



Eating Disorders - Symptoms of Distress

**Part I
Anorexia &
Bulimia Nervosa
Compulsive Eating
&
The "Grey Area"**

***Norfolk Eating
Disorders Association***

This booklet looks at:

- what we understand by the term “eating disorder”
- how and why they develop
- what sort of people develop eating disorders
- can they be cured?
- could they be prevented?
- characteristic signs & symptoms of the three main eating disorders
- How an eating disorder develops
- particular issues around:
 - the Grey Area
 - anorexia
 - bulimia
 - compulsive eating
- other problems linked with eating disorders
- statistics
- the significance of eating disorders
- influence of the media

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Introducing eating disorders

To begin with... food is all around us; we can't avoid it; we need to eat in order to live, and much of our social life revolves around food and drink. Because it is so important to us, this also means that issues around food and eating can be very powerful: just think about fears around BSE/CJD and food allergies, scares around vitamin therapy and on-going publicity highlighting the growing problem of obesity. The Health Industry is big, Slimming and Cosmetic Surgery are both multi-billion pound/dollar concerns. Some concerns are about health, some about appearance and lifestyle, and they are not necessarily compatible.

We learn about issues of control and power around food at a very early age. Babies who refuse to suckle or eat, or are "always hungry" cannot be unaware of the concern they arouse in their carers. The extremes of "failure to thrive" or excessive weight gain in children become a focus very early on.

Eating disorders may well develop as a result of this instinctive awareness, gained in childhood, that food and eating, or not eating, can be used to take control in a situation in which people feel unhappy, angry, inadequate, insecure and/or out of control. The three illnesses commonly known as "eating disorders" are anorexia nervosa, bulimia nervosa and compulsive, or binge, eating disorder. There is a third area of concern to us at Norfolk EDA, and that is what we call the "**Grey Area.**"

What are eating disorders?

Eating disorders can be seen as symptoms of distress, outer signs that the sufferer's entire way of being is in disarray but that, somehow, they are managing to survive. They are psychological and emotional illnesses with physical effects. These effects are caused by the restrictive eating of anorexia, chaotic eating of bulimia or excessive eating of binge-eating disorder. When we are deprived of nourishment chemical changes occur in the body - e.g. through starvation, vomiting, laxative or other substance abuse; or if nourishment is distorted by excessive, unbalanced eating. These changes affect physical, emotional and mental functioning.

Eating disorders usually grow out of the way sufferers feel about themselves and the power - or lack of power - they have over their lives. Research shows that some families have more than one member with an eating disorder, often in different generations. Within such a family, various members may use food in different ways in an effort to cope with their problems. Whether this develops into anorexia nervosa, bulimia nervosa, or compulsive eating will depend on a variety of influences, including:

- personality
- genetic - biological/psychological - factors
- family influences - the way family members relate to each other; style of up-bringing; pressures to diet or stop dieting; lack of encouragement to talk about problems
- external pressures - may act as triggers and/or contribute to lack of confidence and self-esteem.

This is why they are known as “multifactorial” illnesses. Many people who suffer from eating disorders experience all - anorexia, bulimia, and compulsive eating, in any order - during their period of illness.

Eating disorders usually become evident following a traumatic “trigger” event - such as bereavement, bullying, exam pressure, relationship break-up, or abuse of some kind. At such times

sufferers may focus on their size, weight and shape, deflecting everyone's attention away from the underlying factors, and masking the true effects of the "trigger".

How and why do they develop?

When we are stressed by problems and fear of failure, we use various ways of coping – and many people today feel totally inadequate and deeply insecure. Some find that food works, in one way or another, for them. Most of us do abuse food at one time or another; Christmas and Easter being obvious examples. But there are other times too when any of us may eat although we are not physically hungry, or find ourselves unable to eat even though we would like to do so. These may be times when we are anxious, bored, tired, angry, or feel pressured to keep someone happy - "Just have a little, I made it specially for you."

Food plays a variety of emotional roles for many people, but their relationship with it stops short of an actual eating disorder. So, when people find that food does help to take the pressure off their problems - in the short term - they could be vulnerable to life in the "Grey Area" of turning to food for comfort and distraction, or go on to develop a full eating disorder.

What sort of people develop eating disorders?

There is a popular myth that only spoilt upper or middle class girls, or models and celebrities with nothing better to do, get eating disorders. (The media often refers to anorexia as the "slimmers' disease") The suggestion is that they are not illnesses at all, but fashionable "fads". But that is not the case at all, these illnesses affect both men and women, young and old, of any cultural, racial or economic background, religion or sexual orientation.

Men are under great pressure to achieve in an increasingly competitive world. They may feel threatened, out of control and insecure, as well as inheriting the need to keep a "stiff upper lip," and hide their emotions. They are affected by the emphasis on healthy living and on appearance - feeling a pressure to have a slim but muscular physique. These and other facets of modern life

may lead to a man developing eating problems.

And eating disorders can affect athletes, gymnasts, jockeys, boxers, **all** kinds of sports-people, and dancers who may appear to be at the peak of physical fitness. They may all be vulnerable to developing anorexia or bulimia nervosa, because of the emphasis their occupation places on size, shape, weight and exercise. Excessive exercise is very strongly linked with eating disorders through the obsessive-compulsive factor, and because some people attain the endorphin "high" which can be produced either by not eating or by exercise.

People who experience uncertainty or conflict around sexuality are also very vulnerable to eating disorders. For example they can be severe in young homosexual men. This may be because of general anxieties around coming out and/or peer pressures around appearance.

Can eating disorders be cured?

