

## Psychology Health 2018: Psychology Health Recovering from an eating disorder in a Western World

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### Abstract

People with eating disorders adhere to rigid rules that maintain their disorder. During recovery, these rules fade and new rules are developed. Unfortunately, the rest of the world doesn't nurture the same recovery focused rules so recovery can be a minefield for many people. Our clients with eating disorders are surrounded by a world that nurtures unrelenting standards and unhealthy relationships to food, weight and shape popular western culture objectifies women and encourages scrutiny, manipulation and transformation of bodies. Social media, television and sexist advertising impact negatively on body satisfaction, self-esteem (Bardone-Cone & Cass, 2007; Tiggemann & Slater, 2013), the perception of heaviness in the body and lowered self-worth (Bardone-Cone & Cass, 2007), and influence eating behavior (Smith, Hames, & Joiner Jr., 2013). Many women internalize the 'thin ideal' (Thompson & Stice, 2001), take a hyper-critical observer perspective of their body (Fredrickson & Roberts, 1997) which then influences body-hatred. Gendered cultural context plays a role in the development and maintenance of eating disorders. The aim of this presentation is to highlight the different rules that people in recovery from eating disorders have noticed they need to live by when compared to the rest of the world. Sonja will present some recovery oriented rules that her clients have developed, some that research recommends and others that she has observed in her clinical experience as being essential to recovery and maintaining a recovery focused view. Recommendations for clients with eating disorders, their families and friends as well as clinicians working in this field will be discussed.

Women still be more likely to suffer from eating disorders than men (Hudson, Hiripi, Pope Jr., & Kessler, 2007) and therefore the incidence amongst young women is increasing (Smink, van Hoeken, & Hoek, 2012). The core psychopathology of eating disorders is an over-evaluation of shape, weight and their control (Fairburn, 2008). This effectively means that women with eating disorders evaluate their self-worth largely (if not exclusively) in terms of shape and weight, and their ability to control them. Aspects of Western culture fuel the notion that the self-worth of a woman is tied up in appearance, discipline, purification and fragility.

Factors contributing to disordered eating:

The factors that are related to the development and maintenance of eating disorders are present in girls by early adolescence (Rohde, Stice, & Marti, 2015) and include:

sociocultural pressure to be thin (Rohde, Stice, & Marti, 2015; Stice, 2001; Stice & Shaw, 2002) peer pressure and modeling of disordered eating by significant others (Lieberman, Gauvin, Bukowski, & White, 2001; Pike & Rodin, 1991) thin-ideal internalization (Rohde, Stice, & Marti, 2015; Thompson & Stice, 2001) body dissatisfaction (Cooley & Toray, 2001; Rohde, Stice & Marti, 2015; Stice, 2002; Stice & Shaw, 2002; Striegel-Moore & Bulik, 2007).

Popular western culture objectifies women and encourages scrutiny, manipulation and transformation of bodies. It is more likely, therefore, that women will internalize the 'thin ideal' (Thompson & Stice, 2001), a reference point used for evaluation via self-objectification. Self-objectification is where a

woman takes an observer perspective of her body, seeing herself as an object, focusing on the imperfections (Fredrickson & Roberts, 1997). Self-objectification is a direct result of a culture of objectification and is thought to be a key mechanism that influences body-hatred and through which the messages from popular culture become harmful. Research affirms that social media, television and sexist advertising encourage objectification and body comparison and thus impact negatively on body satisfaction, self-esteem (Bardone-Cone & Cass, 2007; Tiggemann & Slater, 2013), the perception of heaviness within the body and lowered self-worth (Bardone-Cone & Cass, 2007), and influence eating behavior (Smith, Hames, & Joiner Jr., 2013).

Gendered context plays a task within the development and maintenance of eating disorders. The recovery from eating disorders unavoidably occurs in this same context; a context which is incongruent with recovery-oriented values. It is important that psychologists, where possible, address gendered contexts and stereotypical misperceptions in the following ways:

Be informed about cultural objectification and self-objectification contributing to the development and maintenance of body image and eating issues. Ask about the values that stem from a client's own ethnic background, culture, faith and community, and their understanding of what it is to live well, what it means to be a woman, and how self-worth may be understood and accessed in different ways. Consider the stereotypes of eating disorders that nurture an objectification of a woman's body and how they impact on the client. An example is making an assumption about a stage of recovery because they 'don't look anorexic anymore'. Enquire about the impact of pressures about weight and shape on a client's day-to-day life. Concerns about shape and weight can underlie presentations of depression, social anxiety and other mental health disorders in women. Encourage clients to prevent following blogs or posts that reinforce harmful cultural messages like the

necessity to discipline and alter the body. Encourage clients to focus instead on values-directed activities. Encourage others to avoid commenting on weight or appearance. For example, replacing 'you look so healthy' with 'it's good to ascertain you'. Those with anorexia interpret even 'you look healthy' as 'you look really fat' and saying, 'I think you are losing weight' can be received as a threat and trigger anxiety. Request publishers not use graphics that only serve to sensationalize eating disorders in some way and objectify a woman's body further. Consider the 'ever-changing' body image in body-image research, instead of that specialize in one point in time. This may include considering factors that influence how a woman feels within her body, rather than reinforcing self-objectification by assessing how a woman sees her body. Research more about recovery stories and how people manage to recover; focusing on interpersonal and social influences, rather than reductionist explanations.

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