DISORDERED EATING

A free healing e-book

With information regarding what disordered eating is, how to heal, and what you can do to help those suffering.

BY ROUTE TO THE SOUL

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INTRODUCTION

WHAT ARE EATING DISORDERS?

Eating disorders are defined as a mental illness that influences a person's relationship with food. They are often focused around a distorted body image where the individual bases their self-worth on their appearance. It is estimated that worldwide around 70 million people suffer from eating disorders.

There are several eating disorder categories with the most common being Anorexia Nervosa, Bulimia, and Binge Eating Disorder. Other Specified Eating / Feeding disorder is diagnosed if the individual suffers from disordered eating but doesn't meet the diagnostic criteria for the main disorders.

INTRODUCTION

ANOREXIA NERVOSA

WHAT IS IT?

Anorexia is characterised by weight loss, difficulty maintaining a health body weight and distorted body image. Those with anorexia may use several techniques for reducing body weight including food restriction, eliminating food types, excessive exercise or laxative use.

WHO DOES IT AFFECT?

Anorexia is not specific and affects people of different races, ages, genders and ethnicities. Onset is typically in early adolescents but can start during childhood or later life. Despite popular belief, you can’t always tell if someone is anorexic just by their appearance. Although most people with severe anorexia do tend to be underweight, this isn't the only defining characteristic.

Men make up roughly 10-15% of anorexia or bulimia sufferers, but are the least likely to seek help.

MORTALITY RATE

Anorexia has the highest mortality rate of any mental illness. In females aged between 15 - 24 the mortality rate for sufferers of anorexia is 12 times higher than for any other cause of death.It is life threatening due to reduced nutrient intake and lack of food has detrimental effects not only on the body but also the brain.

INTRODUCTION

WARNING SIGNS.

If you're worried that someone you know is suffering from anorexia, here are warning signs to look out for:

- Sudden and dramatic weight loss.
- Talking about food obsessively.
- Talks negatively about their body image - mainly surrounding their weight and being 'fat.'
- States they aren't hungry even though they haven't eaten in a long time.
- Avoids certain foods or avoids situations involving food.
- Is obsessive and rigid in their exercise regime.
- Talks about needing to burn off calories.
- Feels cold all of the time.
- Complains of stomach cramps or other stomach related pains.
- Thin, dry or brittle hair.
- Physical signs of excessive vomiting, such as, cuts across the top of finger joints.

This is nowhere near an exhausted list, and some people may display symptoms and signs not shown above.

BULIMIA

WHAT IS IT?

People who suffer from bulimia nervosa engage in behaviours of binging followed by purging. Binging is eating an excessive amount of food (e.g. 2,000 calories) in a very short amount of time (e.g. within 2 hours). Purging behaviours can include excessive exercise, induced vomiting, and laxative misuse. As with Anorexia, an individual suffering from Bulimia does not have to be underweight, in fact, some people may be overweight but are using unhealthy measures to reduce / maintain their weight.

WHO DOES IT AFFECT?

Similarly to Anorexia, Bulimia can affect anyone regardless of age, gender, race or ethnicity. It is typically seen more often in younger girls and in general women are more likely to develop it than men. Roughly 1.1 - 4.2% of women suffer from this disorder in their lifetime.

MORTALITY RATE

It is widely accepted that the mortality rate is far higher for Anorexia than it is for Bulimia. However, Bulimia is still a lethal and dangerous mental illness that has serious implications for health. Bulimia could also lead to Anorexia if untreated.

INTRODUCTION

WARNING SIGNS

If you are worried about yourself, or someone you know, here are some warning signs to look out for:

- A preoccupation with weight, especially gaining weight.
- Eating by themselves more often than is considered usual.
- Physical signs of induced vomiting including cuts on the hand.
- Excessive amounts of time spent working out.
- Excessive amount of time spent in the bathroom after meals.
- Signs of binges such as empty food containers or wrappers.

This is nowhere near an exhausted list, but is a good place to start if you are concerned.

INTRODUCTION

BINGE EATING DISORDER

WHAT IS IT?

