Factitious Disorder or Eating Disorder?
An Argument for Underscoring the Sick Role

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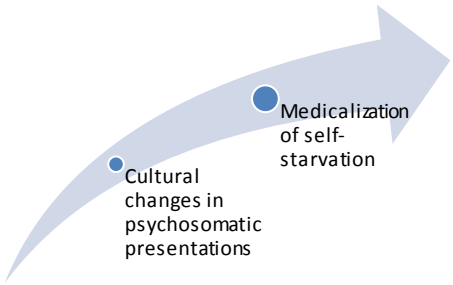
Objectives

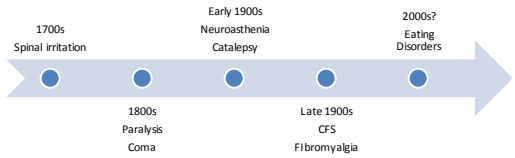
- Argument for there being factitious elements in some eating disorder patients
- Framing the factitious elements (sick role) as being a vehicle for avoidance
- Approach to addressing factitious elements in eating disorder patients

Relevant Trends in Eating Dysfunction

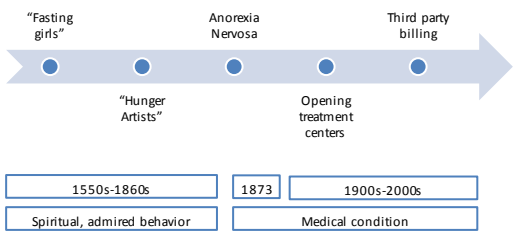


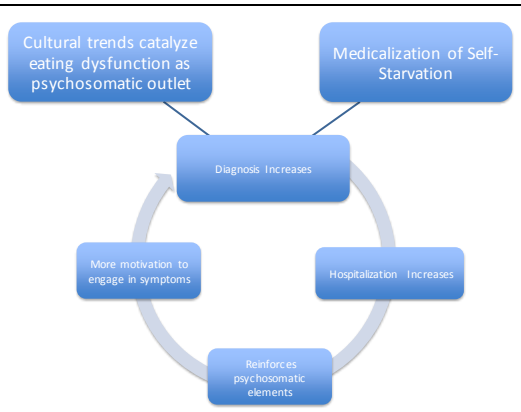
History of Psychosomatic Distress

•Culture dictates to the unconscious minds of severely distressed individuals what can be considered legitimate symptoms of illness. (Liles and Woods 1999)



Medicalization for Self-Starvation





Factitious/Iatrogenic Disorders

- Production of physical or psychological symptoms with the unconscious motivation of obtaining treatment or playing the Sick Role (SR).
- An iatrogenic disorder is a condition that develops through exposure to the environment of a health care facility.

Chain Reaction

Identifying SR patients

- Desire/pressure to enter hospital/treatment
- Suspicion of overt/covert attempt to escape external stressors
- Poor boundaries/overly attached to staff
- Poor response/sabotaging recovery

Why this is Important?

- Eating disorder notoriously difficult to treat (5%-40% remission rate)
- Framing patient within Factitious model explains why some resistant patients must remain ill in order to have their needs met.
- Standard treatment does not address this well.
- Confronting sick role head-on may work better.

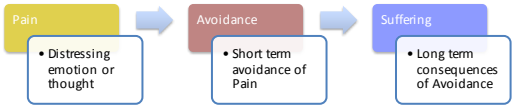
Why this is Important?

- 4 of most difficult patients.
- Years of hospitalization in inpatient, residential programs.
- Dramatic shifts with direct challenge to the Sick Role.

