

Helping People With Eating Disorders

I was 12 years old when I started losing a lot of weight. Having always been a picky eater and relatively thin in build, it went unnoticed. When I hit puberty, I began to develop a more stocky build, which I hated, so I became even more restrictive with what I was eating. I was starving much of the time, and when I would eat, I binged. Then I would feel guilty about eating and purge through vomiting. At the age of 17 I was encouraged to seek help as I had become quite depressed. It wasn't until I was in my late 20s that I was actually ready to seek help for my eating disorder. — Brian, 32

One of the most stigmatised mental health conditions is eating disorders. Have a think about what your thoughts are around these conditions. Who do you think suffers from them? The typical privileged teenage girl? What do they look and act like? Emaciated? What is treatment success like? Poor motivation for change? Difficult to work with? Let's talk here and in the next chapter about the

myths of eating disorders and how to work in this space. Working with people with eating disorders and their families can be extremely rewarding when you see them overcome one of the most severe mental and physical health conditions.

‘You don’t look like you have an eating disorder’.

Believe it or not, this is one of the top comment’s clients with Atypical Anorexia, Bulimia Nervosa and Binge Eating Disorder receive. What a person hears is that they are too fat to have an eating disorder. The effect that this comment has is profound, leading many of my clients to stop eating and drinking water, feel undeserving of treatment and help, trying to get sicker so they will be taken seriously. You also hear clients that are in recovery and are weight restored feeling like now they are in a healthy weight range they are no longer seen as someone with an eating disorder and deserving of help.

There is a stereotype of someone with an eating disorder: they are female, young, underweight, and don’t eat at all. I have seen many clients who state they can’t have an eating disorder as they eat, even if this is just a piece of fruit daily. One out of ten people with an eating disorder are male, and many are adults. Many are overweight or obese, and many eat meals throughout the day.

There are also stereotypes about the personalities of people with eating disorders. That they are attention-seeking, middle class, from privileged backgrounds, perfectionists, and are spoilt. Many people have eating disorders and you’d never know it. By the time they get to me, many of my clients are middle-aged women who have had eating disorders since their teens. Some of them have been in and out of treatment many times, so parents and friends are aware of their struggles, but many have never told anyone. Sure, people in their life have suspected or even known but never said anything. Why don’t they tell anyone? Because they are ashamed and they fear that they will be judged or, worse, be made to give up their eating disorder. And why wouldn’t anyone want to give up their eating disorder? Let’s address some of these issues here.

Why don't professionals want to work with people with eating disorders?

There has been much research on the attitudes of people towards eating disorder sufferers and many myths and stigmas attached to the conditions and the people who develop the conditions. Research on health professionals working with people with eating disorders has found that, generally, there exists a negative attitude towards working with them. For example, people who use eating disorder services are vain, difficult, manipulative, treatment-resistant, and not likable. Other reasons include countertransference issues where professionals feel frustrated or angry with their client, especially when progress is little and slow. There is also some concern from health professionals that their own body image issues are triggered, particularly for females who can feel much bigger in size and feel negative about their own body image as a result. We all have some issues with our bodies and eating from time to time.

Another factor that can put professionals off working with people with eating disorders is the time treatment takes. It is estimated to take a person between two to five years to recover from an eating disorder. Progress is slow and there are many stumbling blocks along the way. It often depends too on whether there are family and friends who can help the client. More support obviously increases the success rate and progress. It is also important that the health professionals treating the person remain stable for this time. Often, if a person has to change doctors or therapists, they may cease treatment due to a fear of judgement, not being understood by somebody else, or being frustrated by having to explain their story again. Trust, compassion and a nonjudgmental attitude are crucial here.

The lack of education about eating disorders in formal training is another reason why health professionals are reluctant to work with people with eating disorders. Often it is one lecture or workshop or one chapter of a textbook that covers this space. So most health professionals will need to do specific training on working with this client group. Your professional organisation might run workshops in this area, or there are modules and training you can do through the Butterfly Foundation and Inside Out in Australia.

Professionals who have worked with people with eating disorders sometimes comment that people are non-compliant and that they get frustrated by this. Remember that you are asking people to face their biggest fears by eating, changing their behaviour and thinking around their bodies and themselves. Imagine if you were asked to do something that was incredibly distressing. Would you comply? Try to put yourself in the shoes of your client/patient. This will help you understand the challenges and how not to get frustrated by resistance. You can also read the chapter on recovery and treatment for tips on rolling with resistance.

