

DISORDERED EATING AND ATTACHMENT

with thanks to

Sarah Gilbert, Julia Buckroyd, ABC, Andrea Schneer and many others!

SHOWING LOVE THROUGH FOOD





1950's



Today



THE EFFECT ON THE BRAIN OF FATS AND SUGARS

- Fats and sugars create endogenous opioids (endorphins) and increase dopamine (happy hormones)
- We can achieve this effect any time we like – legally!
- Bingeing produces happy chemicals
- Can easily become our chosen way of reducing stress and managing difficult situations
- Can you call Disordered Eating an addiction when we have to eat to live?
- Most Eating Disorders are *compulsive*



HOW IT USED TO BE



A daily workout!

REDUCING EFFORT (ENERGY) IS SMART!



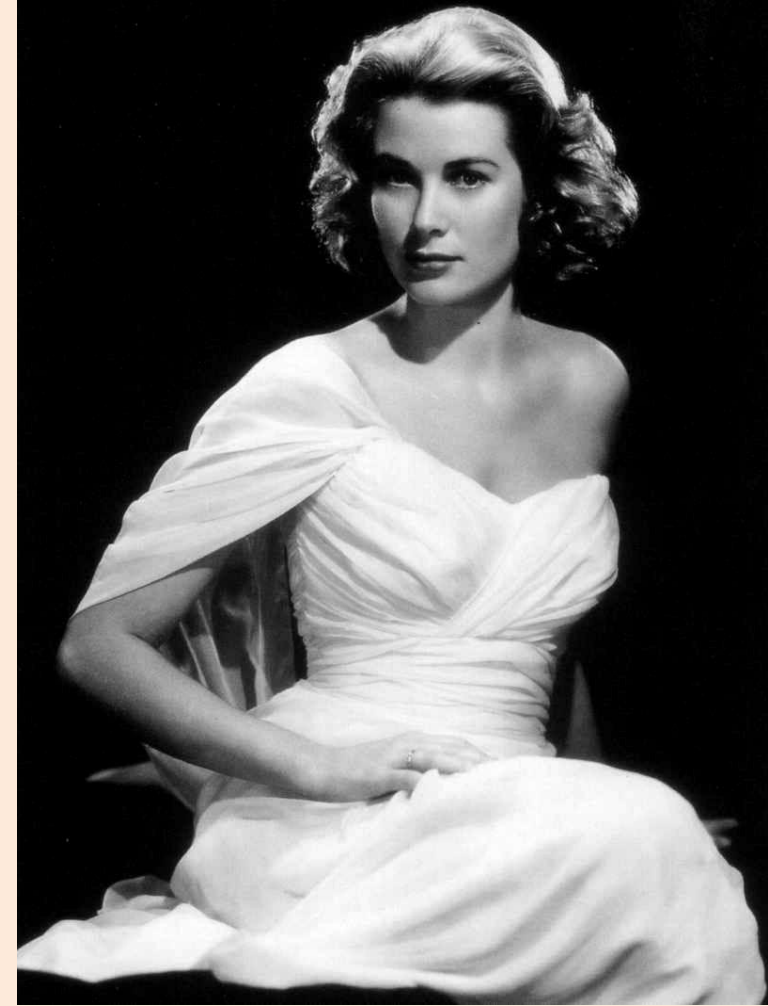
CHANGING ROLE MODELS



Diana Dors

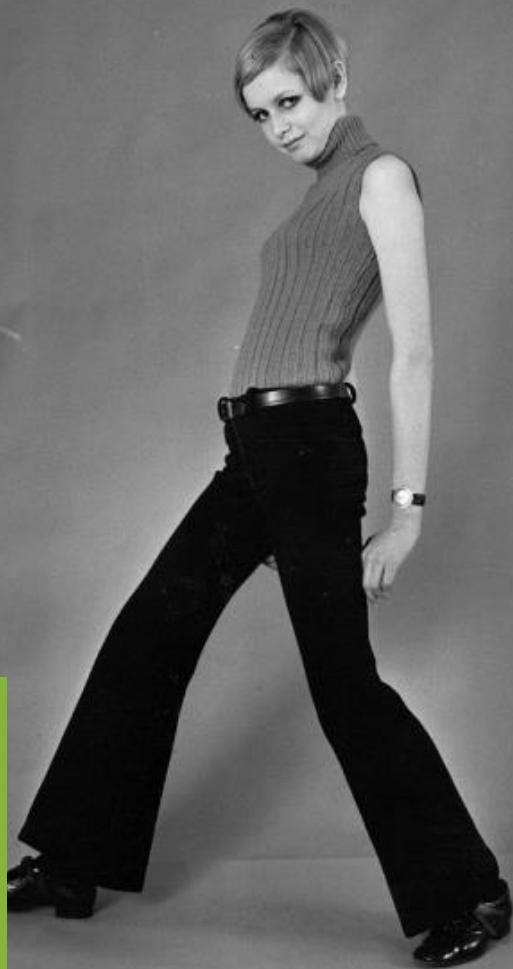


Marilyn Monroe

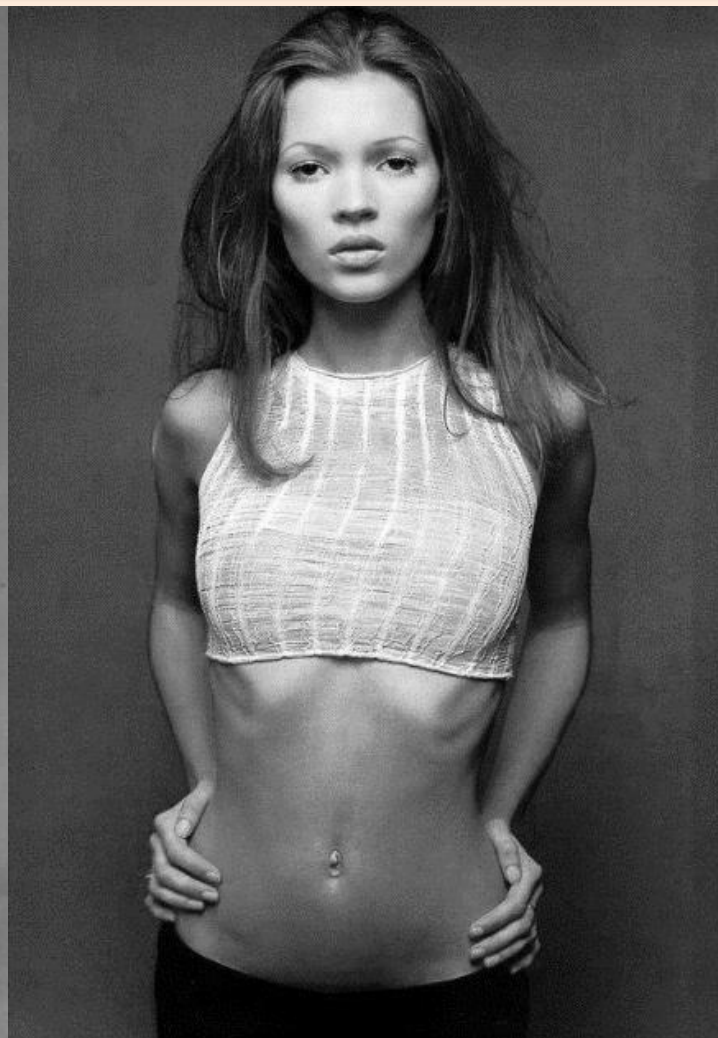


Grace Kelly

CHANGING ROLE MODELS



**Twiggy
(1960s)
Size 0**



**Kate
Moss
(1990s)**

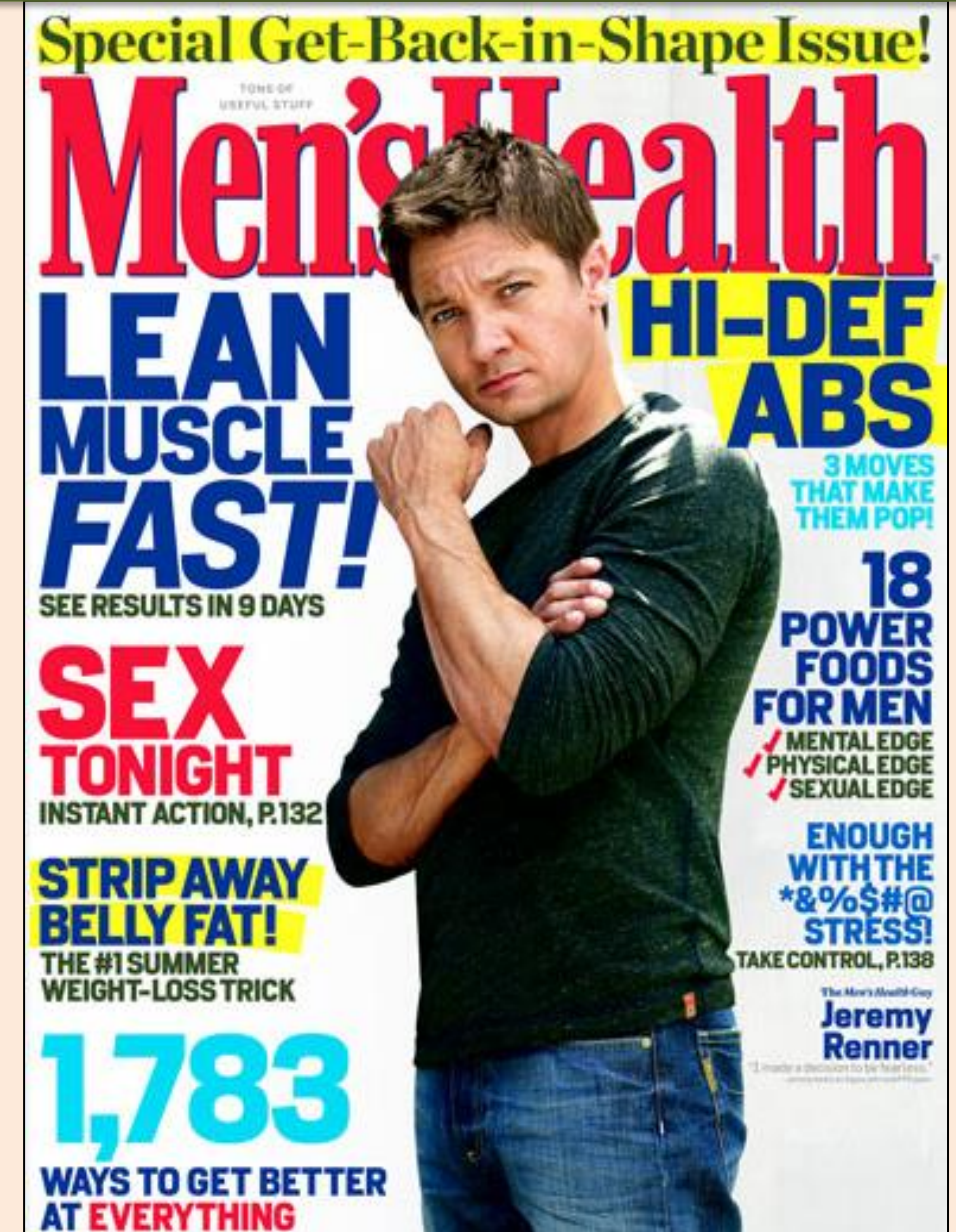


**Victoria
Beckham
(2000s)**



**Naomi Campbell says she
can go days without eating
(2019)**

A "LOOKIST" SOCIETY



Manorexia

Orthorexia

An unsafe obsession with healthy food – food must be ‘pure’ and ‘clean’.



Avoidant/Restrictive Food Intake Disorder (ARFID)

- Avoiding certain foods/types of food/overall amount eaten
- The person may be
 - very sensitive to the taste, texture, smell or appearance of the food
 - only be able to eat known brands
 - only be able to food at a certain temperature
- They may have had a distressing experience with food, eg choking or vomiting, or abdominal pain, leading to a more generalised anxiety around eating



ARFID AND AUTISM

- Feeding and eating problems are common for individuals with autism
- Difficulties frequently reported such as
 - only eating a very few foods
 - going a long time without eating
 - extreme anxiety about foods and mealtimes
- Parents/carers and the individuals themselves often report feelings of stress, helplessness and blame
- May be managed relatively easily with the right support
- For others, can have a lasting and debilitating impact leading to weight loss and/or malnutrition, increased social withdrawal and stigma
- More positively many autistic people now meet the criteria for an additional diagnosis of ARFID which can lead to better understanding of the eating challenges and more support and professional help

<https://www.eatingdisorderhope.com/blog/treatments-co-occurring-arfid-autism>

<https://www.arfidawarenessuk.org/the-link-with-autism-1>

DISORDERED EATING AND ATTACHMENT

“Every addiction arises from an unconscious refusal to face and move through your own pain. Every addiction starts with pain and ends with pain. Whatever the substance you are addicted to – alcohol, food, legal or illegal drugs, or a person – you are using something or somebody to cover up your pain.”

Eckhart Tolle





White Chocolate Macadamia Nut Cookies
FALL ME
Angel Food Cake
OATMEAL SCOTCHIES
CARMEL CASHEW
SUNDAE
FRIED CHICKEN
POTATO CHIPS
Apple DUMPLING
BERRY COBBLER
Raspberry Cheesecake
PEANUT BUTTER AND JELLY
Mocha Latte
Brownies
pancakes
Chicken Alfredo
CHOCOLATE
DELUXE PIZZA
Blueberry Muffin
Pumpkin Pie
Double-Chocolate Cake
DOUBLE CHEESBURGER
JUSTIFY ME
Mint chocolate chip ice cream
CINNAMON BUN
Orange Cupcakes
Sesame chicken
FRENCH FRIES
LOVE ME
Accept Me
HELP ME



Carol's Story

Please stop your Video for better sync

