

Let's talk about...

Eating Disorders

MENTAL ILLNESS DEMYSTIFIED

EATING DISORDERS ARE POTENTIALLY LIFE-THREATENING CONDITIONS THAT DESPITE THE NAME, ARE NOT REALLY ABOUT FOOD. EATING DISORDERS ARE A WAY OF COPING WITH DEEPER PROBLEMS THAT A PERSON FINDS TOO PAINFUL OR DIFFICULT TO DEAL WITH DIRECTLY. THEY ARE A COMPLEX SET OF CONDITIONS THAT INDICATE SOMEONE IS STRUGGLING WITH THEIR SENSE OF SELF-WORTH. THERE HAVE BEEN MANY WELL-KNOWN PERSONALITIES IN RECENT YEARS WHOM HAVE COME FORWARD AND DISCUSSED THEIR EATING DISORDERS. THEY INCLUDE:

- PRINCESS DIANA
- JANE FONDA
- NICOLE RITCHIE
- PAULA ABDUL
- GERI HALLIWELL.

Eating disorders affect men and women, rich and poor, and people of different cultures. When individuals have an eating disorder their weight has become the prime focus of their life. They become consumed with how much they are eating and exercising in order to avoid the painful emotions or situations that are at the heart of the problem. Somehow, this gives them, however falsely, a sense of control. Individuals with an eating disorder work hard to keep it secret, and find it very difficult to acknowledge they have a problem. There are three chronic eating disorders:

Anorexia nervosa is characterized by severe weight loss due to extreme food reduction. Symptoms include:

- refusal to maintain body weight over a minimum normal weight for age and height
- dieting to extremes, usually coupled with excessive exercise, intense fear of gaining weight
- social withdrawal

Bulimia nervosa results in fluctuations in weight due to binge eating and excessive efforts to compensate for weight gain. Symptoms include:

- a preoccupation with body image
- repeated episodes of bingeing and purging, usually by self-induced vomiting

- abuse of laxatives, diet pills and/or diuretics
- eating beyond the point of fullness

Binge-eating or compulsive eating is often triggered by chronic dieting and involves periods of overeating, often in secret and carried out as a means of deriving comfort. Symptoms include periods of uncontrolled, impulsive eating and sporadic fasts or diets.

WHAT CAUSES AN EATING DISORDER?

Eating disorders generally result from a combination of factors. Psychological factors may include low self-esteem, feelings of inadequacy or lack of control, depression, anger, or loneliness. Interpersonal factors may include troubled family or personal relationships, difficulty expressing emotions and feelings, or a history of physical or sexual abuse.

Another contributing factor is our society's preoccupation with body image that we see reflected in the media. So often, people, particularly young women, tend to equate a person's value with their physical appearance. Some people with eating disorders have been found to have a chemical imbalance in the brain that affects hunger, appetite, and digestion.

TREATMENT

People seeking treatment for an eating disorder should keep in mind the following:

- Seek professional help as soon as possible. If not identified or treated in their early stages, eating disorders can become chronic, debilitating, and even life-threatening conditions.
- Psychological counselling must address both the eating disordered symptoms and the underlying psychological, interpersonal, and cultural forces that contributed to the eating disorder.
- A multi-disciplinary approach that involves a medical assessment, nutritional guidance, support, medical follow-up, individual, group, and family therapy, is the most effective treatment route.
- In some cases hospitalization may be necessary.
- Because eating disorders can have a profound negative impact on all family members, the entire family may need to participate in counselling.



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