



Eating disorders & body image issues

What is an eating disorder or disordered eating?

Food and nutrition are vital aspects of our lives – we need to eat in order to survive, grow, and develop, but eating can also be a considerable source of pleasure and is often an important part of our social lives – going out for dinner, ordering a pizza with friends, having a picnic in the park, barbecues in the summer, cooking with the family...Sharing and making food together can be bonding and fun!

At the same time, many of us are also monitoring what we eat – we may want to watch our weight, decide to become vegetarian or vegan, or avoid certain foods for medical, religious, or cultural reasons...in other words, food is almost always more than nutrition. How we eat is part of who we are, how we socialise, and what matters to us. As a result, eating can be associated with all kinds of thoughts and feelings around health, spirituality, social consciousness, community, etc. Food has the potential to make us feel excited, happy, and connected to ourselves and others.

However, food and eating can also become a source of dread, anxiety, shame, guilt, and other 'negative' emotions. Our relationship with food can become bound up with the way we view and shame our bodies, punish and criticise ourselves, control and restrict ourselves. We may develop an obsessive focus on the kinds of foods we consume, on our weight and shape, on hiding certain eating habits from others, on using food to fill an emotional void within us.

When food and eating become a problematic aspect of a person's life to the extent that their social, psychological, and physical wellbeing is significantly impaired, professionals often use the terms 'eating disorder' or 'disordered eating'. A difficult relationship with food can manifest in many different ways. A person may be severely restricting what they eat or lose control over what they are consuming. They may abuse laxatives or force themselves to bring up what they have ingested, or they may be cutting out vital food groups against medical advice. Accordingly, mental health professionals have defined various different categories of 'eating disorders' over the past few decades.

Are eating disorders a new thing?

It is often thought that 'eating disorders' are a relatively recent phenomenon. While it is certainly true that the number of individuals who are diagnosed with an eating disorder has risen considerably in the 20th and 21st centuries, there is good evidence that some of these conditions have been around for hundreds of years. For example, 17th and 18th century physicians have described cases of 'nervous consumption' or 'nervous atrophy', something we would most likely refer to as 'anorexia nervosa' today.

At the same time, there is no denying that we have seen a steep rise in diagnoses for all types of eating disorders in the last 60 years. Increasing pressures around body image and the pervasive Western beauty ideal of slenderness undoubtedly have an impact on many people's feelings about their body and eating habits. Women and girls in particular seem to feel these pressures, which is why the vast majority of those displaying restrictive eating disorder patterns and body image problems are female. At the same time, there has also been a rise in eating disorders/disordered eating among boys and men over time, reflecting perhaps the increasing focus on body image across both sexes – as well as those who do not identify with the binary 'male/female' categories.

It would also be too simplistic to 'blame' social and traditional media for the rise in eating disorders and body image concerns. The relentless dissemination of particular beauty standards and the unprecedented possibilities of comparing ourselves to others via online channels have created a context that can heighten our anxieties and insecurities. However, the development of eating disorders (of all kinds) is often much more complex and multi-faceted. Therefore, while eating disorders may be more common and more visible today in our modern societies, we need to look deeper and closer to understand why individuals may struggle with food, eating and body image.

Some thoughts on diagnosis

Many of us are familiar with common diagnosis such as 'anorexia' or 'bulimia' and the past century has seen a proliferation of various kinds of psychiatric eating and body image 'diagnoses'. In simple terms, a psychiatric diagnosis is a description of some key characteristics (or 'symptoms') in terms of behaviours (f. ex. over-eating/under-eating), feelings (f. ex. being overly fearful of weight gain) and thought patterns (f.ex. being constantly pre-occupied with food).



How we see ourselves is complex and multi-faceted

Diagnostic labels can be valuable as a sort of 'shorthand' to describe a set of features that those diagnosed with a particular condition tend to have in common. They can also help distinguish between 'problematic' or 'unhealthy' and 'disordered' behaviours (though sometimes the boundaries can be blurred!). In order to be diagnosed with an eating 'disorder', problems around food and eating usually have to persist over some time and be fairly severe. For example, many of us may over-indulge in crisps or cookies on occasion, but this doesn't mean that we have a 'binge eating disorder'. On the other hand, diagnostic labels such as 'anorexic' can feel stigmatising and hurtful. Those who have received a diagnosis may be ambivalent towards it. It may fit well enough with their personal experience to be a relief and welcome 'explanation' of their symptoms. Or it may feel negative and derogatory, an attack on cherished values and habits. It is also important to acknowledge that diagnoses are often more descriptive than explanatory – they have shaped the language we use around problems associated with eating and body image over the decades, but they do not necessarily offer a deeper insight into individual stories of suffering or the reasons for their relationship with food and eating. This caveat in mind, let's look at some of the major current 'eating disorder' diagnostic categories that are around today.