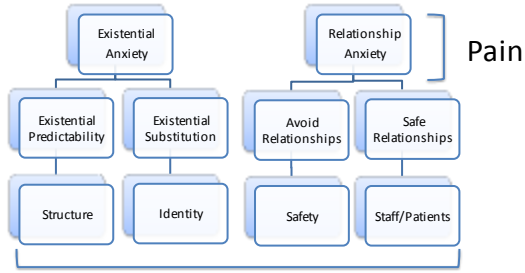
Approach to Sick Role

Acceptance and Commitment Therapy

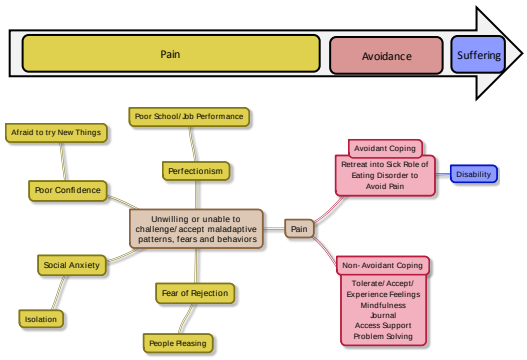
Hayes, 1995

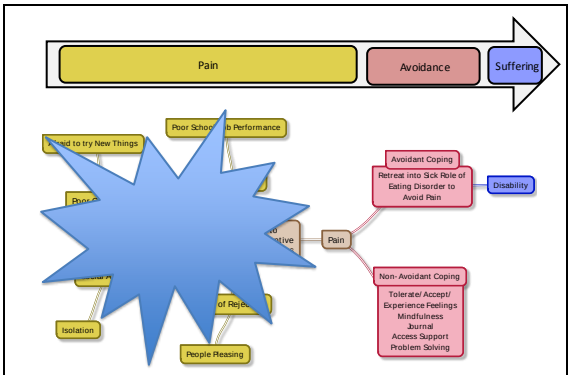


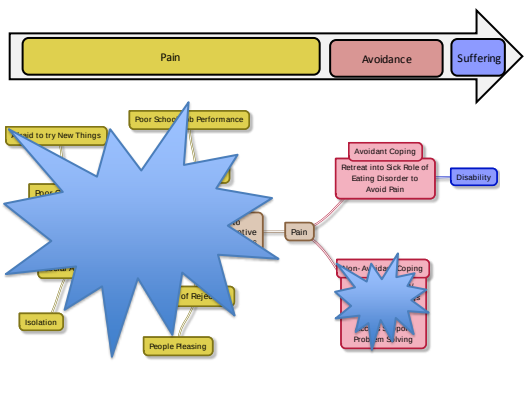
Eating Disorder/Sick Role as Vehicle for Avoidance



Avoidance/Sick Role







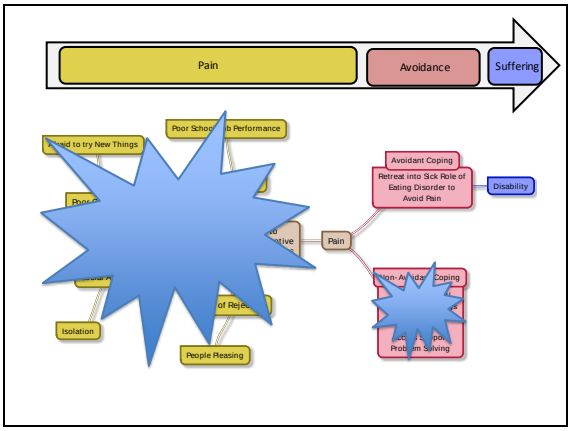
Disability Approach

- 22 y.o. female
- Anorexia (binge/purge type), Borderline PD and Polysubstance Dependence.
- 3 admissions at C&A and 2 admissions at Adult eating disorder program

Disability Approach

- Standard treatment approach keeps stuck in sick role:
  - Support/attachment from caring staff
  - Avoidance of anxiety provoking expectations in life

….with no behavioral indication to change:
  - Secretive purging, laxatives found hidden, substance use on passes



Disability Approach

Parents' house:

- Can stay in basement apartment
- Access to car, money
- No expectations (school, work, own apartment)

Disability Approach

Problem?

