



What Are Eating Disorders Anyway?

Food plays an important role in all of our lives. It is necessary to sustain life. In our society, however, food is so much more than just nourishment. It is an integral part of our social interactions. We celebrate and commiserate with food. We share time with family and friends over meals. What happens when food becomes the enemy? It can become a very debilitating, dangerous and life changing problem.

What are eating disorders?

While eating disorders on the surface may appear to be about food, weight, willpower and vanity, in truth, they are potentially life threatening mental illnesses that need to be taken very seriously. In addition to the usual behavioral symptoms that we can see, there are many symptoms that are private thoughts in the mind of the affected individual. A person's relationship with food is unseen and is often at the root of the behaviors that we can see.

Dysfunctional "food thoughts" and "food behaviors" can become severe enough to affect one's physical and emotional health. When they prevent individuals from living their lives comfortably, they are called "eating disorders".

What we can't see

Examples of Negative Food Thoughts – "If I eat, I need to get rid of it", "All carbohydrates are bad", "I can't look in the mirror, I'm so fat", "The scale says I gained a pound, my day is ruined", "I took one extra bite, I may as well binge because I'm going to purge anyway".

What we can see

Examples of Negative Food Behaviors – Skipping meals, throwing food away, narrowing food choices, secrecy around eating, talking about food and dieting, preoccupation with exercise, wearing baggy clothing, calluses or scars on knuckles, fatigue or dizziness, picking food apart, moving it around the plate, binging on food, purging (or getting rid of) what has been eaten through vomiting, exercise or laxatives, avoiding events where you will be expected to eat, chewing food and spitting it out, eating and then going right to the rest room

Main Types of Eating Disorders

People can manifest aspects of one or more of these categories:

Anorexia – intense fear of gaining weight resulting in self starvation and excessive weight loss, resistance to maintaining a normal weight, distorted body image

Bulimia – extreme concern about body weight, regular consumption of large amounts of food with a sense of loss of control, regular use of inappropriate compensatory behaviors such as vomiting, laxative abuse, and compulsive exercise

Binge Eating Disorder – eating large quantities of food in a short period of time, feeling out of control around food, feeling ashamed by eating in public, secretive eating

Are eating disorders really a big deal?

Eating disorders are very serious. Eating disorders have the highest mortality rate of any other mental health disorder. Up to 20% of individuals with chronic eating disorders will die as a result of their illnesses. Besides the medical complications from binge eating, purging, starvation and over-exercise, suicide is also common among individuals with eating disorders.

Are eating disorders a choice?

Eating disorders are not a choice. They are complex medical and emotional illnesses that are triggered by emotional, social/ environmental and biological factors.

Emotional factors such as low self-esteem, anxiety, depression, feelings of inadequacy, isolation and loneliness have been linked to the onset of an eating disorder. Social pressures such as bullying or problems in the family can make someone more vulnerable to an eating disorder. Often these individuals exhibit perfectionism, anxiety or obsessional traits. While all of these factors do play a role in the development of an eating disorder, the most common denominator of all eating disorders is the loss of weight either intentionally through dieting or as the result of an illness or surgical procedure. While many people can lose a few pounds with no problem, an individual who is biologically predisposed to developing an eating disorder will become obsessed with the feelings of weight loss. This starts a vicious cycle of trying to maintain a weight that is not sustainable without extreme measures.

Appearance

Appearance alone does not indicate the severity of an eating disorder. People whose weight is normal or who are overweight can be suffering just as much as someone who appears severely underweight. An individual can experience a severe eating disorder at any weight. Remember, a lot of the symptoms are internal thoughts and feelings and cannot be seen.

Recovery is possible, especially with early intervention

Eating disorders are treatable. Early detection, initial evaluation and a competent treatment team are important factors in recovery. Treatment can also prevent the disorder from progressing to a more severe state. Never wait until an individual is ready to begin treatment for his or her illness. In the beginning they may be angry and view treatment as having their security blanket removed. With treatment, the individual will eventually realize that there is another way to establish their identity and cope with life as a healthy person.

An eating disorder treatment team ideally consists of:

Medical doctor – Eating disorders cause a wide range of medical issues, and sufferers need to see a physician regularly to make sure that their health is not at immediate risk.

Psychologist or therapist – Talk therapy offers a person a place to talk openly about their negative thought patterns and find alternate ways of managing their emotions. The behavior with food is often the last thing that changes when someone is in treatment for an eating disorder. Behavioral change follows emotional change.

Nutritionist – An individual with an eating disorder has often made up their own set of “food rules”. These rules are mostly designed to control their calories and lose weight. Eating disorder rules have nothing to do with good nutrition. A nutritionist slowly helps an individual balance their intake in a more healthy way.

Psychiatrist – Sometimes an individual with an eating disorder has feelings of anxiety and depression underlying his or her eating disorder symptoms. A psychiatrist is often brought on board to manage these symptoms with medication so the individual can feel comfortable as he or she begins to develop more healthy coping skills.

Source: National Eating Disorder Association at <http://www.nationaleatingdisorders.org>

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“You never know what thought, what choice, what comment could be the beginnings, the red flags, the signs of an eating disorder. And what is so important is knowing that you’re not alone. Childhood’s hard. Middle school can be the worst. High school? Forget it. Be nice to each other. Be nice to yourselves. Stop judging and sizing each other up. It actually doesn’t matter as much as you think it does. I promise. You’re beautiful. Anxiety is normal. Speak up. Life is short. Living is extraordinary. Laughter makes everything better. And sometimes, ok, maybe all the time, Cookies do too. Eat the COOKIE.”

- **Jen Jacob** of HBO’s hit TV series *GIRLS* and the movie *Begin Again*, Advocate, and AIR Supporter

Importance of support

Taking the first step towards recovery is scary and challenging but the support of family, friends and a treatment team can make all of the difference in the world. If you suspect someone you know or you yourself are suffering from any of these symptoms, make sure you tell a trusted adult (school counselor or parent). You should not try to counsel someone on your own. Eating disorders are complicated and require experienced professionals to intervene. Very often, an individual will resist your help because in their mind, they “need” their symptoms to be okay. Part of the disorder is using unhealthy coping skills to deal with intense emotions. Just telling someone to stop won’t work.

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