JADARA

Volume 25 | Number 4 Article 7

October 2019

Eating and Related Disorders: Implications for the Deaf Community

Marie Egbert Rendon
University of California

Connie G. Hills
Freemont Professional Center

Emily Smith Rappold
Gallaudet University

EATING AND RELATED DISORDERS: IMPLICATIONS FOR THE DEAF COMMUNITY

MARIE EGBERT RENDON, Ph.D.
University of California
San Francisco, CA

CONNIE G. HILLS, M.A.
Freemont Professional Center
Seattle, WA

EMILY SMITH RAPPOLD, Ph.D.
Gallaudet University
Washington, DC

Abstract

Therapists and counselors who work with deaf clients are beginning to note that some form of eating disorders and distortions in body image perception do exist. To understand the difficulty of eating and related disorders and their inroads into the deaf community, it is important to know the differences between the various related disorders. This article introduces eating disorders and body perception and provides a brief look at some of the ways in which counselors might be more attuned to the prevalence of these disorders among their deaf clients.

Empirical research in the area of eating disorders has become increasingly prominent in the literature from the field of psychology. Data supporting the prevalence of eating disorders in the general population (especially among the college-aged) have allowed appropriate intervention, prevention, and treatment plans to be modeled and implemented. Although access to mental health services for deaf persons (including eating disorder treatment facilities) was enhanced by Section 504 of the Rehabilitation Act of 1973, 29 UPSC 794, there remains a lack of accessibility to programs and prevention models, as well as a lack of fully-trained professionals in the field of mental health and deafness. Greenberg (1981) noted that there are less than 100 Ph.D. psychologists, psychiatrists, and social workers in the United States who have been adequately trained to conduct psychotherapy or counseling for deaf persons. Fewer yet are the number who have training in eating disorders.

Eating and related disorders take forms which may not readily be understood by clinicians who are not trained in this field. One of the reasons for the lack of understanding is the dearth of published research on eating disorders among the deaf population. The authors of this paper feel it is important to begin filling that gap so that appropriate prevention, intervention and treatment could be provided.

EATING AND RELATED DISORDERS

Compulsive Eating

Much attention recently has been given in daily newspapers, weekly and monthly periodicals, and "scandal" newsstand sheets on compulsive eating. Movies, such as *EATING*, have brought even more focus on compulsive eating difficulties, and preoccupation with food and weight. Compulsive eating is eating when you are not physically hungry, or feeling out of control when eating (Orbach, 1978). When the binge/compulsive eating/dieting cycle becomes a regular way of eating, the end result is frequently continued weight gain. True obesity, with the absence of disordered eating, is a genetic normality and has erroneously been included in psychiatric manuals. However, it is only the "overweightness" and the development of an obsession with food, which results from chronic dieting that comes under psychological suspect. Although genetic obesity has been questionably considered a problem of psychiatric nature (Kaplan & Benjamin, 1985), for women only recently has the historical and socially acceptable behavior of compulsive eating followed by stringent dieting come under suspect. Many people, women in particular, have now begun to take a closer look at the psychological aspects of their eating behaviors. Women in therapy for compulsive eating have discovered that by exploring their underlying emotional conflicts, their destructive relationship with food can be more thoroughly understood and ultimately ended (Orbach, 1978). In the field of eating disorders, compulsive eating is the root of what is referred to as "binge eating," the rapid consumption of large amounts of food in a discrete period of time.

Anorexia Nervosa

In the Diagnostic and Statistical Manual of Mental Disorders - Third Edition-Revised (DSM-III-R), (American Psychiatric Association, 1987), Anorexia Nervosa is characterized by a refusal to maintain body weight over a minimal normal weight for age and height, intense fear of gaining weight or becoming fat (even though underweight), a distorted body image and the cessation or absence of menstruation. The most striking psychiatric feature of primary anorexia nervosa is the relentless pursuit of excessive thinness. The major symptom is the failure to eat sufficiently (Bruche, 1978). According to Neuman and Halvorsen (1983), approximately ninety-five percent (95%) of anorexia nervosa occurs in females; one in every 100 white females between the ages of 12 and 18 suffers from it.

Bulimia Nervosa

The DSM-III-R lists the diagnostic criteria for bulimia nervosa as: recurrent episodes of binge eating; a feeling of lack of control over eating behavior during the eating binges; regular engagement in either self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or rigorous exercise in order to prevent weight gain; minimum of two binge eating episodes a week for at least three months; and persistent concern with body shape and weight (American Psychiatric Association, 1987). In a nationwide 1985 Gallup poll, 2-3% of women between the ages of 19 to 39 reported having symptoms of bulimia and 19% of the women surveyed knew other women with bulimia. Although women in their thirties are susceptible to bulimia, the highest prevalence is among college females (from 5-20% have experienced it) (Johnson & Conners, 1987). The prevalence is probably higher in college populations because the majority of research occurs at that level. Many counselors working with women of all ages are now reporting that bulimia is seen in all ages groups, all classes, educational levels and lifestyles.