“In order to be diagnosed with an eating disorder, problems around food usually have to persist over some time and be fairly severe.

”

The main types of eating disorder

Although diagnostic categories are reviewed by the psychiatric community on a regular basis and may change over time, there are currently a handful of broadly recognised 'eating disorder' patterns which include: anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive food intake disorders (ARFID) and other specified feeding and eating disorders (OSFED). It is important to note that these categories are not set in stone and may change and fluctuate over time. Some of them also tend to overlap and share similar characteristics.

Anorexia Nervosa (AN)

Though it is one of the rarest forms of eating disorder, most people will have heard the term 'anorexia' at some stage. Coming from the Greek term for 'loss of appetite', anorexia is associated with severe restrictions around food intake and an almost constant worry about weight gain. People suffering from anorexia may eat very little, exercise a lot, at times abuse laxatives or dieting pills or take other measures to achieve a weight that is considerably under their 'normal' or natural body weight. As a result, individuals are usually considerably underweight, making anorexia one of the most visible eating disorders.

While others may be shocked and concerned about their emaciated bodies, those diagnosed with anorexia characteristically don't see themselves in the same way – in fact, they often have a warped body image (sometimes referred to as 'body dysmorphia'), feeling 'fat' and 'overweight' even though their bones are showing through their skin and they are considerably underweight. This view of themselves as 'large' or 'unattractive' further compounds a commitment to weight loss – and causes a vicious cycle whereby no amount of weight loss is ever enough, causing the person to become thinner and thinner.

Food, weight, and body shape become the primary pre-occupations – it is often all the individual can think about. This may lead to a withdrawal from friends and family, and an avoidance of any occasion that might involve food – birthdays, parties, a night out, or family dinners.

The feelings that come with anorexia can often be highly ambivalent – on the one hand, constant self-monitoring and self-criticism can create a deep sense of inadequacy, hopelessness, even disgust with oneself. Anxiety, depression, low self-esteem and suicidal thoughts are common in people suffering with anorexia. On the other hand, 'achieving' further weight loss or more extreme exercise targets can lead to momentary feelings of satisfaction and pride – though they may be incomprehensible and disturbing to concerned loved ones, those feelings play an important part in

“I thought about food and calories all the time. I tried to avoid foods containing lots of fat or carbohydrates and only had 'safe' foods which I felt were okay to eat.

”

BEAT

the maintenance and continuation of the eating disorder. In severe cases, having anorexia can paradoxically become someone's lifeline, the ordering principle of their lives, their 'raison d'être' – while also being a major threat to their physical and mental health.

As anorexia tends to be characterised by seriously low body weight and malnutrition, it can lead to a range of physical symptoms and complications. These include the loss of muscle and bone strength (which can result in osteoporosis), heart problems, the thinning of hair, the loss of regular periods in women (and problems in fertility), the loss of focus and concentration, as well as changes in the brain. While some of those symptoms can be reversed with weight restoration and appropriate nutrition, long-standing and severe anorexic patterns can leave permanent damage.

The severe physical and psychological impact of anorexia makes it the deadliest of all psychiatric illnesses – sufferers at the extreme end of the spectrum may die from starvation, cardiac arrest, other health complications, or suicide.

Often developing in childhood or adolescence, anorexia can be regarded as 'hard to treat' by the clinical professions. This can be devastating and discouraging for those who reach out for help. While early interventions can be important to limit physiological damage, seeking professional help at any stage is a crucial and a positive step to enable a return to mental and physical health. While recovery may take time and not always be a linear process, it is absolutely possible with the right kind of support.



Anorexia Nervosa at a glance

Behaviours	Thoughts	Feelings
<ul style="list-style-type: none"> • Dieting and over-exercising despite not being overweight • Constant self-monitoring (weight, calories, body shape, etc) • Withdrawing and hiding eating habits from others • May abuse laxatives or diet pills 	<ul style="list-style-type: none"> • Perceiving oneself as 'fat' and overweight even though often underweight in reality • Near constant preoccupation with food, weight, shape – to the extent that this becomes the person's identity 	<ul style="list-style-type: none"> • Feeling inadequate/unhappy about weight and shape • Low mood/mood swings • Low self-esteem • Anxiety around food and eating – constant fear of weight gain • Feeling ambivalent about having 'anorexia' – can become a source of pride and achievement

Bulimia Nervosa (BN)

Another frequently talked about and somewhat more common form of eating disorder is bulimia nervosa. Bulimia is characterised by cycles of 'bingeing' (eating large amounts of food over a short space of time) and 'purging' (getting rid of excess calories by vomiting, using laxatives, exercising, fasting, etc). Individuals presenting with bulimia may or may not be underweight, sometimes making it harder for friends, family, colleagues or healthcare professionals to spot the signs.

