Understanding Eating Disturbances and Disorders  
- A Guide for Helping Family and Friends -

What is an eating disturbance or disorder?
Eating is vital to life. We must eat on a daily basis in order to keep our bodies functioning efficiently. But sometimes we find it difficult to eat in ways that we know are healthy. Emotions, stress and peer pressure can cause us to alter our eating habits in unhealthy ways. The result can be an eating disturbance or disorder. An eating disturbance is similar to an eating disorder, but is less severe and does not meet the specific clinical definition for an eating disorder. We will discuss the causation and signs of eating disturbances and disorders, examine the three major types of eating disorders and what may cause them, and how to help someone whom you suspect or know has an eating disturbance or disorder.

Who develops eating disturbances and disorders?
Eating disturbances and disorders occur in virtually all "types" of people. They affect more females than males, but do occur in both sexes. They can happen at any age, but most frequently occur initially during adolescence and young adulthood. People of all races, religions, sexual orientations and economic backgrounds suffer from eating disturbances and disorders.

Estimates of the prevalence of eating disturbances and disorders in college populations vary tremendously. It is estimated that, at any given time, 10% or more of college age women report symptoms of eating disturbances/disorders.

Why do people develop eating disturbances and disorders?
People eat for a variety of reasons. Ideally, we would all eat only when we are hungry, then would stop eating when we are full. We would eat only in response to our bodies' hunger signals and would trust what our bodies tell us. Instead, we often eat when we are not hungry. We eat when we are lonely, bored, depressed, angry, frustrated or stressed. We also eat when others are eating because eating is a very social activity and is a way for others to show us that they care. And, often, we don't stop eating until we are too full or have eaten more than our bodies actually need.

People of all shapes and sizes can develop eating disturbances and disorders. The majority occur in people who are of normal weight. Their desire to be thinner comes from a distorted body image, from not seeing the body as it really is. (Body image can be defined as how we see our bodies and what emotional and social consequences this has for us. It also includes how we feel others view our bodies.)

Often, people with eating disorders are those we most admire. They are quite frequently intelligent, high achievers - whom we would consider to be "perfect" people. Indeed, it is often this need to be perfect that causes a person to try to change their body to meet the perfect "standard" that has been presented by TV, magazines, movies, commercials, etc.

Eating disturbances and disorders can also occur when we feel out of control. We may try to control our body size and food intake to compensate for the lack of control we feel in other areas of our lives. We may also attempt to starve our bodies back to our childhood size, a time that may have been more comfortable for us. The physical changes that occur as we become adults can be linked to many uncomfortable feelings, especially related to how others view us. When we feel ill equipped to deal with these feelings, we attempt to revert to our past physical selves.

Eating when we are not hungry can also make us feel out of control. In order to try to regain control, we often try drastic measures such as crash dieting, excessive exercising, fasting or purging to regulate our food intake and weight. These activities may seem an easier solution than learning to control our food intake by trusting our bodies. They are also the exact behaviors that set us on the road to the binge-purge cycle of bulimia or the self-starvation path of anorexia.

Finally, eating disturbances and disorders can be the result of past physical, sexual or emotional abuse. When we feel "empty" inside, as a result of these experiences, we may attempt to fill this emptiness with food. Compulsive overeating may result.
Another reason that past abuse victims may overeat to the point of developing excessive body fat is that this becomes a protective barrier for them against the abuse. They may see it as a way to become unattractive to the abuser, so that the abuse will discontinue.

**What are the signs of an eating disturbance or disorder?**

The signs of eating disturbances and disorders vary from individual to individual. Some common signs are:

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<th>Physical</th>
<th>Emotional and Behavioral</th>
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<td>• marked weight loss or weight gain</td>
<td>• preoccupation with food and calories</td>
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<td>• fluctuations in weight of up to 10 pounds or more</td>
<td>• fear of eating foods that contain fat</td>
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<td>• amenorrhea; menstrual cycle irregularities</td>
<td>• &quot;good&quot; and &quot;bad&quot; food categories</td>
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<td>• chronic sore throats or stomach problems</td>
<td>• restricted number of foods in diet</td>
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<td>• decay of tooth enamel</td>
<td>• intense fear of weight gain or becoming &quot;fat&quot;</td>
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<td>• dizziness and/or fainting episode</td>
<td>• avoiding situations where food is served</td>
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<td>• growth of fine &quot;lanugo&quot; or baby-like hair on body</td>
<td>• frequent weighing of self</td>
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<td>• chronic fatigue</td>
<td>• compulsive, excessive exercise habits</td>
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<td>• hair loss</td>
<td>• purging behaviors (vomiting, laxatives/diuretics, exercise, enemas)</td>
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<td>• dehydration</td>
<td>• depression and/or anxiety</td>
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<td>• swollen cheeks</td>
<td>• isolation or withdrawal from family and friends</td>
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<td>• bloodshot eyes</td>
<td>• denial of eating problems or weight loss</td>
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Sometimes it is not easy to spot the signs of an eating disturbance or disorder. Many people with anorexia will wear large, baggy clothing to hide the weight loss from others. They will also cook for others to hide their lack of eating. Most people with bulimia will not have any significant change in weight. They may restrict their intake of food in front of others and binge only in privacy.

An important concept to remember is that the bulimic or anorexic behaviors you see are only the symptoms of a deeper, underlying problem. Until the emotional and mental processes that caused the eating disturbance or disorder are dealt with, the disturbance or disorder will not go away. Psychological counseling is necessary to truly overcome any eating disturbance or disorder.

**What are the eating disorders?**

**Anorexia Nervosa**

Anorexia is a disorder that is characterized by self-starvation. Contrary to popular belief, many people with anorexia do eat every day, including "forbidden" foods such as candy, ice cream and cake. They generally eat only small amounts of food or severely restrict the foods that are "safe" to eat. The compulsive need to exercise often accompanies anorexia and can contribute to the dramatic level of weight loss.

Most people with anorexia do not see how thin they are becoming. They sometimes see themselves as actually having gained weight! This is a result of their distorted and unrealistic body image.

Depression and anxiety are common in anorexia, as is withdrawal from family and friends. Denial of any changes in weight or weight loss is very common. Death can occur if anorexia goes untreated for extended periods of time. This is typically related to cardiac or kidney failure due to the malnutrition. Suicidal thoughts also occur in anorexia. Professional counseling and treatment is crucial to the survival and recovery of people with anorexia.

**Bulimia**

People with bulimia are involved in a binge-purge cycle of trying to control their weight and food intake. Bulimia is characterized by eating large amounts in a short period of time; often foods which are "forbidden" or "bad." This is followed by guilt, which results in an attempt to purge the food and calories from the body.

Contrary to popular belief, not all bulimics will vomit as a method of purging. The abuse of laxatives, diuretics and/or enemas is also considered to be purging behaviors. Excessive exercise (most often done daily and for an hour or more) for the purpose of getting rid of calories is also considered to be a method of purging.

As with anorexia, depression, anxiety and withdrawal occur in bulimia. Suicidal thoughts may also accompany the depression as well as social phobia and fear of humiliation.
Denial of the eating problem or purging is common. Bulimia can also result in death if untreated. Professional counseling and treatment is a must to overcome the behaviors associated with bulimia.

**Compulsive Overeating/Binge Eating Disorder**

Many people eat in response to emotional rather than physical hunger. Compulsive eaters often feel a void in their lives, which leaves them feeling "empty." They may eat to attempt to fill this emptiness. Many people will choose "comfort" foods to fill emotional hunger. These are foods that we associate with childhood or other times when we felt emotionally safe and fulfilled. They may be foods that were given by caretakers as rewards or pacifiers. Weight management becomes difficult for the compulsive overeater. This can cause the person to resort to drastic diets or purging methods to compensate for the excessive food intake. Thus, compulsive overeaters can be at risk for developing bulimia.

Many compulsive overeaters suffer from a lack of self-esteem. Behavior modification and other counseling techniques can be used to overcome the food addiction and to deal with the underlying feelings that cause the overeating.

How Can I Help Someone Whom I Suspect Has an Eating Disturbance or Disorder?