Binge Eating Disorder (BED) is a relatively new disorder. It is categorised as a person who frequently eats excessive amounts of foods often to the point of extreme discomfort and with feelings of loss of control. The individual usually feels shame and guilt after the binge but doesn't partake in unhealthy compensatory behaviours.

A binge is defined as eating a huge amount of food (more than would be considered normal) in a very short space of time (e.g. within 2 hours) and is accompanied by feelings of loss of control.

WHO DOES IT AFFECT?

BED is the most commonly diagnosed eating disorder in the US with 2.8 million people believed to suffer from it. Unlike Anorexia and Bulimia, which usually manifest in early adolescence, BED manifests in the late teens or early 20s. Typical of most eating disorders, it appears to affect women more than men but is seen across all ages, races, genders, and income-levels.

INTRODUCTION

WARNING SIGNS

If you are worried that someone you know may be suffering with BED, here are some warning signs to look out for:

- Evidence of binge eating including excessive amounts of discarded food waste, or excessive amounts of food being consumed.
- Often eats alone or seems uncomfortable eating with others.
- Creates lifestyle schedules or rituals to make time for binges.
- Has secret recurring episodes of binging.
- Noticable changes in weight - both increases or decreases.

Again, this is not an exhaustive list and people suffering from BED may display other signs or symptoms.

MORTALITY RATE

Unlike with Bulimia or Anorexia, the health concerns are usually prolonged and related to the individual being overweight. Obesity, heart disease and diabetes often occur in patients who suffer with BED for prolonged periods. So although BED itself might not itself be lethal, the consequences can be life threatening.

OTHER SPECIFIED EATING/FEEDING DISORDERS

WHAT IS IT?

This diagnosis was previously referred to as eating disorders otherwise not specified.

This category of disordered eating was designed for those who struggle with an eating disorder but do not fall into one of the three categories mentioned above. Sufferers often have a distorted body image, unusual eating habits, and an intense fear of gaining weight.

WHO DOES IT EFFECT?

OSFED if the most common type of eating disorder and effects both men and women.

MORTALITY RATE

People with OSFED are just as likely to die from their disorder as individuals who suffer with Bulimia or Anorexia.

INTRODUCTION

WARNING SIGNS

If you are worried that someone that you know is suffering with an OSFED, these warning signs might help give you more clarity.

- Weight loss, dieting and food become primary concerns.
- Dramatic and sudden weight loss.
- Refuses to eat certain foods or food groups.
- Signs that they are engaging in binge eating such as excessive amounts of empty food packets.
- Evidence of purging behaviour such as excessive exercise or excessive time in the bathroom after meals.
- Any new practices with foods / fad diets.
- Drinks excessive amounts of water or other non-caloric drinks.
- Noticeable fluctuations in weight.
- Stomach cramps or other intestinal complaints.
- Feeling cold all of the time.
- Cuts or calluses on fingers as evidence of induced vomiting.

This is not an exhaustive list, individuals may display other symptoms, especially as this disorder encompasses all other disordered eating practices.

TREATMENT OPTIONS

TYPES OF TREATMENT FACILITIES

There are several treatment options available for those suffering from eating disorders. The appropriateness of treatment will depend on the individual and the severity of the disorder. In this section, I will discuss the most widely used types of treatment facilities.

OUTPATIENTS

If an individual is psychiatrically and physically stable they can receive treatment through an outpatient facility. This is appropriate for patients who can function in normal society and do not need daily medical monitoring.

Outpatient treatment usually consists of weekly individual counselling sessions that last around 1 hour. The amount of therapy can be altered depending on the individual patient's requirements. Family therapy may also be appropriate during outpatient treatment depending on the patient's age and proximity of family. This type of treatment can be useful because it enables the family unit to help with the healing and to provide them with information on how to create a healing environment at home.

