



Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care



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ABSTRACT

This article provides a model for understanding the role positive body image can play in the treatment of eating disorders and methods for guiding patients away from symptoms and toward flourishing. The Attuned Representational Model of Self (Cook-Cottone, 2006) and a conceptual model detailing flourishing in the context of body image and eating behavior (Cook-Cottone et al., 2013) are discussed. The flourishing inherent in positive body image comes hand-in-hand with two critical ways of being: (a) having healthy, embodied awareness of the internal and external aspects of self (i.e., attunement) and (b) engaging in mindful self-care. Attunement and mindful self-care thus are considered as potential targets of actionable therapeutic work in the cultivation of positive body image among those with disordered eating. For context, best-practices in eating disorder treatment are also reviewed. Limitations in current research are detailed and directions for future research are explicated.

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Introduction

Eating disorders are a group of psychological conditions evidenced by disordered food- and body-related cognitions, poor self-regulation, and dysfunctional eating behaviors (American Psychiatric Association [APA], 2013; Cook-Cottone, 2015). Central to each of the eating disorders is an individual's relationship to his or her body as evidenced by how the body is experienced, fed, cared for, and accepted. Accordingly, cultivation of positive body image may play a powerful role in the treatment of eating disorders. From this salutogenic perspective, it is believed that those struggling with disordered eating can strive for more than a battle to avoid symptoms and tolerate, or ignore, what they perceive as their less-than-perfect bodies (Antonovsky, 1987; Frisén & Holmqvist, 2010; Seligman, 2002, 2011; Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). Going beyond traditional therapeutic goals, patients can work to nurture a healthy relationship with the body and a positive body image that ultimately serve to decrease eating disordered behavior and body dissatisfaction. Patients can strive toward a life that positive psychologists would describe as flourishing (Keyes, 2007; Seligman, 2011; Tylka, 2012), which involves more than thinking about the body differently. Flourishing requires both awareness and action (see Fig. 1). That is, the

flourishing inherent in positive body image comes hand-in-hand with two critical ways of being: (a) having a healthy, embodied awareness of the internal and external aspects of self, and (b) engaging in mindful self-care. Through awareness and active practice, recovering patients can experience positive body image along with mental and physical health. Interested readers are directed to Keyes (2007) and Seligman (2011) for expanded explanations of flourishing and well-being.

This article provides a model for understanding the role positive body image can play in the treatment of disordered eating in moving patients toward flourishing and well-being and methods to facilitate this process. Definitively, positive body image incorporates several core features: body appreciation, body acceptance and love, a broad conceptualization of beauty, inner positivity, filtering information in a body protective manner, and respect for the body (see Avalos, Tylka, & Wood-Barcalow, 2005; Tylka, 2012; Wood-Barcalow et al., 2010). It is believed and empirically supported that positive body image is distinct from body dissatisfaction and is uniquely associated with well-being (Avalos et al., 2005; Tylka, 2012). Nevertheless, to those who are struggling with eating disorders and a strong, negative body image, the idea of a positive body image can seem unrealistically ambitious. It is critical to follow a process that allows positive body image to be experienced as accessible and possible. Further, it is important to focus on body image within the context of supporting each patient's ability to self-regulate, address life-threatening eating disordered behaviors, and increase effectiveness within his or her relationships and environment.

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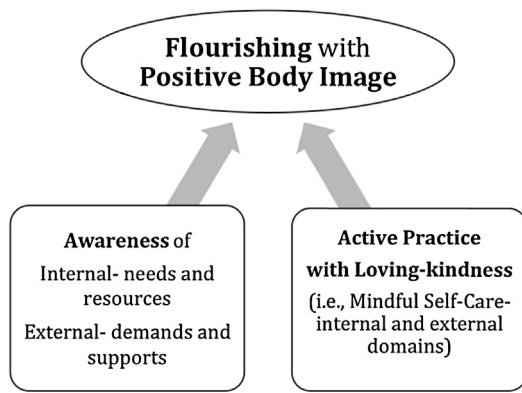


Fig. 1. A conceptual model that represents flourishing with positive body image.

From a salutogenic perspective, full recovery, or flourishing, is viewed as an awareness of, and commitment to, an attuned inner and outer life in which internal needs are met and the external demands are negotiated without compromise to physical or mental health (Cook-Cottone, 2006, 2015; Keyes, 2007; Seligman, 2011). It is mindful self-care behaviors that bring awareness and commitment to action. Within the context of mindful self-care, patients attend to the needs of the self with loving-kindness (Cook-Cottone, 2015). This requires a shift from judgmental, over concern with the body toward loving self-care that honors the inherent need for mind and body connection (see Fig. 1). In this way, recovery is filled with self-compassion and an appreciation for the living, breathing, functioning physical self (Cook-Cottone, 2006, 2015; Keyes, 2007; Tylka, Russell, & Neal, 2015; Tylka, 2012). Consistent with a pathway toward flourishing (Keyes, 2007; Seligman, 2011), patients use self-care tools to protect the self from stress and unhealthy external standards and demands, assess and choose environmental conditions that enhance well-being, and intentionally engage in health promoting behaviors (e.g., intuitive eating, exercise, and yoga; Cook-Cottone, 2015; Cook-Cottone, Tribble, & Tylka, 2013).

