



For better
mental health

Eating problems

Understanding eating problems

This booklet is for anyone who is affected by eating problems, such as anorexia, bulimia, binge eating and compulsive eating. It describes the signs and effects of eating problems, suggests possible causes and looks at the kinds of treatment available.

Contents

| | |
|--|----|
| What is normal eating, and what isn't? | 4 |
| What is anorexia nervosa? | 5 |
| What is bulimia nervosa? | 7 |
| What is compulsive eating? | 8 |
| What is binge eating? | 9 |
| Who experiences problems with eating? | 9 |
| What causes eating problems? | 10 |
| How can I get help? | 12 |
| What can I do to help myself? | 14 |
| What can friends and family do? | 15 |
| Useful contacts | 17 |

What is normal eating, and what isn't?

If 'normal eating' is eating when you get hungry, without giving it much thought, the vast majority of people probably don't eat normally. We all have different eating habits. You may have one large meal a day, or lots of small snacks. At times, you may experiment with food, cutting out things you feel may be bad for you, trying out new foods, or fasting.

While pressure or stress affects people in different ways, it is common for your eating habits to be affected when you feel stressed or under pressure. This may mean you crave a particular food (such as chocolate); lose your appetite; eat more for comfort; or even become unable to eat at all – feeling ill if you do. Most people get back into their usual eating habits, once the difficulties have passed.

However, if you go on eating too much or too little over a period of time, you may be in danger of developing an ongoing problem with eating or an eating disorder. You may find food becoming increasingly important in your life, until, in some cases, it becomes the *most* important thing. You may deny yourself anything to eat, even when you are very hungry, or you may eat constantly, or binge (see p. 9). You may find that the subject of food, or how much you weigh, can be on your mind all the time. Food can become a sort of addiction; affecting your life in a very negative way. Being 'addicted' to food presents huge problems, because you need to eat to live; so if you have an eating problem, you have no choice but to wrestle with this problem every day.

It's important to understand that eating problems aren't just about food and eating. They are about difficult problems and painful feelings, which you may be finding hard to express, face or resolve. Focusing on food is a way of disguising these problems, even from yourself.

●● *At first, it was such a relief not to worry about anything else. The eating disorder started as a coping mechanism to help me avoid my other problems. But, in the end, it became the biggest problem of all.* ●●

What is anorexia nervosa?

If you have anorexia, what you eat, and if and when you eat it, may feel like the only part of life that you have under control: putting on weight means losing control. The act of eating can come to represent everything bad, including the feelings that aren't allowed to come to the surface. Not eating, and losing weight, can therefore become your only way of feeling safe, even though you may actually feel extremely hungry. You may also feel torn between not being able to bear putting on weight, and yet not wanting to die of starvation.

Often, anorexia is inaccurately called the 'slimmer's disease', taking no account of what's behind such an extreme response: your negative feelings, your sense of low self-worth, your extreme fear of rejection and your distorted self-image.

👉👉 *I was horrified by what I was doing to my family... [and] that made me feel more unworthy than ever.* 👉👉

If you have anorexia you are likely to:

- deny that you feel hungry, despite not eating
- be obsessed with losing weight
- count calories meticulously
- hide food or secretly throw it away
- completely avoid high-calorie foods
- make yourself sick
- exercise excessively
- use drugs that reduce your appetite or speed up your digestion
- wear baggy clothes to cover up any weight loss, or to keep warm
- believe that you look fat, although you are considered underweight by other people.

Anorexia can affect every aspect of your life: the way you think, your concentration and your ability to move around. Anorexia is a serious, life threatening illness.

Anorexia can result in you:

- weighing much less than you should (at least 15 per cent less than the expected weight for your age and height)
- being physically underdeveloped (this may happen if your problem occurs before puberty)
- missing many menstrual periods or having them stop altogether (although this may not occur if you are taking a contraceptive pill)
- losing interest in sex or experiencing sexual dysfunction
- having changes in your personality
- feeling a 'high' from denying yourself food or exercising too much
- getting depressed
- feeling tired and weak
- poor concentration.

