

Chapter 1

Understanding Eating Disorders

In This Chapter

- ▶ Understanding what an eating disorder is
 - ▶ Finding out why eating disorders have been on the rise
 - ▶ Seeing a better future through treatment and recovery
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The term *eating disorder* sounds like something that refers to somebody who doesn't eat right. And, in one sense, it certainly does. Some people with eating disorders severely under-eat, to the point of risking their health or their lives. Others repeatedly overeat in extreme ways and may do risky things to get rid of the calories they've taken in. But what's not right about the eating is far more complicated than calories and nutrition.

In this chapter you get an overall sense of the eating disorders as physical and psychological syndromes: What do they look and feel like? Who gets them? What is an eating disorder doing in a person's life? How is getting an eating disorder driven by the culture, and how does that help us understand people with eating disorders better?

If you have an eating disorder, I tell you what you need to do to find treatment and get better. This previews Part II of this book, which covers treatments from soup to nuts. If you are a parent or caregiver to someone with an eating disorder, I discuss some of the difficulties of your situation. Part IV of this book, expanding on what I say here, is essentially a how-to section devoted to caregivers.

Getting a Sense of the Problem

People with eating disorders experience psychological issues and are compulsive in their eating habits. These play on each other over time, causing the eating disorder to become more entrenched. Some of the techniques used to try to drop a few pounds may lead to bad eating habits. However, if the concern about weight becomes obsessive, then the problem moves from simple dieting to an eating disorder.

Eating disorders involve the body and the mind. People with eating disorders express psychological problems through their behaviors with food. For example, someone who is struggling with self-esteem may decide that losing some weight would make them feel better and be a more appealing person. This person may try dieting, like many of her friends. But because she starts depending on dieting and weight loss for a sense of self-esteem, she can't let go of them. They become an obsessive focus, and the problem moves from simple dieting to an eating disorder. Psychological problems that existed before the eating disorder developed get worse, not better, as a result.

Eating disorders can't be separated from the culture in which they arise. In Western society, the overwhelming cultural message is that being thin is best. As people try to define themselves and what makes them valued members of the culture, the message to get or stay thin affects behavior such as eating, dieting, exercise, even cosmetic surgery. It may also affect self-image. I discuss in this section how these effects can lead to disordered eating habits even for a great many people who don't have formal eating disorders. For some people who are otherwise vulnerable (see "Seeing What's Behind the Symptoms" in this chapter and a discussion of risk factors for developing an eating disorder in Chapter 5), the message that thin is best provides the central principle for fixing their lives — and an eating disorder can soon follow. (Read "Understanding the Dramatic Rise in Eating Disorders," later in this chapter, to find out more about the development of the "culture of thin.")

In this section and throughout the book I give you a sense of what eating disorder symptoms are about in the belief that a solid understanding is necessary in order to arrive at the right kinds of solutions. I describe more about the cultural phenomenon of disordered eating practices, of which eating disorders represent the extreme end. I also give you a sense of who gets eating disorders and how many people have them.

Psyching yourself sick

For the person with an eating disorder, weight and eating develop into a *psychological* problem as well as a physical one. If you have an eating disorder you're constantly preoccupied with your weight and body shape. Your mood rises and falls with what you see on the scales. You judge your worth as a person by your weight and your success at dieting. What probably started out as ordinary dieting has developed into a rigid pattern that has gone seriously out of control. As time goes on, your eating disorder takes up more and more space while the rest of your life — friends, family, fun, future — takes up less and less.

Chances are good that you struggle with other psychological problems as well, such as depression, anxiety, obsessive-compulsive disorder, or alcohol or drug

abuse problems. These problems, along with factors like personality type, family background, heredity, and biochemical make-up, may all contribute to the development of an eating disorder in a particular person.

Becoming more compulsive



The solution seems simple and obvious from the outside looking in. The person with anorexia *must* know she's not close to being fat and that she'll die if she keeps this up. The person who binges wants desperately to lose weight — so can't she just quit eating so much? A central quality of the eating disorder is the *compulsivity* of the symptoms and of the inner drive to be thin. Compulsions are behaviors that have an “I *have* to” urgency associated with them — to the point that the person often no longer feels they are a matter of voluntary control. (Ever tried to quit smoking?)

Eating disorders versus disordered eating

If you lined up all the people in the United States who eat, you'd have a spectrum ranging from Normal Eaters on one end to People with Eating Disorders on the other. The first thing you'd notice about this spectrum is that not very many people would be at the Normal Eaters end. Why? In this day and age we have more food than any society before us. At the same time, modern conveniences have cut the need for physical activity to nubbins. And the stresses of modern living often lead to eating patterns that are bound to make us tip the scales. Yet, despite all these trends pushing us to become heavier, as a culture we prefer a slim and fit look. It shouldn't be surprising that it all adds up to some strange relationships with food.

