

Eating Disorders- Anorexia Nervosa

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Perspective

Aim & Objective

a) To provide deeper & novel perspective about Anorexia Nervosa, as an Eating Disorder.

b) Other than focusing on book-based explanations on symptoms & treatments, to be able to get the picture of the mental disorder from the sufferers' eyes...

A. What ICD-10 says In Brief

A. A disorder most often seen in adolescent females characterized by a refusal to maintain minimally normal body weight, intense fear of gaining weight, disturbance in body image, development of amenorrhea in postmenarcheal females.

B. Body weight is maintained at least 15% below that expected (either lost or never achieved), or Body Mass Index (BMI) is 17.5 or less.

C. The weight loss is self-induced by avoidance of 'fattening foods' and one or more of the following: self-induced vomiting; self-induced purging; excessive exercise; use of appetite suppressants and/or diuretics.

D. There is body-image distortion in the form of a specific psychopathology whereby a dread of fatness persists as an intrusive, overvalued idea and the patient imposes a low weight threshold on himself or herself.

E. There is endocrine disorder, manifesting in women as loss of periods (amenorrhoea) and in men as a loss of sexual interest and potency.

F. If onset is pre-pubertal, the sequence of pubertal events is delayed or even arrested (growth ceases; in girls the breasts do not develop and the onset of periods is delayed; in boys the genitals remain juvenile).

World Health Organization. (1993)[1]. The ICD-10 classification of mental and behavioral disorders: diagnostic criteria for research.

A. What DSM-5 says in Brief...

- i. Persistent restriction of energy intake leading to significantly

low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health).

- ii. Either an intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (even though significantly low weight).

- iii. Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

B. Sub-types

- i. Restricting type
- ii. Binge-eating/purging type

American Psychiatric Association. (2013)[2]. Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.

A. A Fat Worse Than Death: Anorexia is 'starving yourself to death'

- i. Obsessive fear and a desperate desire to maintain control over that fear.

- ii. The fear very often has nothing to do with food.

- iii. Might be fear of failure, abandonment, intimacy or sexuality itself.

By controlling within her power, the person with Anorexia allows herself the illusion that she is in control of her real fear!

B. ED's have a serious biological brain basis:

*When a person without an Eating Disorder eats: They feel calm, pleasure and a sense of satisfaction.

*When a person with Anorexia Nervosa eats: They feel high anxiety, severe thought disturbance and noise.

C. Lets Concentrate Deeper On The Disorder: *Every holiday it was always the same..."Endless, insipid observations about her appearance- how big she'd become, how tall she was getting. And then last year that comment by her uncle, spoken in a whisper when*

no one else was around, about how much weight she'd gained...She shivered in disgust every time she thought of it."

D. Engaging in Battle: *"Because she so rarely wins, B. worries about food, weight, mealtimes all the time. She wakes up in the morning worried about how the day is going to go and what minefields she's going to encounter. B. thinks the battle is with food but the real conflict lies within herself and not on the plate..."*

E. ED is a person and he talks to you: *"I stepped on the elevator with three other people. As soon as the elevator doors shut, ED whispered in my ear: 'Congratulations B, you are the thinnest person in the elevator. You are really special today!' The elevator stopped at floor three and a very petite woman stepped inside. ED immediately kept talking: 'B, that woman is thinner than you! You are so large. You have really let yourself go!"*

F. It is a non-stop conversation...

i. ED: *B, you can't go to that party tonight!*

ii. B: *Why not? All of my friends will be there and I really want to go.*

iii. ED: *You absolutely can't because you binged today. You are not perfect today and you don't deserve to go. Plus, you look too fat.*

iv. B: *You're right. I don't deserve to go and I am fat.*

G. Are you stressed? I am just right here to help!: *"ED called for an all-out binge. He said: Wendy's and Taco Bell are just around the corner. You'll need to skip group tonight, so you'll have enough time to really make the binge worth it. Of course, then you will need to starve yourself for the next two days. That should solve the problem you are stressed about."*

