



Eating Disorders

What are eating disorders?

Many of us experience difficulties around food at some points in our life, eating too little and eating too much have probably been problems for as long as there have been people. We will all have done both at points in our lives. You are probably reading this because you are concerned about a prolonged or developing pattern you are noticing in your own relationship with food, or that of someone in your life.

Eating disorders are generally viewed as an external expression of some internal distress. Focus on food can be a way of trying to manage distress. It can also be a way of trying to take back control.

There are several recognised eating disorders which can be described as follows:

Anorexia

The key indicator of anorexia is severe weight loss, linked with an intense fear of gaining weight. A person who has anorexia will typically view their weight very differently to others, and often still view themselves as overweight. Intense exercise as a way of maintaining and increasing weight loss is often a feature of the illness. Women will generally find that they stop menstruating.

Anorexia is more prevalent among women than men, but unfortunately the number of men with anorexia is increasing. There are effective treatment options, and there is every reason to be hopeful that you can overcome it with the right support. However, sadly it is obviously a condition that can ultimately result in premature death, so it is essential to acknowledge it and seek help.

Bulimia

Bulimia may be less obvious to an outside observer, as it doesn't necessarily lead to weight loss; if you have bulimia you may maintain your weight. You are also likely to devote a lot of mental energy and attention to your weight, and worry about your weight increasing. You will have periods of bingeing, followed by purging, either through making yourself sick, or use of laxatives or diuretics. You may also engage in intense exercise as a way of controlling your weight. These binges may be what Dr Fairburn in 'Overcoming Binge Eating' refers to as objective or subjective binges i.e. a binge which is objectively a very high calorie consumption in a short period of time versus a binge which involves eating more than the individual has restricted themselves to, but may still be low in calories, but subjectively feels like a binge. What objective and subjective binges have in common is a sense of compulsion, and a sense of a lack of control.

Other difficulties around eating

Eating disorders are on a very wide spectrum, so you may find that some of the symptoms described resonate with you, but not in the form or to the degree described. It may still be wise to seek help, as the behaviours and thinking behind these difficulties are likely to be easier to address sooner, rather than when they have escalated.

What characterises eating disorders?

Apart from the characteristics described above, there are some other features, which you or people in your life may notice:

- that diet and food are occupying a lot of your thoughts, and taking up more mental energy than you would like
- food becomes a way of managing emotions, with eating becoming a way of managing difficult emotions
- restricting eating, due to a desire for control over at least one aspect of your life
- perfectionism in different aspects of your life
- low self-esteem, which is then reinforced by the behaviour associated with the eating disorder, resulting in more self-disgust, shame and guilt, and a further lowering of self-esteem
- distorted thinking e.g. “When I am thin I will be able to cope with ...”
- secondary disorders caused by the behaviour e.g. dental and digestive system damage, depression
- difficulties around eating may be linked to some difficulties in adapting to being adult and to being sexual.

How to help yourself

The earlier you seek help the easier it is likely to be to change, but people can get over even very serious difficulties in time. Do seek medical advice and support from your GP, if you need it. Some good key starting points, which may sound obvious or simplistic, but can be hard in practice, are:

- Acknowledge to yourself and trusted others that the problem exists.
- Try to develop a compassionate mind-set towards yourself and acknowledge that there may be underlying emotional difficulties and experiences which have led you to have difficulties around eating. This is important in reducing the shame we may experience about having these difficulties.
- Try to be clear in your own mind about what you would like to look different in relation to your eating, and the patterns that you would like to establish. Celebrate any progress towards that, and accept that it won't be a smooth path.
- Try to notice and challenge the distorted thinking. Although you may think of yourself as overweight, at least allow yourself to recognise that others may see you quite differently, or even that they may be disinterested in your weight and just see you for who you are.
- Develop a pattern of eating that keeps you healthy. Try to maintain some flexibility and variety within it.

- Accept and appreciate your body i.e. respect your body regardless of its current shape or size. Recognise, too, that your body is not the same as your identity - confidence and personal contentment can be present however you look. Look after your body by resting, relaxing and nurturing your body, and connecting with it.
- Don't keep it a secret any longer - and it is unfair to expect a friend to keep secrets for you. Seek support in dealing with the disorder from a professional or a self-help group.

How to help a friend whom you suspect has difficulties with food

- Remember that your friend is a person first, and someone who has difficulty with food second. So continue with whatever activities you would normally engage in together, and don't let issues around food dominate the friendship.
- Be supportive and encourage your friend to seek professional help. Ultimately, the problem is your *friend's*; if they won't seek help the consequences will be theirs. Your responsibility is only to encourage them to seek help or, in more extreme circumstances, to alert others - even against your friend's wishes.
- Don't nag about food, spy on your friend or get drawn into imposing some form of external monitoring or control.
- Be available to listen when your friend can express his/her distress, but don't take on more than you can comfortably cope with. We all have limits - of knowledge, ability to help,

understanding, time, etc. - so offer the level of support you feel able to sustain. If you try to offer more than that, you are likely to feel burdened and in time, perhaps, annoyed or angry, which is unlikely to help either of you, or the friendship.

- Look after yourself. Maintain your normal range of friendships and balance in your activities. Don't let this one issue take up all your time.
- If you are unsure whether your style of supporting your friend is actually helpful, or are quite concerned for your friend, you can seek out a professional (such as a counsellor) *yourself*, just to check out these things.

Useful resources

You'll find information on a range of resources to help address eating disorders, as well as other issues, on the University Staff Counselling Service website:

<https://staff.counselling.cam.ac.uk>

Staff Counselling Service
1st Floor, 17 Mill Lane
Cambridge, CB2 1RX
Tel: 01223 762160

Email: staffcouns@admin.cam.ac.uk
Website: <https://staff.counselling.cam.ac.uk>