I am thrilled to tell you we have added another outstanding clinician to our team. Prior to joining our clinic, Crystal M. Kirschman, LMHC worked in a psychiatric inpatient/residential and partial hospitalization program for eating disorders where she developed her specialty in the treatment of this population. She brings with her a wealth of knowledge on higher levels of care, crisis intervention, and the treatment of patients with dual diagnoses. Crystal is intimately familiar with the exhausting struggle our patients and their loved ones face each day, and the courage they must harness to do so.

The articles this quarter focus on the often overlooked males in our caseload. Traditionally seen as a “female problem,” eating disorders have widened their reach and are afflicting males at an increasing rate. This discussion begins on page 3.

In the Research Corner are two articles addressing the impact of the social milieu on the development of body dissatisfaction. Even if you do not treat eating disorders, read these articles. Fat talk and Facebook — potentially toxic!

Finally, the Good Question this quarter (below) is where does normative discontent with our bodies cross the line to pathology?

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A Good Question — Where does “normative discontent” cross the line?

In the mid-1980s, Judith Rodin used the phrase “normative discontent” to aptly describe modern woman’s attitude toward her body. We have so thoroughly embraced the idea that one could always stand to lose a few pounds or be a bit more toned, that eating disorders (EDs) often go unnoticed until the patient has dropped so many pounds or added so many hours of exercise that we are faced with full-blown pathology and the many painful results thereof.

For most of us, it is not too difficult to find the balance between striving for healthy bodies (i.e., nourished, fit, normal-weight) and avoiding the vortex of ED thinking (i.e., a few more pounds, one bite less, another mile). Our natural instincts drive us to unlace the gym shoes when we get tired and fill up our plates when we get hungry. Sadly, however, for a segment of the population those instincts are over-ridden by the distorted thinking that if slim is good, slimmer is better, and fitness can always be taken to the next level. As the resulting caloric imbalance starves the brain, the brain’s ability care for the body is impaired. Et voila — an eating disorder is born.

The “line” between normative discontent and the body-loathing that fuels EDs is impossible to specify. It will vary between individuals depending on genetics, learning history, and milieu. Hence, we encourage everyone to fight the “normative.” Avoid fat talk (see Research Corner), challenge media messages, and wax poetic to anyone who will listen about the complex miracle that is the human body.
Can fat talk cause body dissatisfaction?

Introduced by Nicther & Vuckovic in the 1990s, the term “fat talking” refers to appearance-focused conversations in which the general theme is disparagement of one’s body. Over the years we have generally come to accept that fat talk is contributory to body dissatisfaction, and hence a possible link in the development of eating disorders. Sharpe et al conducted a meta-analysis of the literature to identify the empirical basis for this acceptance.

Sharpe et al identified 24 studies eligible for inclusion; 19 were cross-sectional, four prospective, and one experimental. While this is too small a sample to allow firm conclusions about populations at large, Sharpe et al were able to identify a number of important relationships:

- Fat talking was significantly associated with body dissatisfaction among adolescents and adults. The relationship was stronger among adults.
- A significant association between the two variables was present for both males and females, although more pronounced for females.
- Exposure to fat talk during the (one) experimental manipulation resulted in a significant increase in body dissatisfaction for the study participants.

Although work remains to be done, Sharpe et al were able to demonstrate the connection between fat talk and body dissatisfaction. If one considers the pervasive message of body disparagement in our advertising, entertainment, and social media, the potential impact on mental health is dramatic.

Sharpe et al’s results provide a strong argument that “targeting fat talk in prevention programs should reduce body dissatisfaction and therefore has the potential to have downstream effects on the incidence of eating disorders.”


Internet use and body image distress among adolescent girls

Widespread body dissatisfaction among adolescent girls is well documented. Moreover, there is ample evidence that exposure to the ultra-thin ideal presented by the media is a contributory factor. However, as young people spend more time on the internet, particularly social media sites, it becomes important to identify the impact these screen hours have on young girls’ body image.

Tiggemann & Slater surveyed 1,087 girls (mean age 13.7 yrs) from 18 schools across Southern Australia for time spent on various internet sites and body image concerns. Not surprisingly, they found that almost all (95.9%) had internet access and almost half (43.4%) had access in their own bedrooms. The average (modal) time spent online was two (2) hours per day.

The researchers also found internet exposure (time online) significantly correlated with internalization of the ultra-thin ideal and drive for thinness. This relationship occurred regardless of the school/location of the girls.

Among the subsample of Facebook users, the most commonly visited site, the number of Facebook friends positively correlated with internalization of the ultra-thin ideal, body surveillance, and drive for thinness. Additionally, Facebook users scored significantly higher in body image distress than their non-user counterparts.


Eating Disorders Institute of New Mexico™

IOP is designed for patients who ....

