

# Information about eating disorders

– how to identify, seek help and recover



Syömishäiriöliitto



# Eating disorders are not a problem with food

Everyone's health and well-being are affected by their relationship with food and their body. **Very few people have a completely problem-free relationship with food or their body throughout their entire life.** However, not all problems with food or body image need to be labelled as eating disorders. At the same time, a problematic relationship with food or body image can negatively impact a person's quality of life and well-being even though they themselves, their loved ones, or the health care services don't think that the issues meet the criteria of an eating disorder. Therefore, estimating how big an impact the eating and body image issues have on a person's life is more important than meeting the diagnostic criteria.

Eating disorders are about more than just food or body image. **Eating disorder symptoms serve some purpose to the person with an eating disorder.** They may for example be dealing with negative feelings such as stress or insecurities and do not have a way to cope with these feelings in a way that supports their well-being. Eating disorder behaviours seem to provide coping mechanisms for these situations. The logic behind these behaviours is actually very familiar and upheld by our society: who hasn't sometimes thought that dieting, bigger biceps, or a break from eating sweets would make them a better person or solve all their problems.

Symptomatic behaviours around eating or body image are never completely harmless. **Even symptoms that appear harmless may become unhealthy coping mechanisms in a life crisis.** Therefore, maintaining a good relationship with food and one's body is important – whether one has an eating disorder or not.

# An eating disorder

## - regardless of the diagnosis

An eating disorder is a mental health disorder. The currently recognised eating disorder diagnoses are anorexia, bulimia, BED (binge eating disorder), and atypical eating disorder. Although diagnoses can be important in eating disorder treatment, focusing on them could uphold both comparison and weight- and number-centricity typical to the disorder.

A person's eating disorder symptoms can be a source of negative physical feelings in many ways. Regardless of the type of symptoms, a patient's behaviour is often affected by their own image of themselves based on their eating, exercise, weight, or other external characteristic. Obsessive behaviours and fears that maintain a person's symptoms are also typical to eating disorders. These are reflected in all aspects of the person's life such as their mood, relationships, and social interactions as well as their day-to-day life.

Diagnoses rarely help to understand the person with an eating disorder or their behaviour. Therefore, instead of talking about diagnoses, we should talk about eating disorders in general regardless of the underlying diagnosis or lack of one.



# Eating disorders can impact anyone

The myth that only young girls and women striving for extreme thinness develop eating disorders persists. The truth about eating disorders is in fact much more diverse:

**Also adults have eating disorders.** Eating disorders aren't restricted to just teenagers and young adults. Even adults can get eating disorders. Furthermore, an eating disorder developed at a younger age can persist into adulthood.

**Also men can develop eating disorders.** The estimated number of boys and men with eating disorders varies. However, there is a consensus that eating disorders can occur in persons of all genders. Eating disorders are more common amongst gender minorities than in cisgender people.



**A person with an eating disorder is more likely to be fat than thin.**

An eating disorder can manifest as anything from restrictive to uncontrollable eating.

Therefore, an eating disorder may or may not be visible in the affected person's physical appearance in various ways.

**A person with an eating disorder is more likely to be fat than thin.**

**However, malnourishment is associated with any eating disorder regardless of how it manifests itself.**

Malnourishment isn't synonymous with thinness: even a fat person can be malnourished. Eating too little, restricting, or having an unbalanced diet has a direct impact on one's mind and body, which can cause eating disorder symptoms to persist.

**Even someone with a seemingly healthy lifestyle can have an eating disorder.**

A person may be severely restricting their food intake and exercising excessively even though their behaviour and habits might seem "healthy" and in line with the recommendations.



# No one is to blame for an eating disorder

An eating disorder is always a result of a culmination of factors. No one person or event alone can cause an eating disorder, nor does anyone choose to develop one.

Factors predisposing a person to eating disorder development have been found in for example their genes, personality traits, and psychological development. Another factor is also the modern habit of idealising performance- and health-oriented habits and thinking and pursuing a certain body type, which are also behaviours typical to eating disorders.

The existence of one predisposing factor does not mean that a person will develop an eating disorder. However, when there are enough predisposing factors and stress involved, even one solitary inappropriate comment about a person's weight, body, or eating may trigger the symptoms. The disorder usually starts with what the person thinks is a harmless attempt to lose weight or fix their lifestyle.

