

Episode 88. Mental Health Series Part 2 | Kids and Body Imag...

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SPEAKERS

Deana Thayer, Amy Crow, Kira Dorrian, Future Focused Parenting



Amy Crow 00:00

Continuing to keep that door open and use reflections and observations when you see them do something. So for example, you know, if you hear a child say, like, "Oh, I look fat today", and looking at them and being like, "you look fat today?" What is that about?" And like you saying it in this light way, versus saying in this, like, I have to come in and fix it for you like, "you look fat? What do you mean, what do you mean? You're not fat". And you can tell kind of by my tone, one of those is going to amp them up, whereas the other one feels much more welcoming. So that's, that's what we refer to as meeting them where they're at, which is incredibly counterintuitive. Because we want to remove the suffering like we don't want our kids or anyone else to be hurting. Yet, being there with them in their suffering is what makes them feel the safest and the most supported and one of the best things a parent can do is literally sit, listen and reflect back what you hear.



Future Focused Parenting 01:04

Welcome to Raising Adults, the groundbreaking parenting podcast that starts with the end in mind. We're your co hosts, Deana Thayer and Kira Dorrian. We created Future Focused Parenting to take families from surviving to thriving. So join us as we help you stop raising kids and start Raising Adults.

D

Deana Thayer 01:27

Hello, everyone and welcome to another episode of Raising Adults. We also want to welcome you to the second in our mental health series. And today we're going to be talking about the important issue of body image and how that can manifest in both a subclinical way that can be very developmentally appropriate, but also what it looks like when it reaches to the level of things like body dysmorphia, or eating disorders. And as we've been doing, we have an expert on with us today to fill in the gaps on Kira and I's knowledge around this topic and so she'll be able to speak to this issue from her expertise as a psychologist. Well, we're going to dive into our interview now and we are delighted to have psychologist Amy Crow with us today. Amy holds a doctorate in clinical psychology and has completed practicums in rehab settings, community health clinics and served as a behavioral health consultant in a family practice. She now works in private practice serving individuals experiencing both emotional and physical symptoms related to medical, lifestyle or mental health conditions. She has a particular passion for working with those affected by body image issues, unhealthy relationships with food and disordered eating. So Amy, thanks so much for being here. Welcome to Raising Adults.

A

Amy Crow 02:44

Thank you. Thank you for having me.

D

Deana Thayer 02:45

Well, we always like to start just to get a little sneak peek into our guests and maybe a little more fuller background. So could you maybe just introduce yourself a little more, maybe anything you'd like to share with us personally, and how you came into this field and got into this important work?

A

Amy Crow 03:02

Sure, sure. So, I was born and raised in a farm town over in eastern Washington. It's about halfway between Spokane and Pullman. And I mean, speaking about body image, I can remember in about the fifth grade, at that time, I felt like I'm bigger than everybody. Well, I was like a solid two inches taller than everybody. But it was at that point that, you know, I became very aware of myself and my body in relation to others. So kind of just throughout life, I carried that with me very quietly, but did so and in hindsight, look back and like, wow, I had some of these disordered eating behaviors and my relationship with food and my body was, was not healthy. But it took until I was an adult and through graduate training, for me to actually be able to see that. So then, to back up, when I graduated

from high school, I went to Washington State University where I got my undergraduate in psychology and was asked to join a sorority but was terrified because then I'd have to be with so many other girls that in my eyes were perfect. So I did not join the sorority, went on to Eastern to get my master's degree in clinical psychology. And while in a rehab institute for brain and spinal cord injuries, I was first exposed to how nutrition and relationships with food affect the person's ability to heal as well as their brain function. Which kind of got me really looking into what is this relationship with food and how it actually works with what I'm thinking. So then I went on to get my doctorate over here in Seattle at the Washington School of Professional Psychology and became more and more interested in this idea of overall health, with psychology, and I was introduced to health psychology when I was in one of my practicums. And what that is, is the study of like the biological, social and psychological factors that influence health and illness. And we use psychological science to promote health and improve and in some cases, prevent illness. And it was truly at that point that I was like, "Oh my gosh", my overall health like, I always had migraine headaches and just kind of had these somatic body symptoms that I was looked at as quite honestly a faker. And after I saw, you know, health psychology is this thing that I was able to kind of tease myself apart and recognize that a lot of what I had personally experienced throughout my life, was due to these negative thoughts about me, my body and my relationship with food. So that is, that is a fusion of kind of getting to know me on a personal level as well as my educational journey.

