

OUR CHILDREN'S WORLD

Prepared for Eagle Ranch
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In the last 15 years, eating disorders have received a great deal of attention from both professionals and the public at large. The prevalence of bulimia, anorexia and obesity appears to be increasing by epidemic proportions. Recent studies have found that six to twelve percent of the population have eating disorders. As many as 25 percent of American teenagers may demonstrate some form of an eating disorder.

Bulimia generally starts with a female who is interested in losing a few pounds to feel better about herself. She is usually attractive, hard-working and successful and decides to begin a disciplined diet. Because she is determined, her diet is often too strict and results in a series of biological/physical reactions. Although, at this point, she is able willfully to ignore her hunger, her body cannot. Her body reacts by trying to conserve energy (i.e., by needing less food) until she begins eating normally again. The body does not know the difference between a famine and a decision to restrict eating. The longer the diet continues, the more acute the need to conserve energy becomes and the body's metabolism subsequently slows down more and more.

As the diet continues, the dieter also notices that even though she is eating less and less, she is thinking about food constantly. Being a perfectionist, she feels guilty about this preoccupation with food. She does not know that this is the second way the body attempts to adapt to a scarcity of food: the brain triggers thoughts and pictures about food to motivate the person to find food. Biologically, the body is trying to "save" itself. Often the triggered thoughts will be of very high calorie, quick energy foods which are usually translated into a desire for sweets (this sometimes occurs to the point that the "good" dieter will not eat all day but then be unable to resist an obsession for a milkshake or candy bar). At this point in the process of "dieting" the body's reaction to one candy bar is to demand more so forcefully that the most determined person could not help but yield. Because she often experiences this obsession with, and yielding to, the consumption of food as a moral issue rather than a biological one, the dieter's self-esteem plummets even further.

Eventually, the dieter will begin to admit that she cannot help but binge at times and will learn a way of making up for the "sin" of breaking the diet. This usually takes the form of forcing herself to vomit after which she initially feels better in that she has gotten rid of the food, but later feels worse and worse as she realizes her helplessness. She swears to herself that she will never do it again and she will stick to her diet tomorrow.

After, in many cases, years of this process the person's metabolism will have slowed to the point that she really will gain weight even when she eats very little, she will be constantly obsessed with food, she will have low self-esteem (and often detests herself) and she will have a myriad of physical problems depending on which type of purging she has used (tooth decay, ulcers, loss of menstruation, cardiac problems, lowered metabolism, etc.).

Therapy for a female with bulimia consists of teaching her about the process of the disorder, thereby reducing her guilt; helping her learn to express negative emotions; helping her learn skills necessary for breaking the cycle; and, finally, looking with her at the personality traits which set her up for this kind of behavior.

The profile of the person likely to develop this disorder is a female (approximately 90% of those seeking help for eating disorders are female) over the age of thirteen who has a tendency to measure her self worth through performance (many are first borns or have had extra pressures or responsibilities placed on them as children). She is usually very competent and determined. She is likely to be a sensitive individual who feels more comfortable listening to others and holding her own feelings in, and she often values her ability to be in control.

Although problems with food are often symptoms of other underlying issues which are best addressed through counseling, the following are some suggestions for parents:

- Try not to focus on food as a reward or punishment.
- If your child overeats, focus on feelings rather than behavior. The more you focus on the food, the more power food will take on as your child grows.
- Allow the child to help set goals around eating.
- Try to allow your child to be a child, not perfect and not adult-like. Feelings of needing to be perfect often develop into eating disorders (or other problems) as the child grows up.

Whether the specific profile fits or not, those who feel the pressure and pulls of the bulimic cycle as described above need not feel helpless. Help is available and the cycle can be broken.



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THE EAGLE'S NEST

*"...that they will soar with wings as eagles'
(Isaiah 40:31)*

Diagram of the Vicious Binge-Purge Cycle.

