



EATING DISORDERS:

THE SURVIVAL KIT FOR FAMILY AND FRIENDS

1. Quick definition of eating disorders

Eating disorders are characterized by severe disturbance in eating behaviour coupled with a disturbance in perception of body shape and weight.

Anorexia nervosa is defined by inability to maintain a minimally normal body weight.

Bulimia nervosa is characterized by repeated episodes of binge eating followed by severe/excessive measures of compensatory behaviours to balance the food intake.

Binge eating disorder is characterized by repeated episodes of binge eating not followed by any regular compensatory behaviour.

Eating disorders not otherwise specified are disorders that do not meet the specific criteria for either of the disorders described above, however the individual is still struggling with a significant disordered eating and body dissatisfaction.

2. Associated features

Physical symptoms	Emotional/mental correlates
- Hair loss	- Intense fear of fat
- Low white blood cell count	- Distorted body image
- Irregular heart beats	- Relentless pursuit of thinness
- Heart decay, failure and death	- Perfectionism
- Slow heart rate	- Depression
- Lanugo	- Social withdrawal
- Obesity	- Feelings of panic or guilt after weight gain
- High blood pressure	- Eating in secret
- Type II diabetes	- Low self esteem, guilt and embarrassment
- Amenorrhea	- Feeling out of control
- Osteoporosis	- Preoccupation with food
- Swollen salivary glands	- Obsessive-compulsive behaviours
- Tooth decay	- Anxiety
- Sore throat	
- Organ damage	
- Addictions	
- GI damage and stomach distension and tearing	
- Heart disease	



3. Function of the eating disorder: is it really about food or the pant size?

Not Really. The Food, Weight, Shape issues are **symptoms** that tells us something much deeper is going on.

Yes, it is important to address the symptoms, as they can lead to serious medical problems, however if you do not address the deeper issues it is like building a house on a cracked foundation; it won't last long.

The Function of eating disorders?

So often those who are unfamiliar with eating disorders assume they are based in a quest for thinness. Even those who struggle with one may believe it is about weight or body size. Do not be fooled. No matter what happens with weight, the disorder will continue. If weight is lost, one will continue to want to be lower and lower, regardless of what preset 'goals' they had in mind. Eating disorders serve a much deeper purpose for the individual. Like any ineffective coping strategy (perfectionism, alcoholism, drug addiction, etc.), they regulate emotions in a destructive way. These individuals are unaware of the emotional aspect of the disorder.

4. Contributing factors to the development of the eating disorder.

There is no clear answer. Eating disorders are the result of "the perfect storm", in which many factors overlap and create the environment for such a disorder to occur. Research points towards a combination of such risk factors including but not limited to individual factors, societal factors, community, and peer influences, family characteristics, and genetics.

Culturally, our society emphasizes fitness in general, with a bias towards thinness for women and muscular physique for men. In addition, the dieting industry encourages that everyone can be that "beautiful" (meaning slim, fit, muscular) if they try hard enough. The bottom line becomes that unless one fits the ideal, one is not successful and good enough. No room is left for diversity.

Individually, one has to balance one's own physical changes (natural and normal, but sometimes scary) such as pubertal changes, with personality factors (i.e., perfectionistic, ambitious, anxious, sensitive, insecure, lacking confidence). In addition, genetic factors predispose one to physical characteristics that can be deemed undesirable. For some, the eating disorder provides a very concrete aspect of their life on which they can exert control and observe changes.

Family relations also hold an important part as one is tightly connected to one's family. Family relations that are too close, too distant or chaotic hinder the development of a self-assured, independent, self-sufficient sense in the individual.

Lastly, life events can be experienced as traumatic (e.g., the death of a loved one, leaving home for college etc) and again, the eating disorder provides a simple and clear focus, distracting from the grand scheme of stressful factors and also allowing the individual to feel that he/she is coping and is successful at something.



Eating disorders cover all ages and occur predominantly in women, though men are also affected. The course and outcome are variables, as some individuals recover fully after a single episode, while others exhibit fluctuating patterns of weight gain and loss, relapsing and other experience a chronic deterioration over many years.

5. Treatment

- a. Outpatient treatment is usually provided in individual, group or family format or a combination of the above. While individual therapy provides the individual with one-on-one intensive treatment, group therapy can provide additional support from other members of the group and their perspective on recovery. Similarly, family therapy brings all members of the family together and acknowledges the fact that the disorder is affecting more than just the patient while also empowering the family members to help in the process of recovery.
- b. Day treatment programs offer full-day support, usually up to 8 hours a day 5 days a week, combining group therapy with structured meals and nutritional counselling.
- c. Residential treatment offers the individual to live on the treatment facility for a period of time. The individual will receive constant supervision and structure, combining therapy with introduction of normalized eating.
- d. Inpatient units are suitable for individuals who cannot gain weight themselves and are becoming medically unstable. The focus is not only re-feeding and regaining stability, but also providing the individual with therapy and better coping skills they can use after discharge.
- e. Emergency medical hospitalization is the most acute level of care, aimed at refeeding, rehydrating and stabilizing the individual's physiological processes.