Recovery from any eating disorder will be painful, and takes time, determination and hard work, but many people do recover. Effective treatment, help and support are available. The earlier the problem is identified and appropriate help is found, the better the chance of full recovery. There are various points to be considered around the whole aspect of recovery. The sufferer:

- has to be **willing to tackle** his or her eating disorder, which may be experienced as their friend as well as their enemy. This means that:
- he or she must **not be in denial** of the fact that they have very real problems that need to be addressed. In order to do so they:
- will need to **replace unhelpful eating habits** with an eating pattern that restores nourishment to the body and mind, and:
- will need to face, understand and, hopefully, resolve, the problems **behind** the eating disorder

At the same time, the sufferer can be encouraged to learn more positive ways of handling the pressures of life in place of misusing food. If all the aspects of the eating disorder are not treated, a relapse is much more likely.

Some people find that, as they concentrate on other aspects of their problems, the eating pattern solves itself and they are able to let go of “forbidden” foods thinking and the need to diet. Others need to work just as hard on changing their eating patterns as they have previously done on sorting out emotional issues and their way of thinking. In order to make changes to their eating pattern, a sufferer needs to be open to learning how:

- to listen to his or her own body and what it really needs
- to distinguish between physical, and emotional hunger
- to eat “forbidden” foods again without them becoming part of a binge
- to consciously let go of the wish to diet - and this could take great effort.

After a time - which varies from person to person - weight should stabilise at its “set point”. The “set point” is the weight which the body registers as appropriate to its needs. This may be higher than that desired by the sufferer, or felt to be desirable by society, but is what is necessary for individual health.

Sufferers need to be aware that their eating problems are likely to get worse for a time as they work towards recovery. That is to be expected - the illness has developed to enable the sufferer to live with their deepest pain; it has been a friend and a life-saver at the same time as being an enemy and destroyer. Eating disorders are powerful illnesses and it takes a strong person to develop one. Sufferers need to harness that same strength towards resolving it, but recovery won't happen over night, and it is unlikely that an eating disorder will be overcome without support from other people.

An understanding and informed GP can be a life-saver and may, on rare occasions, be able to refer sufferers for specialist in-patient treatment. It must be said that such treatment is very scarce in

Norfolk, there is no NHS unit and only one private clinic that can take a limited number of NHS patients. Normally, local in-patient treatment is via the psychiatric service and/or medical ward. However, not everyone with anorexia will need hospital treatment.

For many people, the turning point can be experiencing acceptance from someone who really understands about eating disorders. This could be the start towards finding self-acceptance and understanding and making their own way through the problem with appropriate help and support.
(see our booklet on Recovery)

Could eating disorders be prevented?

Scientific research into genetic aspects of eating disorders is still ongoing. Such discoveries may provide pieces of the jigsaw of causes and solutions, but are unlikely to provide the longed-for “magic bullet” to put it all right.

For effective prevention the other influences - family and social environments - would need to work together to ease pressures on those who are vulnerable. Although each eating disorder has its own pattern of habits, symptoms and effects, the common thread which runs through them is one of damaged self-esteem. Prevention is most likely be achieved through work with young people - in schools and at home - to raise self-esteem. We all need to learn ways of dealing with life’s problems without abusing food or other substances. Educating young people about balanced eating for health is only part of the picture. This also needs to be backed up by respect for proper meal-breaks in busy school and working lives.

Vulnerable adults could guard against developing problems via assertiveness training, and by increasing self-knowledge through counselling. Some people, men as well as women, may benefit from courses in parenting skills if they lack appropriate family support.

More difficult, perhaps, is the undue emphasis on appearance. Social pressures in Western society differ only slightly for men and women. The ideal woman is thin and shapely, the ideal man thin and/or well-muscled. The universal agreement is that being fat is not desirable for anyone. At the same time, much socialising involves food and drink. Advertisers are skilled at portraying both as essential in achieving romance, popularity, happy children, a peaceful and/or exciting home life. We are under pressure to drink a lot, eat “naughty but nice” food and stay thin while maintaining a high-profile career and hectic social life.

The reality is that we need to replace the “thin ideal” with an open acceptance of people in their full variety. A thin image is not healthy for everyone but it is difficult to resist this when powerful industries such as the diet industry, the fashion world, fast foods, the media and advertising are constantly promoting it.

Advertising and the media play a strong and influential part in our society’s ideals. However, despite this pressure, each individual still remains responsible for what he or she accepts and rejects as far as image and attainment are concerned. (see section on the media)

Looking at the eating disorders

Most people today have heard of eating disorders, but understanding of what this term includes, and what it does not, varies widely from person to person.

When someone is diagnosed with severe bulimia, anorexia or binge eating disorder their symptoms may be very clear and obvious – you can see there’s a problem. **However**, it may be less easy to accept that a milder form of disordered eating could be present in your partner, child, neighbour, friend, GP, parent, teacher, nurse, local policeman, **or even yourself, without your knowledge**. You may be quite unaware of the role that food plays for them or for you.

It is important to remember that the term “**eating disorders**” doesn’t just cover full-blown anorexia or bulimia nervosa, or binge-eating disorder (compulsive eating). **Any** level of using food as a means of coping with emotional problems instead of addressing them directly could come into what we have called the “**Grey Area**” of eating disorders.

The Grey Area

For instance.....

You’re given a box of Quality Street for Christmas and there’s only one type you like in it, so you eat those. After you have had a row - at work, at home, anywhere - you sit and eat the rest of the box. While doing so you think of all the things you should have said, or wish you hadn’t said, hate the chocolates, hate yourself, hate everybody else and end up feeling really sick. As a result you may or may not actually **be** sick, but, whatever, you feel stupid, your self-esteem is low and you feel worse than you did before you started eating them. This happens again from time to time...