Ideas to share in Buddy Groups

1. Share your feelings about how times have changed.
2. How did you relate to Carol's story?
3. How easy is it to talk honestly with the members of your group about your own issues with food?

15 minutes



Take a Break



See you in 5 minutes!

- Many of studies on eating disorders identify abuse in childhood as the basis for these disorders
- Other factors include:
 - **neglect**
 - **excessive parental control**
 - **role reversal**
 - **emotional abuse**
 - **abuse of power**
- Hidden Trauma



These refer to the silent, everyday traumas which are invisible.

Children can be traumatised by:

medical interventions

generational trauma

child-rearing practices


**the failure to develop a secure
attachment to the primary
caregiver**

Natalia Seijo
ESTD newsletter
March 2015



A painting of a stormy landscape. The sky is filled with dark, swirling clouds and several bright, jagged lightning bolts. In the foreground, a person wearing a red coat and holding a black umbrella stands on a rocky outcrop, looking out over a body of water. A small, gnarled tree is visible on the left side of the foreground.

It is possible to be born into and grow up in a loving, caring family and have a seemingly normal childhood, and still be traumatised.

The background is a highly textured, abstract painting with a mix of dark, earthy tones (browns, greys, blacks) and lighter, more vibrant colors (pinks, purples, blues, greens). The texture is created with visible, expressive brushstrokes. In the bottom right corner, a small cartoon illustration of a woman with long black hair, wearing a red dress with black polka dots and a white collar, stands on a grey, curved shape. She is holding the tail of a large, olive-green speech bubble that points towards the center of the image. The speech bubble contains white text.

If you can't cope
with me
I will have to cope
with me!

Attachment Behaviour in Childhood

Secure

Carers are loving, present, consistent affirming, intuitive, warm, protective



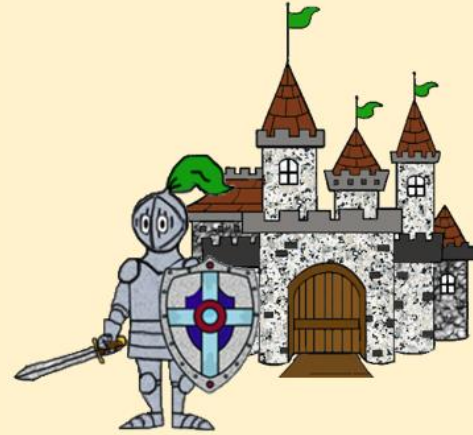
*Love is available, love is given,
I am worthy to be loved*

- I love because I am loved
- I internalise a nurturing parent
- I internalise a structuring parent
- I am empathic
- I am free to be me

Food takes a normal and healthy place in my life – both feasting and fasting

Insecure-Avoidant

Carers are practical, functional, not touchy-feely, non-intuitive, distant



Life is D.I.Y.

- Keep a lid on your emotions
- You're on your own – deal with it; get a grip
- Don't get close to people
- Don't let people in
- Hide your feelings

Food/lack of food steps up as a source of comfort to cover up distress

Insecure-Ambivalent

Carers are unpredictable, unsafe, sometimes loving, sometimes not



Go away – Don't leave me

- People are unpredictable –
- You must be hypervigilant
- Keep scanning – are we ok?
- You are angry with them
- You are afraid they will leave you
- Can become FEARFUL

Hard to self-regulate; food/lack of food helps suppress overwhelming anxiety

OVERWHELMING AND INTOLERABLE FEELINGS

Eating disorders can help individuals to control feelings that are otherwise felt to be overwhelming and intolerable, especially:

- Anger
- Sadness
- Shame

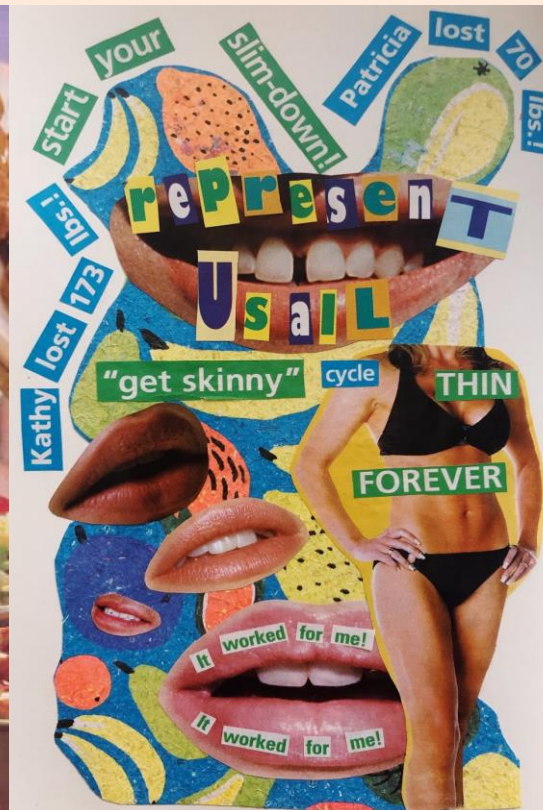
“Shame is often deeply internalised and harsh. Annihilating self-criticism is one of the deepest and most painful sources of feelings of shame.”

