

Parents & Kids *Disordered Eating: Normal or Not?*



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In our society, it is hard to find anyone who has not at some point been concerned about weight, since food and exercise are such a big part of our culture. Contrary to popular belief, however, there is no particular physical appearance that is necessarily indicative of an eating disorder.

Anyone can suffer from disordered eating. A person can look "normal" on the outside, yet be gravely ill from an eating disorder. Moreover, a person doesn't have to be suffering from a diagnosable eating disorder in order to be preoccupied with food and weight, resulting in low self-esteem and negative body image.

Eating disorders involve obsession with food and weight, but are not merely problems about eating. Disordered eating occurs when someone uses food and weight control to deal with uncomfortable feelings and emotional conflicts that actually have little or nothing to do with food or weight. A contributing factor is the premium that our society places on appearance accompanied by incessant (and sometimes computer-enhanced) media images that glorify primarily one body type (thin) and equate it with success and happiness.

Clinically, there are three major categories of Eating Disorders: Anorexia Nervosa, Bulimia Nervosa and Binge-eating disorder. All three have behavioral and psychological components, and each can be associated with depressive symptoms, obsessive-

compulsive features, and substance abuse. These disorders usually begin during adolescence and historically have occurred more frequently in women than men, although some statistics now say that the ratio is narrowing: roughly 1 male for 5-10 females. Eating Disorders have the highest mortality rate of any psychological illness, and they can result in many medical complications including, but not limited to, anemia, osteoporosis impaired metabolic function, electrolyte disturbances, enceph-

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alopathy, constipation, impaired renal function, dental enamel erosion and cardiovascular problems. A person with Anorexia Nervosa weighs less than 85% of the normal weight for their age and height, is terrified of gaining weight, and perceives her body shape in a distorted manner. She may reach this condition either through restricting her food intake or by purging food that has been eaten. Purging can involve self-induced vomiting, excessive exercise and/or



misuse of laxatives, diuretics or enemas. In post-menarcheal females, the menstrual cycle ceases for at least three consecutive months. Characteristically, people with Anorexia Nervosa are often strong achievers, perfectionists, and often come



For people with eating disorders, obsession with food and personal weight becomes a reflection of an internal psychological turmoil expressed through manipulation of food and diet.

from families that place a premium on appearance, avoid conflict, and value conformity.

A person with Bulimia Nervosa consumes vast quantities of food in a discrete time period and then engages in recurrent inappropriate compensatory activities to prevent weight gain, such as fasting or those behaviors mentioned above. Unlike Anorexia, a person with Bulimia is usually of normal weight, and there is often nothing about her appearance to indicate a problem with eating. People with Bulimia are frequently attractive, well-groomed high achievers. Gorging on food becomes a way of "stuffing" away intolerable feelings, and the purging relieves the bloated feeling from overeating as well as mitigating weight gain. It is very hard to get statistics on bulimia, since many cases go unreported due to secrecy and

shame.

Binge-eating disorder (also called compulsive overeating) involves repeated episodes of overeating during a discrete time period (usually less than two hours), unaccompanied by the recurrent inappropriate compensatory behaviors listed above. Therefore, a person with Binge-eating disorder is usually overweight. Sadly, the overeating, while temporarily reducing feelings of depression, anxiety, and loneliness, can also lead to low self-esteem and increased isolation.

A common misperception is that eating disorders are simply the result of poor self-control, stubbornness, or a lack of willpower. This is never the case. Clinical Eating Disorders are genuine illnesses—never just a sign of stubbornness, a lack of self-control or deficient will-power. Recovery is never just a matter of eating more healthfully. Eating Disorder are attempts to use food intake and weight control to solve psychological difficulties that have little to do

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resources

Hall, Lindsey and Cohn, Monika. 1999. *Bulimia: A Guide to Recovery*. Ca: Gurze Books.

Lock, James and Le Grange, Daniel. 2005. *Helping Your Teenager Beat and Eating Disorder*. NY: The Guilford Press

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