Many people use food at times to cope with uncomfortable life situations. Once food is found to work, briefly, against feelings of pain, fear, desperation, loneliness, low self-esteem, we are into the Grey Area of eating disorders – unless or until it goes further...

We are all in here somewhere. First there is “**normal**” eating. Many people know when they are physically hungry and that’s when they eat, if they can. They only think about food and eating when they **are**

For instance.....

You are really worried about something - the cat needs an operation, your job is under threat, you have money problems - you feel powerless, your stomach churns and you don’t feel like eating, so you don’t. You get to the stage where you feel sick because you are so empty, but you’re still worried, so you still don’t feel like eating.

Things work out OK - the cat survives, the threat is only a rumour, and the money just about stretches -**BUT**, as a result of not-eating your weight has gone down a bit and people start to say how good you look. Not-eating has brought an unexpected bonus of approval which lodges in the back of your mind, and the next time you are worried, the solution is...

For instance.....

You are in love, you've got spots and think she will never look at you because of them. So you cut out chocolate. Then you cut out chips, crisps, burgers, start looking for "fat" or "sugar" in everything. Friends say you're mental, but you get more and more obsessed .

And when she snubs you, you feel rubbish. You're useless, can't do anything right. So you may as well pig-out on all the things you'd given up, or you may find you can't eat them at all. Either way, food has a new significance for you...

For instance.....

You've been out with friends for a meal - **he** works with your partner, but neither of you have met **her** before. You feel increasingly stupid as the evening wears on. The other three talk and laugh together and you can't think of a thing to say. Or if you do speak, silence follows and you feel that you've lost the plot. You feel really left out and isolated.

At home, your partner goes to bed, well pleased with the evening. You sit up, your self-esteem in a downward spiral of self-hatred, self-doubt, feeling a failure. You raid the fridge, as you have before...

For instance.....

Your Nan dies and you go to her funeral. You really loved her and are shocked at how tiny her coffin looks on the stand. You look round at your family and realise that all the women are smaller than you. Suddenly you feel like an alien and as though the only person who really loved you for yourself, and thought you were wonderful, has gone.

After the funeral, everyone is tucking in to the food and you feel disgusted - with them for not caring, and with yourself for wanting to eat, but feeling it's wrong to do so.

There's no-one you can talk to, because they all think you're too fat anyway. You won't have any food because you don't deserve it. You hold off until you are so hungry that you finish off the leftovers in the kitchen. Your uncle sees you and makes a joke at your expense and hugs you in a way you don't like, but can't say. You feel panicky and confused, so you excuse yourself and rush to the loo where you're sick, and then you feel better. At the next family gathering you remember...

hungry - unless it is part of their work - and, after a meal, usually forget about it until the next mealtime. They stop when, or before, they are full. They enjoy their food, have likes and dislikes, some things disagree with them, so they don't eat them, some are vegetarian or vegan through principle. Of course, even "normal"

people eat or drink to excess at times, especially at times of celebration, or where a favourite food is concerned. But there is a difference between this use of food and the area we are talking about now.

People in the Grey Area may use food as in one of the examples above - or in other ways. Their behaviour never becomes extreme, however desperate they may feel inside. It may not be noticeable at all - unless someone else's chocolate is being pinched or the mini-bingeing alters moods. Their thoughts may not be continuously focused on food, looks or self-worth. Sometimes this Grey Area is one that people pass through on the way to a full-blown eating disorder. Or sometimes the Grey Area becomes a way of living, which is sustained over many years. Because it is so much more subtle in behaviour and effect than a full eating disorder, people are not "in denial" of the situation, they are simply unaware that they inhabit a problem area. It never becomes extreme. Although officially acknowledged as "partial syndrome - anorexia, bulimia or binge eating" It is unlikely to be picked up by a doctor.

So why is the "Grey Area" a problem?

It is a problem because people function better if they find ways to express negative and/or angry feelings and get rid of them, instead of using food, or any other substance as a crutch. There are more positive and creative tools that people can use to help them feel confident in their abilities and self-worth. Resolving eating problems is about accepting that we are responsible for our own lives, and agreeing to take on that responsibility. From this position we can seek empowerment and begin to take true control instead of hiding behind a mask. And eating problems that are not resolved can develop into one of the full-blown eating disorders: anorexia or bulimia nervosa, or compulsive eating.

The three main eating disorders

Anorexia nervosa, bulimia nervosa and compulsive, or binge, eating disorder are three illnesses that have separate and distinct criteria for the purposes of diagnosis. The manuals used by doctors are very precise about the factors that need to be present

Anorexia & Bulimia Nervosa & Compulsive eating Disorder Signs & Symptoms

Signs and symptoms are not necessarily exclusive to individual illnesses. Many of them will be present in any eating disorder. Also, people very often experience more than one eating disorder during the process of their illness.