The symptoms of a troubled relationship to food are so powerful and so deeply ingrained in the way one soothes and rewards oneself, hides from loneliness, expresses outrage and sorrow and in general shuts off consciousness, that it is hard to get beneath symptoms into the raw emotion that is giving rise to it.



<https://www.psychotherapy.net/article/women-eating-disorders-kim-chernin>

**Disordered eating is not the problem...
it's the solution**



Known risk factors for eating disorders

Your genes

**Abuse
Neglect
Abandonment**

**Obesity in
Childhood**

**Early
Puberty in
Girls**

**Parents
with Food
Issues**

**Family
Relationships**

**Trauma or
Loss in
Childhood**

**Core
Personality
Character**

**Fat-teasing
at home or
school**

**Having a
friend with an
ED**

**Sexual
Identity
Problems**

Culture

Eating disorders in young people soared during the pandemic,
along with steep increases in hospitalisations.

Social isolation, stress, disruption of routine and a social media-
fuelled quest for perfection all exacerbated disorders such as
anorexia, body dysmorphia and binge eating.



Eating disorders

Anorexia nervosa
AN



Main symptoms in humans

Dizziness
Irregular heartbeat
Low blood pressure
Poor concentration and focus
Shortness of breath
Bloating and/or abdominal pain
Muscle weakness

Bulimia nervosa
BN



Swollen cheeks or jawline
Gastrointestinal problems
Scars, scrapes on your knuckles
Irregular menstrual periods
Muscle weakness
Bloodshot eyes
Dehydration

Binge-eating disorder
BED



Diabetes
High blood pressure
High cholesterol
Heart disease and stroke
Certain cancers
Gallbladder disease
Depression and anxiety

Understanding Binge Eating Disorder



BINGE EATING DISORDER

Some or all the following features occur at least 3 times per week:

- Eating amounts that are clearly very large, within a relatively short amount of time
- Eating mindlessly, feeling out of control
- Eating faster than usual
- Eating past the point of fullness
- Eating alone or in secret due to shame
- Feeling upset or guilty after overeating
- Don't purge



BINGE EATING DISORDER - FACTORS

1. Neurobiology

- neurocognitive impairments – impulse control deficits
- low levels of Dopamine

2. Genetics

- if a parent has BED, more likely for child to develop it

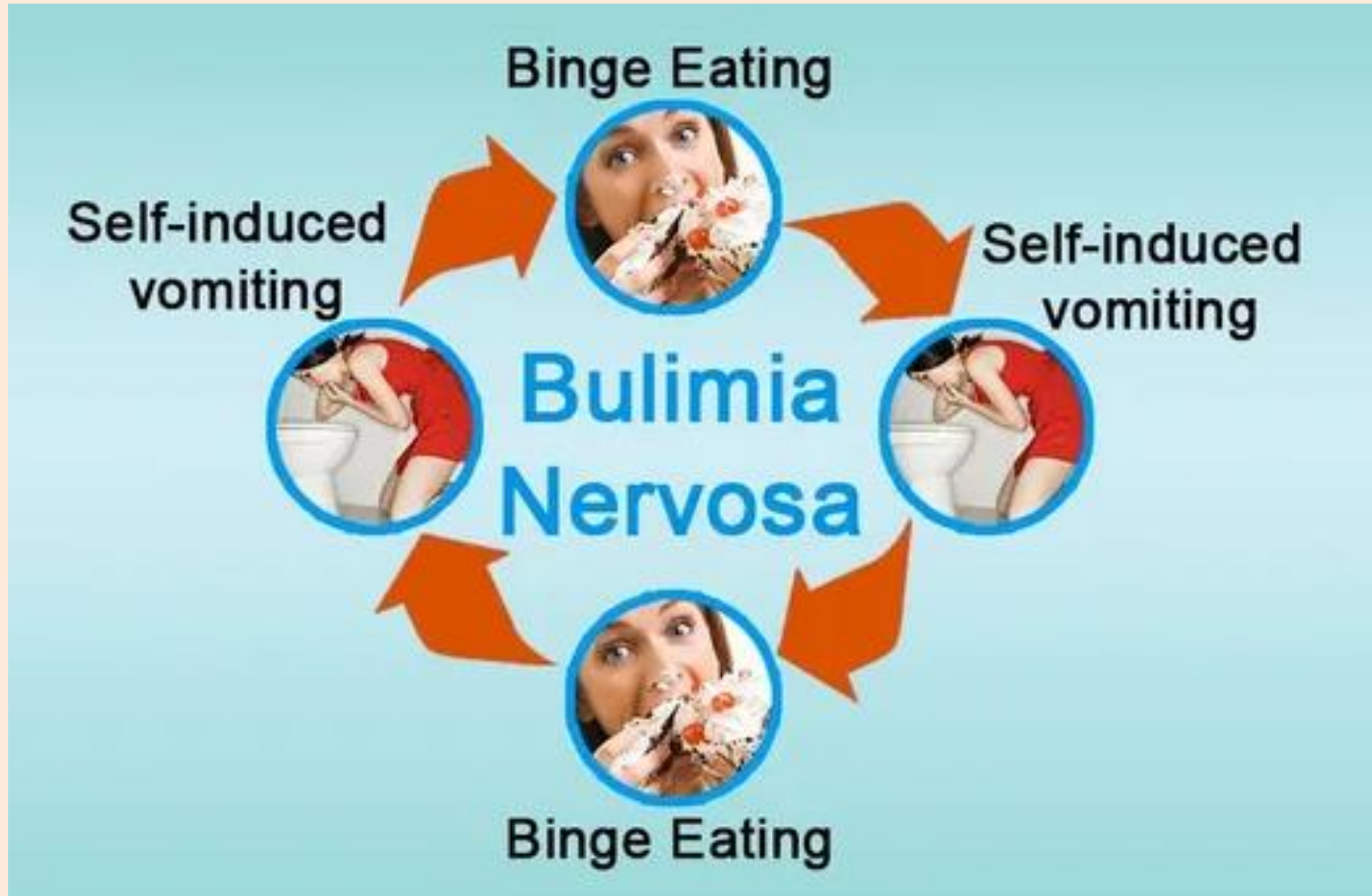
3. Psychological factors

- depression, anxiety, ADHD linked with BED
- low self-esteem, negative self-evaluation, high body dissatisfaction
- neuroticism and impulsiveness



Foodicide deviantart.com

Understanding Bulimia Nervosa



<https://www.ellingsworthdds.com/bulimia-nervosa>

BULIMIA NERVOSA

- Recurrent episodes of binge eating involving lack of control during binges
- Regular self-induced vomiting
- Use of laxatives/diuretics
- Strict dieting/fasting
- Vigorous exercise
- Minimum of 2 binge eating episodes a week for at least 3 months
- Persistent anxiety about body shape and weight.



“I don’t know what triggers it, it’s this terrible urge, and it just takes over. My mind is dead, I’m not thinking about anything...”

Refocusing on a binge removes the sufferer’s attention away from the immediate environment, allowing a reduction in negative feelings and a general reduction in self-awareness.

**Strong link with sexual and/or physical abuse.
Purging can be symbolic of “getting rid of”,
“starting again”, “making it like it never happened...”**

(Sarah Gilbert)

