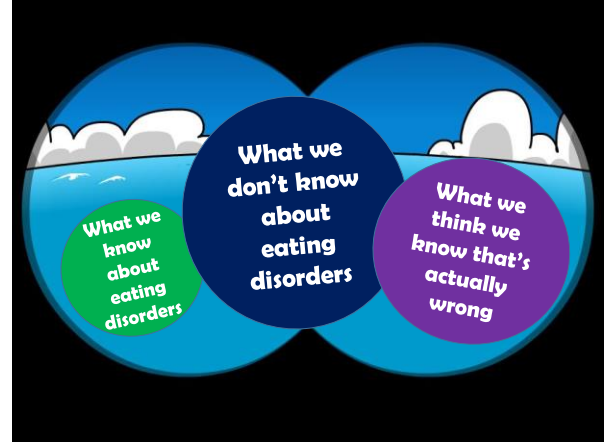


THE ANTHROPOLOGY OF EATING

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The Official List...

DSM-5	Diagnosis	ICD-10
307.1	Anorexia Nervosa (AN) <i>Restricting Type</i> <i>Binge-Eating/Purging Type</i>	F50.01 F50.02
307.51	Bulimia Nervosa (BN)	F50.2
307.51	Binge-Eating Disorder (BED)	F50.81
307.59	Other Specified Feeding/Eating Disorder (OSFED)	F50.89
307.50	Unspecified Feeding/Eating Disorder	F50.9
307.59	Avoidant/Restrictive Food Intake Disorder (ARFID)	F50.89
307.53	Rumination Disorder	F98.21
300.7	Body Dysmorphic Disorder	F45.22
307.52	Pica	Child F98.3 Adult F50.89

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But What About...

- Chewing and spitting out food?
- Under-administering insulin to lose weight?
- Chronic, lifelong dieting?
- Overeating to qualify for weight-loss surgery?
- Selective eating to express independence/Refusal to eat to express control?
- Following a restrictive diet that is not medically necessary?
- Non-hunger eating – perhaps triggered by boredom, anger, loneliness, depression, anxiety, comfort-seeking?
- Avoiding food when hungry due to fear of weight gain?
- Trying to avoid weight gain during pregnancy?
- Avoiding food as a way of “compensating” for drinking?
- Physical activity without adequate nutritional intake?

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VISIONARY VIEW:

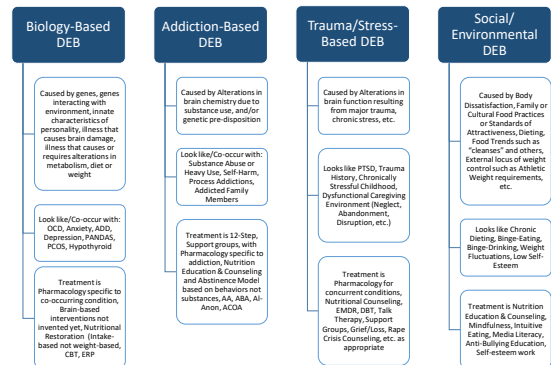
Eating Disorder Diagnostic Criteria are standardized to facilitate research and description.

They **DO NOT** represent the human experience.



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Origins of Dysfunctional Eating Behavior



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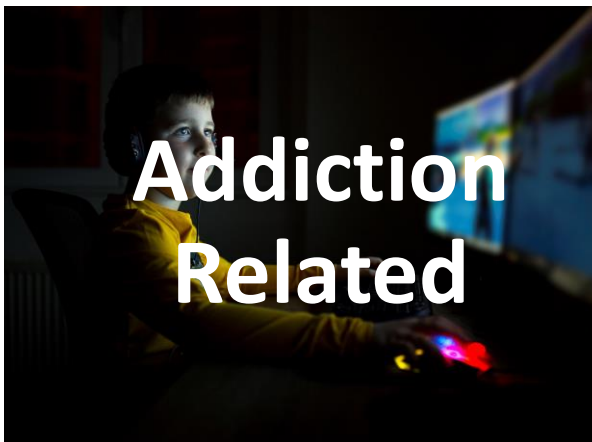


