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## Eating Disorders Not a Reflection of a Weak Will

How many of us worry about gaining weight, are frequently on a diet, and feel guilty when we eat certain foods? How many of us honestly can say we are happy with our body shape and size? Chances are, most of us would like to improve our appearance; if you are female, especially, this almost always involves some change in our eating habits. Whether we are concerned about overeating or under-eating, what might begin as an innocent effort to improve ourselves often takes on a life of its own and turns into an eating disorder. According to the National Eating Disorders Association (NEDA), 5-10 million girls and women, and 1 million boys and men, “are struggling with eating disorders” in the United States.

Eating disorders are medical conditions that include extreme emotions, attitudes, and behaviors regarding issues of weight and food. They arise from a combination of behavioral, emotional, psychological, interpersonal, and social factors. It is believed that people with eating disorders use food to satisfy a variety of emotional needs, such as the need for control and the need for comfort. An eating disorder may be triggered by something as mild as teasing or as traumatic as rape, and often begins in times of transition, shock, or loss. The single most common trigger to an eating disorder is dieting. Due to our cultural equation of female beauty to thinness, 40-50% of American women are trying to lose weight at any given time. Americans spend over \$40 billion each year on dieting and related products, yet 95% of all dieters regain their lost weight plus within 1 to 5 years. And 35% of “normal” dieters progress to pathological dieting, according to the NEDA, and of those, 20-25% develop eating disorders.

While the symptoms of an eating disorder may be fairly easy to recognize, the underlying causes may be difficult to pinpoint. However, people with eating disorders often share similarities that are both psychological and biological. They tend to be perfectionists, having unrealistic expectations for themselves and others; as a result, they often feel inadequate, defective, and worthless, because they can never measure up to these expectations. While they may appear highly competent and strong to others, they frequently struggle with feelings of weakness, powerlessness, and victimization. While creating a public persona that can be admired, many feel angry but cannot express that anger, so they turn it against themselves in an attempt to punish themselves for their shortcomings. Most share feelings of loneliness, a sense that they never “fit in,” that no one really understands them. In addition, biological factors also play a part. Since temperament is partially determined by genetic make-up, some personality types are more at-risk of developing eating disorders, such as people who are obsessive/compulsive. The New England Journal of Medicine reports that heredity plays an important role in binge eating and obesity for some people. Further, research has shown that both under-eating and overeating can activate chemicals in the brain that produce feelings of well-being. In addition, new studies have found that comfort foods that are high in sugar, fat, and calories have a calming effect on the body’s response to chronic stress, and the hormones that are produced under stressful conditions encourage the formation of fat cells.

While there are a variety of eating disorders, the three main categories are anorexia nervosa, bulimia, and binge eating. Anorexia nervosa is characterized by self-starvation and excessive weight loss. The

symptoms include a refusal to maintain a minimally normal weight, an intense fear of gaining weight or being fat, feeling fat despite dramatic weight loss, extreme concern with body weight and shape, and loss of menstrual cycles in women.

A person with bulimia engages in repeated episodes of binge eating and purging afterward, abusing laxatives, inducing vomiting, or over-exercising. During a binge, the person feels out of control, then diets frequently. They, too, experience extreme concern with body weight and shape.

A compulsive overeater has a binge eating disorder. Like the person with bulimia, this individual experiences periods of uncontrolled, impulsive, or continuous eating, but there is no attempt to purge, and may result in obesity. Anxiety, depression, loneliness, shame, and self-hatred result from this binging behavior.

All three disorders have serious physical consequences. They can affect every cell, tissue, and organ in the body. Irregular heartbeat, cardiac arrest, kidney and liver damage, gastric distress, weakened immune system, destruction of teeth and bone, and death may result from eating disorders.

Although recovery from an eating disorder is complicated and may take 7 to 10 years to accomplish, about 80% of people with eating disorders who seek treatment either recover completely or make significant progress. However, the remaining 20% continue to suffer throughout their lives, or die from the disorder. Unlike other physical diseases, eating disorders are a complex set of both physical and psycho-social causes that require an individualized plan of treatment that begins with a professional evaluation. Afterward, hospitalization, medication, individual, family, or group counseling, and physical treatment to restore the body's physical health may be required. As with many types of illness, the sooner treatment is sought, the more positive the outcome.

During the week of February 23 (National Eating Disorders Awareness Week), readers are encouraged to learn more about eating disorders. They may call the National Eating Disorder Hotline at 1-800-248-3285, the National Eating Disorders Association at 800-931-2237 ([info@NationalEatingDisorders.org](mailto:info@NationalEatingDisorders.org)) or their affiliate, Anorexia Nervosa and Related Eating Disorders, Inc at [www.anred.com](http://www.anred.com), the Center for Eating Disorders at St. Joseph Medical Center at 410-427-2100 ([www.eating-disorders.com](http://www.eating-disorders.com)), or the National Institute of Mental Health at 301-443-4513 ([www.nimh.nih.gov](http://www.nimh.nih.gov)).