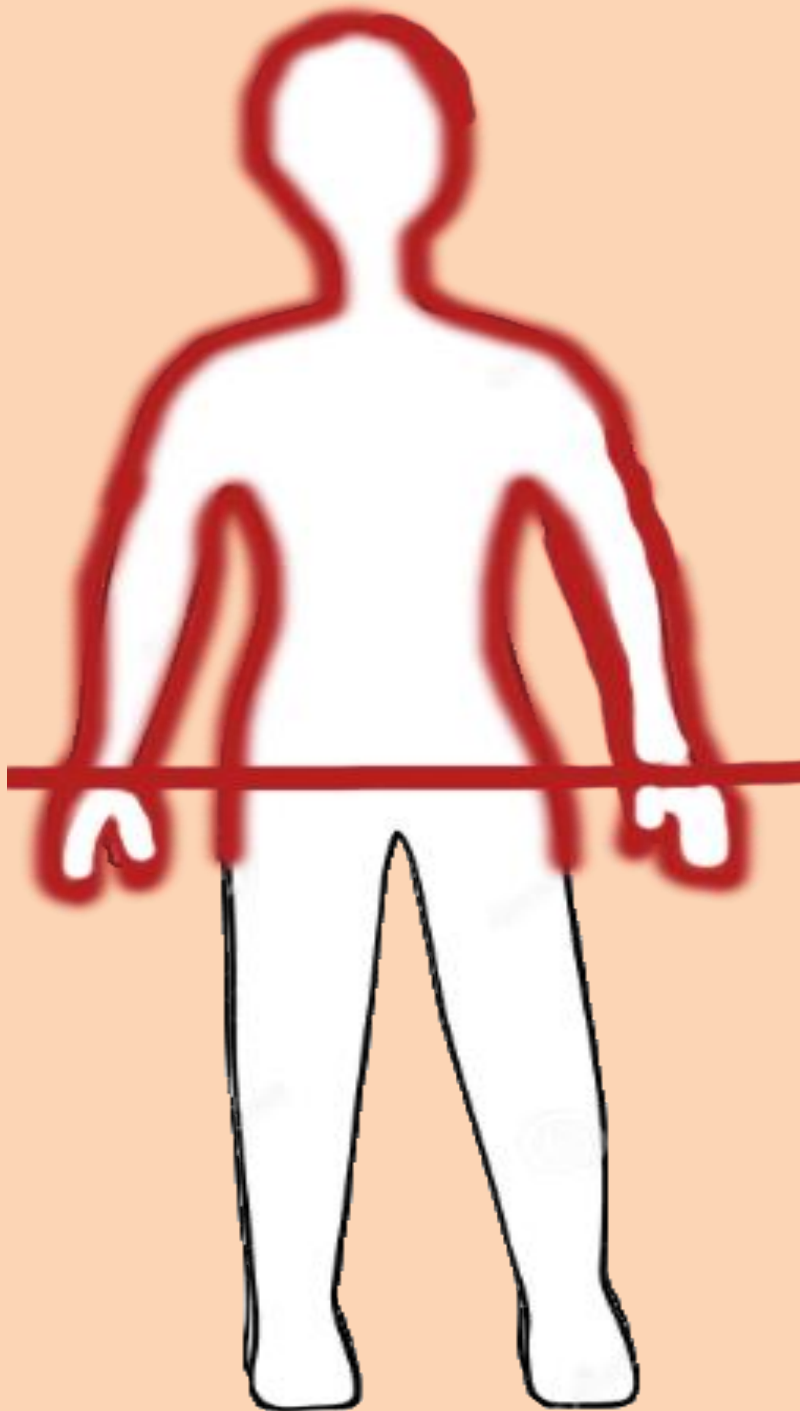
DISSOCIATION & EATING DISORDERS

It can be difficult to find any part of the person which does not reject the body. The body is the enemy, and this is the reason why they dissociate from it.

"I don't feel like the body is me.. It's like a carcass in which I live..."
"I'm trapped inside this body, I want to get out of it and I can't..."

Clients often talk about being completely dissociated when they binge and purge. Bulimia is frequently linked with a history of early experiences of abuse or significant loss...





*I don't want
a physical
body...*

*I hate my
body...*

*I want to be
pure spirit...*



Cara's Story

Please stop your Video for better sync

Ideas to share in Buddy Groups

1. Share your reactions to Cara's story
2. Share your experiences of working with clients (maintaining confidentiality)
3. How easy is it to talk about this?

15 minutes



Take a Break



See you in 5 minutes!

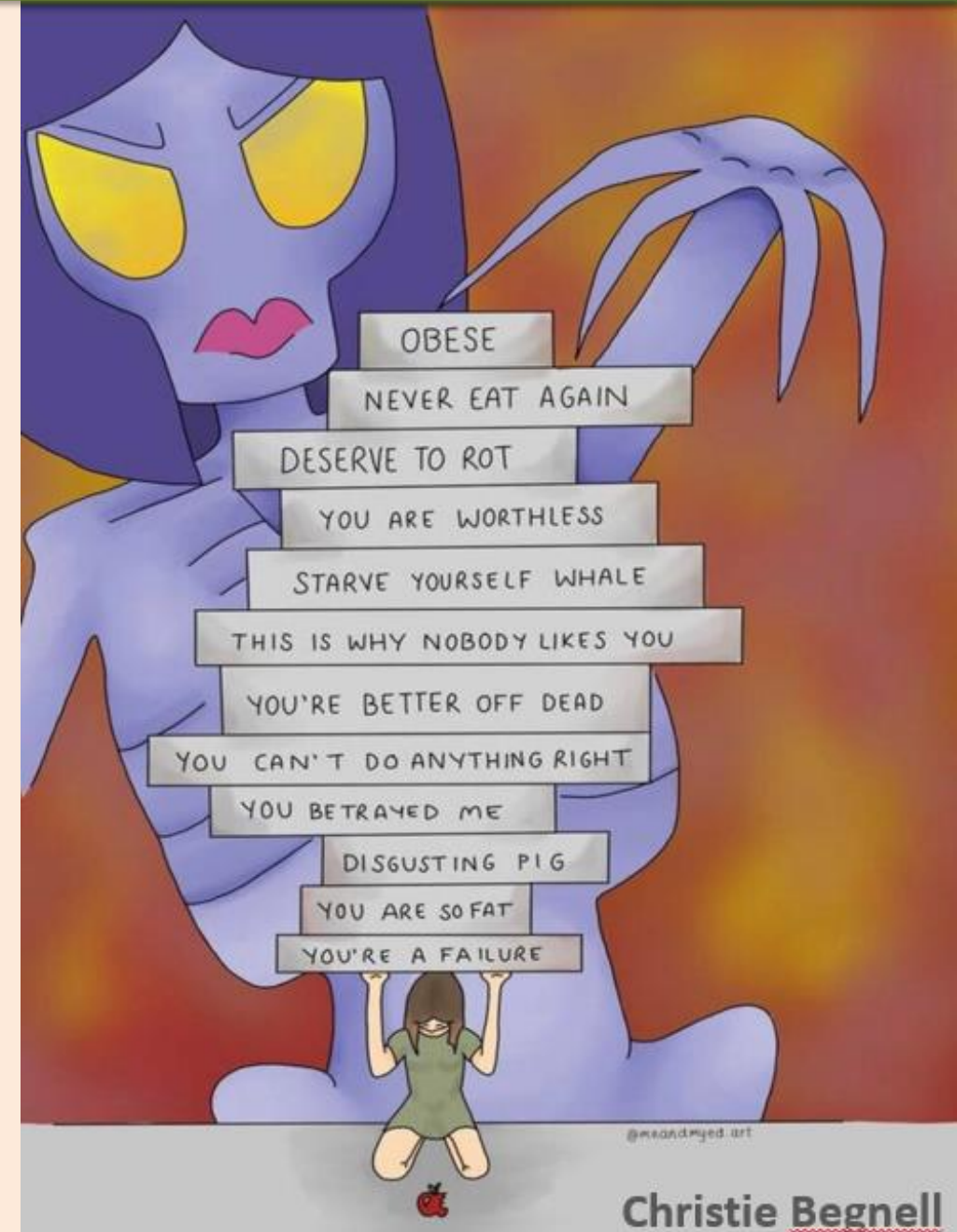
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Understanding Anorexia Nervosa



ANOREXIA NERVOSA

- Intense fear of gaining weight or becoming fat even though underweight
- Disturbed body image – *body dysmorphic disorder*
- Feeling fat when emaciated or experiencing one body part as too fat
- Absence of at least 3 menstrual cycles when otherwise expected to occur
- ***Restricting type (no binge-eating/purging)***
- ***Purging Type (like Bulimia)***



ANOREXIA NERVOSA

- Over 60% also diagnosed as suffering from clinical depression
- Up to 35% have been described as having Obsessive Compulsive Disorder
- Typically, has tended to appear at any time between 12 and 44 yrs - incidence now becoming higher in younger children