K

Kira Dorrian 06:11

Wow. So this is very personal work for you, then this comes from really your own experience in wanting to kind of help others get there in a way that you didn't for such a long time.

A

Amy Crow 06:23

Absolutely. Yeah, it absolutely does. And, and I really, I can feel at my core for the people that I work with, because I can sit across from it and not just actively listen saying "yeah, yeah". But when I say "yeah, yeah". Oh, I was there. I know what you're talking about. I experienced that.

K

Kira Dorrian 06:43

That's amazing. Like, it's so important for your clients to to feel so seen and heard and understood. That's incredible. So, you know, one of the things we're doing with this mental health series is we really want parents to understand each of these topics that we're talking about so that they can feel empowered, should they notice something with their

kids or be concerned, empowered to know what they're seeing, what to do, what not to do. So can you talk a little bit about, you know, the difference between eating disorders, Body Dysmorphic Disorder, and then also just kids who struggle with their body image and how do you define them? How are they different? Just give us kind of an overarching view on these different things.

A

Amy Crow 07:26

Okay. So, first to kind of define an eating disorder compared to like body dysmorphia. An eating disorder, by definition is a preoccupation. And that is like a persistent disturbance of eating or eating related behaviors. So you're actually seeing the relationship with food as the primary issue. Whereas body dysmorphia is an obsessive compulsive disorder in which there's a preoccupation with this perceived deficit or flaw, and it's generally not related to weight, body composition, or body fat, but something oftentimes it's on the face. So there's, to the outside world, this person that looks seemingly normal, even attractive, but to them they see this very distorted view. So the actual perception of self is the issue with body dysmorphia, whereas the disturbance in eating is the issue with eating disorders. And then there's the kind of, to use technical terms, the subclinical, which is the kids who are worried about body image that may not engage in all these repetitive behaviors that body dysmorphia entails. But that do have this kind of obsession with how they look and are constantly comparing themselves to others. And unfortunately, and fortunately both, we live in an age where we have access to far more than we can possibly comprehend in any moment, which gives us the ability to compare on a level that, that we haven't yet seen. And science hasn't quite caught up to being able to study the actual true impact of that. So I think what we're seeing is younger and younger children becoming more and more aware of how they are different than what they are seeing as kind of the filtered Instagram type image.

D

Deana Thayer 09:44

That's such a great point in the increasingly digital world and with all the social media platforms, how many other opportunities there are to hold up that mirror of comparison and what that can do. I mean, it seems so obvious, but I just hadn't heard it said quite like that before. So that is really important to be aware of as a parent. So obviously, this isn't something we want to ignore. But I'm wondering if you could bring to light or maybe flesh out a little bit why body image issues are so important to address and to not just say, "well, that's normal, everyone goes through a time of not liking their nose or thinking they're fat" or whatever. Why is this important to deal with as parents?

