



BODY IMAGE AND EATING DISORDERS:

Mending the Relationship Between A Woman and Her Body

| By Carolyn Jones, RN, MS, LPC, Outpatient Therapist at Eating Disorder Center of Denver

Body image is defined as a person's personal relationship with their body, including their beliefs, thoughts, feelings and actions that pertain to their physical appearance; body image is one part of a person's self-image.

The origins of body image include both cultural and personal factors. The media is a cultural factor that plays a strong role in the development of a person's body image. Pictures are airbrushed and compilations of different body parts from different actresses or models are often put together to provide a picture of the "perfect" body. Ethnicity and race are other factors in the development of body image. In certain cultures, i.e., the African American culture, larger women are more accepted. Typically, eating disorders and a negative body image occur in cultures that are more westernized. A study was done in Fiji a few years ago, which revealed that as western culture came into the society via television, women started developing eating disorders in that country.

Personal factors in one's life also contribute to the development of a person's body image. The family of origin plays a role in the experiences occurring during a child's younger years that can have an impact on how they feel about their body. Verbal messages from their parents or loved ones and modeling by their parents, can each influence a child's developing body image. Another factor includes

peer messages. We know that in younger years, peers can be merciless in teasing and can be highly competitive, particularly among the female gender. Professional athletes, particularly people that are jockeys, gymnasts, and ice skaters, have a high degree of dietary restraint, drive for thinness and body image concern, as these factors contribute to success in their sport. Physical, sexual, or verbal abuse are other influences, as well as a person's temperament such as control and perfectionism. Mood disorders, such as depression, anxiety, bipolar, can determine how a person feels about themselves in general, which can transfer into feelings regarding

their body.

Improving a person's body image involves several treatment strategies. Education is extremely important in increasing awareness about eating disorders in our society, as well as the body image concerns inherent in these diseases. When a person is being treated for an eating disorder, body image is one of the most difficult things to change, and indeed, one of the last things to change. A person may cease their eating disordered behaviors but still persist with a negative body image. Research shows that a negative body image is one of the highest predictors of a person's relapse with an eating disorder. Education needs to occur with the intention of finding continuing treatment options to deal with these concerns. Parental influence can be a key piece. Parents can do many things to role model a positive body image for their child. Positive self-talk, self-care, and messages about others and themselves can all contribute to a child's view of themselves and others.

A third area to consider when changing a person's body image is their cognitions. Identifying negative thinking patterns and countering them with positive or neutral thoughts (i.e. affirmations), can greatly affect a person's body image if used in a consistent pattern. Focusing on the function of the body and focusing on areas that are more accepted, can also refocus a person towards appreciation of their body in terms of function as

Startling statistics:

85% of American women are dissatisfied with their appearance.

2 out of 5 women and 1 out of 5 men would trade 3-5 years of their life to achieve their weight loss goals.

80% of women state that images in the media make them feel insecure about their bodies.

The average U.S. woman is 5'4" and weighs 140 lbs.

In contrast, the average U.S. model is 5'11" and weighs 117 lbs., which would be considered anorexic.

Compulsive Exercising & Eating Disorders

| By Shannon Coyne, Registered Dietitian at Eating Disorder Center of Denver

Although exercise is considered important to a healthy lifestyle, distorted and confusing messages regarding fitness can lead women and men of all ages to abuse exercise and harm their bodies. Indeed, the fitness frenzy consuming our culture fuels and normalizes an obsession with exercise. This abuse can include exercising excessively or exercising when weary, malnourished and dehydrated.

Women and men with eating disorders are particularly prone to this abuse. Unhealthy exercise is one of the strongest indicators of relapse in women with eating disorders. In an attempt to target specific struggles with exercise, The Eating Disorder Center of Denver conducts a group called Sensing the Self. It focuses on connecting to the feelings and sensations experienced in the body during exercise, challenging clients to listen to their body's signals telling them when to stop or come down from a position, breathing, and not comparing themselves to others.

We focus on what clients like to do and experience as fun. Normalizing an exercise program so that it is healthy and beneficial requires addressing internal needs instead of external concerns. Practicing adequate rest, nutrition, self-respect, and self-care will lead to a healthy and fun exercise program.