Identifying the factors behind an eating disorder may increase self-understanding and help recovery, but trying to find someone or something to blame helps no one. Recovery should be the focus.

# When to start worrying

A person with an eating disorder often feels shame and may have poor illness insight. The eating disorder may shame the person into doing everything in their power to hide their symptoms. Poor illness insight and feelings of worthlessness may lead to the affected person not seeking help early enough.

## Signs of an eating disorder to always look out for and either seek help or persuade another person to seek help for:

- preoccupation with food and eating
- categorising foods into allowed and forbidden
- a constant need to weigh one's food or oneself
- precise and inflexible plans for eating, exercising, and other everyday activities
- lying, feelings of shame, and secretive behaviour around food and exercising
- not allowing oneself rest or recovery
- hiding, covering, or belittling oneself or one's body
- prolonged irritability, extreme emotional outbursts
- anxiousness and depression
- social withdrawal, changes in relationships
- difficulty focusing
- feeling cold, menstrual disorders, and/or changes in one's libido
- tiredness, exhaustion, sleeplessness



**“Do they have a problem?”**

Probably. The right time to intervene is when you first start to worry. The right person to intervene is the one who is worried.

**“Do I have a problem?”**

Probably. The right time to tell someone about your symptoms and to seek help is when you start to worry about them.

**“When someone says to you that they struggle with eating, you need to take them seriously. Just saying these things out loud takes a lot of courage from the sufferer.”**

**Talking to someone you trust can support your quest for help.**






## Dare to seek help – checklist for seeking help


An eating disorder is an illness you need to seek treatment for. The first step is to contact your occupational, student or school health care or your local health centre. They will assess where the illness is to be treated and whether an eating disorder specialist is needed.

When seeking help, you may find that you don't know what to say about your situation or how. Seeking help can be scary or the situation could be unnerving and provoke many kinds of feelings. This is a sign that the issue is important and nothing to be ashamed about. Here is a list of issues to talk about in order to get the help you need.

Write down your answers beforehand. That way you have something concrete to turn to during your visit to the health care provider.



 How long have you had an eating disorder? Was it triggered by some specific event?

 Describe in detail how the symptoms affect your day-to-day life:

How do the symptoms show up in day-to-day life (e.g. food choices, at the grocer's, exercising habits, leisure activities, obsessive behaviours etc.)?

What activities do you avoid because of your symptoms? What have you had to give up (e.g. earlier hobbies or other interests)?

How do your symptoms affect your mood and well-being?


Do your symptoms cause sleeplessness, anxiety, depression, or self-destructive thoughts?


How do your symptoms affect your loved ones (family members, friends, partners, other relationships)?


Have you noticed that you have been hiding things from your loved ones or yourself?

How do your symptoms affect your work, studies, or school?

How do your symptoms affect your sexuality?

 Have your symptoms changed along the way? Have there been easier or harder time periods? What have they involved?

 What kind of thoughts do the symptoms provoke (involving e.g. food, exercise, your body, or yourself)?

 Have your loved ones noticed your symptoms, or have you already talked about them to somebody? What did they say?

# With the right help and support, full eating disorder recovery is possible

Recovering from an eating disorder is always a long process of fixing one's relationship with food and one's body. That is not enough, however. Something must replace the eating disorder symptoms so that the person doesn't fall back on their eating disorder behaviours when the next crisis hits. The person needs to learn to cope with anxiety, difficult emotions, and other setbacks through new techniques that support their well-being.

Recovery is too often determined based on improved eating behaviours, weight, and physical recovery alone. Eating disorder recovery is, however, much more complex. It also involves getting to know oneself and one's needs and bounda-



ries, building a new identity, establishing new routines, and growing as a person.

Recovering mentally may take several years longer than physical recovery. Recovery does not mean that the eating disorder thoughts are a thing of the past entirely – even people without an eating disorder will certainly have them. A more pertinent question is, do these thoughts still affect the person's life, their choices, and their behaviours.

# Syömishäiriöliitto – SYLI ry

**Information** about eating disorders.

**Support** for people with eating disorders or eating disorder symptoms, people at risk of developing an eating disorder, people in recovery, and their loved ones.

**Courage** to challenge social constructs that predispose people to eating disorders.

[www.syomishairioliitto.fi](http://www.syomishairioliitto.fi)

**Do you still have some questions?**

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