A

Amy Crow 10:29

Body image issues are important to deal with as parents, because regardless of if a child meets what we consider criterion for a particular disorder, the prognosis is far greater when you can get intervention earlier. So for example, age of onset is around 12 to 13. And that's for like a full body dysmorphia. But if you think about the access that we have now. I mean, kids as young as eight and nine are, you know, thinking they need to suck in their stomachs because, you know, so and so on Instagram doesn't have a tummy like that. So they're starting to form these narratives about where they're wrong, where they're not good enough. And as that progresses, that narrative becomes their truth. And then they start to see the world in a way that's going to confirm what they think about themselves. So for example, you know, you could be sitting in a store and checking out your groceries, and you look up and you're startled because the person next to you isn't wearing a mask at this point in time. It's like, well, oh my gosh, to one of these kids that's living with these problematic thoughts about their bodies your reaction was not, "Oh, my gosh, I'm startled". Your reaction is, "Oh, my gosh, she sees it. She sees my legs are disgusting. They're huge. She saw it. I saw her reaction". So, it's really important to discuss these issues and get that early intervention so that the narrative doesn't become so strong, so that they can learn how to entertain other possibilities. Such as, you know, "this is just my brain, my brain is telling me these things, it's quite possible that she was just literally startled. Or, you know, maybe she was distracted, and she actually dropped something and I didn't see it". So talking about body image allows for early intervention, which then helps with like I said, the prognosis, and can help the whole family actually to come together so that it doesn't become this one problematic child who has to have all the attention and has to go to all these doctor's appointments. And then the other children feel kind of left behind and start picking on the child who's suffering from a body image issue, which then just exacerbates all sorts of problems.

K

Kira Dorrian 12:57

That makes so much sense it sounds a lot like, similarly to OCD, how you would be unraveling the thought process around that as well.

A

Amy Crow 13:04

That's exactly what it is. That's exactly yeah, because these body image issues definitely...the obsessive component is kind of the the perception of one's body. And then the compulsive component is the behaviors to cope with. Such as like wearing only particular styles of clothing, because they're cut in a way that the child feels like they're camouflaging the problematic parts.

K

Kira Dorrian 13:32

So I'm a parent of littles. My kids are nine. And I'm wondering if you can talk a little bit about what are some of the symptoms that parents should be looking for? It sounds like the conversations need to happen so early, which makes a lot of sense. I think one of the questions I can imagine parents would have because I'm having it right now in my brain is, you know, we try actually a lot to not talk about their bodies unless it's like your body is strong, your body is capable, you know. So right now we're avoiding because we don't want to create a narrative for them. And I hear what you're saying, it makes perfect sense. It's like once something shifts in there, we have to start talking about it. So how can parents kind of determine, hey, this is maybe time to seek some help? This is maybe a time to start that conversation, what are the symptoms, what might trigger a child to even begin this journey of thinking? What do the beginning stages look like?

A

Amy Crow 14:27

So, beginning stages, again, age of onset is like about 12 to 13. And then kind of evolve over time and will kind of generally fully present around age 15. Something that can kind of predispose a child to having a body dysmorphia type disorder, or even an eating disorder are parents that have kind of this OCD type presentation themselves. Another one is, you know, childhood neglect or abuse which unfortunately happens more than we would like to admit. So those are, those are kind of... we don't really know... trigger per se.. but that's kind of this predisposition. But then I personally believe this early, early exposure to the right way to look and being told this is a sign of beauty, I think that is a trigger itself as well as kind of hearing parents live a diet culture. Like "oh I'm on a diet" or "oh, I need to lose three pounds" or "oh, you know, we have this event so I need to go have my Botox re-done or whatever it is, kind of sets the kids up to be really hyper vigilant around their appearance. And then parents start hearing things like, "oh, I'm not pretty enough" or for a boy you know, "my legs are too skinny". So if a parent starts to hear those kind of self denigrating statements repeatedly, it's time to just check in. Be like, "hey, you know, I've heard you say these kind of things a lot. Where's that coming from, what's going on?" And just be very curious and very open as to what they have to say. Chances are, they'll probably say it's nothing, which is an absolutely age appropriate response. But some more things to look for are kind of an avoidance. If you start to see the shift and avoidance of certain things that they used to love doing. For example, if your child is a soccer player, and all of a sudden, they don't want to play soccer, and you notice they're really not wearing shorts around the house like they used to a lot. That's a sign because they're, you know, they're changing their behavior and avoiding something that they once did, as well as kind of shifting how they're presenting to the world. Another thing is, if you see repeated behaviors, such as checking reflective surfaces, and that can be anything, I mean anything like from a mirror, a window, a microwave, even the reflection in glasses.

