The Utilization of EMDR in the Treatment of Eating Disorders
Seminar 1

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Aims

This seminar aims to:

* Describe the types/spectrum of eating disorders

* Discuss how to assess and manage medical risk - severity indicators & non-negotiables

* Discuss connections between ED symptomatology and trauma

* Illustrate how ambivalence is a clinical challenge – describe helpful strategies, including 2-hand interweave

* Describe the function/s of the eating disorder and how to start eliciting targets for EMDR

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'EATING DISORDERS
ARE
A
COMPLEX
MEANINGFUL
MESS
WHERE
EATING
AND
WEIGHT ISSUES
HAVE BECOME
INEXTRICABLY
ENTANGLED
WITH
WIDER
PSYCHOLOGICAL ISSUES'
(Palmer,1997)

Successful treatment must address both food and nutrition as well as psychological difficulties

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TASKS of RECOVERY

1. Restore sustainable weight and eating
2. Disentangle ideas about weight and eating from wider personal issues
3. Successfully resolve underlying issues
4. Get life on the move again

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DSM-5 Diagnoses

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Avoidant-Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding or Eating Disorder (OSFED)
- Movement across diagnoses

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Other Eating & Feeding Problems

- Orthorexia –obsession with eating "pure" food

(Bratman, 1997)

- Rumination disorder – regularly vomiting partly digested food
- Pica -eating non-food substances

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What is Anorexia Nervosa?

- **Restricting** and **Binge-Purge** subtype
- Triad of:

1. Significantly low body weight due to restricted eating or failure to gain weight expected for age, sex & height
2. Fear of becoming fat or gaining weight
3. Distorted body image and abnormal attitudes to food and weight

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Severity Indicators for A/N

- **Mild**: BMI more than 17
- **Moderate**: BMI 16-16.99
- **Severe**: BMI 15-15.99 – refer to specialist ED service
- **Extreme**: BMI less than 15

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- **BMI 13.5** – specialist ED hospital admission
- **BMI 10** = DEATH
- **Younger clients** - body mass is plotted on BMI centile charts; height and weight centile charts

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BMI Calculation

- Body Mass Index (BMI) – calculated as weight (in kgs) divided by height^2 (in m^2)
- *Example: if a client weighs 53kg and is 1.6m in height, the BMI would be 53/(1.6x1.6) = 20.7*

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What is Bulimia Nervosa?

- Triad of:

1. Binge eating excessive amount of food with loss of self –control
2. Desire for thinness and preoccupation with food and weight
3. Strategies aimed at weight reduction – vomiting, laxative and/or diuretic abuse, excessive exercising

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What is Binge Eating Disorder?

- Binge eating excessive amounts of food with loss of self control
- No use of extreme weight control strategies therefore often associated with obesity

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Other Specified Feeding or Eating Disorder (OSFED)

- For those who do not meet full criteria of other diagnoses
- 60% of clients did not meet full criteria (when this category was called EDNOS)
- Movement across diagnoses

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Co-Occurring Conditions

- Anxiety
- Depression
- Obsessive Compulsive Disorder
- Perfectionism
- Substance abuse
- Alcohol misuse
- Self-harm
- Autistic spectrum disorder
- Chronic low self esteem, sense of ineffectiveness are key features

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- Co-morbidity – can intensify E/D symptoms and impact treatment (compliance, recovery, drop-out)
- Some of the comorbidity comes from/is made worse by the effects of under-eating/starving/dysregulated eating
- Multifaceted disorders requiring a multimodal approach to treatment

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DIETING

And its Relationship to ED's

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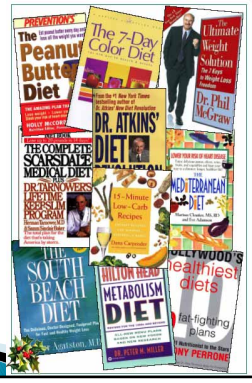
What are the Effects of Dieting?



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Exercise 1 (10mins)

- In groups discuss the effects of dieting on the following domains of functioning:
- 1. Physical
- 2. Mental/Emotional
- 3. Social

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The Minnesota Experiment

(Keys et al 1950)

- 36 healthy, psychologically robust male volunteers
- *3 months* ate normally - behaviour, personality and eating patterns studied
- *6 months* - former food intake restricted to half incurring an average weight loss of 25%
- *Final 3 months* – re-nourished back to pre-experiment weight

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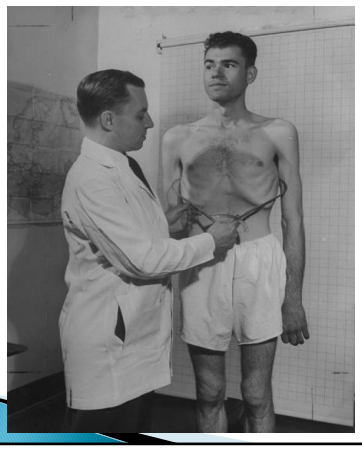

