



# Overcoming Disordered Eating

## Information Pack B

### *In Charge...Mindset Matters*

#### Module 7

### **What are Mindsets?**

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This is the seventh module of Information Pack B, which provides information and strategies to help you start changing the *thoughts* associated with your disordered eating and weight control habits. We recommend that you do not proceed with this Information Pack unless you have worked through Information Pack A, which offers strategies to change your disordered *behaviours*. We also recommend that you work through all the modules in this Information Pack in order.

*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 this module, we continue in our efforts to challenge thought patterns through ‘metacognitive awareness’, or taking a ‘helicopter view’. We will describe mindsets, explore how mindsets develop, and discuss how to identify your own mindsets.

In the previous modules we described how people with eating disorders judge their self-worth on their ability to control their eating, shape and weight. As a result, they become extremely preoccupied with their shape and weight, often comparing themselves with an ‘ideal’ body image, checking their bodies for signs of ‘fatness’ or avoiding their bodies, and mislabelling negative feelings as “feeling fat.” Low self-esteem can add to this negative form of self-evaluation. These processes all combine together to play a role in the vicious cycle, but they are also connected to feeling and thinking in a particular way. This can be understood in terms of having a particular “mindset”.

Hopefully, you are now having days when you are less affected by these mindsets. You may think that this module is not relevant to you, but we encourage you to read through it so that you can begin to recognise when the mindset reappears and threatens to take over again.



## What is a Mindset?

We have discussed how the way you judge yourself and view your body is affected by an overarching belief: that your self-worth is related to how well you control your eating, shape and weight. This is what we refer to as *an eating disorder mindset*. A mindset is a frame of mind; a way of seeing things that reflects your deep beliefs, which gives a particular view of yourself and the world, with recurring themes.

Mindsets influence how you see things. They are like a pair of spectacles you put on. If the lenses of the spectacles are pink, everything you see will be pink. However, does it mean that everything really is pink? Of course not! This is why it is important to understand: *mindsets influence how we interpret and experience life*. They create their own ‘reality’ and filter experience. As a result, they affect how you behave – they act like guidelines for living. Some mindsets are helpful or neutral, and some are unhelpful. Furthermore, they keep themselves going by creating a vicious cycle. For example, depressed people tend to see things in an extremely negative way (a depressive mindset). They play over negative messages such as: “I am worthless and people don’t like me”. This keeps the depression going by affecting how they view the world, relationships and themselves. It is easy to imagine that it would affect how they react to others – by withdrawing, which reinforces their sense of social isolation. It is, therefore, an unhelpful mindset creating its own vicious cycle.

An example of a positive mindset might include attitudes and thoughts to do with being kind to others whenever possible. If someone has a mindset about being kind (including, for example: “It’s good to be helpful to others”), they will act on opportunities to do something for people in need. This will make them feel good and reinforce their original attitude – a positive cycle!

As you can see from these examples, mindsets can strongly influence your view of the world, relationships and yourself, and also affect your behaviour. Let’s now explore how we acquire mindsets.





## How Mindsets Develop

Mindsets are learned as a result of the experiences we have had in our lives. The thoughts, beliefs, assumptions, and attitudes about ourselves and the world around us are conclusions we arrive at, based on what has happened in our lives. We learn things in different ways. We may learn from direct experiences, the media, observing what other people do, and listening to what people say. This means that our experiences in our childhood, family of origin, the particular society we lived in, schools we went to, and with our friends – all these have influenced our thoughts and beliefs about all sorts of things, including ourselves, eating, body shape and weight, and control.

When we arrive at particular conclusions about ourselves or the world and others, we may also begin to behave in certain ways as a result of these conclusions. When this happens, our behaviour then serves to reinforce or strengthen that conclusion. Here's an example:

*Penny is a 13 year-old girl who was invited to one of her classmate's birthday party. She arrived at the party wearing jeans and a sweater to find that all the other girls were wearing dresses. Penny felt very awkward and came close to tears when many of the girls started staring at her and whispering. She stayed for about an hour and then left. The next time she went to a party, she asked her friends what they were wearing and made sure that she wore something similar to them. She had a good time.*

In the example, Penny might have come to a few conclusions as a result of her first party experience. She might have concluded that, as a girl, one must wear a dress to a party. What she probably also learned was that someone who is too different from others might be negatively judged. This conclusion was reinforced at the next party, when she wore what her friends were wearing, in order to fit in. Both this conclusion and subsequent behaviour, when they are repeated, become a mindset.

