Get the straightforward facts on eating disorders and develop a safe, healthy recovery plan

Eating Disorders

DUMIES

You can't measure pain on a scale

Susan Schulherr, LCSW

Psychotherapist specializing in eating disorders

A Reference for the Rest of Us!°



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Eating Disorders For Dummies®

by Susan Schulherr



Wiley Publishing, Inc.

Eating Disorders For Dummies®

Published by
Wiley Publishing, Inc.
111 River St.
Hoboken, NJ 07030-5774
www.wiley.com

Copyright © 2008 by Wiley Publishing, Inc., Indianapolis, Indiana

Published by Wiley Publishing, Inc., Indianapolis, Indiana

Published simultaneously in Canada

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Library of Congress Control Number: 2008921210

ISBN: 978-0-470-22549-3

Manufactured in the United States of America

10 9 8 7 6 5 4 3 2



About the Author

Susan Schulherr, LCSW, is a licensed clinical social worker who has had a private psychotherapy practice in New York City for nearly 30 years. She has worked with people with eating disorders for over 20 of those years. Her chapter on treating binge eating disorder appears in the 2005 book, *EMDR Solutions: Pathways to Healing* (Shapiro, Norton). Her article, "The Binge-Diet Cycle: Shedding New Light, Finding New Exits," was published in *Eating Disorders: The Journal of Treatment and Prevention* (1998). She has presented workshops at the local and national level on eating disorders and on issues of weight and eating to both professional and nonprofessional audiences.

Ms. Schulherr is a trained family and couples therapist. She has extensive experience in the trauma specialty approaches of EMDR and Somatic Experiencing, each of which she has adapted for the treatment of eating disorders.

Author's Acknowledgments

I owe some particular thank you's now that this project that once felt so far off is a reality. For the collaborative outpouring that became the text of this book, my thanks to the indefatigable editorial staff at Wiley Publishing: Tracy Boggier, Stephen Clark, Christy Pingleton, and to Misty Rees for her technical review. For presenting me with the opportunity to participate in the first place, my special appreciation to literary agent Margot Maley Hutchison from Waterside Productions, Inc. For concept-to-completion professional feedback and moral support without which my part in this project would have been impossible, endless gratitude to Nancy J. Napier, LMFT.

I always wish to extend heartfelt thanks to the many clients and others who have shared their eating disorder stories and struggles with me over the years. All that you have taught me has made its way into this volume and inspired me with the possibilities for healing even in the most difficult situations.

We're proud of this book; please send us your comments through our Dummies online registration form located at www.dummies.com/register/.

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Introduction

Could this be you? You don't have much self-confidence (this applies most often to females, but males are not immune). You'd love to feel in charge of yourself, your emotions, your life. You'd do anything to be someone others love and admire. You don't feel any of these things are true — for you.

Add to this that you live in a culture that tells you the world is yours if you're thin. That you, or anyone, can become model-thin (or fat-free buff) if you just diet and exercise enough.

You may be a little precise or obsessive by nature. And you may have fewer of the natural brain hormones that buffer most people in life. You may even have a history of some kind of trauma that you have yet to resolve.

These characteristics are the ingredients for making an eating disorder. Because you feel vulnerable, an eating disorder is, above all else, the way you struggle against internal doubts, trying to cope. Dieting is how you try to put together a sense of control and self-esteem. Bingeing is how you comfort yourself or respond to the extremes of dieting. You have come to rely on your eating disorder symptoms so completely that the thought of surrendering them is terrifying — even when they begin to cause a lot of physical and emotional trouble.

If you recognize yourself — or someone you love — in this portrait, you've come to the right book! Although the culture offers plenty to keep an eating disorder going, the pages that follow supply you with lots of ingredients to counter those effects from the inside. Or to start you on that path. I describe the eating disorders from the inside out so you can make sense of what you or your loved one is experiencing. I tell you about what you need for recovery. I describe the process and personnel of treatment in detail. I advise you as a family member or other caring person how to help the person you care about and how to take care of yourself at the same time.

Eating disorders are treacherous. They destroy and even take lives, and they make sufferers doubt and hate themselves. But the happy news is that the majority of people who pitch into treatment and stay with it through recovery get better. They go on to think about and engage in other things, become successful and fulfilled, and leave their eating disorders behind. So can you.

About This Book

This book is aimed at helping you recover from your eating disorder (or helping someone you love recover). I build two big assumptions about what's necessary for recovery into the organization of the book:

If you're aiming at getting better, it helps to understand the nature of an eating disorder

and how you get one.

The way you think about a problem determines how you try to solve it. For instance, if you think your eating disorder shows you don't have enough willpower to control your eating, you may search for bigger and better ways to put controls on yourself. If, on the other hand, you understand that your disorder reflects low self-esteem and problems handling emotions, you can go to work on improving your life in these areas.

I spend a lot of time going over the ways of thinking and looking at yourself that make you vulnerable to an eating disorder. I spend at least as much time describing ways of thinking and behaving that can build inner reserves and make an eating disorder much less likely. This building process can be exciting and gratifying at times. But it can be frustrating and slow-going at others. Knowing what you're doing and why can help you to keep plugging.

Studies show that people who stay in eating disorder treatment long enough to build up inner strengths, rather than just manage outer symptoms (like bingeing or starving), are more likely to get better and stay better.