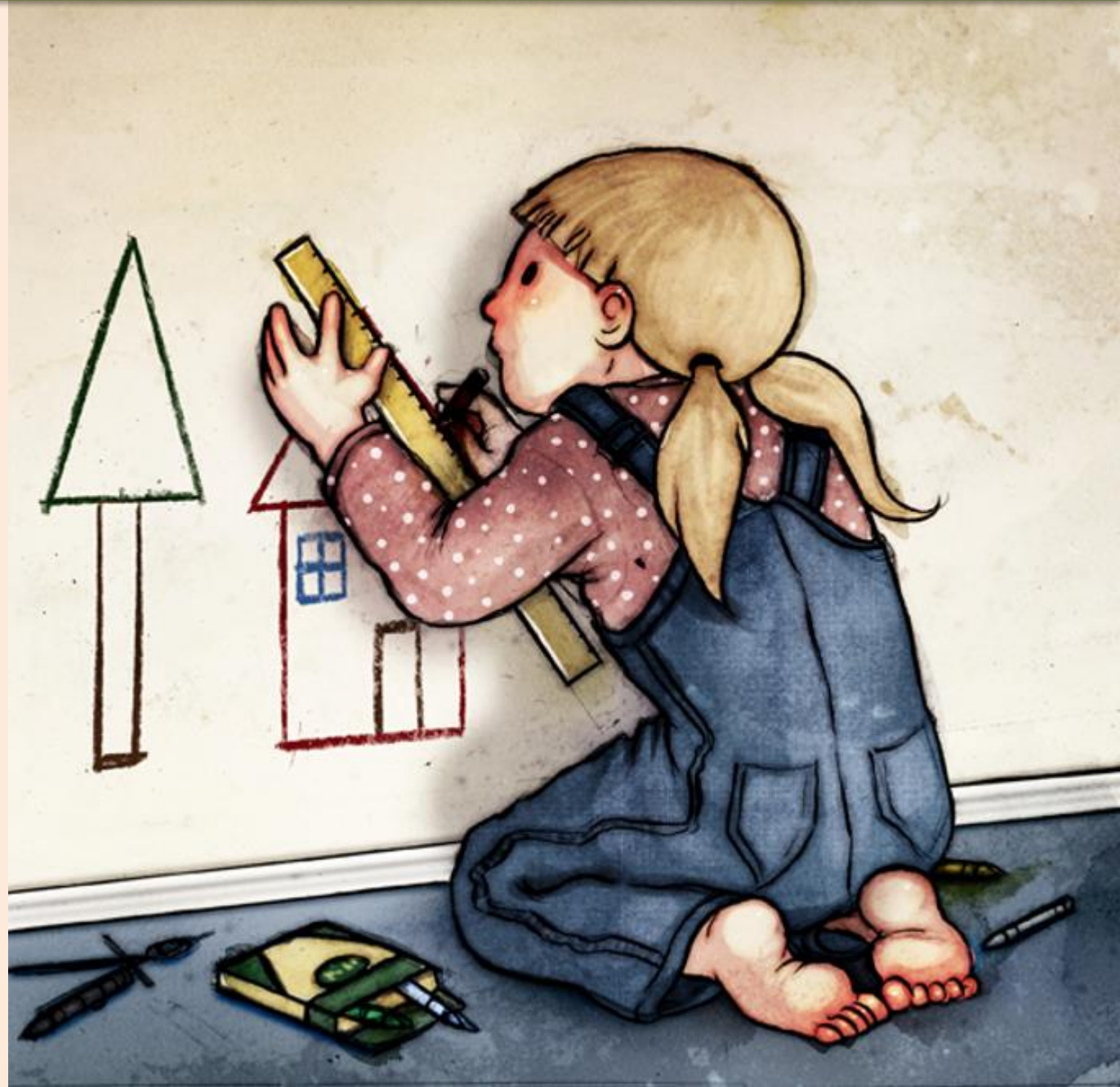
ANOREXIA NERVOSA - TRIGGERS

- Participation in activities that demand slenderness, eg ballet, gymnastics or modelling
- Over-controlling parents who put a lot of emphasis on looks, diet themselves or criticise their children's bodies/appearance
- Stressful life events, eg the onset of puberty, a breakup, going away to school



ANOREXIA NERVOSA

- People with anorexia are often perfectionists and overachievers
- They're the "good" daughters and sons who do what they're told, excel in everything they do, and focus on pleasing others
- Inside they feel helpless, inadequate, and worthless
- They view themselves through a harshly critical lens - if they're not perfect, they're a total failure

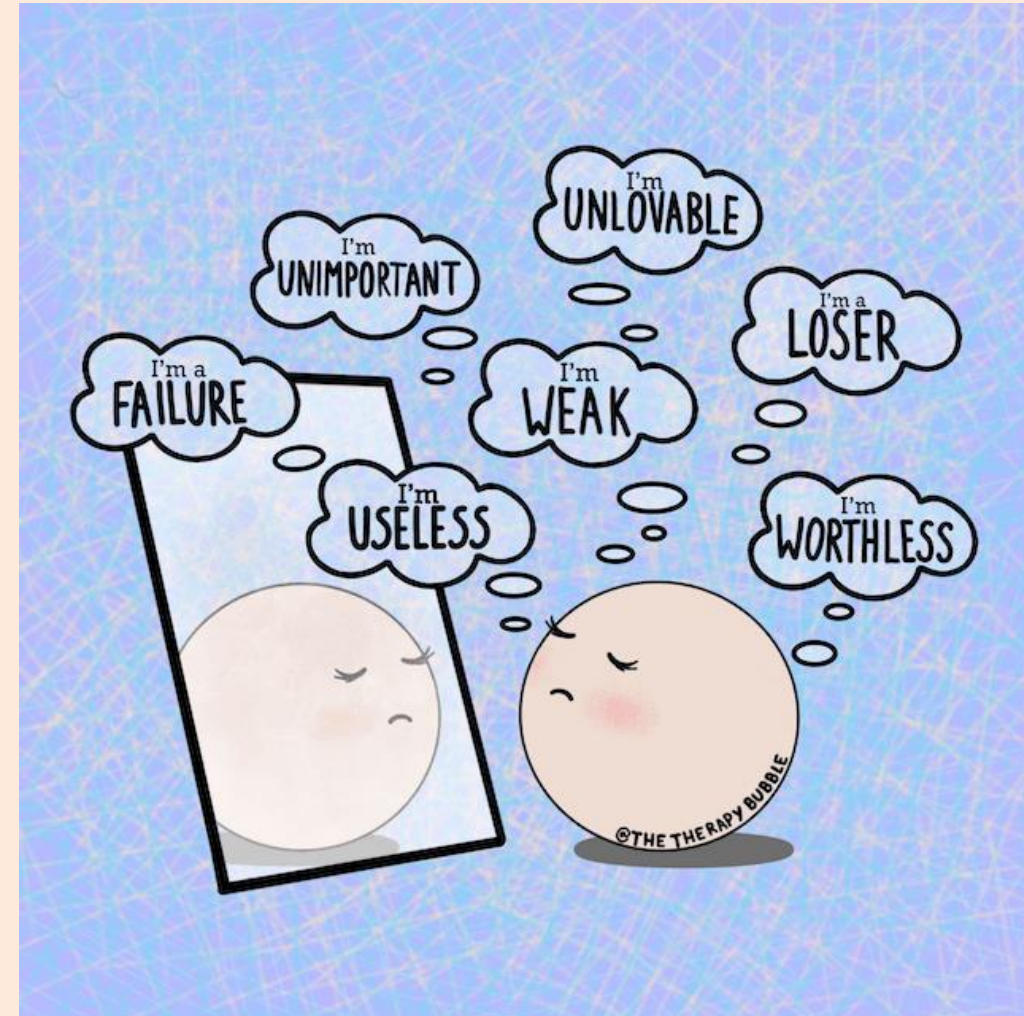




https://youtu.be/8VoAj_6iKTo

THE ANOREXIC VOICE

- The client has received harsh and critical messages from key Attachment figures
- These become internalised into a 'Voice' within their Internal Working Model
- Despite its negative, attacking nature, the Voice is often still considered an ally rather than an enemy - resembling certain insecurely attached relationships
- Insecurely attached individuals in general tend to see their eating disorders as more controlling and blaming, and themselves as less autonomous



THE ANOREXIC VOICE

“The results shed light on why people can appear to be so wholly in the grasp of an eating disorder – because losing it can almost feel like losing someone who “gets” you.

Anorexia and similar conditions can be like a tight embrace that goes both ways.”



