



Overcoming Disordered Eating

Information Pack A

Take Charge ... Initiate Change

Module 3

How Eating Disorders Are Maintained

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This is the third module of Information Pack A, which provides information about disordered eating and offers strategies to help you start changing the *behaviours* associated with your disordered eating and weight control habits. We suggest you read through all the modules of this Information Pack, in order, before embarking on change.

If you do think you might suffer from an eating disorder, it is important that you talk to your General Practitioner, as there are many physical complications that can arise from being at an unhealthy low weight or from losing weight very quickly, or from purging. We advise you to seek professional help with working on an eating disorder.

If you use any extreme weight control behaviours – even rarely – you should also see your General Practitioner for a full medical check-up, as your health might be compromised. Such extreme measures include:

- extreme food restriction/fasting (and/or rapid weight loss)
- purging (self-induced vomiting, misuse of laxatives or diuretics)
- extreme exercise

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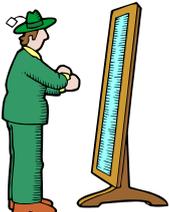
Introduction

In Module 1 we talked about what eating disorders are and the negative impact they can have on a person's life. In this module, we will explore the various things that keep eating disorders going. We call these 'maintaining mechanisms.' As we go along, we will map out these maintaining mechanisms in the form of a diagram, which we call a 'model.' This model will help you understand your disordered eating and what keeps it going. We will show you how eating disorders form a vicious cycle and in later modules we will show you how this cycle can be broken.

Judging Self-Worth

You might have heard and seen words like "self-esteem", "self-image," "self-perception," and "self-concept." All these terms refer to the way we view and think about ourselves. As human beings, we have the ability to not only be aware of ourselves but also to place a value or a measure of worth on ourselves or on aspects of ourselves. In general, people measure their worth and happiness based on a variety of things, such as their relationships, intelligence, achievements at school or work, hobbies, leisure activities, and other abilities. People with eating disorders tend to judge themselves and their worth largely, or even solely, in terms of their eating habits, shape and weight, and their ability to control these.

This system of self-evaluation may have developed through particular life experiences, and/or the influence of family, friends, and the media. In many Westernised societies and cultures there is a strong pressure to be thin. Not only is thinness considered to be important, but it is equated with being attractive, desirable, successful and in control – in short, being of worth. This idea is taken to extremes by people with eating disorders. They put enormous effort into controlling their eating in order to control their weight and shape. This is an issue that is central to what keeps eating disorders going.



Take a few moments to jot down how you see yourself. How much are your judgements of yourself and your worth based on your physical appearance, such as your shape or weight? Do you tend to judge yourself on your ability (or inability) to control these? What thoughts do you have about yourself?

Strategies for Controlling Shape & Weight

Because people with eating disorders tend to judge their worth based on their ability to control their eating habits, shape and weight, their lives become preoccupied with all of these matters. Controlling what one eats, losing weight, controlling one's shape – these become extremely important and are actively sought after. The flip side is that losing control over eating, putting on weight and being overweight are important as well – only they are things to be avoided at all costs.

So, how can you juggle all of these notions? People with eating disorders use various strategies, some of which are quite extreme, to try to control their eating, shape and weight. We will consider a few main strategies in this section.

Strict Dieting and Dietary Rules



One strategy that is common to those who have an eating disorder is strict dieting, or severe attempts to reduce the amount of food consumed. In Module 1 we described how dieting itself can lead to overeating and binge eating, since our bodies are wired to make up for any food restriction.

It is probably fair to say that a large majority of people, at least once in their lifetime, have been on a diet in which the goal is to lose some weight. As we mentioned in Module 1, dieting is very common, especially among girls and young women. There are all sorts of diets being used and there are plenty of books written about dieting and losing weight. So what makes the type of dieting engaged in by people with eating disorders different from diets used by the general population? The key difference is in the *strictness* and *rigidity* of their dieting. People with eating disorders engage in very strict dieting. This means that they often have very specific goals for dieting that they have to meet and very strict and inflexible rules for dieting that they attempt to keep. We refer to these rules as “dietary rules”.

