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The main thing I have learned is that the worry about dieting, the worry about being skinny or fat, is just a smokescreen. That is not the real illness. The real illness has to do with the way you feel about yourself....Your real problem is that you think you are not good enough....You have one great fear, namely that of being ordinary....This peculiar dieting...makes you feel good about yourself...that you are better....There is only one problem with this feeling superior....What you really want is feeling good about yourself while feeling happy and healthy. The paradox is that you have started to feel good in a way that is unhealthy."

-Dr. Hilde Bruch

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## Eating Disorders



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## I. Overview

- A. Characterized by "severe disturbances in eating behavior" (DSM-IV)
- B. Clinically, very challenging, frustrating, and rewarding.
- C. Two specified eating disorders for adults:
  - 1. Anorexia Nervosa
  - 2. Bulimia Nervosa

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## II. Anorexia Nervosa

### A. Diagnostic Criteria

1. Refusal to maintain minimally normal body weight.
2. Intense fear of gaining weight/fat.

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### 3. One of the following:

- a. Disturbance in perception of body weight/shape.
  - b. Self-esteem is unduly related to body weight/shape.
  - c. Denial of seriousness of current low body weight.
4. Amenorrhea (absence of at least 3 consecutive menstrual cycles)



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Specify type:

Restricting Type, or

Binge-Eating/Purging Type

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**B. Associated Features:**

1. Depressive sx.
2. Obsessive-compulsive sx.
3. Others:
  - Concerns about eating in public
  - Strong need for control
  - Overly restrained emotionally
  - Limited social spontaneity
  - Inflexible thinking
  - Feelings of ineffectiveness

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**C. Prevalence**

1. 0.5 - 1.0% of females in adolescence/early adulthood.
2. ~ 90% of cases are female.

**D. Course**

1. Avg. age of onset = 17.
2. Course varies.
3. Hospitalization is often necessary.
4. Of those admitted to university hospitals, mortality > 10%.

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**E. Differential Diagnosis:**

1. Medical disorder
2. Major depressive disorder
3. Social phobia
4. Obsessive-compulsive disorder
5. Body dysmorphic disorder

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#### F. Etiology

It's multidimensional (surprise!)

1. Cultural

- Becker (2000): Viti Levu isle in Fiji

2. Physiological

- Physiological explanations involve the hypothalamus.
- May be related to low levels of serotonin & norepinephrine.

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#### 3. Psychological

Numerous theories

- Means of retaining child/sick role.
- Family systems:
  - means of rebelling & maintaining control
  - may play other role in family functioning
- B & p are means of coping (escape & relief)
- Learning model

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#### e. Cognitions

- internalization of cultural thinness ideal.
- usually have distorted thinking, including:
  - ♦ Perfection is an attainable goal.
  - ♦ The superiority of self-denial over self-indulgence.
  - ♦ The superiority of thinness to fatness.
  - ♦ The association of weight gain with the idea that one is out of control or a bad person.

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### DSM-IV Diagnostic Criteria for Bulimia Nervosa

- A. Recurrent episodes of binge eating, characterized by:
- Eating a much larger amount of food than most would eat during similar period of time.
  - A sense of lack of control over eating during the episode.
- B. Recurrent inappropriate compensatory behavior to prevent weight gain (e.g., purging, misuse of laxatives, diuretics, enemas, or excessive exercise).

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C. The bingeing and compensatory behaviors occur at least twice a week for 3 months.

D. Self-esteem is unusually dependent upon body weight.

E. The disturbance does not exclusively occur during episodes of Anorexia Nervosa.

Specify type:

- Purging Type
- Non-Purging Type

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### Food Addiction

#### Binge Eating Disorder

- A. Currently being considered for next DSM.
- B. The client reports during episodes of overeating both the subjective sense of impaired control and three of the following symptoms:
1. Eating much more rapidly than normal
  2. Eating until uncomfortably full

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3. Eating large amounts of food, even when not physically hungry
  4. Eating alone out of embarrassment at the quantity of food being eaten
  5. Feelings of disgust, depression, or guilt with overeating.
- C. These behaviors must occur 2 times per week over the course of 6 months with no compensatory behaviors.

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Q: Is it essentially the same as bulimia?  
Fairburn et al. (2000) followed 102 with bulimia & 48 with BED for 5 years.

Results:

- Little movement between the two.
- BED group: 15% had eating disorder.
- BN group: 49% did.
- Both gained weight.

**But:** both are linked with emotional eating and increase in dopamine.

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