. That it's not us that goes against their advice, it that addict brain not allowing us to do it differently" (M.P.)

And in relation to helping you get well?

- "That the person has to want to get better. Families can be supportive, but if the person suffering isn't willing to surrender, it can't be done for them" (N.D)
- "Don't enable the behaviors, no matter how hard it is. Enabling will only keep the person sick." (K.L.)
- "Please do not comment on my weight, ever" (A.L.)
- "Sometimes after a meal, we really just have to pee. Nothing is going on and your need to watch me or the way you share uncomfortable looks makes me feel badly." (N.D.)
- "Addiction isn't a choice, it's a disease like cancer. You (the family) didn't cause it, you can't control it and you can't cure it. (A.M.)

What happens within the family system?

- Unusual stress
- Normal routines are interrupted by frightening experiences
- What the family says may be incongruent with their feelings
- And defense mechanisms become complicated
  - Rationalizing
  - Intellectualizing
  - Exaggerated need for control
  - Enabling
  - Withdrawing
  - Self medicating

Homeostasis is…

- A families ability to create balance within the family unit
- But in families where compulsive behaviors occurs there is a huge lack of balance. The shadow of the disease of compulsive behaviors takes over the family system and transforms them into something else.
- Guilt and shame become part of how the family members behave'
  - Guilt is "I did something wrong"
  - Shame is "I am wrong"

So what do we need to learn to do?

- Achieve balance
- Emotional stability
- Progress not perfection
- Develop a healthy sense of self that is not determined by the behavior of others
- Learn to be reality oriented
- Learn how to talk, even when it's scary, more so when it's scary
- Learn what it truly means to care for others
- Ask yourself the miracle question, "If you could wake up tomorrow and the person in your life was better, what would be different?"

Family influence upon treatment

- **Recovery** from an ED **is possible** but requires a supportive environment.
- It's important to remember that ED are an **addictive process** that is difficult to stop despite the desire to.
- Families may benefit from being referred to **family support groups**.
- Therapists can help the family clarify the needs and **resources** of different family members, while facilitating a **realistic attitude** about what would be helpful.
- Specific attention may need to be paid to **issues currently active in the family** e.g. life-cycle changes or unfortunate circumstances.
- The focus of discussion will not be to blame other family members, but rather to examine how certain negative life circumstances are affecting everyone in the family, including the person with issues around food, weight and shape.

Woodside & Shekter-Wolfson (2003)

Coping with a family member suffering from an eating disorder

- **Be patient** – an ED is long-term illness. Do not expect over-night recovery even if the person is in treatment.
- When addressing the issue with a person you suspect has an ED, do not be surprised if they react by **denying** the problem or respond with **hostility.**
- Encourage the person to seek **professional help.**
- Do not **blame** – this may only reinforce the person's feeling of failure.
- Seek **support for yourself.** Find a family support group, a therapist, or other professional who can help family members of those suffering from an ED.
- Avoid **food-related discussions** and invite the person to get involved with **non-food** related **activities.**
- Ensure that the person knows that she/he is **important** to the family, but not more so than any other family member.
- Do not comment on the person's **weight** and **appearance.**

Woodside & Shekter-Wolfson (2003)

Coping with a family member suffering from an eating disorder (cont.)

- Although they need your support, the person suffering from an ED needs to be the **guardian** of their **recovery.**
- Do not talk about other people's **bodies** and **weight**.
- Be respectful of the person's **treatment plan** and do not say things like "just have one bite", "just try it" or "why do you always have to eat at the same time?".
- Use **neutral statements** to show your support, such as "please remember I'm always here for you if you need anything" or "I noticed you didn't go to meetings this weekend, is everything ok?".
- Do not put the person in **situations** where the constant talk is about food, body size, and/or exercise.
- **Eat together**. If you go out together, ask him/her where she/he would like to go.
- Try to **empower** him/her to recognize her/his own strengths and capabilities.
- Learn to **listen without judgement** and look for the emotion beneath the complaints about food and body size.

Coping with a family member suffering from an eating disorder (cont.)

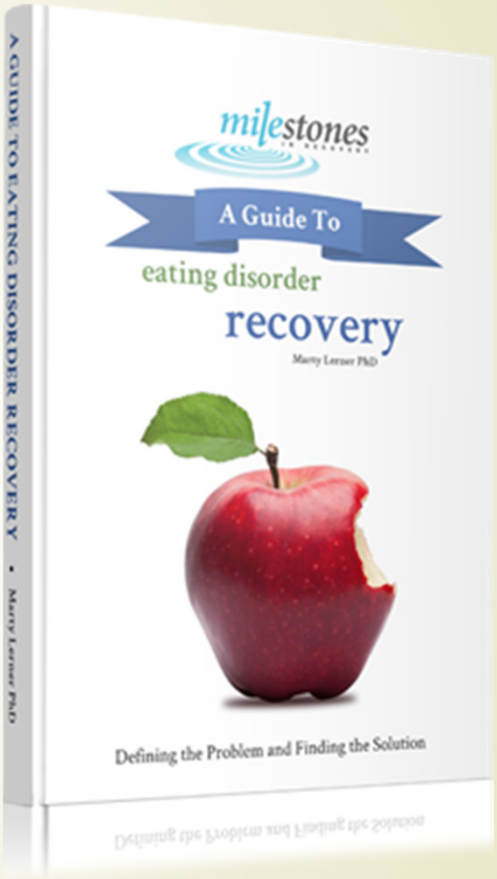
- Support the person in his/her **decisions** to make **changes**, especially relating to education, career, and/or relationships.
- **Do not talk about food** at the table.
- **Separate** the issue of the ED from your **loved one**, as well as other aspects of your lives and relationship.
- Do not **tease** him/her, not even in the slightest way when it comes to eating and weight.
- **Validate** his/her feelings and perceptions even if you don't agree with them – they are his/her reality and might be a cause for pain.

Love unconditionally!

Remember, that unless you take care of yourself, you are no good to anyone

Milestones In Recovery

- http://www.milestonesprogram.org/
- A wonderful book that talks about the addiction model of viewing eating disorders is available for download from that website.



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