SUPPORTING SOMEONE WITH ANOREXIA NERVOSA

UNDERSTANDING & CONNECTING

- Some ideas about understanding AN
- Exploring ways to to connect and help

Dr Calum Munro: Consultant Psychotherapist

Sara Preston: Beat Senior National Officer Scotland

Needs & Feelings recap (from plenary session)

- We all have the same basic human needs
  - psychological & physical needs
- Feelings are a 'rough & ready' signalling system about needs
  - negative feelings reflect unmet needs, positive feelings reflect met needs
- Develop instinctive coping styles /psychological 'modes' in response to needs & feelings
  - can be adaptive and lead to met needs
  - or mal-adaptive and lead to unmet needs
- Questions?

Understanding, empathy and emotional connection

- Understanding:
  - Hard condition to understand – for patients, carers and clinicians
  - But it's crucial for all of us patient-clinician-carer to develop an understanding of how this illness functions
  - And this understanding must be more complex than '*it's the anorexia talking*' which in my experience usually does more harm than good
- Empathy and connection:
  - I think enough of an understanding of how the illness functions in that particular individiual is required to then move on to true empathy and emotional connection

Understanding

Some approaches to trying to understand how AN functions:

- Use of an analogy to support understanding: the **Dictatorship Analogy***
- Describing stages of the illness and motivation: **Stages of Readiness for Change***
- Considering the **physiology of starvation***
  - the effect on the body and risks
  - it's impact on the psychology of AN

*more detail available in handouts on:

https://www.mentalhealthcarecollective.org.uk/resources/

- Today's workshop will focus on understanding **psychological 'modes'** (coping styles) and how this can help us care for people with AN

Psychological 'modes'

- Psychological **Modes** are the **moment-to-moment** emotional states, thoughts and responses that we all experience
  - reflecting longstanding underlying patterns of feeling, thinking & belief, coping styles & behaviour
  - these modes have developed in response to meeting the universal needs we all have
  - think of them as different 'sides' or different 'parts' of the personality that come to the surface depending on the situation
  - For carers, probably better to use the label '***side of you***' rather than mode, as anything that sounds like technical 'therapy talk' may not be accepted from you
- **Maladaptive coping modes**, arise instinctively from experience, but often lead us to over or under-react
  - the mode gives some ***reward in the short-term***
  - but in the ***medium or long-term*** they do not truly meet needs and are therefore ***unhelpful or self-defeating***

Maladaptive 'modes'

- It's important to note the '***adaptive***' in 'maladaptive'
  - this means that each individual adapts to their circumstances and experiences by *instinctively* developing ways of reacting to themselves, others and the world around them, developing these ***coping modes***
  - but sometimes a particular mode that may have been helpful & adaptive in one situation, becomes too extreme (over or under-reaction) or is triggered in the wrong type of situation
  - maladaptive modes are particularly triggered by situations that we are sensitive to because of past experiences (our "emotional buttons")

For example:

need for nutrition & need to feel safe > hungry feeling signal > fear of over-eating & looking unacceptable > ***over-controlling mode*** *= restrict food > need for nutrition not met as confused with need to feel safe*

Vulnerable Mode

- ***Vulnerable mode***: you may not see this much because people with eating disorders are usually ashamed of this **normal** emotional side of themselves
- The Vulnerable mode is key to understanding, as it reflects **unmet needs**
  - Other modes emerge instinctively to respond to needs of the vulnerable mode
- However, if these internal coping modes are ***maladaptive***, they partially meet some needs in the short-term, but at the cost of truly meeting and satisfying needs in the medium to long-term, sometimes leading to prioritising one need excessively and severe neglect of other needs
- For example, in eating disorders, as with example on last slide:
  - the emotional need to feel safe is prioritised
  - the physical need for nutrition is neglected

