




The Clinical Description
Diagnostic Criteria for 307.51
Anorexia Nervosa

1. Refusal to maintain body weight at or above a minimally normal weight for age and height, e.g. weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.
2. Intense fear of gaining weight or becoming fat even though underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
4. In post-menarcheal women, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.

(DSM-IV-TR, American Psychiatric Association, 2000)

To this basic outline can be added a series of other characteristics, which may accompany the most central features of anorexia: restricting type or binge eating/purging type. Hair loss, growth of lanugo - (fine hair growing all over the body, including on the face), lowered body temperature and heart rate, low blood pressure, feeling cold, poor circulation, dry skin, brittle nails, insomnia, excessive exercising directed to weight loss, obsessive focus on food and calories, loneliness, social isolation, withdrawn behavior, loss of the ability to concentrate on anything else, low self-esteem, and self hatred.




Just as it is easier to deal with physical illness sooner rather than later, so it is easier to help someone with anorexia when they have an early form of the illness rather than when the obsessions and phobias have become a way of life.

EATING PATTERNS IN ANOREXIA

Anorexia develops over a period of time. The anorexic becomes very restrictive with foods. Some come to enjoy the feeling of hunger. Sometimes it starts with cutting out food that is considered fattening. Many anorexics eat mostly fruits and vegetables, neglecting the nutritional need for fat, protein and carbohydrates. Anorexics deny the constant tug-of-war that goes on. Their bodies rave for food, but their minds will not allow them to eat. One way or another, by degrees, the anorexic person becomes increasingly preoccupied with food, weight, shape and size, and less and less available for ordinary life. She withdraws more and more from social interaction and spends increasingly large amounts of time on her own thinking about how much she has eaten, how much she will eat, how she can limit her intake further and so on. This preoccupation with food is not unusual for someone who is starving; what is strange is that the anorexic starves while food is all around her. The stress and conflict created by her biological need to eat and her psychological fear of doing so uses up most of her time and energy.

POWER AND PERFECTION

Those around the anorexic often become frantic, angry and frustrated, as she withdraws from ordinary life and ordinary relationships. Families and friends become distraught as they see the one they love disappearing right before their eyes. They cannot understand how she can deny ordinary needs for food and rest, for companionship and comfort.




Irritation and anger often accompany their incomprehension. They are powerless over the anorexic and feel controlled and outwitted. As the anorexic becomes physically weaker, their anger is replaced by fear. The anorexic's behavior can end in death or permanent damage to the mind and body.

In contrast to those around her, the anorexic usually stays perfectly calm and somewhat remote. She may continue to insist that she is fat even when she is dangerously emaciated, and the thinner she gets the more irrational she becomes. Starvation affects a person's capacity to think properly; the starving anorexic certainly shows no sign of being able to grasp the danger she is in. In fact, she often feels fine. She feels powerful, triumphant, excited. Her bid for power over herself and her needs has succeeded. She is on the way to perfection. She often feels contempt for ordinary mortals who need to do things like eat and rest. She is not like that; she is in control.

FEELINGS WITH NO NAME

Usually, the anorexic grew up in an environment where her feelings could not be expressed freely. She did not learn how to identify and talk about feelings; in fact, she has come to believe that she does not have them. She may find it extremely difficult to accept that she has feelings (especially difficult or negative ones) at all. The anorexic's denial of her feelings in general makes it more possible for her to deny her feelings of hunger. An anorexic does not know she is hungry, and does not know if she is angry or sad or disappointed. When she starts to eat more normally, her recovery is only beginning. She requires education to identify and express feelings, and to believe that it is valid and important to experience them.





RECOVERY

1. Starts with willingness to admit that there is a problem.
2. Continues with working on willingness to give up misuse of food.
3. Requires commitment to maintain current weight and to avoid further weight loss.
4. Typically requires group support, self-care and professional help.

Anorexia is not about food; food misuse is the tip of an iceberg of thought and action, a lifestyle sustained by a complicated belief system that includes such elements as:

- I am fat.
- Fat is bad.
- I am bad.
- I should not eat.

The root of an eating disorder lies in the affected person's reaction to life. The eating disorder, originally adopted to cope with pain and problems, gradually becomes a problem bigger than any other.

Recovery and liberation from the eating disorder typically involves three strategies. First, exploring personal history gives us understanding and compassion for why we developed an eating disorder. Doing so also helps us identify (and get perspective on) the habits of thought and action that no longer serve us. Second, we found we have to work at developing willingness and commitment to change. This means admitting to ourselves the awfulness of life as we had been living it, and developing confidence that change is both possible and desirable. Third, we have to work at changing our eating behavior and our distorted ways of thinking about food and weight.

A healthy weight feels terrific but getting there is both frightening and uncomfortable: making the changes that permit us to regain our weight (and our true power) requires great compassion, commitment and support.

We found that recovery requires:

- 1) Discovering what it is that we say to ourselves. For example, every time I think about eating a proper meal I say to myself: "You don't need that, and if you eat it you'll get fat."

- 2) Deciding we do not want to continue to repeat these messages. For example, "I can see this message is NOT true; I do need to eat and if I eat regularly and carefully I will not get fat."
- 3) Replacing old messages with new ones. For example, I replace the old message with "I need to eat and eating normally will not make me fat." There is hope for the person with an eating disorder. One cannot be free from the problem by trying all the harder to control it. Willpower and self-control over food are a symptom of the problem, not the solution.

The solution involves regaining the power to see our options, to make careful choices in our lives. There is no magic about recovery. It is hard work. Those who have worked hard at leveling their pride, being honest with themselves and others, and attempting -- repeatedly -- to do "the next right thing" really do find freedom, happiness, peace and self respect. This work, however, typically requires much inspiration and support. There are bound to be setbacks and moments of terror and frustration. Support groups provide the necessary examples and inspiration, and provide opportunity for turning the most deeply painful and humbling experience to useful purpose. E.D.A. is one such support group.

For the eating-disordered person, it is important to understand that our goal in recovery is progress, not perfection. Lasting change will not occur overnight. You may experience flashes of insight occasionally, but the process of real growth is slow and is sometimes rough going. Expecting too much too soon tempts us to become disillusioned and give up. Be patient. Growth and health will come... gradually.

Perhaps you do not feel the need to change because you do not see yourself as having an eating disorder to begin with. Perhaps you do not see your restricting or bingeing and purging as an unmanageable problem, your reluctance to eat as anorexic self-starvation, or your grazing as hurtful. air enough. But if others are giving you feedback that your behavior and appearance are indicative of a problem, they may not be completely wrong. Please know that as you are open and honest with others, you will find real power and real friends. We have found that "the truth shall set us free." It does!

You are not alone.

