Section 1

Getting started

This section contains important information that will help you decide how to use the rest of the book. We use the section to outline:

- who this book is for, and why cognitive behavioral therapy (CBT) is likely to be relevant to you
- the key elements of CBT for the eating disorders
- how to read this book to get the maximum benefit

First things first: staying physically safe and well enough to use the help provided in this book

However, before you go any further with this approach, it is vital that you make sure that you (or the sufferer) are physically safe. Self-help can help you with many aspects of an eating problem, but there are some problems that require additional help. The eating disorders have a physical and emotional/psychological component, and both need to be addressed. Therefore, you should discuss the physical symptoms with your family physician anyway. However, if you (or the sufferer) experience any of the following, then you must get extra support and monitoring from your doctor in order to ensure safety:

- losing weight rapidly over several weeks (e.g., more than 1kg a week for more than four weeks)
- fainting, dizziness or blackouts
- your BMI (body mass index) is less than 16 (we will show you how to work out your BMI shortly)
- vomiting (especially if it is happening more than twice a day and/or you see blood in the vomit)
- taking laxatives frequently
- taking diet pills
- muscular weakness (e.g., you cannot stand without using your arms to lever yourself up)

- shortness of breath
- suffering from other medical conditions that affect your diet (e.g., diabetes, cystic fibrosis), as well as your eating problem
- binge drinking of alcohol
- self-harm (e.g., self-cutting or burning)
- feelings of hopelessness or suicidal thoughts

Listing these points might sound like we are trying to scare you, but part of working on your eating disorder is reducing the risks of these very real and dangerous physical symptoms. As the signs and symptoms above can place you at risk of serious physical consequences (e.g., heart irregularities, electrolyte imbalance), the first step in managing and resolving your eating disorder must be to ensure your physical safety. Therefore, it is important to get yourself checked out. Your doctor might simply assess the risk (e.g., doing some blood tests, testing your heart function) and give you the "all clear", but she or he might want to offer you some help with these problems (e.g., potassium supplements). She or he might also suggest that you should be referred for specialist help with your eating or other problems. (*It is important to remember that comparatively few individuals with an eating disorder are ever admitted to hospital, so being referred for such specialist help does not mean that you are going to need to be admitted.*) However, as recommended in the NICE guidelines for eating problems (see the Preface), many doctors will suggest that you should try a self-help approach, even while waiting for that support. That brings you back to this book.

1

Who is this book for?

This book is for you whether you have an eating disorder or whether you are a carer for someone who suffers from an eating disorder (e.g., a partner, a parent or a best friend). Ideally, both the sufferer and her or his carer will read it, and share their thoughts. If you are the one who has the eating problems, then this book is for you, whether you are male or female, whatever your age, whatever your ethnicity, and whatever the nature of your eating disorder.[1] We think that every sufferer needs to learn how to be her or his own CBT therapist, but all this effort can be made much more effective if she or he has the support of someone close who understands the problem and who knows what CBT involves. As putting CBT into practice can be challenging, having someone close to coach you during this process can be invaluable and can sometimes make the difference between failure and success.

Here are some questions to ask yourself at this point:

Question one: "Do I have an eating disorder?"

First and foremost, this book is likely to be for you if you believe that you have issues about your eating and about your body. You might feel that those issues are getting in the way of living your life in the way you want. Sufferers of eating disorders often have concerns about their eating, shape and weight, and they report high levels of anxiety about what would happen if they ate normally (i.e., like other people around them). The result is that you use eating-related behaviors to cope with your beliefs and fears – maybe food restriction, maybe exercise, maybe taking laxatives, diuretic or diet pills, maybe overeating or binge-eating.

[1] Please note that this book is not for individuals who are simply overweight. However, it will be entirely relevant to someone who is overweight and who also binge-eats, for example.

Table 1.1 Questionnaire 1a: Do I have a problem with my eating?

Just tick the answer that most closely describes your feelings or actions on each of these points:	Not at all	A little	Sometimes	Most of the time	All of the time
I spend time worrying about whether I have put on weight					
I worry that my body will get bigger if I don't keep my eating very tightly controlled					
I have to restrict what I eat and/or exercise in order to compensate for the fact that I have eaten too much					
I take laxatives and/or make myself sick to help control my weight and size					
My eating pattern means that I cannot live the life that I want to					
I spend a lot of time checking my weight, measuring myself, checking my reflection, etc.					
I feel ashamed of my eating pattern					
My eating distresses those around me (my family, friends, etc.)					
My health suffers as a result of my eating					
My relationships are limited because I have an eating problem					
I eat because I am upset, rather than because I am hungry					
Controlling what I eat is more important than any other element of my life					
I exercise a lot, even if I am injured or it gets in the way of socializing with my friends (professional athletes excepted)					

You are also likely to find that eating, and weight and shape concerns have a big influence over how you organize your life. Although this way of coping might have given you a sense of control at first, it is likely to have ended up creating more problems than it solved initially. Tick off your answers in the questionnaire above (Table 1.1).