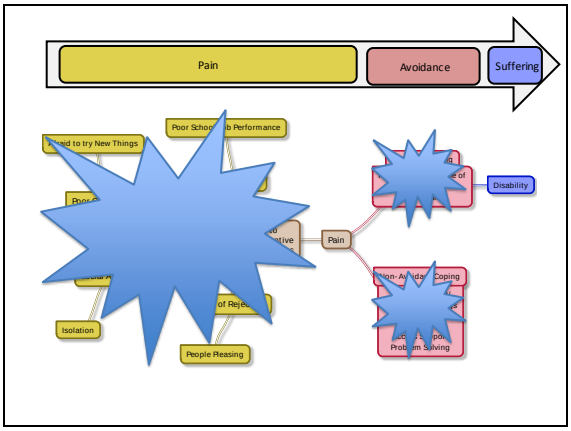
Still No Incentive to Change

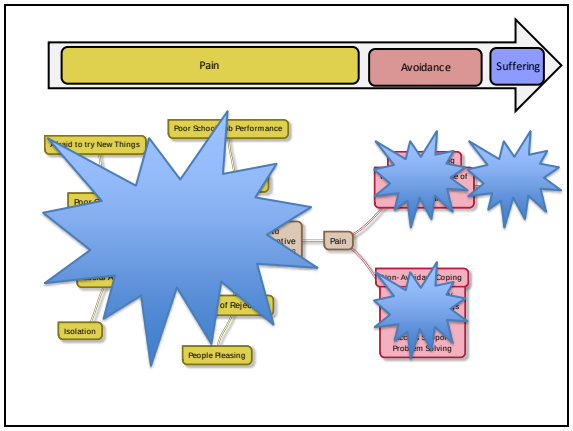
– Staying stuck in illness:
  - Continues to elicit support
  - Means of avoid anxiety provoking expectations.

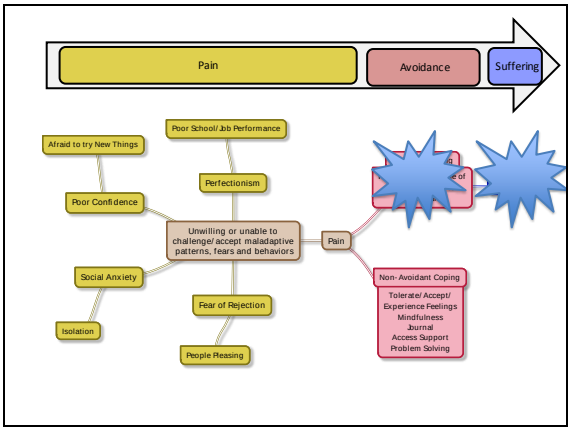
Disability Approach

- After discussions with team, parents decide to not enable
- Income assistance and own apartment

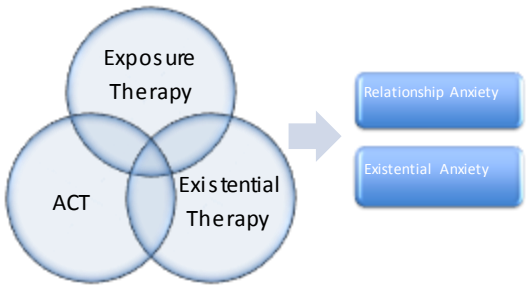
Without Sick Role being supported by Hospital/Parents……







How to we Support the Hard Work?



Conclusion

- Historical trends have facilitated factitious/iatrogenic eating dysfunction
- Framing some patients in factitious context may be helpful for understanding certain kinds of treatment resistance
- Sick role is a vehicle for avoidance

Conclusion

- Challenging sick role:
  - Acceptance and commitment therapy
  - "Disability Approach"
    - Directly challenges resistance and exerts more pressure on patient to do exposure work, challenge anxiety and facilitate existential growth
- Treatment supports for existential growth rather than replacing, or inadvertently stifling it.

