

More on Eating Disorders

In our individual pursuit of happiness and success, even pursuit of usefulness and selfless service, we who have an eating disorder have struggled with the business of living.

Our problems, though many and varied, have elements in common. We have mismanaged anger, avoided growing pains that might have set us free, indulged in unhealthy forms of dependence on those around us, and engaged in futile, damaging attempts to control our bodies and other people.

We suffered many forms of illness – physical, emotional, and spiritual – as a consequence of our attempts to control our problems and ourselves through ever-greater exertion of self-will. Most of us lost our self-respect, our hopes and dreams, and anything like meaningful purpose for our lives. Many have lost or compromised their health. Many have died.

We tried in vain to control our emotional natures with some or all of the following behaviors:

- Bingeing
- Purging
- Laxative abuse
- Over-exercising
- Self-denial
- Restricting
- Self-mutilation
- Misuse of insulin
- Rigidity of thought and habit
- Obsession with weight, food, and body image

We sought escape through many other forms of obsession. We often blamed those who love us most for our agony. We were depressed, anxious, chronically irritable and unhappy. We experienced complete defeat only to emerge – just hours or days later – with renewed resolve to cling to the same attitudes and actions that made us miserable in the first place. No matter what we tried, we somehow couldn't face reality, deal with it effectively, and walk free.

There is no magic about recovery. It is hard work. We were powerless to change until we came to believe we could recover. We then surrendered – usually in fits and starts – to the uncomfortable process of making deliberate changes in our response to life. This process of giving up our old reactive coping mechanisms and adopting new, deliberate, active skills and attitudes gradually restores our integrity, self-esteem and authority. This is not an overnight matter. There are sure to be setbacks, moments of deep unhappiness and fear, yet we found that when we work diligently and patiently, we are amazed by a quality of peace, happiness and usefulness never before imagined.

We wish this for you, whether you find recovery in or out of these rooms. We hope you will find something here that you can use and that you may find opportunity to share your experience with still others, for such work brings calm and freedom from despair when all other measures fail.

We wholeheartedly welcome you to join us as we trudge the Road of Happy Destiny together.

We believe people can and do recover fully from an eating disorder.

No one ever wants to be labeled “eating disordered.” For brevity's sake we will not list all the clinical eating disorder definitions in detail; however, a limited overview taken from the American Psychiatric Association's Fifth (V) edition of the Diagnostic and Statistical Manual of Mental Disorders, 2013, is provided on the next panel.¹

Common Types of Eating Disorders

Anorexia: We anorexics struggle with obsessions over weight and body shape. Weight loss becomes of primary importance, to the exclusion of everything else. Some weight and shape concerns may include: frequent weight checking; body checking behaviors such as looking in mirrors; having slight fluctuations in weight result in a dramatic impact on mood; and/or excessive exercise. Characteristics may include persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected); intense fear of gaining weight or of becoming fat; or persistent behavior that interferes with weight gain. We typically experienced disturbances in the way we related to our bodies and shapes, and we persisted in not recognizing the seriousness and risks associated with low body weight. For more information please see “EDA on Anorexia” under the Literature tab at www.4EDA.org.

Bulimia: For many of us, bulimia started as a weight-control technique and quickly 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. Common characteristics include: recurrent episodes of binge eating with a sense of lack of control over eating during the episode; inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics or other medications, fasting or excessive exercise. Self-evaluation is unduly influenced by body shape and weight; rigid dieting followed by binge eating; hiding/stealing food; frequent over-eating, especially when stressed; disappearing after eating to purge; use of laxatives, vomiting or over-exercising to control weight; swelling of the glands in throat, face, and neck. For more information please see “EDA on Bulimia” under the Literature tab at www.4EDA.org.

Binge Eating Disorder (BED): BED is characterized by compulsive overeating, in which we consumed a huge amount of food while feeling out of control and powerless to stop. We binge eaters often felt very distressed about our inability to control food intake; however, we did not usually over-exercise or purge as a person with bulimia might do. Warning signs included: eating large amounts of food without purging; a sense of lack of control over eating; eating until uncomfortably or painfully full; feelings of guilt or shame; self-medicating with food; and hiding food. For more information please see “EDA on Binge Eating” under the Literature tab at www.4EDA.org.

Other Specified Feeding and Eating Disorders

(OSFED): OSFED may be a catch-all category but don't be fooled; it's just as serious as any other eating disorder and the ambiguity can be misleading. We who do not clinically meet all the criteria for one of the above diagnoses may be suffering just as badly, and deserve as much help, as someone with any other diagnosis.

Examples include:

- All the criteria for Anorexia are met except that our weight remained within or about normal range, despite significant weight loss.
- All criteria for Bulimia are met except the frequency of binge eating and inappropriate compensatory behaviors occur less frequently.
- All the criteria for BED are met except the frequency of binges.
- In Purging Disorder, purging behavior aimed to influence weight or shape is present but binge eating is absent
 - Those of us with Night Eating Syndrome have recurrent episodes of eating at night (i.e. eating after awakening from sleep or excess caloric intake after the evening meal).
- For more information please see “EDA on OSFED” under the Literature tab at www.4EDA.org.

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For more information please visit our website at:

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