Here are several ways to help keep yourself in check with exercise:

1. Examine your reasons for exercising.

Exercising solely for the purpose of weight loss leads to unhealthy exercise behaviors. The three main purposes of exercise are to rejuvenate the body, increase the mind-body connection, and alleviate mental and physical stress.

2. Avoid getting stuck in rigid patterns.

Following a strict regiment leads to obsessive-compulsive exercise, which is both mentally and physically damaging. Be Flexible. Create a program that is fun, includes variety of activities, and involves other people. It's ok to miss some workouts.

3. Avoid trying to beat the clock.

Paying attention to and writing down how your body feels before, during, and after exercise will help you to identify patterns of healthy and unhealthy exercising.

4. Stop comparing yourself to others when exercising.

Focusing on others leads to minimizing your own skills, achievements, and body's needs. If you find yourself comparing, close your eyes for a minute and focus on your breathing to center yourself.

5. Acknowledge exercise triggers.

Avoiding people, places, or activities that support exercise abuse is possible by challenging yourself to do something different.

6. Plan your rest days and stick to them.

Resting is a key component of a healthy exercise program. Take 2 or more days off from exercising each week.

7. Be critical of sources of fitness information.

Remember that exercise tips and workout plans offered in magazines do not consider the specific needs of someone in recovery from an eating disorder. Also, be aware that not all fitness professionals are trained in eating disorders.

8. Work out with a healthy buddy.

Having someone to exercise with makes it social and keeps it fun. Leaving the gym or stopping exercise when your buddy leaves will help prevent you from over-exercising.

9. Eat to exercise, don't exercise to eat.

The body needs fuel to engage in physical activity safely. Plan your exercise around meals to ensure you properly fuel and refuel your body.

10. Expand the variety of activities you do for exercise.

Try visiting parks, dancing, hiking, biking, walking, or yoga to broaden your exercise options. Seek out other places for physical activity besides the gym. Get outside with children, or do gardening.

11. Be flexible about how and when you exercise.



The Benefits of Yoga in Treating Eating Disorders

| By Ellen Boeder, MA Intensive Outpatient Therapist at Eating Disorder Center of Denver



Incorporating yoga into the treatment of those who struggle with eating disorders brings important benefits that support their recovery. Yoga positively impacts and stimulates the circulatory, digestive, immune, and nervous systems. It enhances strength, flexibility, balance, and agility. It is widely used for treating physical ailments, rehabilitation of injuries, and complements treatment for chronic illnesses. In addition to the physical benefits, regular yoga practice also increases energy and decreases stress, providing an overall sense of well-being. This sense of well-being is often associated with a feeling of wholeness, of experiencing one's mind, and body and experience as integrated and complete. In this way, yoga also impacts body image and supports the understanding that our bodies are an integral aspect of how we experience and live in the world.

Going to a yoga class typically involves moving through an intentionally organized series of physical postures linked mindfully with the breath. Traditionally, yoga was practiced in preparation for meditation. The lineage of yoga is a complete system of spiritual philosophy and practice. It incorporates moral development, a deep understanding of one's body, emotions, mind, and helps cultivate higher levels of consciousness. In teaching yoga to people who struggle with eating disorders, I draw on the entire system to positively influence overall health.

Yoga provides an opportunity to work directly with the destabilizing experience of anxiety, as well as the rest of our feelings and thoughts.

Anxiety is pervasive for many who struggle with eating disorders, particularly with regards to their bodies.

Often, even their normal state of consciousness is compromised and constricted by avoidance strategies.

I help clients first to bring attention to their breath, and continually draw their wandering mind gently back to the sound and movement of their breath. When I incorporate movement, we move from the ground of mindfulness: a place free of judgment or assessment. In simply moving, breathing, and being, the possibility for pure experiencing arises.

Mindfulness of the breath expands to awareness of the sensations of movement, how breath and movement dialogue and inform each other, and how our minds can observe without having to react or defend.

In the treatment of eating disorders, yoga helps prepare one to tolerate intense emotions and affective states that are normally not accepted.