🗨️ *Anorexia is something I feel I will never be completely free of. At times of stress I feel myself slipping back into denying myself food, and seeing myself as grossly overweight. However, if people had told me ten years ago that I would have the life I have now; I would not have believed them. I would never have believed I could have the control I now have over it.* 🗨️

If you believe you have anorexia you should see your GP – see p. 12. Also see beat, under 'Useful contacts' on p. 17, for help.

What is bulimia nervosa?

Bulimia is more common than anorexia. It is a cycle of feeling compelled to eat large amounts of food, and then trying to undo the effects of doing so.

If you have bulimia you are likely to:

- eat in binges (excessive quantities all in one go)
- starve yourself after eating
- make yourself sick or use laxatives (known as 'purging')
- think constantly about eating
- eat in secret
- have irresistible cravings for certain foods
- think of yourself as fat.

If you have bulimia your weight will stay roughly the same, so it is not so visible. Because of this, people are less likely to notice the illness or offer help without you asking. This can make it harder to get support even when you feel ready to try to get better.

👁️👁️ *When I was at the worst phases of bulimia, and realised that it was so damaging to me, I tried to reach out, but no one responded to me in that way that I needed. I tried and tried to tell people that this was not ok, but all they saw was a diet gone wrong [and that]...I'd sort it out by myself. 🧘🧘*

You may find yourself taking great care to keep bulimia hidden from those around you. You may dread being fat and probably believe that you should be much thinner than a healthy body shape or weight. However, the measures you may be taking aren't actually doing what you hope they might:

- laxatives don't actually help with weight loss
- being sick gets rid of less than half the calories eaten
- diuretic drugs, which rid the body of fluid, have no effect on the amount of calories absorbed
- a flat stomach may be a temporary benefit, but it soon returns to normal when fluid levels rise again.

Media attention has glamorised, and so trivialised, bulimia nervosa.

But the health effects are not trivial:

- A stretched colon, constipation, heart disease and irritable bowel syndrome (IBS) can occur with excessive use of laxatives, as they deprive your body of vital minerals.
- Epileptic fits, muscular weakness and heart problems can arise from frequent vomiting.
- Poor skin may develop due to dehydration.
- Bad teeth can be caused by stomach acids eroding tooth enamel when vomiting and insufficient minerals remaining in the body.
- Menstrual periods may become very irregular or stop altogether (although this may not occur if you are taking a contraceptive pill).

If you believe you have bulimia you should contact your GP – see p. 12. Also see beat, under 'Useful contacts' on p. 17, for help.

What is compulsive eating?

●● *I comforted myself with food. I would sneak down the hallway to the vending machines and get as many chocolate bars as I could from them.* ●●

You may eat compulsively if you have come to rely on food for emotional support. You may pick at food all day, and feel like you can't stop yourself. You might also find that you eat without really thinking about it; for example, by regularly eating large amounts of snack foods while watching the TV or reading. You may also use food to cheer yourself up if you're feeling unhappy. As a result, you are likely to be heavily overweight, and in danger of developing health problems because of it.

Compulsive eating is a way of masking problems, often connected with close relationships. Underneath it, you may have low self-esteem, even feeling worthless. You may feel lonely and empty, and have a deep sense of loss. Compulsive eaters often deal with problems in life by denying there's anything wrong.

What is binge eating?

If you eat very large quantities of (often) high-calorie food, all in one go, it's known as binge eating. The **binges are often triggered by some serious upset**; for example, you might find yourself eating much more than you normally would, following a stressful day at work. You may eat in secret, and during these binges, you may feel quite out of control. If you also have bulimia, you may follow up these episodes by making yourself sick or using laxatives. You will usually put on a lot of weight. Excessive binge eating may be life threatening.