There are a number of ways in which people with eating disorders diet. Here are three of the most common categories of strict dietary rules:

- **When they eat.** Some people try to avoid eating altogether. Some people make themselves fast for as long as they can. Others avoid eating for much of the day and only allow themselves to eat once a day. Some people skip meals and others may not allow themselves to eat after a certain time.
- **What they eat.** People with eating disorders tend to believe that certain types of food are especially fattening and are therefore “forbidden,” “bad,” or “dangerous.” The types of food avoided may differ from person to person, but the list can be very long.
- **How much they eat.** Often, people with Anorexia Nervosa or Bulimia Nervosa have a specific daily calorie limit. For example, some might try to eat less than 800 calories a day. This is well below the amount needed for everyday functioning.

Strict dieting may also include having *other specific rules* that may be unique to the individual. Some people have rules about the way they eat and where they can eat. Examples of such rules include not allowing themselves to sit down and eat, or not allowing themselves to eat with other people, or only eating at home on their own, or only eating less than everyone else. Others cut their food into tiny pieces, or eat extremely quickly or extremely slowly.



Are you currently on a diet? Take a few minutes to jot down what you do when you’re trying to restrict what you eat, and the sorts of rules you might have about dieting.

Extreme Weight Control Strategies



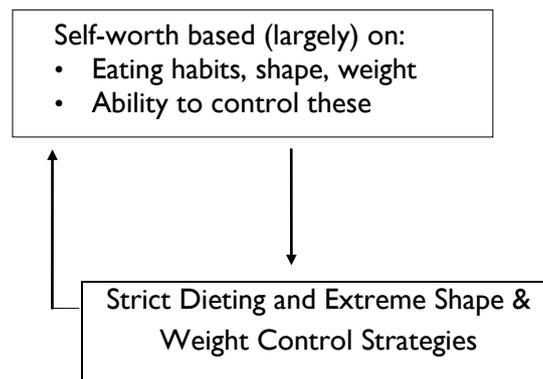
Many people with eating disorders think that dieting alone may not be enough to control their shape and weight. They want their bodies to absorb as little food as possible. They may try to get rid of the calories they have consumed by making themselves vomit or using laxatives or diuretics (pills taken to reduce water retention). They may also try to burn up calories by engaging in excessive, driven exercise. They may spend long hours in the gym on exercise machines, or going for long runs or walks.

Do you use any of these or other strategies? Take a few minutes to jot them down.



It may seem surprising and even unbelievable, but most of these weight and shape control strategies actually play a huge role in keeping disordered eating going. Let's explore how this might happen.

Our understanding begins with the **central issue** in eating disorders. Remember that previously we said that people with eating disorders tend to judge themselves and their self-worth based largely on their ability to **control** their eating habits, shape and weight. They set strict rules for themselves with the aim of controlling their food intake, shape, and weight. This is illustrated in the diagram below.



However, the role these shape and weight control strategies play is that they maintain this system of judging self-worth. This means that if you base your self judgement on what you eat, your shape, your weight, and your ability to control these, AND you use various strategies to control your shape and weight you will be more likely to CONTINUE this process of self judgement. This in turn will then keep these two processes linked and contribute to your disordered eating. Let's see how this develops.

The Effects of Shape & Weight Control Strategies

So far we've described several ways in which people with eating disorders try to control their shape and weight. Let's now consider what sorts of effects they can have on a person using them.

Preoccupation with Food & Eating

One of the psychological effects of strict dieting is that the person engaged in dieting often becomes preoccupied with food and eating. Aren't these the very things that people who are dieting don't want to think about? Isn't that interesting?

Many people with eating disorders have reported that they can think about little else. Others have said that they think about food and eating so much that it even affects their ability to concentrate on other activities such as watching television, reading, studying, and talking to people. They think about what to eat, how much they will allow themselves to eat, how they can prepare it, how they will divide the food up, and how they will eat it.

They also think about what they "shouldn't" eat (and how much they want those foods), what they "shouldn't" have eaten, and how to avoid eating. They think about ways they might compensate for the



extra calories they have eaten or fear they might consume. They beat themselves up for having “given in.” Some people have said that they even dream about food and eating. The stricter the rules are for dieting, the more one thinks about food and eating.



