

Understanding Abuse

EATING DISORDERS

Just who has an eating disorder may surprise you. It could be the graceful ballerina, the aspiring model, the superwoman executive, the slender young athlete or the withdrawn teenager who was “always the best little girl.”

Two of the most common eating disorders are anorexia nervosa (self-starvation) and bulimia (the binge/purge syndrome). Of those struggling with these serious disorders, more than 90 percent are female. Most are young. Two million women age 19 to 39 and one million teenagers are affected by symptoms of anorexia or bulimia.

With a willing attitude and proper professional help, individuals can completely recover from these disorders. Unfortunately, this is not always the case. Some do not get well. Instead, they lead a pain-filled, borderline existence. A small percentage die.

Television, magazines, and even toys present a thin body as desirable and sexually appealing. Girls learn at a young age to fear being fat. They may drive themselves toward the goal of a perfect body. Too often parents encourage a preoccupation with food. This is particularly true for mothers who may have spent many years of their own lives pursuing the ideal body.

Underlying factors

Men and women with eating disorders frequently deny their problem. They usually are perfectionists and over-achievers. Their focus on food is a way to avoid painful thoughts and emotions. They tend to repress their feelings, particularly anger and shame. A distorted body image—for example, feeling fat when of normal weight—is common.

Those with eating disorders have low self-esteem, often feel powerless, and may fear truly intimate relationships. They try to use food, either too little or too much, to deal with issues food can't solve. The origin of the problem often can be traced back to a painful childhood in a

troubled family—for example, a family in which there was constant fighting, incest, neglect, verbal abuse, or alcoholism.

Food As A Substitute for Love

Not having the self-acceptance and love they crave, many people try to make themselves feel better with food. Food is an easy and quick source of comfort. It's always there, tastes good and doesn't talk back. Used in excess, food also can temporarily deaden painful feelings.

Of course eating a lot of food will not satisfy the inner hunger for self-acceptance and love. It will encourage depression and guilt, and it will put on extra pounds. The weight gain may be followed by an unreasonable weight-loss diet, another period of compulsive eating and more dieting.

This preoccupation with food, which blocks out many of life's opportunities, can become a lifelong cycle of abuse. Sometimes it sets the stage for more serious problems. For an individual already obsessed with food, a major stressful event, such as the break-up of a relationship, can trigger anorexia or bulimia.

Anorexia Nervosa

Anorexia is a serious, life-threatening physical and psychiatric disorder. Terrified of becoming fat, people with anorexia starve themselves despite constant hunger and obsessive thoughts about food.

Symptoms

They deny their hunger. If they eat at all, their portions are small. They lose a lot of weight in a short time—sometimes up to 15 percent of their body weight. While eating little, they are preoccupied with food and may crumble or cut it into tiny pieces.

The person with anorexia may shop for food and prepare elaborate meals for others while starving herself. She is often moody, depressed and insecure. She may exercise to extreme. Physical signs of anorexia include nausea and bloating after eating, irregular or missed menstruation, low pulse rate and blood pressure, intolerance of cold, and constipation.

Forty to 50 percent of individuals with anorexia also have bulimia.

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Bulimia

Bulimia involves binge eating followed by purging. Purging is an attempt to get rid of the food just eaten by self-induced vomiting, laxatives, or diuretics (water pills).

Symptoms

A person with bulimia often eats huge amounts of food in less than two hours. She may take in about 3,400 calories of usually high calorie, sweet foods. Then she tries to rid herself of the food by making herself throw up or by using laxatives or other drugs. Rigorous dieting or fasting may alternate with binge eating. When a person binges like this two or three times a week for more than three months, she is suffering from serious bulimia.

Other signs of bulimia include secret eating, excessive exercising, frequent fluctuations in weight, menstrual irregularities, dental cavities, erosion of tooth enamel, swollen glands, constipation, constant thirst, and fatigue.

Treatment

For those challenged with anorexia and bulimia, professional help is a must. Detecting the problem early is vital to recovery. Team treatment is ideal. This includes medical and dental attention, nutrition education, individual therapy, and family counseling.

If you suspect a friend or relative has a serious eating disorder, talk with her, though she may refuse to admit her problem. Get help from family, friends, and professionals such as a nurse, physician, or therapist. Early intervention can prevent possibly irreversible damage. For example, with anorexia the heart muscle loses protein and eventually will stop working properly.

People with severe eating disorders need a comprehensive treatment program that may involve a period of hospitalization. The treatment team works to motivate the individual and her family. They provide medical treatment, nutritional counseling, and individual and family therapy. The person explores her attitudes about weight, food, and her body image. She deals with childhood traumas as well as with feelings of guilt, depression, and helplessness. Gradually she learns to respect her body's signals and to trust her feelings. She also learns to manage stress and build self-esteem. Support groups allow her to learn from and share with others.

Prevention

Prevention depends on you and me. Do your best to prevent the previously mentioned underlying factors. Understand how common eating disorders are, especially among young women. Know the symptoms described earlier.

Those closest to a person with anorexia or bulimia are the best ones to help. A friend or teacher can notice changes in weight. A parent can observe unusual behavior. Youth leaders can be sensitive during times of stress in a young person's life.

If the person denies what you see as a critical problem, have the courage to notify family or close friends. Locate and suggest sources for help. Counseling must be arranged for the individual who suffers from bulimia or anorexia, and for her family.

If you face the challenge of an eating disorder, first admit your problem. Then take care of yourself by reaching out for help. You deserve it.

Self-help programs

Overeaters Anonymous, World Service
Office, P.O. Box 92870, Los Angeles, CA
90009, (213) 542-8363

Anorexics / Bulimics Anonymous, P.O. Box
112214, San Diego, CA 92111

**American Anorexia / Bulimia Association,
Inc.**, 133 Cedar Lane, Teaneck, NJ 07666,
(201) 836-1800

**Anorexia Nervosa & Related Eating
Disorders. Inc.**, Box 5102, Eugene, OR
97405, (503) 686-7372

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