Comfort

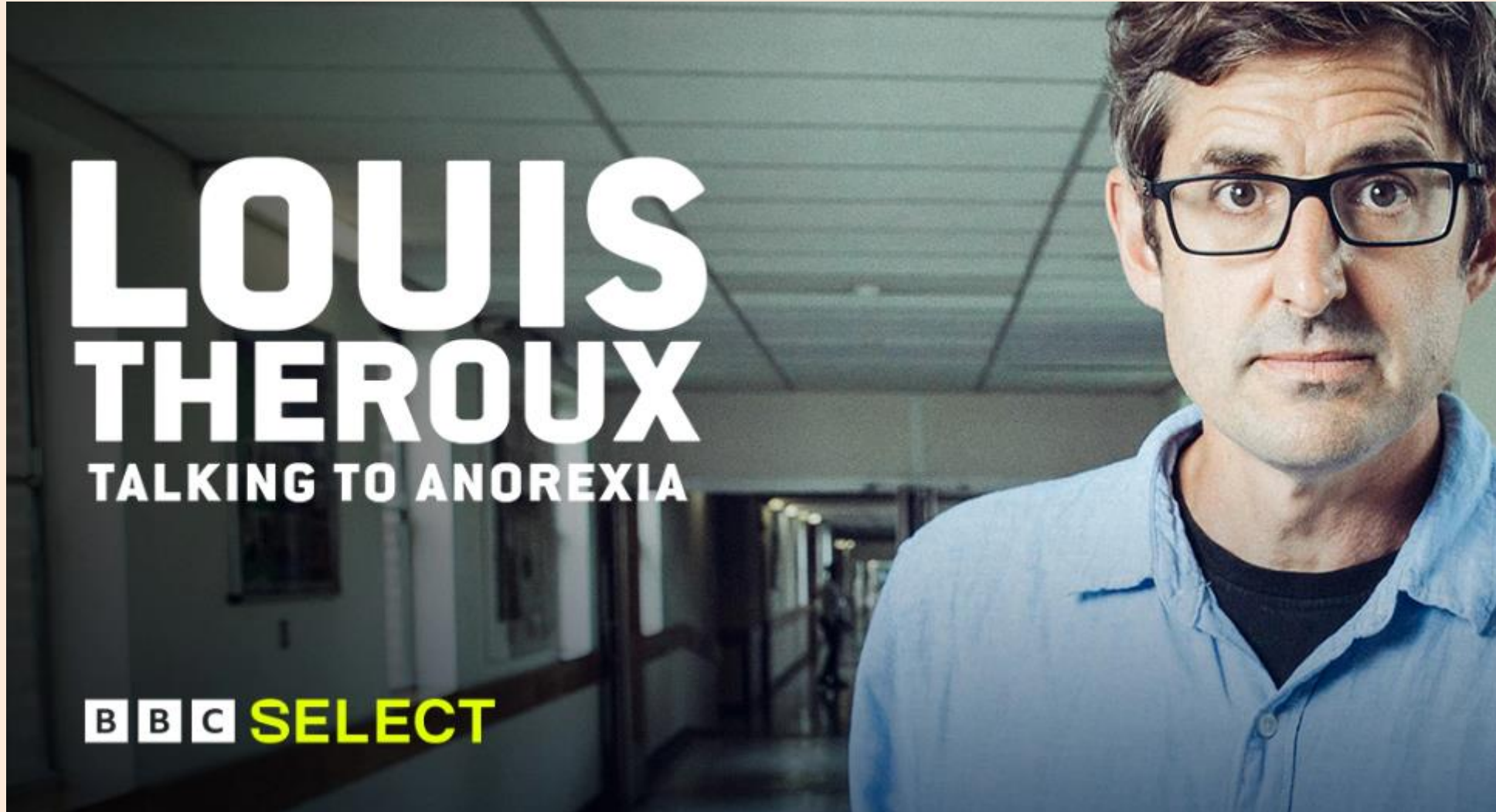
Kill

SEEKING HELP

- Sufferers can be very ambivalent about seeking help
- Under 16s frequently are 'sent' for help by anxious parents
- Challenge when the young person does not want to be there!
- Sufferers have often been let down in life and find it hard to trust
- Most sufferers are terribly afraid – give them time to get to know you
- Don't move too fast – it can raise defences and resistance to your work
- May take months to build a relationship
- You may not have months...



LOUIS THEROUX - ANOREXIA



Ideas to share in Buddy Groups

1. Share your reactions to Cara's story and the Louis Theroux interviews
2. How much empathy do you feel for the different types of EDs?
3. How easy is it to talk about this?

15 minutes



Take a Break



See you in 5 minutes!

+
○

“We only heal in
the present...”
Diane Poole Heller

+
○

Secure Attachment

**Counsellors are loving, present, consistent
affirming, intuitive, warm, protective**



Love is available

Love is given

I am worthy to be loved

- I love because I am loved
- I internalise a nurturing parent
- I internalise a structuring parent
- I am empathic
- I am free to be me

THE “FEEDING PACE OF TREATMENT”

Sometimes, too many interventions can feel like we are overfeeding and overwhelming the client



But too much silence may feel like we are abandoning them or emotionally starving them...



SHAME

- Sufferers are likely to have low self-esteem/low self-worth
- They are usually very shame-based and anticipate our disapproval



- We may be disgusted or struggle to understand
- Be accepting of what they say – empathy and acceptance
- Listen - avoid making assumptions about why they have come to therapy
- Show your workings

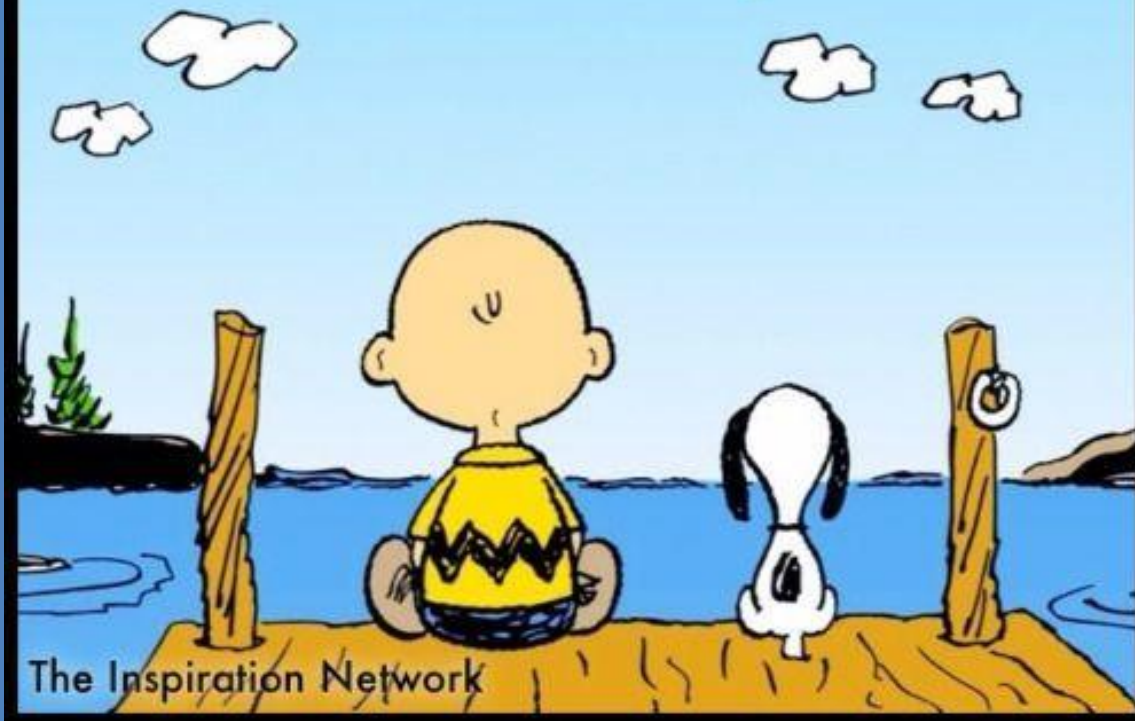
IT'S UNDERSTANDABLE TO FEEL OVERWHELMED



Highly Sensitive people and empaths need to recharge daily. If they don't they'll experience anger, sensory overload, physical & emotional burnout & anxiety.

And counsellors....

*Just **being there** for someone
can sometimes bring hope
when all seems hopeless*

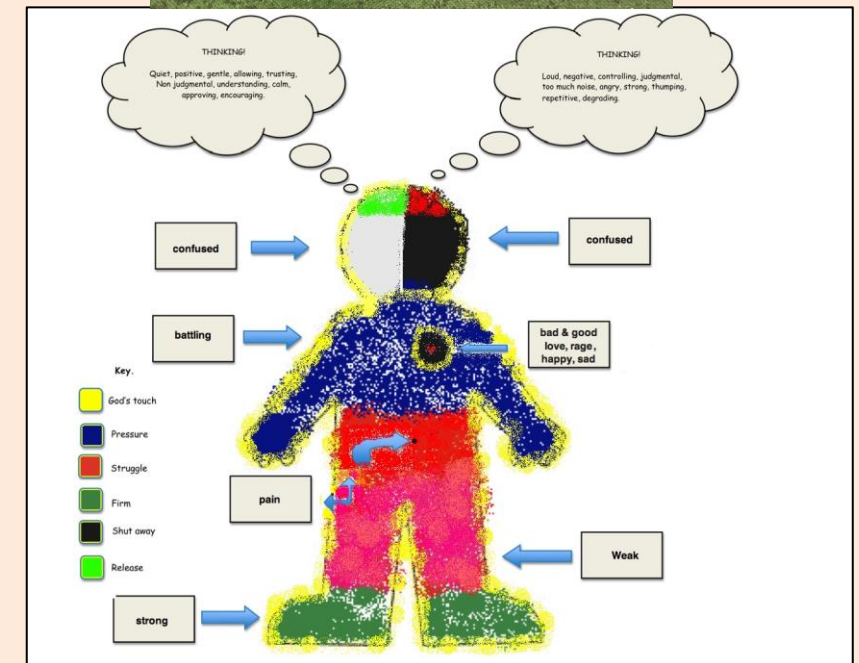
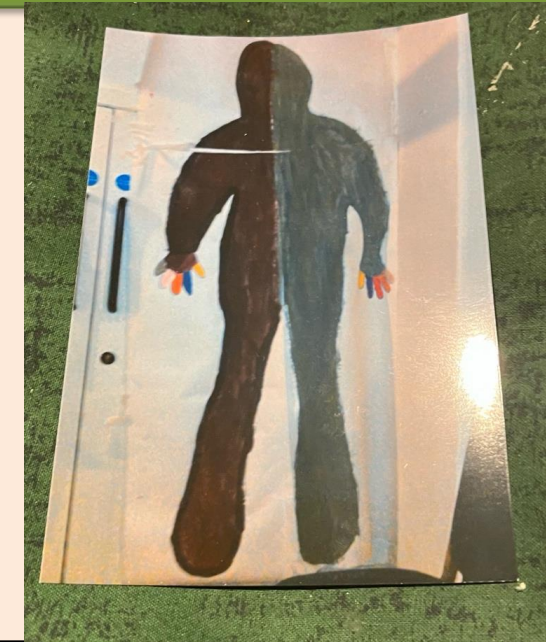


The Inspiration Network



Be Creative!