Instead, the eating disorder has become the means to cope with these negative experiences. Developing the skill of mindfulness comes first (often addressed initially in Dialectical Behavior Therapy). Yoga helps to develop the ability to stay connected to one's self despite the felt experience in the present moment—a crucial skill for eating disorder recovery. Through yoga, clients directly practice letting go of thoughts, coming back to the breath, moving mindfully, and willingly experiencing whatever comes up.

Through yoga practice, one cultivates the ability to observe all levels of experience, expand awareness, and move through the constant flow of

thoughts, feelings, and sensations that our bodies and minds generate. Essentially, one learns how to be completely present. In this way, the mind-body connection is developed and eventually integrated, providing a sense of wholeness to one's being. The experience of wholeness instills meaning in the healing and recovery process. It supports the enhancement of one's capacity for growth, contact, and intimacy with one's self and others. This capacity helps provide experiences necessary for the recovery of eating disorders.

Body Image

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opposed to appearance.

A fourth item important in body image involves the elimination of self-destructive behaviors. Encouraging the person to increase their self-care and practice body relaxation and scanning, assists them in connecting with their body. Looking in the mirror affirming positives, decreasing appearance preoccupation rituals, and decreasing the person's tendency to hide their body can be other behaviors that can lead to improvement.

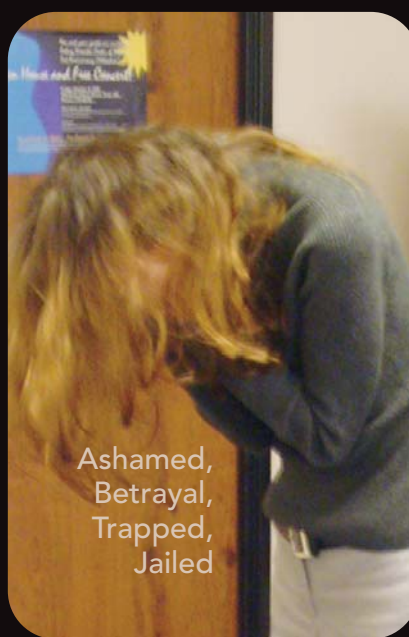
Finally, experiential type activities can be helpful. Body tracings, videotaping a person's body and processing feelings and thoughts, mirror work, visualization, and movement are all key components to a person being able to experience their body in a new way.

Mending the relationship between a person and their body is a long and challenging process. However, with commitment, perseverance, strength, hope, and support, a person can develop a

A New "Body Project" Enhancing Self-Directedness

| Contributors: Keli M. Laverty, MA, DTR; Emmett R. Bishop, Jr, MD, CEDS and Kristen Wheeler, MA, DTR

- The Body Project of the 20th Century objectified the body and taught women to disconnect the mind from the body in order to achieve control and perfection over the body (Bromberg 1999)
- Eating disordered clients tend to have low self-directedness related to low self-awareness of internal body states
- The NEW Body Project helps teach eating disordered clients to move from **Object Body** to **Awareness Body** in order to reconnect to the body's internal wisdom



Object Body ▶ My body is an object to control, It is not me, It cannot be trusted, It is disconnected from self

The New Body Project Curriculum combines Dance/Movement Therapy and Body Image Group

Learning ▶

Introduction to Object Body and Awareness Body, examination of our relationship with our body

Interventions:

- Didactic presentation of definitions
- Movement Therapy: Use imagery to expand Awareness Body experience
- Body Image Group: Use art to represent and discuss current and past relationships with own body

Listening ▶

Building Awareness Body skills

Interventions:

- Movement Therapy: Practice relaxation skills and vacillate attention between inside and outside body
- Body Image Group: Identify self-defeating behaviors that reinforce Object Body and negative body image thoughts
- DBT: Practice mindfulness skills

Identifying ▶

Recognizing Object Body and Awareness Body in daily life

Interventions:

- Movement Therapy: Work with posture and gesture to identify how clients move through world, mirror other's experiences, put words to the experience
- Body Image Group: Mindfulness & art project used to identify beliefs attached to body and food and work with peers and staff to reframe beliefs

through Body Awareness



Manageable,
Confident,
Excited

Rejuvenated,
Free, Normal,
Trusting,
Accepting



Open,
Energized,
I'm not alone

Awareness Body ▶ My body is a trusted source of wisdom, I allow sensations to arise without judgment, I glean knowledge from my internal experience

