

# **Development and Maintenance of an Eating Disorder Due to Abuse**

## **Santa Clara Child Abuse Symposium**

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I want to disclose that I am an author of an eating disorders book "What Every Parent Needs to Know about Eating Disorder" and have a financial interest in that book. I have no other financial interests related to what I'm talking about today.

#### **PRESENTER**

**Tonja H. Krautter, Psy.D, L.C.S.W**  
**Child, Adolescent, and Adult Psychotherapy**  
**51 E. Campbell Avenue, Suite 170, Campbell, CA 95008**  
**Voice Mail: 408-808-1580 Fax: 408-370-6196**  
**e-mail: [drtonjak@gmail.com](mailto:drtonjak@gmail.com) website: drtonja.com**

## Anorexia Nervosa (AN)

### Definition:

- Anorexia Nervosa (AN) is a serious psychiatric illness characterized by persistent weight loss through restriction of food or purging behavior.

### Signs and Symptoms

- Severe weight loss (body weight reduction of 15% or more)
- Refusal to gain weight
- Distorted body image (patients view themselves as fat even they may be dangerously underweight)
- Intense fear of weight gain
- Loss of menses (at least three consecutive months) \*Note: If on BCP, may not skip period

### Types

- Restricting Type: restriction of food intake, no bingeing and purging. This is the most common type.
- Binge-Eating/Purging Type: The patient purges (vomits, uses laxatives or diuretics) after bingeing. \*Note: Anorectic binges are very different from Bulimic Binges. They are usually of normal size proportions or under what would be considered normal food portions.

### Statistics:

- Of all the psychiatric disorders AN has the highest mortality rate with half of the deaths due to medical consequences from self-starvation and the other half due to suicide. Approximately 5% die from AN.
- Although the overall incidence of AN is not increasing, there is evidence that the disorder is increasing in females between the ages of 15 and 24. This age group is at the highest risk for acquiring the illness.
- According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD, 2000), AN is currently estimated to occur in up to 3% of all teenage girls in the United States of America and is listed as the third most common chronic illness in adolescent females.

## Bulimia Nervosa (BN)

### Definition:

- Bulimia Nervosa (BN) is a serious psychiatric illness characterized by persistent binge eating (usually starches and sweets) and inappropriate weight control (restricting, vomiting, laxatives, and diuretics).

### Signs and Symptoms

- The individual repeatedly eats in binges. \*Note: In a binge episode, both of these are true:
  1. the person consumes much more food than most people would in a similar circumstance and in a similar period of time
  2. the patient feels that the eating is out of control
- The individual repeatedly controls weight gain by inappropriate means such as fasting, self-induced vomiting, excessive exercise, or abuse of laxatives, diuretics, or other drugs.
- On average, both of the behaviors above (binge eating and inappropriate weight control) have occurred at least twice a month for at least three consecutive months.
- Weight and body shape unduly affect the individuals self-evaluation.
- These symptoms do not occur solely during episodes of Anorexia Nervosa

### Types

- Purging Type: The patient often induces vomiting or misuses diuretics or laxatives. This is the more common type.
- Nonpurging Type: The patient fasts or exercises excessively, but does not often induce vomiting or misuse diuretics or laxatives.

### Statistics:

- BN does not have as high of a mortality rate as does AN. Approximately 2% die from BN.
- The overall incidence of BN is increasing. There is evidence that the disorder is increasing in females between the ages of 13 and 18.
- According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD, 2000), BN is currently estimated to occur in up to 1-2% of all teenage girls in the United States of America and is listed as the fourth most common chronic illness in adolescent females.

