Talking with Children with Eating Disorders
Att samtala med barn med ätstörningar

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Why is disturbed eating behavior a concern?

Varför är stört ätbeteende ett bekymmer?
Eating Disorders & Disturbed Eating

- Increases in many parts of the world
- Dieting Behavior can become permanent
- Weight loss can lead to retarded growth
- Occupying a huge time and thoughts
- Eating disorders are one of the most common psychiatric disorders among young women
Definition of an Eating Disorder

• "A persistent disturbance of eating behavior or behavior intended to control weight, which significantly impairs physical health or psychosocial functioning. This disturbance should not be secondary to any recognized general medical disorder (e.g., a hypothalamic tumor) or any other psychiatric disorder (e.g., an anxiety disorder)"

(Fairburn & Walsh 2002)
Eating Disorders

- Diagnostic groupings in DSM-5 in relation to other forms of abnormalities in eating behavior and body weight (Norring & Clinton, 2009)
Anorexia Nervosa (AN)

- The word "anorexia" is Greek and means "lack of appetite"
- Is characterized by the refusal to maintain a minimally normal body weight
- Debuting usually in adolescence approximately 1 in 10 are males
- The mortality rate is high, a relative new study that followed patients longitudinally under 21 years showed a mortality rate of 16% (Zipfel et al. 2000)
An anorexic is primarily fixated on her/his body but also of food and has created a distorted and inaccurate self-image that are misaligned with reality.

The disease often goes hand in hand with bulimia nervosa, but differ on the points that anorexic induce vomiting or other compensatory behavior as a emergency solution.
Bulimia Nervosa (BN)

- Characterized by recurrent episodes of binge eating (at least 2 times a week) then compensates by either vomit up food, use laxatives, engage in excessive exercise and / or use of slimming products
- Bulimia is similar to anorexia in terms of dissatisfaction over their own body and a desire to lose weight, the difference is the binge eating
- A bulimic may not be underweight and are therefore more difficult to detect
The disease is characterized by binge eating and an irresistible craving for food while the person trying to lose weight.

Bulimia is more common than anorexia, but unlike anorexia bulimia often occurs later in life, usually in the late teens or twenties. Bulimia is associated with other mental health problems.

One estimate is that around half of those who suffer from the disease also suffer from depression.

Also strongly associated with anxiety.
Binge Eating Disorder (BED)

- BED involves recurrent episodes of binge eating
- Binge eating must adopt certain characteristics for the diagnosis to be valid
- This includes that you are ashamed of the behavior and therefore eat alone
- And that you feel very ill and may feel disgusted by yourself after these episodes. Binges is something that is felt painfully and clearly unsettling for the person
Eating Disorder Not Otherwise Specified (EDNOS) is a term in psychiatry to describe an obvious eating disorder that does not fit into any of the established diagnosis of an eating disorder. The fact that it covers all eating disorder not otherwise specified may include everything from a person who meets all the criteria for the diagnosis of anorexia except the missed period, or a person suffering from orthorexia for example.
Orthorexia denotes a fixation on a "healthy" lifestyle, marked by such excessive exercise and healthy eating.

Orthorexia has similarities with and overlaps to some extent with eating disorders, particularly anorexia nervosa, but is more considered to be an exaggerated expression of the prevailing social trends and values.

A person with orthorexias goal is to be the ultimate in healthy humans.
Orthorexia

- Orthorexia grows into an obsession
- Inspired by various theories, religions and media hyped diets
- A day with a fully controlled diet feels cleansing and purifying for a person with orthorexia. It can almost be compared to a religious experience to eat tofu and other "healthy" diet
- Disease and illness can be the start of a controlled diet later becoming orthorexia
Multidimensional framework

Eating disorders etiology is complex and is not simply about a factor or reason, rather an interaction of a number of stressors over time.
The multidimensional model

