

An Exploration of the Role of Social Support in Health Promotion and Eating Disorder Prevention

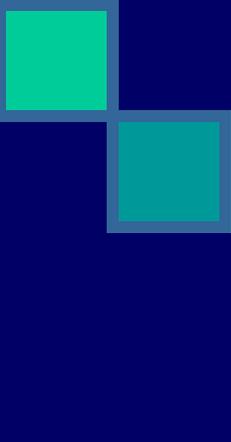


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Learning Objectives

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1. Describe the vital role of social support in eating disorder (ED) development among female university students.
 2. Compare and contrast behaviours associated with high levels of self-advocacy and social support to behaviours associated with a paucity of self-advocacy and social support.
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Background

Eating disorders are commonplace within university settings, particularly among female students.

- ▼ Leading cause of disability for women (*Mathers, Vos, Stevenson, & Beggs, 2000*)
- ▼ Third most common chronic condition for female adolescents (*Golden et al., 2003*)
- ▼ Most severe, fatal psychiatric diagnosis (*Arcelus, Mitchell, Wales, & Nielsen, 2011; M.M. Fichter, Quadflieg, & Hedlung, 2006; Laird, Su, Hlynsky, Goldner, & Gao, 2005*).
- ▼ Approximately 1 in 5 Canadians are affected personally or through family and friends (*PHAC, 2011*)

Background



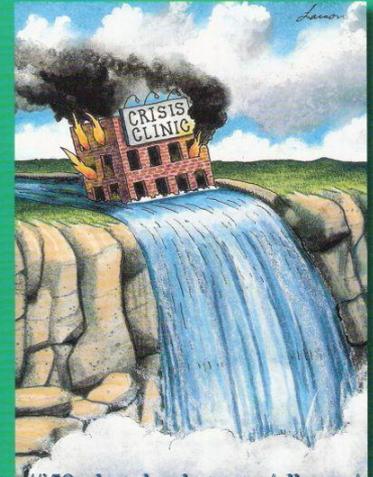
Universities are “perfect incubators” for mental illness “as students are away from families, and may face financial worries, drug abuse and relationship problems.” There is the “enormous expectations about grades.” These are triggers for depression, bipolar disease, eating disorders, schizophrenia and other mental illnesses, all of which normally surface between the ages of 15 to 24”

Deziel, S. (2011). Big brains: Big danger. Universities are "perfect incubators" for mental illness. MacLeans Magazine, From the 21st Maclean's University Rankings November 3rd, 2011.

Why study social support?

Accessing help particularly difficult in rural areas including Atlantic Canada

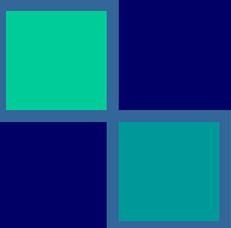
- DSM-5 reclassification (*APA, 2013*)
- Fiscal restraint
- Limited availability of resources
- Stigmatization (*Crisafulli, Thompson-Brenner, Franko, Eddy, & Herzog, 2010; Crisp, 2005; Evans et al., 2011; Hackler, Vogel, & Wade, 2010; Mond & Hay, 2008; Stewart, M., Keel, K.P. & Schiavo, R. S. 2006*)
- Dissatisfaction with treatment services on the part of those seeking help is well documented (*McMaster, Beale, Hillege, & Nagy, 2004; Tierney, 2007; Weaver, 2012*)

