DISORDERED EATING AND EATING DISORDERS

A resource for individuals, families, and the community

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What Are Eating Disorders?

Disordered Eating

Disordered eating exists along a continuum between 'normal' or healthy eating and clinical eating disorders. Disordered eating may be characterized by preoccupation or anxiety regarding eating, avoidance of certain foods (without special dietary/health reasons), difficulty stopping eating or feeling out of control while eating, experience of guilt as a result of eating behaviours and/or body weight or shape, and compulsive exercising. These types of thoughts, feelings, and behaviours do not pass the threshold for clinically disordered eating, yet can cause distress and interfere with the person's daily life.

Eating Disorders

Eating disorders are more extreme patterns of disordered eating. They are characterized by a combination of disordered thoughts, feelings, and behaviours that cause significant distress and potential physical health complications. It is also important to understand that eating disorders are not a sole result of the person's choice. Like other mental illnesses, the person cannot simply choose to stop their disordered eating thoughts and behaviours. They often feel a great deal of anxiety, conflict, and emotional pain associated with these patterns.

Eating Disorders Aren't Actually About Food

The most common misconception about eating disorders is that they are a problem with food and eating. Eating disorders are actually a signal that there is a deeper problem. Food, eating, and body weight serve as symbols for emotions, beliefs, and needs. Disordered ways of eating and relating to food and the body may reflect emotional distress, beliefs about self-worth, and desire for control, agency, and acceptance.

What Types of Eating Disorders Are There?

Anorexia Nervosa

- Restriction of energy intake leading to significantly low body weight based on age, sex, developmental stage, and physical health.
- Intense fear of gaining weight or becoming fat, or behaviour that interferes with gaining weight.
- Disturbance in the way one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of low body weight.

* There are two types of anorexia nervosa: *restricting type* (low body weight due to restricting energy intake and/or excessive exercise only) and *binge-eating/purging type* (low body weight due to a pattern of eating large amounts of food followed by self-induced vomiting, misuse of laxatives, etc.).

Bulimia Nervosa

- Pattern of binge eating:
  - Eating large amounts of food in discrete periods of time.
  - Feeling a lack of control over eating during these periods.
  - Compensatory behaviours in response to binge eating in order to prevent weight gain (vomiting, misuse of laxatives, fasting, excessive exercise, etc.).
- Undue influence of body weight or shape on self-evaluation.

Binge-Eating Disorder

- Pattern of binge eating:
  - Eating large amounts of food in discrete periods of time.
  - Feeling lack of control over eating during these periods.
- Binge-eating episodes are associated with three (or more) of:
  - Eating very rapidly.
  - Eating until feeling uncomfortably full.
  - Eating large amounts of food when not hungry.
  - Eating alone due to feeling embarrassed by how much is eaten.
  - Feeling disgusted with oneself, depressed, or very guilty.

Avoidant/Restrictive Food Intake Disorder

- Lack of interest in or avoidance of food leading to inadequate nutritional/energy intake, which leads to one or more of the following:
  - Significant weight loss (or faltering growth in children and teens).
  - Significant nutritional deficiency.
  - Dependence on enteral feeding or oral nutritional supplements.
  - Interference with psychosocial functioning.

Unspecified Feeding or Eating Disorder

- Symptoms of an eating disorder cause significant distress or impairment to functioning in daily life but do not meet the full criteria for any of the other eating disorders noted above.

What Issues Often Accompany Disordered Eating and Eating Disorders?

Anxiety

Often people with disordered eating or eating disorders experience anxiety. This anxiety may take the form of excessive worry about food and eating, body weight or shape, social situations, or feeling jittery or 'on edge.'

Depression

Noticeable fluctuations in mood typically are seen with disordered eating and eating disorders. Very low mood or even clinical depression is common in these cases. Low mood and depression may be characterized by sadness, low self-esteem, loss of enjoyment in previously enjoyable activities, and feelings of hopelessness.

Substance Abuse

Because eating disorders are typically rooted in emotional distress, beliefs about self-worth, and desire for control, agency, and acceptance, other behaviours may also surface as a means of relieving emotional pain. People with eating disorders have a higher likelihood of abusing alcohol, medication, and illicit substances.

Self-Harming Behaviour

Self-harming behaviour can be very alarming and difficult to understand. People may intentionally cut, hit, or burn themselves when they are feeling overwhelming emotional pain or distress. Linked to the emotional distress associated with eating disorders, people with eating disorders are more likely to engage in self-harming behaviour.

Perfectionism

Perfectionism is a characteristic most often seen in people with anorexia nervosa. Individuals may place extremely high expectations on themselves, be very driven towards achievement or success, and feel guilt or shame when they feel they cannot live up to these high expectations.