Who's in the middle? Most of the eating spectrum is taken up by people who don't have formal eating disorders but who have eating habits and beliefs that are *disordered*. Up to 60 percent of adult American women may be disordered eaters. Examples of disordered eating or beliefs include:

- ✓ Cutting out a food group to cut calories
- ✓ Eating to manage emotions
- ✓ Believing the scales reveal your worth

The more disordered eating behaviors and beliefs you have, the more at risk you are for developing an actual eating disorder. (You can read more about eating disorder risk factors in Chapter 5.)

Being at risk for an eating disorder

Precise figures for the numbers of people affected by eating disorders are hard to come by. People often deny or hide their disorder, and the symptoms that identify sufferers aren't always obvious, especially in the early stages.

Estimates indicate that between 5 and 8 million people in the United States are currently affected by some form of diagnosable eating disorder. Most of these people are young white women between the ages of 12 and 35 years. But this typical picture is beginning to shift in some ways:

- ✓ Both *younger girls* and *older women* are beginning to fill the ranks.
- ✓ More and more *men* are developing eating disorders, perhaps as many as a million currently in this country.
- ✓ *Minority girls and women* are showing eating disorder rates that often match those of their white peers.

According to statistics, as many as 70 million people worldwide suffer from eating disorders. Eating disorders occur at strikingly lower rates in non-Western, nonindustrialized countries than in Western industrialized ones. This tips us off that eating disorders have something to do with the culture.

Classifying the Eating Disorders

In upcoming chapters of this book, I go over the many ways an eating disorder can take shape in the lives of different people. However, three major eating disorders affect the most people, so they get the lion's share of attention. They are *anorexia nervosa* (usually just called *anorexia*), *bulimia nervosa* (usually called *bulimia*), and *binge eating disorder (BED)*.

Anorexia nervosa

Usually when people think of eating disorders, the first image that comes to mind is the emaciated face and body of the young woman with anorexia. Though actually the least prevalent of the major disorders — anorexia afflicts about 1 in every 100 people — it was the first to gain widespread public awareness. Anorexia also grabs our attention because it's the most dangerous eating disorder. According to the Academy for Eating Disorders, the risk of death for a person with anorexia is 12 times higher than that of someone without an eating disorder.

A person with anorexia is terrified of becoming fat — so terrified that the fear rules everything she does. She believes she's always on the verge of fatness, regardless of her actual weight or what anyone else tells her. To guard against the dreaded outcome, she refuses to eat. The resulting weight loss can put her health and life in jeopardy. A person with anorexia may also purge like the people with bulimia I discuss in the next section, and/or she may exercise compulsively to help her control her weight.

Bulimia nervosa

You could most easily identify the person with bulimia by the behaviors of bingeing and purging — that is, if you could witness them. These behaviors are almost always done in secret. *Bingeing* is eating *lots* of food in one sitting — sometimes tens of thousands of calories — often rapidly. *Purging* is what the person with bulimia does to get rid of these calories. She may do this by vomiting what she's just eaten, overusing laxatives or diuretics, exercising excessively, or other methods.

After binge episodes, a person with bulimia feels extremely shamed and worthless. She's as preoccupied with avoiding fat as the person with anorexia. Also like the person with anorexia, she believes her weight determines her worth. Unlike the person with anorexia, however, chances are good that the person with bulimia is also dealing with alcohol or drug abuse and with depression. As many as 3 or 4 in 100 young women in the United States have bulimia nervosa.

Binge eating disorder (BED)

People with binge eating disorder (BED) binge pretty much like people with bulimia. And they feel just as bad afterward. But they aren't driven toward purging behaviors. More likely, they become engaged in cycling between periods of bingeing and periods of rigid dieting. For some, this keeps their weight in a normal range. Other people with BED gain weight and may even become obese.

Estimates are that anywhere from 3 to 8 in 100 people in the United States have BED. According to a 1998 survey in the *Annals of Behavioral Medicine*, as many as 40 percent of the people with BED are men.

Seeing What's Behind the Symptoms

Eating disorder symptoms are very dramatic. But the real drama lies beneath the surface, in the hearts and minds of sufferers. While most people enjoy

good food, those with eating disorders become obsessed over food-related issues. Eating isn't fun. Weight is the enemy. Strictly controlling eating and not eating is seen as a magical way to bring order to areas of life that feel out of control.