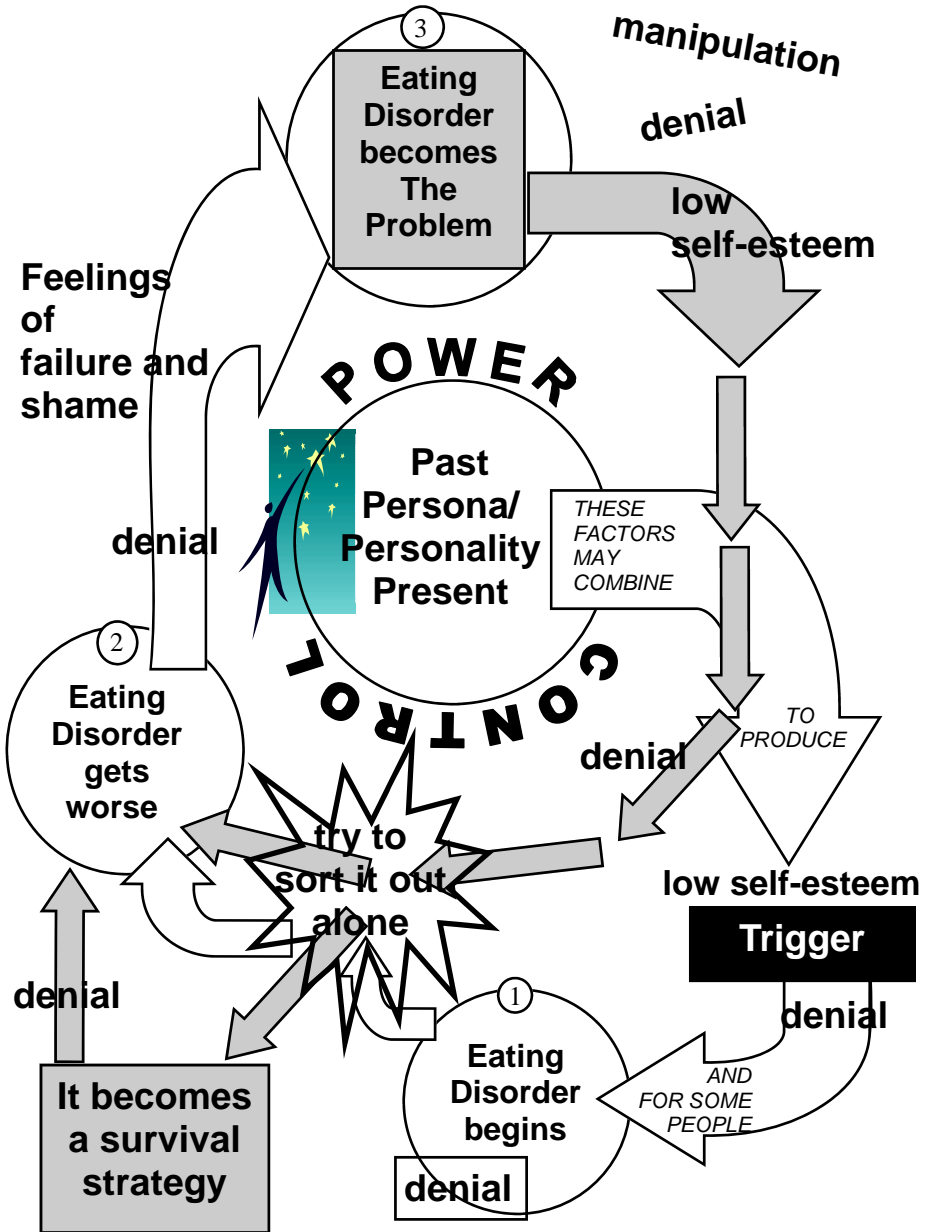
Anorexia often a severely restricted in-take of food:	Bulimia often bingeing on large amounts of food followed by vomiting:	Compulsive eating bingeing but not vomiting:
<ul style="list-style-type: none"> • rapid weight loss • loss of periods • constipation • swollen stomach & ankles • dizziness • cold all the time • growth of fine, downy hair on the face and body – “lanugo” • fears of being “fat” – although very thin • fear of being “normal” weight • perfectionism • mood swings • ambivalence • depression • low self-esteem • baggy clothes hide weight loss • excessive exercise • obsessed with thoughts of food • bruising • osteoporosis • damage to internal organs – heart & lungs 	<ul style="list-style-type: none"> • weight fluctuation • loss of periods • erosion of tooth enamel • round “hamster” face • sore throat, hoarseness • calluses on fingers and hands • fear of weight gain • Self-valuation based on weight alone • change in personality • self-hatred • mood swings & depression • ambivalence • secretiveness • food vanishes • debts • signs of uncleared vomit • excessive exercise • obsessed with thoughts of food 	<ul style="list-style-type: none"> • steady or sudden weight gain • marked fluctuation in weight if yo-yo dieting is involved • health affected by weight or through weight changes • feelings of disgust around weight and shape • depression & anxiety • self-hatred & low self-esteem • Bingeing at least 2 times per week • distress, detachment and feelings of suffocation around binges • secretiveness • food is chosen for treats, comfort or celebration • relationships affected • ability to work affected • take on too much work, to keep busy & avoid facing problems
<p>feelings which trigger and may be relieved by bingeing include: stress, tension, tiredness, self-hatred, anger, loneliness</p>		

before one these labels would be formally applied. However, someone may have a real problem with disordered eating that needs urgently addressing long before a GP felt their symptoms warranted action.

It is impossible to completely separate signs and symptoms of the eating disorders. There is much overlap and many sufferers experience all three illnesses to a greater or lesser degree at some point. Major common threads running through eating disorders include low self-esteem, self-hatred, disgust at weight and shape, obsession with food, mood swings and depression. The major problem with substance abuse, including food, is that chemical changes in the body, not least the brain, quickly become addictive. Something that began as an attempt to bring control into a life perceived as unworkable, **itself** takes control over the thoughts and actions of the sufferer and becomes a force too strong, complex and vital to be sorted out alone.