## Medical and Psychological Consequences

- The most common health problem for AN is severe malnutrition, which affects many of the systems in the body, such as the circulatory, reproductive, and digestive systems.
- Both AN and BN affects the muscles in the body. Perhaps the most important muscle affected is the heart.
  1. With AN, the heart slows down to conserve energy in the body's state of malnutrition. The irregular heart beat or slowed heart rhythms, bradycardia, is very common in individuals diagnosed with AN. Bradycardia can cause reduced blood flow in the body and a drop in blood pressure. If the heart slows down too much, it could eventually stop and the individual with AN could go into congestive heart failure and/or cardiac arrest.
  2. With BN, electrolyte imbalance is common due to purging behavior affecting the heart. Low potassium levels are particularly dangerous and could cause heart failure.
- Bone density is affected when the female becomes amenorrhetic. Girls stop menstruating due to the lack of nutrition in their body, which places them at risk for infertility. When a female menstruates, certain hormones are released that allow calcium to be deposited into bones. Therefore, when the individual becomes amenorrhetic, calcium depletion causes bones to be porous and susceptible to fractures and breaks in the short term and in the long-term severe bone loss and risk of osteoporosis.
- Both restricting and purging behaviors affect the digestive system. Metabolism is slowed down to conserve food and energy and the digestive process is often disrupted resulting in severe bloating and severe constipation.
- Individuals who engage in purging behaviors may cause ruptures or tears in their stomach and/or esophagus as well as intestinal damage through the use of laxatives.

\*NOTE: With successful weight restoration and nutritional rehabilitation, the individual with AN can usually recover with limited irreversible damage.

**Causes:** no single cause; a combination of factors contribute to the onset of ED's

- Family Influences including Abuse
- Cultural influences
- Genetic, Biological, and Medical factors
- Psychological Characteristics

## Theories

- Fear of growing up and becoming independent (AN)
- Physical way to handle chaos and overwhelm (BN)
- Fear of Failure and Fear of Success (AN and BN)
- Way to get attention/become noticed (AN more common)

- Take attention off something else in the family system that is distressing i.e. parent conflict (AN and BN)
- Feel more in control (AN and BN)

## **What is the connection between abuse and developing an eating disorder?**

There are many different types of abuse (Sexual, Physical and Emotional). Often a person experiences only one or a combination of the three. All can lead to the development and maintenance of an ED.

### **Individuals who have been abused often engage in Emotional Eating.**

- Abuse and emotional eating have one element in common: Secrecy. This is particularly true for sexual abuse.
- Many eating disorder patients feel guilty about the abuse in their childhood. They believe they could have prevented it, but chose not to because of some defect in them.
- So they push their secret underground, and then distract and numb themselves by emotional eating.
- Emotional Eating can lead to obesity as well as Bulimia

### **Abuse can have many different effects on the eating habits and body image of survivors.**

#### Effects on Eating Habits:

- Abuse violates the boundaries of the self so dramatically that inner sensations of hunger, fatigue, or sexuality (in the case of sexual abuse) become difficult to identify.
- People who have been abused may turn to food to relieve a wide range of different states of tension that have nothing to do with hunger.
- It is their confusion and uncertainty about their inner perceptions that leads them to focus on the food.
- They use food or lack of it as a way to deal with:
  1. their feelings of guilt and shame
  2. their desire to punish themselves
  3. their desire to sooth and comfort themselves
  4. as a method of protection from future harm (in the case of sexual abuse)
  5. to express their rage (rage toward their perpetrator and toward their body for failing them if they experienced pleasure from sexual abuse).

#### Effects on Body Image:

- Many survivors of sexual abuse often work to become very fat or very thin in an attempt to render themselves unattractive. In this way they try to de-sexualize themselves.
- Other survivors of all types of abuse obsessively diet, starve, or purge to make their bodies “perfect.” A perfect body is their attempt to feel more powerful, less vulnerable, and more in control, so as not to re-experience the powerlessness they felt during their assault. Idea that if they are perfect, then no abuse would occur.
- Some large men and women, who are survivors of sexual abuse, are afraid to lose weight because it will render them feeling smaller, more childlike, vulnerable and less powerful.

