The FundaMENTALS

A Youth Guide To Mental Health

Body Dysmorphia and Eating Disorders



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SCI TECH

NICOLETTE BOARDMAN ARTIST

ALLHEIM DEVAN-BEY WRITER- EDUCATION EATING DISORDERS

MARCUS WALLER STIGMA

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CONNOR DALGAARD RESOURCES

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AVA PUSTOVER LAYOUT

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Keep an eye out for new episodes of Unless... A Stand Together podcast where students discuss mental health conditions!

Podcast Playlist on YouTube

Education on Eating Disorders

EATING DISORDERS

serious conditions in which an individual has a preoccupation with food & weight and can often focus on nothing else *can be over or underweight* (includes anorexia, bulimia, and binge-eating)

ANORFXIA

restrictive eating, fasting, excessive exercise, intense fear of gaining weight/becoming fat, preoccupation with eating health/maintaining a specific diet

BULIMIA

self-induced vomiting or the misuse of medications to induce bowel movements

BINGE-EATING

feeling unable to control eating (what or how much) or ingesting a larger quantity of food than usual in a shorter period of time

Causes

Because eating Disorders are so complex, the exact cause of them are unknown. however, it is speculated that it is caused by a combination of biological, psychological, and/or environmental abnormalities that contribute towards the development of these disorders. An example for an environmental factor for anorexia is influences of society's depiction of the "perfect" body being thinner. This can contribute to developing Anorexia because a person could become obsessive to using extreme methods to try to maintain the perfect shape portrayed in society.

eleee Symptoms

Anorexia

Some symptoms of Anorexia include dramatic weight loss, increase of clothing layers, constant thoughts about weight, denying feelings of hunger, has an intense fear of gaining weight, loss of period for women, stomach cramps, fairings, frequent cold spells, dry skin, sleep problems, muscle weakness, prolonged wound healing, and dizziness.

Bulimia

Some symptoms of Bulimia include constant attention towards weight and body shape, feeling a loss of control while binge eating, forcing self to vomiting, fasting, using dietary supplements to cause excessive weight loss, constant exercise, facial and cheek swelling, not wanting to eat in public.

Binge-eating

Some symptoms of Binge-eating include, rapid eating, eating large amounts of food, eating until uncomfortably full, weight fluctuation, low self esteem, frequent dieting, feelings of shame, sadness and worthlessness after binges, hypertension, joint pain, and sleep apnea.

Treatment elece

Anorexia

Treating Anorexia involves several different methods combined in order to help the patient, these can include nutritional support, psychological counseling, medication, and behavioral modification. Depending on the patient's condition, they may have to stay at a medical institution until they start to recover. The patient is usually required to have inpatient treatment if they lose 15% of their ideal body weight. Children are a special case because malnutrition can have irreversible negative effects on the development of the child, they may be closer to their ideal body weight to require inpatient care. Family involvement is also a must for treating Anorexia in children. Patients who seek nutritional therapy are often severely malnourished upon entering treatment, and because starvation affects a person's thinking, it is hard for a therapist to use self-reflection to help a patient because their thoughts are usually negative and obsessive. Instead therapists usually use positive reinforcement to help a patient have more positive thoughts. A last resort treatment for patients who refuse to eat and are at risk of malnutrition are put into nasogastric feeding, which has negative effects on the patients psychological symptoms of Anorexia.

Bulimia

In order to treat Bulimia, patients often need to see several different types of clinicians to balance out calorie intake, cognitive behavior, and psychological problems. Patients will go to nutritional counseling in order to reduce binging and to balance out their calorie intake that maintains weight. CBT, or Cognitive Behavior Therapy, is the most effective kind of psychotherapy for dealing with bulimia, it helps patients identify and change distorted thoughts about themselves and food that contribute to compulsive behavior, and to find better ways to deal with stressors in life. CBT usually lasts 6 months with 20 sessions, but if symptoms aren't reduced by 10 sessions, the physician is recommended to add medication to treatment. Another method of treatment includes self-help strategies such as support groups and internet-based modes, however this isn't as effective as therapies and should be used in conjunction with therapies.

Binge-eating

Different types of psychotherapies are mainly used when treating bingeeating along with medication. CBT can help someone cope with stressors which can contribute to causing binging. Also it can be a good way to help deal with the compulsions of eating large amounts of food in short periods of time. Interpersonal psychotherapy can help improve interpersonal skills in order to help relationships and end binge eating habits triggered by problematic relationships and unhealthy communication skills. Dialectical Behavioral Therapy (DBT) can be used to help a person and how they deal with stress and regulate their emotions which can decrease the desire to binge. A medication used to treat binge eating is Vyvanse, which is used for ADHD, however has been shown to help with binge eating.