WORKING CREATIVELY TAKES SOME PRESSURE OFF





<https://edition.cnn.com/2017/04/12/health/eating-disorder-sketches-profile/index.html>



"Peanut Butter, The Binges"

Art by Morgan Blair
<https://www.expressiveartworkshops.com/narrative-therapy/healing-stories/morgan-blair-art-and-eating-disorders/>

Running on Empty

This life-size paper cut out was the first piece in the "Body of Work" series. I had no idea that artwork would become a significant part of my healing journey. The figure was created in treatment in response to a "writing" assignment. The task was to prepare a timeline, identifying significant dates and events that may have led to an eating disorder. I could not separate myself from the disease or isolate external factors as a possible cause. Who I was at the core and deep-rooted feelings of worthlessness made me an anorexic. That is who and what I was. The illness and I were fused as depicted in this work.

Judith Shaw



<https://www.judithshaw.com/body-of-work-the-art-of-eating-disorder-recovery>

Rescuer Roles
REVERSE ROLE PARENT



I have to take care of parent(s), listening to their worries and meeting their needs.

Performer Roles
**SUPERSTAR/
SUPER-SPORTS-STAR**



I am a high achiever, I get top grades/prizes and bring honour to the family name.

Rescuer Roles
THE CARETAKER



My role is to take care of everyone and to clean up everyone else's mess.

THE INNER CRITIC



Messages from the past make me doubt myself

THE PERFECTIONIST




I have to get it completely right

THE MIND-READER



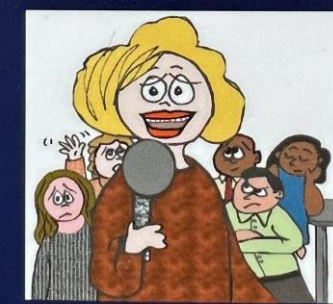
The stories in my head are often untrue

Roles Played in Families
explore family dynamics in unique & powerful ways

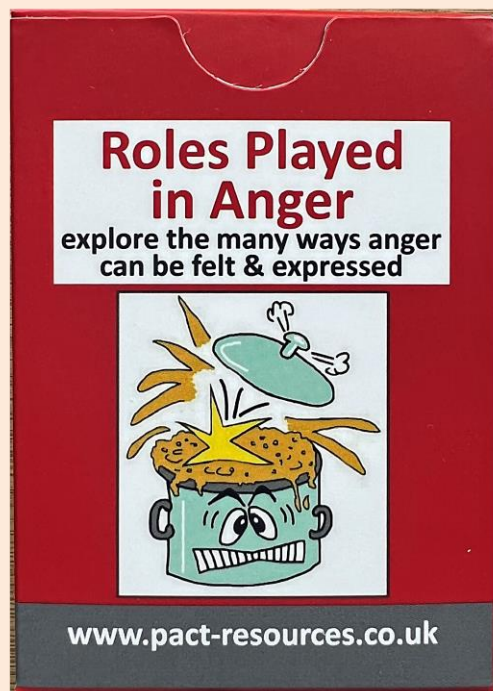


www.pact-resources.co.uk

Roles Played in Groups
explore the power and impact of group dynamics



pact-resources.co.uk



The Food Questionnaire



WHAT WAS THE ROLE OF FOOD IN YOUR CHILDHOOD?

The Food Questionnaire

1. Who was the **main cook** in the household? What kind of skills did they have, and what **atmosphere** did they create when preparing food / baking / cooking?
2. What were your **favourite** foods as a child? What were your **least favourite**?



WHAT WAS THE ROLE OF FOOD IN YOUR CHILDHOOD?

The Food Questionnaire

3. Was food ever used as a **reward or punishment** in your home? Were you ever given food as a 'treat' for being good? Or were you ever forced to eat what you couldn't (eg food you had left at one meal served up cold at the next).



4. What do you remember about **school food**? Did you eat with other children? What was the atmosphere around the school meal table?



WHAT WAS THE ROLE OF FOOD IN YOUR CHILDHOOD?

The Food Questionnaire

5. What do you remember about **celebration food**, eg birthdays, Christmas etc? What feelings do you have about this?



6. What atmosphere did mealtimes have in your childhood family? Picture the **family meal table**.



DRAW THE FAMILY MEALTABLE

- Draw a picture of your childhood family meal table. Who sat where?
- What feeling words are around as you draw and study your picture?
- Draw speech bubbles coming out of each person to show the 'message' that came from them, either their actual words, or what you sensed they were thinking.

- What is the overall feeling message of the scene?
- Write in a title for your picture.



A word cloud on a dark blue background. The central text reads "ANY QUESTIONS?" in large, bold, white capital letters. Surrounding this central text are various question words in different colors (white, yellow, orange, and light blue) and sizes. The words include "WHEN?", "WHERE?", "WHAT?", "HOW?", "WHO?", "WHY?", and "What?". Some words are repeated multiple times, and they are arranged in a circular pattern around the central text.

Share in Buddy Groups

Say goodbye

Exchange
details if you
wish

5 minutes





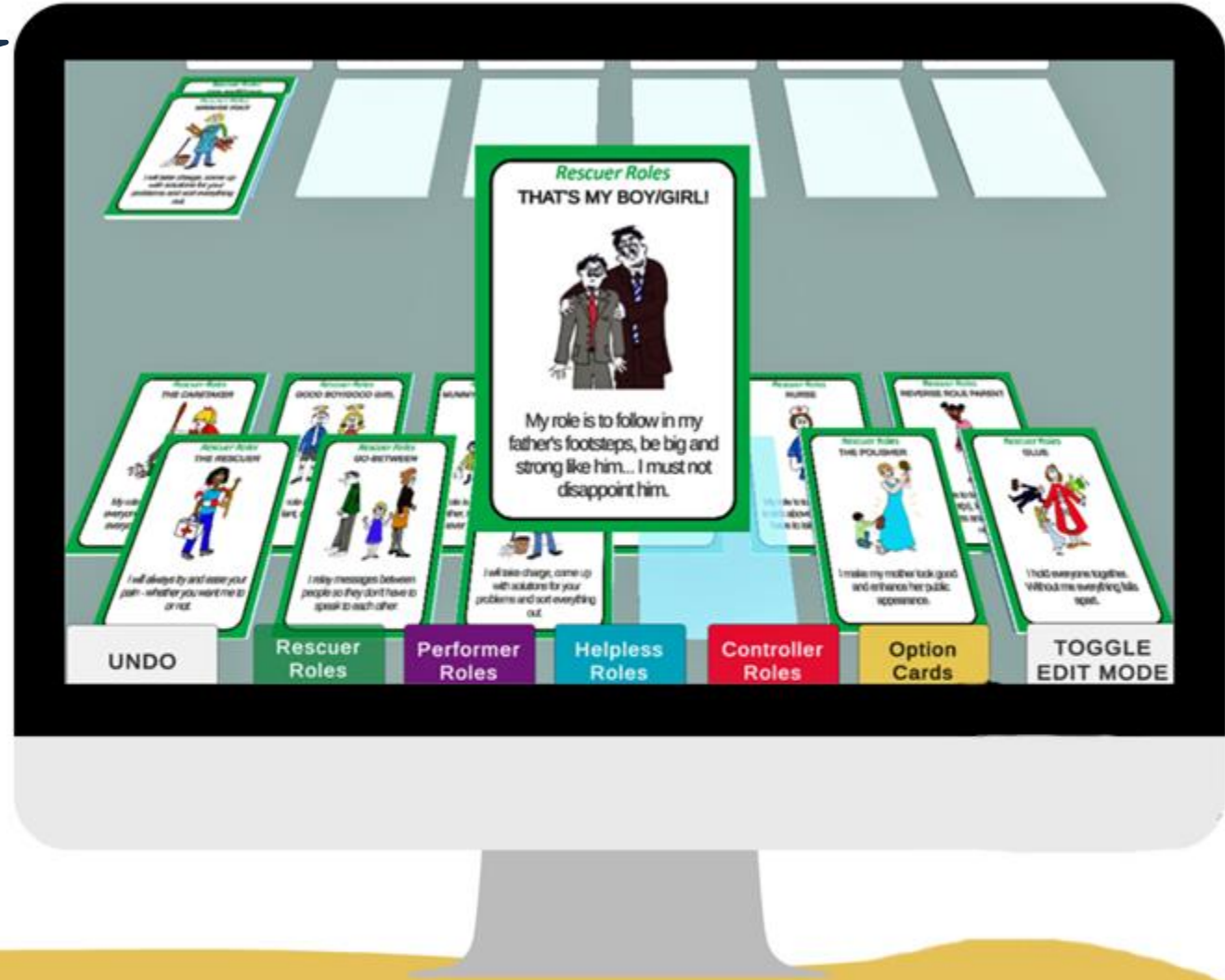
Resources

[PACT-RESOURCES.CO.UK](https://pact-resources.co.uk)

ORIGINAL & CREATIVE
COUNSELLING RESOURCES

Now
Available!