TREATMENT OPTIONS

RESIDENTIAL TREATMENT CENTRES

Residential treatment centres for eating disorders house patients for 24-hour care. This option is best for those who don’t require medical attention but neeed attention to control psychologically symptoms and compensatory behaviours. At residential centres, patients receive supervised meals and have access to counselling. Because the patient lives at the treatment centre, there is usually the opportunity to have multiple therapy sessions per week. Residential treatment centres are usually private organisations and require payment.

HOSPITALISATION

Inpatient hospitalisation is the most intensive type of treatment available. This is typically for patients who are not physically stable and need around the clock medical care. Patients who end up being hospitalised often have dangerously low body weight and dealing with their physical condition is of urgent importance. This type of treatment is used to stabilise the patient's physical health and make sure they are getting enough calories to establish a healthy body weight. Patients may be given intravenous fluids, tube feeds, and constant monitoring of vitals.

TREATMENT OPTIONS

TYPES OF THERAPY

Eating disorders are a unique combination of a physical medical condition as well as a psychiatric mental illness. This means that patients may need both medical and psychiatric attention. There are several options when it comes to therapy that deals with the psychiatric side of the disorders. The type of therapy that best suits an individual depends on their needs.

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

ACT is an offshoot of cognitive behavioural therapy and teaches patients how to control their actions. Often, patients aren't in control of the types of disordered thoughts they have, or how often they get them, but they can control how they respond to these thoughts. ACT provides patients with the tools they need to disempower these disordered thoughts. Often therapists get patients to identify their values and then plan and commit to actions and behaviours that are in line with these values.

COGNITIVE BEHAVIOURAL THERAPY (CBT) AND ENHANCED CBT (CBT-E)

CBT-E is a specialised form of CBT and can be used to treat any eating disorder regardless of diagnosis and severity. CBT and CBT-E focuses on the beliefs, values and cognitive distortions that help maintain an eating disorder. The treatment equips patients to deal with the negative thoughts and distorted ideas surrounding self. Treatment usually occurs on a weekly basis for 20 sessions.

TREATMENT OPTIONS

DIALECTICAL BEHAVIOURAL THERAPY (DBT)

DBT is a behavioural treatment that focuses on changing the maladaptive behaviours associated with eating disorders. It can be used to treat Anorexia, Bulimia and Binge Eating Disorder. Therapists equip patients with mindfulness skills, emotional regulation, distress tolerance and developing better interpersonal relationships.

FAMILY BASED THERAPY (FBT)

This home-based treatment approach is appropriate for adolescents dealing with eating disorders. All family members are deemed important parts of the recovery. Initial treatment goals are regaining weight to a healthy level. The treatment teaches families about re-establishing a healthy eating pattern, stopping compensatory behaviours, returning control of eating back to the adolescent and maintaining a healthy weight.

USING CBT TO HEAL

DISCLAIMER
I AM NOT A LICENSED PROFESSIONAL AND THIS INFORMATION IS NOT DESIGNED TO BE USED IN REPLACEMENT OF TREATMENT FROM A CERTIFIED PROFESSIONAL. THIS RESOURCE IS DESIGNED TO GIVE AN OVERVIEW OF HOW CBT CAN BE USED TO TREAT EATING DISORDERS AND GIVE BASIC INFORMATION ON WHAT TO EXPECT.

In this section, you can learn how CBT-E is used as a tool for healing eating disorders.

STAGE ONE: NORMALISING EATING BEHAVIOURS

Your physical health is of paramount importance. The first stage of treatment is designed to address distorted or negative thoughts associated with normal eating behaviours. If you are engaging in purging/compensatory behaviours it is also important to address the thoughts and negative feelings associated with this behaviour.

During your CBT-E therapy sessions you will be taught how to address these negative thoughts and how to 'sit' with the uncomfortable feelings of discomfort that lead to purging/binging.

The main goal of this stage of therapy is to encourage healthier eating behaviours, to get you to a healthy weight and to start countering the distorted thoughts that are leading to the unhealthy behaviours.

Expect that sessions will be conducted at least twice a week to help break these unhealthy eating patterns as quickly as possible.