- Predisposing (or risk) factors: sociocultural milieu (culture, social roles, friends) genetics, psychological characteristics, family
- Precipitating (trigger the illness) factors: sociocultural milieu, dieting, weight loss, overeating, stressful and traumatic life events
- Perpetuating (maintaining) factors: psychological and physiological effects of starvation and the reactions

(Garner & Garner 1980, Hetherington 2000)
Motives for wishing to be thinner and weight control practices in 7-18-year old Swedish girls

- The present study is part of a 7-year longitudinal study of risk and protective factors related to the development of eating disturbances.
- Subjects: 411 girls in the ages 7, 9 och 11 years old

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Motives for wishing to be thinner and weight control practices in 7-18-year old Swedish girls

- **Aim**: To examine young girls’ wish to be thinner, dieting attempts, motives for wishing to be thinner and weight control practices
Percentage of girls stating a current wish to be thinner
Ages Yr 1=7, 9, 11 yrs; Yr 3=9, 11, 13 yrs; Yr 6=12, 14, 16 yrs and Yr 8=14, 16, 18 yrs

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Percentage of girls reporting current dieting

Ages Yr 1 = 7, 9, 11 yrs; Yr 3 = 9, 11, 13 yrs; Yr 6 = 12, 14, 16 yrs and Yr 8 = 14, 16, 18 yrs
Why do girls wish to be thinner?
Reported motives among seven alternatives in percentages for wishing to be thinner
Ages Yr 1 = 7-11 yrs (n = 176); Yr 3 = 9-13 yrs (n = 196); Yr 6 = 12-16 yrs (n = 257); Yr 8 = 14-18 yrs (n = 328)

Avoid being teased by your friends
Become more popular among boys
Become better accepted by other girls
Dare to go to parties
Maintain good health
Feel less clumsy doing sports
Feel better about yourself

Year 1
Year 3
Year 6
Year 8

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Motives for wishing to be thinner

Answers to the open-ended question

’Correspond to the societal ideal’

• “I want to be skinny because it is much better I think” (Girl, 7 years old)
• “I want to look a bit more feminine” (Girl, 9 years old)
• “To give the impression of being perfect” (Girl, 16 years old)
Motives for wishing to be thinner

’Being able to wear particular clothes’

- ”To be able to have clothes that are modern this year” (Girl, 11 years old)

- ”To dare to dress in clothes such as linens and a bit tighter” (Girl, 14 years old)
Motives for wishing to be thinner

’Being noticed and fitting in’

- ”I do not want to feel like an outsider” (Girl, 12 years old)

- ”To get noticed and be counted among the good-looking” (Girl, 14 years old)
Motives for wishing to be thinner

‘Avoiding remarks’

- ”Dad says I’m fat” (Girl, 7 years)

- ”I do not want to be called ”pork-mountain” at home” (Girl, 14 years old)
Motives for wishing to be thinner

‘Dealing with difficulties’

- “I feel that I can keep up with the difficult things” (Girl, 14 years old)
- “So that I can stand heavy thoughts” (Girl, 11 years old)
Weight control practices

- What methods are they using?
Expressed methods in percentages to lose weight for different age groups over time

Ages Yr 1 = 7-11 yrs (n = 105), Yr 3 = 9-13 yrs (n = 120), Yr 6 = 12-16 yrs (n = 192), Yr 8 = 14-18 yrs (n = 257)

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Results

- A majority of the girls adopted weight control practices that would be considered as healthy, but extreme weight control practices increased with age.
- Of the girls who changed BMI from above the 75th percentile to under the 75th percentile, 34% reported that they had not used any weight control practices at all.
- Girls with a BMI over the 75th percentile reported a greater number of motives and used extreme weight control practices significantly more often.
The most frequently reported motive for wishing to be thinner was to "feel better about yourself".

Categories that emerged from the content analysis were for example "correspond to the societal ideal" and to "wear particular clothes".
Conclusion

- Our results show that at a very early age girls are aware of the ’thin’ ideal in our society.

- The results point to the importance of detecting girls who wish to be thinner as early as possible.

