1

Understanding eating disorders

Although someone with an eating disorder may appear to have a problem just with food, it is very likely that there are underlying issues which are hard for them to acknowledge. So their relationship to food could be seen as an expression of their internal emotional world.

Often sufferers use food as a remedy for their feelings about their life. In the same way as a person might drink alcohol to ease their feelings about their problems, a person may use food to do the same. In either of these scenarios, a person's emotions may be temporarily eased, but the core problems and issues may be left unaddressed. For example, the person who restricts food is likely to be struggling with a need to try to control some aspect of their world and their feelings, while the person who binges large amounts of food and then purges (ridding the body of that food) through self-induced vomiting, taking laxatives or excessive exercising, may be expressing some difficulty "stomaching" some aspects of their experience. Purging can be a way of trying to cleanse uncomfortable feelings and managing feelings of anger and fear. This condition, of bingeing and purging, is called bulimia nervosa.

People often use food for comfort, but sometimes this can become a very strong habit leading to binge eating and weight problems. Such a person may feel they can't stop eating until they are overly full: this may subdue the difficult feelings and prevent them from feeling overwhelmed. Eating large amounts of food may be a way of stuffing feelings down. It has been suggested by some theorists that every pound of fat is a tear un-cried.

An extreme way of taking control is to eat almost nothing or to stop eating altogether. A person may get to this point through gradually becoming unhappier about the shape of their body and may start by trying out one of the many diets that they see advertised. This may be rewarding, both in the sense of a person feeling that they

redemptorist publications

are doing a good, healthy thing and, also, through the praise and encouragement which they get from other people who may say things like, “You look well.”

Comparison with media images of perfect bodies can have a big influence on a person’s self-esteem and self-image. These and probably many other influences can perpetuate behaviour which can lead to more extreme and compulsive attempts to control eating. When things reach an extreme a person may literally be starving themselves, while apparently not acknowledging how thin and unhealthy they look. This condition is called anorexia nervosa and can be so serious as to be life-threatening.

Some people are brought up in environments where difficult feelings are not allowed to be expressed. To maintain the balance in the family and protect the family’s normal functioning, the sufferer will inevitably have to find a way to manage these difficult feelings alone. All types of eating disorder usually serve to keep the world out and feelings in.

It is not unusual for the sufferer to have made attempts, prior to developing their eating disorder, to have difficult conversations about painful issues and feelings. These conversations have usually been shut down by other family members or have been perceived, by the sufferer, to be judged. This sort of experience can often lead the sufferer to develop an internal belief system that “there isn’t anyone there for me”. Family systems can work to maintain an eating disorder by shutting down feelings and sweeping difficult issues under the carpet.

redemptorist publications

Case study 1: my own experience of anorexia

I started restricting food at the age of fourteen. Many difficult events had occurred in my family of origin, which were all brushed under the carpet. I was a sensitive child and felt things deeply from the onset. I made several attempts to talk to my parents about the depth of my distress and each attempt got stonewalled. I remember feeling insignificant, confused and alone.

Initially the weight loss evoked positive comments from close friends and family which eased my feelings of insignificance and distress. The more weight I lost, the more attention I received from my mother. I had found a way at last to get her attention. The longer I did not eat the more attention my parents gave me and the less time they spent arguing. So I had managed to gain what I needed: support and acknowledgement from those closest to me. The pain of my shrunken body mirrored the pain of the emotions that I was feeling on the inside.

At no time did any family member ask me how I was feeling or why I had taken such drastic measures to alter my body shape. Their whole focus was on getting me to eat. What my family did not understand was that anorexia had become my ally, the one consistent thing that I could rely on. It was my focus: it stopped me thinking about those difficult events and it made me feel significant and visible. I can fully understand how illogical it must seem, to the outside world, to starve yourself to near-death. But anorexia is not a matter of reasoned concern. It's a matter of life or death.

Case study 2: bulimia

Belinda is a thirty-eight-year-old single parent. She has raised her daughter (who is now eight years old) single-handed from birth. She has not received any support or maintenance during this time from her child's father.