H. ED continues: *'You will binge. Then, you will be too tired and sick to go out tonight. Plus, the last thing you will want to do after bingeing is go to a restaurant and eat. All you will want to do is starve for days.' "So I listened to ED and binged. The decision was made. I will not go out tonight, so I will definitely not call my boy friend today...Hours later, I am sitting here wondering why I let ED control my life. And I'm wondering What Can I Do Right This Moment to Take Back The Power That I Gave ED Earlier?"*

I. ED as a lousy meal date: *"I stare at the menu and ask myself what Should I Order? ED always thinks I am directing the question to him and replies: You must get one of the low-calorie entrees. No matter what you must choose a lower calorie food than your friend. No fat, no carb, least calorie food in the menu must be your choice. It will show that you are more in control of your life than your friend is!"*

J. Who is really in control in this scenario?

i. *"Waiting for the food to arrive is always the hardest part. I am starving because ED never lets me eat any other meal on days that I go out to eat. All I can think about is food. I can almost never pay attention in the conversation with my friend, so I just nod in the right places."*

ii. ED congratulates you again: *"You did it! You are finished eating and you are still hungry! Be proud of yourself!, you have such control! Your poor friend does not have a chance in life."*

K. "You don't look like you have an Eating Disorder"

a) Many people with Eating Disorders do not seek help because they do not feel as if they look sick enough to have the disorder.

b) ED will tell you that you are NOT thin enough to have an eating disorder.

c) Eating Disorders are mostly about *excessive control, painful perfectionism & stubborn self hatred*. They are NOT about whether or not your thighs touch, the width of your hips, the size of your butt or the number on the scale...

L. The Master Hypnotist: *'As you are reading this, allow your attention to drift down your left foot. Just your left foot. Imagine that your left foot is becoming heavy. Very heavy. Notice every sensation that you feel in your left foot. Your left foot continues to become heavier and heavier. Eventually you won't be able to lift it. " You may not think so, but people are easily hypnotized. And ED is a master hypnotist. He hypnotizes you into thinking that you are fat. As feeling it becoming heavier, Ed focuses your attention on all the various aspects of your body that make you feel uncomfortable.*

a) Anger: *"Shadowing the dysfunctional relationship with food, is anger. The anger you've felt because of being hurt has been turned inward. For some reason you couldn't direct that anger at the person responsible for your pain, so it stayed within you. Anger, leads to resentment. Your resentment is helping to fuel your continued behaviors with food."*

b) Along with anger come companion emotions that need to be examined:

I. Fear

II. Guilt

III. Shame

c) Anger can be an immediate response to pain in your life. Fear, guilt and shame follow close behind!

A. Anger, Fear, Guilt

I. Eating disorders & dysfunctional relationship with food center anger, fear and guilt on food.

II. In order to control the anger, fear and/or guilt, a person with Anorexia Nervosa will self-restrict food and liquids accompanied with one or more of the following: self-induced vomiting; self-induced purging; excessive exercise; use of appetite suppressants/diuretics.

M. Recovery

I. *"Recovery from an eating disorder has very little to do with food. Yes, you can control food and get things in order for a while BUT until you look at the root causes, the eating disorder will always be right under the surface, ready to grow again..."[3-6].*

e) "I'm not perfect": *"I wake up every morning happy to be alive. I am happy to be free and not ruled by Ed. I am thrilled that I no longer have to squeeze myself into a tiny glass box every day. I am very happy but I am not perfect. Ed still shows his face every once in a while. The difference between now and years ago is that when Ed shows up today, I do not give him my power."*

f) Life without an Eating Disorder: Life without an Eating Disorder is:

- i. *Being true to yourself*
- ii. *Honoring your mind, spirit and body*
- iii. *Ability to make goals and chase after your dreams*
- iv. *It is waking up every single day with the awesome feeling to be alive! Together, while we suffer, let's not forget this expression by Helen Keller... (1880 – 1968). "All the world is full of suffering. It is also full of overcoming."*

References

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