To somebody who's got this kind of body image issue, looking at someone speaking who's wearing sunglasses or even regular eyeglasses, they will see the flaw in themselves as greatly or more greatly than they will see the actual person speaking. So kind of check on your kids as, as you're, you know, going through a store, like what are they doing by the mirrors or the windows if they're kind of jumping, like, or avoiding them. That's another thing for parents to watch for. As well as like frequently changing clothes because they can't find the right outfit. Or this kind of almost a preoccupation with symmetry. Like they need the lines of their clothes to be a certain way or, you know, pointing out that "Mom, my left eye looks lower than my right eye". Just little things like that. Also kind of this like skin picking, rubbing or touching particular area, because the intent is to decrease the appearance of that area. But unfortunately what happens is there's oftentimes irritation or bruising, broken blood vessels. And that can obviously then become far more obvious to the outside world, which then plays into that confirmation bias. And that narrative of this is a real thing. So kids that are like, kind of rubbing their arms or picking at their faces, that's another thing to check in about, "what's that all about?" It can absolutely be benign too like, it's literally anxiety, but that is something that you'll see that can be checked in on and I would say another that I have already mentioned is kind of this comparing, like hearing your child, talk about how this person is prettier, that person's pretty and they wish they had this person's nose and that person's eyes. Some degree of that is absolutely normal. But when it's repeated over and over, that's a sign that there's some, there's some body image stuff going on with that child.

K

Kira Dorrian 19:17

What about eating disorders? What are some of the signs? You know, I think that's something lots of parents are always concerned about as they come into parenting, like, what am I going to do if that happens? What are some of the signs specific to eating disorders?

A

Amy Crow 19:31

Something specific to eating disorders are like, if you hear, I mean, outright statements like, "oh, I need to be on a diet". Or if you see kind of secret eating, which is what it sounds like. It's not wanting to eat a bunch in front of people. So they may say things like, "oh, I'm not very hungry" and have a little snack, but then you go into their bedroom to get the socks off the floor and you notice, oh my gosh, you know, there's, there's a plate under the bed, what is that about? So engaging in these eating behaviors to where there's almost shame around food or how much food they're eating. And, and another sign would be, if you see, like copious amounts of food being consumed at once, and then the person like disappears, and you go upstairs and you know, they're, they're exercising, which I've had a

number of kids do that. And that, to me, that's a sign and that's problematic that there's a relationship with food that's saying it's, you know, it's not okay to consume food until you're starving and then you have to over consume and then you have to feel bad. So you need to go exercise right now to burn it off. And I mean, that's happening as young as like, nine and 10 years old. So it's hard to say one specific thing but it is kind of this like repetitive behaviors that are like, "okay, you used to love pancakes and now you're eating one pancake. Like what? Why?"

D

Deana Thayer 21:11

Yeah, there's such a spectrum almost of things that you could be watching for. But that's really helpful. Thanks for giving a lot of possibilities, because it definitely isn't this one size fits all thing. And since we are a parenting podcast, the big thing we want to provide, and that's why we have a professional to share with us today since Kira and I couldn't speak to this as competently, but what are, because I know parents, they mean well and so if something like this crops up and they, they see it and they're, they're concerned, they want to do the things that are helpful, right not the things that might inadvertently be worse. And which I've totally been guilty of in all areas of parenting where like you want to help and then you accidentally step in it, right? So what would, what would you say are, are the best things that loved ones can do to help and maybe some things that they should avoid? That would be really helpful if you can talk about those two things.