Similar to anorexia, a preoccupation with weight and body shape is common and body image issues can be part of the presentation. However, in contrast to the tightly controlled eating behaviour that is typical for anorexia, individuals with bulimic symptoms experience an occasional and repeated loss of control over their eating – a 'binge'. Binges can occur spontaneously or be carefully planned. However, these episodes are almost always accompanied by feelings of shame and guilt which in turn trigger the felt need to 'purge', often to prevent weight gain.

The cycles of overeating and subsequent purging can have serious physical and psychological consequences. Individuals often experience abdominal pains, bloating, digestive problems, irregular periods in women, mood swings, tiredness and listlessness, irritability, depressive symptoms, anxiety, and low self-esteem. Often the binge/purge cycles lead to interruptions in a person's social and professional life, partly due to the feelings of shame and worthlessness that can be caused by the felt loss of control. As with anorexia, the onset of bulimia tends to be during adolescence.

Bulimia Nervosa at a glance

Behaviours	Thoughts	Feelings
<ul style="list-style-type: none">• Cycles of overeating (bingeing) and 'compensating' for this by using laxatives, bringing food back up, fasting, etc• Withdrawing and hiding eating habits from others	<ul style="list-style-type: none">• Some preoccupation/concern around body shape and weight	<ul style="list-style-type: none">• Feeling shame/guilt around bingeing and purging habits• Low mood/mood swings• Low self-esteem• Feeling out of control during binges

“I used to go to the food cupboard, fridge or freezer and eat as much as I could, as quickly as possible, to try to make myself feel happier and fill the hole I felt inside. Afterwards I felt physically and emotionally upset and guilty about all the food I had eaten, so I would make myself sick.

”

Binge eating disorder (BED)

Binge eating disorder (BED) has only recently (2013) been recognised as an eating disorder in its own right and is believed to be one of the most common of all eating disorders. It is characterised by episodes of bingeing and is therefore similar to bulimia but without the subsequent ‘purging’ behaviours. As in bulimia, binges may be planned and involve specific foods, or happen spontaneously. In either case, the feeling during the binge itself can be one of distress and lack of control, often followed by shame or guilt. How often these binges happen and how long they last is different from person to person – often people who ‘fit’ this diagnosis eat normal, ‘regular’ meals in between the binges as well, hiding the binge patterns from others.

Most (though not all) individuals who suffer from BED tend to be overweight due to regular overeating. They may experience a range of physical and psychological problems, such as difficulties with mobility, chronic pain, an increased risk of developing diabetes and other health conditions, as well as self-esteem issues, low mood, and depression. Although not included in the official diagnostic criteria for BED, studies have found that a pre-occupation with weight and shape can be another common feature.

BED can bring about feelings of social isolation or make people feel judged and stigmatised because of their weight. This can lead to withdrawal and disruptions in their personal, work or student life. In contrast to anorexia and bulimia, the onset of BED tends to be later in life (rather than during adolescence), often starting in early adulthood. It has also been found that BED is more common across different ethnic groups and in boys/men than either anorexia or bulimia (which still mostly tend to affect white women).

Binge eating disorder at a glance

Behaviours	Thoughts	Feelings
<ul style="list-style-type: none"> Episodes of overeating (bingeing) without ‘compensating’ for this Withdrawing and hiding eating habits from others 	<ul style="list-style-type: none"> Preoccupation with weight and shape is common 	<ul style="list-style-type: none"> Feeling shame/guilt around bingeing and eating habits Low self-esteem Depression and low mood Feeling out of control during binges

“Sometimes I just feel that I’ve lost all control - that nothing in the world can feel as bad as I do after a binge, then I just start worrying about my weight. It never goes away.”

”

BEAT

Other specified feeding and eating disorders (OSFED)

Previously referred to as 'EDNOS' (eating disorders not otherwise specified), OSFED has become a commonly used umbrella term for eating difficulties that may not clearly fit into any of the other established categories. OSFED is currently still the most commonly diagnosed 'type' of eating disorder as it comprises a range of symptoms that may be similar to other types of eating disorders. According to the national eating disorder charity BEAT, OSFED can include 'atypical' or 'sub-clinical' versions of anorexia, bulimia and binge eating disorder, for example, when an individual restricts their food intake, binges, or purges but does so less frequently/over a shorter period of time.

