

## REVITALIZING MENTAL HEALTH: UNDERSTANDING EATING DISORDERS AND PSYCHOLOGICAL INTERVENTIONS

**BASHIR AHMAD SALEH**

Department of Education, Faculty of Education  
Sule Lamido University kafin Hausa  
Jigawa State  
hajiatakayi@gmail.com

### Abstract

*The current study explores eating disorders as a concept and helps us to understand it as a psychological disorder. The study underpins signs, types, causes, effects, treatment and the prevention of the eating disorders. The study however searches the relevant psychotherapies for the treatment and prevention of eating disorder and provides the benefits of psychotherapy in the treatment of eating disorders; it also brings out the counselling theories applicable to Eating disorders. It was concluded, Eating disorders are very devastating mental disorder, to the extent that it generates and promotes suicide thought.*

**Keywords:** Eating disorders, mental health, psychotherapy

### Introduction

Psychological interventions prevent the occurrence of poor mental health and in the event of occurrence; it helps provide information related to treatment of the psychological disorders. Psychological interventions helps to provide intervention reduces the prevalence of most occurring, co-occurring, and reoccurring health, educational, social, economic, and a host of other problems that may hinder psychological wellbeing. This current study therefore searches relevant qualitative online published psychotherapeutic articles on eating disorders.

### The Eating Disorders Defined

According to smith et al (2018), Eating disorders are complex mental illnesses characterized by disturbances in food-related behavior eating, as well as complexes in the experience of weight and shape. Prevalence rates range from 0.5% to 1.0% for anorexia nervosa, 1% to 3% for bulimia nervosa, and 2% to 2.5% for binge eating disorder. Anorexia Nervosa and Bulimia Nervosa occur three to ten times more frequently among females than males, while Binge Eating Disorders occurs one and a half times more frequently among females than males.

These disorders are a range of psychological conditions that cause unhealthy eating to occur. The disorders are also a group of related conditions involving extreme food and weight issues. The patients usually commence too much food and putting body weight. This disorder generates difficult health consequences and death where unattended. Eating disorders are deadly and psychiatric. Patients with the disorders can have a multiple of symptoms such as purging behaviors like vomiting and too much rejection of food taking.

### The signs of an Eating disorder

In 2011, Eisenberg et al puts that; from a variety of sources it indicates that symptoms of eating disorders are pervasive among populations. Prevalence estimates of current Eating disorders among college students range from 8% to 17%. In a recent national survey of college students, 20% of respondents said they suspected that they had suffered from an Eating disorder at some point in their lives. In the American College Health Association's National College Health Assessment, 3% of

females and 0.4% of males reported ever receiving a diagnosis of anorexia; 2% of females and 0.2% of males reported a previous diagnosis of bulimia; and 4% of females and 1% of males reported vomiting or taking laxatives to lose weight in the previous 30 days. Eating disorders shows signs both physically and mentally/behaviorally.

Mental and behavioral signs may include: Primary and secondary signs are; dramatic weight loss, concern about eating in public, preoccupation with weight, food, calories, fat grams, or dieting, excuses in lunch, appearing in layers to cover weight loss, deep fear of weight amassing, seriously limiting and narrowing the quantity and category of food consumed, rejecting to eat some foods, rejecting feeling hungry, repeatedly weighing oneself, patterns of binge eating and purging, and excessively exercising. Victims may also cook meals for others and deny themselves eating (Eisenberg et al 2011), and maintain that beyond the mental and behavioral signs, physical signs may include: difficulty concentrating, stomach cramps and other gastrointestinal symptoms, dizziness, fainting, feeling cold all the time, sleep irregularities, dry skin, thinning hair, muscle weakness, poor wound healing, and poor immune system function. It is noteworthy that, each one of the eating disorder has unique symptoms and behaviors. The signs, both the physical and the mental could appear singularly or in multiple at a time.

### **Types of Eating Disorders**

Three main mechanisms notably classified eating disorders namely; purging, under eating and over eating and they most often operate together, Grave (2011). Below is an explanation of the most common type of eating disorders respectively:

**Rumination disorder:** is a contemporary form of eating disorder in comparison to anorexia, bulimia, binge eating, and pica. It informs us about a condition in which a person regurgitates food they have previously chewed, re-chews it, and then either re-swallows it or spits food. Mostly it occurs within the first thirty minutes after a consuming meal. This mental health problem and disorder can both occur during infancy, childhood, or adulthood. In infants, it tends to develop between 3 and 12 months. Children and adults with the condition usually require therapy to resolve it. Hence If not taken care of in infants, the disorder can result in weight loss and severe malnutrition that can be fatal. Older age with this disorder may restrict the amount of food they eat, especially in public. This may lead them to lose weight and follows underweight.

