

# The Process of Change: Adolescence and Disordered Eating

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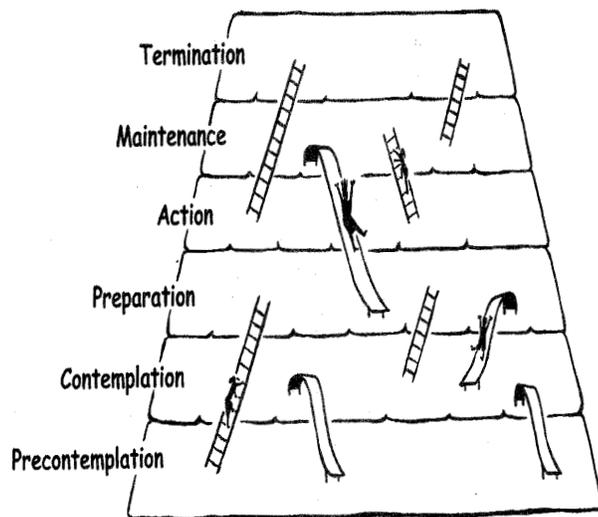
By definition, adolescence is a time of significant change. Physical changes include growth, shape changes and the development of the ability to reproduce. Emotionally, we move from an idealized dependent connection with our parents to one that is more equal, realistic and mutually supportive. Friendships often become a more important focus than family, and there is increased interest in romance and sex. In an ideal world, these changes are successfully navigated with the help of a strong sense of self, a supportive, nurturing environment and a balanced view of the world. Unfortunately, most of us do not live in an ideal world and are left to muddle through with what we have via trial and error.

When social pressures to be a “good girl” or “successful boy,” family stress, school, trips away from home, the anxiety of peer acceptance and media images of beauty and success are added to the usual physical, emotional and social tasks of adolescence, life can become overwhelming. A search for ways to feel in control can be prompted by poor self-esteem, unexpressed anger and coping difficulties. Unfortunately, the media, fashion, fitness, and weight-loss industries offer an illusion of control by telling you that: if you follow *this* diet, go to *that* gym or wear *these* clothes, everything will work out. Belief in the promises these industries offer—for profit— can result in a bid for control by attempting to change one’s physical appearance. Dieting, excessive exercise, and/or purging behaviours usually take on a life of their own and become all consuming. The result is at least a distraction from the *real* problems of getting through adolescence, and at worst an eating disorder.

When strategies for coping with the difficulties of adolescence result in an eating disorder, navigating adolescence must then also include a process of recovery from that eating disorder. An eating disorder develops over time, as a result of many factors and circumstances. It follows that changes leading to recovery do not happen overnight— change is a process.

Psychologist James Prochaska and colleagues identified that people who succeed at making permanent, positive changes, actually go through identifiable stages of change (Prochaska et al., 1994). Recovery from an eating disorder may also be looked at as a passage through these stages. Identifying what stage you are at in this process can help you identify your readiness for change, the skills you need to accomplish successful change and the supports you may need along the way. Prochaska’s Stages of Change may be seen in the Trapezoid of Change.

## The Trapezoid of Change



Source: Prochaska et al., 1994

If you have been told, by people whom you trust, that you have a problem with eating and do not agree, if you get defensive when the problem is mentioned and refuse to talk about it, or, if you think your problem is “hopeless” and cannot be solved, you are in the **Pre-contemplation** stage of change. If you hear yourself saying, “I don’t have an eating problem” even though you have lost a significant amount of weight and/or are bingeing and/or purging on a regular basis—you are in **Pre-contemplation**. **Pre-contemplation** is the stage when you are not ready to acknowledge that a problem exists. After enough prodding, someone in this stage may be talked into finding out a little more about the problem everyone is telling them they have. This may include trying to become aware of why you have not identified that a problem is present, and becoming more informed about the behaviour others are telling you to change. Try to discuss the problem with family members or friends with whom you feel safe. Whether you decide you have a problem or not, it is important to be able to acknowledge whether or not you are behaving in a potentially dangerous way. If you are, it is important to work on making yourself or your behaviour safer. The rest can come later.

