

Eating Disorders

An eating disorder is an illness that affects one's ability to realistically judge his/her own appearance and moderate his/her behavior around food and exercise. It is estimated that 10% of our population are actively eating disordered.

Eating disorders are not about food or exercise: these are just the focus points of the disorder. People with extremely high expectations, compulsive personalities, need for control, or fearful of growing up are characteristically more likely to develop eating disorders.

The most common eating disorders are anorexia, bulimia, and compulsive overeating. Muscle dysmorphia has recently been discovered and diagnosed. The following are lists of symptoms of these disorders; not all symptoms have to be present to indicate the problem.

Characteristics of Compulsive Overeating and Related Behavior

- Binge eating
- Fear of not being able to stop eating voluntarily
- Depression
- Self-deprecating thoughts following binges
- Withdrawing from activities because of embarrassment about weight
- Going on many different diets
- Eating little in public, while maintaining a high weight
- Believing they will be a better person when thin
- Feelings about self are based on weight
- Social and professional failures attributed to weight
- Feelings tormented by eating habits
- Weight is focus of life

Characteristics of Bulimia Nervosa and Related Behavior

- Binge eating
- Secretive eating (food missing)
- Bathroom visits after eating
- Vomiting, laxative, diet pill, or diuretic use

- Weight fluctuations (10-15lb range)
- Swollen neck and cheek glands
- Broken blood vessels in eyes
- Harsh exercise regimes or fasting
- Mood swings or depression
- Severe self-criticism
- Self-worth determined by weight
- Fear of not being able to stop eating voluntarily
- Fatigue, muscle weakness
- Tooth decay
- Irregular heart-beat
- Complains of sore throat
- Need for approval from others
- Substance abuse
- Ipecac (induces vomiting) abuse

Characteristics of Anorexia Nervosa and Related Behavior

- Noticeable weight loss
- Becoming withdrawn
- Excessive exercise
- Fatigue, always being cold
- Muscle weakness
- Obsession with food, calories, recipes
- Excuses for not eating meals
- Cuts food into tiny pieces, picks at food
- Noticeable discomfort around food
- Complains of being too fat even when thin
- Guilt or shame about eating
- Depression, irritability, mood swings
- Irregular menstruation or loss of period
- Wearing baggy clothes to hide weight loss
- Frequent checking weight on scale
- Fainting, dizzy spells, pale complexion
- Difficulty eating in public
- Headaches
- Perfectionist attitude
- Feelings of self-worth based on food/exercise
- No known physical illness that would explain weight loss

Characteristics of Muscle Dysmorphia and Related Behavior

Recently, health practitioners have discovered another eating/exercising disorder, which is found to primarily affect



men. Muscle dysmorphia has been diagnosed in individuals who:

- Exercise excessively
- Withdraw socially in order to exercise more often and longer.
- Think they are small and “puny”, even when body is built well.
- Have lost jobs, dropped out of school, or had a similar experience due to too much time spent working out.
- Skip events with family to work out.

What Causes Eating Disorders

Eating disorders do not develop overnight. Multiple behaviors contribute to the potential for an individual to develop a disorder:

- Compulsiveness
- Perfectionism
- Fear of growing up
- Fear of losing control
- Unusually high expectations
- Close friend or family member having a disorder

Many disordered eating patients report a significant trigger event that seemed to initiate the behaviors. Trigger events could include a comment on weight gain, a criticism of body size, or a teasing comment made about one’s abilities or appearance. Often the sources of these trigger events were people significant to the individual, like a parent or significant other.

Disordered Eating

Some individuals may not meet the clinical criteria for an eating disorder, but still have unhealthy behaviors around food and exercise. The following related behaviors have been associated with the potential to develop a disorder:

Skipping meals to lose weight
Avoiding certain foods completely
Agonizing over what has been eaten
Talking about food and exercise excessively
Reporting food intake
Asking people if he or she “looks fat”
Repeatedly starting and stopping diets

Thinness, being muscle bound is seen as the end all solution to life’s problems.

Media

While the media messages that support extreme thinness are not helpful, media alone is certainly not to blame. Those who choose media messages over reality have problems with their sense of self-esteem and self-worth. Finding the truth in advertisements is essential. The majority of model’s pictures are air brushed to hide any wrinkles, color changes or dimples in the skin. Now, many advertisers are using computer enhanced images to create “picture perfect” images. Pictures don’t always speak the truth.

What Can I Do?

The best strategies are to address any of the early signs of disordered eating. Being honest with the person in saying, “I’m noticing that you are _____, can you help me understand where this is coming from?” or “I’m concerned about your tendency to _____, is there something going on?” Realize that they may not be fully responsive to you, but you are making the first step.

Remember the following:

- Let them know you care
- Listen and be empathetic
- Tell them they’re special and important
- Don’t pretend everything is ok
- Don’t talk about their weight or size
- Don’t give advice
- Understand their issues go beyond food
- Realize that healing will take time
- Have fun with him/her - don’t fight over food or control
- Know that your friend can be helped
- Realize that your friend will get help when ready, but
- Consider suggesting a visit to a health professional or counselor if they seem to be seriously affected or losing health.

