

FYI

Eating Disorders: Psychotherapy's Role in Effective Treatment

In a society that continues to prize thinness even as Americans become heavier than ever before, almost everyone worries about their weight at least occasionally. People with eating disorders take such concerns to extremes, developing abnormal eating habits that threaten their well-being and even their lives. This question-and-answer fact sheet explains how psychotherapy can help people recover from these increasingly common disorders.

What are the major kinds of eating disorders?

There are three major types of eating disorders.

- People with **anorexia nervosa** have a distorted body image that causes them to see themselves as overweight even when they're dangerously thin. Often refusing to eat, exercising compulsively, and developing unusual habits such as refusing to eat in front of others, they lose large amounts of weight and may even starve to death.
- Individuals with **bulimia nervosa** eat excessive quantities of food, then purge their bodies of the food and calories they fear by using laxatives, enemas, or diuretics, vomiting and/or exercising. Often acting in secrecy, they feel disgusted and ashamed as they binge, yet relieved of tension and negative emotions once their stomachs are empty again.
- Like people with bulimia, those with **binge eating disorder** experience frequent episodes of out-of-control eating. The difference is that binge eaters don't purge their bodies of excess calories.

It's important to prevent problematic behaviors from evolving into full-fledged eating disorders. Anorexia and bulimia, for example, usually are preceded by very strict dieting and weight loss. Binge eating disorder can begin with occasional bingeing. Whenever eating behaviors start having a destructive impact on someone's functioning or self-image, it's time to see a highly trained mental health professional, such as a licensed psychologist experienced in treating people with eating disorders.

Who suffers from eating disorders?

According to the National Institute of Mental Health, adolescent and young women account for 90 percent of cases. But eating disorders aren't just a problem for the teenage women so often depicted in the media. Older

women, men and boys can also develop disorders. And an increasing number of ethnic minorities are falling prey to these devastating illnesses.

People sometimes have eating disorders without their families or friends ever suspecting that they have a problem. Aware that their behavior is abnormal, people with eating disorders may withdraw from social contact, hide their behavior and deny that their eating patterns are problematic. Making an accurate diagnosis requires the involvement of a licensed psychologist or other appropriate mental health expert.

What causes eating disorders?

Certain psychological factors predispose people to developing eating disorders. Most people with eating disorders suffer from low self-esteem, feelings of helplessness, and intense dissatisfaction with the way they look.

Specific traits are linked to each of the disorders. People with anorexia tend to be perfectionistic, for instance, while people with bulimia are often impulsive. Physical factors such as genetics also may play a role in putting people at risk.

A wide range of situations can precipitate eating disorders in susceptible individuals. Family members or friends may repeatedly tease people about their bodies. Individuals may be participating in gymnastics or other sports that emphasize low weight or a certain body image. Negative emotions or traumas such as rape, abuse or the death of a loved one can also trigger disorders. Even a happy event, such as giving birth, can lead to disorders because of the stressful impact of the event on an individual's new role and body image.

Once people start engaging in abnormal eating behaviors, the problem can perpetuate itself. Bingeing can set a vicious cycle in motion, as individuals purge to rid themselves of excess calories and psychic pain, then binge again to escape problems in their day-to-day lives.

Why is it important to seek treatment for these disorders?

Research indicates that eating disorders are one of the psychological problems least likely to be treated. But eating disorders often don't go away on their own. And leaving them untreated can have serious consequences. In fact, the National Institute of Mental Health estimates that one in ten anorexia cases ends in death from starvation, suicide or medical complications like heart attacks or kidney failure.

Eating disorders can devastate the body. Physical problems associated with eating disorders include anemia, palpitations, hair and bone loss, tooth decay, esophagitis and the cessation of menstruation. People with binge eating disorder may develop high blood pressure, diabetes and other problems associated with obesity.

Eating disorders are also associated with other mental disorders like depression. Researchers don't yet know whether eating disorders are symptoms of such problems or whether the problems develop because of the isolation, stigma and physiological changes wrought by the eating disorders themselves. What is clear is that people with eating disorders suffer higher rates of other mental disorders – including depression, anxiety disorders, and substance abuse – than other people.

How can a psychologist help someone recover?

Psychologists play a vital role in the successful treatment of eating disorders and are integral members of the multidisciplinary team that may be required to provide patient care. As part of this treatment, a physician may be called on to rule out medical illnesses and determine that the patient is not in immediate physical danger. A nutritionist may be asked to help assess and improve nutritional intake.

Once the psychologist has identified important issues that need attention and developed a treatment plan, he or she helps the patient replace destructive thoughts and behaviors with more positive ones. A psychologist and patient might work together to focus on health rather than weight, for example. Or a patient might keep a food diary as a way of becoming more aware of the types of situations that trigger bingeing.

Simply changing patients' thoughts and behaviors is not enough, however. To ensure lasting improvement, patients and psychologists must work together to explore the psychological issues underlying the eating disorder. Psychotherapy may need to focus on improving patients' personal relationships. And it may involve helping patients get beyond an event or

situation that triggered the disorder in the first place. Group therapy also may be helpful.

Some patients, especially those with bulimia, may benefit from medication. It's important to remember, however, that medication should be used in combination with psycho-therapy, not as a replacement for it. Patients who are advised to take medication should be aware of possible side effects and the need for close supervision by a physician.

Does treatment really work?

Yes. Most cases of eating disorder can be treated successfully by appropriately trained health and mental health care professionals. But treatments do not work instantly. For many patients, treatment may need to be long-term.

Incorporating family or marital therapy into patient care may help prevent relapses by resolving interpersonal issues related to the eating disorder. Therapists can guide family members in understanding the patient's disorder and learning new techniques for coping with problems. Support groups can also help.

Remember: the sooner treatment starts, the better. The longer abnormal eating patterns continue, the more deeply ingrained they become and the more difficult they are to treat.

Eating disorders can severely impair people's functioning and health. But the prospects for long-term recovery are good for most people who seek help from appropriate professionals. Qualified therapists such as licensed psychologists with experience in this area can help those who suffer from eating disorders regain control of their eating behaviors and their lives.

The American Psychological Association Practice Directorate gratefully acknowledges the assistance of Kelly D. Brownell, Ph.D.; Kathy J. Hotelling, Ph.D.; Michael R. Lowe, Ph.D.; and Gina E. Rayfield, Ph.D., in developing this fact sheet.

October 2008

This document may be reprinted in its entirety without modification.