- Preventive efforts need to be relevant for the individual, and therefore, reported motives for wishing to be thinner should be taken into account when developing preventive strategies.
The Patient’s perception of having recovered from an Eating Disorder
Well and healthy! The Patient’s perspective

Food and eating
- Eating everything, eating regularly, eating together with others

Body
- Relate in a relaxed and accepting manner to the body
Well and healthy! The Patient’s perspective

Self-Esteem
  • Self-acceptance, acceptance of themselves as “good enough”

Social life
  • Being active to create - and appreciate - a social life
Female perspective

Relaxed in Relation to Food
Eating everything

- Now I eat everything and I’m very interested in food – not special low-calorie but varied, with fruit and vegetables, and candy at the weekend. Not that I cut out fatty food so much – I have candy and I have a snack with my coffee and that, and I can handle it and I feel fine.

(Lisa) (Björk & Ahlström 2008)
Female perspective

A Healthy Relationship to the Body

- Yes, I’ve accepted my body. Not that I think I’m so fine – I wouldn’t say I’m fine and pretty, but I’ve accepted it. My body works, and it’s good enough. That’s what I think. Well, I’m not a slender little person, but that’s the way it is. So be it.

(Emma)
Female perspective

Self-Esteem
Acceptance of themselves as "good enough"

• Now I feel I’m an emotional person and it’s just marvelous, really lovely. The glass is half-full now, or whatever they say. I’m aware of my shortcomings and I can handle them, and that’s why I can feel esteem for who I am. I can appriciate – well, that this is the way I am. (Alex)
Female perspective

Attaching Importance to Social Relations

- I’ve never found it difficult to have close friends, it’s just all that about not being afraid they’re going to disappear. It’s about being ready to take life as it comes, knowing you can cherish relationships but they can change. I mean, it’s not something you can own, it’s something it’s a privilege to have.

(Sandra)
Male perspective

Acceptance of Body Appearance

- I still train a lot, but not at all as I did a few years ago. So I feel I have become more relaxed and overall satisfied. I don’t see anything wrong in being a little aware of how you look (Jonathan)

(Björk et al 2012)
Male perspective

Relaxed in relation to food

- For me, being recovered today means not going to the grocery store, walking around and looking at what everything contains. It’s just, do I want this? If I want to have chocolate then I actually buy chocolate....for me it’s the freedom.

(Patric)
Strategies to avoid relapse:

- I’m not able to react to what I want at the moment. Instead, I’ll eat breakfast, I’ll eat snacks between meals, or I’ll eat lunch and dinner. One might say that this meals routine is what runs my life, but it’s not. It’s to keep the sickness under control.

(Philip)
Male perspective

A Sense of Self-Worth

Self-Acceptance

- Before I wore dark clothing... Now I put on a bright red sweater and... some people ask why I’ve changed sweaters. It’s because when I’m well I want to be noticed ... I have no need to hide myself.

(Jacob)
Male perspective

Enjoying A Social Life

- I contact my friends. This is a very big difference because I didn’t do this before. Even if they contacted me, I would say ”No”. If I had contacted them when I was sick and they said ”No” I would be angry and very sad. But if today they say ”No I cannot meet up” or ”I can’t” its fine. It is not a problem. (Christopher)
Patient’s perspective

Being healthy means to reduce self-hate, body dissatisfaction, social isolation and eating problems
Being healthy means to regain normal weight, regain menses, stop eating compulsively and vomit.
Different perspectives

Patients seeking more the healthy social life

Therapists and researchers are more interested in weight and behavioral symptoms
Eating disorders arouses strong feelings
• Declined
• Criticized
• Scammed
• Dejected
• Failure
How can we help?

- Despite the rejection, criticism, lies, etc.
  - Continue to ask, listen and talk
  - Collaborate never with the eating disorder!
How can we help?

Most get healthy, but it can take time.

• Early treatment better prognosis!
• Relationships with others is an important key for many!