

Body Image, Eating Disorders, and Women in Midlife: How are we Doing? An Advanced Clinician's Perspective

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Presenter Disclosure

- The presenter(s) of this webinar have the following financial arrangements related to this activity to disclose: nothing to disclose

Learning Objectives

After completing this course, participants will be able to:

- Name diagnostic categories of eating disorders
- Be more fluent in epidemiology of eating disorders of women in midlife
- Use skills in working with women and body image
- Assess their current relationship with body image

Personal and professional process as inspiration

- Personal process
- Being an advanced clinician
- Being a role model for clients
- Dialectic of all the above as inspiration for treatment modalities

Eating disorder diagnoses

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorder NOS
- Binge Eating Disorder

- Orthorexia
- Diabulimia
- DSM V

Co-existing conditions

- Body Dysmorphic Disorder
- Mood disorders
- Anxiety disorders, including panic, OCD, and phobias
- Substance abuse and Chemical Dependency
- PTSD/Trauma

Statistics related to co-existing conditions

- Alcohol and other substance abuse disorders are 4x more common than in the general populations (Harrop & Marlatt, 2010).
- Depression and other mood disorders co-occur quite frequently (Mangweth et al., 2003, McElroy, Kotwal, & Keck, 2006).
- There is a markedly elevated risk of OCD (Altman & Shankman, 2009).
- 20-50% of women with ED's have a history of trauma (NEDA website).

Definition of Body Image

- A subjective experience of one's own physical appearance established both by self-observation and by noting reactions of others.

Merriam-Webster

Definition of Body Dysmorphic Disorder

- Body Dysmorphic Disorder (BDD) is defined as a preoccupation with an “imagined” defect in one’s appearance. Alternatively, where there is a slight physical anomaly, then the person’s concern is markedly excessive. The preoccupation is associated with many time consuming rituals such as mirror gazing or constant comparing. BDD patients have a distorted body image, which may be associated with bullying or abuse during childhood or adolescence. Such patients have a poor quality of life, are socially isolated, depressed, and at high risk of committing suicide. The condition is easily trivialised and stigmatized.

Dr. David Veale, Postgraduate Medical Journal

Demographics related to ED's

- In the US, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder, or an eating disorder not otherwise specified (EDNOS) (Wade, Keski-Rahkonen, & Hudson, 2011). For various reasons, many cases are likely to not be reported. In addition, many individuals struggle with body dissatisfaction and sub-clinical disordered eating attitudes and behaviors, and the best-known contributor to the development of anorexia nervosa and bulimia nervosa is body dissatisfaction (Stice, 2002). By age 6, girls especially start to express concerns about their own weight or shape. 40-60% of elementary school girls (ages 6-12) are concerned about their weight or about becoming too fat. This concern endures through life (Smolak, 2011).

NEDA website

Statistics related to mortality

- A review of 50 years of research confirms that anorexia nervosa has the highest mortality rate of any other psychiatric disorder (Arcelus, Mitchell, Wales, & Nielson, 2011).
- For females between 15-24 years old who suffer from anorexia nervosa, the mortality rate associated with the illness is 12x higher than the death rate of all other causes of death (Sullivan, 1995).
- Recurrent binge and purge cycles of bulimia have severe consequences to digestive system as well as chemical imbalances in the body that affect the heart and other major organs.
- The longer the duration of the illness, the higher the risk of death (NEDA website).

Additional Demographics

- ED's were once thought to affect only a narrow portion of the population in their teens and twenties. We now know they do not discriminate across age, ethnicity, gender and gender identity, and socio-economic status.
- Dangers of dieting especially with young girls
- ED's affect on minorities

ED's, women, body image, and midlife

- There is an increase in the number of older women seeking professional help for ED's. "Contemporary women experience unprecedented stress due to: their rapidly changing role in a globalized consumer culture; the strict cultural standards regarding women, weight, and appearance; unattainable media images; and the current fear of obesity...believing that the right appearance, weight, and eating can mitigate their stress and answer their relentless questions about their worth to self and others."