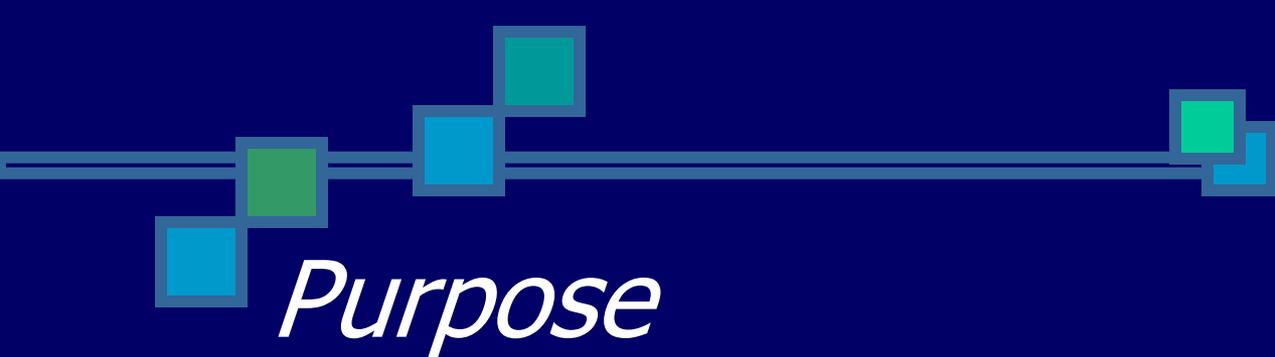


http://i59.photobucket.com/albums/z290/crystaleyes_2006/CrisisClinic.jpg

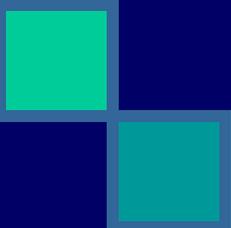


Background

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- ▼ ED outcomes impact growth and development and have the potential to impede academic and future career endeavours.
 - ▼ To best assist students, it is vital to build a comprehensive understanding of their experiences with ED symptoms and their needs and preferences for support.
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Purpose



To explore the relationship between social support and eating disorder development within a female, nonclinical population.

Design



UNBF
UNBSJ
STU

- ▼ Survey responses from 176 female university students within 3 universities in New Brunswick, Canada were examined for measures of eating attitudes, coping, social support, and support seeking behaviours.
- ▼ A subset of 22 qualitative interviews were conducted and analyzed to develop a fuller conceptualization of social support as perceived by university students struggling with eating disorder symptomologies.



Design

■ Recruitment

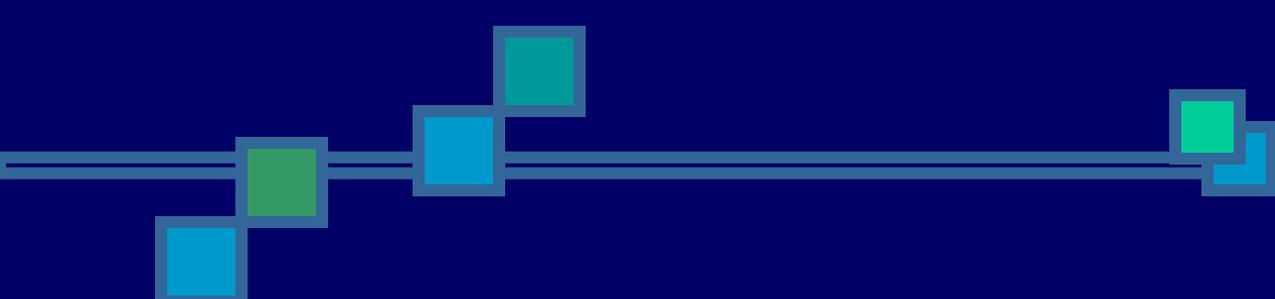
- Posters in each of three universities
- Online option for qualitative interview

■ Data Collection

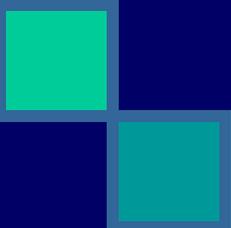
- Semi-structured interview questions
- Interviews approximately 40 minutes, audio-taped, transcribed verbatim, & anonymized

■ Data Analysis

- Content analysis & constant comparison (*Glaser, 1992*)
- Typology depicting development of advocacy within social support networks



Results



Women lacking readily accessible social support were significantly less likely to tell health professionals about the ED and were slower to achieve recovery. The complementary qualitative analysis enabled understanding of (a) the type and degree of social support and (b) the level of self-advocacy. Results highlighted recovery as an evolving and contextual process achieved when self-advocacy efforts were mirrored by support from connected others, while a lack of such advocacy fostered concealment of illness.