However, this doesn't mean that a diagnosis of OSFED should be taken any less seriously – any form of problematic eating behaviours and thought patterns can be harmful and cause physical and psychological issues that impair the individual's quality of life. Moreover, 'milder' symptoms can also become more extreme over time. It is therefore key to seek help as soon as possible.

Other forms of eating and feeding problems

While the above four categories describe eating problems around three broad patterns (anorexia, bulimia and binge eating), there are also other forms of 'disordered' eating that can lead to physical and psychological difficulties. These include avoidant/restrictive eating and feeding disorders (AFRID) which are characterised by the avoidance of certain foods for reasons other than having a primary focus on weight loss and body shape concerns. Those reasons may include anxieties around ingesting certain foods, an aversion to certain food groups, textures or colours. Sometimes these anxieties may have developed after a bad experience with food (such as feeling nauseous or in pain), other times their origin is harder to trace. The motives for restricting or avoiding food can be multi-faceted and complex and AFRID can look very different across different individuals.

A specific form of such restrictive eating has been described as 'orthorexia' by Dr Steven Bratman in 1997. Although not currently recognised as a distinctive eating disorder by the psychiatric community, orthorexia has attracted more attention and research in recent years, particularly in the context of the ever-increasing popularity of healthy and 'clean eating'.

'Orthorexia' involves a pre-occupation with 'healthy' or 'pure' food/ eating to the extent that this causes disruptions in a person's social or



'Orthorexia' involves a pre-occupation with 'healthy' or 'pure' food/eating

professional life, as well as leaving them with a sense of intense anxiety, guilt and fear around eating 'unhealthy' or 'impure' foods. How 'healthy' and 'pure' are defined can vary and may be based on an individual's personal and cultural health beliefs. 'Orthorexia' can sometimes look similar to anorexia as it can result in weight loss and increasing restrictions around nutrition but is distinct in its particular focus on 'health' and 'purity'.

It is worth noting that describing 'orthorexia' as a new type of eating disorder is not meant to pathologise healthy eating or following particular diets. Instead, it highlights the dangers of falling into increasingly restrictive and ultimately harmful patterns that can have a serious impact on emotional and physical wellbeing. It is worth remembering that 'healthy' eating also has a psychological dimension – if following strict nutritional rules makes you miserable, your diet may not be so 'healthy' after all!

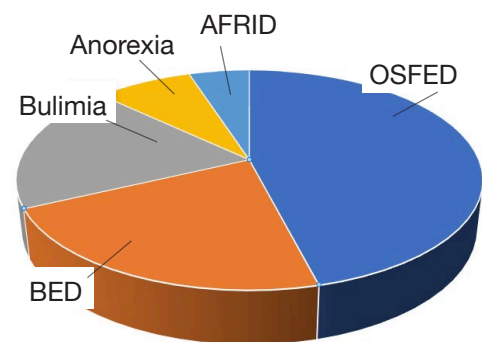
Finally, two further recognised eating disorder patterns are rumination disorder and pica. Rumination disorder is a term used to describe the repeated and frequent bringing up of food after eating and sometimes re-chewing and re-swallowing it. These habits don't usually feel within conscious control and can lead to weight loss and other physical complications such as damage to the teeth, as well as impacting on a person's ability to socialise (particularly when food is involved) and overall wellbeing.

Pica is a condition which compels a person to ingest non-edibles such as paper, metals, paint, ice, etc. Usually people suffering with pica maintain a normal diet otherwise and therefore may not always show physical symptoms. However, consuming non-food substances can be dangerous and lead to serious medical complications. Sometimes pica can also occur alongside other eating difficulties or be part of a manifestation of other mental health conditions.

Statistics

While it is hard to estimate exact figures as many of those experiencing eating difficulties may never be diagnosed, the national eating disorder charity BEAT suggests that about 1.25m people in the UK could be suffering from an eating disorder.

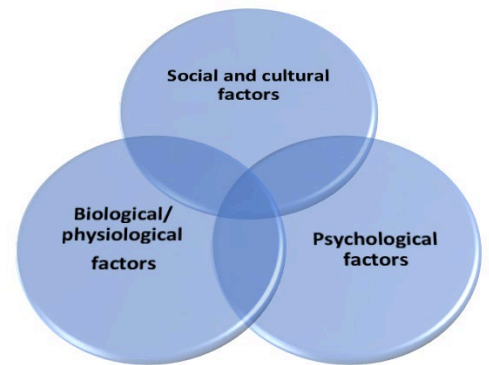
BEAT also estimates that about 25% of those affected are male. According to the Health and Care Information Centre, annual hospital admissions for eating disorders have risen by 7-8% in the last couple of years. The most commonly diagnosed eating disorder tends to be OSFED (accounting for about 46% of all cases according to a 2015 study), followed by binge eating disorder (about 22% of cases), bulimia (around 19%), anorexia (8%) and AFRID (5%). Statistics also show that, while the onset of eating difficulties may be most common in adolescence, people can be affected across the lifespan from early childhood to late adulthood.