This, in turn, may bring back painful memories that are difficult to cope with. For example:

1. A patient described how she gained 25 pounds when she was 10 years old. Her parents accused her of eating too much junk food at the school and friends' houses. She was scared to tell her mom that her uncle was sexually molesting her.
2. Another patient was physically abused by her alcoholic father starting at age 6. She developed bulimia as a teenager. She binged and purged before her father got home from work each night as way to deal with her fears of abuse. Her binges represented her lack of control in the situation and her purges represented regaining control and getting rid of her fears.
3. Another patient went on a family trip to India to visit family. Her cousin's friend sexually assaulted her the last night they were there. This was her first sexual experience and she got pregnant. She began starving herself in an attempt to miscarry the baby. After her abortion, she continued to starve herself. She lost 45 pounds. She never received treatment. She died 1 year later.

**Sometimes eating disorder patients feel enormous guilt for having enjoyed the sexual contact with their abuser.**

- Binge eating, purging or starving then becomes their ongoing self-induced punishment.
- Sometimes they view the sexual abuse as the only real affection or caring they received from others.
  1. A child who is lonely or starved for affection may revel in the attention, even if it is abuse.
  2. Remember, however, children are *never* the seducers—they are always the victims. The only thing a child is guilty of is the innocent wish to be loved.
  3. If they believe they are causing the abuse because they like the attention or the way that it feels or believe they provoked it, then they may be less likely to report.

**Children do not tell others about their abuse for a variety of reasons.**

- Sometimes they don't realize that anything wrong was happening at the time, or they do not want to believe anything is wrong. This is particularly true for sexual and emotional abuse.
- Sometimes a child is dependent on the abuser, so he or she may not want to risk upsetting the security of the status quo.
- Sometimes children keep the abuse secret for fear they will not be believed.
- Sometimes they keep the abuse secret because they are threatened or bribed to keep silent.

**Important Note: Abuse is not always overt.** Examples:

- A father who repeatedly brags to his daughter about the size of his penis
- An uncle who insists on hugs from his niece when he walks around the house naked.
- Two older brothers who forcefully hold their little sister down and tickle her all over until she becomes hysterical and has to gasp for breath.
- A mother who thinks she is being funny as she tells jokes about her daughter's enuresis.

- A teacher who states in front of the whole class that a child “must not be that smart if he cannot get a single answer right on an assignment that a 3 year old could do better on.”

**People with eating problems often suffer from symptoms of post traumatic stress disorder without realizing that its origins lie in abuse.**

- Post traumatic stress may be characterized by depression, feeling chronically “dead” inside, having recurrent anxiety or nightmares, or feeling constantly and painfully vigilant to one’s surroundings.
- Victims of post traumatic stress disorder may begin to engage in self-destructive behavior such as eating disorders, but also entering into repetitive abusive relationships, losing themselves to drugs, alcohol, promiscuity, and self-injury.
- Of course, none of these symptoms is absolute confirmation of abuse, but they are strong indicators of past trauma. Connecting these symptoms to an actual event of abuse can be a validating experience because the symptoms of inner turmoil begin to make sense.

**What can you do to heal from abuse?**

- The first step is to recount your experience to someone you trust, someone who can witness the full brunt of your pain and rage.
- Since the experience of abuse is about being out of control, you need to be in a protected setting where your feelings can re-emerge and let loose.
- Releasing pain and guilt is not an intellectual experience, but something that comes from deep within the heart. This can be a difficult step because exposing your emotions can feel like a repetition of the original trauma.
- Confronting your shame, releasing your pain, and experiencing rage and guilt are part of the process of reclaiming your inner self as well as your sexual self.
- The need to detour your feelings through destructive eating will subside when you are able to grieve for the little child who was betrayed.

Footnote: The information above can be reviewed in more detail in the book, *French Toast for Breakfast: Declaring Peace with Emotional Eating*, by Mary Anne Cohen.