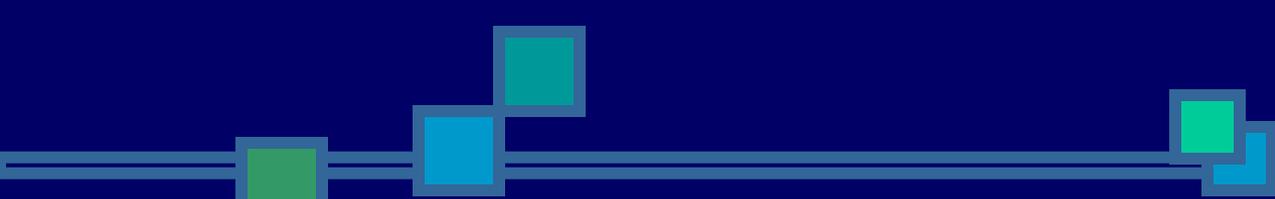


Typology of Recovery Progress

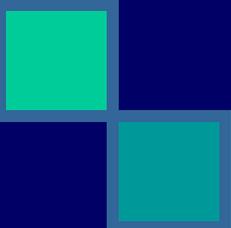
	Championing self /Self advocacy	Managing on own with no support	Boundary setting/ breaking off unhelpful relationship	Celebrating self/ protecting recovery	Wisdom made public
	Self sufficient/ self directed self care	Putting on mask	Help seeking/ Recognizing needs	INAF/getting help	Taking time for self and helping relationships
	Championed by others	Feeling monitored, controlled by others	'Testing the Waters'	Receptivity/ role models	Helping others while helping self
	Unchampioned (low advocacy and esteem)	Denial	Dependent /Accessing informal support	Connecting indirectly with others who have like issues	Perceived connection with others who are unable to fully support
		No support	Survival Support	Supporting self	Supporting Others/ comfortable in social relationships

Social Support

Championing



One Participant's Story of Developing Self Advocacy and Social Support



Her eating issue started in grade 4 and developed into an ED in high school following sexual abuse. When she went to university a year later at age 18, she was on her own; enrolled in a demanding nursing program; experiencing PTSD, eating disturbances, and poor sleep; and was feeling "screwed up" and "lost." Her crisis eating stabilized once the abusive relationship ended and she started dating her current husband. Finally she felt accepted. For the first time in years, she stopped dieting.



Championing self /Self advocacy	Managing on own with no support	Boundary setting/ breaking off unhelpful relationships	Celebrating self/ protecting recovery	Wisdom made public
Self sufficient/ self directed self care	Putting on mask	Help seeking/ Recognizing needs	3NFs/ getting help	Taking time for self and helping relationships
Championed by others	Feeling monitored, controlled by others	"Testing the Waters"	Receptivity / role models	Helping others while helping self
(Re)championed (low advocacy and esteem)	Denial	Dependent /Accessing informal support	Connecting indirectly with others who have like issues	Perceived connection with others who are unable to fully support
	No support	Survival Support	Supporting self	Supporting Others / comfortable in social relationships

Denial

“When you have an ED, you’re just so blind. Often times I think core is some kind of trauma or a need to get control in the first place. It’s not just I want to look like Barbie.”

“Studied until three o’clock every night,” distracted self “with my perfectionism,” and “drinking all the time, being crazy, making stupid decisions, working way too much and just not treating my body well.”

Did not see the concern of others around her as they saw her “shrinking.” Contributed to their denial by “playing the game.”

Dependent/Accessing informal support

Cried one night “on my knees begging my mom for help.” Others responded with “Oh you lost weight, you look fantastic!” “Very isolating and the ball was dropped for me many times.”

Connecting with others who have like issues

ED program harder than drug and alcohol programs - “you have to eat.” “If you look in the DSM under substance abuse, I think a lot of women with an ED could just put in food or pressure to be thin, and they could relate to it.”

Perceived connection with others unable to fully support

“Workaholic” family limited support. Peers unable to support - “obsessed with school,” marks, and popularity. “It takes a lot work to feed yourself healthily.”