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Physical Changes

- Gastrointestinal discomfort
- Dizziness and headaches
- Reduced strength
- Fluid retention
- Hair loss
- Dry skin
- Slow healing of wounds
- Parasthesia
- Ringing noises in ears

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- Lack of concentration
- Changes in heart rate
- Decreased tolerance for cold temperature (cold hands and feet)
- Decreased need for sleep
- Loss of libido
- Metabolic rate slowed down by 40%

Took 5 to 8 months to return to normal

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Emotional Changes

- Starvation Depression
- Irritability
- Outbursts of anger
- Anxiety
- Apathetic

Social Changes

- Withdrawal and isolation

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Attitudes & Behaviours Relating to Eating

- Increased preoccupation with food
- Craving for food
- Cutting food into small pieces
- Increased time spent eating
- More tea and coffee consumption
- More use of chewing gum

- ***In the re-nourishment stage*** some developed bingeing and purging behaviours

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Significance of the Study for People with Eating Disorders

- Many of the symptoms specific to anorexia or bulimia nervosa are actually the result of starvation
- It is essential that weight be restored to "normal" so that a correct psychological assessment can take place
- The human body will try to preserve the life of an individual for as long as possible

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Non-Negotiables in Treatment

- Weight monitoring in AN
- Medical monitoring of bloods & electrolytes
- A/N- increasing food intake
- B/N – eating 3 balanced meals & 2 or 3 snacks

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Connections Between E/D Symptomatology & Trauma

- Many theoretical conceptualisations of E/D's
- A popular view - E/D behaviours are affect management strategies that defend against unbearable realities/conflicts and overwhelming feeling states

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- Unresolved trauma(Big T & little t), PTSD, disrupted attachments and developmental arrest are often core underlying issues
- Dissociative experiences are common – ranging from mild to dissociative seizures and DID

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Do Client's with E/D's Come Ready to Make Changes?

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Clients with ED's (especially AN) have a bad reputation as being Resistant to Treatment

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What Does It Mean to Be Resistant?

- **Resistance** – *"the act of opposing or refusing to comply with, withstanding, impeding, refraining from or turning down"*
(Chambers Pocket Dictionary)
- Most Clients are NOT Resistant BUT they Are Ambivalent
- **Ambivalence** - *" the concurrent adherence to two opposite or conflicting views, feelings etc about someone or something"* (2 separate ego states in conflict)
(Chambers Pocket Dictionary)

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Client Dilemma/Therapeutic Challenge

- In asking clients to reduce/give up E/D behaviours *"we are proposing to fix one of the few parts of their lives that they **DO NOT** consider broken"* ***(Vitousek,1998)***
- It is vital to appreciate this dilemma from the clients point of view
- In most cases, treatment involves changing what the individual experiences as **most important** to their **sense of SELF**
- To work effectively it is vital to recognise that the E/D exists for very good and important reasons

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EXERCISE 2 (10 mins)

1.How can an eating disorder (restricting, bingeing and purging, over-eating) serve the client?

2.What are some of the disadvantages/unwanted consequences of these behaviours?

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Anorexia Nervosa: Friend or Foe

Serpell,Treasure,Teasdale & Sullivan
International Journal of Eating Disorders
25, 117-186, 1999

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Aims

- Use qualitative methodology to draw out beliefs and examine the person's attitudes towards AN
- Enhance engagement by understanding function of AN symptoms
- What factors might be maintaining AN?
- What factors might help tip the balance towards giving up AN?

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Method

- Part of a STEP program Bethlem & Maudsley (Treasure 1998)

Participants

- Patients with AN who presented to the above service for treatment (in-pts and out-pts)

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Task

- Homework after 2nd or 3rd session
- Patients asked to write one letter to anorexia their 'friend' and one to anorexia their 'enemy'
- Used at next session as part of MET approach

Data Collection

- Letters of consenting pts photocopied and analysed

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Analysis

- 34 letters (16 friend & foe, 1 friend only, 1 foe only)
- 5 friend and 5 foe letters selected randomly
- Coded into pro (positive) and anti (negative)
- Pro and anti statements subdivided into themes (10 each) in coding manual
- All 3 raters coded all 34 letters
- Inter-rater reliability checks carried out

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THE VALUED NATURE OF A/N SYMPTOMS

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1. **Guardian**
Looked after, safe, protected, AN dependable & consistent
' AN…source of my security, my guard'

2. **Control**
Provides control, structure or willpower to person's life
' I really need you to provide direction in everything I do'