Vulnerable Mode

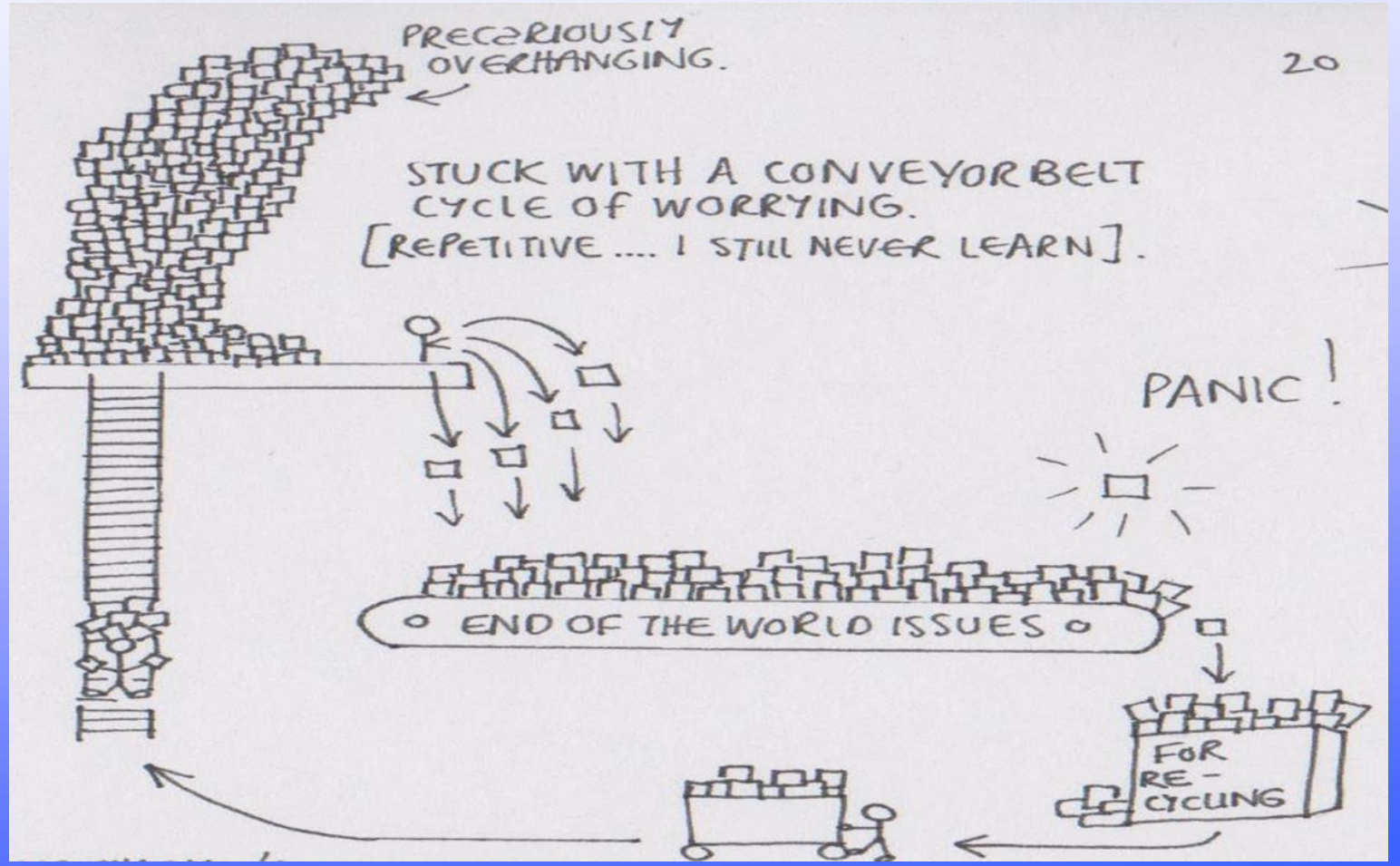
6 key coping modes

- **Coping modes:** which of these 'faces' of someone with AN do you recognise?
  - ***Busy Over-Controller mode***
  - ***Angry Over-Protector mode***
  - ***Detached-Avoidant mode***
  - ***Self-Sacrificing mode***
  - ***Self-Critical mode***
  - ***Excess mode****
- These coping modes may be **internally focused** or **externally focused**
  - eg. Self-Critical mode 'beats up' the vulnerable side, the function being to make themselves try harder to not be vulnerable, ie.
    - an internal relationship with themselves
  - eg. Angry Over-protector mode complains about others around them, the function being to try to force others to look after them better, or, leave them alone ie.
    - an external relationship with others

Busy Over-Controller mode

- How to recognise it in the patient:
  - mentally, they are trying really hard to ‘do the right thing’ - often leading to planning, worrying, trying to keep things in order, developing routines
  - physically, they are very active, busy, find it hard to sit down or take a break
  - they are mostly over-controlling of themselves, but this may spill over into beng over-controlling of others too
- How it makes the sufferer feel:
  - Short-term: can feel less anxiety temporarily, when it feels like something is under control
  - Medium-long term: have to try harder and harder to ‘get it right’ as fears actually increase; feel under pressure to do more and more, try harder and harder (to be good enough)
- How it makes others feel:
  - empathy with how hard they are trying
  - sad about how stressed and under pressure they are
  - frustrated if the over-controller tries to involve you in their rules or routines

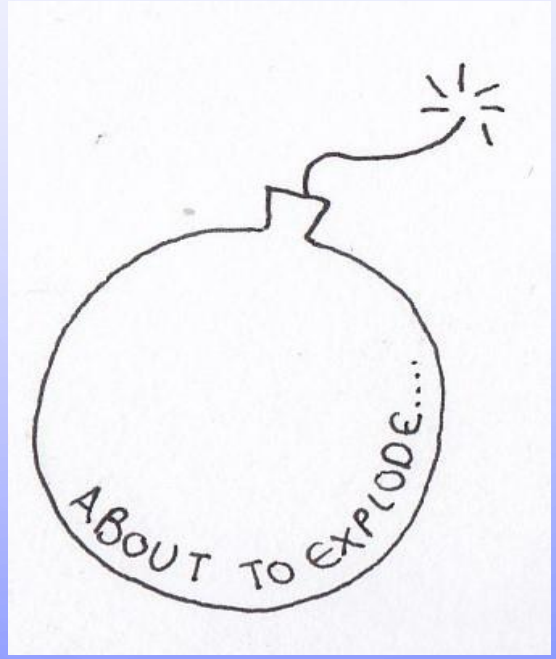
Busy Over-Controller mode



Angry Over-Protector mode

- How to recognise it in the patient:
  - simmering frustration or disdain, just below the surface
  - anger and frustration suddenly bubbles out unexpectedly
  - anger escalates to explosive rage
- How it makes the sufferer feel:
  - Short-term: can give a sense of energy or power
  - Medium-long term: gives self-critical mode ammunition to bully themselves - feeling guilt about behaving excessively or being 'out –of-control'; can disrupt relationships, with others backing off and increase sense of isolation
- How it makes others feel:
  - others feel they are not being treated fairly, which often results in anger
  - others feel threatened or sacred of upsetting them any more and back off, or give in to demands

