

Treatment

An important first step in overcoming an eating disorder is for the person to acknowledge to him or herself and to helping professionals that an eating disorder is a problem. Medical and psychological help should be sought from individuals experienced in the treatment of such disorders. A complete physical examination including lab tests will often be necessary.

Psychotherapy is also usually necessary. It may include individual and/or group therapy. One immediate benefit of such therapy is the feeling of relief at no longer having to keep such an important part of one's life a secret.

Psychotherapy will often focus on improving self-esteem. It may be supplemented by nutrition education, discussions of eating habits and food selection.

This combination of medical, psychological and educational treatments can be effective on an outpatient basis. In extreme cases, e.g., a person with anorexia nervosa whose weight is extremely low or a person with bulimia who is completely out of control, temporary hospitalization may be required. What is most important is that professional treatment be sought as quickly as possible. Attempts at self-help are rarely successful, and the longer the disorder remains unchecked the harder it may be to overcome.

How to Help Someone Who Has an Eating Disorder

If you know of a friend or family member who has an eating disorder, here are some guidelines:

- Don't nag about eating or not eating.

- Don't spy. People with eating disorders are already extremely self-conscious about their eating habits. The most you will do is increase their discomfort and force them to be even more secretive.
- Don't agree to help the person control eating by hiding food to keep them from binge eating. The person with bulimia may request such "help" initially, but will end up resenting it and finding other ways to binge.
- Do remember a person with an eating disorder is just that—first a person, and only secondarily one who has trouble with food.
- Do be available to listen to the person in times of distress. One of the best ways to help someone gain control over eating is to reach out to that person as a friend instead of focusing on his or her eating behavior.
- Do be supportive and encourage the person to get help. Medication, psychotherapy, and nutrition education can all be helpful. Let the person know you care.
- Don't let yourself be convinced that the person really doesn't have a problem. The problem exists and there is hope.

Some excellent books on this topic are:

- Bruch, Hilde. *The Golden Cage*. Cambridge, MA: Harvard University Press, 1978.
- Chernin, Kim. *The Obsession: Reflections on the Tyranny of Slenderness*. New York: Harper and Row, 1981.
- Pope, Harrison, Jr. and Hudson, J. *New Hope for Binge Eaters*. New York: Harper and Row, 1984.
- Squire, Susan. *The Slender Balance: Causes and Cures for Bulimia, Anorexia, and the Weight-Loss/Weight-Gain Seesaw*. New York: Putnam, 1983.

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

131 Van Housen Hall
315-267-2330
8:30-4:30 pm



THE STATE UNIVERSITY OF NEW YORK

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EATING DISORDERS

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What Are Eating Disorders?

Anorexia Nervosa is a disruption in normal eating habits characterized by an all-consuming fear of becoming "fat." It typically starts in teenage women as a normal attempt to diet but gradually leads to more and more weight loss, often more than 25% of original body weight. There is an intense preoccupation with food and body size, which may involve compulsive exercising. As this happens, many normal activities may stop. Menstruation ceases in women and there are a number of physical symptoms of malnutrition such as lowered heart rate, low blood pressure, decreased metabolic rate and sensations of coldness particularly in the extremities.

People with anorexia nervosa are obsessed with food and deny that they have a problem or that they are too thin. They may be able to work or study and have some social life but usually function far below their potential. Frequently, they are also depressed. Some persons with anorexia starve themselves to death. Others check the downward spiral of weight loss and maintain a steady but seriously underweight condition. In all cases, even severe weight loss does not diminish the perception of being "fat." Bulimia is a cycle of uncontrolled binge eating followed by purging through vomiting or the use of laxatives. Individuals with bulimia are often of normal weight or even slightly overweight. Bulimia can range from a mild and relatively infrequent response to stress to an extremely debilitating pattern that absorbs nearly all of a person's time, energy and money. In its most severe forms, binge eating and purging may occur ten or more times a day.

Bulimia usually begins innocuously as an attempt to control weight. Purging may seem to be a convenient means for a person to overeat without gaining weight. It can quickly become a destructive process that cannot be controlled. Persons with bulimia are often aware that their eating patterns are abnormal and out of control and that their lives are dominated by their eating habits. They may feel

guilty and depressed after a binge. Over time, the cycle becomes more and more dominant in the person's thoughts and behavior. It may impair personal relationships and interfere with other activities, leading to depression, isolation and lowered self-esteem. Once caught in this pattern, the resulting shame and sense of helplessness may make it difficult for the person to seek the help that is needed.

Physical effects can also be serious. Frequent vomiting can cause permanent tooth damage from erosion of tooth enamel as well as damage to the tissues of the throat and esophagus. Kidney problems and seizures are also possible. Electrolyte imbalance with consequent risk of serious cardiac problems is also a significant danger.

One form of anorexia nervosa also involves binge eating and purging. In these cases persons turn to binge-purge strategies as an alternative to starving themselves to achieve their desired weight loss. Thus the binge-purge cycle may occur in both disorders but individuals with anorexia nervosa lose much more weight.

Causes of Eating Disorders

Anorexia nervosa has been known for over a century but it is only since the early 1970's that bulimia, not associated with anorexia, has been known to professionals. One out of every one hundred women may become anorexic. Estimates of the frequency of bulimia vary from five out of a hundred to twenty out of a hundred in college age women. Men also develop anorexia nervosa and bulimia but in far smaller numbers. Both disorders appear to be on the increase. Experts do not know the causes of these disorders nor why they are increasing, but most agree that biological, psychological and social factors all play a part. Little is known about biological factors. Some evidence suggests that eating disorders may develop as a response to inherited predispositions to mood swings and depression. Other evidence reveals an increased incidence of major depression and alcoholism in blood relatives of persons with bulimia or bulimic variations of anorexia nervosa. Antidepressant medication under the supervision of a physician has been found helpful to some individuals in controlling the binge-purge cycle.

More attention has been paid to the psychological development of persons with eating disorders. It is speculated that anorexia may function as an attempt to gain control over life or life circumstances when a person has felt little control in the past. It may also serve as an avoidance of the bewildering complexities of physical and emotional maturation. Specialists from the UCLA Eating Disorder Program have described a profile of individuals with anorexia. They are often compliant "model children" who tend to be intelligent, perfectionistic, and have high personal standards. They often want to please others but have low self-esteem and problems with assertion. They will also frequently be depressed. High expectations within their families may be another contributing factor. Persons with bulimia also suffer from low self-esteem but tend to be less passive than persons with anorexia nervosa. Individuals with bulimia tend to be more socially active, are more likely to date and may use alcohol and drugs. Research suggests that persons with bulimia have a higher general level of anxiety than others. Thus the binge-purge cycle may function as a mechanism for relieving anxiety and emotional stress. Social factors also seem to contribute to eating disorders. Excessive emphasis within our culture on slim, boyish figures for women makes it increasingly hard for the adolescent girl, already worried about herself and her body, to feel acceptable. Increasing numbers of teenage girls resort to extreme diets or purging in attempts to make their maturing bodies conform to the expectations of society. Some of these individuals will be trapped in the destructive pattern of eating disorders. Females have traditionally felt more pressure than males to conform to physical stereotypes of what is acceptable. This may explain why so many more females than males develop eating disorders.