Is this something you might have noticed about yourself? Do you think more about food and eating when you are on a strict diet? If you are currently trying to restrict your food intake, take a few moments to jot down the things you think about during the day. What do you tend to be preoccupied with?

Nutritional Deprivation & Physical Hunger

Another effect of strict food restriction is that the likelihood of being able to keep to your dietary rules is very low. The stricter the rules are, the harder it is to meet all these rules. Why is this so? One of the immediate effects of such food restriction, especially when the amount of food eaten is very small, is that you become hungry. This is your body telling you that its energy supplies are getting low and it is being deprived of adequate nutrition (although some people who have had disordered eating patterns for many years may not be aware of their hunger pangs).

If you are also vomiting or using laxatives or diuretics or exercising excessively, your body will begin to crave food physically (even if you are not aware of this). So, strict dieting and use of other weight control strategies has almost an opposite effect – *the stricter the rules, the less likely it is that you will succeed.*

Broken Rules & Emotional Distress

In this state of depleted nutrition there is a strong psychological and physiological pressure to eat. What do you think happens when you are not only thinking about food and eating, and your body is also craving nutrition? Most people would begin eating – and not just “diet foods”! To people with disordered eating, this means that at least one of their dietary rules has been broken.



People who set strict and rigid dietary rules and goals for themselves tend to be very hard on themselves when they are unable to keep to those rules and meet their goals. They might feel guilty and believe that they have “failed.” They may get very down on themselves and criticise themselves for being “weak” or “useless.” As a result, they probably don’t feel good about themselves and may feel upset and distressed.

Is this something you can relate to? If you have ever been on a strict diet and have not been able to meet one or more of your rules, what have you said to yourself? How do you then feel? Jot down some of your thoughts about this.

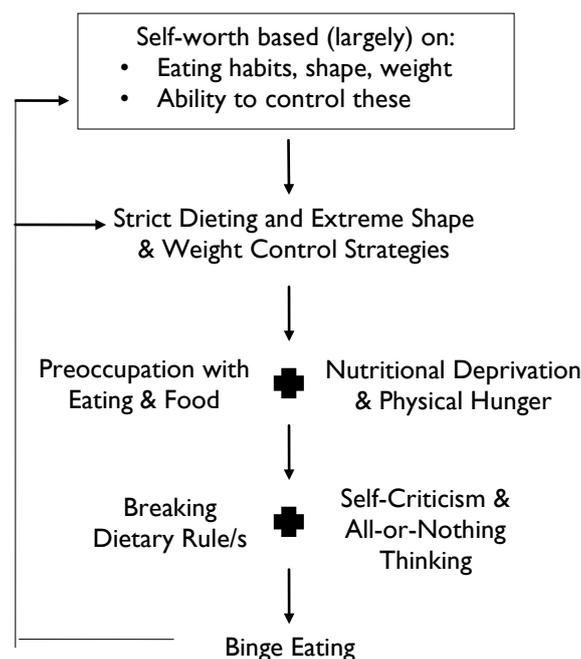


Binge Eating

Some people, who initially don't succeed with dieting, may try again and try harder, with perhaps even stricter rules. However, this is likely to lead into the vicious cycle we have been describing. The harder you try to restrict your food intake, the harder it is to sustain this over a long period of time. The psychological and physiological pressure to eat continues to build up the more you try to resist eating. Eventually, you will eat – and often this is unplanned eating which breaks one or more rules.

If this vicious cycle continues, you reach the next stage of the maintenance process. Having broken one or more dietary rules, you become extremely hard on yourself for doing so. Setting the scene for binge eating goes something like this: You become upset with yourself and feel guilty, and then criticise yourself harshly, believing that you have failed. You may then add words to your self-criticisms such as “I might as well give up,” or “I might as well let myself go.” Bingo, the scene is set!

This type of thinking is called an “All-or-Nothing” or “Black-or-White” thinking style. Many people who have disordered eating recognise that they think in this way, so when they break a dietary rule, they think “I've blown it, I may as well continue...” and the result is that they abandon all control, and binge. This is shown in the model below, which illustrates how binge eating might be maintained.



