

Worksheet 11.2: Body image issues

People with eating disorders often suffer from body image issues which can be incredibly distressing. At the extreme Edi might go on to develop Body Dysmorphia Disorder and spend hours and hours each day body checking and agonising over how they look.

SBC, Chapter 9, p. 120 addresses the issues around body image. People with ED often display heightened sensitivity to the world around them and are often perfectionist in their nature. As the ED develops, these perfectionist traits can become exaggerated. Also, there are cultural and social media pressures and social norms around food, weight, body image and exercise. From a very young age, children are taught about healthy eating and the problems of obesity. Some children then quickly develop rules around foods to avoid and they are often exposed to 'fat talk' by their peers. Many children, and indeed adults, develop body image and self-esteem issues, for those with eating disorders these issues can become entrenched and still pose a problem long after regular eating patterns have been restored. As with talk around food and weight gain, carers can be most supportive by approaching image issues in a calm, supportive and non-critical way, while avoiding falling in to the reassurance trap. It is important to get to the emotion behind 'I'm fat'. What does it mean to perhaps feel rejected and alienated from others, disgusting, out of control, lazy? ALVS techniques and MI may be extremely helpful.

In pairs or as a group think of a scenario in which you have noticed Edi is struggling with body image issues, or use the scenario below. Use the ABC approach to come up with a menu of options with Edi. Use the decisional balance to open up a conversation with Edi about the pros and cons of body checking.

Scenario

Howard, age 16, is recovering from anorexia and is near to his target weight. He has always been a lean build and prior to his illness had good muscle tone and a defined six pack. He is becoming increasingly upset because he feels his tummy is sticking out too much and his face is too round. He often seeks reassurance from his Mum around these issues. He has recently been allowed to return to the gym and is following a supervised training regime with a fitness coach who he admires. While he is not trying to over-exercise, his Mum has noticed he is spending more and more time body checking.

Mum has approached the fitness coach to raise her concerns and to check the fitness coach is happy that Howard's current exercise regime is appropriate. He has reassured her that, as far as he can see, Howard is being really sensible and realistic about how much training he should be doing at this stage of his recovery. He also indicates that emotionally

Howard appears to be in a good place and looking forward to life without anorexia.

The ABC approach can be used to gain a better insight in to Howard's body checking behaviour. The carer could ask Howard to join in with this exercise and to come up with a menu of option together:

Table 11.3 Blank functional analysis table for Edi body checking

Antecedent	Behaviour	Consequence
	Body checking	

Decisional balance

Table 11.4 Blank worksheet – decisional balance around body checking

Pros of body checking:	Cons of body checking:
Pros of not body checking:	Cons of not body checking:

Body image issues are very common and can cause concern if the resulting behaviours start to impact on day to day quality of life for the sufferer. A good rule of thumb when looking at lingering ED related behaviours is for carers to ask themselves the question: 'Is this behaviour having a significant negative impact on Edi or anyone else?'

If it isn't then the best approach might be to 'turn a blind eye'. Often ED related behaviours take several months, or even longer, to diminish. They do not just cease when Edi has reached a healthy weight and restored regular eating patterns. Remember the link between needing to learn to regulate emotions and managing the uncontrolled emotions generated by gaining weight.

If the behaviours persist and/or worsen then carers can open the door to Edi with the MI communication skills they have learned, and if necessary help Edi to access appropriate professional support.