During the past year her daughter has started asking questions about her father's whereabouts. She has become withdrawn and upset when she sees other children with their fathers. Belinda had expected that this could happen as she got older. She knows where to find her daughter's father.

With the support of counselling, Belinda has made the difficult decision to contact her daughter's father. During this time of uncertainty her relationship with food has changed. When she feels anxious she either restricts food intake or binges and purges. With the support of counselling she has been able to understand the link between food and managing difficult feelings. She has become aware that her eating behaviour is a distraction from having to face her feelings about what is really going on. She feels anxious about what the future might hold in terms of having to share access with her daughter's father. The thought of not being with her daughter full-time evokes strong feelings of fear and anxiety.

During counselling Belinda expresses her concerns about her daughter meeting her father. She talks about her guilt for placing her daughter in the position of being a child of a single parent when she split up with her father. She describes feeling like a bad parent. She acknowledges that bingeing and purging is a way of getting rid of the bad feelings, albeit temporarily. In the short term this coping strategy acts like a sticking plaster.

Having gained this insight, if Belinda is willing and able to continue to talk openly about her feelings and her anxiety and develop healthier coping strategies, there is a strong possibility that her problematic eating behaviour will reduce or even cease.

Case study 3: binge eating disorder

Mary is morbidly obese. She has a BMI of 48. She has been married for twenty-five years and has adolescent children.

Mary's vast weight is causing several physical and psychological difficulties including high blood pressure, type 2 diabetes, joint problems and a strain on her heart. She feels distressed and obsessed about her ever-increasing weight. Yet she uses food as a comfort and feels her weight to be a protection. She describes her weight as her magic shield. It acts as a defence against people, places and things.

Mary's pattern of eating is known to eating disorder professionals as "grazing". She nibbles food throughout the day and evening and sometimes through the night (often in secret). Constant grazing is her way of pushing down difficult feelings. Mary feels protected and imprisoned by her weight. Her binge eating disorder keeps people away (quite literally). Her weight acts as a barrier between herself and the real world. Understandably, she has difficulties with trust. Although her eating disorder keeps her safe, it prevents her from living a more full, active and satisfying life.

During her childhood her mother had a serious mental health condition. As a result of this she was not able to care for herself, let alone her two children. Mary recalled often arriving home from school cold and hungry.

Her mother spent a great deal of time in bed. Mary described the cupboards in her childhood home as often being empty. Sometimes her evening meal would consist of a cold tin of beans. The house was dishevelled, dirty and disorganised. Mary often felt hungry, bewildered and frightened. She feared for her mother's life, while trying to take care of her younger brother.

Mary started working when she was fourteen. She now had the means to buy the food she craved. She quickly learned that food could be her remedy to manage feelings of anxiety, fear and profound sadness. In order to keep her feelings in check, which enabled her to keep going from day to day, she had to graze continuously.

Mary is desperate to change. She is also terrified of losing the shield that protects her fragile existence. She no longer engages in physical activities with her family. She doesn't eat out as she feels embarrassed about her size. She doesn't go to school events or parents' evening as her children feel embarrassed by her weight. Her weight acts as a cushion between her inner pain and reality. Mary is terrified of being abandoned and rejected.

Weighing things up

For a person to give up their eating disorder they must first understand what it does for them. They must understand how the eating disorder has supported them in their life. Some sufferers may never have learned to sit with and work through their feelings. They may never have learned to ask for help. If the eating disorder has acted as a reliable ally, then the sufferer is not going to give it up without a struggle. The sufferer has to learn (at their own pace) that feelings can be expressed without disastrous consequences, that difficult conversations can be had and that some people *do* want to help them.

Past events that may have turned them towards the eating disorder need to be addressed, acknowledged and worked through emotionally. Often people with eating disorders have little or no experience of speaking honestly and then being genuinely heard. So initially, it is often best to just listen with kindness and compassion. People with eating disorders judge themselves harshly. Offering a non-judgemental listening ear can support the person to be able to take the first step to recovery.

redemptorist publications