

Demystifying Eating Disorders and Applying Basic Intervention Skills

by Sandra Friedman, MA

It's almost impossible to work with girls today without ever hearing the dreaded statement that 'Katie' may have an eating disorder—with the implication that it's up to you to do something about it. Whether you are a teacher, counsellor, youth and/or mental health worker or public health nurse you will most likely have visions of starving girls dance around in your head. You don't know where to begin. You are afraid that whatever you say will make her worse and that she will collapse right in front of you.

No wonder you panic! Much of the literature and information you receive describes eating disorders as the mental illness with the highest mortality rate—10% to 20% of people die as a result of their eating disorder. When you read how complex the treatment of eating disorders is it's hard not to feel inadequate. You ask yourself what difference you could possibly make. Yet not every girl with an eating disorder is on her way to the hospital nor do you have to be an eating disorder specialist to engage in intervention.

Why eating disorders develop

Eating disorders exist on a continuum that includes girls with disordered eating patterns, girls just beginning to use eating disorder behaviours, girls whose behaviours are more entrenched, and girls whose behaviours are making them sick. Demystifying eating disorders means understanding where 'Katie' is on the continuum. It means reframing eating disorders. Instead of focusing on the 'severity of the disease', you can then address it as a set of coping mechanisms that develop over a period of time. Because coping mechanisms are learned, in many cases they can also be unlearned.

Eating disorders occur because of a complex combination of factors that include the predisposition to anxiety or to obsessive compulsive disorder, genetics, the individual's stage of development, societal factors, family dynamics and personality structure. The societal matrix within which disordered eating occurs is one where food and weight management is strongly endorsed as a sign of 'good character' and where self-worth is defined in terms of body shape and size. Disordered eating behaviours become a way for girls to deal with feelings that are too painful or are considered inappropriate to reveal, with tension and anxiety, with emotional conflict and with difficulties that the individual feels cannot be expressed or resolved.

Developmental stages for girls

While we can't change biology or genetics, it is important to understand that they may influence the predisposition to disordered eating behaviours. Societal and developmental influences on girls' development are significant in supporting both risk and resilience to an eating disorder. Here is a look at some developmental issues that are helpful to be aware of when working with girls.

At birth infant girls are completely merged with their mothers. By the time they are 3 years old they have begun to differentiate themselves from her and to form an "I" and a "ME." In

elementary school, girls understand that their *self* is made up of many different traits, abilities, characteristics, qualities, feelings and roles. They can also describe many of the parts of their *self*.

Until girls approach puberty they are normally psychologically and physically healthy. They read and write and develop their social skills.¹ They are physically strong and are active. Elementary school is a positive experience for many girls because it is in synch with their physical and cognitive development. However, as girls approach puberty the more detrimental forces of socialization come into play. Girls are socialized to put the needs of others ahead of their own² and are pressured to silence their thoughts, feelings and needs in order to achieve and maintain relationships. Girls begin to hold back their feelings and opinions. In the process they lose their 'voice' and subsequently their ability to know what they think and feel.³ This causes them to doubt their perceptions, judgments and ultimately themselves. As girls move from being the centre of their experience and begin to focus outward for definition of them-selves and their experiences. They lose their "I", or sense of self, and focus on "YOU."

Girls are socialized to internalize their distress. When girls can't express themselves directly, they do so indirectly. They blame themselves and turn their feelings against themselves by speaking about themselves in a negative voice. Because fat is seen as bad, girls express themselves in terms of fat regardless of their physical size. They 'feel fat,' speak in 'fat talk' and encode their feelings and experiences in a 'language of fat'. This becomes a way of turning concerns about something real on the inside into something artificial on the outside. Girls deal with the discomfort of their psychological fat by trying to change their bodies. They diet in the belief that if they change their bodies they can change their lives and, thus, how they feel about themselves.

What you can do

Intervention is about stopping behaviours before they escalate into full-blown eating disorders. How much you intervene and how you use the suggestions provided below will depend on your skills and expertise and on the level of comfort that you feel.

Know and trust yourself. It's important that you know and respect where you are on the continuum of skills and experience and to acknowledge what you bring to the situation. Everyone has something valuable to offer.

Develop an honest relationship with her. You can have four Ph.D.s but if you don't have a solid relationship with 'Katie' nothing will happen. Intervention is more about connection than having the right techniques and things to do. Every girl has a story and wants to feel heard. She wants to be reassured that you know or can imagine what her experience or feelings are like for her. She also wants you to not judge her if your experiences and feelings are different from hers.

Get to know her. Don't focus solely on the disorder. 'Katie' may be 'anorexic' but did you know that she is a soccer player, has a great sense of humour and hates mustard? Getting to know who she is part of forming a relationship. It also helps her articulate her interests, strengths, talents and insecurities and helps her define herself in terms that are not related to weight.

Learn the golden rule of intervention. I didn't break it.
I can't fix it. I can provide support and services within my personal and professional role

Remember Nancy Drew. Help her become a detective. Encourage her curiosity about her behaviours, her thoughts and what she tells herself. Embedded in 'Katie's' stories are clues about

the feelings and situations that trigger her fat talk and the eating disorder behaviours. It is only when we resolve these clues that we can help her to make meaningful changes.

Help her decode fat talk. Ask her to remember the specific day and time of day when she felt fat. Encourage her to talk about what she was doing and thinking about. Did she have any thoughts that made her feel badly, such as being annoyed at someone, or feel jealous or insecure? Have her tell her story again without feeling fat. Some girls feel fat so much that it's difficult to pick out one incident. When this is the case, focus on feeling small or powerless.

Be specific. Girls with eating disorders tend to have 'black and white' or 'all or nothing' thinking. They tend to use global language instead of being specific about right now. Keep asking her to give you a 'for instance' and help her focus on just one thing.

Help her expand her range of feelings. Feelings such as anger, disappointment, loneliness and feeling criticized are often not part of a girl's emotional vocabulary and are often labelled as bad. I ask my clients to pick a few 'feeling cards' from the bowl in my office and use the feeling on each card in a sentence. In the beginning the sentences are general but gradually they become more specific and more about the girl herself.

Help her express her feelings symbolically. Stuffed animals and dolls are helpful in representing the people 'Katie' has issues with. Talking to them symbolically means that she doesn't have to worry about hurting them. It helps her take herself seriously and make the feeling real. It helps her move past the feeling, and teaches her that she doesn't have to encode it in fat talk. She also doesn't have to confront the person directly.

Encourage her to speak in a big voice. Girls feel powerless when they can't set boundaries or express what they think and feel. This is evident when they express themselves in a tiny, soft little voice. Encourage her to stand up and speak in a BIG VOICE when you are role playing and when she is talking to someone symbolically. Talk about how the different voices make her feel.

Know how and when to refer. Check out the resources in your community and when you need to, refer her to someone with more expertise.

Don't work alone. Work with the family doctor to ensure that 'Katie' is not at medical risk. If you are the only resource in your community (as is often the case in many rural and remote areas) consult with the professionals at the eating disorder resources in your province and/or with NEDIC. Asking for help and for reassurance is a sign of strength not weakness.

Remember that You are Both Heroes. It takes a lot of courage for both of you to confront your fears and embrace your curiosity.

Endnotes

Shakeshaft, C. (March 1986) "A gender at risk," Phi Delta Kappan. Vol. 67, No. 7. pp. 500-503

Jack, D. (1991). Silencing the self: Women and depression. Cambridge: Harvard University Press.

Gilligan, C., Rogers, A. G., & Tolman, D. (1991). Women, girls, and psychotherapy. New York: Haworth Press.