ED PATIENTS STRUGGLE WITH INNER CRITICAL THOUGHTS AND VOICES
HILDE BRUCH: THE GOLDEN CAGE, 1974

Bruch was the first therapist who wrote about critical inner voices in anorexia nervosa.
ED PATIENT OF HILDE BRUCH (1974):

“\textit{I had the feeling that I had to obey a strong voice in my head which controlled my life. I was completely out of myself}”.

“\textit{It is as if an inner dictator rules upon me}”
THERAPISTS ABOUT INNER CRITICISM

- HILDE BRUCH (1974): Critical inner voices
- PEGGY CLAUDE PIERRE (1997): Inner negativist
- JOANNA KORTINK (2004): Inner saboteur
- STERK & SWAEN (2005): Inner Criticist
PATIENTS ABOUT INNER CRITICAL VOICE

Natascha Van Weezel (2006)

“When I made only the smallest mistake, there was always a critical voice in my head that said that I did not do the utmost”

“He forbid me to enjoy my life. He abused me and I listened to him. His name was Anorexia”
“There is a battle raging inside me. Whenever I tell myself that I’m not fat, a loud and strong voice replies back telling me that if I eat I will be fat beyond repair”.

SELF HELP BOOK
Heffner & Eifert, 2004
“It is hard to hear anything except the thundering voice of anorexia shouting in my head”
QUESTIONS FOR RESEARCH AT INNER CRITICAL VOICES IN ED PATIENTS

1. Do ED patients hear inner critical voices?
2. When was the onset of hearing inner critical voices?
3. What are the characteristics of inner voices?
4. What was the content of the inner voices?
5. Is hearing voices related to self-esteem?
6. Is hearing voices related to their weight / BMI?
7. Can hearing inner voices be reduced/ disappear?
PARTICIPANTS FOR RESEARCH

Inclusion criteria for ED patients
- ED patients > 18 years who are in treatment
- Being diagnosed with Anorexia or Bulimia Nervosa
- No diagnosis of schizophrenia or psychosis

Inclusion criteria for the control group
- Not having (had) an eating disorder
- No having (had) schizophrenia or psychosis
PROCEDURE

1. Three Centers for Eating Disorders in the Netherlands give permission for the research.

2. Questionnaires were sent to the leader of the department for eating disorders and distributed by the therapists to the ED patient.

3. ED patients could fill in the informed consent and the questionnaire and send this in a closed envelope to researchers.
CONTENT of QUESTIONNAIRE

1. Personal characteristics

2. ED diagnosis: duration and consequences

3. Experiences with inner critical thoughts and voices

4. Open questions about the content of the inner critical thoughts and voices
INSTRUMENTS

1. EDEQ, Fairburn & Beglin, 1994
4. The Beliefs about Voices Questionnaire, BVAQ-R (Chadwick et al, 2000).
5. The Psychotic Symptom Rating Scale, (PSYRATS), Haddock et al, 1999
RESULTS

- 174 ED patients filled in the informed consent and the questionnaire
- 44 patients were excluded
- 130 questionnaires of ED patients
- 92 with anorexia nervosa
- 38 with bulimia nervosa
- Control group: 59 healthy women
RESULTS ED (N=130)
NUMBER OF VOICES

- 60% 1 voice
- 19% 2 voices
- 3% 3 voices
- 18% > 3 voices
GENDER OF VOICES (N=130)

- 55% female
- 24% male
- 21% female & male
AGE OF THE VOICE (N=130)

- 40% same age
- 60% older
- 0% younger
CONTENT INNER VOICE

- Commands to lose weight
- Judgements directed at appearance
- Judgements directed at person
- Swearing / humiliation
- Commands directed at automutulation
NEGATIVE THOUGHTS OF EATING DISORDERS PATIENTS

Negative thoughts
- I am fat
- My body is ugly
- Nobody likes me
- I am a fat pig
- I cannot control my food
- I am stupid
CHARACTERISTICS OF CRITICAL THOUGHTS
Kortink & Noordenbos, 2011

- Perfectionistic
- Condemning
- Accusatory
- Punishing
- Denigrating
- Dominant
“YOU MAY ONLY EAT THAT: YOU DO NOT DESERVE TO EAT MORE”
“LOOK HOW FAT YOU ARE: YOU HAVE TO REDUCE WEIGHT”

“You are a failure, you do not deserve to live”
YOU EAT TOO MUCH AND HAVE TO BE PUNISHED.

YOU HAVE TO RUN HALF AN HOUR LONGER”
Before: “IF YOU EAT THAT YOU FAIL AND YOU BECOME A FAT DIRTY PIG”

After: “You are a stupid, dirty, fatty fatso, you always eat too much”
INNER VOICE IN BULIMIC PATIENT:

YOU WERE SO WEAK TO HAVE A BINGE:
NO YOU HAVE TO VOMIT: DIRECTLY!
COMPARING
ED PATIENTS WITH CONTROLS

130 ED  59 Controls
COMPARING
LOW BMI <17.5          HIGHER BMI > 17.
25 AN PATIENTS          105 ED PATIENTS
COMPARING ANORECTIC BULIMIC PATIENTS

92 AN 38 BN
COMPARING AN BN

92 AN 38 BN

age BMI

AN
BN

AN
BN
THE MORE SEVERE THE EATING DISORDER, THE MORE INNER CRITICAL THOUGHTS
DEVELOPMENT HEARING INNER VOICES BY EATING DISORDER PATIENTS

Graph showing the development of hearing inner voices by eating disorder patients throughout different stages:
- BEFORE
- AFTER START
- SEVERE PERIOD
- RECOVERY STAGE
- RECOVERED

The graph indicates an increase in the intensity of inner voices during the severe period, followed by a decrease as the patient recovers.
RELATION BETWEEN CRITICAL VOICES AND SELF-ESTEEM

PERCENTAGE %

BEFORE | AFTER | SEvere STAGE | IMPROVING | RECOVERY

VOICES
SELF ESTEEM
RECOVERY STAGE

- Hearing of inner negative decreased
- When their eating behaviour normalized
- Their weight increased
- Their self esteem increased
CONCLUSION

- Inner critical thoughts and voices:
  - play an important role in the development and maintenance of the eating disorder.

- Hamper the eating disorder patients from changing their behaviour

- Can be reduced in treatment


REFERENCES