Difficulty with Emotional Awareness, Expression, and Regulation

Disordered eating and eating disorders share the common thread of emotional difficulty, although specific emotional difficulties vary with the type of eating disorder and each person. Typically, individuals struggling with anorexia nervosa and restrictive eating often have difficulty being aware of, identifying, and expressing what they are feeling. In contrast, people struggling with bulimia nervosa and binge-eating often have difficulty regulating the emotions they are feeling.

Disrupted Experience of the Body

There is an increasing focus of eating disorder research and treatment on how the body is *experienced*. Many people are familiar with the concept of body image, which refers to how the body is perceived and evaluated; yet less people are familiar with the concepts of *embodiment* and *embodied experience*. Embodied experience refers to the experience of living in and experiencing the world through one's body. This includes experiencing one's body from a third-person perspective (e.g., "how does my body look?") as well as from a first-person perspective (e.g., "how does it feel to be in my body?"). It is now widely understood that people with eating disorders experience negative or distorted body image, but what we are learning is that people with eating disorders also struggle with disrupted embodied experience. In other words, people with eating disorders not only see their bodies differently, they relate to their bodies differently. Specifically, people with eating disorders often describe feeling disconnected or detached from their body. Their body feels like an object that they are stuck in, rather than part of who they are.

What Contributes to Eating Disorder Development?

It is very difficult to pinpoint exactly what causes an eating disorder; however, we do know that eating disorders are the result of a combination of personal and environmental factors. Genetics, certain temperament, and personality characteristics are linked to an increased likelihood of developing an eating disorder. Attachment, or the relationship between a child and their parent(s)/caregiver(s), shapes emotionality and the way the child learns to respond to stress, which also is linked to eating disorder development. Additionally, we know that experiencing trauma, such as physical, sexual, or emotional abuse or neglect, is associated with eating disorder development.

More recently, eating disorders have been identified as at the intersection of the body, self, and culture. In other words, eating disorders can be understood as developing as a result of living in our bodies in a world that influences (sometimes in a negative way) how we experience our bodies. It is through different experiences across our lifespan that we come to have a healthy, engaged relationship with our bodies, or an negative, disengaged relationship with our bodies.

What Are Some Treatment Options?

Cognitive-Behaviour Focused Treatment

This type of approach to disordered eating and eating disorder treatment focuses on the distorted or dysfunctional thoughts, attitudes, beliefs, and behaviours surrounding food, eating, and body weight and shape. Such approaches can be helpful for managing symptoms and changing problematic thought patterns.

Emotion-Focused and Family-Based Treatment

As implied by the name, emotion-focused approaches to disordered eating and eating disorder treatment emphasize exploring underlying emotions that are associated with problematic eating behaviour and perceptions of body weight and shape. Such treatment approaches focus on identifying, expressing, and learning to regulate emotions in healthy ways. Family-based approaches are increasingly integrated with emotion-focused treatment, and a great option especially when the person with the eating disorder is a child or adolescent living with their family. Including the family in the treatment process can help by improving relationships between family members, facilitating healthy ways of expressing and managing emotions in their daily life, and supporting the person and family through recovery.

Body/Somatic-Focused Treatment

Although counselling or therapy is often thought of as working with the mind, these approaches to disordered eating and eating disorder treatment take into account the connection between the mind and body. The role of the body in experiencing, identifying, and expressing emotions is especially important. Body/somatic-focused approaches emphasize how the body is subjectively experienced, how emotions are felt through the body, how emotions can be expressed through the body, and how the body can play a role in recovery.

Medical Intervention

In more severe eating disorder cases, medical intervention may be needed, specifically in response to inadequate nutrition and energy intake. This may include nutritional support, involving guidance from a nutrition professional, and/or medical monitoring, where physiological functions are checked by a medical doctor on a regular basis.

Medications

Certain types of medications may be prescribed to lessen anxiety and/or address mood concerns in some eating disorder cases. Common types of medications include selective serotonin reuptake inhibitors (SSRIs), such as Fluoxetine (Prozac) and Sertraline (Zoloft). Medications are prescribed by a medical doctor or psychiatrist, and are most effective in eating disorder treatment when used in combination with counselling.

How Should I Talk to My Loved One About Disordered Eating or Eating Disorders?

Be Open and Invite Honesty

- Try your best to be nonjudgmental. Guilt and shame are common emotions felt by people struggling with disordered eating and eating disorders. Be curious about what they're going through and convey that you are care about them, rather than communicating that what they are doing is something to be embarrassed about.
- Be direct and gentle. Talking about disordered eating, eating disorders, and mental health issues in general can be difficult and uncomfortable, but it is important to communicate that you can and want to talk about these concerns. Approaching difficult topics with sensitivity and gentleness helps create a safe space for your loved one to talk about what they're going through.

