

EATING DISORDERS AND TRAUMA

Eating disorders are real, complex, bio-psycho-social diseases that can have serious consequences for health, productivity and relationships. They are not fads, phases, or lifestyle choices.

The National Eating Disorders Association

COMMON EATING DISORDERS

Disordered eating – concern about the body's appearance, and related unhealthy eating behaviours – is quite common. Taken to the extreme, it becomes an eating disorder. Here are the three most common kinds of eating disorders:

Anorexia is characterized by a distorted body image (feeling overweight), a fear of gaining weight, and (over time) an abnormally low body weight. Many people with anorexia equate slimness with self-worth, and are gripped with a need to control their food intake and weight. They may eat very little; exercise excessively, and/or misuse laxatives, diuretics, enemas, or diet aids. Some anorexics binge eat and then purge.

Bulimia is characterized by repetitive cycles of overeating, followed by purging. Common ways to purge include inducing vomiting; misuse of laxatives, diuretics and weight loss products, and enemas. Bulimics may also exercise excessively, and may fast or diet between binges. Many bulimics feel that they can't control their eating, and may eat excessive amounts of food in one sitting (binging). Although often around average weight, bulimics are preoccupied with their weight and body shape, suffer from a distorted body image, and often feel that they are "fat".



Binge Eating is similar to bulimia, except that the binge eating is not followed by purging. Those with this disorder feel their eating is not under their control. Binge eaters often feel guilty and upset about their eating habits, often keep their eating habits a secret, and may hide or hoard food. They may develop "food rituals", such as eating only particular food groups, chewing excessively, or not allowing different foods to touch. Binge eating can be short-term, or go on for years. Binge eaters may engage in periodic fasting or dieting. Some binge eaters are average weight, but the disorder frequently leads to obesity. This can cause medical problems including type 2 diabetes, heart disease, gastroesophageal reflux disease, joint problems, and sleep apnea.

WARNING SIGNS OF AN EATING DISORDER

- Preoccupation with weight, food, calories, dieting, and/or body image.
- Development of abnormal, secretive, extreme, or ritualized food or eating habits.
- Withdrawal from usual friends and activities.
- Evidence of binge eating, such as the disappearance of a large amount of food.
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, self-induced vomiting, periods of fasting or laxative, diet pill, or diuretic abuse.
- Compulsive or excessive exercising.
- Discoloration or staining of the teeth.
- Feelings of isolation, depression, anxiety, or irritability.

SOURCE: The National Eating Disorders Association
https://www.nationaleatingdisorders.org/sites/default/files/brochures/Eating_Disorder.pdf

Research has shown that women who struggle with bulimia nervosa report higher rates of childhood sexual abuse than women who do not have bulimia nervosa. It has also been shown that people who have experienced childhood sexual abuse report higher rates of bulimic symptoms than those who do not have that experience. Women who have experienced both childhood sexual abuse and adult rape have extremely high levels of eating disorder symptoms.

The Influence of Abuse and Trauma on Eating Disorders Susan Cowden, MS

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Anyone of any gender, age, race, size, ethnicity, socioeconomic status, or sexual orientation can develop an eating disorder. However, eating disorders are much more common in women than men, and peak in adolescence and early adulthood.

The cause of eating disorders is unknown, but research suggests they arise from a complex interaction of biological, psychological and environmental factors, including genetics; traits like perfectionism, anxiety, and obsessive-compulsiveness; and the widespread societal fixation on thinness and prevalence of “fat shaming” – discrimination, criticism and harassment aimed at individuals because of their weight.

The greater prevalence of eating disorders in females compared with males has been frequently observed in clinical samples as well as nonclinical populations... The female to male ratio from population-based studies is estimated to be in the range of 10:1 for both anorexia and bulimia nervosa.

Coming to Terms with Risk Factors for Eating Disorders...
Jacobi, Hayward, de Zwaan, Kraemer & Agras (2004)

One study (Hicks White, Pratt & Cottrill, 2018) of 182 adolescents diagnosed with an eating disorder (92% of them female) found that over one-third of them had experienced trauma, most commonly bullying (10%); loss, including a death (9%); sexual abuse (8%); physical abuse (5%), and domestic violence (5%). The more trauma the adolescent had experienced, the more likely she was to have been diagnosed with bulimia, and to have a high body mass index.

Dieting and negative body image are also risk factors, as is having a close relative with an eating disorder. Trauma and stressful life events such as a move, a break up, a major loss, or starting a new school or job can also increase the risk. Disturbances of brain serotonin activity have been described in patients with both anorexia and bulimia nervosa (Jacobi, Hayward, de Zwaan, Kraemer and Agras, 2004).

TREATMENT FOR EATING DISORDERS

Eating disorders are potentially life threatening, as malnutrition and dehydration can cause irreversible damage to every organ of the body. Common complications include gastrointestinal disorders and digestive



problems, absent or irregular periods, anemia, electrolyte imbalances, loss of bone and muscle, tooth decay and

gum disease, heart problems (irregular heart beat or heart failure) and kidney problems.

According to The National Eating Disorders Association, eating disorders require the care of a professional with specific training and expertise. The most effective treatment involves psychotherapy or counselling, combined with attention to medical and nutritional needs. Early diagnosis and intervention significantly enhance recovery. Cognitive-behavioral therapy (CBT) is considered one of the most successful approaches.

Additional Resources:

The National Eating Disorders Association
<https://www.nationaleatingdisorders.org>

Kelty Mental Health Resource Centre
<https://keltyeatingdisorders.ca/types-of-disorders/disordered-eating>

The Influence of Abuse and Trauma on Eating Disorders, Susan Cowden, MS (2019)
<https://www.verywellmind.com/the-influence-of-abuse-trauma-on-disordered-eating-1138267>

Eating Disorders, Victimization, and Comorbidity: Principles of Treatment, Timothy Brewerton (2004)
https://www.researchgate.net/publication/292608520_Eating_Disorders_Victimization_and_Comborbidity_Principles_of_Treatment