Seeing through the façade of anorexia: A grounded theory of change in emotion processes

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(All identifying information has been removed and participants have been given pseudonyms to protect their identity)
Overview

- Background
- Rationale and aims
- Method
- Results
- Summary and implications
- Questions
Anorexia

- Serious mental health problem
- Typically develops in adolescence
- Affects approximately 0.9% of women over their lifetime
- Behaviours include extreme dieting, self-induced vomiting, and excessive exercise, to achieve a low body weight (BPS, n.d)
- Associated with poor treatment outcomes and long-term difficulties
Anorexia and emotions

- Early accounts of anorexia described problems with recognition and awareness of bodily states, including hunger and emotions (Bruch, 1978)

- More recent theoretical models include-
  - Emotion regulation
  - Low self-esteem
  - Perfectionism
  - Interpersonal problems
Anorexia and emotions - quantitative research

- Literature reviews (Oldershaw et al., 2015; Lavender et al., 2015)
  - Negative beliefs about emotions
  - Poor emotion awareness
  - Maladaptive (unhelpful) coping strategies
  - Emotional suppression
  - Reduced capacity to tolerate negative emotions
  - Difficulties controlling behaviour when distressed
  - Avoidance of situations likely to induce emotion
Anorexia and emotions - qualitative research

- Fox (2009)
  - Early experiences of overwhelming emotions
  - Suppression of emotions in family
  - Associated with inhibiting emotions and using eating disorder behaviour to suppress emotions
  - Not knowing how to manage emotions
  - Needing permission to express emotions
  - Questioning their sense of themselves as emotional beings
Treatment

- NICE (2017)-
  - CBT-ED
  - The Maudsley Model of Anorexia Treatment in Adults (MANTRA)
  - Specialist Supportive Clinical Management (SSCM)
  - Focal Psychodynamic Therapy (FPT)
- Emotion-focussed treatments
  - Emotion Acceptance Behaviour Therapy (EABT)
  - Emotion Focussed Therapy (EFT)
  - Radically Open Dialectical Behaviour Therapy (RO-DBT)
- No consensus on which approach is most effective
Rationale and aims

- Difficulties in regulating emotions have been implicated in the development and maintenance of anorexia.
- Little known about the role of emotions in recovery process.
- Bridging the gap in the literature by-
  - Exploring participants’ subjective experiences.
  - Developing a theoretical account of emotion processes in the process of recovery from anorexia.
Method

- Semi-structured interviews
- Participants = Adult outpatients with a diagnosis of anorexia (n=9)
- Constructivist Grounded Theory (Charmaz, 2014)
- Participant validation
Results

- Three overarching ‘themes’
  - Creating a sense of safety in a world of uncertainty
  - Seeing through the façade of anorexia
  - Recovery and growth
“I guess in the end [...] you’re sort of choosing safety over the intensity of feeling [...] And yeah I guess what happens with the eating disorder [...] is that I kind of build a really safe and knowable little world for myself but there’s no one else in it [...] you get none of the kind of the life or the other positive emotions, or the sense of connection.”

[Maddie]
Creating a sense of safety in a world of uncertainty

Category 1: Perceiving emotions negatively
Category 2: Avoiding emotions
Category 3: Experiencing self-doubt
Category 4: Creating a more predictable and less uncertain world

Seeing through the façade of anorexia

Category 5: Realising I’m coping ‘badly’
Category 6: Re-evaluating my relationship with emotions
Category 7: Deciding it’s time for change

Recovery and growth

Category 8: Seeing emotions as meaningful and valuable
Category 9: Connecting with self and others
Category 10: Knowing, accepting, and trusting the real me

Therapy

Early experiences

Feeling out of control

‘Crisis’
Creating a sense of safety in a world of uncertainty

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Perceiving emotions negatively

“I think if I was to be a really emotional person then I would get nowhere in life.” [Nadine]

“I think in my family there was a bit of disdain for people who were kind of perceived as being melodramatic or attention seeking.” [Maddie]
Avoiding emotions

“I’m quite good at shutting them [emotions] off quite quickly... you just do it without thinking. (May)

“So, I think I linked the feeling full with the feeling of being full with emotion [...] with purging it’s just out. It’s out of my body.” (Grace)
Experiencing self-doubt

“Should I have had that to eat? Should I have not had it? Do I need that to eat? Do I not need it? Have I had too much?” [Rachel]
Creating a more predictable and less uncertain world

“...like having to have the structure and doing exercise continuously. I just felt like it kept me safe even though it was incredibly unsafe.” [Claire]

“I suppose complete and utter control [...] definitely in terms of going out to eat [...] I would have had to have known like at least a week before.” [Kate]
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Therapy

‘Crisis’
Realising I’m coping ‘badly’

“Do you know that thing ‘whack a mole’ where you try and hit things and other things pop up? [...] like when I get rid of one bad coping mechanism and another one pops up.” [Kate]
Re-evaluating my relationship with emotions

“So yeah part of this process for me has been [...] becoming aware of that approach to emotions that I had very much internalised.”

[Maddie]

“Yeah there has been some shift [...] Sometimes yeah I want to feel nothing... but I don’t want to feel like that all the time. Whereas I did want to feel like that all the time.” [Grace]
Deciding it’s time for change

I felt like there was becoming this quite wide gap between myself and some of my friends and um what they’d managed to do with their lives and um yeah I guess I was just quite determined to try and lead a relatively normal life. [Kate]
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‘Crisis’

Early experiences
Feeling out of control
Seeing emotions as meaningful and valuable

“I know in order to get better and to improve my life I have to feel emotions. It’s [...] part of life and I’m only just beginning to realise that.” [Mo]

“I think like the things that generate positive emotions are like also the things that generate negative emotions [...] in the sense of engaging with the world.” [Maddie]
Connecting with self and others

“I was a bit [...] like I don’t want to talk about emotions [...] but actually I have ended up talking about my emotions and it has been really helpful.” [Kate].

“If I’m feeling something so intense and I can’t put my finger on it [...] I feel it in my body [...] I’ll talk to it and ask it questions like what are you? why are you here?”. [Grace]

“Once I know who I am that’s going to help in all areas [...] in socialising [...] with the eating [...] coming to terms with who I am.” [Sue]
Knowing, accepting, and trusting the ‘real me’

“And the biggest thing for me is I’m beginning to find out a little bit about who I am. The real me.” [Sue]

“It’s that confidence to be okay with yourself and your reactions to things.” [May]

“I personally think that’s why emotions are SO relevant to my treatment [...] it’ll definitely help me as a person because I’ll be a lot more content [...] able to regulate myself. And not rely on other people.” [May]
Summary and implications

- Supports research suggesting difficulties in regulating emotions and the influence of early experiences
- Anorexia as one of many unhelpful coping strategies to manage emotions, as well as feelings of self-doubt and uncertainty
- BUT also that people have capacity for recovery and growth
- Suggests that difficulties in emotion processes are amenable to change
- Supports emotion-focussed interventions that-
  - Explore function of eating disorder in relation to emotions
  - Encourage people to connect with emotions
BUT more than this -

- People become less confined by their need for safety
- Highlights the need to go beyond recognising, accepting, and experiencing emotions
- Importance of embracing emotional experiences and using these experiences
- Relationship between emotions and broader shifts in sense of self
Questions?