

Eating Disorders



“Of all our infirmities, the most savage is to despise our being.”

Michel de Montaigne, French essayist (1533-1592)

“I think the reward for conformity is that everyone likes you except yourself.”

Rita Mae Brown, American writer (born 1944)

“It’s not who you are that holds you back, it’s who you think you’re not.”

Anon

Something has clearly gone very wrong with our relationship with food. More than a million people in Britain suffer from some kind of eating disorder and experts say it’s a problem that’s only set to get worse.

According to Beat, the charity formerly known as the Eating Disorders Association, at least 1.1 million people in Britain are affected by anorexia (which involves starving oneself) or bulimia (which involves over-eating), or both. Young people between the ages of 14 and 25 are most at risk and some 80 percent of new cases involve women and girls between the age of 12 and 20.

Another survey, conducted late last year by the Schools Health Education Unit, revealed that 26 percent of 14 and 15-year-olds don’t eat breakfast, 22 percent get no lunch and 10 percent regularly skip both. Children as young as 10 told the survey that they needed to be slim even though few were actually overweight.

The messages in the media are endlessly mixed and confusing, swinging between hysteria over “Size Zero” models on the one hand to relentless coverage of skinny celebrities on the other.

And it’s not just young girls who are at risk. Recent NHS research suggests that up to a quarter of all eating disorder cases are male.

To make matters worse, those who feel they have lost control over the way they eat often end up trapped in a silent world of shame, denial and secrecy, which can create obstacles to both accurate diagnosis and successful treatment. If you’d like to discuss any of the issues raised in this Helpsheet, the **Adviceline** is available for practical and emotional support.

Types of eating disorder

There is a vast literature on the various forms of eating disorders, accompanied by a bewildering array of often confusing terminologies, including “normal weight bulimia”, “bulimarexia”, “compulsive eating”, “bingeing” and “eating distress”.

It is important to remember that whatever the description, one person may display a variety of changeable symptoms connected to the unhealthy use of food at different times. Whether the resulting behaviours revolve around eating too much or eating too little, all eating disorders involve an obsessive and addictive relationship with food that can have a serious impact on health, relationships and working life.

It is also vital to bear in mind that eating disorders are about an awful lot more than just food and weight. In actual fact, they are usually coping mechanisms aimed at dealing with a broad range of underlying emotional difficulties that require sensitivity and courage to address. More of that later, but for the time being, let's think about the main categories.

Anorexia Nervosa. The term ‘anorexia’ is misleading, in that it means loss of appetite. Anorexics will certainly deny that they want food, but will often feel extremely hungry. Anorexia nervosa is a life-threatening condition, characterised by a terror of gaining weight. People with the illness will often go without food for extended periods of time, often coupled with compulsive exercise. They will continue this pattern of behaviour, even when their weight has fallen considerably below what is normal for their height and age. Despite this, they will often also continue to see themselves as overweight. If the stress on the body wasn't enough, anorexics will also often use slimming pills, laxatives, cigarettes and chewing gum to keep weight down. They are rarely over-weight.

Long-term health risks include osteoporosis, an impaired immune system, fertility problems, damage to bodily organs and severe mental health problems.

Bulimia Nervosa. The term literally means “the nervous hunger of an ox” and is characterised by frequent and recurrent episodes of binge eating, or the rapid consumption of large quantities of food in a short space of time. When someone is on a binge, they lose control over how much they are eating. They will usually consume high-calorie foods such as cakes, crisps, biscuits and chocolate. Episodes of bingeing will then often be followed by what is known as purging in order to avoid weight gain. This includes self-induced vomiting, the use of laxatives, diuretics or enemas. So-called Non-Purging Types will resort to compulsive exercise or starvation in between binges. Long-term health risks include poor skin and teeth, mouth ulcers, epilepsy and heart problems. Bulimia is more common than anorexia, but it can be much harder to spot, because the weight of sufferers tends to stay roughly the same.

Binge-Eating Disorder and compulsive over-eating. Binge-Eating Disorder (BED) has been recently identified as a separate condition. Although it is similar to bulimia in terms of the amount of food consumed, the sufferer does not then purge. The condition is now believed to be a lot more widespread than both anorexia and bulimia. People with BED often become obese, which can lead to blood pressure problems and heart disease. Compulsive over-eaters may not necessarily binge, but they will routinely rely on food for a sense of comfort and emotional support and may find themselves unable to stop picking at food all day.

What causes eating disorders?

There is never an easy explanation for an eating disorder, which almost always arises from a complex interaction of many different factors to do with early life, current relationships and circumstances and different personality types.

