Helping a Friend with an Eating Disorder

Preview Points

- Students see symptoms and signs of an eating disorder in a friend. They may be uniquely situated to provide help.
- Eating disorders like bulimia, anorexia and compulsive over-eating have been on the rise. Eating disorders affect 90% of women and 10% of men.
- Eating disorders are potentially life-threatening.

Contents

Eating disorders may stem from body image issues. They may originate from suppressed emotions. These disorders cause life inefficiencies in terms of fulfilling responsibilities. They cause misery in “the form of food and weight obsession, anxiety about control, guilt, helplessness, hopelessness, and extreme mood swings.” People may feel alienated in terms of social anxiety, “social withdrawal, secrecy, mistrust of others, and self-absorption.” They may experience disturbance in their loss of control over dieting and body image (Levine & Smolak, 2002, p. 1).

**TYPES OF EATING DISORDERS:**

**BULIMIA NERVOSA:** Bulimia nervosa is uncontrolled “binge eating and inappropriate compensatory methods to prevent weight gain.” Binging involves rapid consumption of large quantities of food in a less than two-hour period, typically terminated “as a result of abdominal pain, onset of sleep, social interruption, self-induced vomiting, or the use of cathartics or diuretics” (“Individuals with Eating Disorders,” Ch. 12, n.d., p. 211). Some with bulimia nervosa may engage in frequent dieting. After binges, many suffer a depressed mood and negative self-perception. Bulimia refers not only to the
disordered eating but the related thoughts surrounding bulimia—related to self-image, self-criticism, perfectionism, and difficulties with their feelings.

**Health Implications:**

- “Electrolyte imbalances that can lead to irregular heartbeats and possible heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium, chloride from the body as a result of purging behaviors.
- Potential for gastric rupture during periods of bingeing.
- Inflammation and possible rupture of the esophagus from frequent vomiting.
- Tooth decay and staining from stomach acids released during frequent vomiting.
- Chronic irregular bowel movements and constipation as a result of laxative abuse.
- Peptic ulcers and pancreatitis” (“Health consequences...” 2004, p. 1).

**ANOREXIA NERVOSA:** Anorexia nervosa involves individuals who refuse to maintain a “minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body,” according to the American Psychiatric Association.

**Health Implications:**

- “Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing. The risk for heart failure rises as heart rate and blood pressure levels sink lower and lower.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- Muscle loss and weakness.
- Severe dehydration, which can result in kidney failure.
- Fainting, fatigue, and overall weakness.
- Dry hair and skin, hair loss is common.
- Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm” (“Health consequences...” 2004, p. 1).

**COMPULSIVE OVER-EATING / BINGE EATING:** Compulsive over-eaters have the same characteristics as bulimics, except that they do not purge the food.

**Health Implications:**

- “High blood pressure
- High cholesterol levels
- Heart disease
- Diabetes mellitus
- Gallbladder disease” (“Health consequences...” 2004, p. 1)

**REACHING OUT TO FRIENDS WITH EATING DISORDERS:** (Herrin, n.d., n.p.)

1. Know what the warning signs are of eating disorders.
2. Make a plan to approach the person in a private place, where there is no immediate stress. Ensure that there is time to talk.

3. In a caring and straightforward way, mention what you have observed and your concerns. Ask clarifying questions. Listen carefully. Accept what is said non-judgmentally. Let him or her know that you’re worried and want to help.

4. Avoid arguing about whether or not there is a problem. Power struggles are not helpful. Perhaps, you could say: “I hear what you are saying, and I hope that you are right, and that this is not a problem. But I am still very worried about what I have seen and heard, and that it is not going to go away.” Speak with compassion and concern. Avoid focusing on how the person looks such as: “You are looking far too thin,” or “You are looking great!” This encourages body image obsessions. Instead, focus on other areas of the person’s life as much as possible.

5. Provide information about resources for treatment. Offer to go with the person and wait while they have their first appointment with a counselor, a physician or nutritionist. Ask them to consider going for one appointment before they decide about ongoing treatment.

6. If the person denies the problem, becomes angry, or refuses treatment, realize that this is part of the illness. They have a right to refuse treatment, unless their life is in danger. You may feel frustrated with them. You may say, “I know you can refuse to go for help, but that will not stop me from worrying about you or caring about you. I may bring this up again later, and maybe we can talk more about it then.” Follow through on that—and any other promise that is made. However, be careful to avoid over-involvement. You cannot take on someone else’s responsibility.

7. Do not try to be a hero or rescuer, or others may resent you. Do the best you can to help on several occasions, and if the person does not accept the help, stop. Remind yourself that you have done all that is reasonable to do. Eating disorders are stubborn problems. Treatment is most effective when the person is ready for it. Your intervention may have planted a seed that helps them to get ready.

8. Eating disorders are not emergency situations. If the person is suicidal or in danger, get professional help immediately.

It is important not to over-simplify these various disorders. Avoiding offering a diagnosis either (Levine & Smolak, 2002, p. 1).

Various professionals like dietitians, physicians, and professional counselors may provide support to those who are suffering from eating disorders.

Eating disorders may affect people’s abilities to function in life. They have health implications.

**Concluding Points**

- Eating disorders are treatable by professionals.
- It’s important that the person with the eating disorder be eager to make changes.
Disordered eating involves not only behaviors but particular traits and ways of thinking.

References


