

Eating Disorders



An *eating disorder* is an all encompassing problem that affects every part of a person's life. They are characterised by a compulsion to eat or to avoid eating that negatively affects the persons physical and mental wellbeing. The eating disorder generates an obsession with weight and with what has or has not been eaten. How a person feels at school, work, or any other situation is determined by the *eating disorder*.

There are several different forms of eating disorders. The world health organization classification has ten different classifications (see here) of which anorexia nervosa and bulimia nervosa are probably the best known. Together these disorders are thought to affect about 5-7% of American women at some point in their life. An additional form of *eating disorder* - Binge eating disorder - is currently being investigated and clinically defined.

Anorexia Nervosa

Anorexia Nervosa is an *eating disorder* characterized by deliberate weight loss which is induced and sustained by the patient. It is generally driven by a distorted body image and a dread of being overweight or flabby. The ideal of being thin is an intrusive and overvalued idea and patients impose very strict weight thresholds on themselves. This eating disorder is most prevalent in adolescent girls and young women but can affect males as well.

Anorexia nervosa should not be confused with anorexia which is a general loss of appetite or interest of food and could be the result of other medical conditions. Anorexia nervosa refers specifically to a loss of appetite due to psychological reasons.

The age of onset is generally between the ages of 11 and 20. This *eating disorder* has the highest mortality rate for any mental illness. Approximately 6% of people suffering from anorexia nervosa will die from this eating disorder. About half of those who die will commit suicide.

Anorexics are often perfectionist and driven to succeed. They set unrealistic goals for themselves and feel worthless if they do not live up to these high expectations. The act of starvation becomes a way in which to regain control. People with this *eating disorder* fear losing control.

Bulimia nervosa

Bulimia nervosa is a cyclical and recurring pattern of binge eating (uncontrolled bursts of overeating) followed by guilt, self-recrimination and overcompensatory behaviour such as crash dieting, overexercising and purging to compensate for the excessive caloric intake.

Bulimics often have a preferred type of food that they will overconsume during a binge. Some of them report that their binge episodes feel like a physical high, others say that it numbs them out. The purpose of acting out on the eating disorder varies from person to person.

Bingeing on food leaves the bulimic feeling guilty, ashamed, and embarrassed. They feel a strong sense of failure at having lost control of themselves. The *eating disorder* patient will then try to regain control by purging the food from their system. After purging the eating disorder client will feel empty and hungry and will eventually repeat the binge/purge cycle.

Bulimics purge food from their body in a number of ways. They may vomit the food immediately after eating, abuse laxatives, or exercise compulsively. Additionally people with this *eating disorder* may manifest a number of other self-destructive behaviours such as sexual promiscuity, lying, stealing, and other harmful behaviours.

Binge eating disorder

This form of *eating disorder* is still under clinical review and is in the process of being classified. People with this eating disorder experience episodes where they consume huge amounts of food very quickly. This leaves them feeling out of control but (unlike bulimics) they do not purge. People with this eating disorder are often overweight and experience the health risks that this brings about (hypertension, cardiovascular vulnerability, diabetes, etc).

Causes of eating disorders

Our contemporary media displays a stereotyped ideal of what is attractive. It is a big influence on how our society constructs its values and norms. There could be a link between the "thin-ideal" media representation of women and the body image of people with an eating disorder. The diet pill industry makes a large profit by selling products to people looking to improve their body image. The Hollywood portrayal of people is also unrealistic and promotes standards that are impossible for the average person on the street to meet up to. A person with an *eating disorder* may feel hugely inadequate in the face of these unattainable appearances. This could drive the low self-esteem that is central to the experiences of many eating disorder patients.

Research has shown that there are biological links to certain *eating disorders*. Bulimia nervosa is associated with an abnormally low serotonin level. Serotonin is secreted by the intestines (and elsewhere) during digestion. Bulimics have also been found to be deficient in hormones that give the person a feeling of being full and to stop eating. Although these links have been found researchers are reluctant to say that there is definitely a biological cause for an eating disorder.

Other researchers have focused on the childhood development of patients with *eating disorders*. Working from a family systems perspective they suggest that the adolescent struggles to separate from over-controlling parents. When they experience their parents as critical and unaffectionate children are more prone to becoming self-destructive, self-critical, and struggle to develop the skills required to engage in care-giving behaviour. These developmental problems could impair the way that an eating disorder patient understands himself/herself and deny him/her the opportunity to develop proper coping styles. The *eating disorder* becomes a way for the patient to cope.

