"Why do I have an eating disorder? Why me?"

BY KIMBERLY DENNIS, MD

One key to the facilitation of the 12-step recovery process is addressing the entire person and helping them tap into Power on a physical, emotional, social and spiritual level.

I am often asked by residents and families, "Why do I have an eating disorder? Why me?" While it's not an easy question to answer, recent research has provided more insight. While most believe eating disorders are tied more closely to psychosocial, environmental and family influences, it's becoming more clear that eating disorders, like substance abuse, depression, or diabetes, have biological roots as well.

To cope with the stresses or distresses in life, some people turn to drugs and alcohol for relief or escape. People who suffer from the disease of addiction are the people who get the relief they seek from those substances, at least for some period of time, until the disease turns on them. Those suffering with an eating disorder use binging on food, binging and purging (including exercise bulimia) or starving themselves in much the same way that those addicted to alcohol or drugs use their substances. It also has been discovered that engaging in an eating disorder symptom of binging on food or receiving a visual stimulus of binge foods, elicits the same response in the reward circuitry of the brain. Furthermore, the eating disorder symptoms of starving and the symptoms of purging are associated with an 'opioid' effect on the brain in people with anorexia nervosa and bulimia nervosa, when compared to people without eating disorders. Those who have eating disorders are addicted because they get relief in the response that follows their engaging in an ED symptom—a calming effect, a sense of power, and a sense control; helping to initially or temporarily reduce anxiety associated with unmanageability in their lives, emotionally and otherwise. People with eating disorders become dependent on this effect as a way to get through life on a daily basis, just as substance abusers become dependent on the effect that drugs or alcohol provide.

Many patients, professionals, and recovering people assert that the abstinence model and 12 step recovery can't work with food related addictions because of a big difference between eating disorder recovery and recovery from alcoholism: while alcoholics can live without drinking, people with eating disorders need food to live. And that is correct; we human beings do need to eat in order to live. However, every alcoholic I know would be dead if they stopped drinking--we also need to drink in order to live. In fact, we would die a lot sooner by abstaining from drinking than by starving ourselves. People with alcoholism need to keep drinking, but in recovery they abstain from drinking alcohol, and god-willing, continue to drink other liquids. People with eating disorders need to eat, and in recovery, they abstain from eating their "alcohol foods" or engaging in food behaviors that add to unmanageability in their lives (binging, purging, or starving). The development of a definition of abstinence for people seeking recovery from eating disorders is a very individualized, and most often more complicated, task than defining abstinence for an alcohol or drug dependent person—except for the many of whom that have eating disorders too. Each person needs to gain clarity and honesty with regards to identifying alcohol foods (foods which when consumed lead to the phenomenon of craving, i.e. foods that cannot be both eaten in a controlled manner and also enjoyed). This is a process that requires a tremendous amount of support from others in recovery and treatment professionals with eating disorder expertise.

We have found that implementing and embodying the 12-step recovery process used to treat addiction can be equally successful in the treatment of eating disorders. One key to the facilitation of the 12-step recovery process is addressing the entire person and helping them tap into Power on a physical, emotional, social and spiritual level. By addressing all aspects of their beings, patients gain a larger, more objective and integrated perspective on life, as well as a firm foundation for their recovery. The 12-step process helps individuals look within themselves to uncover not only the underlying psychological and emotional conditions associated with their eating disorder, but also to uncover and tap into an unsuspected source of Power within.

An important part of using the 12 step recovery model in treating eating disorders is incorporating experiential therapies such as equine therapy, music therapy, art and dance to further strengthen an individual's hope and experience in their capacity to achieve lifelong recovery, a day at a time. These experiential therapies, when used in conjunction with a clinical program, can play a major role in improving self-esteem, decreasing shame, releasing old emotions at a body level, relieving stress and increasing self-awareness. The expressive therapies also allow the individual and her treatment team to visualize and embody the principles of each of the 12-steps of recovery: honesty , hope, honesty , hope, faith, courage, integrity, willingness, humility, discipline and action, forgiveness, acceptance, knowledge/awareness, and service/gratitude. We bring with us what we've experienced, what we've embodied, wherever we go.

For many people using the 12-step recovery model, obtaining the outside help of a comprehensive treatment team that includes individual, group and family therapists and psychiatric consultation leads to the best outcomes. Combining traditional medical and psychological therapy models with expressive therapy and the 12-step model can greatly increase the chances of life-long recovery for those who suffer.

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What Causes Eating Disorders?

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these emotionally and physically damaging conditions. We do know, however, about some of the general issues that can contribute to the development of eating disorders.

While eating disorders may begin with preoccupations with food and weight, they are most often about much more than food. People with eating disorders often use food and the control of food in an attempt to compensate for feelings and emotions that may otherwise seem over-whelming. For some, dieting, bingeing, and purging may begin as a way to cope with painful emotions and to feel in control of one's life, but ultimately, these behaviors will damage a person's physical and emotional health, self-esteem, and sense of competence and control.

Psychological Factors that can Contribute to Eating Disorders:

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger, or loneliness

Interpersonal Factors that can Contribute to Eating Disorders:

- Troubled family and personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- History of physical or sexual abuse

Social Factors that can Contribute to Eating Disorders:

- Cultural pressures that glorify "thinness" and place value on obtaining the "perfect body"
- Narrow definitions of beauty that include only women and men of specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths

Biological Factors that can Contribute to Eating Disorders:

- Scientists are still researching possible biochemical or biological causes of eating disorders. In some individuals with eating disorders, certain chemicals in the brain that control hunger, appetite, and digestion have been found to be unbalanced. The exact meaning and implications of these imbalances remains under investigation.
- Eating disorders often run in families. Current research is indicates that there are significant genetic contributions to eating disorders.

Eating disorders are complex conditions that can arise from a variety of potential causes. Once started, however, they can create a self-perpetuating cycle of physical and emotional destruction. Professional help is recommended in the treatment of eating disorders.

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What Should I Say?

Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder

If you are worried about your friend's eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders. In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

What to Say—Step by Step

Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be some place away from other distractions.

Communicate your concerns. Share your memories of specific times when you felt concerned about your friend's eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.

Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating issues. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.

Avoid conflicts or a battle of the wills with your friend. If your friend refuses to acknowledge that there is a problem, or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.

Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes. Do not use accusatory "you" statements like, "You just need to eat." Or, "You are acting irresponsibly." Instead, use "I" statements. For example: "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear you vomiting."

Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"

Express your continued support. Remind your friend that you care and want your friend to be healthy and happy.

After talking with your friend, if you are still concerned with their health and safety, find a trusted adult or medical professional to talk to. This is probably a challenging time for both of you. It could be helpful for you, as well as your friend, to discuss your concerns and seek assistance and support from a professional.