This is a simple example, but it shows how mindsets develop and are maintained. Here's an eating example:

*Suzy was larger growing up and had her first period when she was 9. She felt uncomfortable with her body after that, because none of the other girls had their periods or wore a bra. When she was 10, she moved to a new school and got teased and called "fatty". She tried to diet but never managed for more than two days. At 14 she got glandular fever and lost a lot of weight. Suddenly everyone said how good she looked and she felt better about herself.*

Suzy might have come to a few conclusions as a result of being larger. She might have concluded that there was something wrong with her because she weighed more than other girls. What she probably learned was that someone who is heavier and more physically developed might be teased. This conclusion was reinforced when she lost weight and was praised. Do you see how she might develop an eating disorder mindset?



It may be helpful to think of your mind as a DVD player and your mindsets as a collection of DVDs. What you see on the screen depends on what DVD is being played. Everyone has different mindsets within themselves, different 'DVDs', for example a 'work' DVD or a 'friends' DVD. These get activated in different settings, and influence your thinking and behaviour differently when you're at work or out with friends.





## **Eating Disorder Mindsets**

As we have discussed in previous modules, people with eating disorders tend to be extremely preoccupied with their eating, shape and weight, and ways of controlling these. You could say that it is like having an **“Eating Disorder Mindset”** or having an “Eating Disorder DVD” in the DVD player. This might contain a message such as “I need to control my eating and lose weight in order to be successful”. One problem with the eating disorder DVD is that it keeps playing, whatever situation you are in, so that you keep up your eating disordered behaviours (such as body checking) and thoughts (such as worrying about what you are going to be eating), whatever the situation – whether you’re at work or with friends.

An eating disorder mindset keeps the disordered eating going. Sometimes the problem can be made worse when the mindset is ‘stuck,’ just like a DVD that is stuck in a DVD player.



Let’s look at how an **eating disorder mindset** can develop and evolve. Any of these experiences could result in your taking in unhelpful messages that might later develop into an eating disorder mindset. But remember, not everyone with the following experiences will develop disordered eating. A disorder usually develops as a result of many factors, not just one. But there are certain circumstances that make it more likely that you might develop disordered eating:

- You may have grown up in a household where a family member had an eating disorder.
- You may have been teased as a child or adolescent for being in a larger body, or you may have been teased for other reasons, such as wearing glasses. You may have been put down or verbally abused by a parent or older sibling. You may have suffered physical or sexual abuse. You may have developed low self-esteem.
- There may have been an event that caused you distress and that triggered the onset of disordered eating, such as moving, your parents divorcing, or being told by your boyfriend that he preferred skinny girls.
- You may have had some positive experiences that served to maintain the disordered eating initially, such as losing weight (through illness or dieting) and receiving praise and/or experiencing a heightened sense of control in the short term.
- You may have had some experiences that served to maintain the disordered eating over a longer period, such as losing a large amount of weight and experiencing “starvation syndrome” (see Information Pack A), frequent body checking (see Module 4), or getting into the diet/binge/purge cycle (see Information Pack A).



How do you think you might have developed your particular eating disorder mindset? What messages did you get when you were growing up about food, weight, popularity, attractiveness? Who did you hear these from? What messages do you get from the media? From your friends? What was going on the few months before you developed your disordered eating? Can you recall any situations that may have triggered the onset of your problem behaviours? Take a few minutes to think about this and jot down some thoughts.

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What was going on during the few months after you developed your unhealthy eating behaviours? Can you remember what kept it going?

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Let's now explore some of the specific attitudes, thoughts, and beliefs that might make up an eating disorder mindset. An attitude is an overall general belief. Here are a few examples of attitudes that people with disordered eating tend to have:

*"Only thin people are successful"*

*"People will respect me if I'm skinny"*

*"Overweight people don't have relationships"*

*"I must build up muscles and develop a '6-pack' to be acceptable"*

*"Nobody will accept me if I am not thin"*

*"I must lose weight to be thought attractive"*

If you firmly hold to such attitudes, they will guide your behaviour. What you do on a day-to-day basis is largely influenced by what attitudes you have. If you believe that you have to control your eating and be thin – or really buffed and 'cut' – in order to be successful, of worth, and happy, then you are likely to begin to engage in disordered behaviours that aim to control your eating, shape, and weight. We have already discussed how such behaviours contribute to the development and maintenance of eating disorders. Therefore, attitudes like the above examples are considered to be unhelpful. These unhelpful attitudes make up part of an eating disorder mindset.

While attitudes are also considered to be thoughts, they are more general and global in nature (i.e., covering a large area of one's life). This means that they have a stronger influence on your behaviours and other types of thoughts. There are other types of unhelpful thinking, or unhelpful thoughts, which are part of an eating disorder mindset.



## How the Eating Disorder Mindset is Maintained

The way we process, or make sense of the things that happen around us ("information processing") plays a big part in maintaining our mindsets, especially a major mindset like the eating disorder mindset. There is so much happening in our environment at any one time – so much information – that to deal with or make sense of all of it is an impossible task. For this reason, our brain tends to choose what we pay attention to and how we think about and make sense of things. Often, what determines what we pay attention to and how we think about things, are the beliefs we hold – our attitudes, thoughts, and expectations.