The more that your answers appear in the columns on the right hand side, the worse your problem is right now. We will come back to these questions later in the book to see if your attitudes, feelings and behaviors change as you work on your treatment.

You will notice that there is nothing in the questionnaire about your age, gender, ethnicity, or type of eating disorder (e.g., anorexia nervosa or bulimia nervosa).

This is because the stereotype of an eating disorder sufferer (young, female, white, and anorexic) is misleading. Although eating disorders are more likely to be found among younger females, anyone can develop an eating disorder.

Question two: "Does my eating problem really deserve any attention?"

One of the most common themes when sufferers come to a specialist center for the treatment of their eating problem is: "I don't deserve any help – other people need it more." They are almost always wrong. If you are concerned about your eating and body shape, and if it is impairing your life, then your eating disorder deserves attention and this book is for you.

While every eating disorder manifests differently, it is useful to think about some general profiles that might give you an idea of whether your eating problems are comparable and need attention. These three cases are all females, but they could equally be males. We will come back to these cases as the book progresses, to illustrate how you can use this approach to help yourself move on from your eating disorder. Please remember that there is not enough space here to describe every individual who develops an eating disorder, but many of the themes in these cases should be familiar, particularly:

- the sufferer's extreme concern about eating, weight and shape
- the behaviors that follow those beliefs and that maintain them
- the way that the eating attitudes and behaviors significantly impair the life of the sufferer and carers

Case 1: Jenny

Jenny is a 32-year-old woman who has had anorexia for over 14 years. She developed her problem at a time of considerable stress, when her parents were divorcing in the run-up to her school examinations. In order to get a sense of control over some aspect of her life, she began to diet. Initially, this led her to feel a positive "buzz" as she lost weight. However, that was followed by feeling scared of weight gain and having to diet even harder. While her weight is low, she has only ever been hospitalized once, when she was 19. Since then, she has maintained her weight near the top of the anorexic weight range. This has allowed her to work, but she feels that she has not reached her potential in her profession. Nor has she been able to sustain a relationship. Almost all of her free time is taken up with exercising in her local gym, trying to deal with how fat she feels. Although she would like to have children, she is not biologically able to do so at present, because her low

Case 1: (cont.)

weight means that her ovaries have become non-functional and her periods have stopped. In addition, she had a bone scan two years ago that indicated substantial osteoporosis (loss of bone structure). Jenny's mood is low and her concentration is poor. She has investigated getting help twice, but still feels afraid of engaging in such change.

Case 2: Katy

Katy, aged 23, has bulimia nervosa. She is slightly above the normal weight range, at least partly because of the binge-eating, which she does four or five times per week. She tries to control her weight by missing meals and snacks and by exercising, but when she binges she makes herself vomit so that she can reduce her anxiety about gaining weight. She weighs herself up to 20 times per day, to feel safe about her weight being stable. Sometimes, she takes laxatives to try to compensate for the larger binges. She describes all her thoughts as being about how others see her and about whether they see her as fat. She occasionally cuts herself when she feels very distressed, in order to cope with those difficult feelings. At other times, she drinks to cope with her fear that others will be judging her negatively.

Case 3: Polly

Polly is 44 and works as a teacher. She has a substantial record of absence from work for reasons of illness. Like very many people with an eating disorder, she does not fit neatly into an "anorexia" or "bulimia" category. She has been concerned about her eating, weight and shape for all of her adult life. She is also very concerned with eating "healthily," which means that she eats from a limited range of foods (most of which are low in fat and carbohydrate). The result is that her overall diet is poor and unbalanced. She is slightly underweight, but is not losing weight and is not in the anorexic weight range. She reports that she binges, but this is actually her way of describing eating any foods that she had not planned to eat. She vomits when she has eaten in that way. She has children and her partner is concerned that they are developing similar concerns about eating, weight and shape (though Polly herself does not accept that this is necessarily true or a worry). She is more concerned that her eating pattern is the reason that she has been passed over for promotion. Following a visit to a diet clinic and a set of unverified "tests," she reports a range of food intolerances and irritable bowel syndrome (although full medical investigations have failed to confirm these self-diagnoses).

Question three: "What can I do if I care for or live with someone with an eating disorder?"

This book is also for you if you are a carer for someone with an eating problem. Maybe you are a parent, partner or other family member, and you are concerned that your child, partner, sister, brother or relative has a problem. Alternatively, maybe you are worried about a friend's eating and want to know how to help them. Living with someone with an eating disorder can be challenging and exhausting, so there may be some real value in being able to understand what challenges they will have to overcome in order to get better and in being able to assist them in this process. The next set of questions (Table 1.2) is for you as a

Table 1.2 Questionnaire 2a: Does my relative/child/partner/parent/friend have an eating problem, and how is it affecting her/his life and mine?