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Biology-Based DEB include

- Pediatric Autoimmune Neuropsychiatric Syndrome (PANS)
- Prader-Willi
- Hyper & Hypothyroid
- PCOS/Hyperinsulinemia
- Diabetes
- Concussion
- Anxiety Disorders incl. OCD & Phobias
- Depression
- Gastrointestinal Dysfunction, malabsorption
- ADD, ASD
- COVID-19
- Medication side effects

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Biology-Based DEB may be caused by

- Genes – both inherited and mutations
- Genes interacting with environment (“epigenetics”)
- Innate characteristics of personality (“traits”)
- Inborn errors of metabolism
- Neurodivergence incl. Sensory integration & sensitivities
- Neurochemistry, both inborn and epigenetic
- Illness that causes brain changes or brain injury
- Illness that causes or requires alterations in metabolism or diet
- Endocrine (hormonal) disturbances both inborn and epigenetic
- Gastrointestinal microbiome factors and disturbances
- Things we don’t even know about yet

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Biology-Based DEB Treatments Will Be

Specific to the co-occurring or pre-existing condition, including

- Medical care
- Psychopharmacology
- Brain-based intervention – ECT, TMS
- Nutritional Restoration incl. attention to microbiome
- Cognitive therapies – CBT, DBT, ACT
- Gene therapies
- Treatment not invented yet

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Addiction-Related DEB are caused by

- Alterations in brain chemistry due to substance use or process addiction
- Genetic predisposition
- Family history of addiction
- Intrauterine substance use
- Addictive behavior traits that influence eating

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Addiction-Related DEB Treatments Will Be

Specific to the addiction as well as co-occurring or pre-existing condition, including

- Everything already mentioned in Biology-Based DEB
- 12-Step Programs, groups, sponsors whether AA, ABA, Al-Anon, NA, ACOA, EDA
- Medical management + Addiction Pharmacology
- Nutrition Education & Counseling including remediation of nutrient deficiencies specific to substances
- Abstinence based on behaviors not substances
- Shame reduction strategies
- Treatment not invented yet

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Stress & Trauma-Based DEB are caused by

- Everything you already think of when you think of trauma
- Abuse, abandonment, neglect, insecure attachment
- Food insecurity, Poverty, Military service, Incarceration
- Systemic racism, weight bias, marginalization, isolation
- Bullying by peers, caregivers, authority figures, justice system
- Grief and loss of all kinds including loss of job, home or health
- Upheaval due to war, natural disaster, COVID-19, illness, death, incarceration, deployment or job loss of a family member
- Shame related to innate facets of identity
- Confusing religious messages
- Unwanted attention, age-inappropriate expectations, intergenerational and vicarious trauma
- Unplanned pregnancy, loss of pregnancy

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Stress & Trauma-Related DEB Treatments Will Be

Specific to the event and any co-occurring or pre-existing conditions, including

- Pharmacology
- Culturally competent nutrition education including shopping and cooking lessons
- Trauma-informed nutrition rehabilitation and counseling
- EMDR
- DBT
- Crisis counseling
- Support groups particular to the illness, loss, or situation
- Skills training for transitioning out of incarceration, foster care, military service, etc.

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Learned DEB are caused by

- External factors of home life and society including
- Diet culture and food "trends" that are diets in disguise
- Body dissatisfaction and shame
- Family, cultural and societal eating rules
- Family, cultural and societal standards of attractiveness
- Sport, military or job that dictates weight requirements
- External locus of control eating, loss of internal cues
- Misapplication of religious eating guidelines
- Rigidity and punishment around eating
- Intergenerational messages no longer useful, e.g. "Clean plate club," "I paid for that food and you're going to eat it," etc.
- Transactional relationship with food or body choices

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Learned DEB Treatments Will Be

Specific to the situation and any co-occurring or pre-existing conditions, including

- Nutrition education
- Nutrition rehabilitation & counseling
- Mindfulness strategies
- Intuitive eating
- Media literacy including social media cleanse
- Assertiveness training, boundary-setting, self-esteem skills

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VISIONARY VIEW:

There is no one treatment for dysfunctional eating behaviors because there is no **one cause**.

Treatment must be individual based on the causes, behaviors and core issues of each patient.



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