

Demystifying Eating Disorders

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What is an eating disorder?

- ▶ What is an eating disorder?

- ▶ Who has eating disorders?

What the media tells us..



In real life, who has eating disorders





DSM-V definitions

- What is the DSM-V?
 - Binge-Eating Disorder
 - Bulimia Nervosa
 - Anorexia Nervosa
 - Eating Disorder Not Otherwise Specified
 - Orthorexia
 - Female athlete triad
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Connecting to the Emotional Underpinnings

- ▶ Eating disorders have been linked to childhood trauma
- ▶ Often have “co-morbidity” with other mental health concerns, such as depression, anxiety, bipolar, dissociative disorders, substance use disorders.
- ▶ Disordered eating is a coping mechanism; a strategy to meet emotional needs: safety, protection, affection, connection, ease, belonging, among others.
- ▶ Research has attempted to find biological and genetic origins for eating disorders, with no conclusive evidence to date.



Consequences of Eating Disorders

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- Physical
 - Psychological
 - Financial
 - Spiritual / Values / Ethics
 - Interpersonal
 - Work / Career / School
 - Societal
 - What else..?



Medical Model / Approach to Treatment

- ▶ Force feedings (tube, meal replacement)
- ▶ Rigid meal plans, calorie counting, "good foods and bad foods"
- ▶ Restrict movement / exercise
- ▶ Punishment / rewards / incentives for "being good"
- ▶ Body shame
- ▶ Psychotherapy
- ▶ Medication
- ▶ Dietician
- ▶ Medical doctor
- ▶ Focus on weight gain / loss
- ▶ Surgery



Weight Stigma, Bias, and Discrimination

- ▶ “Thin Ideal” and concept of Thin Privilege
 - ▶ Stereotypes about larger bodies: lazy, unmotivated, can’t stop eating, eat unhealthy, “let themselves go,” unfit, “their choice,” .. Others?
 - ▶ In research, weight and body size are NOT correlated with medical conditions (hypertension, diabetes, arthritis), despite messages we receive from mainstream medical communities.
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Health At Every Size®

- ▶ Principles (from the Association for Size Diversity and Health)

- ▶ Weight inclusivity
- ▶ Health Enhancement
- ▶ Respectful care
- ▶ Eating for well-being
- ▶ Life-enhancing, joyful movement

- ▶ <https://www.sizediversityandhealth.org/index.asp>



Body Trust[®]

- Core Elements of a Body Trust[®] Practice
- Root self-care practices in weight neutrality
- Find community
- Focus on small consistent acts to rebuild trust
- Rediscover, embody, and allow for pleasure
- Reconnect with your body's needs and boundaries
- Externalize shame, blame, and bias
- Explore, name, and reclaim your body story
- Look and listen to yourself with kindness and curiosity
- www.benourished.org



Size Acceptance / Recovery As a Grief Process

- ▶ When folks reject or move away from diet culture and the pursuit of thinness or a different body, grief often emerges.
- ▶ Grief for the past, grief for an imagined or wished for future, grief for the difficulty of confronting emotional pain in the present.
- ▶ Allow for sadness, confusion, anger, irritability, among other emotions to metabolize.



How We Can Help Build Connection

- ▶ Less focus on the body, more focus on the person's experience
 - ▶ Instead of “you are too skinny,” try “I care about you, and am wondering how you are.”
 - ▶ Instead of “stop eating so much / you are addicted to food,” try “How are you? Any recent life stressors that would be useful to talk through with someone? I’m happy to listen.”
- ▶ When we emphasize body weight or size (loss or gain) or participate in “food policing,” we dehumanize and invalidate the underpinnings of the coping strategy (i.e. eating more or less than typical). Which may lead to a person shutting down or responding defensively rather than accepting support being offered.
- ▶ Approach with kindness, empathy, and curiosity. We may know something has changed or seems amiss, and if we judge or make assumptions we lose opportunities to be an effective support.

