



Overcoming Disordered Eating

Information Pack B

In Charge...Mindset Matters

Module 4

Body Checking/ Avoidance & “Feeling Fat”

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This is the fourth 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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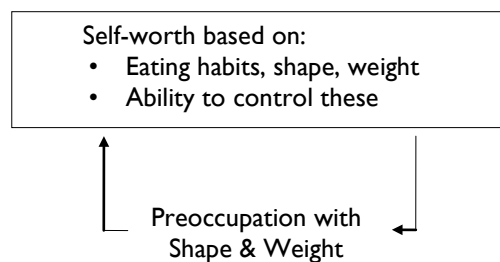


Introduction

In Information Pack A we discussed how eating disorders develop and are maintained when people engage in strict dieting and use other unhelpful shape and weight control strategies. In Module 1 we discussed in more detail how judging yourself based on controlling eating, shape and weight can lead to these disordered eating habits and weight control behaviours. In Module 2 we looked at strategies for challenging your thinking, and in the last module we looked at challenging dietary rules, primarily by using Behavioural Experiments. In this module, we will discuss what else can happen when one bases one's self-worth on controlling eating, shape and weight.

Preoccupation with Body Shape & Weight

If a person's judgement of self-worth is closely connected with how successful they are at controlling their eating, body shape and weight, they will quite likely become preoccupied with thoughts about their body shape and weight. The diagram below shows how this preoccupation maintains their system of evaluating their self-worth.



If you are constantly evaluating your body, it will likely also result in you doing things that keep the problem going. Let's consider some of these maintaining factors.

Body Shape & Weight Checking or Avoidance

When a person is preoccupied with thoughts about their weight or shape, they often behave in ways that maintain that over-evaluation of control over eating, weight and shape. They may constantly check their weight and appearance – weighing themselves frequently (perhaps many times a day), studying themselves in the mirror repeatedly, comparing their bodies with other people's, or checking their body by looking closely at or measuring certain parts of their body, and/or pinching their skin in an effort to detect fat. Often, people are unaware that they study or check their bodies so frequently. Body shape checking can become such a habit that it is done unconsciously, but it has a negative effect. Let's explore why this is so.

Weight Checking and Weight Avoidance

We addressed the issue of frequent weighing in Information Pack A. We hope that by now you are only weighing once a week, and not drawing conclusions from just one reading. You may have experienced a short-term increase in anxiety about weight, but as you began to get used to weighing just once a week, you probably found you were worrying less about your weight – and were less preoccupied with it.



If you are still weighing frequently or whenever you think you may have gained weight, we urge you to establish a routine of weighing just once a week (you may want to re-read Module 5 of the previous Information Pack).

Avoiding weighing can be just as problematic. While the aim of this avoidance may be to avoid distress or discomfort, the preoccupation with your weight is still there. The discomfort may even become worse over time because you are not giving yourself the chance to find out that perhaps your fears are not true – that you are not putting on weight. Very often, your fears are worse than reality, so weighing weekly and knowing your weight is a step in overcoming your preoccupation with weight and shape.



How are you doing with regular (weekly) weighing? How do you feel about weighing yourself just once a week? How has this affected your feelings and fears about your weight? If you are still weighing yourself frequently, how could you stop this and begin to weigh yourself just once a week? Take some time to think about this and jot down your thoughts.

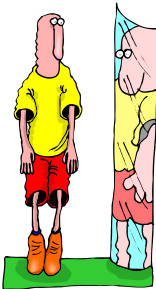
Body Shape Checking and Avoidance

Do you check your body in the mirror frequently? Do you compare your body with other (thinner) people? Do you pinch parts of your body, looking for evidence of fat? Do you measure your body in some way, such as joining your thumb and forefinger around your wrist? Write down all the ways you can think of that you use to check your body shape.

Constantly checking your body is unhelpful, for four main reasons.

Firstly, bodies don't change that much within a few minutes or even hours, so why look or touch again and again? It is easy to think: "I look bigger" with little evidence for this notion.

Secondly, people's memories for how their body looked or felt is unreliable, and after an hour you have a poor recollection of how you looked or felt an hour earlier.



Thirdly, people with eating disorders often check their bodies for qualities they don't like rather than ones they like. They search for 'fat' areas or areas that 'wobble', and they tune in to and focus on this 'fat'. Have you ever heard women saying that they have never noticed other pregnant women until they became pregnant themselves? Or perhaps you might not have noticed a particular type of car or fashion accessory until you've bought one and then you seem to see it everywhere? Finding 'fatness' works in the same way. If you are constantly tuned into signs of 'fatness,' you will find them! Everyone, even the thinnest woman in the world, has some fat on her body.