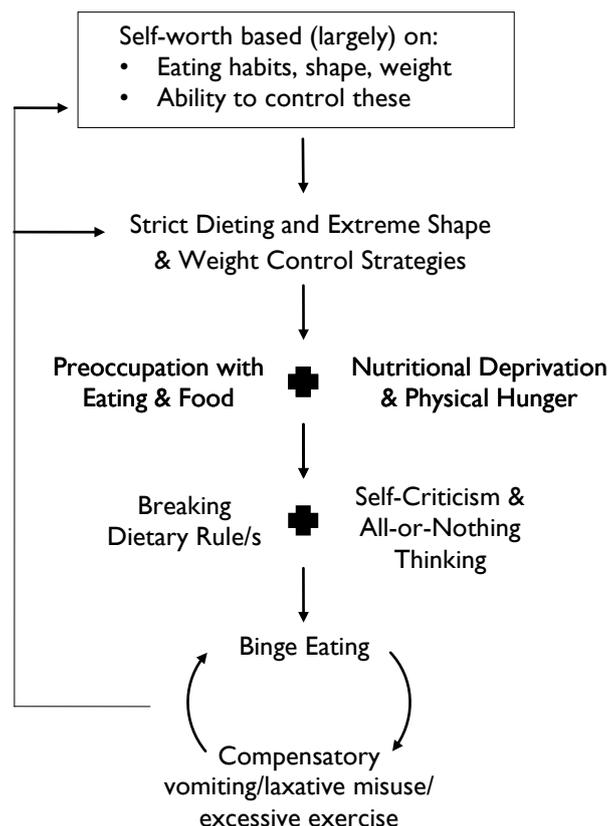
Initially, a binge can be an enjoyable experience. The food may be satisfying and taste good, and you might experience feelings of pleasure. However, these pleasurable feelings are almost always replaced by severe self-criticism and self-blame and feelings of guilt, shame, disgust and revulsion, especially when the binge continues in an uncontrollable manner. What makes the initial problems worse and keeps the cycle going is usually a determination to do better the next time. This is also illustrated in the above diagram. So, the abandoning of control is temporary, and there is a renewed fervour to carry out the shape and weight control strategies again. If this happens, you can see that the cycle is becoming more vicious, with these three mechanisms maintaining each other.



Compensatory Behaviours (Purging & Excessive Exercise)

After a binge, in addition to experiencing negative thoughts and feelings, some people experience an overwhelming urge to get rid of the calories that were eaten during the binge. This is typically done by using the output control strategies that have previously been discussed – self-induced vomiting, using a large amount of laxatives or diuretics, or engaging in extremely strenuous physical exercise. The ultimate aim of these strategies is to get rid of, or compensate for, the calories consumed in a binge. We therefore call these ‘*compensatory measures*.’ These compensatory measures actually serve to keep the binge eating going, because once people believe they can “make up” for their binges, they find that it gets harder and harder to stop themselves from binge eating. At the back of their minds they are thinking: “Well, I can always vomit” (or use laxatives or exercise excessively). They often tell themselves, “This is the last time,” but find that they have a great difficulty controlling their actions.

The model below illustrates how over time and with repeated cycles, an eating disorder such as Bulimia Nervosa is maintained.



This is one possible result or pathway of what might happen when people evaluate themselves based largely on their shape and weight and then use strict strategies to control these. In the next section, we will consider another possible result or pathway.



Extreme Weight Loss & “Starvation Syndrome”

For some people, even though they experience the psychological and physiological pressure to eat, they are able to sustain their strict eating habits and other weight control strategies for some time. This usually results in significant weight loss. This may seem very positive at first and the person who loses a lot of weight may gain a sense of achievement and satisfaction, and even praise from others. Given this, the person may go on to lose even more weight and end up reaching a very low weight. Losing a lot of weight or being at a very low weight brings its own set of problems.

Losing a lot of weight fast or being at a very low weight means that a person is eating very little in order to sustain the low(er) weight. Prolonged under-eating results in some very interesting and serious effects, which make up what we call the “Starvation Syndrome.” We introduced these effects in Module 1.

