

EATING DISORDERS

WHAT ARE EATING DISORDERS?

Eating disorders are extreme expressions of a range of weight and food issues experienced by both men and women. They include anorexia nervosa, bulimia nervosa, and compulsive overeating. All are serious emotional problems that can have life-threatening consequences.

Technically speaking, the “eating” in eating disorder refers to a set of eating habits, weight management practices and attitudes about weight and body shape. The “disorder” means that the eating-related attitudes and behaviors result in:

- Loss of self-control and other forms of behavioral inefficiency
- Obsession, anxiety, guilt, and other forms of misery
- Alienation from self and others
- Physiological imbalances which are potentially life-threatening

ANOREXIA NERVOSA

The defining features of this disorder are:

An intense and irrational fear of body fat and weight gain
An iron determination to become thinner and thinner
A misperception of body weight and shape to the extent that the person may feel or see “fat” even when emaciation is clear to others

These psychological characteristics contribute to drastic weight loss and defiant refusal to maintain a healthy weight for height and age. Food, calories, weight, and weight management dominate the person’s life, and woe to anyone who tries to disrupt this private system.

The symptoms of **anorexia nervosa** include:

- Refusal to maintain weight at or above a minimally normal weight for height and age
- Intense fear of weight gain
- Distorted body image
- In females, loss of three consecutive menstrual periods
- Extreme concern with body weight and shape

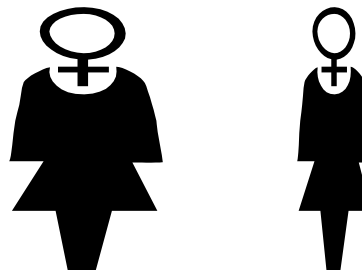
BULIMIA NERVOSA

This disorder is characterized by self-perpetuating and self-defeating cycles of binge-eating and purging. During a “binge,” the person consumes a large amount of food in a rapid, automatic, and helpless fashion. This may anesthetize hunger, anger, and other feelings, but it eventually creates physical discomfort and anxiety about weight gain. Thus, the person “purges” the food eaten, usually by inducing vomiting and by resorting to some combination of restrictive dieting, excessive exercising, laxatives, and diuretics.

The term **nervosa** reminds us that people suffering from bulimia are similar to those with anorexia nervosa. Both may have a distorted body image, an intense fear of fat, and the conviction that a slender body shape is absolutely crucial for self-acceptance.

The symptoms of **bulimia nervosa** include:

Repeated episodes of bingeing and purging
Feeling out of control during a binge
Purging after a binge (vomiting, use of laxatives, diet pills, diuretics, excessive exercise, or fasting)
Frequent dieting
Extreme concern with body weight and shape



OTHER EATING DISORDERS

A significant number of people with “eating problems” do not quite fit the criteria for anorexia nervosa and bulimia nervosa. However, there is substantial disagreement about the nature and labeling of these “other” eating disorders. Clearly there are some people who abuse vomiting and/or exercise without bingeing as forms of weight management, while there are others who indulge in repetitive episodes of bingeing without purging. **Binge Eating Disorder** is characterized primarily by periods of impulsive gorging or continuous eating. While there is no purging, there may be

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sporadic fasts or repetitive diets. Body weight may vary from normal to mild, moderate, or severe obesity.

WHAT CAUSES AN EATING DISORDER?

Science has learned a great deal about eating disorders in the past 50 years, but there is no single scientific consensus on a single "cause." Research continues into the causes of eating disorders, and many experts feel there are biological and/or genetic precursors involved. Research also suggests that eating disorders involve a complex set of interactions with social, cultural, and personal factors.

People with eating disorders must face long-standing psychological, interpersonal, and social conditions in overcoming their illness. Feelings of inadequacy, depression, anxiety, and loneliness, as well as troubled family and personal relationships, may contribute to the development of an eating disorder. Our culture, with its unrelenting idealization of thinness and the "perfect body," is often a contributing factor.

Once started, eating disorders may become self-perpetuating. Dieting, bingeing, and purging help some people to cope with painful emotions and to feel as if they are in control of their lives. Yet, at the same time, these behaviors undermine physical health, self-esteem, and a sense of competence and control.

WHAT ARE THE WARNING SIGNS?

- A marked increase or decrease in weight not related to a medical condition
- The development of abnormal eating habits such as severe dieting, preference for strange foods, withdrawn or ritualized behavior at mealtime, or secretive bingeing
- An intense preoccupation with weight and body image
- Compulsive or excessive exercising
- Self-induced vomiting, periods of fasting, or laxative, diet pill, or diuretic abuse
- Feelings of isolation, depression, or irritability

HOW TO HELP A FRIEND WITH AN EATING DISORDER

If you and others have observed behaviors in your friend or family member that are suggestive of an eating disorder, you are in a position to help.

- ✓ Make a plan to approach the person in a private place when there is time to talk and no immediate stress.
- ✓ Present what you have observed and what your concerns are in a caring but straightforward way. Tell him or her that you are worried and want to help. (Friends who are too angry with the person to talk supportively should not be part of this discussion).
- ✓ Give the person time to talk and encourage them to verbalize feelings. Ask clarifying questions. Listen carefully; accept what is said in a non-judgmental manner.

- ✓ Do not argue about whether there is or is not a problem. Power struggles are not helpful. Perhaps you can say, "I hear what you are saying and I hope you are right that this is not a problem. But I am still very worried about what I have seen and heard, and that is not going to go away."
- ✓ Provide information about resources for treatment. Offer to go with the person and wait while they have their first appointment with a counselor, physician, or nutritionist. Ask them to consider going for one appointment before they make a decision about ongoing treatment.
- ✓ If you are concerned that the eating disorder is severe or life-threatening, enlist the help of a doctor, therapist, counseling center, relative, or friend of the person before you intervene. Present a united and supportive front with others.
- ✓ If the person denies the problem, becomes angry, or refuses treatment, understand that this is often part of the illness. Besides, they have a right to refuse treatment (unless their life is in danger). You may feel helpless, angry, and frustrated with them. You might say, "I know you can refuse to go for help, but that will not stop me from worrying about you or caring about you. I may bring this up again to you later, and maybe we can talk more about it then." Follow through on that--and on any other promise you make.
- ✓ Do not try to be a hero or a rescuer; you will probably be resented. If you do the best you can to help on several occasions and the person does not accept it, stop. Remind yourself you have done all it is reasonable to do. Eating disorders are stubborn problems and treatment is most effective when the person is truly ready for it. You may have planted a seed that helps them get ready.
- ✓ Eating disorders are usually not emergency situations. But, if the person is suicidal or otherwise in serious danger, GET PROFESSIONAL HELP IMMEDIATELY.

Information Provided By:
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