Food and weight as the visible focus



Think of the person with an eating disorder as a magician. The magician does his magic by getting us to look over *here*, while the real action is over *there*. The difference with the eating disorder is that the person who has it is as fixated on her food and weight symptoms as everyone else. And because her symptoms can cause anything from severe misery to outright physical danger, those who care have to keep at least one eye on them. But staying focused on food and weight means never getting to the heart of what an eating disorder is really about.

Eating disorders as “solutions”

Nobody has an eating disorder for the fun of it. If you've developed an eating disorder, it's because something hasn't been working in your life. You've turned to your eating disorder because it seems to help; never mind the terrible price you're paying for it.



Sadly, your eating disorder is a vote of no-confidence in your personal ability to solve problems, manage feelings, or create a life to be proud of. Depending on your disorder, you've discovered that weight loss brings admiration, dieting gives you a sense of control, bingeing provides temporary comfort, or purging offers a sense of release and relief. Each makes the eating disorder seem like a powerful and readily available ally.



The tricky thing about eating disorder symptoms is that the more they appear to solve for you, the more you ask them to solve — and the more you believe in them as problem-solvers. When a symptom seems to fix so much, it can achieve a very “dug-in” place in your life.

Seeing the Damage Eating Disorders Do

Eating disorders can take a terrible physical toll. They can also bog sufferers down in the self-defeating patterns of thinking and behavior that got them into their disorders in the first place. Having someone with an eating disorder in your life can leave you feeling helpless, angry, frightened, and exhausted.

Damage to the eating disorder sufferer



Eating disorders are physically dangerous. Anorexia and atypical disorders that include starving are the most dangerous. Starving can result in damage to the heart and other major organ systems. Death can follow. Anorexia has the highest mortality rate of any psychiatric disorder. Starving also impairs clear thinking and judgment.

Purging as part of bulimia or an atypical disorder can also damage the heart or other parts of the body. Though mortality rates are low compared to anorexia, the effects of purging can still be quite serious. (You can read in detail about the physical effects of the eating disorders in Chapter 6.)

Damage to those around the sufferer

From the time you realize someone you love has an eating disorder to the time she becomes ready to seek treatment can be a long journey. Those who care are often left to watch helplessly as the eating disorder sufferer gets drawn more deeply into her symptoms and potential danger. This is probably the worst part of caring about someone with an eating disorder. However, an eating disorder can affect the lives of those around the sufferer in a number of other ways as well, including:

- ✓ **Family functioning:** Eating disorder symptoms sometimes start to rule family life. Fear and worry can make it hard to find time for rest or fun.
- ✓ **Intimacy:** It often feels as if the person's relationship with her eating disorder takes priority over other relationships. Secrecy and deceit about symptoms interfere with feelings of closeness.
- ✓ **Personal rights and boundaries:** Stealing food or money for food and leaving a messy bathroom or kitchen are just a few of the ways eating disorder symptoms can infringe on others' rights.

You can read more about living with someone with an eating disorder in Chapter 23. Chapter 24 is all about getting help for yourself while you do.

Scoping the Rise in Eating Disorders

Before 1960, few people had heard of anorexia nervosa. By the end of the decade, it was taking the lives of a shocking number of young women. By the end of the next decade, bulimia and binge eating disorder were also taking a toll. At the same time, weight and eating preoccupations began increasing in the general population, mostly among women.

You might call the eating disorders the scary cousins of the more general cultural trends. Between the early '70s and the dawning of the new millennium, the number of women reporting dissatisfaction with their bodies went from just under 50 percent — bad enough — to nearly 90 percent.

How cultural forces have taken a toll

In many ways, it takes a village to create an eating disorder. By this I mean that cultural ideals about the best way to look can deeply affect a person's self-image and behavior. Achieving the ideal look is promoted in advertising and every form of entertainment as the way to purchase your ticket to many of the rewards society has to offer: admiration, a good mate, perhaps a better job.

In the last 40 years, the ideal look has come to mean, above all else, being thin and free of body fat. In fact, for women, it has meant becoming thinner and thinner. According to one study 45 years ago, models — who tell us what we should look like through media images — were just 8 percent slimmer than the average woman. Today, they're 23 percent slimmer than the rest of us.



How have women (and an increasing number of men) responded to these unreachable images? They've *dieted*. They've dieted alone, in groups, in secret, in public, with or without exercise, with supplements, with fasting . . . the list goes on. By now, for women, dieting is almost a cultural right of passage. For some women who don't feel okay about themselves or their worth, dieting seems like a solution. When you can't diet too much and the outcome of your dieting determines your sense of worth, you have the recipe for an eating disorder.

