Treating the complexities of Eating Disorders on Campus
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McCallum Place Eating Disorder Centers

Introduction

I. The effects of poor nutrition on cognition, emotional and physical health
   A. Cognition & Emotional Health
      1. Minnesota Starvation Experiment
         a) Conscientious Objectors during World War II
         b) Study physiological and psychological effects of severe and prolonged dietary restriction
      2. Hungry Brain
         a) Increase in depression, hysteria and focus on somatic concerns
         b) Increased irritability
         c) Self-harm
         d) Apathy, lethargy, diminished sexual interest
         e) Social withdrawal and isolation
         f) Decline in concentration, comprehension and judgement
   B. Physical Health - Medical risks of eating disorders
      1. Anorexia
         a) Slow heart rate, low blood pressure, and heart failure
         b) Reduction of bone density (osteoporosis), which results in dry, brittle bone
         c) Muscle loss and weakness
         d) Severe dehydration, kidney failure
         e) Fainting, fatigue, and overall weakness
         f) Dry hair and skin; hair loss is common
      2. Bulimia
         a) Electrolyte imbalances that can lead to irregular heartbeats, heart failure and death
         b) Potential for gastric rupture during periods of bingeing
         c) Tooth decay and staining from stomach acids released during frequent vomiting
         d) Chronic irregular bowel movements and constipation as a result of laxative abuse
         e) Peptic ulcers and pancreatitis
      3. Binge Eating
         a) High blood pressure
b) High cholesterol levels

c) Heart disease as a result of elevated triglyceride levels

d) Type II diabetes mellitus

e) Gallbladder disease

II. Treating on Campus

A. When to medically consider an eating disorder
   1. Menstrual irregularity/amenorrhea
   2. New bradycardia
   3. Hypothermia
   4. Unexplained electrolyte imbalances
   5. Increased focus on exercise

B. When to consider referring to a higher level of care
   1. Patient not making progress with recommendations
   2. Family and care givers seem overwhelmed
   3. Physician seems overwhelmed
   4. Lack of resources for multi-disciplinary treatment
   5. Weight loss is ongoing/lack of weight gain
   6. Needs consistent monitoring and therapy more that once a week

C. Multidisciplinary Treatment Team
   1. Therapist
   2. Medical monitoring (medical and psychiatric)
   3. Registered Dietitian
   4. Consider creating an Eating Disorder team

III. The Role of Shame in Body Image Distortion

A. Shame and Sickness
   1. Sally Dickerson and her team studied the impact of self-blame and shame on a group of men with AIDS in a 9 year study. She writes, “We have shown that the negative...self-appraisals associated with shame predict immune decline and, in some cases, accelerated progression of HIV infection. Negative attributions and self-reproach predicted greater rates of...decline in separate samples of HIV-seropositive gay men. Sensitivity to the negative evaluations of others (ie, “rejection sensitivity”) predicted...a more rapid onset of AIDS and mortality in a 9-year study.”

1 Immunological Effects of Induced Shame and Guilt, S. Dickerson, MA, M. Kemeny, PhD, N. Aziz, MD, K. Kim, PhD and J. Fahey, MD, http://www.psychosomaticmedicine.org/content/66/1/124.abstract
B. Objectification
   1. Thomas Fuchs
      “The **lived** body means not only the felt body and bodily sensations... In other words - everyday life when I'm not thinking about or reflecting on my body as a body but simply experiencing life the only way I can - AS a body.

      “The **corporeal** body is often most apparent to us when we perceive there to be something wrong with it. When we feel tired, injured, sick we begin to say things about the body "I have". "My legs are sore" as opposed to I'm sore. My head hurts as opposed to "I hurt".

      “Finally, and possibly most powerfully, we become aware of the corporeal body when we feel exposed and naked and our body becomes "an object for them, a 'body-for-others' and the focus often shifts to our appearance and our perception of how others see us. When the body becomes objectified it feels more 'alien' to me, takes up more of my attention and energy and may even feel like an enemy.”

C. Self-hatred/punishment
   a) My body disgusts me. I stand naked in front of the bedroom mirror. I pinch the flesh, the needy, hungry, horrible flesh, the softness that buries the perfect clean bones. I pinch hard; red welts appear on my skin. The body revolts me, its tricks, its betrayals, its lies... I want to be thin, I want to be bones, I want to eliminate hunger, softness, need.
      ~ Marya Hornbacher, *Wasted*

IV. Using ideal body image in assessment
   1. Fantasy & Ideal
   2. Ideal body compensation

V. Discussion

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