The diagram opposite shows the cycle, or the downward spiral, into which people are drawn when they develop an eating disorder. At the centre is the individual, and it could be any one of us, responding to a set of circumstances in which they feel out of control. In order to change things the cycle needs to be broken at some point, usually by outside intervention. At this stage the sufferer may be encouraged to begin looking at the whole picture, including the significance of the eating disorder.

How an Eating Disorder Develops



Anorexia Nervosa

The term anorexia nervosa was first used in the 19th century as a diagnosis, but it has been identified as an illness affecting "saintly" women in Medieval times. It appears from time to time through history, being described again by a medic in the 17th Century.

Many people with anorexia feel that they do not deserve to occupy space. The more weight they lose, the less there is of them to hate. When onlookers protest, the person with anorexia feels confirmed in his or her control of this one, vital, area of life. A magic ideal may be for their weight to fall below 6 stones, for example. However, for many, it becomes impossible to stop the downward spiral as no weight feels low enough to be safe.

This illness is a desperate attempt to hang on to control and cope with life. The commonest age of onset of the illness is around puberty, early to mid teens. It develops when there are problems that feel too painful to face and impossible to solve. It is **not** of itself a suicide bid, although that is how it appears to those who care but find it difficult to understand.

Some individuals find they can feel in control by severely restricting their food intake. This becomes an area where they can "succeed" in the popular goal of losing weight - and keeping it off. Many people who develop anorexia set such high standards of achievement for themselves in all areas - academic, career, relationship - that they are doomed to fail at some stage.

We need food to nourish and fuel all parts of ourselves - body, mind and spirit. One problem for people who restrict their food intake in a bid to gain control over their lives, is that the effects of starvation take control of the body, which begins fighting for survival. The mind's obsession with thoughts of food is part of this fight. It is also likely that, at some stage, the body's needs may overcome willpower and force a person to binge. This then means the sufferer is again "out of control," or has failed, so feelings of worthlessness are confirmed and efforts to regain control are re-

doubled. Rituals and obsessions that are an important part of eating disorders may also become more extreme.

Anorexia may often begin with someone consciously choosing to eat less, but their ability to make rational decisions diminishes with weight loss. If the individual also suffers from clinical depression, which is often linked with eating disorders, this will further affect their ability to make decisions. Weight loss, which was originally seen as the solution, has not, after all, solved the problems; instead it has added a new layer of difficulties.

Bulimia Nervosa

Professor Gerald Russell named Bulimia Nervosa in the late 1970's. He described it as "...an ominous variant of anorexia nervosa?" However, this too is a condition that has been recognised in the past. (It has been suggested that Roman villas included an area called the "vomitorium" where people used to rid themselves of food in order to go back and binge some more.) The effects of living like this soon affect the body's chemical balance, and bulimic symptoms as we know them become evident.

Sufferers of bulimia may eat huge amounts of food - many thousands of calories - very quickly and without control. The sufferer may use a combination of vomiting, starvation, or abuse of laxatives or diuretics to "make up for" binges and try to prevent weight gain. This forms the bulimic cycle (see below), which may occur once or many times a day, once in a while or consistently over weeks, months or years.

While the bulimic eating pattern exists, the sufferer experiences feelings of self-hatred, disgust, low self-esteem and may suffer from depression. Outwardly, they appear the image of glowing confidence, competence, high achievement, sociability and a carefree life. Even when sufferers display other signs of distress - such as depression - they may manage to keep the bulimia itself totally hidden from those closest to them.

As with the other eating disorders, bulimia usually develops as a response to a stressful situation that may have existed or developed over many years. The illness usually makes itself known slightly later than anorexia, in late teens or early twenties, and may be triggered by a seemingly minor incident. Experts involved in research into bingeing suggest that a faulty gene may be one factor involved. They have been specifically looking at the role of leptin in sending “full” messages to the brain, and the effects that a lack or imbalance of this hormone might have.

The Bulimic Cycle

People who develop bulimia have described an aching void inside - an emotional hunger they are trying to fill with food. The desperate need to fill this emptiness and ease the pain triggers a binge. As it is eaten, the food turns into something evil, disgusting and painful in itself, and the sufferer becomes equally desperate to get rid of it again. Vomiting brings relief of a kind. Some sufferers talk of a feeling of purity that comes with this emptiness, once the food has gone. They may experience a “high” before feelings of self-disgust come flooding back.

The physical effects of bulimia are that the body is being dehydrated and starved of nourishment as electrolytes - food elements essential to health - are leached out along with fluids during vomiting. Abuse of laxatives or diuretics increases the problem and can lead to bowel and kidney damage. The chemical imbalance caused by chaotic eating also affects brain function, causing side-effects including hormone disturbance, depression, mood change, and ability to concentrate.

Many people do recover from bulimia and, with help, manage to develop other ways of coping with stress in their lives. For sufferers, re-establishing a balanced eating pattern will mean learning to eat regular meals **even if** they are also bingeing and vomiting.

Compulsive or Binge Eating Disorder

This is a very newly recognised illness, only being included in the manuals used by doctors since about 2000, and it may need more research before doctors are prepared to use it as a formal diagnosis. It specifies very specific criteria that have to be met for the illness to be present. The type of compulsive eating which is now classified as an eating disorder shares similar emotional factors with bulimia nervosa and is also known as binge eating disorder.

Sufferers themselves describe various forms of compulsive overeating habits. Some anorexic people call themselves compulsive eaters if their resolve breaks and they eat anything at all. Others find themselves “grazing” throughout the day on a variety of foods, almost without thought. Some “comfort eat”, consciously choosing food that makes them feel good, perhaps because they connect it with happier, less complicated days.

