Understanding Eating Disorders:
Development, Recovery & Communication

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Where we are Trying to Go

Help Individuals to...
• Eat and be actively in tune with the body’s needs
• Eat when hungry and stop when satisfied
• Eat a variety of foods without a fear of fat
• Focus on health
• Appreciate the body
• Think critically about media
• Employ many coping skills
Half of All People Know Someone with an Eating Disorder

More than 14 million Americans and 70 million individuals worldwide currently struggle with eating disorders.

**MN Adult (18-65 yrs old) Specific Data:**
- 2.8% of 1,645,270 males in MN; that’s 46,067 men in MN
- 5.9% of 1,678,711 females in MN; that’s 99,044 women in MN

**Total: 145,111 MN Adults Struggle with an Eating Disorders**

**MN ADOLESCENT (10-17 yrs old) specific data:**
- 14.6% of 267,097 adolescent females in MN; that’s an estimated 38,996 adolescent females in MN
- 6.5% of 280,762 adolescent males in MN; that’s an estimated 18,250 adolescent males in MN

**Total: 57,246 MN Adolescents Struggle with an Eating Disorders**
Eating Disorders Happen For Many Reasons

- Eating disorders are not a choice; they are not a lifestyle.
- The person can’t ‘just stop doing it’. They need help.
- Eating disorders can be a way to cope, communicate, and solve problems to help an individual feel whole, secure, safe, and in control.
- Once we can work on other ways to cope and what the person needs, we can help them to make changes.
- A lot of the ideas that people with eating disorders have are strongly supported by societal/environmental norms and are hard to figure out how to deal with.
People with Eating Disorders Come in all Shapes and Sizes
Essential Facts about Eating Disorders

• They are prevalent. Millions struggle secretly with food and body issues.

• They are an illness; not a choice. Eating disorders are complex conditions with emotional, physical, and cultural components.

• They are deadly and serious, not glamorous. People can die or have serious medical complications as a result of an eating disorder.

• Recovery is possible. People get better. It doesn't have to be a life-long struggle.
Types of Eating Disorders

**DSM IV**
- Anorexia Nervosa
- Bulimia Nervosa
- EDNOS
  - Binge Eating Disorder
  - Compulsive Overeating

**DSM V**
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder
- FEC-NEC
  - Atypical AN
  - Sub BN
  - Sub BED
  - Purging Disorder
  - NES
Why do People get Eating Disorders?

**Biology**
- Dieting
- Genetics
- Physical Changes
- Puberty/Menopause
- Brain Chemicals

**Psychology**
- Stressful events
- Coping skills
- Identity/self-image
- Personality factors
- Perfectionism
- Depression

**Social/Environment**
- Dieting as norm
- Cultural factors
- Pressure to “fit in”
- Media messages

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Comorbidities

- Major depression
- Generalized Anxiety Disorder
- Panic disorder
- Suicidal ideation
- Self injury
- Substance Use Disorder
- Frequent Exercise
Signs and Symptoms of Eating Disorders

In your interactions, you may notice one or more of the physical, behavioral, and emotional signs and symptoms of eating disorders.

**Physical**
- Weight loss or fluctuation in short period of time.
- Abdominal pain.
- Feeling full or “bloated.”
- Feeling faint, cold, or tired.
- Dry hair or skin, dehydration, blue hands/feet.
- Lanugo hair (fine body hair).

**Behavioral**
- Dieting or chaotic food intake.
- Pretending to eat, then throwing away food.
- Exercising for long periods of time.
- Constantly talking about food.
- Frequent trips to the bathroom.
- Wearing baggy clothes to hide a very thin body.

