Chapter 12
Eating disorders

LEARNING OBJECTIVES

After reading and studying this chapter and participating in lectures and discussions, students should have an understanding of:

- The nature of anorexia and bulimia.
- The various aetiological explanations of both disorders, including neurological, social, familial, and cognitive factors.
- The nature and effectiveness of interventions conducted with people who have eating disorders.

CHAPTER OUTLINE

12.1 Anorexia nervosa

12.2 Bulimia nervosa

Aetiology of anorexia and bulimia
- Biochemical mechanisms
- Gut microbiome
- Socio-cultural factors
- Psychological explanations
- Psychoanalytic explanations

Interventions in anorexia
- Promoting weight gain
- Cognitive behavioural approaches
- Family therapy approaches
- Pharmacological interventions

Interventions in bulimia
- Cognitive behavioural therapy

Interpersonal psychotherapy
Pharmacological interventions

QUESTIONS FOR DISCUSSION

These may helpful to include at the beginning of the teaching session to get a sense of where people lie on these issues, to spark some interest in them, and as a link to refer to as the lecture progresses.

1. Which of the following is not typically true of people with bulimia nervosa?

a. They wish to lose a significant amount of weight.
b. They do not wish to gain weight.
c. Their appearance is important to them.
d. They regularly engage in binge eating and compensatory behaviours.

2. Which of the following is not typically true of people diagnosed with anorexia nervosa?

a. They have an intense fear of gaining weight.
b. They may engage in binge eating, but immediately respond by using compensatory behaviours.
c. They have a distorted view or concerns in relation to their body weight.
d. Their behaviour is aimed at making them appear attractive.

3. Which of the following long-term remission rates is typical of people with anorexia?

a. Around 70% will fully recover.
b. Around 50% will fully recover.
c. Around 35% will fully recover.
d. Less than 25% will fully recover.

4. Which of the following is not a treatment for either anorexia or bulimia?

a. Family therapy.
b. Dialectical Behaviour Therapy.
c. 'Enhanced' Cognitive Behaviour Therapy.
d. Behavioural/operant rewards.

LECTURE SUGGESTIONS

This chapter considers two, often related, eating disorders: anorexia and bulimia nervosa. The two conditions are both separate and different, with many considering them to be both sides of the same coin. People may drift from one diagnosis to another, and both (particularly anorexia) may be followed by long-term if not life-long disordered eating. Some theorists suggest that people with bulimia are potential anorexics that lack the control to be effective, or anorexics are simply well-controlled bulimics. But this interesting dichotomy hides a number of fundamental differences between the conditions, and in particular the more complex models of the aetiology of anorexia. Put simply, even perhaps over-simply, people who engage in bulimia typically wish to moderate their weight so they look attractive and feel well. These outcomes are less important in anorexia, where issues of control and distorted beliefs about the self become more relevant. Anorexia results from a range of psycho-social factors and is much more than simply feeling 'fat'.

Anorexia also brings significant treatment challenges because beliefs about eating can be fixed and difficult to change, and rates of physical harm, and even suicide, are relatively high*. In extremis*, the condition raises issues of whether we should allow some people with the condition to choose to die of starvation. A number of court cases are relevant here, and the consensus supports 'forced' feeding through nasogastric tubes or intravenous drips. Longer-term treatment is complex and while potentially of value, many successfully treated people continue to have disordered eating patterns for life.

Bulimia has, perhaps, a less complex aetiology (focusing more on appearance and driven by poor dietary control and inappropriate beliefs) and is easier to treat. Structured specialist cognitive behavioural programmes have proven relatively effective in reducing the frequency of bulimic behaviours.

CLASSROOM ACTIVITIES

Small group discussion: the big question in anorexia is how, and indeed whether in some cases, we treat it. It is unusual from a psychotherapy perspective in that people 'in therapy' typically choose to be so. But some people with eating disorders may not be so positive towards the change that therapy may work toward. In the 'promoting weight gain' stage, individuals may be reluctant to eat and therefore may be placed on a system of external 'rewards' (and by extension, deprived of those rewards should they not follow the eating regimen). At an extreme they may be fed through a nasogastric tube or drip against their will. How comfortable would you be if you were involved in establishing or running these treatment approaches, and why may this be the case? Finally, at its most extreme, do you believe we should force-feed in some way people with anorexia, whilst being cognisant of the fact that any weight gain may be subsequently lost when this option is no longer used?

Small group discussion: is bulimia a disorder, or simply an 'outlier' behaviour on a dimension of weight control activities that does not require treatment, and will generally extinguish over time in the absence of any formal intervention?

Small group discussion: should pro-anorexia and thinspiration be banned from social media? (see examples below on YouTube).