Championing self (self advocacy)	Managing on one's own with no support	Boundary setting/ breaking off unhelpful relationship	Collaborating self/ protecting recovery	Wisdom made public
Self sufficient/ self directed self care	Putting on mask	Help seeking/ recognizing needs	SMART/ getting help	Taking time for self and helping relationships
Championed by others	Feeling monitored, controlled by others	Trusting the Waters	Receptivity/ role models	Helping others while helping self
Unchampioned (low advocacy and esteem)	Denial	Dependent /Accessing informal support	Connecting indirectly with others who have like issues	Perceived connection with others who are unable to fully support
	No support	Survival Support	Supporting self	Supporting Others/ comfortable in social relationships

Characteristics

social support

Feeling monitored, controlled by others

Watchfulness on the part of the participant and others.

"At first they were like every week 'How are you doing?' I'm like 'Great!'"

"People think it's all about vomiting and starving and they don't know every thing else you're doing; I never vomited."

Testing the water

Expected others to pick up on cues and help her; yet, help not forthcoming (e.g., told high school counsellor about the abuse and the counsellor told her to lose weight. "I didn't get help after that because I had a brain!"

Diagnosed with post partum depression; and ED not discussed.

Seeing many counsellors caused "some damage to be done."

Receptivity/ role models

Anxiety therapist used exposure therapy with high sugar foods that ran counter to ED treatment of abstaining from high sugar foods.

Having the ED taken seriously made the difference.

Helping others while helping self

"I tell them 'Don't try to take away the ED when they don't have anyone else; let ED be your best friend for today, it's better than killing yourself...You can validate that it feels wonderful to over-exercise or starve instead of 'Don't you know what you're doing to your body?!' and 'You look awful you know?'"

"It's normal to have issues; it's ok to learn to adjust them."

Championing self / self advocacy	Managing on town with no support	Boundary setting/ breaking off unhelpful relationship	Celebrating self/ protecting recovery	Wisdom made public
Self sufficient/ self directed self care	Putting on mask	Help seeking/ recognizing needs	INAF/ getting help	Taking time for self and helping relationships
Championed by others	Feeling monitored/ controlled by others	Testing the Waters?	Receptivity/ role models	Helping others while helping self
Unchampioned (low advocacy and esteem)	Denial	Dependent / Accessing informal support	Connecting indirectly with others who have the issues	Perceived connection with others who are unable to fully support
	No support	Survival Support	Supporting self	Supporting others; comfortable in social relationships

Putting on the mask

“Pretended everything was fine...Good at manipulating”

“I’d push them away, I’d have all these really very skilled defense mechanisms to put back at them, so I don’t blame someone for backing off.”

“I needed someone to take me and say “you are so sick!” and put me somewhere where I needed to be ... My whole world was out of control.”

Help seeking/Recognizing needs

Superficial realization of having ED (e.g., wrote paper on anorexia nervosa).

Analyzing interviews: “It really hit, it had happened to me. That’s when I got help.”

Recognized root cause of ED as being abused - - Terrifying!

INAF/Getting help

Being diagnosed was validating.

Approached others who provided treatment ; attended out-of-province ED centre.

DBT, spiritual component, and structured mindful eating helpful.

Taking time for self and helping relationships

Did not return to work after treatment; stayed in “recovery mode” & went to school.

“Not making it about food, feeling emotions, meditation, being in the moment.”

Championing self/ self advocacy	Managing on own with no support	Boundary setting/ breaking off unhelpful relationships	Celebrating self/ protecting recovery	Wisdom made public
Self sufficient/ self directed self care	Putting on mask	Help seeking/ Recognizing needs	INAF/ getting help	Taking time for self and helping relationships
Championed by others	Feeling monitored, controlled by others	Testing the Waters'	Receptivity/ role models	Helping others while helping self
Unchampioned (low advocacy and esteem)	Denial	Dependent / accessing informal support	Connecting indirectly with others who have the leasess	Perceived connection with others who are unable to fully support
	No support	Survival Support	Supporting self	Supporting Others/ confrontative to social relationships

Managing on own with no support

“Just dealing, with it on my own until I got to the point of needing help.”
No one to really count on resulted in unhealthy self care.