Some eating disorders are seen more as survival strategies rather than simple vanity. Becky Thompson, a sociologist, suggests that environment stress such as sexual, physical, emotional abuse or racism and poverty can lead to a disconnected relationship with one's body. This is especially bad for women who do not match up to dominant social ideal of beauty.

Myths about eating disorders

There are a number of public misconceptions about eating disorders.

Myth: Only teenage girls suffer from *eating disorders*.

Although many people with eating disorders do begin in teenage years this illness can strike anybody.

Myth: You can never fully recover from an *eating disorder*

Although recovery may take a long time and require a lot of work it is possible to fully recover from an eating disorder and live a healthy and productive life.

Myth: Men with *eating disorders* are always gay.

There is no correlation between sexual orientation and developing an eating disorder.

Myth: *eating disorders* are solely a problem with food.

Although food is the manifest problem in a patient with an eating disorder it is actually just a symptom of underlying problems. Food is a way to block out or numb painful feelings and emotions. An *eating disorder* is really about these deep emotional problems and poor self-image.

Myth: Bulimics always purge by vomiting.

People with this eating disorder purge in a variety of different ways. They may take laxatives, diuretics, exercise, or fast.

Myth: You can always tell someone is anorexic by their appearance.

Actually only anorexics in the final stages of their *eating disorder* look like the extreme cases that the public has associated with this eating disorder. For anorexics who are in the process of losing weight they may still look just a little underweight and not noticeably unhealthy. This doesn't take away the fact that they are in the grip of an *eating disorder* that causes them significant pain and humiliation.

Myth: Anorexics do not eat sweets, chocolate, etc.

Actually they might do. An anorexic might decide to limit his/her daily intake to a certain number of calories. If a chocolate falls within this daily intake then the anorexic may well decide to eat it. When a person with this eating disorder says that they refuse to eat a food it is often because of the fear of picking up weight rather than a problem with the food itself.

Myth: Anorexics do not binge or purge

Many of the people with this *eating disorder* will occasionally lose their self-control and binge. They may feel so guilty and ashamed that they decide to purge.

Myth: You cannot die from bulimia

Actually bulimia nervosa poses quite a high risk for death. Cardiac arrest can result from electrolyte imbalances caused by purging. Another way for a bulimic to die is from a ruptured esophagus.

Myth: People with eating disorders do this to hurt their family and friends.

People who are suffering from an *eating disorder* have very little control over their eating patterns. They are unable to stop acting out on the eating disorder until the underlying psychological causes have been addressed. People with *eating disorders* often feel very guilty and ashamed at the hurt it causes their family. Ironically this may contribute to the feelings that drive the eating disorder.

Myth: Compulsive eating is not an *eating disorder*.

It is very much an eating disorder and has the same emotional consequences.

Myth: People cannot have more than one eating disorder.

Many people present with the symptoms from multiple eating disorders. They can meet the diagnostic criteria for several eating disorders, which suggests that the underlying psychological causes are common to these disorders.

Eating on emotions

Eating as a way to cope with emotions can sabotage any efforts to eat a healthy diet. Many people eat for emotional reasons such as to cope with stress and anxiety. People who eat on emotions typically overeat and make poor food choices.

A study published in the International Journal of Eating Disorders found that women who engaged in binge-eating rated their daily life as being a lot more stressful than those who did not. A key finding has been that it is not just the actual negative or stressful event that triggers emotional eating but rather how the person responds. People who have better stress management techniques are better able to deal constructively with a situation.

Many people distract themselves from emotions by eating food. People with an eating disorder need to learn how to differentiate between biological hunger and hunger arising as a way to cope with emotions. If a hunger is coming from a need for affirmation or nurturing then an alternative way to satiate this need should replace eating.

Self-injury and eating disorders

Many people with an eating disorder will also engage in acts of self-injury (also referred to as "self-mutilation"). The act of injuring oneself is also used to help cope with and block out emotions. They will often feel just as guilty and ashamed about these actions as they are about their eating disorder which makes it difficult for them to ask for help.

Self-injury is an attempt to cause harm to one's own body. The damage is usually severe enough to cause tissue damage but is not serious enough to be interpreted as a suicide attempt. There are many reasons that a person might resort to this form of behaviour as a way to cope with overwhelming and negative emotions.