To provide context for the role of positive body image in eating disorder recovery, the Attuned Representational Model of Self (ARMS) is reviewed. Next, the major eating disorders are explained and a conceptual model of flourishing and relationships among body judgment, eating behavior, and the major eating disorders is detailed. To provide context, a short review of current best-practices treatment is provided. Finally, aspects of healthy, embodied self-awareness and mindful self-care are considered and described as potential targets of actionable therapeutic work in the cultivation of flourishing in the development of positive body image. Implications for the treatment of disordered eating are discussed.

Healthy Attunement of the Inner and Outer Aspects of Self

The self is a construction, a representation of the needs and relational dynamics of the inner and outer aspects of living (Cook-Cottone, 2006, 2015). According to the Attuned Representational Model of Self (ARMS, see Fig. 2), the inner aspects of self include the physiological (i.e., body), the emotional, (i.e., the feeling), and the cognitive (i.e., thinking) domains. The outer aspects of self include the microsystem (i.e., family and close friends), exosystem (i.e., community), and macrosystem (i.e., culture). How individuals perceive and experience their bodies involves an ongoing interaction among the aspects of self (Wood-Barcalow et al., 2010). The internal and external aspects are interconnected by a process called attunement (Cook-Cottone, 2006). Based on Daniel Siegel's (1999, 2007) work in the field of interpersonal neurobiology, *attunement* is defined as a reciprocal process of mutual influence and

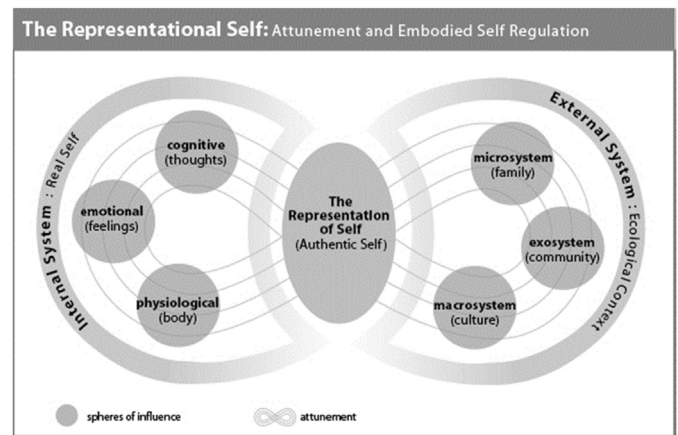


Fig. 2. The Attuned Representational Model of Self (ARMS). In the center, the representational self is experienced as an embodiment of the ongoing behavioral patterns that create attunement within an individual's life.

Adapted from Cook-Cottone et al. (2013).

co-regulation. In the center, the representational self is experienced as an embodiment of the ongoing behavioral patterns that create and maintain attunement within an individual's life (Cook-Cottone, 2015). Effective functioning of the self goes beyond self as subject or object. Healthy, embodied self-regulation occurs when an individual is able to nurture an awareness and maintenance of the needs of the inner aspects of self (i.e., physiological, emotional, and cognitive), while engaging effectively within the context of family, community, and culture (see Cook-Cottone, 2015; Seligman, 2011).

Due to the interactions of complex genetic, biological, interpersonal, and cultural influences some individuals struggle to maintain healthy, embodied self-regulation. For those with eating disorders, there appears to be genetic, biological, and psychological factors that place them at risk for a struggle with food, body image, and their overall relationship with their bodies (e.g., cognitive inflexibility, poor interoceptive awareness, negative affect, self-objectification, dieting; Cook-Cottone, 2015; Cook-Cottone et al., 2013; Espeset et al., 2011; Keel & Forney, 2013; Tiggemann & Williams, 2012; Trace, Baker, Peñas-Lledó, & Bulik, 2013; Tylka & Augustus-Horvath, 2011; Vocks et al., 2010). Although more research is needed before etiology is fully understood, external factors such as familial issues (e.g., family dieting; fat talk; and ineffective, controlling communication patterns) and community and cultural variables (e.g., peer group pressures to diet and pursue thinness, media exposure of extreme ideals for body shape and size) also create risk for, and help maintain, body image disturbance as well as other eating disordered cognitions and behaviors (Cook-Cottone et al., 2013; Reindl, 2002; Striegel-Moore & Bulik, 2007; Tylka, 2011; Wood-Barcalow et al., 2010). For reviews of risk factors for eating disorders and body image disturbance, see Cook-Cottone (2015), Cook-Cottone et al. (2013), and Striegel-Moore and Bulik (2007).

In the case of eating disorder risk, influences from the internal system (i.e., cognitive, emotional, and physiological) and/or the external system (i.e., family, community, or culture) individually, collectively, and/or cumulatively contribute to misattunement (e.g., Cook-Cottone, 2006). In deference to external pressures and ideals, those at risk may objectify, invalidate, or see the internal aspects of the authentic, inner self as unacceptable (Cook-Cottone, 2006; Tylka & Augustus-Horvath, 2011). When this misattunement, objectification, and invalidation occur, the authentic, inner self is abandoned or ignored (Reindl, 2002; Tiggemann & Williams, 2012). The disordered representational self is constructed to regain, at least affectedly, the individual's attunement with his or

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