Sources

Harvard Health Publishing: Treating Bulimia

Eating Disorder Hope

Rosewood: Center for Eating Disorders

Mayo Clinic: Bulimia

NEDA

Harvard Health Publishing: Treating Anorexia

Mayo Clinic: Anorexia

Mayo Clinic: Binge-Eating disorder

Education on Body Oysmorphia

What is Body Dysmorphia?

According to the Anxiety and Depression Association of America, BDD, or body dysmorphic disorder, is, "a body-image disorder characterized by persistent and intrusive preoccupations with an imagined or slight defect in one's appearance." While we all think we have flaws, those with BDD will think about those flaws consistently, and that can cause severe distress.

What are Symptoms of Body Dysmorphia? ---

These are some of the most common symptoms of BDD according to the Anxiety and Depression Association of America. "camouflaging (with body position, clothing, makeup, hair, hats, etc.), comparing body part to others' appearance, seeking surgery, checking in a mirror, avoiding mirrors, skin picking, excessive grooming, excessive exercise, changing clothes excessively" While these are just some common symptoms, it is important to keep in mind that not everyone will show these.

How is BDD Treated?

A trained professional should diagnose a patient with BDD, however there are self-given test and quizzes to take. It is important to note that these at-home tests are not giving you a diagnosis, but rather an idea of where to go next. According to the Anxiety and Depression Association of America, there are two main ways to treat body dysmorphic disorder. One of those is cognitive behavioral therapy, which, "teaches patients to recognize irrational thoughts and change negative thinking patterns. Patients learn to identify unhealthy ways of thinking and behaving and replace them with positive ones." The other main way is medication, specifically antidepressants. Doctors and clinicians will most likely prescribe a combination of treatments to ensure the best result.



Read more to learn the common myths and misconceptions regarding Eating Disorders and Body Dysmorphia!

Eating Disorders

Myth: Eating disorders are a choice.

Fact: Eating disorders are not a choice. They are caused by a multitude of factors, including environment, genetics, biological factors, and social elements.

Myth: Eating disorders only impact women.

Fact: Eating disorders impact everyone. According to the National Eating Disorders Organization, "A 2007 study by the Centers for Disease Control and Prevention found that up to one-third of all eating disorder sufferers are male, and a 2015 study of US undergraduates found that transgender students were the group most likely to have been diagnosed with an eating disorder in the past year.

Myth: Recovery from eating disorders is impossible.

Fact: While recovery can be hard, it is not impossible. The road to recovery is different for everyone, however reaching out for help is a first step that can help immensely.

Body DysmorphiaMyth: Body dysmorphia is an eating disorder.

Fact: According to Center For Discovery Eating Disorder Treatment, "The DSM-5, Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, classifies this mental health disorder as a type of obsessive-compulsive disorder because it is characterized by unwanted obsessive thoughts followed by compulsive actions. BDD is about persistent thoughts associated with perceived flaws that can consume an individual struggling to the point that they affect daily life."

Myth: Body dysmorphia is just an effort to fish for compliments.

Fact: Those with body dysmorphia do not just want validation. If an individual with body dysmorphia trusts you enough to voice their struggles, they may not be seeking advice or compliments, but rather just a friend who can listen.

Myth: Plastic surgery is a cure for body dysmorphia.

Fact: Plastic surgery is a symptom of body dysmorphia, not a cure. Hopkins medicine says, "Plastic surgery to correct a body flaw rarely helps." They also classify it as a common symptom in recognizing body dysmorphia.



Two interviews were conducted. The people being interviewed discussed their experiences with bulimia and body dysmorphia.

FIRST INTERVIEW: BULIMIA

1) When did you get diagnosed? What did that process look like? Who did you reach out to?

I got diagnosed with bulimia when I was in 5th grade. I had talked to some friends about it, and they knew I wasn't doing well. But, I hadn't reached out for help yet. The reason I was able to be diagnosed was because when I would go to doctor appointments and check-ins, they were able to see that I was losing an unhealthy amount of weight quickly. My doctor made sure that my parents left the room and she asked me questions about it. She said that all my physical and mental symptoms pointed to having bulimia. If I had been able to reach out to someone though, I would have reached out to my doctor by myself, since I wasn't comfortable with my parents knowing about it from me.

2) What are things that help you cope when you are struggling?