**Emotional**
- Complaints about appearance, particularly about being or feeling fat.
- Sadness or comments about feeling worthless.
- Perfectionist attitude.
Treatment and Recovery

- Treatment can look a lot of ways:
  - Residential, or 24 hour care
  - Use of multi-disciplinary team including therapist, a dietitian, and a doctor
  - Attending a group for an hour or for most of the day
- Treatment is dependent on what the person needs
- Family involvement in the treatment process is especially important
- Insurance
- Just because someone “looks” better does not mean they are. You cannot judge recovery based on looks
Treatment and Recovery

• Cognitive Behavior Therapy-Enhanced
  Working with changing thought and behavior problems that maintain eating disorder symptoms

• Dialectical Behavioral Therapy
  Focusing on emotion regulation to address emotions that contribute to onset and maintenance of eating disorder symptoms
  • Mindfulness, emotion regulation skills, distress tolerance

• Family Based Therapy (Maudsley)
  Working with parents and families as they learn how to respond to and heal from the impact of eating disorders.
Start the conversation. If you suspect someone is struggling with eating disorder behaviors, ask if it is okay to discuss his or her eating habits. For example, “I’m concerned about your eating. May we discuss how you typically eat and your relationship with food?”

Ask more questions. These 6 assessment questions can help assess the situation. (Adapted from the SCOFF Questionnaire by Morgan, Reid & Lacy)

- Do you feel like you sometimes lose or have lost control over how you eat?
- Do you ever make yourself sick because you feel uncomfortably full?
- Do you believe yourself to be fat, even when others say you are too thin?
- Does food or thoughts about food dominate your life?
- Do thoughts about your body or weight dominate your life?
- Have others become worried about your weight and/or eating?

Give feedback. In this informal survey, 2 or more "yes" answers strongly indicate the presence of disordered eating. Refer as needed.
Communication: Talking to Someone You’re Concerned About

• Talk to the person
  – What are the things you are concerned about?
    • What are you seeing or noticing that is causing you to worry?
  – Communicate concerns either by yourself or with someone else
    • “I” Statements
  – Ask for feedback
    • “Can you tell me more about these things?”
    • “What do you think about the things I’ve mentioned?”

– Have information on resources available

– Check back/ask them how they are doing
“It is clear from reading magazines or watching television that public derision and condemnation of fat people is one of the few remaining sanctioned social prejudices in this nation freely allowed against any group based solely on appearance.”


Annual Review of Medicine, 1981
Media Literacy

• We see 400-600 Media Messages Every Day

• The media has a big influence on what we believe, value, and buy.

• The media has taken this power to advertise unrealistic images of body shapes, appearance, and beauty.
Appearance Based Teasing

• Help others think about the body in terms of how it functions:
  – “I hate the way my legs look” → “My legs help me to run fast”

• Stand up to comments about weight and appearance
  – “Look at her, she is so skinny” → “You may think that but does that really matter?”

• Help kids develop strong coping skills not related to eating or exercise
  – Talk about your feelings with people you trust
  – Develop a “self-care toolkit” for times when you have strong emotions (e.g., journaling, relaxing activities)
Weight Must be Considered in Context

• Food intake is a major determinant of mortality risk.
  – Primary problem is poor nutrition, not weight.

• Sedentary physical activity levels increase mortality risk.
  – Health culprit is exercise habits, not weight.

• Heavier people don’t always eat more
  – Consider genetics
Weight Must be Considered in Context

• **Poverty and obesity are closely linked in the US:**
  – Health problems among the overweight poor may be due more to *being poor* than to *being fat*.
  – *Lower education on nutrition for people in poverty*
  – *Lower access to healthy foods*
  – More Access to cheaper and higher fat foods

• **Living Environment**
  – Neighborhoods
I just know if I could only lose a few pounds, everything in my life would fall into place!
My Plate - A Guideline
Body fat can be beneficial
Fat in the arteries and fat on the body are different and not necessarily related
Men/women classified as “overweight” who exercise regularly and are physically fit have lower all-cause death rates than thin men/women who do not exercise
Weight loss does not necessarily improve health or lengthen life
“Thinner is better” – body weight is fairly unrelated to health status and death

Big Fat Lies by Glenn Gaesser Ph. D.
Resist the Urge to Diet, instead focus on Health

It Took a Lot of Will Power,

But I Finally Gave Up Dieting.
Potential Activity: The Diet Dilemma

It’s time for us to give it a try—grab a straw and try out the Air Diet!