Margo Maine, from The Body Myth: Adult Women and the Pressure to be Perfect

ED's, women, body image, midlife-stats

- From an online survey as part of the Gender and Body Image Study (GABI, published in the International Journal of ED's), found that there is no age limitation to disordered eating. They found ED symptoms in 13% of women over 50 over the past 5 years, with over 70% reporting they were attempting to lose weight. They found that 62% of the women felt their weight or shape had a negative impact on their life.

Cythia Bulik, PhD, adapted from the NEDA website

Demographics on ED's and women in midlife

- 43 million adult women in the US are dieting to lose weight at any given time and another 26 million are dieting to maintain their weight.
- Body image dissatisfaction in midlife has increased dramatically, more than doubling from 25% in 1972 to 56% in 1997.
- Major research project showed that more than 20% of women over 70 were dieting, even though higher weight poses low risk for death at that age, and weight loss may be harmful.
- Survey of Swiss women found 70% of women aged 30-74 were dissatisfied with their weight despite being at normal weight; 62% of women over age 65 wanted to lose weight; 31% had dieted recently although most were normal in weight.
- Within 3 years of western TV being introduced in Fiji, women developed serious ED problems: 74% felt “too fat;” 69% dieted to lose weight; 11% used self-induced vomiting; 29% were at risk for ED's.

NEDA website

Midlife development

- Jungian analysts Jan and Murray Stein (1987) point out that midlife transition is fraught with difficulty given the lack of ritual making this transition in our culture. Their theory of midlife includes 3 phases: separation, characterized by psychological deconstruction; liminality, or a sense of being lost and confused; and reconstitution of the pattern of self-organization.

Women's midlife development

- Arnold (2005) found in her study of women's midlife that generativity for women in their 50's "became a selective process, involving careful reflection, thoughtful choices, and deliberated actions emanating from an authentic self about personally meaningful activities."

Women's midlife development

McQuaide (1998) cites phases in the aging process for women in midlife: denial, comparison to oneself as younger, increasing tolerance for midlife changes, and finally reconceptualization of identity and acceptance of oneself as older.

Issues for clinicians to be aware of

- Become aware of increase in ED's in women in midlife
- Training is in order for all health providers, especially in primary care, to refer to appropriate treatment
- Better treatment options for women with adult responsibilities
- Advocacy for provision of treatment at all levels of care
- Advocacy for gender equity in health care for women of all ages
- Advocacy for women to receive treatment no matter how long she has suffered

Groups with women in midlife

- “Not only can other group members provide positive images and role models, but groups can be used to deconstruct ageist images as well as to collaborate to constructing alternative images.”

McQuaide (1998)

Results of study of women dancers in midlife

- Coping with loss of technical dance skill: use of creativity, choreography, meaning, wisdom, acceptance, consciousness (eg: “you learn through your life, through the transitions, how to function as an artist”)
- Maintaining self-identity as a dancer despite changes in energy level, skill, weight
- Coping with a sense of loss by understanding bodily limits, looking up to older role models, evoking meaning, generativity, dancing in relationship
- Coping with being an aging beauty in the dance world is the most challenging

Gilligan and Brown on women's voices

- As psychologists who are women, who were once girls, we struggle to hold on to what we know about relationships and feelings, about psyches and bodies, about political and social realities, and about the ways in which women's voices have been trivialized, dismissed, and devalued. In so doing, our authority and power to make it easier for girl's and women's voices to be heard and engaged openly in relationship...the insistence on knowing what one knows, and the willingness to be outspoken, rather than to collude in the silencing and avoidance of conflict that fosters the corrosive suffering of psychological resistance; the reluctance to know what one knows and the fear that ones experience, if spoken, will endanger relationships and threaten survival.”

Meeting at the Crossroads, 1992

Addressing these issues:

- Body Image Group
- DMT Group
- Mindfulness, Meditation, Relaxation Group
- IFS
- The Body Positive
- Movement Ritual

Commonalities of Forms of DMT

- Dance therapists are trained in bodily attunement and attachment theories that can open up powerful preverbal experiences. In their work, they provide a safe space to contain, re-experience, and work through bodily held blocks. They understand that movement is a language, and expression of self that expresses its coping style, defenses, leadership styles, and capacities for intimacy. Movement is a special way of knowing. Kinaesthetic intelligence is one of the multiple modes of intelligence, a way of knowing in the body, a form of active imagination. Movement embodies the creative process. The act of shaping raw material or emotion into symbols or images is healing, as it helps objectify the emotions, creates distance from them, and unleashes a powerful creative force. Movement is healing and transformative. It can unlock primitive feelings and traumas that are stored in the body, restoring our connection to our bodies and the earth. And, in many cultures, dance takes us to the sacred.