First of all there are *physical effects* when the body is constantly being deprived of nutrition. A person at a very low weight may experience dizziness or blackouts, become anaemic (lack of iron in the blood), lose their ability to menstruate (women), have lowered testosterone (men), experience hair loss and changes in the texture of their skin, nails and hair. They may find that a fine layer of body hair has grown on their back, face and arms as their body tries to stay warm. Their metabolic rate may slow down substantially in order to conserve energy, the body may also slow down heart rate, blood pressure and body temperature. People who are at a very low weight often feel very cold, not only on the outside of their bodies but on the inside as well. They tend not to be able to sleep very well or feel that they are not refreshed after a night’s sleep. Although a person experiencing starvation syndrome may experience intense hunger, they also feel very full and/or bloated after eating very little.



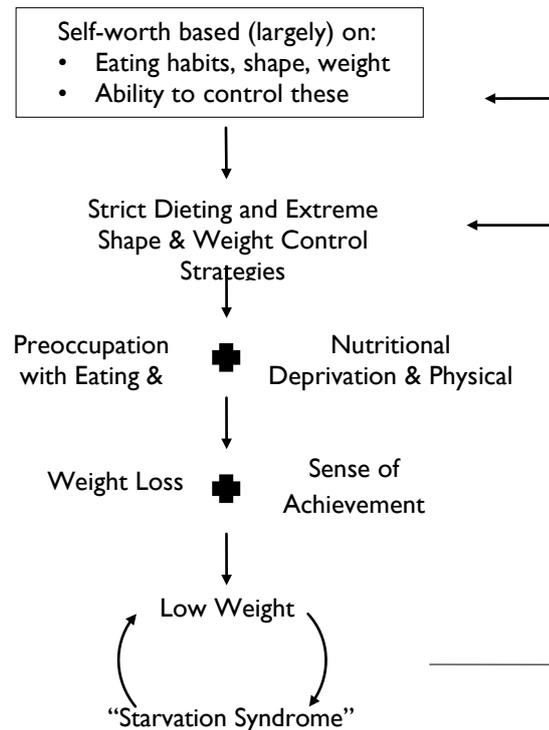
Prolonged starvation during childhood and adolescence is particularly serious. It can result in stunted growth – that is, you stop growing taller – and affects bone density. This damage to your bones can never be reversed and leaves you vulnerable to broken bones and stress fractures.

In addition to physical effects, starvation syndrome also results in *psychological and social consequences*. A person at an extremely low weight tends to be preoccupied with food, become inward looking and inflexible in their thinking, and experience difficulty in concentrating and making decisions (often procrastinating). They also often experience low mood and irritability, and are prone to mood swings and sudden flare-ups.

They tend to withdraw from their family and friends. They begin to narrow their interests, often losing interest in sex and relationships, and becoming socially isolated and unaware of what goes on around them. They may even become quite obsessive, doing things in a ritualistic and rigid way, for example, engaging in ritualistic eating (such as counting mouthfuls or cutting their food into tiny pieces), extremely competitive behaviour, obsessive list-making, and hoarding.



The key point about all these effects is that when a person is at that low a weight, starvation syndrome plays a role in KEEPING them at that low weight, as well as maintaining the strict dieting and weight control strategies and the way they view themselves. There is now a vicious cycle going on here as well. This is illustrated in the model overleaf.



So, how does starvation syndrome maintain low weight? When a person has lost a lot of weight or is at a very low weight, they actually become more preoccupied with food and eating than at any other point in their life. They think a lot about the little that they will allow themselves to eat, how to prepare the food, how to divide it up, and when they can eat it. As previously mentioned, they may even eat the food in a very ritualistic way. They may withdraw from family and friends, stop doing the things they used to do, and even stop pursuing goals they previously valued. Because their interests have narrowed significantly, their life is now all about strict dieting and controlling their shape and weight. Furthermore, when they do eat, even small portions, they feel bloated as a result of starvation, but they often misinterpret this as evidence of them being fat.

The result is that they will likely stay at that low weight or lose even more weight, which will make the effects of starvation syndrome even stronger. This is how the eating disorder Anorexia Nervosa is maintained. This is a really vicious cycle because the person is now being controlled by starvation syndrome. The ultimate danger is when a person's weight becomes too low, because their heart can fail, which may result in death.