Boundary setting/breaking off unhelpful relationship

Knowledge not enough to change behaviours.

Set relevant, concrete boundaries; i.e., “Not going to do PhD unless you get better.”
Replaced sugar with healthy foods - able to “eat banana bread, cake, everything!”

Celebrating self/ protecting recovery

“Control is its own illness. I need all these supports in order to get better.”

Treat recovery as a full time job. Contract for recovery.

Coming back to “what I was before I was abused and then celebrating myself.”

Recovery from ED is “way more of a success than any degree I could get.”

Wisdom made public

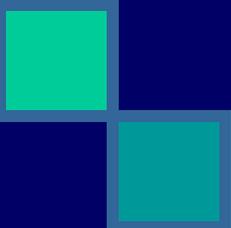
ED is like a “violent partner” with silence being “the violence’s ally.”

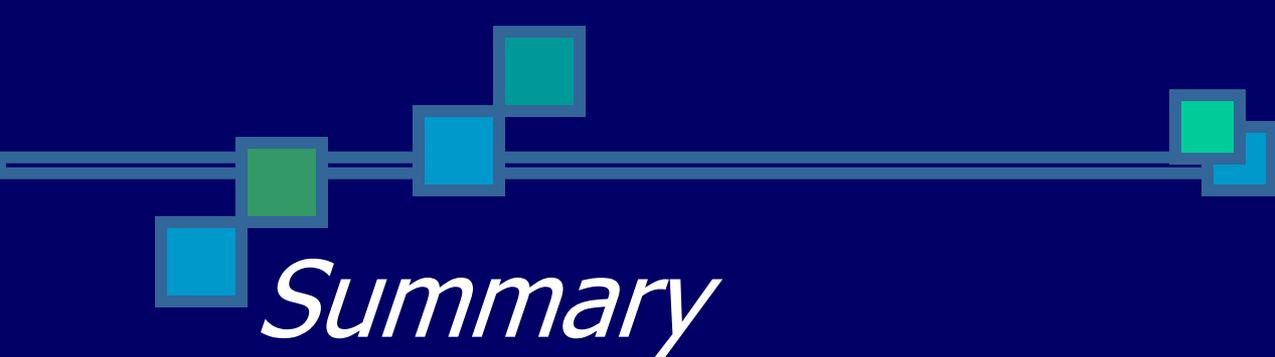
Anti-stigma campaign; publicly talk about experiences; messages on www.facebook.com

“The more I talk about it, the ED voice is silenced ...I’m a success story!”



Limitations

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- Non-clinical sample
 - Did not focus on the barriers and facilitators to social support for any one type of ED
 - No follow up questions to validate researcher interpretation of responses
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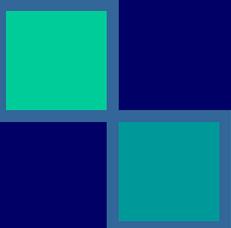


Summary

- Participants attempted to seek support; however, they perceived support as unacceptable from professionals (e.g., professionals not able to detect EDs or to provide comprehensive therapy.)
 - Social support not forthcoming from friends and family (e.g., others lacked education about EDs, were unavailable, or caught in the web of denial.
 - Peer-led support and psychoeducational group provided safe, non judgmental accessible resource.
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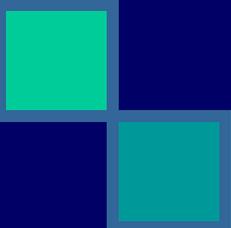