Historical Perspective

History of Psychiatry, x (1999), 205–225. Printed in England

Anorexia nervosa as viable behaviour: extreme self-deprivation in historical context

ELIZABETH G. LILES and STEPHEN C. WOODS*

When anorexia nervosa is considered from a critical historical perspective, several key features emerge. For one, striking similarities can be found between the sociocultural milieux of medieval fasting women and modern anorexics. Although the presentation of self-starvation has changed over the centuries, the syndrome can still be identified and shown to flourish during eras and in societies in which individuals (mainly women) lacked adequate attention, control, respect and/or economic power, and when a socially acceptable avenue

RESEARCH ARTICLE

First do no harm: Iatrogenic Maintaining Factors in Anorexia Nervosa

Janet Treasure*,†, Anna Crane, Rebecca McKnight, Emmakate Buchanan & Melissa Wolfe

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Abstract

The aim of this paper is to reflect on the way that we as clinicians may play an inadvertent role in perpetuating eating disordered behaviour. This is considered within the theoretical framework of Schmidt and Treasures' maintenance model of anorexia nervosa (AN). The model includes four main domains; interpersonal factors, pro-AN beliefs, emotional style and thinking style. Interpersonal reactions are of particular relevance as clinicians (as with family members) may react with high expressed emotion and unknowingly encourage eating disorder behaviours to continue. Hostility in the form of coercive refeeding in either a hospital or outpatient setting may strengthen conditioned food avoidance and pessimism may hamper motivation to change. Negative schema common to eating disorders, for example low self-esteem, perfectionism and striving for social value may augment existing or initiate new eating disorder behaviour. Services can become a reinforcing influence by providing an overly protective, palliating environment which ensures safety, security and acceptance whilst reducing loneliness and isolation. This stifles the need for an individual to develop their own sense of responsibility, autonomy and independence allowing avoidance to dominate. Furthermore, the highly structured environment of inpatient care supports the rigid attention to detail and inflexibility that is characteristic of people with eating disorders, and allows these negative behaviours to thrive. Careful planning of service provision, reflective practice, supervision and regular team feedback is essential to prevent iatrogenic harm. Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

Managing the Chronic, Treatment-Resistant Patient with Anorexia Nervosa

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Accepted 15 January 2004

Abstract: **Objective:** *To describe the psychopathology of chronic, treatment-resistant anorexia nervosa, as well as a paradigm for its clinical management.* **Method:** *The foundation of the approach integrates clinical experience, empirical psychological findings, and a conceptual understanding of developmental and phenomenologic aspects of the illness.* **Results:** *Elements of the management paradigm take account of the compensatory nature of illness chronicity. The inherent risks of treating these patients in the customary way are described, along with therapist countertransference that must be anticipated and effectively considered.* **Discussion:** *The chronically ill patient requires a unique approach to care, one that minimizes the risk of iatrogenic effects of rapid weight restoration or failure to appraise the deleterious influences of therapist countertransference. © 2004 by Wiley Periodicals, Inc.* Int J Eat Disord 36: 245–255, 2004.

Disability Approach

CLINICAL FORUM: MOTIVATION AND ITS ENHANCEMENT REVISITED

The Myths of Motivation: Time for a Fresh Look at Some Received Wisdom in the Eating Disorders?

Glenn Waller, DPhil[1,2]*

ABSTRACT

The eating disorders typically involve poor motivation to change. This article reviews the evidence behind many of our beliefs about motivation and whether we need a different conceptual framework for understanding why patients commonly get "stuck." The outcome literature is reviewed, and demonstrates that there is little evidence that we are effective in enhancing motivation to induce changes in symptoms. Indeed, there are suggestions that commonly used models are unhelpful. Verbal expressions of motivation are not the best indicator of likely treatment response, and can best be understood as providing a "manifesto," which has functions that can obstruct recovery from the eating disorder. A behavioral analysis of motivation is likely to be more effective. Cognitive, emotional, and behavioral methods for enhancing motivation are outlined, with the aim of bypassing the motivational manifesto and encouraging positive therapeutic change. © 2011 by Wiley Periodicals, Inc.

Keywords: eating disorders; motivation; treatment

(Int J Eat Disord 2012; 45:1–16)

Questions?