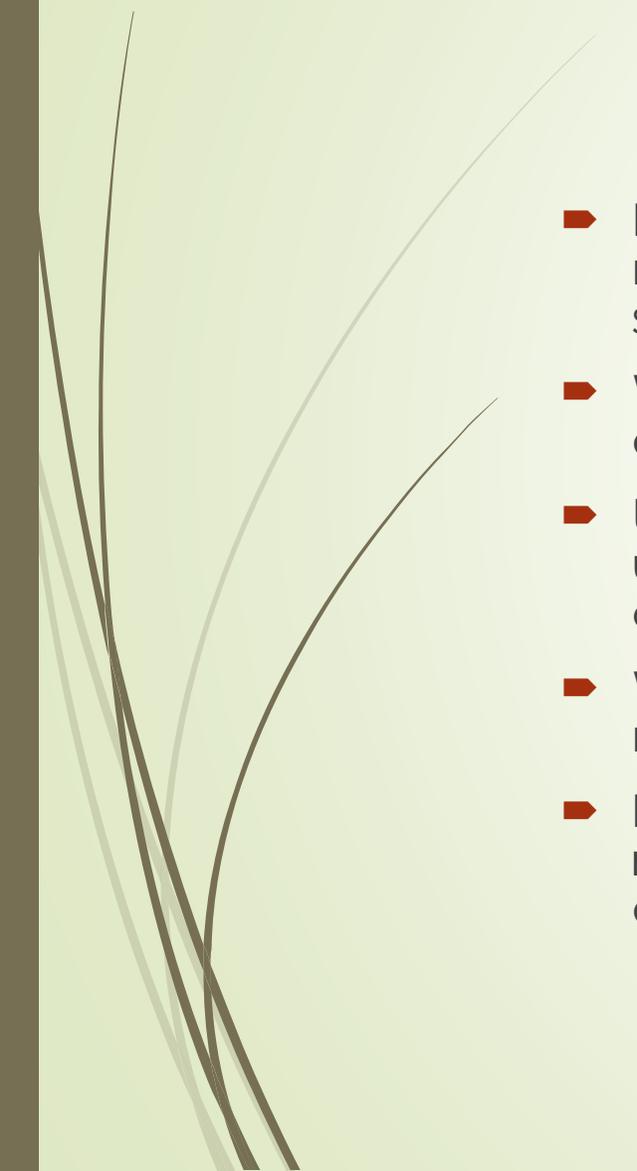


How We Can Help (continued)

- ▶ Offer to connect a person to resources: medical, mental health, alternative and complementary – “would it be helpful if I called and scheduled you an appointment to talk to someone / get labs / get an assessment?” or “would it be helpful if I went with you to the first appointment?” “Would sharing a meal / walking together / meditating together feel supportive?”
- ▶ Offer explicit unconditional support “I am here for you, and I will not abandon you if you don’t stop _____ behavior (restricting, purging, compulsive eating, etc.). I care about your happiness and I understand that change takes time.”
- ▶ Understand that all recovery involves set backs or relapses, which does not mean a person has failed! Practice patience for a person in recovery or seeking to make changes.



Closing Remarks



- ▶ Eating disorders and disordered eating affect many people, of many nationalities and backgrounds, genders, ages, sizes, physical abilities, and socioeconomic statuses. And are more prevalent than we currently know.
- ▶ Weight bias, thin privilege, and body-shaming impact ALL bodies, ALL genders, and is rampant in the medical and mental health communities.
- ▶ Utilizing holistic lenses through which to view and address eating disorders allows us a more complete picture of the individual, therefore provide individualized care.
- ▶ We all share responsibility for awareness around inclusivity and stigma; be mindful of the language you use to describe bodies.
- ▶ It is OK to make mistakes and not know what to say or not to say. Ask questions rather than assume. Showing up even when you are afraid may mean more to a person than you realize.



Resources

➤ Print

- Body Respect, Linda Bacon and Lucy Aphramor
- Health At Every Size, Linda Bacon and Lucy Aphramor
- Self-Compassion, Kristin Neff
- The Diet Survivor's Handbook,
- Intuitive Eating, Evelyn Tribole and Elyse Resch

➤ Web

- www.benourished.org
- www.refugeingrief.org