Dr. Ilene Serlin, The Corsini Encyclopedia of Psychology

DMT in the Tx of Eating and Body Image Problems

- For someone with an ED, the bodily-felt sense of self is distorted, frozen, traumatized, or too filled with shame to be known or seen by another person. One of the ways DMT helps is through the development of mindfulness of bodily sensations leading to a more realistic sense of body boundaries. This can lead to greater ability to know herself and recognize physical cues such as hunger and satiation. DM therapists help clients to name and modulate strong emotions. By attending to a bodily felt sensation, the individual can start to notice different intensities of the sensation, and notice what changes occur.

Anne L. Wennerstrand, Eating Disorder Referral and Information Center

DMT and Tx of Eating and Body Image Issues

- Experiential understanding begets cognitive understanding and connection with feelings can be translated into insightful cognitions. There is always communication present. When therapists can connect with and utilize their own feelings as part of the therapeutic process, they can help their patients decode their own inner experience and transform them into opportunities for growth.

Susan Kleinman, Eating Disorder Hope

Internal Family Systems and Body Image

- “If you know you have a magnificent essence that’s encrusted in calcified emotions and beliefs, you can set to work on releasing that essence. If you don’t know it exists, you resign yourself to experiencing life through a protective covering.”

Richard Schwartz, Introduction to the Internal Family Systems Model

IFS and Body Image/Self

- The 8 C's of Self:
- Calmness
- Clarity
- Curiosity
- Compassion
- Confidence
- Courage
- Creativity
- Connectedness

Women's Spirituality

- Marija Gimbutas
- Jean Bolen
- Eleusinian Mysteries
- Elinor Gadon
- Sylvia Perera and Post-Jungian Feminists

The Body Positive

- “Imagine living in a world where people possess genuine self-love and are free to experience their own authentic beauty- a world where a compassionate, forgiving voice is consistently brought forth to counteract self-criticism, where having an appetite for life is both honored and valued...It is a state of mind and a growing cultural movement that offers people the opportunity to put down the burdens of judgment, comparison, and shame in order to cultivate a relationship with themselves that is built on a foundation of self-love and trust.”

Connie Sobczak, Embody

The Body Positive

- Messages
- Reclaim definitions
- Listen to your body
- Appreciate ethnicity
- Confront negative self talk
- Self care
- Build community

Movement Ritual

- “Movement Ritual has served me well in a number of ways: as a form of meditation, as a way to build up a strong and flexible body, as a catalyst to get in touch with myself emotionally, as well as physically, as a time set aside to ‘let go,’ as a means to measure development within my body range, as a way to claim my body as *me* as opposed to imposed stylized dance and other techniques, as a form of self-healing of impaired or injured body areas, as a gift to myself of time and space to do something for myself.”

Anna Halprin, Movement Ritual

Movement Ritual and differences

- “Differences can be appreciated and valued as positive ways of enriching movement with unique experiences and styles. We can learn from each other’s differences, broaden our range of movement and strengthen our weaknesses. Find out about YOUR body and work from YOUR own self-image...I observe different people with different body types and ethnic and cultural patternings using many structural variations, all equally valid, to achieve the same skill. This diversity is always exciting to me and I treasure each person’s input as a truly creative and enriching experience.”

Anna Halprin, Movement Ritual

Juicy Quotes

- I'm very grateful to be the age I am. I love getting older despite the fact that sometimes I wish that I did have my 30 year old body. The benefits far outweigh the challenges. I love that I can be moving into my crone years even if other people don't recognize who I am or even if I feel like I'm not being seen. I see me, and I haven't always been able to do that. I appreciate the growth, being able to look back.

Juicy Quotes

- I am aware of and respond to my physical body: giving my body what it needs, taking new information, risks, learning new ways of moving, listening to my emotions that are going on in my body and in my mind and in my heart. Basically, integrating them, always being mindful of how I feel, and honoring how I feel.