... that lead the client through interventions that will enhance the experience of their "True Self"

Attending ▶

Respecting messages from Awareness Body

Interventions:

- Movement Therapy: Move towards and away from peer, practice awareness of boundary messages
- Body Image Group: Mindfulness exercise to identify liked and disliked body parts, write a letter to disliked body part from Object and Awareness Bodies, learning to perceive body from Awareness Body state

Risking ▶

Taking risks to move outside comfort zone

Interventions:

- Movement Therapy: Practice assertiveness skills with focus on messages we send with our body
- Body Image Group: Discuss body image distortions, Wall marking activity to confront distortions

Practicing

Effortlessly sliding towards Awareness Body

Interventions:

- Movement Therapy: Use play to practice spontaneity and decrease self-judgment
- Body Image Group: Practice body scans to improve mindfulness and connection with the body

Programs at EDC-Denver

Partial Hospitalization Program (PHP):

Available to male and female patients who are 16 years and older. Patients attend seven days a week, 11 hour days with shortened weekend schedules. This highly structured program includes: Medical and Psychiatric evaluation and follow-up, Individual therapy, Family/Couples Therapy, Group Therapy, Psycho-educational groups and Nutrition therapy including three meals and two snacks per day. Housing is available.

Evening Intensive Outpatient Program (EIOP):

An integrated program meeting three times per week comprising of: thirteen hours per week of therapy including psycho-educational groups, group therapy, multi-family group, DBT and three meals. Also included are a weekly individual session, nutritional monitoring/ consultation and psychiatric oversight. These groups are presented on a 12 week rotation and are open for patients to join at any time. Sessions are held for this program Monday, Wednesday, & Friday: 5-9 PM.

Outpatient Services provide an effective alternative for individuals whose symptoms do not require a more intensive setting. Patients can also participate in one or more of our Outpatient Services to enhance work with outside treatment providers.

Our services include: Individual and family/couples therapy; group therapy including DBT and aftercare; Psychiatric evaluation, therapy and medication monitoring; gastric bypass evaluations, and nutritional counseling.

Support Groups:

Aftercare Group: An open recovery group consisting of individuals in recovery who have completed an intense eating disorders program at EDC-D or other national programs. Tuesdays 5:30-7 PM & Wednesdays 5:30-7 PM.

DBT Skills Training: Didactic and experiential education in four different skill areas: core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. Monday 5-6:30pm.

Body Image 101: A 12-week ongoing group utilizing cognitive behavioral and experiential techniques to mend the relationship between a woman and her body. Tuesdays 5:30-7:00

Family & Friends Support Group: A free, open support group to family and friends of individuals struggling with an eating disorder. 1st & 3rd Thursdays of each month, 6 PM. The Eating Disorder Foundation, 3003 East Third Ave., Suite 110, Denver, CO 80206. Please RSVP to Enola Gorham at (720) 889-4231

Please Contact Us For A Free Assessment
 to our intensive programs or to schedule an outpatient appointment:
 303-771-0861 Or toll free: 1-866-771-0861

Emotion Regulation and Eating Disorders: Effective Treatment Interventions A Didactic & Experiential Workshop
 May 13th-14th. Presenters will include: Ken Weiner, MD, Rick Bishop, MD, Trish O'Donnell, MA, ATR-BC, LPC, Sue Woodmensee, MS, OTR, TER, CAC & Tevara Paranto, LCSW
 EDC of Denver, 950 South Cherry St, Suite 300 Denver, CO 80246
 Cost is \$100. Scholarships are available. Please call or email Melanie at (720) 889-4234 or mschimmer@edcdenver.com to request more information or to register. More information at www.edcdenver.com.

Medication Management in the Treatment of Eating Disorders
 May 6th, 11:30-1:00. Presented by Jay Fleming, MD and Ken Weiner, MD
 Phantom Canyon, 2 Pikes Peak Ave, Colorado Springs, CO 80903
 Cost is \$10 and includes lunch.

Denver Networking Luncheons
 Will be held in April, June, August, October and December in 2005
 Please call 303-771-0861 for dates and details.

Upcoming Events:
 Colorado Springs Networking Luncheons
 First Friday of Every Month
 Please call 303-771-0861 for details and/or to RSVP



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