Implications

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- Professional educational programs to include ED assessment and early intervention
 - Increased awareness and public education for families, friends, and communities
 - Greater availability of peer-led support initiatives
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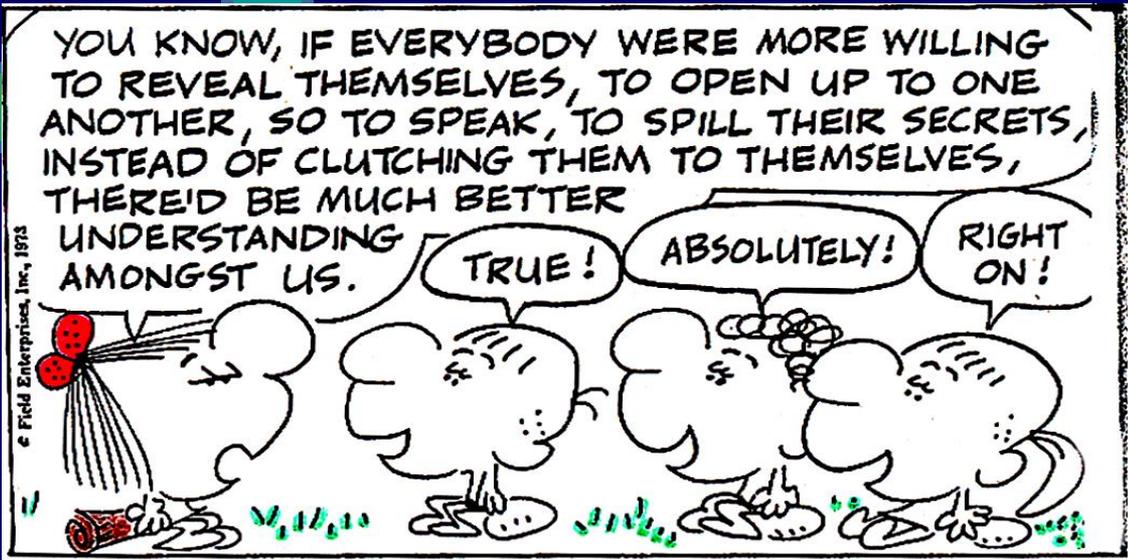


Conclusion

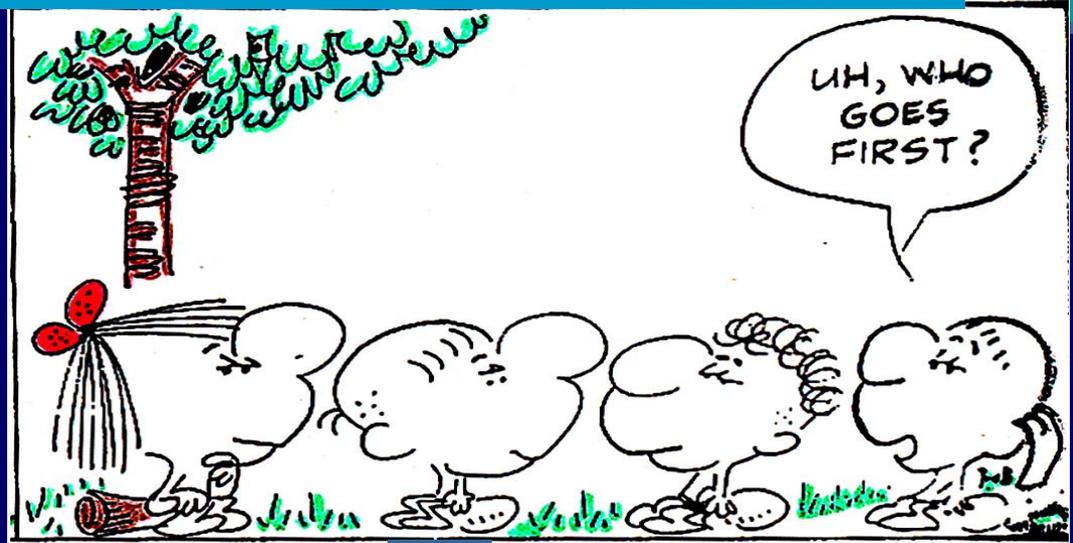


Social support and self-advocacy play a vital role within the process of ED recovery. This study aids in overall understanding of ED progression, contributing rationale for the development of appropriate and effective helping resources.



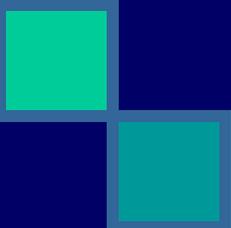


QUESTIONS?





Acknowledgements

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