



FROM DIET TO DISORDER

By Al Ells, M.C.

She looked like an all-American high school student. Claudia, a minister's daughter, was a cheerleader, on the honor roll and active in her youth group at church. Always pleasant and willing to do anything for anyone, it seemed like her life was almost too perfect. Beneath Claudia's flawless surface, the pursuit of perfection itself was taking a dangerous toll on her.

Claudia was excessively concerned about her looks, concerned to the point of obsession. Her obsession led to crash diets and occasional vomiting. She ate as little as possible, worked out twice a day and maintained a defensive attitude when questioned about her eating habits. Her weight dropped below 90 pounds and her menstrual periods stopped. The crisis came one night during dinner. Claudia sat through the whole meal without eating a bite. She merely cut up her food and kept rearranging it on her plate.

Finally, her dad's frustration burst out. "Claudia, what is the matter with you? You don't eat, you exercise constantly, and you are looking skinnier than a rail!" Claudia quickly rose to leave the table and fainted. Later that evening, the emergency room physician informed the family that Claudia did not have a medical condition, but rather her body was in a severely weakened state from an eating disorder.

Unfortunately Claudia's story is very common. Eating disorders affect millions of people in this country. Although these diseases mainly target young women, they afflict men and women of all ages. Experts now believe that one out of every 100 women between the ages of 12 to 25 suffers from anorexia (self-starvation), and one in seven develops the bingeing and purging disorder called bulimia.

Successful, church-going families and even ministry families like Claudia's are not immune to the threat of an eating disorder. In fact a high percentage of young women with eating disorders come from civic, professional and church leadership families in which public appearance counts. High expectations, coupled with peer pressure and the need to look good and "be good," tempt young teens to succumb to personal comparisons and crash diets. If you suspect a member of your family or church has an eating disorder, consider these suggestions.

HELPING EATING DISORDERS

Learn all you can about eating disorders.

Eating disorders, such as anorexia and bulimia, are better understood now than in years past. A wealth of material is available to explain what these disorders are like and how to overcome them. The more you know about them and their common terminology, the better equipped you will be to help someone struggling with this problem. Go to the library, search the web or ask your local physician for information. Claudia's mother received helpful information and support from another mom in the church whose daughter had received treatment for an eating disorder.

Don't believe the claim that they can overcome their disease without help.

Even after the ER visit, Claudia would occasionally deny that anything was wrong. "I'm just not hungry," "I don't like bread anymore" and "I already ate" became common refrains. Eating disorders are deep-rooted, all-encompassing and difficult to overcome. Often, treatment is more effective when help is sought as early as possible.

Most individuals suffering from an eating disorder are in denial regarding how powerful it has become. Additionally, people who struggle with eating disorders usually will not be completely honest with those who confront them. They frequently lie about what symptoms they experience and how much they restrict food or practice bingeing and purging. Seek professional help to determine the severity of the disorder.

Seek only the help of qualified eating disorder specialists.

Family physicians and professional therapists usually know about eating disorders, but are not specialists in overcoming them. Treatment of eating disorders is a specialty much like cancer treatment. The treating professional must understand the physical, nutritional, social, spiritual, familial and psychological influences that contribute to the disorder.

Ask around and find someone who specializes in eating disorders. Remuda Treatment Programs for Anorexia and Bulimia maintains a listing of outpatient therapists who specialize in treating eating disorders from around the United States. For referral information, call 1-800-445-1900 or visit www.remuda-ranch.com.

Don't resist inpatient or in-hospital treatment.

An eating disorder is a complex and dominating problem, often requiring the sophistication of treatment and controls that only inpatient programs can offer. The cycle of bingeing and purging or food restriction is often broken only when someone else is able to control the affected individual's diet and daily activities. An inpatient program is ideally suited to break these established patterns.

Additionally, the inpatient environment can provide an intensity and range of treatment (medical, nutritional, psychological, spiritual, etc.) that is not otherwise available. Claudia returned home after a six-week stay, extolling the virtues of the treatment program she attended. A year later, her symptoms were still gone. Occasionally she struggled with body image but did not resort to dieting, bingeing or purging.

Only choose programs that specialize in treating eating disorders.

Many hospitals have psychiatric units that treat a variety of problems from depression to eating disorders. They may advertise that they have an eating disorder "track." The difficulty with these programs is that very few, if any, of the staff will specialize in eating disorders. The program will not be specifically designed to help with the complexities of the eating disorder itself, but instead will focus on general psychiatric issues. While helpful, it is usually not specialized enough to break the self-defeating cycles and deal with the root issues common to an eating disorder. This is one reason many women who suffer from eating disorders require repeated hospitalizations.

Be patient—treatment takes time.

Again, eating disorders are very entrenched. Treatment, therefore, must be equally intractable. Inpatient treatment requires more than the one to two weeks many insurance companies want to allocate. A six- to ten-week inpatient stay is usually necessary to lay a foundation for recovery when outpatient treatment has failed or the eating disorder has become life threatening. Claudia's program lasted six weeks, and she attended outpatient groups for a year following her discharge.

After inpatient treatment, a two- to three-month stay in transitional residential treatment or discharge to an outpatient therapist for weekly group therapy attendance will greatly enhance recovery. For many, more than one inpatient stay is necessary. Be patient and don't give up hope. It takes time, but it works.

Participation of the family is essential.

Perhaps the most difficult issue of all for some family members is that treatment of an eating disorder requires the involvement of the entire family. Claudia's father was embarrassed that his daughter had an eating disorder. He found it difficult to face and did not want to ask the church for prayer. After attending the seven-day family week, he proclaimed, "Everyone should go through family week. It has changed my life and my family."

An individual with an eating disorder is profoundly affected by how she or he fits into the family and how the family responds to the problem. When family members are willing to participate in treatment and work toward the common goal of recovery, the power of the eating disorder is greatly diminished. Choosing wholeness, health and life then becomes easier for the individual. Additionally, the presence of an eating disorder in one you love will fill you with pain and pressure that can be unbearable. Treatment will help you as well as your loved one to deal with the problem more effectively.

**For more information on the treatment of eating disorders
contact Leaders That Last at 480-325-9350
or www.leadersthatlast.org**