A

Amy Crow 22:05

Some of the biggest mistakes when it comes to either eating disorders, disordered eating or body image issues are, you know, parents are very well intended, and they want to help remove the suffering. So they end up enabling avoidance behaviors. So, you know, the kid doesn't want to eat at the table. So rather than engage in this battle about eating, it's like, "okay, go eat in your room". Well, little do they know eating in the room means that two thirds of the food goes to the dog. And then you have this budding kind of restrictive eating pattern. Or, you know, they don't want to go play soccer anymore because they don't like how they look in shorts. Well, having a discussion about that and coming to a compromise as opposed to being like, "okay, quit". In some cases, absolutely. You know, change that expectation, don't engage in that behavior anymore. But a lot of times the enabling occurs around trying to reduce suffering, so avoiding the things that, that increase that anxiety and that's actually more harmful than good. Some others, which I alluded to expectations.. like parents, oftentimes...how can you not have these expectations of your kids, everything is so competitive now. But when a child begins to suffer from any mental health issue, whether it be depression, body image, eating disorder, a conversation around expectations is really important. Because oftentimes, they

feel like they can't live up to it, and they're not going to be good enough. And they feel defeated. So a big problem, I think that happens is, is parents feel like they have to push, keep pushing, keep pushing and when it comes to mental health issues sometimes pushing isn't helpful. So, being able to kind of check yourself and be like, okay, "is this me putting this on them?" Or is this you know, really what's best for them. So kind of having to ask yourself those challenging questions as well as having to catch yourself in periods of frustration and exhaustion. And refraining from saying things like, "ah, your hair is fine. How many times do I have to tell you that?" So just little, little things that do come out of a place of frustration and exhaustion, but to a child who has these body image and food related issues hearing that stuff is, I mean, you just take them out at the knees. And so then kind of to switch and how to be supportive... being patient is crucial. Patient with yourself because you don't know what to do. You don't know how to best help them and you're feeling helpless, just like they are. So, being patient with yourself, being patient with your child, as well as respecting their privacy and kind of dignity. So while it's really difficult to carry all this stuff yourself and not vent it with a neighbor or a friend, or extended family, really, that, that can feel disrespectful and as if you're taking autonomy and agency from your child. So kind of keeping their story as theirs and allowing them to tell it and finding your place to be able to tell your version of the story. That it isn't with someone that has this overlapping relationship with your child can be incredibly helpful for them. And it seems so obvious when I say it, but truly asking your child how you can be supportive. Like I said, initially, you know, they'll probably be like, "oh, nothing, I'm fine". But continuing to keep that door open and use reflections and observations when you see them do something. So for example, you know, if you hear a child say, like, "oh, I look fat today", looking at them and being like, "you look fat today? What is that about?" And like you saying it in this light way, versus saying in this, like, I have to come in and fix it for you, like, "You look fat?! What do you mean? What do you mean?! You're not fat!!" And you can tell kinda by my tone, like one of those is going to amp them up, whereas the other one feels much more welcoming. So that's, that's what we refer to as meeting them where they're at, which is incredibly counterintuitive, because we want to remove the suffering like we don't want our kids or anyone else to be hurting, yet being there with them in their suffering is what makes them feel the safest and the most supported and one of the best things a parent can do is literally sit, listen, and reflect back what you hear. And it can literally be verbatim what your child said. So if they say something like, "I feel really crummy today". Saying back, "oh, it's tough to feel really crummy, isn't it?" And just let it be there. And then obviously, I'm going to say seek professional help. But honestly, you know, getting professional help, whether it's just, you know, a few sessions to be like, is this something we really need to be concerned about? If so, let's discuss it, if not wonderful, that was two, three sessions that confirm this as a completely age appropriate type of situation. But for those who do kind of transfer into that more problematic scenario and need some some professional help, getting that evaluation with a psychologist or a

counselor for the child, as well as the parent, because, you know, we're not born with the knowledge of what to do. Oh my goodness, I went to school for feels like a million years, and I can't tell you exactly what to do. So expecting yourself to know everything is you doing yourself a disservice. So finding a therapist, or someone first, in these issues for you to talk to, as well as your child.

K

Kira Dorrian 28:26

Wow. Amy, you're awesome.

A

Amy Crow 28:30

It's a lot of stuff.