**Restrictive/Avoidant food intake disorder:** This is new brand name for an old disorder. It replaced the popular “feeding disorder of infancy and early childhood,” a diagnosis previously reserved for children under seven. People that suffer from this disorder, experience disturbed eating due to either a lack of interest in eating or a distaste for certain smells, tastes, colors, textures, or temperatures. The mental disorder common symptoms in this respect are; avoidance or restriction of food intake that prevents the person from eating enough calories or nutrients, eating habits that interfere with typical social functions, such as eating with others, weight loss or poor development for age, height and nutrient deficiencies.

It's important to note that Restrictive/Avoidant food intake disorder goes beyond common behaviors such as picky eating in toddlers or lower food intake in older adults. Moreover, it does not include the avoidance or restriction of foods due to lack of availability or religious or cultural practices. It should be noted that, eating disorders were not limited to the only those provided here in, there are others to include; purging disorder (vomiting, use of laxatives, diuretics, or excessive exercising), Night eating syndrome, and other specified feeding or eating disorder.

**Anorexia nervosa:** it is a familiar disorder that develops during adolescence or young adulthood and tends to affect more women than men. People with anorexia view themselves as overweight generally, this include even in situations where they are dangerously underweight. They tend to constantly

monitor their weight, avoid eating certain types of foods, and severely restrict their calorie intake. The disorder is very damaging to the body. Over time, individuals living with it may experience thinning of their bones, infertility, and brittle hair and nails. In severe cases, anorexia can result in heart, brain, or multi-organ failure and death. They are characterized by; very restricted eating patterns, intense fear of gaining weight or persistent behaviors to avoid gaining weight, despite being underweight, a relentless pursuit of thinness and unwillingness to maintain a healthy weight, and a distorted body image, including denial of being seriously underweight.

However, it's important to note that weight should not be the major focus of diagnosing someone with anorexia, because in some typical anorexia, for example, a person may meet the criteria for anorexia but not be underweight despite significant weight loss. However there exist Obsessive-compulsive symptoms in anorexia, for instance, many people with anorexia are preoccupied with constant thoughts about food, and some may obsessively collect recipes or hoard food. Patients may also have difficulty eating in public and exhibit a strong desire to control their environment, limiting their ability to be spontaneous. Anorexia is of two subtypes namely; the restricting type and the binge eating/purging type. Victims with the restricting type lose weight solely through dieting, fasting, or excessive exercise. Individuals with the binge eating and purging type may binge on large amounts of food or eat very little. In both cases, after they eat, they purge using activities such as vomiting, taking laxatives, or diuretics, or exercising excessively.

**Bulimia nervosa:** This form of eating disorder (Bulimia nervosa) is a familiar eating disorder. Compared to anorexia, bulimia develops during adolescence and early adulthood and appears to be less common among men than women are. People with bulimia frequently eat unusually large amounts of food in a specific period of time. Individuals with bulimia then attempt to purge to compensate for the calories consumed and to relieve gut discomfort. Common purging behaviors include forced vomiting, fasting, laxatives, diuretics, enemas, and excessive exercise. The disease symptoms may appear very similar to those of the binge eating or purging subtypes of anorexia nervosa. However, individuals with bulimia usually maintain a relatively typical weight rather than losing a large amount of weight. The symptoms of bulimia nervosa include: recurrent episodes of binge eating with a feeling of lack of control, recurrent episodes of inappropriate purging behaviors to prevent weight gain, self-esteem overly influenced by body shape and weight, a fear of gaining weight, despite having a typical weight. Consequently, Bulimia's side effects may covers an inflamed and sore throat, swollen salivary glands, worn tooth enamel, tooth decay, acid reflux, irritation of the gut, severe dehydration, and hormonal disturbances. In severe cases, bulimia can also create an imbalance in levels of electrolytes, such as sodium, potassium, and calcium. Usually it can cause a stroke or heart attack.

