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Restrictive eating disorders (EDs) such as anorexia have the highest mortality rate of any psychiatric illness. Patients present with significant impairment and sequelae of medical and psychological comorbidities that make these illnesses difficult to treat. Atypical EDs (AEDs), do not fit traditional diagnostic groups but represent the most common diagnostic category. Yet, less research has been done with AEDs, leading to misdiagnosis, delay of care, longer duration of symptoms, high mortality rates, and a paucity of evidence-based screening tools and interventions. Research on the AED “atypical anorexia” (AAN), which was classified in 2013, is particularly needed due to its similarities with anorexia, the deadliest of all mental disorders.

Using a longitudinal, mixed-methods design, this dissertation is collecting primary data from individuals with AAN over the course of one year. Participants complete three cumulative qualitative interviews and integrate arts-based components to aid in communication and dissemination. By capturing participant perceptions over time, longitudinal qualitative data are ideally situated to capture the “depth and breadth” of life experiences, while also capturing change through observation and comparison to different time points. Additionally, participants complete quantitative surveys every two months, measuring changes in ED symptom severity, quality of life, and co-occurring symptoms such as depression, anxiety, and substance abuse. This research is informed by a narrative inquiry approach, Kleinman’s theory of patient explanatory models, and critical feminist, intersectional, Health at Every Size® lenses.

The aims of this study are to 1) better characterize the illness of AAN, 2) identify facilitators and barriers of positive healthcare interactions for individuals with AAN, and 3) illustrate how the intersecting identities of participants impacted experiences of treatment. Since AAN is a relatively new diagnosis, there has been little research on it, and much controversy exists regarding the nature of the disorder. In the first paper, I am using the quantitative data to describe the demographic characteristics of the sample, including levels of weight suppression, treatment delay, rates of comorbidities with other psychiatric disorders, and history of other ED diagnoses. In the second paper, I use thematic and visual analysis to assess patient perceptions of healthcare experiences, with specific emphasis on aspects related to externalized and internalized weight stigma. In the final paper, utilizing a narrative inquiry and critical feminist approach, I examine five critical cases that exemplify how the social identities of specific participants (age, race, socioeconomic status, sexual orientation, gender, size, and ability status) intersect and impact access to and experience of care. Sample diversity is notable for age (18-75), sexual orientation (45% heterosexual), gender (11% trans/nonbinary), and race (71% white).

Results of this research have implications for ED nosology and related policies (e.g. insurance coverage). Findings suggest AAN-specific adaptations for screening tools, interventions, and provider education. Additionally, this social work perspective elevates crucial diverse patient voices at a time when advocates have challenged the ED field to provide more culturally-informed and equitable care.