Compulsive eating also starts as a way to keep other problems at bay. Sufferers may see food as providing an answer to problems, a symbol for, or proof of, love. For many people it is an attempt to fill a yearning void inside and to blanket difficult and uncomfortable feelings. They are treating emotional hunger as if it were physical hunger, to be fed with food. What the sufferer lacks is emotional and spiritual nourishment, self-love, and a realistic way to sort out the underlying problems.

The extra weight carried by compulsive eaters gives a confusing message. Depending on individual experience, it may be used:

- to keep people at bay.
- as protective armour against feelings of weakness and vulnerability
- to either hide or underline strength and iron will
- as a way to “prove” that you are loved for yourself and are not seen as a purely sexual object.

There is much prejudice against fat people, who are often despised. Excess weight, presumed to be a simple lack of self-control, is seen by many as a valid reason for self-hatred. The weight itself deflects from what is really going on beneath the surface, as those classed as “fat” tend to become “invisible” to others as people. Their original problems also become invisible or are invalidated.

Society appears to think that people who are fat have lost the right to admit to suffering pain - emotional or physical. This is not the case. Such attitudes can lead to bullying, beginning in childhood and, for some, continuing in different guises into adulthood. The pent-up anger experienced by those who have been bullied may lead to powerful retaliation once their self-esteem has been raised.

For someone struggling with compulsive eating, “treating” the excess weight is very difficult. Diet and exercise have not worked for them in the past and will not work in the future if they still see food as a solution to problems.

The growing trend in Western society, which concerns dietitians and other members of the medical profession, is one of weight gain and obesity - especially in children. There are many reasons for this increase, one of which may be compulsive eating. However, obesity as a medical and health issue is separate from, and is not necessarily related to, an eating disorder. Excess weight can cause or add to many health problems, but experts disagree about whether or not it carries more health risks than anorexia. If the government, with all its resources to draw on, is also at a loss about how to tackle this growing problem, it is no wonder that sufferers caught in the trap have problems in resolving it.

Other problems linked with eating disorders

Two illnesses that are often associated with eating disorders are depression and obsessive-compulsive disorder. These may develop before or after the start of the eating disorder.

Depression is often said to be the result of anger being pushed down, or directed inwards, instead of being faced, appropriately expressed and the energy released. It has also been described as a little flag being waved from the depths of an avalanche - a little flag that says "There's a person alive in here under all this." It is an illness that may be a response to life events, or endogenous (part of a person's genetic make-up.) Depression is, understandably, very common in people with eating disorders. It is part of the overall picture that needs to be addressed and can provide significant insights into changes that the individual needs to make to his or her life.

Obsessions and compulsions are also an important aspect of eating disorders, and ritualistic behaviour is very common. For some people this behaviour is so extreme that they will be diagnosed as having obsessive-compulsive disorder and may receive treatment for it. Others simply walk a tightrope of conditions that have to be met in order for them to eat at all, or to make bingeing and/or their bulimic cycle work to ease their pain. The obsessions may be around things like the timing of meals, types of food, appearance or weight; compulsions can be around cleanliness, use of certain utensils, travelling or avoiding certain routes; rituals may be around the arrangement of food on the plate or the order in which actions are performed. They are all parts of the attempt to hang on to sanity as a climber may edge round a three-inch ridge bordering a precipice.

There are also other illnesses and circumstances that may **result from or cause** an eating disorder. These include:

- **Obesity** - being fat is seen today as the ultimate failure, and may involve much distress.
- **Diabetes** - the stress and restrictions around this illness and its focus on food can cause problems.

- **Irritable Bowel Syndrome** - this can have physical and psychological implications.
- **ME** - the exhaustion and lack of strength/control adds to the stress and may be affected by food, or may precipitate an eating disorder
- **Food phobias** - these may be a problem for adults or children.
- **Vegetarianism** - some people may use this as an excuse to cut back on food. Young children may also use it as a way of controlling food
- **“Faddy eating”** - many children go through this, for some it may lead to an eating disorder.
- **Food allergy** - some allergic reactions can be severe, even life-threatening. Restriction of food choices in eating disorders can lead to this, just as restrictions imposed by allergies may lead to an eating disorder.
- **Food intolerance** - a controversial area among professionals, but some people may definitely “feel worse” physically or emotionally after eating certain foods.
- **Pica** - this is a problem particularly experienced by people with learning difficulties. It is the craving for and eating of substances such as earth, chalk, coal or sand, as may also be experienced during pregnancy.

Various physical and mental conditions may be influenced in some way by how and what we eat, whether or not an actual eating disorder is present.

The significance of eating disorders - a summary

They are killers

Eating disorders have one of the highest mortality rates of all the psychiatric illnesses. Up to 20% of sufferers die prematurely because of their eating disorder: through suicide - while depressed - or from the effects of malnutrition and/or chaotic eating. It is rare for an eating disorder to appear on the certificate, but it will have made its own contribution to the final cause of death.

Health Implications

Eating disorders have serious physical effects caused by malnourishment and chaotic eating. These include: infertility, osteoporosis, heart disease and circulation problems, tooth decay, eye problems, bowel disorders and liver failure. Some illnesses encourage the development of an eating disorder: diabetes, where food and eating are a major focus for the sufferer; depression where self-esteem is low. Unhelpful side effects of medication for someone with an eating disorder include weight gain or loss, or appetite disturbance.

