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## **What eating disorders are about -**

Eating disorders, contrary to popular belief, are not principally about food, eating, or weight management. The assumption is that anorexics under eat and bulimics overeat and purge, but the issues are much more complex. Anorexia nervosa and bulimia nervosa, different manifestations of the same disease syndrome, are characterized by a preoccupation with weight and body shape, a pathological fear of becoming fat, erratic or inadequate food intake, and the inability to regulate eating.

In addition, a child's eating habits provide a window into his or her emotional health and capacity to deal with life. Dysfunctional eating behaviors indicate emotional imbalances, immaturities, developmental tasks not yet achieved, or cognitive distortions that could derail the child's effective development into adulthood.

Driven by emotions, needs and values, the child who feels powerless, inadequate, or fearful turns to symptoms which create the illusion of being in control, establishing a pseudo-sense of security and predictability in an unstable world. Ultimately, the disease takes control and makes a victim of its host. The disordered child does not know how to "feed" or care for himself or herself, in more ways than one. With recovery comes an expanded emotional capacity to cope with all aspects of life, beyond food and eating.

## **The classic eating disorders; Definitions**

Anorexia Nervosa is a pathological fear of being fat, accompanied by food restriction and at times, purging and over-exercising. It is generally accompanied by a distorted body image, and by the absence of the menses.

Bulimia Nervosa is the repeated cycle of out of control bingeing accompanied by purging or by fasting or excessive exercise to compensate for the intake of calories. Bulimics typically abuse

laxatives, diuretics or diet pills and typically struggle with other forms of addiction.

Binge-Eating Disorder or Compulsive Overeating is characterized by eating when not hungry or without regard to physiological cues. With binge eating episodes, patients report the inability to stop or to control the behavior. Deprivation-sensitive binge eating arises out of excessive dieting or food restriction; addictive or dissociative binge eating is the practice of self-medicating or self-soothing, with behaviors evoking tranquility or numbness.

### **Things you may not know about eating disorders -**

Eating disordered children typically are of normal weight, and often appear to be the picture of health. Paragons of self-discipline, they typically excel at academics, sports, and other activities.

Eating disorders are diseases, which in the vast majority of cases are totally curable.

Dieting or food restriction is the worst way to lose weight and can be harmful to the metabolism.

Parents are not responsible for causing eating disorders in their children.

Parents do not need to wait until symptoms of eating disorders have become full-blown and prominent before feeling free to take action with their child. An educated hunch should serve as motivation enough to confront the child and seek assistance.

Eating disorder treatment and recovery are unique in many ways. Addressing eating disorders requires addressing the wide variety of issues that the eating disorder encompasses. These include physiological, psychological, behavioral and nutritional issues. In eating disorder recovery, the patient can expect to feel worse before (s)he can feel better.

Not every eating quirk represents an eating disorder. The distinction between disease and benign idiosyncrasy lies in the purpose behind the behaviors for the individual. When the use of

food goes beyond efforts to achieve satiety, fueling, or sociability, the parent may want to become vigilant and involved.

Eating disturbances in your very young child may be the result of anxiety and compulsivity, or simply the child's imitation of significant adult role models. Issues of control, identity, self-esteem, coping and problem solving largely drive adolescent and adult eating disorders.

Proactive parental involvement in the child's recovery can and should be instrumental in facilitating healing.