Common eating disorder diagnoses

It's not (always) about food – what causes eating disorders?

There has been considerable research and speculation about what may trigger or facilitate the development of 'disordered' eating patterns. To date, no single factor has emerged as the unique and definite root cause behind the development of an eating disorder. What we do know, however, is that eating disorders usually are not about food or nutrition as is sometimes assumed. Instead, it is now commonly accepted that difficulties around eating and body image are complex and multi-layered – there may be psychological, social, cultural, and physiological factors at play which often interact in a variety of ways. In other words, no two individuals who display symptoms and/or have a diagnosis of an eating disorder, are the same. Though there will often be commonalities, each and every one has their own story, their own struggles, their own definition of and pathway to recovery. With this caveat in mind, it is worth considering some of the research that has looked at possible factors in the development and maintenance of eating disordered behaviours.



Biological/physiological factors

Over the past few decades, clinical research has increasingly looked at potential biological 'risk factors' in the development of eating disorders. Given that many eating disorders (such as anorexia and bulimia) typically develop during adolescence, the hormonal and neurological changes that are associated with this time period have long been suspected to heighten the vulnerability for developing an eating disorder. What happens in our bodies on a hormonal or neurobiological level can influence our energy levels, moods, feelings of hunger or satiety, and many other basic aspects of our physical and mental wellbeing.

Another strand of research has considered the idea of genetic vulnerability to developing eating disorders; however, the evidence has so far been inconclusive. What has become clear is that the interactions between internal, bodily processes and make-up and the external environment are extremely complex and often hard to separate out. In summary, while hormonal, genetic or neurobiological factors may well present contributing or 'risk' factors in the development of issues around eating and body image, they do not usually 'cause' those problems.

Psychological factors

As eating disorders are commonly seen as a form of psychological 'disorder', it is crucial to consider the psychological dimension. In very simple terms, eating disorders – just like most other 'psychiatric' problems – can be seen as an expression of, or a reaction to, psychological distress or pain. As a society, we are well acquainted with reactions to physical pain – we may cry, groan, hold the part of our body that is hurting, or try to soothe it with cold, heat, medication, or herbs.

When we experience psychological pain, our ways of expressing and soothing are likely to be very different and sometimes unhelpful. On a superficial level, the restriction or purging of food may be driven by dissatisfaction around looks, body shape, or weight. Bingeing behaviours may be driven by the need for comfort or ritual, even though the experience itself can be distressing. However, on a deeper level, individuals with eating disorders often struggle with feelings of control (not being in control of their lives, either in the present or the past), self-esteem and self-acceptance, anxieties, low moods, or fundamental and existential insecurities. They may have a history of childhood (or adulthood) abuse, may have experienced difficult family relationships, bullying, loneliness, abandonment, rejection, may have felt the pressure to conform to certain ways of being or appearing, may have felt utterly lost and powerless, angry and frustrated, criticised and unsafe. Most of us will experience some of these things at some stage in our lives and will respond in various ways.

Some of us respond by developing an unhelpful relationship with food and eating – as a way of reinstating a sense of control in our lives, an attempt to gain self-esteem, acceptance and the feeling of being finally ‘good enough’, a way of coping with stress and distress, a way of comforting ourselves and numbing the pain we experience, or a way of crying for help.

Paradoxically, the very way of trying to cope with difficult feelings, thoughts or circumstances frequently becomes a problem in itself, creating further distress for the individual and those close to her or him. Developing an eating disorder can further compound feelings of shame, low self-esteem, guilt and loneliness, low moods and anxiety – now often intensely focussed on food, eating, nutrition, weight or shape.

Once established, eating patterns and behaviours can become associated with a powerful sense of ‘safety’ and certainty, particularly in the case of restrictive types of eating disorders. The individual may start drawing considerable feelings of comfort, control or purpose from not eating certain types of food, monitoring portion sizes and body weight. Their eating habits and body shape become a crucial and sometimes the most important part of who they are as a person and the thought of abandoning or changing their behaviours becomes anathema.

In summary, eating disorders are often developed and maintained in the context of psychological distress and difficulties and can represent the way in which individuals try to cope. Though the very definition of an ‘eating’ disorder implies a specific focus on food, food and nutrition are often not the key concern at the heart of an eating disorder. Instead, food becomes the medium through which feelings are expressed. The underlying psychological factors that produce the feelings can be complex and varied.