What makes eating disorders more likely

What happened to make us think that being thin is naturally superior? What happened to our tolerance for diversity and round edges? Two big things happened that the culture is still digesting: falling in love with youth and experiencing the women's movement.

The quest for youth

The baby boomers began to come of age in the 1960s. They were bound to have a big effect, if only because there were so darn many of them. Many believe the fashion trends of this era flowed from the boomers' new values, including street fashion over haute couture and a new waif-like look, embodied by the infamous model, Twiggy. The fashion industry took over the waif look and made it mainstream.

American society not only fell for the boomers' taste but it also fell for their youthful energy. If you couldn't be young, you could at least be *youthful-looking*.

Twiggy-style slimness came to stand for youthfulness. Dieting was the key to getting there. Fashion magazines began to report not just on clothing but on how women could perfect their bodies to fit the new trend and look good in more revealing styles.

Meanwhile, the belief that excess fat is also *unhealthy* exploded to a new level during the same period. Increasing weight was linked with increasing risk of heart disease. The ideal of fitness and its evil twin, fat phobia, became cemented into the mindset of the youth culture.

The belief developed that anyone who wanted it badly enough could achieve the new slimness. It sounds so democratic. You can't easily see the trap in it when no one is admitting that for many people — apparently the majority — the ideal is out of reach.

The women's movement

Up until recently, eating disorders have been mostly a women's affair. What's been different for women during the rise of weight obsessions and eating disorders? The biggest single development has been the women's movement and the social changes that followed.

Those who believe a connection exists between eating disorders and the women's movement point out that just as women began to break out of narrow roles and take up more space in society, the culture of thin told them they had to take up *less* space, not more. When women wanted to participate in the larger world, they were encouraged to become preoccupied with counting calories and the inches on their thighs.

Some see these developments as backlash by that other gender that had the most to lose as women gained power. They point out, for example, that the waif look made grown women appear childlike. No threat there. Others believe women also felt threatened. What if, for all they gained, they just ended up being rejected as unfeminine and unattractive?

Society still hasn't figured these issues out. Where are the guidelines for young women to follow? At a crossroads where neither the young nor the old have their footing, the path to success promised by the culture of thin remains seductively simple and clear.

How perceptions are beginning to shift

Are there any glimmers of hope in the 40-year march toward slimmer ideals, more dieting, and more disordered eating? A few. For example, the modeling world itself is beginning to look at the negative effect of too-thin standards on its models. Several manufacturers have started to present their products

with average-sized women. (Read more about these trends in Chapter 17.) Prevention programs starting with the very young are popping up in classrooms and on TV. These programs counter messages that only thinness is acceptable with positive messages about a variety of body shapes and sizes.

Getting Better Is an Option

Eating disorders don't usually just go away on their own. But treatment is available and people get better. The process is neither quick nor easy. In fact, recovery usually takes a lot longer than people bargain for (though not forever!) For most this means a matter of years rather than weeks or months. The good news to keep in mind is that it's doable. And, contrary to what you may have heard, you don't need to think of your eating disorder as something you're stuck with for life once you have it. Full recovery from an eating disorder means leaving your symptoms behind and moving onto other things you'd rather focus on in life. For many, if not most, this is an achievable goal.

Getting help



The process of getting better is composed of two important parts. Engaging in both parts strongly improves your outlook for long-term recovery. The first part involves learning how to manage your eating disorder symptoms — starving, bingeing, purging, and/or dieting. The second part involves working on internal skills that can make you more effective in life and can help buffer you from eating disorder relapse in the future.

Your eating disorder affects your body, mind, and spirit. Getting better often includes some kind of healing work for all three. Creating a treatment team that includes medical, psychological, nutritional, and other experts to help you in your journey is typical. If your symptoms are severe or life-threatening, part of your treatment may need to take place in a protected environment, such as a hospital or residential treatment center.

Part II of this book is devoted to helping you through the maze of treatment choices. You can read about which steps you need to take first, who to contact, and how to choose among a variety of treatment approaches. I also include chapters on how to participate in treatment effectively and how to deal with relapse.

Emerging developments in treatment

In the early days of discovering anorexia, treatment focused on unraveling the hidden psychological dynamics holding the symptoms in place. Being able to see behind the curtain and make sense of things continues to be an important treatment option. But the last several decades have introduced treatments that allow you to work directly on reducing symptoms without having to reflect on their meaning. Cognitive Behavioral Therapy (CBT) was the first of these. Interpersonal therapy (IPT) and Thought Field Therapy (TFT) are two of the more recent additions. (I describe these and other therapies for eating disorders in detail in Chapter 10.)