Just tick the answer that most closely describes your feelings on each of these points. Because this questionnaire is for all types of sufferer, we have not specified who the sufferer is (e.g., your child, your partner, your friend, or your parent):	Not at all	A little	Sometimes	Most of the time	All of the time
The sufferer's eating controls her/his life					
The sufferer feels that she/he is in control of eating, but that is not the case					
My relationship with the sufferer is poorer because of her/his eating pattern					
My relationship with the sufferer is stressful because of issues around food and eating					
My life is constrained by the sufferer's eating and body concerns and related behaviors					
I wish that I could have a normal relationship with the sufferer, untainted by food					
Our whole relationship is influenced by the sufferer's eating					
I can see that the sufferer's quality of life is really suffering, and she or he is not developing as she/he could					
The sufferer's eating takes up so much of her or his time, that she/he has no time for a happy life					
I am stressed by the sufferer's eating problems and how they affect her/his behavior					
My own eating suffers as a result of the sufferer's rules and behaviors about food					
My other relationships are damaged by the sufferer's eating problems					

carer, asking you to think about whether the individual has a problem, and whether that problem is distressing for you. Again, we will come back to these questions later in the book, to see if things have changed.

As with the questionnaire for the sufferer (above), the more that your answers appear in the boxes on the right hand side, the stronger are your concerns for the sufferer and the more their eating difficulties are affecting your life right now. We will come back to these questions later in the book to see how things have changed as you gather the support and knowledge that will put you in a stronger position to help the sufferer.

If you and the sufferer have both completed your questionnaires, then now would be a good time to share your perspectives. Try reading one another's answers and discussing your viewpoints, but make sure you do that at a calm time, well away from food and meals and not when either of you is angry or upset.

Question four: "Why should I use self-help, rather than getting more formal help from a professional now?"

It is difficult to say which treatment method is best and for whom. Sufferers and carers need to find what is right for them, and this may change over time. For many people, self-help methods are enough to help them, but many others ultimately decide to seek out professional help. You may find that this book can also help you if:

- you are not yet ready to take the next step towards seeking professional help (e.g., too busy to attend when a clinic can see you; or feeling too ashamed and fearful of discussing your concerns with someone you don't know), and self-help is an alternative to seeking more formal help
- you find it hard to access appropriate specialist help (e.g., financial reasons, unavailability of effective treatment, time on a waiting list, geographical location)
- you need help to prepare for entering more formal treatment at a later stage. In this book, we will tell you what to look for in formal treatment, and why

You might also appreciate the support that you could get from talking to fellow sufferers and carers. In such cases we recommend that you should get in touch with a local support network (please see Appendix 1 for a list of such support organizations).

Question five: "So what do I do now?"

In this book, we want to share with you the information and strategies that we have found helpful in our work with patients over the years. Before we describe the details of our approach, here is a brief outline of what we think are the key

elements of good treatment. First, you will learn about CBT and self-help. This is background information, giving you a context to understand what to do and why we will be asking you to do it. Therefore, we think this section should be essential reading for sufferers and carers alike. Next, we describe how to use the book. We hope that at this point you will feel ready to put at least some of what you have read into action and start to work on the eating problem – either as a sufferer or as a carer.

2

The key elements of cognitive behavioral therapy and the self-help approach

What is cognitive behavioral therapy (CBT)?

This chapter will help you to understand CBT – the most effective psychological treatment for most people with eating disorders. It is addressed to the sufferer, but it is relevant to carers too, so everyone should read it. The clearer your understanding, the better your position will be to make a decision about change, to make changes, or to support someone else to make changes. A shared understanding with those around you will make the path to recovery an easier one.

The key elements of CBT

CBT is a treatment approach that provides us with a way of understanding our experience of the world, enabling us to make changes if we need to. It does this by dividing our experience into four central components: thoughts (cognitions), feelings (emotions), behaviors and physiology (your biology). The CBT approach suggests that if you can learn to identify and understand these four elements and how they interact, you will be able to explain your problems and how to solve them. These four elements are linked together in Figure 2.1 (known as the "hot cross bun"), showing that all four influence each other. This structure means that we have to work on all four to create lasting change.

The CBT model does not ignore other factors that are relevant to eating disorders (e.g., environmental triggers, motivation, social settings, relationships). Rather, CBT focuses on the four key elements as being the target of therapy, but sees these other factors as potentially needing to be addressed in order to be able to focus on the physiology, behaviors, cognitions and emotions.

Very often, people who have had psychological help for their eating problems have been encouraged to change only some aspects of their experience (e.g., addressing their thoughts and emotions in isolation; or simply eating more), but not others. However, because of the interlinked nature of these aspects,