People who feel badly about themselves can become obsessed about how they look, hoping that to be thin will in some way lead to being loved. But often because of past disappointments, abuse or trauma, people with eating disorders substitute a relationship with other people for a supposedly more reliable relationship with food. The anorexic or bulimic is then stuck in a vicious circle of perpetually seeking comfort and solace in substances or behaviours that can only separate them further from the love, support and human connection that they crave.

People who grew up in chaotic or emotionally unpredictable environments may also use food as a way of exercising some kind of control over their environment, either by depriving themselves of it, or by making themselves sick after eating.

In terms of current circumstances, financial problems, bereavement, divorce, abuse or bullying can all contribute to an eating disorder. Periods of great upheaval and change can also trigger difficulties with food. When emotional stress is added to the constant media pressure to look thin and beautiful, many people get into trouble before they even realise what is happening.

Warning signs

Like all compulsive behaviours, eating disorders can creep up on you gradually. Although there is evidence to suggest that increasing numbers of men are suffering from eating disorders, those most at risk are teenage girls and young women. Eating disorders are also more likely to occur for people whose parents or siblings have also had eating disorders or who have had critical parents. Anyone who suffers from depression or other anxiety disorders is vulnerable.

The Royal College of Psychiatrists quotes the following questionnaire, which can be used as a preliminary guide if you're concerned about your eating:

1. Do you make yourself sick because you're uncomfortably full?
2. Do you worry that you've lost control over how much you eat?
3. Have you recently lost more than 6 kilograms (about a stone) in three months?
4. Do you believe you're fat when others say you're thin?
5. Would you say that food dominates your life?

If you answered 'yes' to two or more of these questions, it might well be time for you to talk to someone about what's going on for you.

Warning signs for Anorexia might include:

- eating less and less
- exercising more and more
- being unable to stop losing weight
- smoking more or chewing gum to keep your weight down
- losing interest in sex
- In girls or women - monthly menstrual periods become irregular or stop.
- In men or boys - erections and wet dreams stop, testicles shrink.

For Bulimia Nervosa, you should think about seeking help if you:

- become increasingly obsessed by your weight
- binge eat
- make yourself vomit and/or use laxatives to get rid of calories
- start having irregular menstrual periods
- feel constantly tired and guilty
- stay a normal weight, in spite of your efforts to diet.

Getting help

Of all the consequences that an eating disorder can have on someone's life, perhaps the most devastating is the sense of loneliness that it can induce. In an attempt to fend this off, some sufferers will deny to themselves and others that there is a problem, despite, say, dramatic signs of weight-loss. The denial, however, can often only be maintained by distancing oneself from people who might actually be able to help.

Others will know that there's a problem, but do everything they can to hide it from the outside world. Because the reasons underlying an eating disorder can be so complex, sufferers will also often believe that no one could ever understand what they've been through or why they are the way they are. This can lead to yet further isolation.

This means that by far and away the most important first step for anyone with an eating disorder is to make contact with someone else. This might be a family member, but it can just as easily be a trusted friend. If someone in your family is suffering from an eating disorder, remember that it is much more important to listen to how they feel than it is to try and change their behaviour.

You can call the **Adviceline**, 24 hours a day, 365 days a year, if you are worried about your relationship with food or that of someone close to you.

Your Adviceline consultant will talk over your situation and help you think about possible options. These might include:

- **Medical treatment.** At the extreme end of the spectrum, some people with severe eating disorders will require medical supervision in order to get better. This might either involve hospitalization or admission to an in-patient treatment centre.
- **Self-help groups.** Research shows that recovery from a range of illnesses can be bolstered and promoted by social support from others with the same condition. Groups such as Overeaters Anonymous can provide a life-saving sense of camaraderie and community.

Easy does it ...

Recovery from an eating disorder can be a long and arduous process, but millions of people every year find their way to a new and meaningful life. Nothing can happen overnight, but the despair and misery of an eating disorder can become a thing of the past. If you are setting out on the journey of recovery, remember to take it slowly, but resolve to keep going, no matter what. A few practical guidelines include:

- Take tiny steps towards healthier eating. Even sitting at the table for a few minutes at breakfast time and not eating anything is a small shift towards having a proper breakfast.
- Stick to regular mealtimes, if you can.
- Keep a diary of what you eat and how you were feeling when you ate. Even if you initially change nothing in your eating habits, this will expand your awareness of your situation.
- Establish what a reasonable weight for you is. Even if you don't agree, you have it as a benchmark.
- Avoid websites and magazines that make you feel you should be skinnier.
- Above all, do not cut yourself off from family, friends or other forms of support.



Books

[Eating Disorders: The Path to Recovery](#)

by Kate Middleton

[Overcoming Binge Eating](#)

by Christopher G. Fairburn

[Overeaters Anonymous](#)

by Overeaters Anonymous

Life & Progress