Who experiences problems with eating?

While you may feel that a problem you have with eating is unusual or shameful, you are not alone.

- Eating disorder charity beat has estimated that at least one million people in the UK are affected.
- It can develop in boys, girls, men and women, regardless of background.
- As many as 1 in 20 women will have some form of eating problem.
- Bulimia tends to be more common than anorexia among older women; affecting one or two in every hundred, in the UK.
- Compulsive eating seems to be a problem for both men and women, equally, at all ages.
- It's possible for people to experience both anorexia and bulimia in the course of their lives.
- People who experience eating problems may also have other self-harming behaviour.
- According to statistics, men are ten times less likely to develop anorexia than women, and rarely report bulimia. But, there is some feeling that the statistics don't reflect the true picture, because men are less likely to seek help than women.

What causes eating problems?

A common factor that many people who experience eating problems have is low self-esteem, or a feeling that they are not, in some way 'good enough'. However, there are no easy assumptions as to why eating problems develop. There is never one single cause, but rather a set of different causes, which may be to do with your personality, past experiences, and current events or pressures.

Personality

Your personality may determine how vulnerable you are. If you have some of the following characteristics you may be more vulnerable to eating problems:

- perfectionism – wanting everything you do to be perfect and rarely being satisfied with what you have done
- being very competitive
- obsessive or compulsive behaviour
- a lack of confidence in expressing yourself.

Family life

Your problem with eating can often be caused or made worse by childhood experiences. For example, if your parents were particularly strict or disciplinarian you may have begun to use food as a way of gaining more control over your life. Or you may have come from a family where there's a strong focus on food and diet.

You may find that your family find it difficult to understand your eating problems. This may place additional pressure on you and in some cases make the problem worse. If you are able to, you might want to show them the 'What can friends and family do?' section at the end of this booklet.

Genetics

It has also been suggested that people may inherit a gene that makes eating problems more likely.

Stressful experiences

Often, the beginning of eating problems can be linked to a stressful event or trauma. This can mean physical, mental or sexual abuse; the death of someone very close; or serious family problems, such as parents getting divorced. Or it could be particular pressures at school or work, such as exams or bullying.

👁️👁️ *I feel more and more that the reason I can't lose weight is because I overeat in response to stress. Some days, I'll find myself eating everything in sight - even if I don't like it or I'm not hungry.* 🍌🍌

Eating problems often develop at the same time as you are going through major life changes such as puberty, going to a new school, concerns over being gay or lesbian, or leaving home for the first time. Other people may not understand this, even if they are close friends or family members, and to them the eating problem may appear to have appeared suddenly, without any obvious cause.

Health problems

If you are under pressure from issues with your physical or mental health you may also develop eating problems, because eating is, usually, something that you can retain control of.

Media images

It seems to be more and more acceptable for dieting or exercising to dominate people's lives. You will have seen images of 'perfect' people being presented on TV and in magazines. Women are expected to be thin and men muscular. From a very early age, children are bombarded with these images, even in their toys. If you are already vulnerable, the pressure from society to be like some celebrities, or to conform to an idea of perfection, may make your eating problem worse.

How can I get help?

You need the help and support of friends, family and professionals so you can start identifying and resolving the underlying causes of your eating problems. Without this, breaking free from a negative relationship with food will be extremely difficult. Receiving help early on, from people who are experienced in treating eating problems, is very important.

At first, contact your GP, who will need to check that symptoms, such as weight loss, are not due to another underlying physical illness.

If there is no physical cause, the eating problem needs to be treated both physically, through changing your eating pattern, and emotionally, by addressing the feelings behind it. GPs may often not have the necessary time or skills to help, but should be able to offer advice and give access to professionals, clinics and organisations specialising in helping people with eating problems.

Talking treatments

Talking to a counsellor or psychotherapist can help you to face and release painful feelings, in a way that's constructive rather than destructive. These professionals are trained to listen and to help people find your own solutions to problems.