Angry Over-Protector Mode

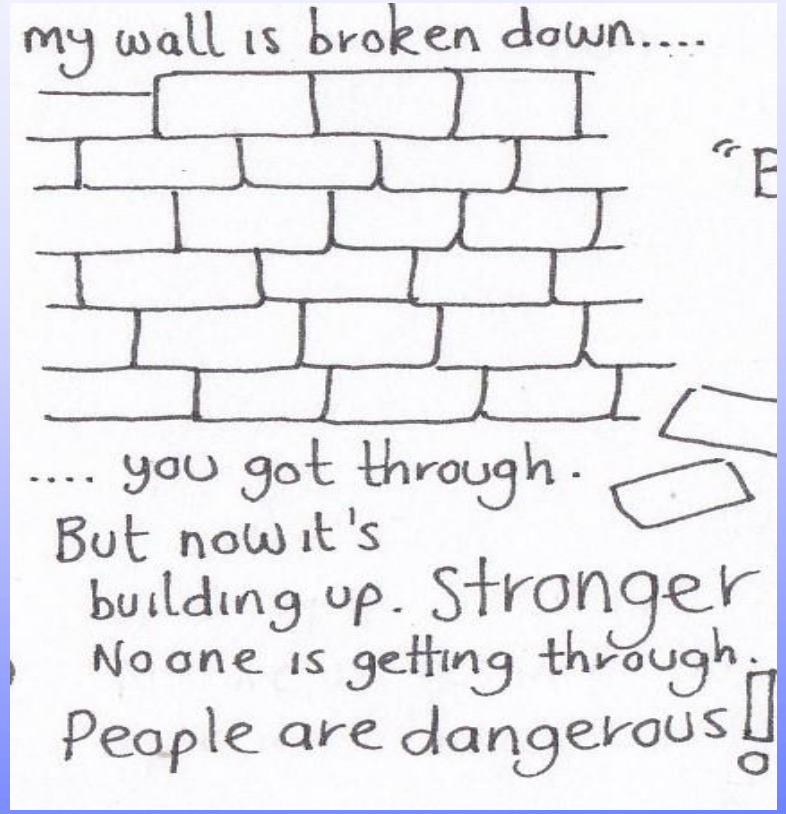


Video 1: Over-Controller & Angry Over-Protector Modes

Detached-Avoidant Mode

- How to recognise it in the patient:
  - avoiding contact with others or avoiding certain situations
  - 'I'm fine' – a 'smiley face' that doesn't seem real
  - Skilled at deflecting attention away from themselves in conversation
  - Un-responsive, mute
- How it makes the sufferer feel:
  - Short-term: numbness and emotional detachment is welcomed
  - Medium-long term: feel isolated, lonely, misunderstood, un-acceptable, rejected, fake
- How it makes others feel:
  - The smiley-face can mislead others into thinking they are fine
  - It can feel like 'talking to a brick wall'
  - It can make others who are trying to help feel a bit stuck and incompetent