Getting better means getting treatment.

For most people, recovering from an eating disorder isn't a self-help operation. (You can read about the exceptions to this rule in Chapter 12.) You need to hire experts and invest a lot of yourself and your time in your treatment. I

devote a lot of space to taking you through the treatment process, step-by-step, from beginning to end. This includes understanding treatment options and when to choose them, selecting a therapist and other members of your treatment team, and understanding your own role in the treatment process. I want you to have the best possible chance of being successful.

If you're a family member, I go over in detail how to approach the person you love about treatment. I discuss your role in treatment and how to support recovery in day-to-day living.

I've written *Eating Disorders For Dummies* so that you can jump in wherever your interest takes you — you don't have to read this book from start to finish. Each section includes references to other parts of the book that have more information on the subject you're reading about.

Conventions Used in This Book

Many times in this book, particularly in the treatment sections, I use fictional people to illustrate a point I'm making. These people represent composites of people I've met and/or worked with over the years. In no case do they represent real people.

From time to time, I introduce new terms as I explain ideas important to your understanding of the eating disorders. Mostly I do this when you're likely to run into the term elsewhere and it may be helpful for you to know it. Each time I first use a new term, I *italicize* it, and usually follow it with an explanation.

Eating disorders are still primarily a female affair. So I make my life, and hopefully your reading, easier by using all female pronouns: *her, hers, she*. That doesn't mean I'm not aware that men can develop eating disorders, too. If you're a guy, your disorder is just as serious! (See Chapter 15.)

It would have made for easier language to refer to people with anorexia as *anorexics*, people with bulimia as *bulimics*, and so on. I avoid this streamlined language to make a crucial point: Saying you are a *person with an eating disorder* serves as a reminder that there's more to you, much more, than your eating disorder. Also, there's no reason to assume your disorder is a permanent part of your identity, the way you do when you say you're a woman, or a Latina, or American-born. Saying you're a person with an eating disorder is more like saying you have a major illness. Beating your eating disorder may be a big battle, but your eating disorder is not who you are.

What You're Not to Read

You're not to read anything that isn't crucial to understanding eating disorders and their treatment *if you don't feel like it.* Sometimes I add some extra information that's a little more in-depth but not essential. I mark all such in-depth detours with a Technical Stuff icon.

In the same spirit, along the way I offer extra nuggets of information on the subject you're reading about tucked away in gray boxes called *sidebars*. Read them. Don't read them. The choice is yours. It won't make a difference in your understanding of the subject at hand.

Foolish Assumptions

I assume if you're reading this, you're one of the following people:

- You have or suspect you have an eating disorder: You want to know there's hope, get a better handle on your problem, be pointed in the right direction for treatment, and get a preview of the recovery process.
- ✓ You have a family member, friend, or roommate who has an eating disorder: You want to understand her problem better, know how you can help, understand treatment options if you're the parent of a minor, and get some ideas about support for yourself.
- ✓ You're a professional who works in some way with people with eating disorders: You need a

quick reference and overview to help you understand the problem and how you can help in your particular role.

If any of these descriptions sound like you, you've come to the right book!

How This Book Is Organized

Eating Disorder For Dummies is organized into 5 parts with 27 chapters. What follows is a description of what you can find in each part.

Part I: Eating Disorders: An All-Consuming World of Their Own

Part I intends to help you really *get* what eating disorders are about. Chapter 1 gives you the big picture and previews what you find in the rest of the book. Chapters 2 to 4 introduce you to the three major eating disorders: anorexia, bulimia, and binge eating disorder. These chapters each come with a questionnaire so you can judge whether you're at risk for one of these disorders. Chapter 5 reviews the risk factors that make a person vulnerable to developing an eating disorder genes, brain chemistry, family background, personality characteristics, trauma history, and dieting behavior. In Chapter 6 you can find out about the physical toll eating disordered behavior takes on your body. Finally, Chapter 7 describes other psychological disorders that typically accompany an eating disorder, such as anxiety, depression, addiction, and compulsive exercise.

Part II: Getting Well: Exploring Recovery and Treatment Options

Part II is your treatment handbook. I start you off with a map of recovery goals, so you know what you're aiming at. If you like, you can use the charts I provide to map yourself: Where are you now and what would you like to work on next in relation to each goal?

If you're just thinking about treatment or want to review the treatment you're in, Chapter 9 goes over all your treatment options. This includes treatment experts and facilities. It also includes a discussion of why you might make each choice. Chapter 10 helps you pick the approach to individual therapy that's right for you. It takes you right inside an imaginary session for each approach so you can get a feel for what it may be like. Chapters 11 and 12 explore additional options: family, couples, and group therapies; support groups; medication; and online treatments.

In Chapter 13 I help you think about your own role in using your treatment team and getting better. I follow this up with a chapter on managing early stage recovery successfully, including dealing with relapse.

Part III: Eating Disorders in Special Populations

This part focuses on special groups in the population who are at high risk for eating disorders or whose eating disorder risk has been under-recognized. I highlight special treatment considerations for each group. These groups include

- ✓ Men
- Athletes
- ✓ Dancers, models, and actors
- Children
- Middle-aged and elderly people
- People who are obese