If you are actively thinking about your problem, have acknowledged that you have a problem, are struggling to understand the causes and cures of the problem, can discuss the problem without being defensive and are weighing the pros and cons of change, you are in the **Contemplation** stage of change. However, *you are not ready to make a commitment to change*. You may want to change but are not always sure about it and have not made any obvious moves to do so. “This bingeing and purging is scaring me—I’ve been throwing up blood. But I might gain weight if I stop!” Contemplating change often causes a terrifying fear of failure. The thought of giving up what is familiar and/or

having to develop a “new self” can be paralyzing. Avoiding or postponing change is appealing because staying with the familiar postpones anxiety and avoids the possibility of failure. If you are in **Contemplation**, focus on getting yourself motivated for change—look for books or movies that will inspire you to get your emotions in gear. Get angry at the eating disorder for how it interferes in your life. Picture yourself ten years from now, with the problem and then without it. Watch for thinking traps that may be keeping you from moving ahead (e.g., waiting for the magical moment, all-or-nothing thinking and wishful thinking). Finally, develop your list of pros and cons for change. When you are ready, set a goal that is achievable and maintainable. Small goals are the best place to start. For example, eat breakfast (and keep it down) three times this week.

Once you have made a commitment to change, and have set a specific goal, you are ready for the **Preparation** stage of change. During this stage, people are actively planning for change. “I want to get rid of this eating disorder. I will start to normalize my eating by working towards having breakfast every day.” To promote your chances of success, a number of steps may be helpful. You need to go public with your goal, collect people who will be able to support your change (friends, a therapist), and get as many ideas as possible about how to set up your environment in a way that will promote success. You will also need lists of alternative activities and coping phrases to maximize coping strategies available to you. What works in one situation may not work in another, and someone who is helpful in one situation may not be helpful in another. Be sure to also develop a list of rewards (verbal and tangible, small and large) and a plan to help cope with inevitable slip-ups.

After painstaking **Preparation**, you are ready for the **Action** stage of change. This is where you DO IT. Substitute positive behaviours for unhealthy ones, monitor your progress, structure your environment by avoiding places that will trigger unwanted behaviour, reward successes (even small ones) and use helping relationships for support and distraction.

**Action** is the beginning of change in behaviour. It cannot progress or be sustained without the **Maintenance** stage. **Maintenance** is a long-term process that helps guard against returns to unwanted behaviours. Slips are to be expected. Perseverance and not being discouraged by setbacks are what will promote long-term success. During **Maintenance** you need to watch for environments and situations, unexpected stress, and a false sense of security that can trigger urges to return to old behaviours. During this time you need to put energy into supporting your plan for action, rewarding successes and evaluating your action plan.

At the **Termination** stage, the problem is no longer an issue. New behaviours are automatic and urges to partake of the old behaviour are gone forever. For most of us, the urges fade but during times of stress, resurface. Always be prepared for a slip and

remember it is only human to want to return to well-known ways of coping, even if they are not the best.

So far, the process of change has been described as a process that goes in one direction—from one stage to the next. However, from the diagram of the Trapezoid of Change, you can see that in fact, change works much like a game of Snakes and Ladders. Generally speaking, when we work towards change, we make process, hit a rough spot, fall down a stage or two and then climb back. Each time we start the climb again we have learned something and approach the task with more experience and knowledge. This is the normal process of change. The challenge is to keep going even when it feels like you have fallen back to the beginning. Remember, once you have some experience and knowledge, the beginning is never quite the same. It is still trial and error, but since you know your path you will always know where you are.

Adolescence is about change and learning how to change. The skills you learn on the road to recovery from your eating disorder will also help you in your passage through adolescence. During recovery, you will have an opportunity to learn to identify how friends, family or therapists can be helpers, and how to ask for and obtain support. You will also have an opportunity to learn how to value things about yourself besides your appearance. Attending group or other therapy may also provide you with opportunities to learn coping and communication skills that can be used and built upon throughout your life.