**Binge eating disorder:** It has a very high prevalence if not the most prevalent form of eating disorder and one of the most common chronic illnesses among adolescents. Binge eating disorder begins during adolescence and early adulthood and it can develop later in life. Personnel with binge eating disorder usually consume an excessive amount of food and may not make nutritious food choices. This may increase their risk of medical complications such as heart disease, stroke, and type 2 Diabetes. A relevant example is that; they typically eat unusually large amounts of food in relatively short periods of time and feel a lack of control during binges. Individuals with this psychological disorder have symptoms similar to those of bulimia or the binge eating subtype of anorexia. Binge eating disorder has very notable symptoms which includes; eating large amounts of food and rapidly, in secret, and until uncomfortably full, despite not feeling hungry, feeling a lack of control during episodes of binge eating, the feelings of distress, such as shame, disgust, or guilt, especially when thinking about the binge eating behavior

**Pica:** is an eating mental disorder that relates with eating things that are not essentially taken as food

and that do not provide nutritional value. Pica can manifest in adults, children, and adolescents. Pica victims crave non-food substances such as ice, dirt, soil, chalk, soap, paper, hair, cloth, wool, pebbles, laundry detergent, or cornstarch. But, for the condition to be considered pica, the eating of non-food substances must be a non-typical part of someone's culture or religion. To add, it must be considered a socially unacceptable practice by a person's peers. Frequently it is seen in individuals with conditions that affect daily activeness, such as intellectual disabilities, developmental conditions such as autism spectrum disorder, and mental health conditions such as schizophrenia. Pica may be at an increased risk of poisoning, infections, gut injuries, and nutritional deficiencies on its patients. But this largely dependent on the substances taken in, in essence pica is fatal.

### **Causes/Risk factors of Eating disorders**

Research studies has come up with a number of factors ranging from individual (genetics and biology) to sociocultural that contribute to the development of eating disorders ( Salafia 2015). It could be believe that a variety of factors may lead to eating disorders. People who have a sibling or parent with an eating disorder seem to be at an increased risk of developing. Hence, based on literature findings, some of the most salient factors are presented below. Personality traits are another factor for this mental disorder. In particular, neuroticism, perfectionism, and impulsivity are three personality traits frequently linked to a higher risk of developing an eating disorder. Added to this, others include exposure to media promoting these ideals, perceived pressures to be thin, and the cultural preferences for thinness. Experts in mental health and psychiatry have in recent times proposed that differences in brain structure and human biology may also play a role in the development of eating disorders. In particular, levels of the brain messaging chemicals serotonin and dopamine may be factors. Other genetic, social, and environmental factors that may increase your risk for developing an eating disorder include: psychological health (even though, all the others are associated psychological factors), life transitions, and extracurricular activities. They are itemized below:

1. Genetic factors
2. Environmental factors
3. Social factors
4. Personality trait (a). neuroticism (b) perfectionism (c) and impulsivity

### **The Effects of Eating disorders:**

The effects are both psychological and physical.

#### **Psychological Effects of Eating Disorders**

The following are the psychological effects of eating disorders characterized by; social isolation, distorted thoughts, obsessive behaviors, low self-esteem, self-harm, anxiety, depression, and risk of suicide. Eating disorder is as well a causal to substance use and may also give way to addiction.

**Physical effects of eating disorders:** They involve deterioration of esophagus and teeth caused by bulimia, heart problems (deficiency in calories that help the heart pump the blood, these easily lead to heart failure), dehydration and malnutrition, slowed brain function, gastro paresis (slowed digestion), hypothermia (dropped body temperature), excessive vomiting can wear down a person's teeth enamel. Physical effects manifest as minor and severe in both cases.

### **Treatment for Eating Disorder:**

Treating eating disorder is the essential component of eating disorder as a concept. To realize this, scientific reviews on the treatment for eating disorders were heavily inputted. The scientific sources makes it evident through certain specialized psychological treatments and specific medications for varying different eating disorders, (Reas & Grilo, 2021). Upon observation and identification of

someone in your life having eating disorder, your best do, is to support and encourage him or her to seek help from a professional (a counsellor/therapist or a Medical health care provider), even though it could be extremely stressful, but supporting them via these means and other ways will help them feel cared for and encouraged in their recovery. Recovering from an eating disorder could take a long time, and person may have periods of relapsing into old behaviors, especially during times of stress. If you're close to this person, it's important to be there for them, and be patient, throughout their recovery. Eating disorder has treatment plans which are specifically tailored to each person; it may however include a combination of multiple therapies. In this regard, treatment usually involve talk therapy (cognitive behavioral therapy, family therapy, group behavioral therapy), as well as regular health checks with a physician. It is important to seek treatment early for eating disorders, as the risk of medical complications and suicide is high. Treatment of eating disorder has options ranging from:

### 1. **Psychotherapy**

The eating disorder psychotherapy nature embraces both individual and group. Group wise, it could be a group with the same background (e.g. the family) or with background that is different. The following are some psychosocial ways to support someone with an eating disorder: Listening to them. Taking time to listen to their thoughts can help them feel heard, respected, and supported. Even if you don't agree with what they say, it's important that they know you're there for them and that they have someone to confide in. Including patients in activities is also another form. You can reach out and invite them to activities and social events or ask if they want to hang out one-on-one. Even if they do not want to be social, it's important to check in and invite them to help them feel valued and less alone, and then trying to build their self-esteem. Obviously Psychotherapy heals

2. **Medications.** A doctor may recommend treatment with medications such as antidepressants, antipsychotics, or mood stabilizers to help treat an eating disorder or other conditions that may occur at the same time, such as depression or anxiety. In some cases hospitalization is suggested and recommended for a more comprehensive treatment.
3. **Nutritional counseling.** This involves working with a dietitian to learn proper nutrition and eating habits and may also involve restoring or managing a person's weight if they have experienced significant weight changes. Studies suggest that combining nutritional therapy with cognitive therapy may significantly improve treatment outcomes.

In search for suitable therapy for the treatment of Eating Disorders:

Eating disorders are not limited to only one psychotherapy, more so, treatment may involve a combination of different types of therapy such as Cognitive behavioral therapy, family based therapy, and group cognitive behavioral therapy. However, According to Wilson (1993), Cognitive-behavioral therapy is applicable to all eating disorders but has been most intensively studied in the treatment of bulimia nervosa. Cognitive behavioural therapy, alter abnormal attitudes about body weight and shape, replace poor dieting with normal eating habits, and establish coping skills for resisting purging and eating disorders.

Cognitive behavioural therapy is effective in reducing the general core features of BN and it has shown good maintenance of therapeutic improvement. Although superior to therapy with antidepressant drugs, this theory has not been shown to be consistently higher and better to other alternative psychological treatments. The theory (CBT) is generally suitable to help reduce or eliminate disordered behavior. CBT involves learning how to recognize and change distorted or unhelpful thought patterns. Techniques Used in the treatment of this mental disorder include; Cognitive structuring/reframing ,guided discovery, exposure therapy, journaling and thought records, behavior experiments, relaxation and stress reduction, role playing and successive approximation.



### **Benefits of Psychotherapy in the treatment of Eating disorders:**

Psychotherapy is a very effective means of treating psychological and mental disorders, and has been tried and proven from many scientific research works. More so, the departure and shift of Dr. Williams's gassers in approach to the treatment of psychiatric disorders is a clear testimony of the workability of psychotherapeutic applications to the use drugs. Psychotherapy is as well cheaper compared to the alarming costs of drugs. However, According to Tchanturia et al (2007), Drug treatment are not effective treatment for eating disorders (Anorexia Nervosa), and it should be noteworthy that there is no based first choice psychological treatment for adults with anorexia nervosa, but Cognitive remediation therapy which aim to use cognitive exercise to strengthen thinking skills, was found significantly helpful.

### **Interventions to prevent Eating disorders:**

The following were contributed by O'dea & Yager (2008), as interventions to prevent eating disorders;

1. Curb out sociocultural context in which eating problems develops
2. Education programs to promote healthy eating, to include the following:
  - (a) Introduction of young people to an awareness/concern about dieting/weight control
  - (b) Suggestive information about weight control techniques (vomiting, laxative abuse, diuretics, slimming pills, smoking),
  - (c) Desensitization on the negative focus of food messages contributes to fear of certain food.

### **Conclusion:**

Eating disorders are very devastating, to the extent that it promotes suicide thoughts, attempts, and prevalence. Suicide is contemporarily among the leading cause of death among patients with anorexia nervosa, and suicidal behavior is basically at increase and from various research findings and conclusions, eating disorders are attributed to it. Eating disorders is alarming, and therefore demands all hands in psychology and counseling psychology and other related professionals to propagate the need for more qualitative and quantitative studies on eating disorder and other means that deepen findings for scholarly and administrative actions.

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