

But, I'm "Fine!"

On the surface, we looked "fine." Usually, we were well-functioning high-achievers in school and work. Under the facade of competence, however, we suppressed feelings and denied needs. We lost touch with our authentic self, and found ourselves unable to recognize and distinguish our emotions. We lived in fear of being overwhelmed by what felt like too much or "inappropriate" emotion. Depression often set in; then we became even more isolated, more hopeless. Bulimia was a cathartic way to release our fear, shame, pain and rage; it met deep emotional needs, or we wouldn't have engaged in it. We found we could not stop the behavior until we found - and practiced - more satisfying ways to meet our emotional needs.

Recovery

1. Starts with willingness to be honest that there is a problem.
2. Typically requires professional help and group support; both are strongly recommended.
3. Is maintained through willingness to face and deal with emotions in an accepting, open and responsible manner.

There is no magic pill or miracle phrase that makes us better. We have a chance to find hope again, a chance to live in freedom, but it is hard work. Bulimia is not about food; it is a coping tool for handling emotion. Most of us were deeply negative and unwilling or unable to distinguish negative thought patterns from reality; our perspective was distorted. Bulimia helped us live with our distortions, negativity, and depression.

More on Recovery

In recovery, we discovered we are responsible for understanding our needs and getting them met. Our behaviors clearly show we are going to get those needs met somehow; we either deal with them responsibly, or we get them met through bulimia or other similarly unhealthy alternatives.

Recovery means rebuilding trust with ourselves. We listen to ourselves, validate our feelings, try to understand our needs and get them met. We learn to express ourselves with dignity. We accept how we feel, and if we don't like what we feel, we change what we are doing or we change what we think. Changing our thinking makes it possible to change our feelings and behavior, but developing willingness and learning new skills is a process, not an event. It takes time to develop an eating disorder. It takes time and effort to rebuild trust and gain back the power of choice. Most of us wasted a lot of time trying to "do recovery" alone. Recovery requires much motivation and support. There are bound to be setbacks and moments of fear and frustration; support helps us get through these trials safely. Support groups provide necessary examples, inspiration, and opportunity for turning deeply painful and humbling experience to useful purpose. E.D.A. is one such support group.

As we learned to be more honest with ourselves and open with others, we found authenticity, perspective and empowerment. We also found real friends. Taking responsibility and getting our needs met feels terrific!

The truth -- our own truth -- does set us free.
It works for us. It will work for you, too.

EDA talks about Bulimia

What is bulimia?

What does it do
to you?

What can you do
about it?



Eating Disorders Anonymous
meeting times, publications and more:
www.eatingdisordersanonymous.org
email address:
info@eatingdisordersanonymous.org

The Clinical Description

Diagnostic criteria for 307.51

Bulimia Nervosa

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
- (1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
 - (2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

Non-purging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

(From DSM-IV-TR,

American Psychiatric Association, 2000)

Recognizing Bulimia

- k Overly concerned with weight and/or body image
- k Rigid dieting followed by binge eating
- k Preoccupation with food/planning binges
- k Hiding/stealing food
- k Frequent over-eating especially when stressed
- k Rapid, "zoned out" eating with feelings of being out of control
- k Disappearing after eating to purge
- k The use of laxatives, vomiting or over-exercise to control weight
- k Feeling guilt or shame about eating behaviors
- k Significant mood swings, including relatively long periods of depression

Associated Nutritional Problems

- k Dry hair/breakage and or thinning
- k Brittle nails
- k Skin tends to be warm and clammy
- k Erosion of tooth enamel, or bleeding/receding gums
- k Change in bite and lower jaw alignment
- k Fatigue/cold sweats/lightheadedness due to rapid change in blood sugar levels
- k Swelling of glands in throat, face and neck
- k Irregular menstrual cycles
- k Miscarriages and/or infertility
- k Neuro-muscular problems
- k Vision disturbances
- k Heart palpitations
- k Memory loss, loss of mental acuity

Major Health Issues

- k Damage to the esophagus
- k Edema
- k Thyroid conditions
- k Lung irritation
- k Ulcers
- k Gastrointestinal disorders
- k Seizures
- k Stomach rupture
- k Diabetes
- k Kidney and/or liver damage
- k Heart damage and failure

Our Story

For many of us, bulimia started as a weight-control technique and became a stress management tool, a way to suppress unwelcome emotions. Once we had fully engaged in a pattern of bulimic behavior, it was incredibly difficult to stop. Stopping required us to face and deal with the emotions and situations we wanted to avoid or deny. We became very good at keeping our self-destructive behavior secret. Shame, guilt, fear of intervention, and fear of change kept us stuck in a web of lies and denial. Unhappily for us, our bulimia thrived in the protection of secrecy. And, because we did "bad" things, we began to think of ourselves as "bad" people. It was hard to develop the motivation to change.