Cultural and social factors

While we have focussed on the development of eating disorders on an individual level so far, it is important to consider and acknowledge some of the cultural and societal norms that can impact all of us. The Western beauty ideal of slenderness (particularly in women) has been much discussed and frequently maligned in the context of anorexia and bulimia. In addition, the newer concept of ‘orthorexia’ has often been tied to the increasing concern around healthy eating and the various dietary ‘fads’ that have been popularised over the last few decades.

Eating disorders are more prevalent in people from a white ethnic background. However they can occur across different ethnic groups and in other parts of the world

Indeed, it is important to note that the prevalence of restrictive types of eating disorders is far higher in Western countries and classically associated with being from a white ethnic background. Of course, this does not mean that eating disorders of all types cannot occur across different ethnic groups and in other parts of the world – they can and they do, but generally not as often.

Though beauty standards and pressures to conform to them are not the sole causes for the rise in restrictive eating disorders during the last century, they are certainly a powerful factor that can invite a preoccupation with food and weight among people of all ages. It can be hard to escape messages about dieting, ‘healthy’ foods, ‘getting in shape’, weight loss, etc.

We may develop feelings of inadequacy, ‘failure’ or shame when our body type or eating habits don’t happen to correspond to what we are told is desirable, acceptable, or ‘healthy’. It is important to remember that a healthy diet and weight may mean different things for different people and that ‘healthy eating’ should have a psychological, as well as physiological component. It is also important to be mindful of the potential impact of media and social media on our mental health and self-esteem – and not just in the context of eating disorders and body image!

I think I have an eating disorder – what do I do?

If you think you might have an eating disorder, the first step is to be honest with yourself – ‘admitting’ that we have a problem can be really difficult and painful, we may feel like a failure or like there is something fundamentally ‘wrong’ with us. At the same time, recognising that we are struggling with something in our lives is also extremely brave and important in order to seek help and get better. Though some are commonly developed during teenage/adolescent years and some may be more common among women than men, eating disorders can affect anybody at any stage in their lives.

If you feel that you often/constantly think about food and eating, try to hide certain food habits from others, have gained or lost considerable amounts of weight in absence of any underlying physical illness that might explain this, you might have or be developing an eating disorder that can really impact on the way you feel, both physically and emotionally. It can be helpful to share your concerns with someone you trust – it may be a family member, a colleague, a close friend, your GP, your therapist...someone who will take you seriously and will support you in getting help. If you are unsure where to turn and would rather speak to someone who is not part of your ‘inner circle’, there are a number of organisations that provide confidential and impartial advice and support – see the resources listed at the end of this guide.

Reaching out for help can be hard – but it is a first step! It is also important to be realistic – if you have experienced the symptoms of an eating disorder for some time, it may take time to change the way you think and feel about yourself and your relationship with food. It can be helpful to surround yourself with people who are supportive and positive about recovery – it may be useful to join a peer support group, either face to face or online and talk to people who have had similar experiences and can be a source of hope and inspiration.

On the note of online peer group support, beware of groups and pages that tend to explicitly encourage and ‘celebrate’ eating disordered behaviour. Unfortunately, a number of ‘pro-ana’ (pro anorexia) or ‘pro-mia’ (pro bulimia) websites and social media platforms have sprung up over the last decade or suggesting that these serious psychiatric illnesses are a ‘way of life’ and sharing ‘tips’ and experiences on how to maintain eating disorders. They tend to ignore, dismiss or minimise the medical health warnings and psychological impact of anorexia and bulimia and thus may be seriously skewing readers’ views and undermining their efforts to recover. Though seeking out ‘confirmation’ that it is OK to live with

“Recognising that we are struggling with something in our lives is extremely brave.”

an eating disorder may be tempting (and much easier than engaging in treatment), it can make the journey to recovery and a happier, more fulfilled life much more difficult!

Connect to who you are

If you are suffering from an eating disorder, it is not unlikely that food, weight, shape, or body image concerns have become important, if not central, to how you see yourself. Part of recovering can be finding out 'who else' you are – What are you interested in? What are you good at? What have you always wanted to try? Take up old hobbies again or find new ones. Try and re-connect to friends and family if you feel you have been withdrawing.

Seek professional help

Recovering from an eating disorder may feel scary and overwhelming and you may experience all kinds of physical and emotional problems that are connected to your issues around food/eating. It can be really important to seek out professional support, particularly if you are severely under- or overweight, have other underlying health conditions, have suicidal thoughts and feelings, or feel helpless and unsure how to take the next step.