6. How to help yourself.

DO	DON'T
<ul style="list-style-type: none"> - Gather information about eating disorders - Make mealtimes pleasant and enjoyable, as well as balanced - Keep to your regular schedule as much as possible. For example: eating times, going out as a couple or with friends. 	<ul style="list-style-type: none"> - Don't neglect the support of others who have observed similar problematic behaviour. Share your concerns with the person in a calm, caring manner. - Don't put the needs of the individual with the eating disorder before your own. - Don't allow the person to disrupt your life through manipulation, arguments, threats, blame, guilt, bribes and resentment. - Don't allow yourself to be programmed by negative influences. Love your relative or friend and avoid making appearance important. - Don't let guilty feelings or looking causes take up your time. You can contribute to recovery, with a positive attitude, and



	<p>doing what you need to do for yourself.</p> <ul style="list-style-type: none"> - Don't criticize your own shape constantly ("I am too fat" or "I have lost weight, I'm happy") as it maintains the idea that one's appearance is more important than character. - Don't talk about "good" and "bad" food as it reinforces the eating disorder thinking.
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7. How to help your loved one.

DO	DON'T
<ul style="list-style-type: none"> - Gather information about eating disorders - Assure your loved one by saying they are not alone, you love them, you want to help in any way you can and at the same time respect their need for privacy - Encourage your loved one to continue treatment - Make mealtimes pleasant and enjoyable, as well as balanced - Be a friend and listen actively for their needs and concerns - Communicate directly to the person the seriousness of your concerns, your conviction that treatment is necessary and your willingness to provide emotional, financial and other practical support. - Realize the importance of patience. Recovery is a gradual process. - Become aware that treatment should address the physical, psychological, behavioural, social, and cultural dimensions of the disorder. - You may say that he / she needs to eat, rather than if he / she eats they will look better. - Encourage independence and autonomy. - Be aware of the perfectionist tendencies of the individual with the eating disorder. Be realistic about their achievements and accomplishments. - Remember that any one can feel worthwhile who is loved. Make sure this is evident to your child / friend. - Eating disorders can affect anyone in any socio-economic class and any age group. 	<ul style="list-style-type: none"> - Don't discuss your concerns with the person without being able to recommend a source of treatment or help. - Don't expect the person to acknowledge the problem. Most often, the person will feel extremely threatened by the thought of giving up the dysfunctional eating behaviour. - Don't set weight goals or reward weight loss / gain in any way. He / She must feel that the recovery process is their own. However, helping him / her to set other goals like keeping busy to avoid bingeing / purging, starving etc. is quite helpful. - Do not insist on your standards for his / her growth and development. He / She must trust their own value system, and find his / her own standards for their life. - Do not expect immediate results. Recovery is a life long process. The eating disorder didn't just happen and it will take a long time to go away. He / She may struggle with it forever. Remember that societal pressures exist for all people in our society to be thin. A complete recovery is possible, taking many months or even years. - Don't allow the person to disrupt your life through manipulation, arguments, threats, blame, guilt, bribes and resentment. - Don't allow yourself to be programmed by negative influences. Love your relative or friend and avoid making appearance important. - Don't criticize your own shape constantly



<p>They are coping mechanisms used to provide a sense of control where it is perceived that none exists.</p> <ul style="list-style-type: none"> - Food and weight are not the issues, but symptoms of underlying problems: low self-esteem, poor conflict resolution skills, overwhelming feelings of body dissatisfaction and extreme perfectionism. 	<p>("I am too fat" or "I have lost weight, I'm happy") as it maintains the idea that one's appearance is more important than character.</p> <ul style="list-style-type: none"> - Don't talk about "good" and "bad" food as it reinforces the eating disorder thinking.
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Below is a list of statements that should never be made to a person suffering from an eating disorder because these statements may jeopardize their own strength and progress toward recovery.

1. *"Just sit down and eat like a normal person."* If only it were that easy. Remind yourself that there are deeper emotional issues that may be preventing them from eating properly.
2. *"Why are you doing this to me?"* They are doing it to themselves. A comment like that would only cause guilt and makes them feel worse about themselves.
3. *"You've put on weight, you look great!"* They don't hear "you look great", they only hear "you've put on weight" leading them to believe that they are fat.
4. *"Are you making any progress?"* A comment like that doesn't recognize the process and that progress takes time.
5. *"I'll help to fatten you up!"* The words "fatten you up" are very terrifying to a person with an eating disorder. Comments like this can be very damaging.
6. *"Are you keeping anything down?" or "When was the last time you puked?"* The act of purging can leave the person with feelings of guilt and shame. Having someone ask this question can cause them to re-experience those feelings and leave them feeling ashamed for having a problem.
7. *"You look terrible."* Avoid commenting on the person's appearance. The person is already obsessed with body image.
8. *"You are ruining our family."* Comments like this only cause the person more guilt. It will not motivate them to change, instead, it may drive them into deeper isolation.
9. *"What have you eaten today?"* Avoid comments about food. Instead, ask about their feelings and their life.
10. *"If you think you are fat, you must think that I'm obese!"* A distorted body image is a key feature of Anorexia Nervosa. Avoid commenting on body image.
11. *"Go ahead and have a drink or eat. You'll just go and throw it up anyway, so what does it matter?"* Be encouraging about trying new things. Avoid talking about purging.
12. *"I wish I had that problem." or "I wish I could be anorexic for a day."* Everyday is a struggle with eating. Recognize the tremendous pain in trying to overcome an eating disorder. This will encourage the expression of feelings.
13. *"For someone with an eating disorder- you're sure pigging out today."* Avoid judging the person. Recognize the struggle not the food.
14. *"You look so healthy, you were always so thin before."* They may, in fact, be looking better and healthier but it is best not to comment on a person's appearance. Focus on feelings. Make appearance secondary.