K

Kira Dorrian 28:32

It is but it's so important and I appreciate how you speak about it so, so simply and articulately and that is very approachable for parents to be able to go okay, I can listen to that, that's empowering to kind of hear all of that and have a sense of what I'm looking for, what to do, what not to do. It's a fabulous jumping off point.

A

Amy Crow 28:53

Good. And that's I mean, I encourage people that, you know, if you're one of my patients fine. If you're not I welcome questions and, you know, I field questions from, from people that I may never see but will send me an email like "this is what's going on, help me" and sometimes I can and sometimes I say "you know what I think the best help would be to is find somebody that you you can talk to about this". Just to kind of ease that burden of the parent is supposed to understand and know the answer to everything.

K

Kira Dorrian 29:24

Yeah. Do you have resources like websites or books? Obviously if people want to reach out to you can you kind of give people some ideas of how to find you, follow you and then also if there's other places that you really recommend?

A

Amy Crow 29:38

Sure. Ah, so I have a website and my website address is <http://amycrowpsyd.com>. And on that is a, you know, a link to my email. And as far as like resources go Google the Emily

Program. They have, I believe, at least they used to have information on there that can be helpful. And they can answer questions for you as well.

K

Kira Dorrian 30:18

Great, the Emily Program and that's a program specifically designed for eating and body disorders, correct?

A

Amy Crow 30:26

Correct.

K

Kira Dorrian 30:27

Awesome. Well, Amy, thank you so much for being with us today. That was just so much great information. We really appreciate it.

A

Amy Crow 30:35

You're welcome. Thank you guys for devoting time to these issues.

K

Kira Dorrian 30:39

Well, that was so wonderful and so helpful, because I think, you know, you're so much further down the line in your parenting journey. I mean, you've got one raised adult already. But I know for like my community of friends, this is definitely something that everyone's kind of like on high alert for as we're kind of you know, coming into the the tween years and we know that like some of the, some of this stuff starts circulating right now. So incredibly helpful for me because this is definitely not an area of expertise on my part at all. So helpful to hear from Amy and I loved how she spoke about it. It was very accessible. Didn't sound scary. She broke it down nicely.

D

Deana Thayer 31:26

Yes, it was calm. And that does kind of remove this...I think the parts that can be so scary about things like this is just all the unknowns. And I think she really removed the shroud of mystery from around this, like, here's exactly what to watch for in here. The things to do and the things to not do. And we've had a little bit of experience with this in our own family. And I was just sitting there nodding vigorously while she was talking because so much of it really resonated and I was just thankful that she pointed out how different this

is. I think a lot of parents might assume it's always you know, a weight issue or tends to be around something like that, or the how I look or how heavy I am or this dieting thing. And while it can do that I was really glad she pointed out it can be really specific and really different. Like when I was reading and educating myself, a lot of people, it's their hairline! So it can be so specific. And I just was thankful that she touched on some of those things that might seem maybe a little less intuitive or we wouldn't have known otherwise. I think that's so helpful for families to know hey, here are the things you can be watching for that maybe you wouldn't have expected. Really grateful for her knowledge.



Kira Dorrian 32:31

Well listeners if you are enjoying the mental health series so far do be sure to tell your friends that we're running this four part series to have them join in have them kind of meet us a little bit and share on social media. If you haven't followed us already, please do @FutureFocusedParenting. If you haven't subscribed to the podcast, please do... you want to get that alert that the new episode in the series is out. And don't forget you can always write in or follow us on our website, which is <http://futurefocusedparenting.com>



Deana Thayer 33:02

Thank you so much for joining us and we do hope it was helpful to you and look forward to bringing you more. For the next two weeks we'll be continuing this mental health series and we look forward to sharing things with you that are just going to give you tools as a parent to help your child stay mentally healthy and to know when to seek help if you see something that concerns you, so do be sure to join us the next two weeks for the rest of our mental health series. Raising Adults is produced by Kira Dorrian and Deana Thayer, and recorded partially in Kira's laundry room, partially in Deana's bonus room. Music by Seattle band Hannalee. Thanks for listening.



Future Focused Parenting 33:33

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