While dealing with the physiological impact of eating disorders is the prerogative of medical professionals such as your GP or specialist doctors and nurses, supporting you with your thoughts, feelings and behaviours is something we at First Psychology can offer as counsellors and therapists.

Take ownership of your recovery

'Recovery' can mean many different things to different people and it can be useful if you are able to develop a sense of what you want to achieve. Note that your views on this may change over time and should be guided by considerations of physical, as well as mental health. It can be daunting to seek help and it may make you feel as if you are 'relinquishing' control – which is particularly difficult if your difficulties around food and eating are very much a way for you to establish and maintain a sense of control! It can help to take ownership of your goals and plans in this context, discuss with you therapist, doctor and wider support network what you would like to achieve and make them aware of any difficulties and anxieties you experience. Change can feel scary and it can be really helpful to talk about this!

Your route to recovery

- Be honest with yourself
- Share your concerns with a trusted other
- Create a support network
- Connect to who you are – don't let your eating disorder define you
- Beware of social media and online groups you engage with – make sure they are supportive of recovery
- Seek professional help
- Take ownership of your recovery – you've got this!

How can therapy help with eating disorders?

Therapy (or rather 'therapies', as there are many different kinds) can help with the recovery and management of an eating disorder in a variety of different ways. The wide choice of different therapeutic approaches and interventions can be bewildering, and you might ask yourself what the 'best' option is. Research has shown that one of the key 'healing' components of therapy is the relationship between client and therapist, irrespective of the type of therapy. Building a trusting relationship in the context of which a client can explore, process, and acknowledge thoughts and feelings freely and without judgement, is arguably the most important part of any intervention.

At the same time, different people might want to focus on different aspects of their lives in therapy, no matter what the presenting problems are. This is also true for presentations such as eating disorders and body image issues. No two individuals experience these in exactly the same way. Every person has their own story, their own particular difficulties, and their own needs and hopes in terms of recovery. In some cases, the restoration of a healthy weight may be paramount in order for any psychological treatment to work and therapy may be joined up with other health care interventions through the GP or as an in- or outpatient of a more specialist eating disorder unit. This can be important in order to restore physical health and prevent long-term complications.

Some people may prefer more 'directive' treatments that may involve homework such as keeping a food or reflective diary. They may want to focus on current thought patterns around food and eating and their associated feelings and not delve too far into past issues. In such instances, cognitive behavioural therapy (CBT) may be the most suitable therapy.

Others may prefer to give the past more room and process how they got to where they are, how past and current relations have impacted them, what it feels like to deal with an eating disorder and body image problems. These clients may find psycho-dynamic, interpersonal, person-centred, or integrative approaches more useful. Likewise, if part of the client's problems around food and eating have arisen in the context of strained or complicated family relations, family-based interventions may be a good option.

Of course, there are also many other forms of therapy that have not been mentioned here – remember that at the end of the day, the crucial factor is the strength of the therapeutic relationship!

“Different people may want to focus on different aspects of their lives in therapy, no matter what the presenting problems are.”

Recovery from an eating disorder - the benefits of therapy

- Your therapist can help you gain clarity on what ‘recovery’ looks like for you – this may include the restoration of a healthy weight, the curbing of physical damage and symptoms, re-building self-esteem and social connections, lessening anxiety, depression and distress, shifting the negative feelings about yourself and your body, etc. The therapy room can also be a safe space to discuss treatment options and needs, for example you could talk to your therapist about how to involve other health professionals if needed.
- Therapy provides a safe, confidential and non-judgemental space to talk about thoughts, feelings, fears and anxieties – this can be crucial if you are feeling alienated or judged by those around you because of your weight or unusual eating behaviours. The therapist is not there to ask you ‘what is wrong with you?’ but to help you explore what has happened/is happening to you.
- Once you and your therapist have built a trusting and mutually respectful relationship, the therapy room can become a space to connect to, explore, and communicate emotions. There may be things you have never been able to fully express to anyone, things you are only half aware of, things that feel too shameful or painful to speak about. Being able to express them can bring a sense of relief and release that is usually the first step to being able to move forward from painful past or present feelings. Being able to express emotions and thoughts with the therapist can also make it easier to express them to others, such as family, friends, colleagues or partners. This can help reduce distress and the feelings of alienation and isolation you may experience.
- Getting in touch with your emotions can also help you understand where your problems around eating and/or body image come from – making sense of what is going on for you can help you feel empowered and in control again, as well as helping you to develop a sense of self-compassion and, over time, self-acceptance.
- Therapy can also help you recognise and ‘regulate’ your emotions, thus giving you more choice about how you want to express or deal with them. It may be that you have previously tended to binge or overeat when you were feeling a certain way – once you recognise that this feeling may be anxiety or loneliness, you can find different ways of responding to the way you feel!