A caring attitude and genuine concern to help the eating disturbed or disordered person are the most essential things to have. The first thing that you can do is to read information on eating disturbances and disorders. This will help you understand why he/she behaves in the way they do. You must realize that just because the person behaves in ways that are unhealthy or unappealing, this does not make them a bad person. They are the same person that you know and love. You must be able to separate the person from the behaviors. You must also develop a commitment to help him/her. If you do not feel that you are truly committed to helping the person, share your concern and information with someone whom you know will help him/her. You can talk to counselors or therapists to get ideas of how you can deal with someone who is eating disturbed or disordered.

Next, you can confront the person in a caring and loving manner. Be careful to avoid using accusative language. Instead, use language that shows your concern and willingness to help. Avoid using "you" statements such as "you have a problem that you need to deal with." Instead, use "I" or "we" statements such as "I have noticed some unhealthy behaviors lately, and I'm concerned - I'd like to help you." This is less likely to put the person on the defensive and cause immediate denial. Individuals with eating disturbances or disorders often feel isolated and ashamed. By offering to listen, help, and share these feelings, you are more likely to have them confide in you - and less likely to alienate them.

Another way to avoid alienating the person is to discuss the behaviors rather than the person or their character. Be specific about why you suspect an eating disturbance or disorder. Cite specific behaviors, including dates, and your concern for his/her health. Try not to make him/her feel like a bad person or feel more ashamed; this will only cause denial of the problem, and may even worsen their condition.

Denial is common. You should be prepared to hear the person deny that the problem exists. Indeed, the problem may not exist or, more likely, the person doesn't feel that they have a problem. If you have cited specific behaviors, you probably have a good reason to suspect a problem. Let the person know that you are there to listen whenever they need help. Be prepared to stick to this offer! You may also want to offer some information on eating disturbances and disorders so the person will understand why you think that he/she may have a problem. If the behaviors persist, you may want to document them and re-approach the person. Often, a person has to be confronted several times before they will admit that they want your help and support.

If you feel that the problem is life threatening or the person may be suicidal, seek help or notify someone significant in his/her life or in authority - immediately. Call a counseling center, mental health department, eating disorders treatment center or crisis line, or a parent, spouse or significant other. These individuals or professionals will be better able to assist you in getting appropriate treatment for the person.

If you or someone you know has signs of an eating disturbance or disorder, there are many resources on campus and in the Champaign-Urbana area. We encourage you to call and utilize the resources listed below:
Services included with the University Health Service Fee

For counseling appointments with clinical psychologists, call:

Counseling Center
110 Student Services Building .................................................................333-3704

For counseling appointments with psychiatrists, clinical psychologists, or psychiatric social workers, call:

McKinley Health Center
Mental Health Unit (3rd floor) .................................................................333-2705
(after-hours number) ...............................................................................333-2700

For nutrition consultations with a registered dietitian, call:

McKinley Health Center
Health Education Unit, Room 333 .........................................................333-2714
SportWell Center, Room 333 .................................................................244-0261

For information or written materials and videos about eating disorders, call:

McKinley Health Center
Health Education Unit, Room 333 .........................................................333-2714

Health Resource Centers
McKinley Health Center Main Lobby - Information/HRC counter ..........333-6000
Illini Union, Room 40, lower level ..........................................................244-5994

Additional Information may be found at the following organizations. Use a search engine to locate their Web site addresses.

- The National Eating Disorder Information Center
- The National Eating Disorders Association
- Academy for Eating Disorders
- The American Dietetic Association
- Something Fishy
- Alliance for Eating Disorders Awareness
- Overeaters Anonymous
- Anorexia Nervosa and Related Eating Disorders
- Campus Blues-Promoting Health of College Students
- Eating Disorders Anonymous
- Eating Disorders Referral and Information Center
- National Association of Anorexia Nervosa & Associated Disorders (ANAD)
- Eating Disorders Coalition

References
Academy for Eating Disorders Web site, search for eating disorders/disturbances
Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) July 2000

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: Dial-A-Nurse at 333-2700

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: http://www.mckinley.illinois.edu