Use the Roles
Played in Families
& other cards
online!



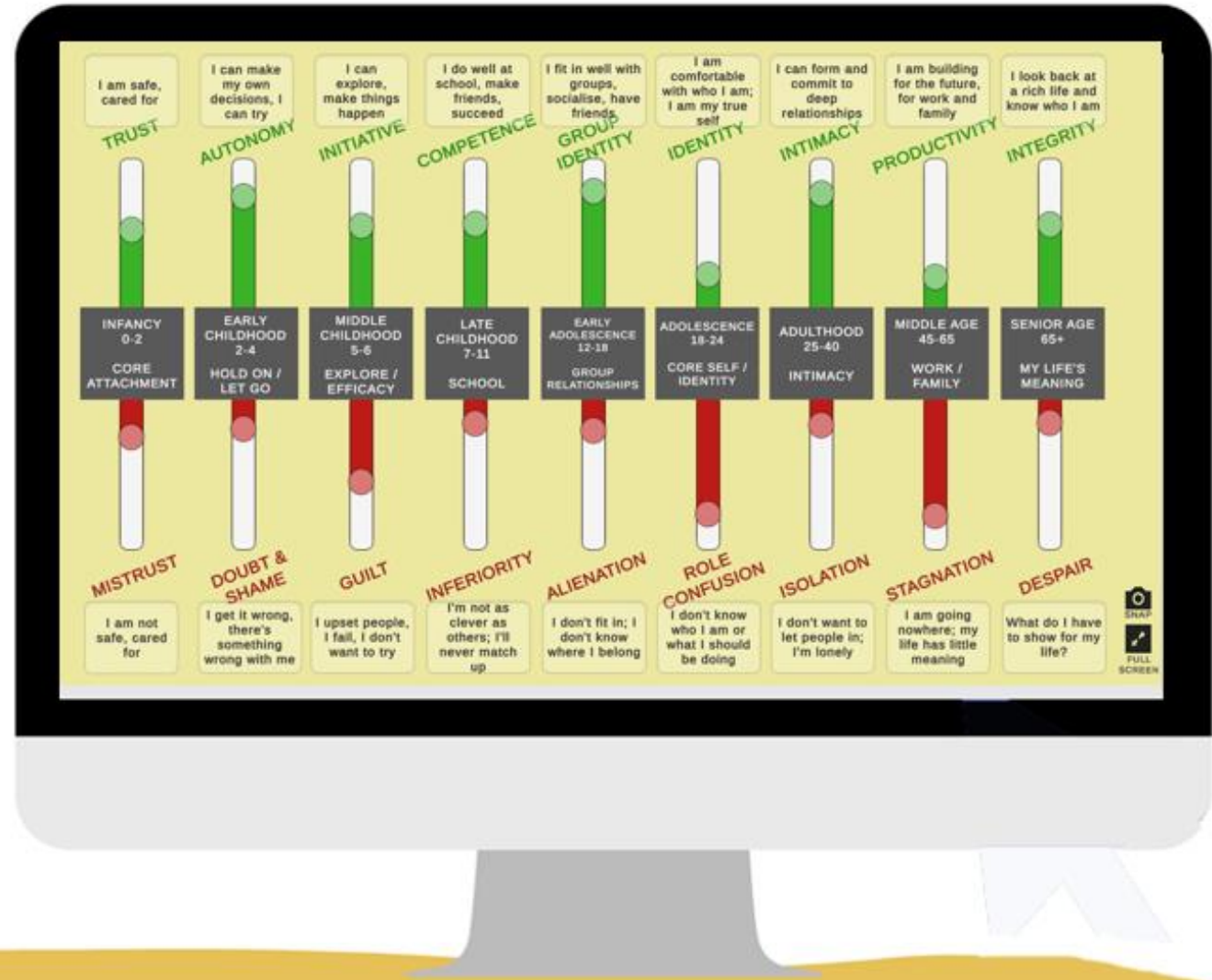
pact-resources-online.co.uk

The Wheel of Life
Web App will soon
be available for you
to use!



pact-resources-online.co.uk

Coming soon!
Erikson's Life Stages
Web App!



pact-resources-online.co.uk

Cards



e-Resources



Erikson's Life Stages



Wheel of Life



Working with Animal
Figures Online Pack



Therapeutic Sandscapes™
Online Pack

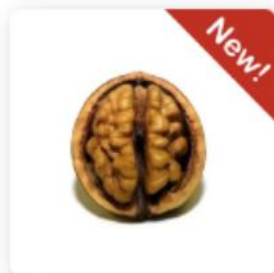
pact-resources.co.uk

3 for 2 on all videos

Missed a course?

Visit our online
training library

- Instant, lifetime access
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Neuroscience in a Nutshell
£30.00



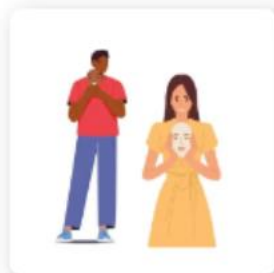
Using Erikson's Life Stages
in Counselling
£30.00



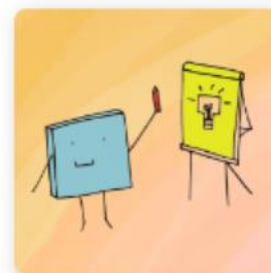
6 Ways of Working with
the Inner Child - Training
Video
£30.00



Building Boundaries
Breaking Barriers -
Training Video
£30.00



Imposter Syndrome -
Training Video
£30.00



Psycho-integration for
Counsellors - Training
Video
£30.00



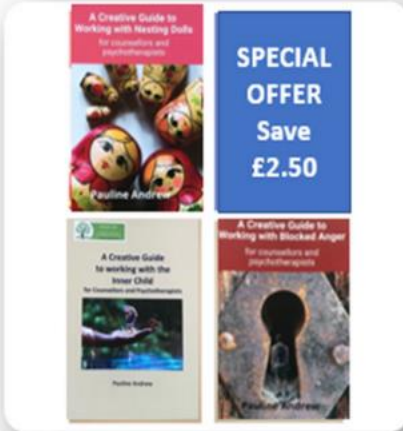
Trust and Betrayal -
Training Video
£30.00



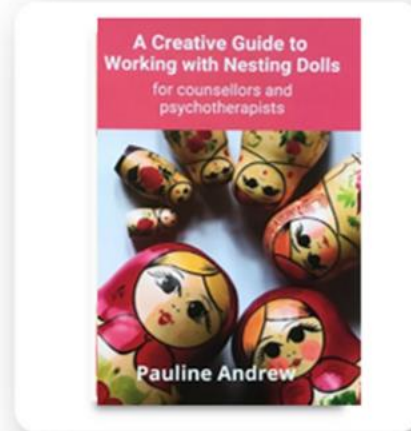
Attachment and Shame -
Training Video
£30.00

pact-resources.co.uk

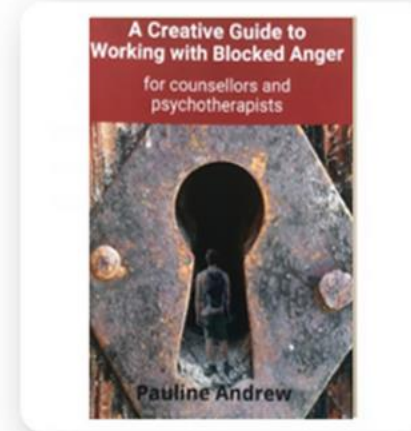
Books



Special offer – save
£2.50 when you buy
all 3 books
£32.00



A Creative Guide to
Working with Nesting
Dolls
£11.50



A Creative Guide to
Working with
Blocked Anger
£11.50



A Creative Guide to
Working with the
Inner Child
£11.50

Also available on Kindle

pact-resources.co.uk

What's up next?




15
MAR

Online Event

Psychoeducation – Face to Face and Online – with Dr Chris
Fri Mar 15

Price Starts from: £10.00

March 15, 2024
9:30 am - 1:00 pm



23
MAR

Online Event

When Mothers Wound –
Sat Mar 23

Price Starts from: £10.00

March 23, 2024
9:30 am - 1:00 pm




10
APR

Online Event

Unlocking Group Dynamics –
Wed Apr 10

Price Starts from: £10.00

April 10, 2024
9:30 am - 1:00 pm



17
APR

Online Event

Working with Loss and Grief –
Wed Apr 17

Price Starts from: £10.00

April 17, 2024
9:30 am - 1:00 pm



26
APR

Working Creatively with the Inner Child
in Counselling Weekend
Fri Apr 26 – Sun Apr 28, 2024

Price Starts from: £140.00

Location:
Moor Hall Hotel & Conference Centre

April 26, 2024
6:30 pm - April 28, 2024 3:30 pm



Deep Release
training counselling

Booking now open!

**Moor Hall,
Berkshire**

**27-29
sept**



**2024
COUNSELLORS
CONFERENCE**

26

APR



**Working Creatively with the Inner Child
in Counselling Weekend**
Fri Apr 26 – Sun Apr 28, 2024
Moor Hall Conference Centre, Cookham

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