Prevention of an Eating Disorder and Ways to Spread Awareness

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Both individuals do not have any conflicts of interest in presenting at the 2014 Zarrow Symposium.
Purpose of the Presentation

- This session will provide information to assist mental health workers to identify the different diagnostic classifications of eating disorders according to the DSM V.
- The presenters will also identify different strategies for prevention and intervention to use with those at risk or suffering from an eating disorder.
- Prevention strategies will range from being developmentally appropriate for pre-teen to adult.
- The presenters will also discuss societal influences and how eating disorders are not simply a “woman’s disease.”
- Finally, the presenters will help to provide information to assist in bringing awareness to the issue and empowering others to advocate.
The Knowledge Gained

- Upon completion of this workshop, the participant will be able to learn the following:
- The definition of the various eating disorders.
- Strategies for preventions of eating disorders
- How to bring awareness of the prevalence of eating disorders
Definition of Body Image

- Body image is defined as person’s view of the body (Pruis & Janowsky, 2010).
- Negative view of body image can sometimes cause a person to develop a complex in which an eating disorder can develop.
- There are three types of eating disorders as noted in the DSM V: anorexia nervosa, bulimia, and binge eating disorder
Definition of Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Eating Disorder Not Otherwise Specified
Difference Between DSM IV-TR and DSM V

- **Anorexia Nervosa**
  - The core diagnostic criteria for anorexia nervosa are conceptually unchanged from DSM-IV with one exception: the requirement for amenorrhea has been eliminated.
  - As in DSM-IV, individuals with this disorder are required by Criterion A to be at a significantly low body weight for their developmental stage.
  - The wording of the criterion has been changed for clarity, and guidance regarding how to judge whether an individual is at or below a significantly low weight is now provided in the text.
  - In DSM-5, Criterion B is expanded to include not only overtly expressed fear of weight gain but also incessant behavior that interferes with weight gain.
Difference Between DSM IV-TR and DSM V

- **Bulimia Nervosa**
  - The only change to the DSM-IV criteria for bulimia nervosa is a reduction in the required minimum average frequency of binge eating and inappropriate behavior frequency from twice to once weekly.

- **Binge-Eating Disorder**
  - The only significant difference from the preliminary DSM-IV criteria is that the minimum average frequency of binge eating required for diagnosis has been changed from at least twice weekly for 6 months to at least once weekly over the last 3 months, which is identical to the DSM-5 frequency criterion for bulimia nervosa.
Facts

- **Approximately 10%-13% of young women meet DSM-IV or DSM V criteria for eating disorder** (Hudson, Hiripi, Pope, & Kessler; Wade, Bergin, Tiggemann, Bulik, & Fairburn; Stice, Marti, & Rohde as cited in Stice, Butryn, Rohde, Shaw, & Marti, 2013).

- **Eating disorders are indicated by chronicity, relapse, distress, functional impairment, and some risk for future obesity, depression, suicide attempts, anxiety disorders, substance abuse, and mortality** (Arcelus, Mitchell, Wales, & Nielsen; Crow et al.; Stice et al.; Swanson, Crow, Le Grange, Swendsen, & Merikangas; Wilson, Becker, & Heffernan as cited in Stice, et al., 2013).
Facts

- Eating disorders are experienced by individuals who are obese, average weight, as well as thin.
- The majority of individuals who are obese do not have an eating disorder. However, the risk of developing binge-eating disorder increases as obesity increases (Hill, 2007).
- Although considered previously an exclusively White middle-class girl and woman problem, eating disorders cut across gender, race, class, and affectional orientation (Choate, 2013).
- Thus, it is necessary to develop effective eating disorder prevention programs, as well as spreading awareness in order to combat the development of eating disorders.
Prevention

- There are several different prevention programs to combat and ultimately end the formation of an eating disorder.
- Research supports the utility of cognitive dissonance eating disorder prevention (Black Becker, Bull, Smith, & Ciao, 2008).
- This intervention targets young women with body dissatisfaction due to it being an established risk factor for future eating pathology (Johnson & Wardle; Killen et al., as cited in Stice, et al., 2013).
- Cognitive dissonance is based on the presumption that establishing an inconsistency between a belief and a behavior will elicit a feeling of discomfort in an individual (Festinger as cited in Black Becker, et al., 2008).
- To alleviate this discomfort, the individual must create consistency.
- Therefore, ultimately it is changing the belief to coincide with the behavior.
Prevention

- An example of what occurs in a cognitive dissonance prevention program:
- In Stice, Paul, Jeff, and Shaw, (2011) the research team enlisted 306 girls with eating issues and enrolled half of the girls into the dissonance based program.
- The girls were involved in four 1 hour weekly sessions. The groups of girls were encouraged to critique thin ideal body types in exercises where they used written, verbal and behavioral responses.
- These counter-attitudinal activities result in reduced confirmation of the thin-ideal because inconsistent cognitions create psychological discomfort that encourages individuals to alter their cognitions to restore consistency.
Prevention

- The goal of these activities were to produce cognitive dissonances that motive the individuals to reduce their pursuit of thin ideals, produce the individuals to have more satisfaction with their bodies, manage their weight control behaviors that are unhealthy, reduce negative affect, and reduce eating disorder symptoms.

- The control group was given a two page leaflet developed by the National Eating Disorder Association, that pointed out behaviors that were positive and negative body image and eating issues.