- Have been unable to reduce disordered eating or exercising with standard outpatient treatment
- Need more structure and support for eating than is available in their natural environment
- Are not actively abusing drugs or alcohol and are not acting out on suicidal ideation
- Are medically stable with BMI no lower than 16 for adults, 80% of expected for teens

2014 Conferences & Trainings


Mar 7 — NMPA Workshop, Santa Fe – Obesity & Eating Disorders: Can we treat one without causing the other? Presenter: Brenda L. Wolfe PhD

Mar 21 — ICP-CSAB webinar: Medical Stabilization—Child to Young Adult. Presenter: Ed Tyson MD

Mar 27–29 — International Conference on Eating Disorders, New York City

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Eating Disorders Comply with EEOC (Males & Eating Disorders)

As socially concerned citizens, we at EDINM value the equality in life, liberty, and the pursuit of happiness afforded by our national Constitution. However, we are sad to report that equality has arrived in an undesirable corner of our neighborhood. Specifically, eating disorders (EDs), once thought to be exclusively the domain of females, are showing up with increasing frequency among males. There is a growing consensus that the prevalence of EDs among males is greater than previously thought. Although in-depth research remains sparse, there have been a number of interesting observational reports that offer an emerging glimpse of this population.

To begin with, informal estimates from the clinical world suggest that roughly 40% of ED patients are in fact male. Moreover, the higher reported rates of EDs among homosexual males are likely exaggerated by the fact that heterosexual males are less likely to report due to the “feminine” identity attached to EDs. It is not uncommon for male patients to confide that we are the first people to whom they have ever expressed their body dissatisfaction for fear of being thought unmanly.

Certainly both genders are affected by the pandemic myth that with the right attitude and the right bank balance one can attain physical perfection. Additionally, familial and peer pressure to look or function a certain way sows the seeds for EDs regardless of gender. Yet, there are a few risk factors that appear to be unique to male patients:

- Late onset puberty/physical maturation creates considerable body image distress which in turn provides fertile ground for EDs.
- Internalization of a muscular ideal. Here we can thank Photoshop for giving us images of perfect muscles that produce odorless sweat — and its wake, muscle dysmorphia.
- Pressure to excel at sports; whether the male is a natural athlete or not, learning that he can always do better means he is never quite good enough.
- Use of nutritional supplements to enhance athletic performance or muscle development easily gets out of hand. Indeed, it is not uncommon for those who specialize in working with athletes to refer to nutritional supplements as “gateway drugs” to more deadly use of steroids and other harmful substances.
- Feminism. Feminism?! Yes, feminism has been discussed as a risk factor for males developing EDs. As the gap between what men and women can do has (thankfully) narrowed, the bar for what is masculine has been raised. As women encroach on previously male territory, and especially as women enter male athletic arenas, men are driven to achieve very greater expressions of physical masculinity.

Males’ ED presentation tends to differ from that of females’ in a number of ways. In contrast to females presenting with ED symptoms, males tend to:

- Be more focused on wanting to change their upper bodies than their lower bodies. Where females typically want to shrink their stomachs, hips, and thighs, most male ED patients worry about not having a large enough upper body.

After-school & Evening Intensive Outpatient Programs

IOPs provide intensive psychotherapy for eating disorders that do not resolve with standard outpatient care. Built upon evidence-based practices and delivered in a warm, client-centered style, our IOP is waiting to help your most challenging patients. New patients are welcomed when they are ready to start and treatment plans are always individualized.

Program Features

Mondays, Tuesdays, and Thursdays (Evenings 5:30 PM to 8:30 PM; After-school 4:00 PM to 7:00 PM)
Individualized check-ins as well as individualization of therapeutic focus
Shared therapeutic evening meal
Group sessions address eating-related anxiety, challenge the distorted over-evaluation of shape and weight, promote mood regulation, improve ability to identify nutritional misinformation, counter cultural pressures to attain thinness, and much more. For the after-school groups, age-appropriate emphasis is placed on developmental tasks and the negotiation of patients’ emerging young-adult roles in the family.
Cognitive-behavioral therapy complemented by DBT and ACT skills training
Biweekly care-coordination reports sent to patient’s treatment team
Support and education for families

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Notices

In keeping with the intent of this newsletter to connect our local clinical community with the world of eating disorders, we have dedicated this space to alert you to local opportunities for research, employment, and miscellaneous other things related to obesity and eating disorders. To use this free forum email: EDQnews@gmail.com

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Males — continued

- Pursue lean muscularity rather than the ultra-thin silhouette (and to heck with muscles) that most of our females desire. Thus, our male patients face the double challenge of minimizing fat while maximizing muscle.
- Focus on perfecting body function in addition to body appearance. As if seeking the Holy Grail of muscle without mass was not hard enough, male patients struggle to increase strength and skill while strictly rationing the food that fuels them.
- More frequently utilize excessive exercise than diet in efforts to change their bodies. Although this is preferable to the case where the patient maximizes exercise while minimizing intake, it is difficult to keep the patient eating sufficiently as he decreases his exercise.
- Less frequently abuse laxatives and diet pills and more frequently abuse nutritional supplements and steroids.
- More often than females present with a pre-morbid history of obesity. Frequently in these cases, the clinician is challenged to achieve the balancing act of promoting weight gain while educating the patient in obesity prevention — a high-wire feat without a net!

Resource Readings: Males & Eating Disorders


Media Literacy Education Resources

The impact of media on our ideas of what is and what is not beautiful has been documented in countless studies and played out in a million individual lives. We use many methods of helping patients challenge the crazier ideas perpetrated by the media. Here are a few of our favorites.

**Movies:**
- America the Beautiful by Darryl Roberts — chronicles the career of a young fashion model while exploring the broader impact of media
- Slim Hopes: Advertising & the Obsession with Thinness by Jean Kilbourne — striking examination of the many ways advertising uses female bodies to sell everything from soup to nuts

**Books:**

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