



Eating Disorders

What would it take for you to be **content** with your body?

If your answer involves some **significant modification** of yourself, please read on.

"Everywhere we see women and girls looking in mirrors, nervously checking who they are. Some grimace; others stare intently and some pose; few flash back at the mirror a smile of happy, relaxed recognition.

*Women understand this kind of hyperconcern because most of us have a love-hate relationship with our own full-length and magnifying mirrors. We rely on the mirror (and also the scale) to assess personal worth and establish who we are."*¹ How has this happened?

It's almost inescapable. Thanks to a multitude of factors and arenas of influence, this tendency to measure your worth and identity in large part by the figure you see in the mirror is now part of your western experience as a female. And while it's a mistake to assume that eating disorders are an exclusively female experience, young women still dominate the landscape when we consider the scope of this problem. **An adolescent or young adult female's inability to accept her body can potentially introduce her life to a prodigious list of ongoing difficulties.** And yet, in western culture, we have developed and embraced a media environment that makes it quite difficult for any woman to avoid the trap of self rejection. Eating Disorder risk is at it's peak during the time of life you've just entered. That's why we're coming to you with this letter now.

There are three types of eating disorders that have become most prominent:

Bulimia involves the vacillation between bingeing (eating excessive amounts of food) and purging (attempts to counter-balance their inordinate calorie intake by using laxatives or diuretics, fasting, vomiting, and/or intense exercise).

Anorexia is characterized by the vigilant control and restriction of food intake in a relentless effort to lose weight, even when the person has reached the point of being malnourished, inordinately thin, or even visibly emaciated. Those with this condition often actually fear food, are intensely fearful of gaining weight or becoming fat, and may even become phobic in their fear of eating any kind of fat within their diet. They develop a distorted view of their physical bodies. This perceptual distortion can decline into the development of another very serious condition called *Body Dysmorphic Disorder*. Persons with BDD are "preoccupied with imagined or slight defects in their appearance - defects that are minimal or undetectable to others. BDD patients thus struggle with others' lack of reaction to their perceived defects." This preoccupation is "of near delusional intensity," as the sufferer is unaware that their perceptions are wholly irrational.² It is

interesting to note that BDD is reportedly evenly distributed among males and females.³

Binge Eating Disorder is marked by the frequent (often two or more days per week) gorging of oneself, usually in private or late at night. Persons with this problem are compulsive over-eaters, rapidly consuming enormous quantities of food in a relatively short time. They feel unable to stop, despite the terrible guilt and shame they feel and the abdominal discomfort this behavior creates. With Binge Eating Disorder there is rarely, if ever, any associated effort to somehow compensate for these episodes of high caloric intake.

Some with eating disorders use food, like an illegal drug or controlled substance, to escape their uncomfortable and painful emotions. Altered eating habits become a way to modify their mood, even if only for a few moments. A bingeing episode brings a brief high, which the person utilizes to smother the distress they were experiencing. God created our bodies to give us pleasure when engaged in eating. (And, when eating tasty food in the presence of those with whom we have already a positive relationship, this experience contributes to the development of stronger bonds between us.) This occurs as the neurotransmitter, dopamine is released in the brain when we eat, bringing us a feeling of well-being. It appears that sweeter foods may create the discharge of higher levels of dopamine, making them a bit more addictive. **What most don't know is the fact that** many with Bulimia and Binge Eating Disorder become increasingly unable to feel the appropriate sensations associated with being normally "full" or satisfied following a meal, in order to stop eating. This occurs because the normal release of Cholecystokinin (CCK) within the stomach is disrupted, causing the person to be unable to feel satisfied once a sufficient amount of food has been consumed.

For those with anorexia,

the restriction of food becomes a way to feel more in control of their lives, and to avoid other feelings. They may become EMOTIONALLY INTOXICATED by comments they receive amidst their quest to lose weight. They hear, "Wow, you've lost weight! You look great!" and become committed to hearing more of the same. This affirmation is so enticing because many of them have long suffered from self-rejection or at least a poor self-image.

Some girls, though certainly not all, with significant food and body difficulties know women around

them who express seemingly endless concern over their own weight or physical appearance, almost always dieting or discontent with their own shape. If you are seeing yourself within this letter, you may have struggled as well trying to achieve the acceptance of others.

Many of you who struggle with these problems are also perfectionists in certain arenas of life, and may even take pride in your self-mastery or identified self-discipline. But for almost all of you this "addiction" has unfortunately also separated you from close connections with other young women, and left you feeling lonely and isolated much of the time. Don't let yourself go on down this road, seek help. If you're not yet ready to get counseling, I encourage you to begin reading all you can on this topic and allow your thinking and assumptions about yourself to be challenged. A qualified nutritionist can also be an enormous help! We have the help you need here on campus! **Stacy Freeman** is the Associate Professor of Dietetics here at OBU. You may contact her at 245-5542.

Tragically, all of the food related conditions mentioned can create medical complications that can become very serious, if not fatal, when untreated. Those with eating disorders, and chiefly those with anorexia, will usually go to great lengths to hide their dysfunctional behavior. And so, loved ones and concerned friends around them must become informed observers if they wish to be poised to intervene. However, it usually isn't helpful for you to simply begin policing your friend's eating behavior at every meal. Here are a few suggestions, if you suspect you have a friend who is struggling with one or more of the problems mentioned:

- ✓ Express your concerns calmly. Don't use guilt or blame.
- ✓ Don't get into an argument or battle of the wills.
- ✓ Don't try to "fix it" with simple statements like, "You just need to _____!" She'll promptly conclude that you DON'T really understand.
- ✓ Encourage her to take a look at how a smart nutritional plan can truly help, and to consider counseling.
- ✓ Affirm her for who she is, rather than for appearance

Eager to help, Dan

¹ Brumberg, Joan Jacobs. *Girl Culture*. Chronicle Books, 2002

² Adams, Eberly, Wandler, & Lee. *Body Dysmorphic Disorder and Eating Disorders*. The Remuda Review, 2007, Vol. 6:3

³ ibid

Need to talk?

- phone: 245-5591
- email: jarboed@obu.edu
- walk-in: Evans Student Center - Student Services Office



You are at a critical juncture or crossroads in life, and who you'll become is taking shape rapidly. We want you to become all you were meant to be, and "We're here to help" isn't just a polite gesture. It's for real. Come by, send an email, or call 5220 to set up a time to talk together.