<b>Pre-contemplation</b>	<b>Facts you need to know</b>
<p><b><i>Denial</i></b>                      “I don’t have a problem so back off.”</p> <p><b><i>Rationalization</i></b>                      “I’m not on a diet, I’m just eating healthily.”</p> <p><b><i>Internalization</i></b>                      “I didn’t get into the choir: no one wants to sing with a fat girl.”</p>	<p>Loss of menstrual periods after weight loss is usually due to malnutrition.</p> <p>Vomiting can cause dehydration, and chemical imbalances that can lead to heart failure.</p> <p>Laxative abuse does not get rid of calories from food.</p> <p>Up to 20 per cent of people who have eating disorders die from them.</p>
<b>Contemplation (Cons of change)</b>	<b>Pros for Change</b>

<p>“All of my friends are skinny and they eat whatever they want. I can’t do that.”</p> <p>“If I don’t exercise every day, I might gain weight.”</p> <p>“If I eat breakfast, I might lose control and eat and eat and eat all day.”</p> <p>“This eating disorder is part of me, who will I be without it?”</p> <p>“If I talk about my problem, I might have to do something about it and I am not ready to do that yet.”</p>	<p>“I want to be liked for me, not for how I look.”</p> <p>“I want to go to university and have kids some day. How can I do that with this eating disorder?”</p> <p>“If I could just eat normally, my parents and the doctor might finally get off my back.”</p> <p>“It is easier to get support for my problem now that I am able to talk about it without getting defensive.”</p>
<b>Preparation</b>	<b>Goals for change</b>
<p>“I want to get rid of this eating disorder and get my life back.”</p> <p>Tell my parents and friends who I know will be understanding.</p> <p>Ask my friends if, and how, they will be available for support.</p> <p>Identify my triggers (who, when, where).</p> <p>Figure out a way to keep track of successes.</p> <p>Plan some rewards.</p>	<p>“I will start to eat something in the morning before I go to school.”</p> <p>“I will eat in the car on the way to school so that Mom can see that I am trying.”</p> <p>“Ask my friends if they will help me to not put myself down for eating breakfast.”</p> <p>“Ask my friends if they will eat breakfast with me on the days Mom doesn’t drive me.”</p> <p>“I will get some tokens, and every day I have breakfast I will give myself one. When I have 5 I will redo my nail polish.”</p>
<b>Action</b>	<b>Rewards</b>
<p>Have breakfast every school day.</p> <p>Think positively about my change (use my list of coping statements).</p> <p>Put tokens in my new vase.</p> <p>Stay away from Jane and Joanne because all they talk about is how fat they are.</p>	<p>Keep track with tokens.</p> <p>“A small breakfast will not make me gain and gain and gain.”</p> <p>“I need this to have a good day at school.”</p> <p>“It is normal and healthy to have something in the morning.”</p> <p>Buy new nail polish so I have it on hand.</p> <p>Hang out with Barb and Karen because they never talk about food or weight.</p>

Maintenance	Support
Prepare for slip ups. Evaluate progress. Use helping relationships.	“A lapse is not a relapse.” This meal was difficult but the next one will be easier. Reading doesn’t work as a distraction anymore: I want to take guitar lessons. I still go to my support group once per week.

## Reference

Prochaska, J.O., J. C. Norcross and C.C. DiClemente. 1994. *Changing for Good*. NY: William Morrow.

## Suggestions for Further Reading

Cooke, K. 1995. *Real Gorgeous: The Truth About Body and Beauty*. N.Y.: W.W. Norton.

Fraser, L. 1998. *False Hopes and Fat Profits in the Diet Industry*. N.Y.: Plume Books.

Friedman, S. S. 1997. *When Girls Feel Fat: Helping Girls Through Adolescence*. Toronto: HarperCollins.

Hipp, E. 1995. *Fighting Invisible Tigers: A Stress Management Guide for Teens*. Revised and updated edition. Minneapolis, MN: Free Spirit Press.

Littman, B. 1999. *Everyday Ways to Raise Smart, Strong, Confident Girls: Successful Teens Tell Us What Works*. N.Y.: Griffin Trade.

*New Moon Magazine for Girls and Their Dreams*. 34 E. Superior St. #200, Duluth, MN 55802 USA. [www.newmoon.org](http://www.newmoon.org)

Pipher, M. 1994. *Reviving Ophelia: Saving the Selves of Adolescent Girls*. N.Y.: Putman.

*Reluctant Hero: A Magazine for Girls about Girls*. 189 Lonsmount Drive, Toronto ON M5P 2Y6 [www.reluctanthero.com](http://www.reluctanthero.com)

Shandler, S. (ed.). 1999. *Ophelia Speaks: Adolescent Girls Write About Their Search For Self*. N.Y.: HarperPerennial.

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