- Counsellors usually focus on current problems, helping you to find the best way to tackle them.
- Psychotherapists will usually work with you more frequently and intensively, with more emphasis on your general experience of life and past history.
- Psychologists often practise cognitive behaviour therapy (CBT). This involves helping you identify negative thought patterns and behaviour (such as those behind low self-esteem) to replace them with more positive ones. It often involves homework, such as keeping a record of your eating patterns.
- Group and family therapy may also be an option, and can be a great help in providing insight into the problem, supporting the family as a whole, and improving the way family members relate to each other and communicate.

Talking treatments are often available on the NHS, although there may be a long waiting list, and private practitioners are often able to offer reduced fees if you are unable to afford treatment. Otherwise you may have to pay full rates for any treatment with a private therapist.

Access to talking treatments does remain variable depending on your location. (For more information, talk to your GP, contact one of the organisations under 'Useful contacts' or read Mind's booklet *Understanding talking treatments*.)

Admission to a clinic

If your situation is very serious, particularly if you are seriously underweight, it may be necessary to go into hospital or to a clinic. Treatment usually involves a combination of re-feeding and talking treatments. At its best, this will be designed around you and what will help you to begin to recover.

The most successful units offer a wide range of experts dealing with multiple problems all at once. The staff could include doctors, dieticians, psychotherapists, occupational therapists, social workers, family and relationship therapists and specialist nurses. There may be guidance on buying, preparing and serving food, on how to cope with stress and anxiety, how to be more assertive, and how to manage anger and communicate better.

Local treatment isn't always available, because there are only a few NHS eating disorder clinics.

There are also private clinics, which vary in their approach, and may have different priorities as far as re-feeding and therapy are concerned. Some centres are strict and impose penalties if patients don't comply with their requirements. Others allow patients to go at their own speed, in their own way. Clinics may include complementary therapy, as well as conventional medicine, using programmes similar to Alcoholics Anonymous, intensive psychotherapy (individually or in groups), drug treatments, New Age therapies, and arts therapies. Ask for information about the treatment on offer. Good treatment will reduce the chances of relapse, although if you do have severe eating problems relapses may happen more than once.

The Mental Health Act (1983) can be used to admit you to hospital for treatment of an eating disorder. Contact your local law centre or solicitor (a list is available from the Law Society), or Mind Info line if you need advice about this.

Before treatment can be really effective, you have to want to get better and accept that life will be different. This can take time.

What can I do to help myself?

Self-help groups

If you experience eating problems, you may feel extremely ashamed. You may feel no-one really understands what you're going through. You may also be very used to hiding your behaviour, and this can be very isolating. [There are great benefits from talking to others with the same problem.](#) Many areas have local self-help or support groups that can be found from an internet search. While there are also a number of internet communities related to eating problems, be careful that any you find are a supportive resource. Beat (see 'Useful contacts') is a good starting point.

Talk to people you trust

While people around you may find eating problems difficult to understand, they will want to help you however they can. You may find it useful, when you feel able, to discuss with them things that they can do that help, and things that they should try to avoid doing.

Arts therapies

[If you find it hard to express yourself in words, arts therapies can help you to express yourself through dance, movement, art or music.](#) For example, drama therapy may help you to say things that are more difficult to say in a 'normal setting'. Also, people with eating problems often have a difficult relationship with their bodies; dance and movement therapies may help you feel more connected to, and happier with your body. See Mind's online booklet *Making sense of arts therapies* for more information.

Complimentary and alternative therapies

Some people find other therapies, such as massage, reflexology and aromatherapy, may also be very beneficial. (See 'Useful contacts.')

Eating problems can be overcome. Many people find that, once they have looked for support and help, they begin to learn how to tackle their problems, cope with the causes and improve their relationship with food. While it may seem daunting at first, **addressing the causes of eating problems and beginning to overcome them often leads to you feeling that you have got control back over your life.**

What can friends and family do?

