Eating Problems

Mostly women suffer from eating disorders but an increasing proportion of young men are also experiencing them. They are as much a social and cultural problem as a personal one.

We live in a society where the media constantly bombard us with images of successful people who are portrayed as thin. Women's bodies are particularly scrutinised by the fashion industry. There is often pressure to fit into a certain type of look that is currently fashionable. Since the 1960s fashion models in the West have been markedly both more underweight, and taller than the national average woman.

Increased photographic skills and other technical expertise has resulted in the reproduction of images of women which are glamorous, superhuman and perfect. Even the models themselves don't actually look as perfect or glamorous as their photos appear.

We are given the message that looking thin means being successful in society. Pressure to conform and the fear of loss of control leads to worry about one's body image or weight.

On top of this, millions of pounds are spent by the dieting industry on advertising. Research shows that 90% of men and women are concerned with their body size and diet or exercise in an attempt to redefine their natural body shape.

Other Contributory Factors

- Low self-esteem
- Relationship or family problems
- Anxiety
- Depression
- Stress

The eating disorder itself is usually symptomatic of an underlying emotional or psychological issue. The underlying issues are not necessarily unusual or traumatic incidents but may be fairly commonly experienced problems that have built up over a period of time. Types of Eating Disorders Even though exact symptoms vary due to individual personality, lifestyle and circumstances, these are three commonly experienced eating problems that often have overlaps between them.

1. Compulsive Eating
2. Bulimia Nervosa
3. Anorexia Nervosa

Compulsive Eating

This is where a person finds they have irresistible urges to binge. Often after a binge they might feel overwhelmed by feelings of self-disgust or shame. The binge may follow a period where a rigid dieting regime has been put in place. Thus a diet-binge cycle may ensue. The dieter is often concerned with body
size that may fluctuate. Someone who compulsively eats may appear or feel overweight. Eating is often not in response to physical hunger pangs. The eater feels out of control around food. The desire to binge seems to take over and overpower any will to diet and lose weight.

**Bulimia Nervosa**

This is a cycle of overeating followed by self-induced vomiting or purging with laxatives or fasting. The eating disorder is often kept secret. The sufferers binge or purge alone and appear normal in body size. Those experiencing bulimia are constantly preoccupied with food and body size. They may have lists of high calorie or high carbohydrate foods that are self-forbidden, these foods become binge products. The disorder is characterised by secrecy, shame and guilt until help is sought and recovery begins. Sufferers from bulimia may experience one or more of the following:

- Damage to kidneys
- Swollen salivary glands
- Damage to stomach and oesophagus
- Loss of body fluids
- Muscle cramps and weakness
- Fainting spells
- Fits and irregular heartbeats.

The binge seems an automatic response to emotional pain. Often the person feels out of control and unable to resist the desire to binge.

**Anorexia Nervosa**

Those who experience anorexia may be totally obsessed with food yet diet stringently and deny themselves healthy meals. They are constantly dieting or exercising to lose weight. The most commonly affected are young women in education aged 15-25. Although they may appear very underweight they will feel fat. Anorexia can be life-threatening - some women starve themselves to death. Sufferers often feel low self-esteem and may vomit or purge themselves of food with laxatives. Women anorexics will sometimes suffer a loss of menstrual periods.

Sufferers may feel terribly isolated and may experience the effects of starvation including:

- sleep disturbance
- reduced mental ability
- excess hair growth on body
- poor circulation
- feeling excessively cold
- fatigue
- dizzy spells
- thin bones possibly leading to deformity or osteoporosis
- stunted growth
- digestive tract dysfunction
Indeed all eating disorders may incur feelings of isolation, shame, guilt and emotional pain.

**Ten Tips Which May Help You to Help Yourself**


2. Begin to keep a diary - write down feelings. Make your diary personal to you - your own confidante and friend in whom you confide your thoughts. Scribble, stick in photos, draw pictures - there are no rules about how you have to use the space.

3. Begin to be in touch with the feelings and thoughts around eating behaviour. Begin to understand your underlying emotional issues.

4. Ask yourself what is it that you really want instead of food - is it a response to the worry of work? Do you really want a hug, a chat with a friend?

5. Start nurturing and pampering yourself. Set aside time in the day for your own relaxation and leisure periods. Prioritise your needs.

6. Dare to say yes to yourself instead of no. Learn to accept the way you are and begin to appreciate and love yourself.

7. Do not overly criticize or judge yourself harshly. Overzealous self-criticism will drive the compulsion of the eating disorder.

8. Draw a family tree to include all friends and all those living or dead. Write down your family history noting dramatic or eventful periods of change.

9. See if there are emerging patterns of behaviour. Look at the way you relate to others. Do you have equal give-and-take in relationships? If not look at books on assertiveness or join an assertion group.

10. Be gentle on yourself. Accept the way you are. Your eating disorder has enabled you to cope with difficult circumstances. See if you can come up with other coping strategies which are less harmful.

**Further Help**

Contact the Student Counselling Service about any of the following including the books, many of which are stocked by the service.

**Counselling**

As previously stated all eating disorders are symptomatic of emotional, psychological and social cultural issues. In one-to-one counselling a person can explore and learn to understand the underlying issues in a safe, confidential environment thus breaking the experience of isolation. An individual can gain new coping strategies conquering the driven obsession with food and body image that seems to override all life's activities.

**Groups**

Being in a group for many has been a relief. Together sufferers have broken their isolation and realised that others have had similar experiences. A group may be the next step on from one-to-one counselling to enable the participants to regain control over their lives.
Books and further information

Getting Better Bite by Bite - A survival kit for sufferers of bulimia nervosa and binge eating disorders
Treasure & Schmidt - Psychology Press

Eating your Heart Out Buckroyd - Optima


Beat is the working name of the Eating Disorders Association who are the leading UK charity for people with eating disorders and their families.

Beat Helpline 0845 634 1414 www.b-eat.co.uk E-mail help@b-eat.co.uk

National Centre for Eating Disorders contains much thought-provoking material. For more information visit their website www.eating-disorders.org.uk

NHS www.nhs.uk/Livewell/Eatingdisorders/Pages/eatingdisordershomepage.aspx

Royal College of Psychiatrists

www.rcpsych.ac.uk/expertadvice/problems/eatingdisorders/anorexiaandbulimia.aspx