For some people a major effect of their eating disorder may be obesity. This increasing problem is of great concern to medics. However, it is questionable whether the health risks are greater for someone with anorexia (who weighs less than 6 stones and is still losing weight, or maintaining low weight over a long time) or for someone whose weight hovers around obese.

Economic Implications

Many work hours may be lost through sufferers, and family members caring for them. Schooling and university education is interrupted, affecting future employment. Sickness and unemployment benefits increase in cost. Families and homes break up through the financial and emotional stress - the family

home may be sold to pay for private treatment. People become homeless. Addictive behaviours, including drug and alcohol abuse and shoplifting, lead to increased police involvement and court costs. The ripples spreading out from an eating disorder affect the whole of society and it is a self-perpetuating problem.

The treatment of illnesses related to eating disorders is costly, for example, experts have spent much time, money and effort on fertility treatment, not knowing that an eating disorder is a contributing factor. In-patient treatment of an actual eating disorder can be astronomical: in 2003-4 a twelve week period of specialist NHS in-patient care cost approximately £25,000; a twelve week period of private in-patient care can cost from £24,500 - £45,000. If done properly it will take months, if not years, of "bed space," specialist nursing and therapeutic time, and community follow-up after discharge. But treatment, on the whole, is not "done properly" because NHS specialist units are rare, there is not one in Norfolk, and beds in the private units are at a premium. And, if caught in time, in-patient treatment is often not necessary. It does not make economic sense to ignore an illness until it requires in-patient treatment.

Personal implications for us all

Because eating disorders appear to be on the increase most people know of a friend, acquaintance or relative with experience of an eating disorder. It may be as a "sufferer" or as a "carer" – but "Carers" suffer too. These known cases are the tip of the iceberg. Below that tip is the underworld of pain and distress - hidden behind a façade of success, achievement, sociability and apparent happiness. Its edges may touch us all personally. There are issues around food in many families, habits, traditions, rituals, likes and dislikes. And in some cases a closer look will show that, in one generation or another of our own families, a diagnosable disorder is closer than we would have dreamed.

The “Bread for Life Campaign” in 1998 asked around 900 Young Women between the ages of 18 and 24 for feedback on their thoughts and feelings about appearance and the media. They published their findings as a report entitled “Pressure to be Perfect.”

This report showed that:

91% felt it was bad that the media always portray so-called “perfect” women

89% would like to see more average sized models used in magazines

63% wanted fewer dieting features

61% feel inadequate compared to the media's image of beautiful women

55% believe that men think looks are the most attractive thing in a woman (only 1% said they thought intelligence was important to men)

25% were happy with their weight (i.e. 75% were not happy!)

22% don't go out because they don't think they look good enough

20% diet either all or most of the time (so nearly a quarter in this age range)

The Media and Eating Disorders

People often ask questions about the role played by **The Media** in the increase of eating disorders. It certainly pays a lot of attention to the weight, size and shape of many people in public life – especially young women. Although such an emphasis is unhelpful to young, vulnerable people, it is still just focusing on a tiny, if significant part of the problem, because, potentially, eating disorders affect us all.

Not just women

Men comprise about 10% of people who develop eating disorders, although the ratio is higher in boys under the age of 14 years. At one point Great Ormond Street Hospital reported that 25% of patients at their Eating Disorder Unit were boys. The ratio of men may also be higher among people suffering from compulsive eating problems.

Not just young

Although the age range 12-25 years is particularly significant for the development of eating disorders, they have also been reported in children as young as 5 years, and in people who are now pensioners but who have been struggling with an eating problem for most of their lives. Occasionally people may show symptoms of an eating disorder for the first time in their 30's or 40's. (Signs of anorexia in much older people - in their 70's or 80's - if presented for the first time are likely to be caused through depression, loneliness, loss of the sense of taste, ill-fitting dentures, medication, physical illness.)

Not just middle class

We know that eating disorders affect people who are homeless and living on the streets, and members of the Royal Family who live in mansions and palaces. Anorexia, bulimia or compulsive eating problems affect people across all professions, income brackets and social standing.

Not just white and western

Eating disorders affect people of all races all over the world. This way of dealing with issues around control becomes more evident where a culture clash is present. For example, young Asian women coming to live in Britain have been found to be particularly vulnerable to eating disorders when they can experience the freedom of western culture in contrast to the comparative repression of their own family traditions.

Not just about food

Eating disorders develop around issues of power, low self-esteem, achievement and life stresses which a range of pressures from modern society – work, play, family life and self-expectation – turn into **distress** and **disease**. Genetic factors may also account for some of the ways people respond to these stresses, but genetic factors only indicate a **pre-disposition** towards certain patterns of being, not responses set in concrete. People still have choices to make.

Food is a particularly difficult part of the illness because, unlike alcohol, if it is a problem it cannot be totally avoided. Living creatures have to eat in order to build, maintain and fuel their bodies. Eventually, if their bodies are not appropriately nourished they will become ill, their bodies will start to malfunction and, eventually, they may die. Eating disorders are not about people being silly and vain, they are about desperate people risking their lives in order to survive.

So where does the media come in?

The most dangerous facet of the media is the one that peddles perfection. Selling the "perfect" body shape, image and lifestyle is a big money spinner. The media holds up a very narrow and distorted mirror to society by focusing exclusively on the idealised size/shape/image. The majority of people in the public eye who capture the eye of the camera are those in professions placing high importance on appearance, especially a thin body shape, with comparatively large breasts for women, and a thin and/or muscled body shape for men. When a particular image

gets so much exposure and is supposed to be essential for glamour, success and power, it becomes the only desirable model instead of just one way of being.