Bulimarexia

The term bulimarexia refers to the consistent engagement in both anorexia and bulimia behaviors, rather than in one to the extreme. Bulimia has been observed in approximately 50% of anorexia nervosa patients (Garner, et. al, 1985). Many clinicians use the terms bulimarexia and bulimia interchangeably. During her treatment of college woman at Cornell University, Boskind-Lodahl (1976) identified bulimarexia as a cyclical eating disorder characterized by bingeing/purging behaviors and abnormally low self-esteem. The distinguishing feature of bulimarexia is regular binge eating followed by guilt and a compulsion to be rid of the eaten food. In 1983, Boskind-White suggested that bulimarexia embodies a concept that expresses a rejection of sociocultural influences and of cultural femininity, specifically valuing women only for wifehood, motherhood and intimacy with men.

Body Image

Disturbances around body image, or the pursuit of thinness, seem to lie at the heart of eating disorders, according to Wooley and Wooley (1985). Schilder, as early as 1935, spoke of body image as "the picture of our own body which we form in our mind (Bruche, 1973). Bruche herself characterized body image as a private collection of biological, psychic, sensory and social experiences that constantly interact within each person. Johnson and Conners (1987) identify the two components to body image as the perceptual ability of the individual to estimate her body size and the cognitive-affective component which includes the patient's beliefs or attitudes about her body. A poor body image can result in disturbances in hunger awareness and other bodily sensations, thus one of the roots of the chaotic nature of dieting, starvation and binge eating among people with eating disorders.

Body image distortion among eating disordered patients ranges from mild to severe distortion. The more severe distortion is found in the anorexia patient, who, although below normal weight, still "feels" fat and is paranoid of gaining weight. Even as the physiological healthy weight is compromised, the anorexia patient remains delusional and commits a slow suicide by self-starvation. Normal body weight bulimia patients also experience extraordinary dissatisfaction with their bodies. Motivation to purge after an eating binge is to get rid of the calories just consumed so as not to increase their weight. Bulimarexic women also share a distortion of body image and an extreme fear of becoming fat.

Discussion

To date, only one known study of eating disorders among the deaf has been done on college-age deaf students (Hills, Rappold, Rendon, 1991). It comes as no surprise that eating disorders and distortions on body image do exist among the deaf population, as you would expect in any population segment. These distortions have been noted by not only the authors of this article, but also by a few clinicians. There are existing intake questionnaires designed to detect alcohol and substance abuse/addiction; of which some of the same concerns apply to eating disorders. A number of additional questions, such as "Do you eat more than you want?" "Do you ever throw up after eating?" can encourage self-disclosure on the subject. A trained counselor and therapist may often need to use a more subtle approach to determine the extent of the problem and begin an appropriate treatment plan. There are techniques which can be adopted from specialists in eating disorder clinics and used with deaf clients in order to more effectively determine the existence and/or extent of their eating disorder.

It is time for more information to be in print and more research to be done on this population

so that further appropriate intervention and treatment modalities can be developed. Advocacy and accessibility need to occur so that persons suffering from one of the many forms of eating disorders can receive appropriate treatment. Prevention and intervention models need to be developed for the young deaf and hard-of-hearing person so that the deaf community doesn't find itself with a "deaf Karen Carpenter"[1] in order to begin looking at the prevalence and extent of eating disorders among their population.

References

American Psychiatric Association, (1987). *Diagnostic and statistical manual of mental disorders* (3rd Revision). Washington, DC: American Psychiatric Association.

Boskind-Lodahl, M. (1976). Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia. *Signs: Journal of women in culture and society, 2,* 342-356.

Boskind-White, M. and White, W. (1983). *Bulimarexia: The binge-purge cycle.* New York: W. W. Norton.

Gallup, G. (Ed.) (1985, November 7). *Periodic binge eating reported by one-fourth of young women.* The Gallup Poll, p. 1-2.

Garner, D., Rockert, M., Olmsted, P., Johnson, C., and Coscina, D. (1985). Psychoeducational principles in the treatment of bulimia and anorexia nervosa. In D. M. Garner and P. E. Garfinkel (Eds.), *Handbook of psychotherapy for anorexia nervosa and bulimia.* New York: Guilford Press, pp. 513-572.

Hills, C.G., Rappold, E.S., Rendon, M.E. (1991). Binge eating and body image in a sample of the deaf college population. *Journal of the American Deafness and Rehabilitation Association, 25*(2), 20-28.

Kaplan, H. I. and Benjamin, B. J. (Eds.) (1985). *Comprehensive textbook of psychiatry, 4th ed.* Baltimore, MD: Williams & Wilkins.

Johnson, C. and Connors, M. E. (1987). *The etiology and treatment of bulimia nervosa: A biopsychosocial perspective.* New York: Basic Books.

Neuman, P. A. & Halvorson, P. A. (1983). *Anorexia nervosa: A handbook for counselors and therapists.* New York: Reinhold Company.

Orbach, S. (1978a). Social dimensions in compulsive eating in women. *Psychotherapy: Theory, research and practice, 15,* 180-189.

Orbach, S. (1978b). *Fat is a feminist issue: A self-help guide for compulsive eaters.* New York: Paddington Press, Ltd.

Wooley, C. and Wooley, W. (1985). Intensive outpatient and residential treatment for bulimia. In D. M. Garner and P. E. Garfinkel (Eds.), *Handbook of psychotherapy for anorexia nervosa and bulimia.* New York: Guilford Press.

Endnotes

1. Karen Carpenter's life and her death from complications of anorexia nervosa have been portrayed on film and television (The Karen Carpenter Story). The death of this popular singer began an intense focus on eating disorders in the general population.