Lastly, it is common for people with eating disorders to have a distorted perception of themselves, especially when they look in the mirror. Why is this so? There are several explanations, and it is worth thinking about this issue seriously so that you can understand how your reflection gets distorted.



If you look at anything without context, especially if that item has negative associations, it will appear larger to you. For example, if a spider were to run across your desk and stop, you would see it differently if you were afraid of spiders. Without such a fear you might think “Yuk” and flick it off. But if you were phobic, you would stare at the spider and tune out anything else on the desk: your computer, the keyboard, the mouse, your hands, etc. Without any context to measure the spider against, it would seem huge. Likewise, when you look only for signs of ‘fatness’, you tend to tune out other things and see only the ‘fatness’. When you stare at your naked thighs in the mirror, you will be searching for fat and you will probably find it (see above) but then, while you are staring at your thighs and tuning out what else is reflected in the mirror (other parts of your body, furniture behind you, etc.) *your thighs will seem larger.*



There is another way our reflections become distorted. When you look at yourself naked in a full-length mirror, what do you see? You see yourself full-length, don't you? You think you see yourself as others would see you, you think what you're seeing is a true reflection of your body. But this is not so. Let's do an experiment to prove that. You will need another person to help you with this – and you can do the experiment fully clothed!

Stand across the room from a full-length mirror, making sure you can see both your head and your feet. You see a full-length version of yourself, don't you? Now, get your partner or a friend to stand next to the mirror, with some sticky tape. Get him or her to put a piece of tape at the point that marks the top of your head in the reflection, and another piece of tape to mark where you see your feet in the reflection. Now measure the distance between the two pieces of tape. How tall was your reflection? It wasn't anywhere as tall as you - it was a 'mini' version of you. Yet when you looked in the mirror, you didn't say: “That's Mini-me”, you said: “That's me”. This goes to show that when we look in the mirror at an image of ourselves, our brains convert (distort) the reflection so that we “see” a full-length version of ourselves – *because we are expecting to.*

Likewise, when we look in the mirror at our “fat thighs”, we “see” fat thighs – *because we are expecting to.* Our brains distort the reflection so we interpret it according to how we expect it to be, or fear it to be (as in the case of the “huge” spider, or the “fat” thighs).

Are you surprised by any of this? Do you see how it is unhelpful to keep checking your shape by looking in the mirror or by repeatedly touching yourself? Do you see how these behaviours can add to your preoccupation with your body shape, and therefore help maintain your disordered eating? Write down your thoughts about this.

Another way of checking your body shape is by comparing yourself with others. Do you notice yourself doing this? But do you compare yourself with everyone you pass on the street, or do you compare yourself only with people whom you consider to be thinner than you? Are you also comparing your body with images presented by the media, the images of actors and supermodels, as your ideal? How realistic do you think this is? Extremely thin actors and supermodels make up only a very TINY proportion of the people in the world - and many of these have developed eating disorders to maintain their unnaturally thin shape. Furthermore, almost all photographs in magazines are air-brushed, in other words they are “touched up” to make the models look “perfect” (no pimples, no cellulite!). Take a look at the Evolution video: www.campaignforrealbeauty.com.au/dove-self-esteem-fund



How can it be realistic to evaluate your success in controlling your body shape by comparing yourself to a group of people who a) are not representative of people in general, b) may rely on disordered eating, and c) have their images air-brushed? By doing this, you are putting a lot of pressure on yourself and it is likely that you will often think you are failing. Take some time to consider this and jot down some thoughts.

How might all this affect how you feel? Well, if you keep checking your body and looking at only the parts of yourself you don't like, it will keep you feeling dissatisfied and unhappy with yourself. Also, constantly checking your body and weight means that your attention and focus are on these things. This maintains your preoccupation with your body shape and weight, and it becomes yet another vicious cycle.

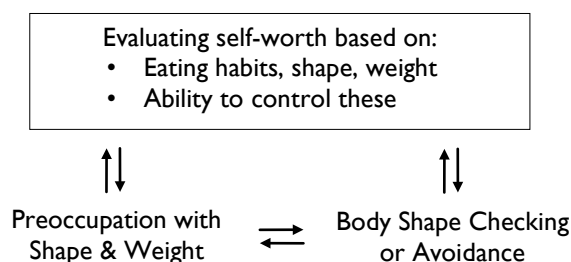
On the other hand, some people avoid looking at their bodies altogether or engage in other avoidance behaviours, and this is also unhelpful. Some people avoid looking at themselves in mirrors or other reflections. Some avoid wearing clothes that show the shape of their body or avoid shopping for clothes. Some people avoid touching their bodies or seeing themselves naked. Some also avoid or have limited close physical contact with other people (e.g., having sex, kissing, hugging), because of their dissatisfaction with their shape.