Focus on What Might Be Underneath the Behaviour

- Avoid comments specifically about body weight and appearance. Instead, focus on noticed changes in mood, energy, sociability, engagement in activities, etc.. You might say, "I've noticed you've been spending more time alone lately. Has something been bothering you?".
- Keep in mind that if you are noticing signs of disordered eating, difficult emotions likely are being experienced. Invite discussion about emotions rather than focusing on behaviours. You might say, "It seems like dinnertime is hard for you. What emotions are you feeling when we sit down to eat?".

Try Your Best to Manage Your Own Emotions

- Seeing a loved one struggle with disordered eating or an eating disorder can be confusing, frustrating, and frightening. Communicating is often more difficult when we feel emotionally stirred up. Try your best to talk with your loved one about the concerns you have when you are feeling calm.
- Take care of yourself. You will be in the best place to support and care for your loved one when you are also cared for. Take time to care for yourself and to connect with other people who support you.

How Can I Support My Loved One Through Recovery?

- Remember, the eating disorder is linked to emotions, beliefs about oneself, and needs. Focus on emotions and needs that are being experienced (e.g., needing to comforted or accepted).
- You may not understand why your loved one is experiencing these things, but the feelings and needs are very real to them. Whether you understand or not, you can still validate that what they are going through is difficult.
- It may be helpful to separate the eating disorder from the person. Your loved one is not the eating disorder; they have an eating disorder. If you can distinguish the eating disorder from the person, you and your loved one can both 'team up' to address the eating disorder.
- Your loved one may not be as committed to overcoming the eating disorder as you may like them to be. Especially in the beginning stages, even thinking about giving up the eating disorder may be terrifying for them. This may be hard for you to understand, but the eating disorder is helping them manage difficult emotions and/or giving them a sense of control. Recognizing and validating that giving up an eating disorder is very difficult, while also encouraging change can be very helpful for your loved one.
- Avoid comments about 'diet' foods, dieting, body weight (e.g., "you're so skinny," "you've put on weight"), or comments about anyone else's body shape or weight (including your own). These comments can be very triggering for your loved one, even if they are well-intentioned.
- Make your home a diet-food-free place. Keep all foods marked as 'diet,' 'non-fat,' 'sugar-free,' etc. out of your home. The same rule goes for any books, magazines, or media with similar messages.
- In the beginning stages of recovery, providing structure around eating and mealtimes can be helpful for lowering your loved one's anxiety while making sure they are getting adequate nutrition. Let them know when, where, and what the family will be eating throughout the day. Eat meals together. It may also be helpful to seek guidance from a nutrition professional to help structure and schedule meals and snacks.
- It's likely that your loved one feels a lot of anxiety about eating. To help reduce this anxiety, try using distraction during mealtimes. Move focus away from the food by playing music, talking about other topics, or even watching a movie together.
- Model a healthy relationship with food and your own body. Actions often speak louder than words. Having a healthy relationship with food and our bodies in today's world is challenging for most people. You'll be the greatest help to your loved one if you model what it can be like to enjoy food in a balanced way and nourish and take care of your body.

Conclusion

Watching a loved one struggle with disordered eating or an eating disorder, or struggling with one yourself can be overwhelming. It often seems to rearrange the priorities in your life and can strain relationships, test patience, and feel disheartening. Recovery is a journey that isn't always linear. It takes intentionality, perseverance, and support. The information included in this brochure was compiled as a starting point, to open space for conversation and guide dialogue. If you've resonated with any of these topics and/or have questions, take a look through the resources listed in the Appendix and/or reach out to a mental health professional.

Appendix

About the Author

Chelsea Beyer has a Master of Arts in Counselling Psychology, is a PhD Candidate at the University of British Columbia, and a Registered Clinical Counsellor. She is passionate about research and clinical work in the areas of disordered eating, eating disorders, and people's relationships with their bodies across the lifespan. She has personally been impacted by eating disorders in a number of contexts, and it is this lived experience that has led her to work with people in this area. She provides counselling and consultation out of her office in Fort Langley, and is an author, researcher, and university instructor.

Resources

Chelsea Beyer, Registered Clinical Counsellor

Phone 778-875-1082

Email chelseabeyer@thrive-life.ca

Website chelsea-beyer.com, thrive-life.ca

National Eating Disorder Information Centre

Phone 1-866-633-4220 (toll free helpline)

Website nedic.ca

Kelty Mental Health Resource Centre

Phone 604-875-2084

Email keltycentre@cw.bc.ca

Website keltymentalhealth.ca

Families Empowered and Supporting Treatment of Eating Disorders

Email info@feast-ed.org

Website members.feast-ed.org