Detached-Avoidant Mode



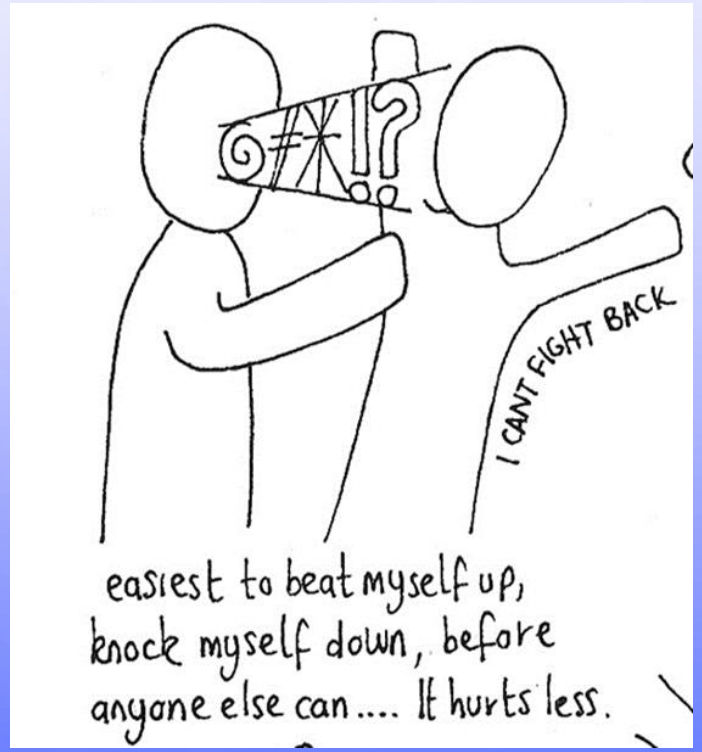
Self-Sacrificing mode

- How to recognise it in the patient:
  - Focuses on other peoples needs and wishes, but neglect their own
  - kind and thoughtful
- How it makes the sufferer feel and effects on needs:
  - Short-term: feel good for being nice to others
  - Medium-long term: fear others only like them because they do things for them; can feel resentful that they make so much effort and others don't reciprocate
- How it makes others feel:
  - others experience them as helpful, thoughtful and kind
  - usually other people like this side of them, maybe too much
  - Makes others feel guilty that the sufferer is doing things for them when clearly they are not OK themselves

Self-Critical mode

- How to recognise it in the patient:
  - continually making negative comments about themselves, putting themselves down
  - dismissing anything positive as unimportant or accidental
  - describing themselves as worthless, undeserving, bad, ugly or fat etc.
- How it makes the sufferer feel:
  - *Short-term:* initially may 'motivate' to try to 'be better', but always makes them feel bad; can feel easier to beat themselves up than be criticised by others
  - *Medium-long term:* strengthens beliefs about being worthless, inadequate and generates expectations that others will dislike and reject them; focus on the body generates feelings of self-disgust; ultimately leads to feelings of self-hatred
- How it makes others feel:
  - this is often quite internalised and not shown to others
  - makes others concerned about how negatively they view themselves

Self-Critical mode



Video 2: Detached-Avoidant & Self-Sacrificing & Self-Critical Modes

General conclusions about connecting with someone with AN

1. The Vulnerable mode is under there and the main job is to try to reach it
   - try to picture the person you are trying to reach as a young child under 10 who is upset
   - this can help to connect with the vulnerable core that may be well hidden
   - show your vulnerable fallible side to illustrate that it is normal, and that there is no shame in struggling and letting others see that
2. The Self-Critical mode is the most toxic coping mode
   - crucially, identify this as just one part of their thinking
   - it's important to keep referring to 'that self-critical side of you' as you challenge it, to avoid it being experienced as a personal attack
   - challenge, question and generally fight against the self-critical side of their thinking providing them with as much evidence as you can about why what it says to them is not true
   - consider calling it also their '*internal-critic*' or '*the bully*'

General conclusions about connecting with someone with AN

3. The Busy Over-Controller, Detached-Avoidant & Self-Sacrificing modes, give a clearer short-term reward
   - ➢ therefore acknowledge and validate the potential short-term reward and therefore difficulty in giving this up
   - ➢ but emphasise the costs and negatives of these modes, that they are not truly meeting their needs and the potential benefit of resisting them
4. The Angry Over-Protector mode, is either seeking to push away or punish
   - ➢ it's crucial here to hold onto the underlying Vulnerable mode and not react with an angry or defensive response yourself ("*Anger begets anger*" Mahavira)
   - ➢ their anger needs to be heard, and the underlying vulnerable feelings accepted, so maintain a neutral tone and encourage verbal venting of the anger
   - ➢ limits need to be set on any physical aggression eg. 'time-out'

Exercise for audience

Spend 10 minutes speaking to your neighbour

- If you are a carer or clinician, about a difficulty you've had in managing to engage with your loved one/patient
- Or if you are someone with lived experience of AN, talking about what you find/found most difficult in engaging with others trying to help you
- Suggestions:
  - Reflect on which mode the person with AN was in
  - Reflect on what might have worked better
  - 5 minutes each way

Discussion & Wrap-up

- Access to these slides and other information about understanding AN discussed today:
  - https://www.mentalhealthcarecollective.org.uk/resources/
- Contact details:
  - calummunro@mentalhealthcarecollective.org.uk
  - calum.munro@ed.ac.uk
  - s.preston@beateatingdisorders.org.uk
- Thanks for listening!