Why I love working within the area of eating disorders

People often ask me why I started working in the area of eating disorders. I often get comments such as, 'why would you want to work with young girls obsessed with their appearance?'. 'They're self-obsessed, vain, petulant'. These comments are precisely why I work in this area, to reduce stigma and help those 'undesirable' clients. And because eating and body image are so common, particularly among females, which means you are likely to come across these presentations, it is crucial to know what to do and how to help.

I remember one of the first clients I ever saw. Her dietician and doctor referred her because they had heard I was a researcher (yes, not a clinician) interested in this area, and at the time, there were only two experts in the local area working with people with eating disorders. She was a woman in her mid-thirties with severe Anorexia Nervosa. She was timid, scared, embarrassed, and deeply unwell. Her story was that she started dieting in her thirties on a journey of weight loss. It had gotten completely out of hand. This woman didn't have a history of disordered eating but a history of never being happy with her body. She had found a 'strategy' that had worked. She was emaciated and very quickly hospitalised for re-feeding. My client couldn't work and had to be looked after by her elderly mother. She did not fit the stereotype.

Another first was a teenage boy about 14 years old with Anorexia Nervosa and what we would now diagnose as Body Dysmorphic Disorder, with genital body dissatisfaction. Again, he didn't present as the stereotype, being male. He was a great success story, working very

closely with him and his highly motivated parents to bring his body up to a healthy weight and help him build his confidence and self-esteem. I believe he's now in his 30s and flourishing.

I didn't make a choice consciously. It chose me. I love the challenge and seeing people overcome one of the most difficult times of their life. I love being trusted and allowed into someone's very personal experience. I also love working collaboratively with other professionals. You can't do this work alone; you need a team, and finding a good one makes things so much easier. You can use your team to talk about risk, treatment, recovery and how to cope with challenging cases — the dedication from clients and their team, including family members, towards wellness is very uplifting. Seeing people achieve and get to a place they never thought possible is rewarding. Every person is different even though the criteria for their disorder might be the same, and being interested in a person's life and unique experience of it is important.

Therapy can also be a lot of fun. I bring humour into my therapy, particularly with young people. For example, giving the eating disorder a name of someone not liked can be funny for clients. Willamina was one name given. Every time the client recognised the eating disorder was present, she'd say, 'go away Wilomina, I don't want to play with you anymore'. It's also a good balance at times where you and the client can laugh at certain behaviour, especially patterns of behaviour that don't make sense. So, therapy doesn't always have to be serious.

How do I become competent in treating people with eating disorders?

The professionals that treat people with eating disorders include registered dietitians, doctors, psychologists, youth workers, psychiatrists, and other medical professionals such as nurses, occupational therapists, and speech therapists. They help people in their recovery journey by using evidence-based techniques to reduce and preferably eliminate behaviour around food and eating that is dysfunctional. They help people improve their body image, self-esteem, general mental health, and wellbeing. Most will undergo specific training in working with this population, reading widely (there are many textbooks on working with

people with eating disorders) and being guided by a supervisor who is more experienced in working with people with eating disorders. I often supervise fully qualified psychologists and dieticians working in this space, and they use me as a sounding board and to check on their treatment planning.

Treating someone with an eating disorder is just like treating anyone. You need the crucial Rogerian principles around showing empathy for a person's situation, being non-judgemental (this is often hard with eating disorders), and having a genuine positive regard for the person. Being able to see beyond the person's symptoms and reduce the stigma and stereotyping of people with eating disorders is crucial.

It is also extremely important to be **firm** as the eating disorder voice is very loud, manipulative, sneaky, and likes to bargain and compensate. It's important to remember that the behaviours that are difficult are the eating disorder. They are not the person trying to be difficult. Being firm can be hard with very resistant clients or clients who are not quite ready for the action phase in treatment. You must go against what the eating disorder is saying and wanting, and this can be very challenging as the person you are treating may respond with anger, distress, defiance, and sadness. You have to push through this and repeatedly state that you are both working together against the eating disorder.

Eva, 25, found seeing a mental health professional difficult at first: 'I really wasn't ready for change when I first entered therapy and was so resistant. I didn't want to accept I had a restrictive eating disorder and refused to believe my therapist. I had three sessions where I wouldn't be truthful, and was a challenge for my psychologist. After three sessions, I told her that I didn't like her style and I didn't think the therapy was working. I was expecting my psychologist to just accept that, but she didn't and instead said she thought I was frightened of change and that it was okay to take it slowly but firm in terms of the seriousness of my condition. She explained again what was happening for me and what recovery looked like, and that she'd be there with me every step of the way. I broke down in tears of relief.'