Reading Guide – Midlife Eating Disorders

Introduction: Erase all Stereotypes

1. Discuss why anorexia nervosa tends to be so much at the forefront of people’s awareness in comparison with other eating disorders?

2. Discuss the ripple effect that midlife eating disorders have on the extended family. Who is affected by the illness and how? How does this compare to adolescent eating disorders?

Part One: The Facts about Midlife Eating Disorders

Chapter 1: A Culture of Discontent: Why Midlife and Why Now?

1. Dr. Bulik details the role of Big Industries in setting the stage for midlife eating disorders? How can “The Bigs” contribute both to eating disorders and obesity at the same time?

2. What are some strategies individuals could use to help buffer themselves from the lures of Big Industry?

3. In the quest for eternal youth, especially the Baby Boomer generation refuses to age without a fight. What are the plusses and minuses of holding onto youth?

Chapter 2: Defining the Disorders: What are these Eating and Feeding Disorders?

1. Discuss how decades of considering eating disorders to be female disorders have influenced men who are suffering. What are the challenges they face in coming forward and seeing help?

2. Adults with eating disorders do not always experience the same body image distortion as adolescents. Why might this be? Does it mean that they are not the same disorders?

3. What are the pitfalls for individuals struggling with eating disorders when the world is so “diagnoses” focused? How can broadening our understanding of the boundaries of unhealthy eating be beneficial?
Chapter 3: What’s Different about Midlife Eating Disorders?

1. Many draw parallels between eating disorders and alcohol and drug addiction. The term “food addiction” has enjoyed a resurgence. In what ways are they the same? How do they differ?

2. On page 50, Dr. Bulik quotes a patient who labeled anorexia as “the most selfish of disorders.” She then goes to list casualties of anorexia. Discuss in what ways anorexia nervosa can be selfish.

3. Why is it easier to hide an eating disorder in midlife?

4. Dr. Bulik compares the experience of recovering from an eating disorder to a recovering from alcoholism or smoking. How are these recoveries similar? What makes it so hard to avoid eating disorder triggers?

Chapter 4: The Face of Eating Disorders in Men

1. In what ways can stigma influence our accurate understanding of the prevalence of eating disorders in men? How do the diagnostic criteria for eating disorders contribute to underdetection in men?

2. Bullying can be a risk factor for later eating disorder development in men. How does our society, which emphasizes men “manning up and dealing with it,” put boys and men at risk for developing eating disorders? How could we remedy this?

3. Muscle dysmorphia and reverse anorexia are discussed in the chapter. Do you think these are actually eating disorders or should they not be considered under the same umbrella as the eating disorders and why?

Chapter 5: The Changing Context of Eating Disorders

1. What factors contribute to our increasingly sedentary lives? Compare the degree of activity you have in a day compared with your parents? Your grandparents? What do you notice?

2. Cultural factors can both increase risk and decrease risk for an eating disorder. How do cultural factors operate in your life and environment? Which cultural factors increase risk, which are buffering?

3. How is the thin ideal a symbol in our culture? Why are we so attracted to perfect beauty and why do we typically define that as thin? What impact does that have on every other imperfect human being?
Chapter 6: Genes and Environment at Any Age

1. Sometimes people will say, “I wish I just had a little bit of anorexia” to help them lose some weight. In what way is this a flawed concept? Can you have “just a little” anorexia?

2. People tend not to like complexity. It is easier to think that a disorder is all genetic or all environmental. How can we embrace complexity and think about the myriad ways in which genes and environment interact to influence risk for eating disorders?

3. Physicians often feel unprepared to discuss eating and body weight with patients. How would you like your physician to talk with you about matters related to diet, weight, and physical activity?

Part Two: Unique Challenges of Eating Disorders in Midlife

Chapter 7: Partners Suffer

1. Are you surprised that individuals with eating disorders enter into intimate relationships at the same rate as individuals who do not have eating disorders? Why or why not?

2. What factors perpetuate the erroneous stereotype that all men with eating disorders are gay? What is the impact of this stereotype on straight men with eating disorders?

3. Putting yourself in the shoes of an individual with an eating disorder, what are some reasons you can think of that might inhibit you from sharing your eating disorder with your partner either before or after the relationship starts?