- At the end of the treatment, both groups were interviewed. They were also interviewed again at six months, one, two and three years after.

- The results revealed that the dissonance based group had less body dissatisfaction at the end of the treatment through the third year follow-up.
Prevention

- Neumark-Sztainer, Butler, and Palti (as cited in Stice & Presnell, 2007) evaluated a 10-hour universal intervention, which was offered to all female students in the participating school.
- This intervention focused on information on healthy weight control behaviors, body image, eating disorders, causes of eating disorders, and social pressure resistance skills.
- This intervention produced significant improvements in those with eating disorder symptoms at 1-month follow-up; in those who were dieting and binge eating at 6-month follow-up; and individuals who binge eating at 24-month follow-up.
Prevention

- Stewart, Carter, Drinkwater, Hainsworth, and Fairburn (2001) evaluated a 5-hour universal program that focused on individuals resisting cultural pressures for thinness, focused on body weight, body acceptance, effects of cognitions on the individual’s emotions, nature and consequences of eating disorders, self-esteem enhancement, stress management, and healthy weight control behaviors.

- This program produced significant improvements in dieting and eating disorder symptoms at termination and 6-month follow-up, and decreases in body dissatisfaction at termination, relative to assessment-only controls.
Prevention

- Bearman, Stice, and Chase, (2003) evaluated a 4-hour cognitive-behavioral intervention intended to promote body satisfaction among high-risk women with body image concerns.
- This intervention was used so the individuals replaced negative appearance of self statements with positive statements and by using systematic desensitization to reduce body image anxiety.
- This intervention produced significant reductions in body dissatisfaction, negative affect, and bulimic symptoms at termination and 3-month follow-up, and in body dissatisfaction at 6-month follow-up relative to the control group.
Prevention

- There is also evidence that print, broadcast, and electronic media can be an aid to promote the ideal view of body image as well as be an asset to provide prevention (Yager & O’Dea, 2008).

- The media showcases that muscular anatomy is ideal for men and thin is ideal for women (Shulze & Gray; Heinberg & Thompson; Agliata & Tantleff-Dunn as cited in Yager & O’Dea, 2008).
Prevention

- Reality weight-loss shows depict individuals who are obese and their struggles to lose weight.
- A study examined how exposure to *The Biggest Loser* impacted levels of weight bias by assigning participants to either an episode of *The Biggest Loser* or a nature reality show (Domoff et al., 2012).
- Participants in *The Biggest Loser* condition had significantly higher levels of dislike of overweight individuals and more strongly believed that weight is controllable.
- The results indicate that anti-fat attitudes increased after brief exposure to weight-loss reality television.
Prevention

- A way to provide prevention is developing programs based on media literacy.
- Teach the individual to promote a critical evaluation of the media, which in turn creates the person to doubt the credibility and influence the media has (Irving & Berel as cited in Yager & O’Dea, 2008).
- This technique can help reduce cultural body image norms and reduce the internalization of the thin ideal.
- Which creates the individual to view their body in a healthy way and reduce body dissatisfaction, dieting, and the formation of an eating disorder (Shaw & Waller, as cited in Yager & O’Dea, 2008).
Prevention

- Self-esteem is a key piece in prevention of eating disorders and skewed body image.

- Self-esteem approach is highly used in working with young children and adolescents (Yager & O’Dea, 2008).

- This approach is based on the self-efficacy component of Bandura's Social Learning Theory and Social Cognitive Theory (Bandura as cited Yager & O’Dea, 2008).

- This technique is based on that the thought that to change healthy behavior, individuals must have the required personal skills and self-efficacy to maintain this healthy behavior.

- The individual will also excel if it is able to grow in a positive environment with social support (Yager & O’Dea, 2008).
Prevention

- Low self-esteem is linked with a risk factor for body dissatisfaction, dieting, and eating disorders among men and women of all ages (Button et al.; Croll et al.; Stice as cited in Yager & O’Dea, 2008).

- Health education and health promotion programs that have been based on improving the individuals self-esteem has been noted to decrease body dissatisfaction, dietary restraint and the formation of disordered eating. (O’ Dea; O’ Dea & Abraham; McVey et al., as cited in Yager & O’Dea, 2008).
Prevention

- Self-compassion is described as treating oneself kindly in the midst of struggling with painful events or emotions.
- The relationship between self-compassion, shame and body image dissatisfaction were examined and the results indicated self-compassion was negatively associated with shame and eating disorder symptomology (Ferreira, Pinto-Gouveia, & Duarte, 2013).
- In a study examining the contributions of self-compassion, fear of self-compassion, and self-esteem in eating disorder pathology, fear of self-compassion was the strongest predictor of eating disorder pathology (Kelly, Vimalakanthan, & Carter, 2014).
Prevention

- Therefore, the use of prevention programs are highly effective when working with individuals with an eating disorder.
- These programs can consist of working with an individual in creating a cognitive dissonance, working with individuals in creating body satisfaction using cognitive-behavioral treatment, an information intervention that works with individuals in understanding facts of eating disorders and the effects it has as well as ways to promote body acceptance.
- These programs are just a few in helping prevent eating disorders developing in individuals.
Awareness

- Knowledge of this issue
- NEDA Week
- Operation Beautiful
- Use of social media
- Standing with those who embrace positive body views rather than promote unhealthy body views. Like actresses such as Demi Lovato, Jennifer Hudson, Jennifer Lawrence, and more.
Experiment

- Operation Beautiful
References