Recovery from Eating Disorders

Recovering from an eating disorder is not an easy process and there are no short-cuts. It is not possible to predict how long it will take, but most people are able to make full recovery and lead happy and fulfilled lives. Living with an eating disorder is a very unpleasant task. The intense guilt, shame, and low self-esteem contribute to creating a personal hell. Recovery from an eating disorder might be difficult but it sure beats the alternative!

A comprehensive treatment plan for eating disorders will address the underlying causes of the illness as well as helping the patient to develop a healthy eating pattern. The eating pattern is important because many people with eating disorders believe that if they start eating they won't be able to stop. An eating disorder treatment clinic will help you to learn how to eat normally. They will plate your food for you so that you receive standard portions of a nutritionally balanced meal. It might be very difficult to start eating normally but ultimately when you leave the eating disorder treatment clinic you should have worked up towards eating regular meals that are nutritionally balanced.

There are different treatment approaches for eating disorders in South Africa. Before being admitted to a clinic you should find out which approach they use and see if you feel comfortable with it.

Eating Disorders - Causes and Treatment

Eating is controlled by external and internal factors. External factors include the availability of food, the context, cultural practices, social pressure. Internal factors include brain chemistry, physiological function, and our own attempts to control our eating. Eating is required to sustain life but for some people their eating becomes problematic to the point where it threatens their physical and mental well-being. Research is being conducted to try and explain how these "eating disorders" develop and how they can better be treated.

Western culture promotes a look that is actually leaner than a healthy level. This is particularly true in media depictions of women who are depicted as "thin-ideal" in the media. Being exposed to this unrealistic ideal can induce psychological symptoms like stress, guilt, shame, insecurity, and body dissatisfaction. These ultimately can make somebody more vulnerable to developing an *eating disorder*.

Some professions have weight restrictions that force members to adhere to strict diets in order to keep their image. This can also lead to unhealthy eating habits which places the person at an increased risk for developing an eating disorder.

An *eating disorder* is a serious disturbance in eating behaviour. There are different forms of eating disorders that may appear and people will manifest symptoms differently. See my earlier post an

introduction to some forms of *eating disorders*. eating disorders are not a moral failing or a mark of a weak character. They are serious illnesses that may require medical treatment to resolve the maladaptive patterns of eating.

Current research projects are trying to establish how a person can lose control of his/her eating and develop an *eating disorder*. Although we all have to eat there is some level of voluntary control we exercise over our food. We choose when to eat, what to eat, and how much to eat. Researchers want to understand how a person develops an eating disorder and starts losing this control. People suffering from an *eating disorder* may attempt to starve themselves (as with anorexia nervosa) or overeat compulsively leading to obesity (as with binge eating disorders). Simple biological studies have not been sufficient to completely explain *eating disorders* but the information gained from them suggests that effective treatments are on the horizon.

Psychosocial interventions are usually conducted within the confines of an eating disorder treatment clinic. This is chiefly because during the initial phases of treating an *eating disorder* there might need to be medical supervision. Although outcomes studies are relatively new innovations in the field of treatment they have been helping to improve treatment methodology and outcomes.

An eating disorder treatment clinic will offer a carefully structured pattern of regular meals that is designed to reestablish a healthy eating routine. This has been shown to help reduce the feelings of uncontrollable hunger and craving that patients may experience. By making the eating pattern an unquestioned routine it helps to reduce the negative associations the clients may have about food. Together this helps to interrupt binge-eating behaviour.

Research into genetic causes of *eating disorders* suggests that there are probably a number of genes responsible for susceptibility to developing an eating disorder. As with most other genetic causes there is assumed to be required some interplay with the environment that ultimately produces the *eating disorder*. Identifying the genes involved in eating disorders may help in early identification and treatment of this illness, but psychosocial interventions will still be needed for people who have developed an *eating disorder* and the psychological problems that accompany it.

There appears to be some element of neurobiological changes related to the emotional and social behaviour that accompanies eating disorders. Neuroscience is able to examine how our appetite for food is generated and how this translates into eating. They have discovered networks or neural pathways in the brain that are regulated by messenger molecules neuropeptides. These nascent areas of research are yet to provide insights leading to treatment of *eating disorders* but further studies may lead to a pharmacological treatment for eating disorders.

The fact that there are many more women than men who suffer from *eating disorders* has prompted researchers to investigate reasons for this. Apart from the social influences (such as media depictions of

thin-ideal women) there does appear to be a link to gonadal steroids that emerge at puberty. Girls who are entering puberty are at a much higher risk to develop an eating disorder than any other identifiable grouping. Research is being conducted to unravel the connections between internal physiological changes and external social pressures that act on girls at this age.

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