My friends were definitely a big part in helping me cope. I'd go to them when I wanted to lose weight, and they'd help me through it by talking me down and helping me focus on other things instead of my weight. When I wanted to lose weight when I had just eaten, I would look into facts about things that happen to your teeth if you vomit too much or what happens to your body over time. That would usually scare me enough to not make myself lose weight in an unhealthy way. Since I was trying to lose the weight to try to look "prettier", I figured having gross teeth or being so unhealthily skinny would be worse. I realize now, that you don't have to be skinny to be pretty, so this is not a good way of thinking. But, it is what helped me to stop trying to unhealthily lose the weight.

3) How has societal pressures and standards for a "perfect body" impacted your mental health?

I think societal pressures were definitely one of the main reasons that my bulimia got as bad as it did. I would look all over the internet, and it felt like absolutely everyone had "perfect bodies" and that my body looked nothing like that. It made me focus on my weight, which made me focus on the numbers on the scale that I became obsessed with.

4) How have you come to accept your disorder?

I've come to accept my bulimia by understanding that there are so many more people out there that have it too, and I'm not alone. I tried to deny that anything was wrong when I was diagnosed at first. However, I came to realize that there was something wrong, and I wasn't healthy, which is the most important thing. I'm still not the healthiest, but I've learned to accept that my body is normal and that there are so many people with a body type like mine. I still have bad days, but my mental health in correlation to my bulimia is a lot better.

5) What can people/society do to help?

Another big reason I started using unhealthy ways to cope was because my friends would use them too. When that started happening, I figured it was normal and that it would only help me and make me feel better to lose weight. I feel that society has taken a step in the right direction. For example, there are many body-positive videos on TikTok with so many body types, which makes me feel like I'm able to accept my body type too. I do believe that it could be so much better and that people could accept body types and weights a lot more. There are so many types of resources now that I had no idea about when I was going through a hard time with my bulimia that I wish I knew about. I think certain magazines and mainstream media could have better representation of all body types! What one person can do individually is be supportive of everyone's body types, and if a friend or relative is going through something, be there for them! My friends were such a big part of me getting better. I don't know what I would do without them.



* S.H.E. (Support, Hope, Encourage) is a great way to help those who are struggling with any mental health issue. <u>If you know anyone who is struggling with an eating disorder, reach out to a trusted adult or professional.</u>

SECOND INTERVIEW: BODY DYSMORPHIA

In an interview with Mallory McElhaney and Samantha Story, Sam tells her story of the struggles with body dysmorphia.

 Can you tell me about yourself? Whatever you feel comfortable sharing.

Hi, I'm Samantha Story, 18 years old, and I've been playing tennis for the past six years. And I love spontaneous adventures.

2) What does body dysmorphia look like to you?

Body dysmorphia to me is the obsession of perceived flaw in my appearance. For me, personally, my "flaw" is my stomach. I check my stomachs side profile about 20–30 times everyday in the mirror to see if there is any change. After every time I eat, every time I use the restroom, after every shower, when I change clothes, when I wake up, when I go to bed, etc. I see my stomach as my defining characteristic because I hate it and assume everyone else does, too.

3) How long has this been an issue for you? When did you first realize that something may be "off"?

This has been an issue for me since December of 2018. I began my weight loss journey in September of 2018 and the first two months I had seen outstanding results, until December when losing weight became more of a challenge. I had to actually start making bigger changes, and because of this I wanted to see more results and constantly checked my stomach.

4) What are some coping mechanisms you've turned to, or anything that has helped you?

Coping mechanisms are rare when it comes to body dysmorphia, but I've listened to many self love podcasts and read many self love articles and worked on improving my mindset to get me here. I may still have body dysmorphia and check my stomach 20–30 times a day, but I have taught myself to not let it bother me anymore. It makes me upset sometimes when I look in the mirror and see how big my stomach is, but then I just turn around and go back to whatever I was doing because there is a whole lot more to life than what my stomach looks like.

5) How do you prefer friends, family, etc. talk about body dysmorphia, to you and in general?

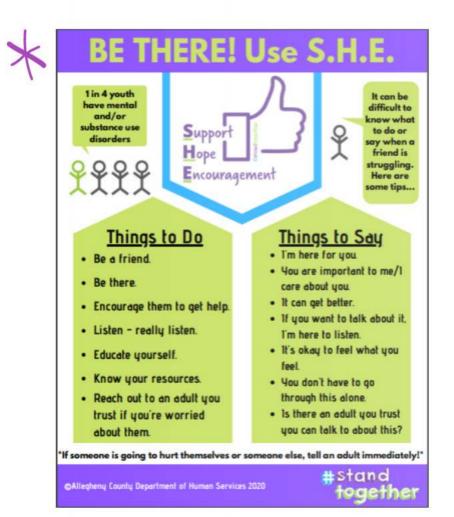
I hate when people joke about body dysmorphia, like, "Oh, that's just my body dysmorphia kicking in" or something along those lines. I understand that some people use sarcasm and jokes as a coping mechanism, but majority of the time they do not have body dysmorphia and are using it as a joke. But for someone who does have it, it makes me feel inferior. For someone to take what you struggle with everyday and make a joke of it and people laugh at it hurts a little more than you'd think. If I'm talking to someone about my struggle with body dysmorphia and they say "but your stomach isn't even that big", that does absolutely nothing. My mind is not going to change based off of that one sentence, so I don't get why people even say it. I don't mind talking about my body dysmorphia, but I don't like receiving advice or commentary from individuals who have never experienced what I am.