The media also enjoys portraying the problems of celebrities who had it all and then experienced tragedy and failure. This contrast between unachievable perfection and the dire warning of what can happen if you don't "get it right" portrays life as a minefield for people struggling with low self-esteem.

The power of the media is very great, and the other wealthy industry linked with it is the slimming industry. The two together encourage millions of people to attempt to achieve a shape and size that may not be appropriate for their natural body type and is, therefore, an impossible dream.

So is the media to blame for the increase in eating disorders?

Eating disorders are complex illnesses, which develop for a whole variety of reasons. As "multifactorial" illnesses they are thought to arise from a mixture of genetic, family, and social influences. The media is just one part of those influences. A person who is strong, confident, practices appropriate life skills to deal with their problems, and has good self-esteem will not develop an eating disorder **simply** through the influence of the media. If life events cause someone to lose that confidence and self-esteem, they may respond to the pressure of these media images. Therefore it certainly contributes to the development of an eating disorder in people who are already vulnerable to the pressures of today's society.

So what about the pressures on younger children?

Young children learn from and imitate adults. If adults are body-conscious and are constantly talking about being fat, needing to lose weight and admiring a single type of image, children will copy them. The media and advertisers know how much children are influenced by the images they see - as we know from the

sales techniques used to sell the latest toys, clothes, foods and other products. An image is a product, body shape is a product, and the pressure is on everyone to “buy” the product.

So what can be done about the media and body image?

The problem is that it is very difficult to monitor what appears in the media. The whole issue around image and eating disorders is very complex, it is not just about body image, but also life-style image. It is complicated further by the fact that the population as a whole is increasing in weight and obesity is a widespread condition that concerns dietitians and medics.

It would be helpful if the media took into account the issues raised in the 1998 "Bread for Life" campaign. But there is also a lot of work to be done in educating the general public as well as the media about the implications of eating disorders. The more that ignorant and unhelpful attitudes are challenged by as wide a range of consumers as possible, the greater chance that, eventually the media will take note and act accordingly.

Raising awareness is always like peeling the skins off an onion. For each layer of people who begin to understand eating disorders better, another layer of those who are still unaware remains hidden beneath.

Norfolk Statistics*

Applying available statistics to population estimates for Norfolk
Population of Norfolk: 810,700¹

“As many as 4 in every 100 women under 35 may have an eating disorder”²

The Norfolk population in this age group is 123,800, with more than **4950+** young women possibly experiencing anorexia, bulimia or compulsive eating.

Anorexia nervosa will affect between 0.5%-1% of adolescent and young adult females³. Norfolk has nearly 49,110 girls aged between 10-19, with between **245-490** at risk of developing anorexia.

Bulimia nervosa affects (a slightly older age range) between 1%-3% of adolescent and young adult females³.

Norfolk has over 97,970 women aged 20-39, with between **970- 2,900** potential sufferers.

Compulsive Eating (Binge eating disorder) figures are not available, but experts think that this disorder may be even more common in the population as a whole⁴.
(perhaps in excess of 3400 for females aged 10-39 years?)

However:

A study of 1500 questionnaires completed by both male and female year 10 students at a local school found that **85%** of 14 year-olds had ticked the box indicating concern about their weight.

There are 58,000 boys and girls aged 13-18 in Norfolk - could there really be between 8,000-49,000 young people concerned about their weight?

Eating disorders affect men and women, young and old, rich and poor, and people from all ethnic groups.

***BUT** – statistics currently available do not include:

- boys and men
- children under the age of 10
- women over the age of 39.

The ratio of sufferers within the population will also be higher in:

- professions where the focus is on size, shape and body image - such as the performing arts and modelling, gymnastics, horse racing and other sports.
- high stress areas such as retail middle management and the police force.
- families of men in the armed services or in isolating situations e.g. farming

Two other facts also need consideration

1. Full-scale, reliable, national statistics do not exist. As at 2005 the national charity, EDA, is hoping to co-ordinate research into national statistics but, once funded and begun, the outcome is still 3 years or more down the line.
2. Major elements of an eating disorder are feelings of shame, and secretiveness practised by the sufferer, with which the family may collude. Many people live their lives with an eating disorder which is hidden from those closest to them.

¹County Hall Demographic Unit, mid 2003 figures

²Health Which? April 1998

³Diagnostic and Statistical Manual IV 1994

⁴EDA website 2005

Norfolk EDA Publications

- ◆ **1: Anorexia & Bulimia nervosa, Compulsive or Binge Eating. Disorder & the Grey Area**
Also includes Norfolk statistics and influence of the media.
- ◆ **2: Strategies for Recovery**
This is intended for people who want to work to control or overcome their eating disorder, but need some help or support at hand. May also be helpful for carers.
- ◆ **3: Help for Carers**
Especially for families, friends, colleagues and employers of people with eating disorders, offering practical help and support.
- ◆ **4: Men and Eating Disorders**
So much information is aimed specifically at women, men often feel it is irrelevant to them. This begins to redress the balance.
- ◆ **5: Eating Disorders and Pregnancy**
Issues around fertility and pregnancy are often problem areas for women with eating disorders. This booklet looks at some of these issues.
- ◆ **6: Eating Disorders - Information for Young People**
Adapted from our original schools hand-out, this is aimed at young people over the age of 16 years.
- ◆ **Supported Self-help Group Programme**
Available quarterly.
- ◆ **General Information Leaflet**
About Norfolk EDA services: group meetings, 1:1 appointments, outreach services and counselling

To request copies of our booklets contact 01603-665974 (admin)