This section is for friends or relatives who would like to help someone with an eating problem.

The best thing you can do for your friend or relative is to not judge them or assume things about them.

Try not to look for a simple explanation for their eating problems. The urge to do so may come from your need to explain, and possibly control, a problem that can seem very hard to understand.

Sometimes people assume, automatically, that someone with eating problems has been sexually abused. Or that it's an attempt to stop the body developing during adolescence, or to attain an ideal body image. But if you interpret someone's eating problems in a particular way, without really listening to the person themselves, it could add to their feeling of being out of control. It could make them even less able to share their emotions.

For your friend or relative, their eating 'problems' feel like a solution and not a problem. It's a way of expressing terribly painful feelings, which may include anger, rage, guilt and loss. They may not want to recognise that they have an eating problem. They may be secretive and even obstructive. This is one of the obstacles to treatment that needs to be overcome.

It may also make the situation worse, not better, if you try and persuade your friend or relative to change their behaviour, e.g. to put on weight or to lose it. You may find it very hard to accept that what your friend or relative does has to be decided by them, and that you can't, magically, make them better.

Without trying to persuade the person to change, you may want to talk about how their eating behaviour makes you feel. It's important to be honest, and to get support for yourself (eg. talking treatments – see 'Useful Contacts').

But, there are also ways you can be of great support to them:

- Help them by giving them the opportunity to talk about their feelings.
- If they don't want to, make it clear that you still care for them and will be there, if they want to talk to you another time.
- Encourage them to seek professional help, such as counselling or to see their GP.
- If they are worried about doing this, you could offer to go along with them.

Useful contacts

Mind

Mind Infoline: 0300 123 3393
(Monday to Friday 9am to 6pm)
email: info@mind.org.uk
web: www.mind.org.uk
Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

Anorexia and Bulimia Care (ABC)

tel. 01934 710 679 (for people experiencing eating problems);
01934 710 645 (parents' helpline)
web: www.anorexiabulimiacare.org.uk

beat

adult helpline: 0845 634 1414
youthline: 0845 634 7650
web: www.b-eat.co.uk
Support and understanding around eating disorders

British Association of Art Therapists (BAAT)

tel. 020 7686 4216
web: www.baat.org
Provides a list of therapists

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 0161 705 4304
web: www.babcp.com
Provides details of accredited therapists

British Association for Counselling and Psychotherapy (BACP)

tel. 01455 883 300
web: www.bacp.co.uk
Has details of local practitioners

Institute for Complimentary and Natural Medicine (ICNM)

web: www.i-c-m.org.uk
Information on alternative therapies and lists registered practitioners

Law Society

web: www.lawsociety.org.uk
Information on how to find a solicitor

Mental Health Act Commission

web: www.cqc.org.uk
See their guidance note on the treatment of anorexia nervosa under the Mental Health Act

NICE

web: www.nice.org.uk
Has guidelines for the treatment and management of eating disorders

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Overeaters Anonymous

Great Britain

tel. 07000 784 985

web: www.oagb.org.uk

Runs local groups throughout the country

YoungMinds

Parents information service:

0800 018 2138

web: www.youngminds.org.uk

Information for both parents and young people, including podcasts on the website

Further information

Mind offers a range of mental health information, covering:

- diagnoses
- treatments
- wellbeing

Mind's information is ideal for anyone looking for further information on any of these topics.

For more details, contact us on:

tel. 0844 448 4448

email: publications@mind.org.uk

web: www.mind.org.uk/shop

fax: 020 8534 6399

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email: dons@mind.org.uk

web: www.mind.org.uk/donate

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Mind

- We're Mind, the mental health charity for England and Wales.
- We believe no one should have to face a mental health problem alone.
- Whether you're stressed, depressed or in a crisis.
- We'll listen, give support and fight your corner.



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