4. What about caregiving for someone with an eating disorder is so stressful? How can caregivers protect themselves from burnout and neglecting their own health?

5. This chapter frequently references eating disorders being avoided in conversations within a couple. How can constantly watching what you say strain a relationship? How could this censorship influence the relationship? The eating disorder?
6. How do you feel when you fail to conform to the social eating flow of a group? How do you think an individual with an eating disorder feels when he or she does it every day?

Chapter 8: Pregnancy, Childbirth and Eating Disorders

1. If you have ever been pregnant (or lived through a pregnancy with someone) discuss what it was like to experience bodily changes. What were the positives? What were the negatives?

2. What message does the media give us about shedding our “baby weight” after pregnancy? How can we combat inappropriate expectations about post-pregnancy weight loss?

3. Health care providers who deliver advice in insensitive ways can trigger individuals with histories of or current eating disorders. What are some ways that a physician could better communicate sensitive information regarding weight without knowing the history of his or her patient?

4. The “baby blues” and post-partum depression are different things. How do they differ? What preconceptions about how a mother “should” be feeling after the birth of her child stand in the way of someone getting help for post-partum depression?

Chapter 9: Parenting with an Eating Disorder

1. Why might it be hard for a parent with an eating disorder to not trust their ability to judge what their child is eating or how much they weigh?

2. When raising a child, it is sometimes hard to find the balance between being watchful and being controlling, particularly if the child’s behavior is related to triggers for the parent. How can parents monitor that line and evaluate their own parenting?

3. What are some strategies parents with eating disorders could use to help them to accurately monitor their child’s growth and development?

4. On page 204, Dr. Bulik lists words associated with weight that are viewed as more or less judgmental by parents. What about the less preferred words make them electric? What aspects of language contribute to stigma?

5. We are ill prepared to talk with our children about weight. What are the challenges as you see them in having a non-emotional discussion about body weight and physical activity with your children (or grandchildren)?
Part 3: Your Journey to Recovery

Chapter 10: Motivators for Recovery

1. In therapy, symptoms often get worse before they get better. What affect could this have on retention rates of eating disorder patients in therapy?

2. How can having an eating disorder lead individuals to put up a facade when interacting with others? What are some possible ramifications of this facade on relationships? On the eating disorder?

3. Some individuals do not see the severity of their symptoms and believe that “death from eating disorders happen to others but not to me.” What are the origins of this kind of thinking?

4. Many patients say that spirituality played a role in their recovery. How can spirituality assist someone trying to recover from an eating disorder?

5. Accurate self-appraisal is very difficult for someone with an eating disorder. To what extent is this a challenge for all of us? How can we develop accurate self-appraisal without tending toward either self-denigration or arrogance?

6. Do you think that people with eating disorders overestimate or underestimate the amount of time others spend judging or talking about them? Why?

Chapter 11: Finding Compassionate Care

1. How does having to be your own advocate for care hinder eating disorder treatment?

2. What are the benefits of a therapy like UCAN, which incorporates the partner of an eating disorder patient? Contrast this therapy with individual therapy. What are the benefits and limitations of each?

3. What are some potential negative ramifications of a patient with an eating disorder gaining weight back too rapidly during re-feeding?

4. Contrast the benefits and limitations of group versus individual therapy of eating disorders. Do you think that one is more beneficial? Why?

5. What are your thoughts on civil commitment? Does it have a role in eating disorders treatment? If used, what cautions should be taken?

6. Should weight loss be treatment goal in the treatment of BED? Why or why not?
Chapter 12: It’s Not a Life Sentence, and Recovery is Not Solitary Confinement

1. Dr. Bulik states that remaining calm during setbacks is the greatest gift that providers can give. How does that translate to the behavior of a caregiver during a setback?

2. In defining themselves, some individuals with eating disorders are hesitant to label themselves as recovered. What are some possible sources of this hesitation?

3. What are some factors in addition to those listed in Chapter 12 that may contribute to an increased readiness to change and positive therapy outcomes in adults with eating disorders even if they have already undergone therapy?

4. Palliative care is a challenging topic. What are your thoughts on palliative care for eating disorders? Should it even be discussed?

5. Why does psychological recovery from an eating disorder generally take longer than physical or behavioral recovery?