We tend to **pay attention** to things we expect and **interpret** things in a way that is consistent with our expectations. As a result, we tend to remember only things that happen in our lives that are consistent with what we believe to be true. This process of attending to and interpreting things in a manner that is consistent (not inconsistent) with our beliefs, is something we all do, not just people with eating disorders.



Remember when we described in Module 4 what happened when you looked in the mirror to check your body? How you would **pay attention** to the “fat” and **interpret** what you saw? This was consistent with your expectations, and an example of what we are talking about here.

Let’s look at this further using an example unrelated to eating disorders. Let’s say you have the belief: “My neighbours are noisy.” Now, this belief may be based on your experience of the first night they moved into the house next door and had a loud party that kept you awake for a long time. However, your belief about your neighbours, which started from an initial experience, might still remain a few years later because you only **pay attention** to your neighbours at times when they are noisy, not when they are quiet, and you **interpret** any noise you hear as coming from those particular neighbours, often without checking if this is the case. Therefore, whenever the topic of your neighbours comes to mind, you only remember the occasions that they have been noisy. Therefore, your original belief, “My neighbours are noisy”, holds strong.

Let’s try another example, but this time related to eating disorders. Let’s say that one of your attitudes is: “Only thin people have relationships.” This might be a conclusion you arrive at following certain experiences you had when you were younger, but how does this affect your information processing now? Holding this belief means that you probably only pay attention to couples where the person is thin. You probably ignore or don’t even notice any couple where the woman is average-sized or rather large. Therefore, by doing this, you confirm your belief that “Only thin people have relationships.”

The problem is that you might always be gathering evidence that supports your attitudes because you only ever pay attention to, and interpret, information that confirms those attitudes. This is how an eating disorder mindset stays in place and can even get ‘stuck’, like a DVD. Once certain unhelpful attitudes and thoughts are in place, you will keep gathering information to keep them strong, and rarely gather information to challenge and expose them as being biased and inaccurate. Consider the following example:

*Bill has a belief that women are not as intelligent as men. Now, we know from scientific research that this is not a fact, but Bill believes it – and to him it IS true. So why does he hold on to this belief? Bill is **paying attention** and **interpreting** women’s actions in a way that is consistent with his beliefs. When he sees a woman making a mistake, his belief gets strengthened. He says, “I was right”. But when he sees a woman who is intelligent and successful, what does he do? He dismisses this evidence, minimises her achievements or makes excuses (e.g., “She was just lucky to get the job – the boss fancied her”, or “She must have had help on that project”). So he continues to hold on to his belief.*

Take a few moments to think about eating, shape and weight, and how you might **pay attention** to certain messages and **interpret** certain events in a way that is consistent with your expectations. How might this reinforce (strengthen) your eating disorder mindset? What beliefs do you think of as facts? Jot down your thoughts.

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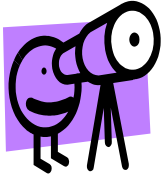
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# Identifying your Eating Disorder Mindset



It is important that you try to be aware of what might be part of your eating disorder mindset or eating disorder DVD. **What messages do you see on screen or hear when the eating disorder DVD is playing?** Take some time to identify what sorts of attitudes and thoughts you might have about eating, shape and weight, and control and jot them down in the spaces provided below. You could even look through your food logs for any thoughts you might have had concerning food and eating.

## **When the eating disorder mindset is in place (or when the eating disorder DVD is playing) ...**

What attitudes and thoughts about controlling your eating, shape and weight do you have?

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How do you feel in relation to controlling your eating, shape and weight?

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What do you do? How do you behave?

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We hope that by now you have an understanding of the eating disorder mindset. You will have recognised some of the negative messages that you replay, like a DVD, and identified some of your unhelpful thinking styles and ways that you might selectively pay attention and interpret events. You are now ready to move on to the next module. In Module 8 we will give you strategies for challenging the eating disorder mindset. Stay with us!





## Module Summary

- We all experience the world through various mindsets. A mindset is a particular and overarching collection of thoughts, beliefs, attitudes, emotions and behaviours.
- Mindsets influence how you see things. They offer views of yourself that are often distorted.
- People with certain vulnerabilities who develop disordered eating habits and weight control behaviours may, over time, develop an *eating disorder mindset*.
- A mindset is like a DVD in that it plays and replays old messages, and might get 'stuck'.
- The mindset is made up of unhelpful styles of thinking. It is maintained by the way we pay attention to and interpret our world. These messages in turn contribute to maintaining the eating disorder.

## 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.

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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.

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*Coming Up...*



In Module 8 (Changing Mindsets) we'll look at how to challenge and change mindsets.





## 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
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