## Treatment- in General

- ED's are considered to be particularly difficult to treat due to the uncertainty of the underlying cause or causes of the illness.
- ED's are hard to treat because they are ego-syntonic
- The treatment is complicated and often long-term.
- Professionals vary in their opinions about the best psychological treatment approach, treatment modality, and treatment setting for the ED patient
- Traditionally, the treatment of AN has taken place in the inpatient setting with the main treatment goal focusing on weight restoration. (1-14 weeks)
- With weight stable: both AN and BN patients should be working with a team of professionals, including a medical doctor, nutritionist, and psychotherapist
- Psychotherapy is considered to be a crucial component of the treatment plan

## Treatment – Connected to Abuse

1. Set up a treatment participation agreement
  - This is a collaborative process. Decisions should be made together.
  - The agreement can be written (formal) or verbal (informal).
2. Create mutually agreed upon goals.
  - Goals should be objective and attainable
  - Start where the patient is at. You may want to deal with the abuse, they may not. You have to decide together if you will focus on one or both very important issues.
3. Include a No Harm Contract.
  - The goal here is not only to avoid the ED behavior, but also to increase the window of opportunity between the time the patient feels the urge to Restrict/Binge/Purge and the action.
  - Discussion of flashbacks, nightmares, and memories of abuse will need to be explored in order to identify connections between the abuse and the action.
4. Have the medical doctor assess the need for hospitalization – remember **safety** comes first. When ED's are connected to abuse, safety needs to be assessed for abuse as well. CPS or the police may need to be involved.
5. Provide a confidential, non-judgmental environment for your child to discuss her ED behavior and the abuse.
6. I strongly believe that therapy is only as successful as the “Goodness of Fit” between the therapist and the patient. If this is not present, help the patient find a different therapist whom he or she feels comfortable with. This is not a failure on the therapist's part or the child's part. It simply may not be a good fit, which is necessary for recovery.

## **Important Information for Caregivers**

1. A caregiver should be calm and nonjudgmental when talking about the ED especially when the ED is connected to abuse. This does not mean that the caregiver should not acknowledge the damaging and dangerous nature of the ED behavior, but it does mean that the way in which this message is conveyed must be done so that the child does not feel rejected, scolded or criticized (which could mimic abuse).
2. When dealing with an ED, the ideal caregiver should be firm, open-minded and empathetic. A non-judgmental attitude toward the person and her behavior must be portrayed at all times. Anything other than a neutral stance will inevitably lead to less success in recovery. Again this is particularly true for individuals who have been abused. They often blame themselves and need supportive interventions versus judgments.
3. When working with parents who have a child with an ED, enforce the idea that parents must be on the same page. They should present as a united front. If one parent says one thing and the other says another, the eating disorder will take advantage of the inconsistency and go with the less firm parent. This may pose a problem if one of the parents is the abuser. First, only one parent may be available to provide support if the abusing parent is in jail or out of the picture. Second, if the abusive parent is back in the picture, there may be too much anger, resentment, and resistance to be able to work together to form a united front.
4. Lend Support – Do not hesitate to help the patient fight against the negative thoughts that lead to the ED behavior and that connect the ED to the abuse. \*Note: it does not work to fight against the patient; it does work to fight against the illness. Also do not hesitate to encourage or suggest alternative behaviors that are healthy and functional.
5. The greatest resource for the ED patient is often her parents. Don't minimize the amount of positive influence family may have over the patient. Of course this will not be the case if one of the parents is the abuser.
6. Reinforcing the need to eat and not overeat/purge can be vitally important and helpful to the minor patient. However, this cannot be done in critical ways especially with the person who is also an abuse victim. Words that focus on the illness being the problem and not on the person being the problem should be used.
7. Help the patient see that she is more than an ED. Helping her understand and see that her identity is separate from the ED is paramount. It is hard to fight against yourself; it is much easier to fight against a behavior. If she is using food as a way to deal with her abuse, you will also need to help her understand that her identity is not of a victim, but that of a survivor.