Avoiding your body also maintains your preoccupation with your body shape! Many people avoid their bodies because they fear that they are so fat they can't fit into any new clothes, or they avoid physical contact because they fear being rejected because they are so fat. While the aim of this avoidance may be to avoid distress or discomfort, the focus on their shape is still there and they are no less preoccupied with it than before! In fact, the discomfort may even become worse over time because they are not giving themselves a chance to find out that perhaps their fears are not true – that they can fit into and look good in new clothes, and they will not be rejected because of their body shape. Very often, your fears are worse than reality.

Do you check your body by touching it or looking in the mirror repeatedly, or compare it with other people's, or avoid looking at it out of fear? Write down some thoughts about this.

The diagram below shows how body shape checking or avoidance maintains your system of evaluating your self-worth, and your preoccupation with weight and shape.



Let's consider another of these maintaining factors.



“Feeling Fat”

A further effect of a preoccupation with body shape and weight is “feeling fat.” Have you ever heard yourself say or think that? You may have felt negatively about yourself and then said or thought, “I feel so fat!” People with eating disorders say this often.

This is an interesting choice of words, don’t you think? We often hear of people feeling sad, angry, hurt, happy, excited, enthusiastic, and even physical sensations such as nauseous, breathless, giddy ... BUT ... “feeling FAT”??? What’s that all about?! How does one “feel” FAT? You don’t “feel” green!

This is something that *comes out of* a preoccupation with body shape and weight, but it also *reinforces* the preoccupation. People with eating disorders have a tendency, when they think negatively about something or feel a negative emotion, to *label* or call that experience as “feeling fat.” Here are a couple of examples:



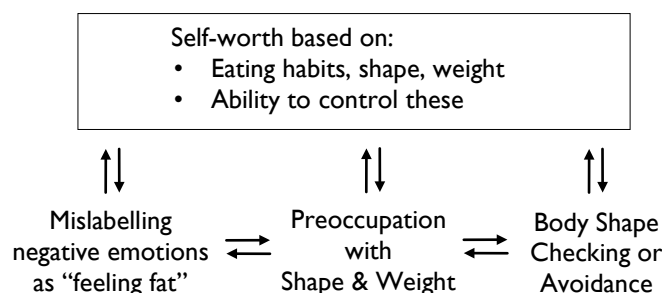
Jenny is having a night out with a few of her friends. They had dinner at a café and they are now at a club having a few drinks. Jenny had specifically told herself that she must not have any dessert with her dinner but because all her friends had cake and coffee, she did too. She is now feeling guilty and frustrated with herself but when her friends ask her what is wrong, she says that she is “feeling fat.”

Rick has just come home from school. He’s feeling a little restless and bored. He’s got an hour to fill before one of his favourite television programs begins. He doesn’t want to eat anything as he’s on a diet and he doesn’t want to start on his homework yet. But he can’t seem to think of anything to do. He flops down on the sofa and says, “I feel so fat.”

In these examples, what is happening is that negative feelings such as guilt, frustration, and boredom are being **mislabelled** as “feeling fat”.

Have you ever noticed yourself thinking or saying “I feel fat,” when you feel uncomfortable, upset with yourself, or negative about something? Take a few minutes to write down the situations in which you might have “felt fat.”

When people with eating disorders think that they “feel fat” when they experience a negative emotion or sensation, they stop recognising and correctly identifying their negative emotions and uncomfortable sensations. Instead, when they group these feelings and mislabel them as “feeling fat,” it brings their focus back to the way they evaluate themselves on the basis of controlling eating, shape and weight, and this maintains their preoccupation with shape and weight, which in turn maintains body shape and weight checking (or avoidance). In the diagram below, we add this maintaining factor:





Over-evaluation of control over eating, weight and shape creates a self-perpetuating cycle of feeling bad about yourself. As discussed in Information Pack A and in the previous module, it leads to disordered eating behaviours and weight control behaviours. We can now see how it also leads to frequent weighing, body checking and mislabelling of negative feelings as “feeling fat”. With attempts to control weight and shape, how do you know you’ve succeeded? Never! Media images are suspect, giving us biased information concerning normative shape. *The vicious cycle is particularly vicious because it keeps you dissatisfied and unhappy.*

HOWEVER, having said all this, you CAN overcome eating disorders. There are ways to address these maintaining factors so that you can, over time and with effort, reverse the cycle! In the following sections, we will discuss how to do just that.