6) How much has body dysmorphia held you back? For example, buying certain clothes, going places, etc.

Body Dysmorphia holds me back more than I realize. I don't let myself buy short length shirts because I can't have my stomach showing. And I don't buy any sort of tight pants or shirt. My goal is to wear baggy clothes so no one can see my real body shape. I practically live in running shorts and big t-shirts. This summer I have finally allowed myself to wear bikinis when I go swimming and I love it, even if others don't. Going places is a whole other story. I'm a very outgoing individual and I'd say I'm confident because I have a strong personality that can talk to anyone, but physical-wise I'm semi confident. Body Dysmorphia has only kept me from going places when it involves my friends wanting to go somewhere with boys. I just don't go because all my friends are super skinny blondes who are drop dead gorgeous and get any guy they want, so I know if I go I'll just end up being sad, it's not good for my Body Dysmorphia or my mental health in general.

7) Anything else you'd like to add?

Body Dysmorphia is no joke. Living with it for almost two years now, on top of having OCD, is a whole other story. It's a constant battle between these two with my OCD bringing out the perfectionist in me and my Body Dysmorphia literally pointing out what isn't perfect about me 20–30 times a day. Body Dysmorphia is also something I feel isn't talked about enough because it gets shoved under the rug and we're just told it's "confidence issues" and we're just "insecure teenage girls." But we should be teaching young women how to gain confidence and not let any apparent flaws stop you from buying certain clothes or going certain places.



Stigma

The Media's Impact On Body Image

Most teens consume some form of media everyday. The ideas and expectations within the media can be extremely harmful. Children and adolescents are vulnerable to this information because they don't often realize some of the content they are viewing isn't entirely real. In the fashion industry, they often use digital enhancements to portray the "ideal" male and female body. Female models have also been expected to become thinner and leaner, and male models more muscular. These unrealistic portrayals can lead to increased insecurities and lead to some dangerous eating and exercising habits. These behaviors can even be encouraged in certain activities, such as competitive sports. Unfortunately, these habits are sometimes overlooked as a normal phase of adolescence. Even for young kids, these unrealistic beauty standards are enforced. For instance, Barbie dolls are typically very thin and action figures have started to become significantly more muscular. Despite these negative impacts of media, it can also be an important tool. It can allow people to learn about health promotion and how to deal with some of the struggles they may have.

Sources: NCBI and NYTimes

Stigma Article

Stigma in eating disorders often stems from misinformation. Most people view someone with an eating disorder as "thin", however, people can have an eating disorder regardless of their weight or body shape. People also associate eating disorders only with younger white women, but anyone can develop an eating disorder. The notion that you can only have an eating disorder if you fit these demographics can lead to further shame. False statements, such as, "just eat" often reduces the feelings someone with an eating disorder has. The belittling of one's feelings surrounding body image and eating disorders can cause the person to feel shame and become more isolated, likely leading to being reluctant to treatment. If you know someone who has an eating disorder it's important you provide support, hope, and encouragement (S.H.E).

Source: NEDA

Resources

Know that these aren't the only resources! Utilize the Internet to find resources that work for YOU!

Body Dysmorphia

CENTRE FOR CLINICAL INTERVENTIONS

Has workbook and information sheets geared towards people struggling with body dysmorphia.

ONLINE SUPPORT GROUP

Link to monthly peer-led support group for those who suffer form body dysmorphia.

BODY DYSMORPHIC DISORDER FOUNDATION

UK-based website (knowledge can be used regardless of country) with lots of information about body dysmorphia and its treatment.

Eating Disorders

THRIVEWORKS

Website with information about counselors in Pittsburgh who specialize in anorexia.

NATIONAL EATING DISORDER ASSOCIATE (BULIMIA)

Information about bulimia and its symptoms.

MEETUP

Service with many different groups for those suffering from binge eating disorders.

Complete this survey for a chance to win an Amazon e-Gift Card!

Survey Link