Starvation at average weight

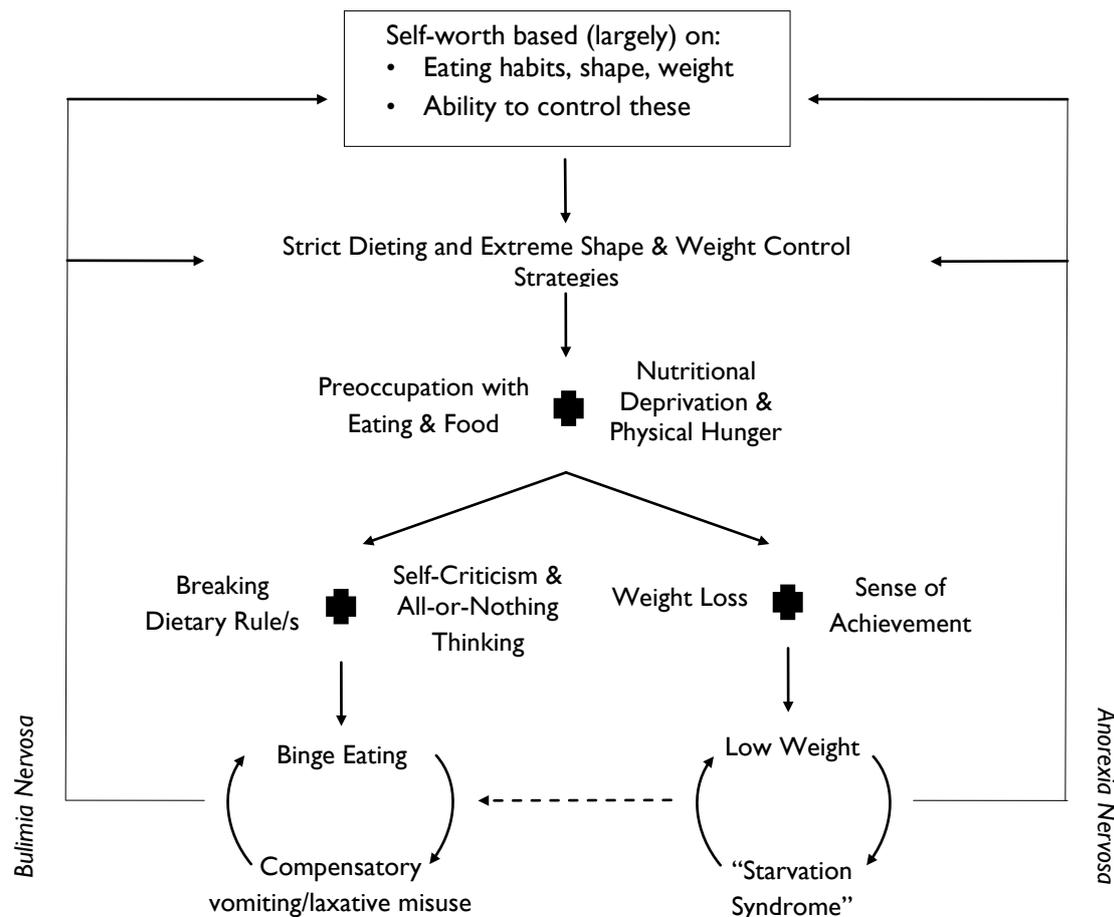
If you have recently experienced a dramatic weight loss over a short period, regardless of your weight, your body might be experiencing "Starvation Syndrome" and your health might be at risk. It is important to see your General Practitioner for a medical check-up.

If you have sporadic eating habits, even if you are in the healthy weight range, you may also be experiencing aspects of the "Starvation Syndrome". If you leave more than 5 hours between eating (during the day), your body goes into "Starvation Mode", preparing for a further lack of food. It lowers its metabolic rate in order to preserve energy. Therefore, when you do eat next, the food you consume will be metabolised differently, for the purpose of storage – exactly what you are trying to avoid!