Reducing Body Shape & Weight Checking & Facing Your Fears

On pages 2-5 of this module we discussed how weight and body shape checking (or avoidance) can maintain preoccupation with shape and weight and also reinforce self-evaluation based on controlling eating, weight and shape. Common checking behaviours in people with eating disorders include: frequent weighing (perhaps many times a day), studying parts of their bodies in the mirror, looking closely at, or measuring, certain parts of their bodies, pinching their skin folds to check for ‘fat,’ and studying ‘wobbly’ parts of the body (e.g., thighs, flesh under the arm).

Avoidance behaviours are also common, and these include: not looking at themselves in mirrors or avoiding other reflections, not wearing clothes that show the shape of their body, not shopping for clothes, not weighing themselves, not touching their bodies, not seeing themselves naked, having only limited close physical contact with other people (e.g., having sex, kissing, hugging) because of their dislike of their shape.

Body checking or avoidance can be done unconsciously. That’s why it would be useful for you to become aware of, and monitor, any body checking or avoidance behaviours over two or more days. Use the worksheet on Page 9 to help you overcome your body checking – or body avoidance.

1. Identify and monitor frequency of all shape checking and body avoidance behaviours

Take a few minutes to write down how you might be checking your body shape and weight or avoiding your body and weight, and how many times a day you do this. Try to be aware of how often you look in the mirror (importantly, what you are looking at), or how you might be checking or measuring parts of your body. Also, be aware of how you might be NOT looking at your body and engaging in some form of avoidance behaviour. Many people both check AND avoid!

2. Choose 3 checking behaviours you would like to reduce

To reduce your preoccupation with thoughts about your body shape and weight, you need to begin to **reduce** your checking behaviours. Then, once you have an awareness of these, you can clearly plan how you would try to reduce these checking behaviours. Here are some guidelines you could use:



- **Reduce gradually** your checking behaviours (e.g., reducing frequency of touching your hip bones by a third, to a half, then a quarter, etc.).
- **Limit** your checking behaviours - allow certain ones to be done only once or twice a week (e.g., weighing yourself only once a week at a specific day and time).
- **Eliminate** some checking behaviours altogether (e.g., stop checking for underarm “wobble”).
- **Postpone** checking behaviours (e.g., allow yourself to check or measure something only at a certain time of the day, such as between 5 and 5.15 pm. If you are tempted to check at other times, remind yourself that you will check later).
- You might need to put your scales in a cupboard (or give them to a friend to keep) and move mirrors, in order to break these habits.

3. Make a list of body avoidance behaviours

Remember that avoiding your body also maintains your preoccupation with your body shape and weight. While avoiding your body might help you avoid anxiety and distress, you are also not giving yourself a chance to find out whether or not your fears are really true. This, in turn, maintains your focus on your shape and weight. To overcome this preoccupation, you need to face your body and your fears about what you might see or experience when you do so. As with the checking behaviours, you need to be aware of what you avoid doing and how uncomfortable or distressed you would feel if you could not avoid it.

Begin with making a list of how you might avoid looking at, touching, showing, or letting others see or touch, your body or parts of your body. Then, for each behaviour, rate how distressed you would feel, on a scale of 0 to 100 (100 being the worst you could feel), if you could not avoid it. Here’s an example:

Example:

Behaviour	Distress Rating
<i>Letting my partner see me totally naked</i>	95
<i>Wearing a figure-hugging dress</i>	80
<i>Wearing a sleeveless top</i>	70
<i>Letting my partner hug me</i>	70
<i>Trying on new clothes at the shops</i>	65
<i>Looking at myself naked in the mirror</i>	60
<i>Looking at myself in the mirror wearing only my underwear</i>	50
<i>Looking at myself in the mirror fully clothed</i>	40

Once you have written out your list, it is important that you start putting yourself in these situations or carrying out the behaviour. Feelings of anxiety and discomfort do not last forever. Your anxiety will decrease over time if you face the situation. You can start with those that are easier for you to handle, and then work your way up to more challenging situations or tasks. This will help you to build your confidence, get used to the situations, and to challenge your fears about each situation. Repeat each situation or avoided behaviour a few times. It does not have to be done within a day or a week. Give yourself a period of time, e.g., a fortnight or a month. Rate your discomfort and anxiety after you have carried out the behaviour. By doing this in a structured and repeated way, you will be able to reduce your discomfort and anxiety in these situations over time.