3. **Attractiveness**
Looking slim, more attractive, not gaining weight, interest from opposite sex
'feel more men interested in me & feel this has a lot to do with you'
'if I put on wt I would be fat and disgusting'

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4. **Confidence**
Gives confidence to individual
'often when in company you make me more extroverted than I used to be'

5. **Difference**
Feeling different from others, being special or superior
' you make me feel special by being different…something none of my friends & family have'

6. **Avoid**
Helping to avoid feeling emotions, or to cope with emotions or distress
'you give me a good reason to hide from things/thoughts/events I know I can't cope with'

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7. **Skill**
'taught me so many habits and tricks which I have become good at'

8. **Communication**
'you are my cry for help when things go wrong'

9. **Fitness**
'you make me feel fitter and improve my stamina'

10. **Periods**
'You've stopped my periods…saved me 2 days of pain & a week of inconvenience every month'

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THE DISADVANTAGES OF A/N SYMPTOMS

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11. **Food**
Tired of thinking about/being controlled by food
'hate you…keep bothering me when I have so many far more interesting things to think about'

12. **Takeover**
Stifled or taken over by disorder, not a person any more, need to escape
'there are times when I think you've engulfed me and when people look at my body, they don't see me anymore, only you'

13. **Social**
Loss of friends, family, social life, career because of AN
'I hate you for what you've done; ruined friendships, relationships & career prospects

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14. **Health**
Current/future health problems perceived as resulting from disorder
'were you responsible for the length of time it took me to get pregnant? The perforated gastric ulcer?'

15. **Hate**
Anger and hatred towards AN, fighting AN
'I'm sick and tired of you ruling my life. You make me devious, unfriendly & unhappy'

16. **Waste**
Feeling of life/time being wasted by AN
'you've stopped me doing things I should have done and wanted to do'

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17. **Others**
'do you realise the worry you've caused my family?'

18. **Psychological**
'sometimes my hunger makes me feel desperately unhappy as if nothing could comfort me'

19. **Pretend**
'you pretend to be my friend but I do not achieve anything with you'

20. **Emotions**
'you've suffocated all my natural emotions, clouded all my responses'

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EXAMPLE

Friend and Foe Letter

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To Anorexia My Friend,

Firstly, I must thank you for all that you've done for me. You've stuck by me and encouraged me and you helped me achieve my goal. I wanted to lose weight and I did. I couldn't have done it without you. You gave me the strength and determination I needed.

You've been my friend when everyone else was angry or disappointed in me. You've become part of me and I can't and don't want to let you go.

You've given me an excuse to be less energetic and achieving. You've gotten rid of all the pressures of life, school, friends and sport. I can just sit back and let life pass me by. Easy. All I need is you.

You've helped me to open up to people and show them my weaker side. Now they know I needed help with life and that I couldn't get through it alone. I wasn't as strong as they thought.

But now I have you instead to help me.

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To Anorexia My Enemy,

I hate you. You're always telling me what to do and what not to do. You're so controlling. You've made me so deceitful through your deceit. I hate what you've turned me into. I no longer see the enjoyment in life. It just passes me by,, wasting away. My fiends must think that I'm no fun. My family don't like you and what I become around you. And it is you, NOT me.

I didn't ask for your help, so will you please just leave me alone. You're destroying me and my family. I just can't cope any more. I want it just to be over. You make me feel like giving up on everything.

Why should I be your friend when all you do is deprive me of food and make me cold, thin, pale with thinning hair and brittle bones and weak?

Just leave me alone and let me be me again, if I can remember who that is.

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Conclusions

- Pro Themes provide clearer understanding of great value clients attach to their disorder
- Pro Themes can help to explain strength of resistance to change
- Anti Themes show areas of a patient's AN that are ego-dystonic
- Working on these areas with the patient may potentially increase motivation to recover

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Therapeutic Style

- **Motivational Interviewing**
- Highlighting discrepancy between goals/future goals and current behaviours – *"on the one hand.....and on the other..... where does this leave you?"*
- Motivational Enhancement Exercises
- Writing **LETTER TO FUTURE SELF**- 5 years on when in strong recovery and one where symptoms have worsened

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Resolving Ambivalence with 2 Hand Interweave

(Shapiro, 2005)

- Useful as an exercise in discernment between choices
- *" hold your future if you give up your E/D in one hand and your life if the ED stays the same or gets worse in the other"*

" hold wanting to make the changes in one hand and wanting to stay the same in the other?"

15 to 24 DAS ***" what difference do you notice?"***

- Distress in either hand → float back to target → Standard Protocol

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FINAL QUESTIONS?

THANK YOU FOR YOUR CONTRIBUTIONS!

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