Putting It All Together

Let's now look at the two possible pathways together. This is shown on the model below. As we mentioned in Module 1, at times there may be an overlap of eating disorders, and one problem may even cross over to the other. Remember that our model begins with the central issue in eating disorders. People with eating disorders tend to judge their worth based largely, or even solely, on their eating habits, shape, and weight and their ability to control these. When they then engage in strict dieting and use other extreme shape and weight control strategies, this maintains their system of evaluating self-worth.



Some people, in spite of their preoccupation with food and hunger, begin to lose weight quickly and gain a sense of achievement and satisfaction from doing so. This may lead to further weight loss, perhaps ending up at a very low weight. When this happens, the effects of starvation syndrome kick in and continue to maintain the low weight. This is the Anorexia Nervosa pathway.

It is possible that people with Anorexia Nervosa may cross over to the Bulimia Nervosa pathway. We have mentioned that one of the psychological effects of strict dieting and extreme shape and weight control strategies is a preoccupation with food and eating, and that a physical effect is nutritional deprivation and hunger. With such psychological and physical pressure to eat, the breaking of dietary rules (for example, eating more than is allowed, or eating a forbidden food) may occur. When this happens, and harsh self-criticism and all-or-nothing thinking is added to the mix, binge eating and the use of compensatory measures are likely to take place. All these are mechanisms that keep the problem going.



From Understanding to Action

In this module, we have talked a lot about how eating disorders are maintained. From the next module onwards, we will be talking about how to address your problem. We will discuss a number of strategies to tackle the various parts of the problem. A lot of research has gone into studying these strategies and they have been found to be very effective if people stick with working at them.

If you have disordered eating or think that you might be developing an eating disorder, we encourage you to come along this journey towards recovery and well-being. Do join us for the next modules of this information package!

Remember, if you are engaging in any strict dieting or extreme weight control behaviours, such as purging or excessive exercise, it is important to go to your General Practitioner for a thorough physical examination. You may also need professional help for your eating problems.





Module Summary

- People with eating disorders tend to judge themselves and their self-worth largely, or even solely, in terms of their eating habits, shape and weight, and their ability to control these. This is an issue that is central to what maintains eating disorders (what keeps them going).
- People with eating disorders use various strategies, some of which are quite extreme, to control their eating, shape and weight. These include: having strict dietary rules, purging (vomiting or using laxatives) and/or excessive exercise.
- As a result of these strategies, people develop a preoccupation with food and eating, as well as nutritional deprivation and physical hunger.
- Breaking the dietary rules leads to emotional distress, which often results in “all-or-nothing” thinking and binge eating, and the possibility of compensatory behaviours (purging and/or excessive exercise), in Bulimia Nervosa.
- Extreme weight loss and /or low weight can result in the “starvation syndrome” which itself makes it more likely that the low weight will be maintained, in Anorexia Nervosa.
- A vicious cycle develops: judging oneself based on eating, weight, shape and the ability to control all three → dietary rules and extreme weight control strategies → preoccupation with food → nutritional deprivation and physical hunger → “all-or-nothing” thinking → either binge eating and/or compensatory behaviours or “starvation syndrome” → reinforced dietary rules and an increased tendency to judge oneself in terms of eating/ weight/ shape.

What I Have Learned in this Module

Think about what you have learned in this module and any useful bits of information, tips or strategies that you want to remember. Write them down below so you can refer to them later.

Think about how you might use the information you have just learned. Write down some ways in which you could make use of this information.



Coming Up...

In Module 4 (Self-Monitoring) you will learn how to break the vicious cycle of your disordered eating, through the use of self-monitoring



About This Module

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BACKGROUND AND REFERENCES

The concepts and strategies in this module have been developed from evidence-based psychological treatment of eating disorders, primarily Cognitive Behaviour Therapy (CBT). This can be found in the following:

- Fairburn, C. G. (1995) *Overcoming Binge Eating*. New York: The Guilford Press
- Fairburn, C. G., Cooper, Z., & Shafran, R. (2003) Cognitive behaviour therapy for eating disorders: a “transdiagnostic” theory and treatment. *Behaviour Research and Therapy* 41, pp 509-528
- Fairburn, C. G. (2008) *Cognitive Behavior Therapy and Eating Disorders*. New York: The Guilford Press

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