

Psychological

- Perfectionism.
- Preoccupation with food.
- High need for structure.
- Rigid eating schedule.
- Alternating between being in control of eating and “letting go”.
- Difficulty concentrating.
- Fluctuating body image (e.g., having “fat days” and “thin days”).

Social

- Frequently eating alone.
- Eating in secret.
- Avoiding friends.
- Avoiding situations where food is involved.
- Strained relationships due to food related issues.
- Difficulty being assertive.

Physical

- Amenorrhea (i.e., menstruation has stopped).
- Throat problems.
- Frequent weight fluctuations.
- Significant weight loss or gain.
- Swollen glands.
- Hair loss.
- Puffy cheeks.
- Broken blood vessels under eyes.
- Fainting/dizziness.
- Fatigue.
- Unexplained tooth decay.
- Development of fine hairs all over body.

How Do People Overcome Eating Problems?

It is important to remember that there is hope for those who suffer from eating problems. A variety of treatment approaches have been effective in preventing, reducing, or stopping the troublesome behaviors and in developing new ways of coping with underlying feelings.

An important first step in overcoming an eating problem is to acknowledge that you have an eating problem. Often this can be the most difficult step. An important aspect of this step is to realize that your distressing eating behaviors and feelings are about more than just food.

The next step is to talk with professionals who are experienced in working with people who have eating problems. Treatment for eating problems can be composed of many elements including medical monitoring, nutritional counseling, education, and individual and/or group counseling. Along with providing relief from having to keep such an important issue secret, these professionals can help you improve self-esteem, challenge negative body image messages, and develop healthy and supportive relationships, as well as guide you toward a healthier lifestyle.

Finally, some people, after having regained balanced eating attitudes and behaviors, find it helpful to take some proactive steps to change things that contribute to the development of eating problems. These steps may include working to change cultural expectations and oppressive attitudes about size and shape as well as encouraging others to find coping strategies that are healing and productive.



THE STATE UNIVERSITY OF NEW YORK

Potsdam

**MAYBE I HAVE AN
EATING PROBLEM**

College Counseling Center
State University of New York at Potsdam
131 Van Housen Hall
Email: counseling@potsdam.edu

You are welcome to stop by or
call to make an appointment:

131 Van Housen Hall

315-267-2330

8:30-4:30 pm

Eating problems fall within a broad range of eating related feelings, attitudes, and behaviors. Consider the following continuum:

confidence about body shape/size; flexible eating
preoccupation with body shape/size and eating
distress about body shape/size and eating
eating disorders

Body image confidence is characterized by mostly positive feelings about your body shape and size. In this range, your body is seen as a good part of you that can help you enjoy life. For body confident people, all foods are seen as fitting into an overall healthy diet, without feeling that some foods are “good” and some “bad.” Given the messages we all receive daily about what we “should” look like, it can be challenging to maintain your place at this end of the continuum.

Preoccupation with body shape/size and eating involves frequently thinking about food, eating, and your body. In this range of the continuum, you may find yourself thinking about what you ate at your last meal and feeling that you’ll need to “make up for it.” You may be a little inflexible about what you “allow” yourself to eat. There may be moments where you feel guilty or bad for what you’ve eaten. In addition, you may not like the way certain parts of your body look or you may consistently feel that you could lose a few pounds. In general, however, these feelings do not interfere with enjoying life and engaging in situations involving food.

Eating or body image distress refers to a level where your preoccupation with eating and body shape/size does interfere with daily interactions and activities. You may find yourself thinking a great deal about food or your looks. In this range of the continuum, you may be fairly rigid in your eating patterns, you may work hard to change your body

shape/size (e.g., vomiting, fasting, extreme exercising). Typically, however, you will not have experienced a significant amount of weight loss.

Eating disorders most commonly refer to Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder.

Anorexia Nervosa involves a significant fear of gaining weight or becoming fat and a restriction of food intake to the point of significant weight loss. Women with Anorexia Nervosa stop menstruating. People who struggle with Anorexia Nervosa may or may not engage in compensating behaviors such as extreme exercising.

Bulimia Nervosa involves binge eating episodes during which the person eats large amounts of food and feels unable to control the eating. The person may also engage in compensatory behaviors (e.g., vomiting, use of laxatives, over exercising) to try to offset food eaten. Bulimia Nervosa describes a pattern where cycles of binge eating and compensating occur at least twice a week for three months. People struggling with Bulimia Nervosa often evaluate themselves extremely critically on the basis of their body shape and weight.

Binge Eating Disorder describes a pattern where binge eating occurs at least two days a week for a six month period, but without compensating behaviors.

While eating disorders in the United States are thought to be predominantly present in girls and women, it is important to remember that males may also struggle with eating disorders.

Difficulties Often Associated with Eating Problems

People who struggle at the preoccupation, distress, or eating disorder levels often experience a number of behavioral, emotional, psychological, social, and/or physical symptoms. The following checklist includes many of these symptoms. The checklist is not intended to determine whether you have an eating disorder. Its purpose is to help you think more specifically about

your behaviors and feelings, regardless of your problem level. If you feel concerned about any of these items, you might want to speak with a counselor, physician, or nutritionist about your concerns. To help in that discussion, you may want to place a check next to the symptoms you experience, and then bring the checklist with you.

Behaviors

- Routinely restricting calorie or food intake for the primary purpose of feeling more in control (e.g., “I’m going to limit how many calories I eat” or “I will only eat ‘good’ things”).
- Eating episodes during which you feel out of control regarding your eating.
- Feeling compelled to exercise (sometimes excessively) in order to compensate for food eaten.
- Self-induced vomiting.
- Temporary fasting in order to compensate for food eaten.
- Drug use to control eating or weight gain (e.g., diet pills, amphetamines, laxatives, diuretics, etc).
- Rituals around food (e.g., not allowing food to touch your lips; cutting your food into small pieces).
- Frequently weighing yourself.
- Counting calories.

Emotional

- Depressed mood.
- Mood swings.
- Irritability.
- Guilt about eating.
- Intense fear of fat.
- Low self-esteem.
- Eating when upset.
- Emotional discomfort after eating.
- Difficulty tolerating the feeling of being full.
- Shame about eating behaviors.