

Food Glorious Food

Food is so prominent in most of our lives. Most social events revolve around food. Hard week at work? – *“Let’s get a takeaway at the weekend.”* Boss giving you a hard time? – *“It’s wine-o’clock that will make things better”*, and for the short-term food is a good strategy for changing your mood quickly. At Christmas people spend ages meticulously planning and talking about what’s for Christmas dinner. Is it even your birthday if there isn’t a cake? Food is often at the heart of our celebrations and commiserations. It helps us to manage our feelings and is essential to our survival, and yet so many of us have difficulty managing food in a healthy balanced way. To not have a good relationship with food is to run into difficulties in many different social circumstances repeatedly.

Food is a basic human need and yet it is often wrongly linked to morality. Working as an eating disorder counsellor, this fact still astonishes me. I have heard a lot of people talking negatively about themselves because of their food choices. Themes like *“I was naughty I had a slice of cake at the weekend”* or *“I’ve been bad and ordered a side of chips”*, or *“me and my partner went for a cheeky meal at the weekend”*. How many times have you heard people say *“no thanks I don’t want [insert food item here] I am being good”*. Morality is implied in the food choices we make. The association between food and morality is problematic as it fuels black and white thinking that food and people are either good or bad, when in reality it is much more nuanced than this. One popular slimming club even uses the word *‘sins’* as a point system for how much of something you can eat. The association of food and morality is a damaging one. You’re not naughty because you had a slice of cake, you’re not bad or cheeky because you had chips at the weekend. It is true that some foods will give you more nutrients than others and there is nothing wrong with fuelling your body and giving it what it needs to not only survive but thrive. The language we use around food matters, building up associations of food being something we need to feel guilty about is problematic especially for someone with an eating disorder.

Eating Disorder Awareness Week 2023

Eating Disorder Awareness Week runs from 27th February to the 5th March 2023. It is thought that 1 in 50 people in the UK experience an eating disorder (BEAT 2023) and there is still a lot of work to do for people to understand what eating disorders are and how best to support people with them. The range of Eating and Feeding disorders is vast, from Anorexia, Bulimia, Binge Eating Disorder, Night Eating Syndrome, Type 1 Diabetes Disordered Eating, Rumination Syndrome, Pica, Orthorexia to Avoidant Restrictive Food Intake Disorder (ARFID) and the list goes on.

Disordered Eating vs Eating Disorder

Most people that come to my practice have disordered eating. Disordered eating is different to an eating disorder in that it is not a diagnosable mental health issue. Disordered eaters eat in a way that is unusual or faddy. Eating minimal carbs, cutting out food groups entirely, or overexercising (yes there is such a thing!) are all signs of disordered eating. It can be tricky to spot because people hide restrictive eating behind the mask of watching what they eat and *‘being good’*. Exercising continuously is recognised as being health conscious rather than harmful overexercising. Nutritious density requires a range of macro food groups to be eaten, this includes Protein, Fats, and Carbohydrates. Eating these nutrients in a balanced way is what we should be striving for as cutting out food groups can lead the body to become dysregulated. Disordered eating is often a precursor to an eating disorder.

How Eating Disorders Manifest

Eating disorders are complex Mental Health illness where people experience disturbances in their eating behaviours, related thoughts and feelings. People with eating disorders typically become preoccupied with food and body weight. They can only be diagnosed by a doctor. Eating disorders often manifest at a time when a person is not coping well with the pressures of everyday life.

Predisposing Factors make some people more vulnerable to developing eating disorders these include things like: History, Personality, Abuse, Environment, Culture and Body Image Issues.

Precipitant Factors are the catalyst that make the eating disorder manifest, these include: Teasing/Bullying, Maturation, Divorce/Separation, Stress, Exam pressures, Bereavements and Dieting.

There is no **one** cause of an eating disorder developing. Environment, genetics and a mixture of predisposing and precipitant factors all have a role to play. Typically speaking the above formula is at work when one of the main three eating disorders rears its head.

The Main 3 eating disorders

Anorexia Nervosa is perhaps the best known eating disorder as it has high mortality rates and there is normally (but not always) a drastic change in the person's appearance. Anorexia is a restrictive eating disorder where the person is preoccupied with losing weight. The main symptoms present are: restrictive eating patterns, an inability to be flexible, inability to eat a range of foods, intense fear of weight gain, and disturbance in the way that their body is seen.

Binge Eating Disorder is perhaps the lesser known of the eating disorders. It is an overeating eating disorder and is characterised by: recurring episodes of binge eating typically eating for a period of 2 hours or more, with some loss of awareness of what is being eaten. This needs to happen at least once per week for a minimum period of three months in order to meet binge eating diagnosis criteria. For binge eaters there is marked distress over binge eating, black and white thinking of either being on or off the diet and binge eaters often skip meals to try and save on calories to compensate for the calories they consume when they binge.

Bulimia Nervosa is an overeating and restrictive eating disorder characterised by: binge eating followed by some kind of unhealthy recurrent compensatory behaviour such as using laxatives, vomiting or exercising obsessively. There are normally intense feeling of guilt or shame present, disturbance in the way that weight and shape is seen and there is great importance placed on appearance and the need to be slim.

Whether it is a restrictive eating disorder or an overeating eating disorder, there are some commonalities between them all. People with eating disorders experience feelings of shame and guilt, there is a degree of dietary chaos present, through restriction or overeating. There are issues around control for the person and the eating disorder has become a harmful weight control strategy. People with eating disorders normally have poor body image and large amounts of unhappiness and distress. People with eating

disorders often suffer in silence as the eating disorder has led them to become more secretive and isolated from their loved ones over time.

Other Specified Feeding and Eating Disorder (OSFED)

It is important to mention that Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder have specific criteria for diagnosis and that there are people that do not meet the diagnostic criteria for the 3 main eating disorders. These people fall into a different category called OSFED.

Someone diagnosed with OSFED may binge and purge every 2 weeks, or have an obsession with clean eating but aren't concerned about their weight. They may eat one large meal in the evenings or feel they can only eat foods with a certain texture. Eating disorders that fall into this category are as serious as the Anorexia, Binge Eating Disorder and Bulimia and the negative effects on the person's life can be just as severe. Just because someone doesn't meet all of the diagnostic criteria for the main 3 eating disorders doesn't mean they don't have an eating disorder.

Seeking Help

It can be difficult to know where to start and how to get help if you think someone you know may have an eating disorder. Generally speaking if food dominates their life, if they make themselves sick because they feel uncomfortably full, if they have lost more than 1 stone or 6kg in 3 months, if they believe themselves to be overweight when others state they are too thin, or if their eating patterns have drastically changed then there could be cause for concern.

The first step is to talk to the person you are concerned about followed by them booking a GP's appointment. The GP will help to refer on to a specialist eating disorder service. Referrals can take a little bit of time and people often seek private help in the interim. People often seek out counselling with an eating disorder trained specialist who can help and support them with their eating concerns.

All eating disorder services whether private or NHS based should include psychological support, nutritional support and holistic treatment.

Research suggests that recovery from an eating disorder is more successful if they are diagnosed and treated early. People can and do recover from eating disorders and go on to lead happy lives with a healthy relationship with food and their body.