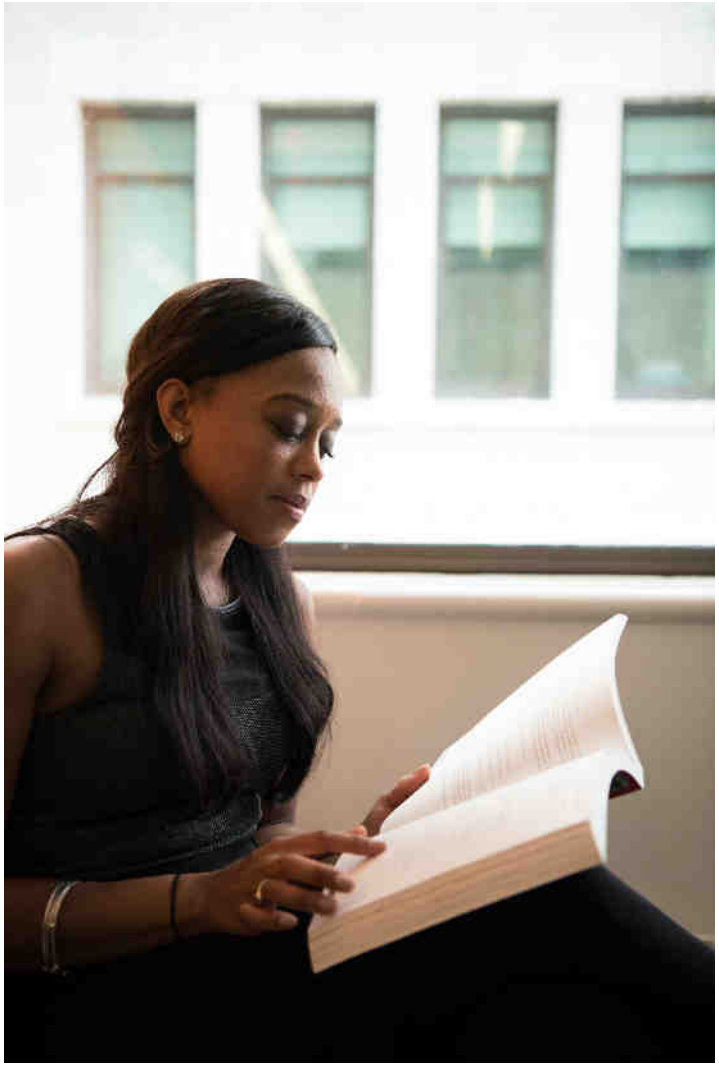
Many people report improved mood once they adopt a more balanced eating and nutritious regime.

USING CBT TO HEAL

STAGE TWO: REVIEW AND COLLABORATION

During this phase of therapy, the focus will shift from your behaviours and move towards your thought patterns surrounding your body, weight, and eating . The goal is to determine which negative thought patterns are maintaining the disorder.

This stage of therapy is usually relatively short only lasting for a few sessions. The purpose is for the therapist to get a better understanding of your individual case and develop a personalised treatment plan. When formulating your plan you may talk with them about any goals you have, discuss the nature of your thoughts, any predisposing factors that may have lead to the disorder, and any immediate presenting problems associated with the disorder (such as low body weight, depression or anxiety).



STAGE THREE: COUNTERING PROCESSES THAT MAINTAIN THE DISORDER

This stage of the therapy uses general CBT practices. You will likely be asked to do thought journaling which is where you keep a diary of all of the thoughts you have in-between sessions. Together with your therapist you will then start to counter these negative thoughts in order to create a more positive and healthy relationship surrounding food. You will be taught techniques for dealing with the feelings of distress associated with healing from an eating disorder.

As many patients who suffer with eating disorders have a distorted sense of self, and often have detrimental and negative self-thoughts when looking in a mirror, another popular technique used during therapy is the mirror technique. With your permission, the therapist will present you with a mirror and you will talk through all of the thoughts and feelings you are having while looking at yourself. The idea behind this practice is to teach you to accept seeing yourself in a mirror without being overwhelmed by a stream of negative thoughts.