“The therapist is not there to ask you ‘what is wrong with you?’ but to help you explore what has happened/is happening to you.

”

- Experiencing yourself in the context of a truly supportive and empathetic relationship can also help you re-connect to who you are and re-establish a sense of self that is not 'governed' by a preoccupation with weight, body image or eating. This can be essential in terms of moving on from an eating disorder and re-focusing your life towards more constructive and positive endeavours – such as education, work, hobbies, friendships, or family activities! Recovering from an eating disorder can sometimes leave a 'void' because the person has been so focussed on their eating. It is essential to find ways to fill this void in order to re-connect to new sense of purpose, build resilience, and prevent re-lapse.
- Working closely with a therapist you trust can also help you gain a new perspective on yourself and your life which can help you develop self-esteem through recognising your strengths and talents! This is an important part of recovery as it plays into developing a sense of yourself that is separate from an eating disorder that may have controlled you for a long time!

These are just some of the ways in which a positive and trusting therapeutic relationship can help if you are struggling with an eating disorder or body image issues! If you would like to discuss support options further, please do not hesitate to get in touch with First Psychology or have a look on our website – many of our therapists have broad experience of working with individuals who are struggling with these kinds of problems!

Additional resources

First Psychology's resources page

www.firstpsychology.co.uk/eating-disorders-body-image

NHS Website

This website provides information on eating disorders
www.nhs.uk/conditions/eating-disorders

BEAT website and helplines

BEAT is the main eating disorder charity in the UK. There is lots of useful information on their website www.beateatingdisorders.org.uk and they also have a number of helplines that you can contact.

National UK eating disorder organisation

www.anorexiabulimiacare.org.uk
There are also a number of helpline options available

Information about Orthorexia

This website by Dr Steve Bratman, the originator of the term provides lots of information and includes suggested criteria and a self-test
www.orthorexia.com

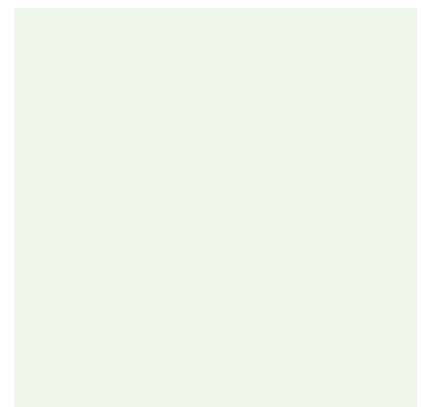
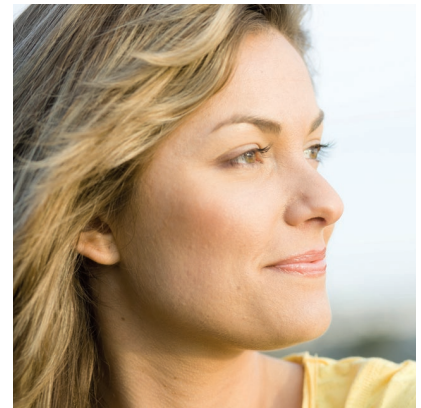
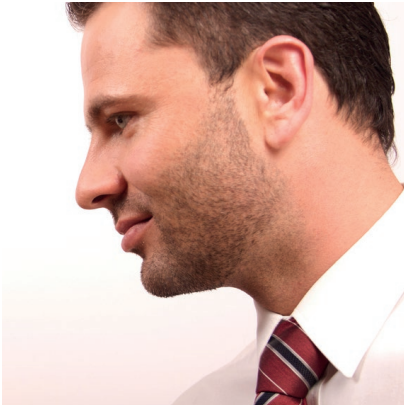


Our highly qualified and experienced team at First Psychology offers a variety of therapy services and works with people with a wide range of issues and problems including eating and body image issues.

We provide:

- Therapy and coaching services for women, men, couples, children, young people and families.
- Employee counselling, CBT & psychological therapies; promotion of wellbeing in the workplace; and rehabilitation and personal injury support.

All First Psychology practitioners have excellent qualifications and experience, so you can come to us knowing that you will see an experienced professional.



First Psychology offers:

Therapy & coaching services for individuals, couples, children, young people & families.

Employee counselling, CBT & psychological therapies; promoting wellbeing in the workplace; and rehabilitation and personal injury support.

Aberdeen | Borders | Dundee | Edinburgh | Glasgow | Inverness
Newcastle | Perth | Online

Tel: 03330 344115
Email: info@firstpsychology.co.uk
Web: www.firstpsychology.co.uk