Use the worksheet on the next page to help you in reducing your checking behaviours and facing your avoidance behaviours.





Overcoming Body Checking & Avoidance

1. Identify and monitor frequency of all shape checking and body avoidance behaviours.

Shape Checking & Number of Times	
<i>Looking at thighs in mirror</i>	<i>12x a day</i>

Body Avoidance & Number of Times	
<i>Partner wants to hug me but subtly avoid him</i>	<i>2x or 3x a day</i>

2. Choose 3 checking behaviours you would like to reduce and write them in the box below. Write down the specific guidelines (see pages 7 – 8) you will use and then each day record the number of times you actually checked. See if the numbers go down as the week progresses.

Specific Guidelines:

Checking Behaviour	Mon	Tue	Wed	Thu	Fri	Sat	Sun

3. Make a list of body avoidance behaviours. Then, for each behaviour, rate how distressed you would feel, on a scale of 0 to 100 (100 being the worst you could feel), if you could not avoid it. Then plan what behaviours to face first, and rate your distress levels after each try. We recommend that you start by facing the behaviour with the lowest distress rating. Then as you get better at facing your fears you can start working on the more distressing ones.

Avoidance Behaviour	Distress Rating

Avoidance Behaviour I Will Face	1 st Try	2 nd Try	3 rd Try	4 th Try	5 th Try



Identifying Other Feelings

When people with eating disorders think or say that they “feel fat” when they feel a negative emotion or sensation, they stop recognising and correctly identifying their negative emotions and uncomfortable sensations. Instead, when they group these feelings and **mislabeled** them as “feeling fat,” it brings their focus back to their dissatisfaction with their body shape, and this maintains their preoccupation with body shape and weight.

This is why it is also important to address “feeling fat”, and this is done by learning to identify and correctly label the emotions and sensations you experience. Sometimes, it can be difficult to know exactly what we are feeling and to put it into words. The following list contains words that describe feelings, and this may be a useful starting point in helping you to identify and describe how you feel.



Words That Describe Feelings & Emotions			
Tense	Enraged	Frightened	Exhausted
Annoyed	Happy	Panicky	Euphoric
Unhappy	Exhilarated	Frustrated	Furious
Calm	Keyed-up	Scared	Uneasy
Anxious	Irritated	Flat	Sad
Depressed	Joyful	Tired	Discouraged
Angry	Excited	Nervous	Jealous
Bored	Agitated	Hurt	Concerned
Disgusted	Fearful	Shocked	Surprised



To help you identify the emotions and sensations you might be feeling when you “feel fat,” write down the situations when you feel this way and try to use other words to describe how you were feeling. Use the above list to help you do this.

Situations in which I “Feel Fat” <i>(Describe each situation where you “feel fat” or negative about yourself, someone or something. Describe it like how a video camera would record it – just the facts)</i>	Other Feelings <i>(Use words that describe feelings and emotions to label how you were feeling)</i>
<i>e.g., when my boyfriend goes out with his mates to the pub</i>	<i>e.g., hurt, insecure, jealous, angry</i>

When you begin to identify and correctly label the feelings and sensations you experience, you will also begin to recognise that you experience a range of different emotions and feelings, and that life need not be all about being preoccupied with your body shape and weight. We are encouraging you to face and deal with negative emotions even though this may be hard, but it is helpful. Emotions let you know what is really going on. Sadness might tell you how important something is to you; anger might identify a problem to be solved. The ability to detect and accept feelings allows you to have a range of emotional experiences (both positive and negative), which enriches the experience of being human. Life can be filled with having other experiences and feelings. Different parts of your life can be extended, experienced fully, and even enjoyed! You can refer back to Module 7 of Information Pack A for further help in dealing with emotions.



Module Summary

- People with eating disorders easily become preoccupied with thoughts about eating, shape and weight. This serves to maintain the way they judge themselves according to how well they control eating, weight and shape.
- This preoccupation also leads to weight and body shape checking and/or avoidance.
- Mislabelling negative feelings as “feeling fat” can also maintain checking and preoccupations.
- It is important for people with eating disorders to expand other (non-eating/weight/shape-related) areas of their life.
- It is important to reduce weight and body checking (and avoidance)
- It is important to identify one’s real emotions and stop mislabelling negative feelings as “feeling fat”.


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 5 (Low self-esteem) we'll look at how self-esteem can influence or contribute to disordered eating.





About This Module

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BACKGROUND

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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