Other topics that are likely to be addressed are changing the core belief that your worth is connected to your physical appearance or that if you don’t maintain strict control over your eating that you are a bad person or unworthy. With the help of your therapist you will address these distorted narratives and replace them with more empowering and healthier alternatives.

Finally, the therapist may encourage you to schedule in and engage in more social activities as this has been seen to improve the situation of those suffering with eating disorders. This will help you to maintain an identity outside of your eating disorder.

STAGE FOUR: MAINTENANCE AND RELAPSE PREVENTION

People suffering from eating disorders are at a high risk for relapse. This stage of therapy is designed to equip you with the techniques to prevent this from happening.

Expect to work on accepting your new body shape. This could cause some emotional difficulties but the therapist will help you work through these so by the end you are accepting of your body.

Each person has their own unique triggers which may cause the relapse of disordered eating. You will identify these triggers and create a prevention plan in order to effectively handle any feelings of pressure you may feel in the future.

By the end of therapy you will be armed with techniques to help you quieten and replace the negative self-thoughts, be able to accurately and positively look at yourself in the mirror and have strategies in place for any feelings of pressure or triggers you may experience.

HOW TO HELP

If you are worried that someone you know is suffering from an eating disorder there are several things you can do to try and help.

ENCOURAGE THEM TO GET PROFESSIONAL HELP

Anyone suffering from these disorders needs medical and/or psychological help. Individuals suffering with eating disorders often don't want to seek professional help and usually won't admit they have a problem in the first place. When trying to encourage a loved one to seek help, don't get frustrated with them if they become defensive or irritated. Present to them a range of treatments and suggest they join a support group. Ease them into the idea of seeking treatment and discussing their disorder and offer to arrange the appointment and go with them to it.

KEEP THEM INVOLVED

People suffering from these disorders can very easily become isolated. This isolation can lead to an increase in severity of their disorder as it can leave them feeling lonely and worthless. Even if the say no, it is important to keep inviting them to do things like normal. This way they will feel included and know that they are wanted and loved. It is best not to invite them to food related activities.

HOW TO HELP

BE THERE FOR THEM

Be there to listen to them in a non-judgemental way. You might not agree with what they are saying but try to support them. This does not mean encouraging their behaviour, it means being a person they can talk to without fear of judgement.

BE AN ACTIVE LISTENER AND CONSTRUCTIVE

Listen to what they are actually saying about their feelings and thoughts. Don't interrupt them while they're talking, but look at them and engage by nodding your head or using other non-verbal signals to show you are listening. When you respond repeat back to them using words that they used to clarify that you have interpreted what they said correctly. Once you have determined your understanding, you can respond with constructive and positive advice.

COMPLIMENTS

Give them compliments that do *not* relate to their appearance. Complements such as 'you are looking well' can reinforce their disorder and could have a negative consequence. Compliment them on attributes that are personality or achievement based. This will also help them to see that they have worth beyond their physical appearance.

HOW TO HELP

How to act around food.

Meal times and situations that involve food can be extremely anxiety inducing for people with eating disorders. If it is appropriate you can go food shopping with them. By doing this you can reduce the likelihood of them stocking foods to binge and you can also open them up to buying new foods that they're willing to eat. If you live together you should arrange to eat meals at the same time, this way you can offer encouragement throughout the meal and can be sure that they are eating enough. After meal times offer to do an activity together such as watching a film, this will help distract them from engaging in any compensatory behaviours.

RESOURCES

FIND A COUNSELLOR

Counselling directory: search on here for a counsellor in your area (UK)

Find eating disorder specialists depending on your state of residence - USA

EATING DISORDER SUPPORT WEBSITES

BEAT

ED support website including links to other support pages

HOW I CAN HELP YOU FURTHER

If you need someone to talk to or get further advice head to my resources section and to the "need advice" page. Here you can leave a question with your problem and I will reply with advice. Your question will be anonymous but published publicly.

www.routetothesoul.com/advice

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All other information came from courses which I took including my degree and advanced CBT course.