

Eating disorders in women and children : prevention, stress management, and treatment

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Abstrak

Our understanding of eating disorders has improved markedly over the past 10 years since the publication of the previous edition of this volume. Early intervention is the key, as body dissatisfaction, obsession with thinness, and restrained and binge eating can be found in those as young as ten. Exploring prevention methods and therapeutic options, the second edition of **Eating Disorders in Women and Children: Prevention, Stress Management, and Treatment** is updated with new research on these devastating maladies. Highlights in the second edition include:

- An emphasis on the physiology of eating disorders and genetic factors related to anorexia and bulimia
- Theories on prevention and the identification of at-risk individuals
- The latest information on therapeutic modalities, including cognitive behavioral, interpersonal, constructionist, and narrative approaches as well as pharmaceutical management
- Nutritional evaluation and treatment
- Specific exercise recommendations for women and children with eating disorders

 With contributions from acclaimed clinicians widely known for their work with the eating disorder population, this volume recognizes the multifaceted nature of these disorders, addresses the widening demographic range of those afflicted, and delves into the issues behind their development. It provides practical recommendations for treatment from many perspectives, presenting enormous hope for people who painfully struggle with these disorders. In addition, it explores critical measures that can be taken to help the larger population understand and work to prevent eating disorders in their communities"--Provided by publisher.

"Foreword When I was a young woman being treated for an eating disorder, certain assumptions were made: if you had an eating disorder, you would be a white adolescent girl from a family with a controlling mother and an absent father. You would display a passive personality and low self-esteem. You would in all likelihood have signs of depression; whether you did or not, you would probably be treated for it. Your treatment team would see and treat you as childish and immature, and hold a variety of vague and often unfounded opinions about who you were, where you'd been, and what kind of chances of recovery you had. Those chances were considered, almost across the board, very low indeed. I was treated for eating disorders in the 1980s and 1990s. The medical and therapeutic understanding of the etiology, nature, and treatment of disordered eating and body image had not changed markedly since the early days of eating disorder research 20 years before. Likewise, the limited understanding of the demographics of eating disordered populations ensured that thousands would go undiagnosed and untreated. While the eating disordered population exploded, research and treatment providers held fast to their notions of what they were dealing with and how they should proceed. Their abysmal success rates bewildered them; they attributed these low rates of recovery to the intractable, probably incurable nature of the diseases. This second edition of **Eating Disorders in Women and Children: Prevention, Stress Management, and Treatment** is being released into a therapeutic community that has changed in many critical ways, and I believe the community will see further change as a result of the research done here"--Provided by publisher.