The rules:

• No “cheating” your diet (no extra gulps of air or laughing)

• If you have asthma or start to feel dizzy or anxious at any time, return to normal breathing immediately

From Healthy Body Image by Kathy Kater
The Truth About Dieting

• 95% of people who initially lose weight on “diets” gain it all back—sometimes even more than they lost.

• In a recent study, teens who dieted regularly gained more weight over a 5 year period than those who didn’t diet at all.

• People who diet are more likely to binge-eat, become depressed, and are at higher risk for eating disorders and obesity.

• Dieting can also lead to deficiencies in calcium, iron, and other important nutrients for daily function.
“In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings.”

- Ellyn Satter, RD
Mindful Eating

• Take the time to figure out what you really want to eat

• Choose to eat food that is pleasing to you and nourishing to your body by using all your senses to explore, savor, and taste

• Learn to be aware of physical hunger and satiety cues to guide your decision to begin and stop eating

• Give yourself unconditional permission to eat it

• Listen to your body when it tells you it has had enough or if it wants something else

• Let go of habitual responses to food and eating
Rethinking Relationships with Food and Body Image

Recommendations on how to help teenagers maintain a healthy lifestyle without increasing risk for an eating disorder from Dianne Neumark-Sztainer PhD, MPH, RD

• Talk less, do more
• Losing weight does not necessarily mean improving health
• Model the behavior
• Encourage family meals and changes to the whole family's diet
• Keep the focus on overall health, not weight
• Ensure the person knows he/she has worth regardless of their weight
• Change language used around children’s weight
10 Principles

• Reject the Diet Mentality and the Thin Ideal
  They were created by businesses to profit off of setting you up to fail.

• Honor Your Hunger
  Don’t ignore your body’s needs; make sure your body learns to trust you.

• Make Peace with Food
  Give your body what it really wants, without judgment.

• Ignore the “Food Police”
  No food is inherently good or bad. All food is fine in moderation.

• Honor Your Fullness
  Stop when your body tells you it’s full.
  Listen to your internal cues.

• Don’t forget to enjoy your Food

• Honor your Emotions
  Don’t use food to mask them

• Move in a way that FEELS GOOD to YOU!

• Accept Your Body
  Don’t be overly critical, your body is a vessel that gives life.

• Practice Self Care
  Give yourself credit, eat well, move daily, and get enough sleep.
Healthy Looks Different for Everyone
Prevention must take place on many levels:

- Be a role model. Help each other think about your own attitudes. Your behavior, language, eating and physical activities influence children.
- Make time and space for meals.
- Discourage dieting and encourage healthy exercise for all.
- Speak up for size acceptance. Set up policies that ban teasing about physical appearance.
- Empower adolescents to feel good about themselves. Start a support group.
- Maintain consistent health promotion messages.
You Can Make a Difference in Your Community

• Appreciate Your Body – Love yourself for all the things you are
  — Fat Talk Free
• Challenge Media Messages
• Spend your money on brands that have advertising that makes you feel good
• Talk to people about their interests and how they feel, not just how they look
Take Care of Yourself

Write 10 things you love and appreciate about yourself...that does not involve your weight or shape!

Examples:

“I love my hair style.”

“I appreciate my body’s strength to help me be good at baseball.”
Too this
Too that
Too thin
Too fat
To thine own self be true
Too bad so sad
Dealing with the media makes me mad

Tells me one thing, one way to be
And over and over, it’s not to be me
Be her, be him
Lose weight, be thin
Perfect skin, Perfect clothes
Do you think they really know?
(whoever “they” are)
Bull, I’m me, I’m liking me.
I’m not done, so let me be me-free to be just ME.

-Anonymous girl, age 13
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Resources

www.aedweb.org
www.eatingdisorderscoalition.org
www.nationaleatingdisorders.org
www.tcme.org
www.mollykellogg.com
www.about-face.org
www.something-fishy.org
www.haescommunity.org
www.about-face.org
www.newmovesonline.org