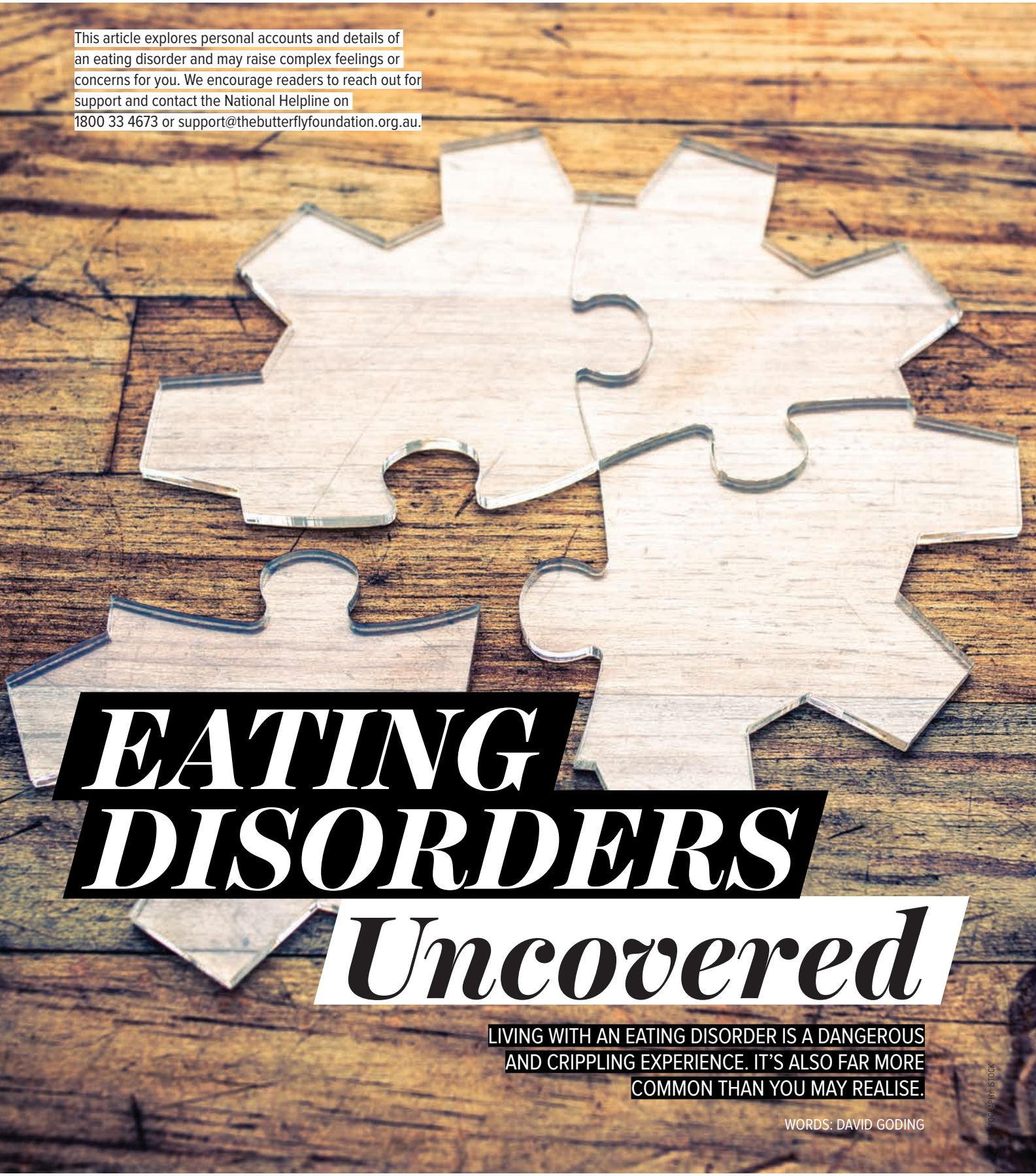


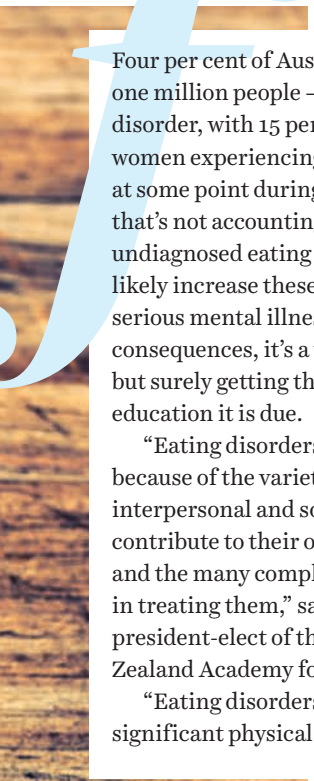
This article explores personal accounts and details of an eating disorder and may raise complex feelings or concerns for you. We encourage readers to reach out for support and contact the National Helpline on 1800 33 4673 or support@thebutterflyfoundation.org.au.

EATING DISORDERS Uncovered

LIVING WITH AN EATING DISORDER IS A DANGEROUS AND CRIPPLING EXPERIENCE. IT'S ALSO FAR MORE COMMON THAN YOU MAY REALISE.

WORDS: DAVID GODING

PHOTOGRAPHY: ISTOCK



Four per cent of Australians – or almost one million people – live with an eating disorder, with 15 per cent of Australian women experiencing an eating disorder at some point during her lifetime. And that's not accounting for the host of undiagnosed eating disorders that would likely increase these stats dramatically. A serious mental illness with grave physical consequences, it's a topic that is slowly but surely getting the awareness and education it is due.

"Eating disorders are so complex because of the variety of intrapersonal, interpersonal and societal factors that contribute to their onset and progression, and the many complications involved in treating them," says Dr Kim Hurst, president-elect of the Australia & New Zealand Academy for Eating Disorders.

"Eating disorders are associated with significant physical complications and increased mortality. The mortality rate for people with eating disorders is the highest of all psychiatric illnesses, and over 12 times higher than that for people without eating disorders."

Poor body image, crash dieting, trauma and genetics can contribute to the development of an eating disorder, whether it be anorexia, bulimia or a binge eating disorder. There is no 'one type' of person that is afflicted and the condition can sneak up gradually, making it hard for family, friends and the victim to catch it in time. Making matters worse is the fact that many individuals go to great lengths to conceal the condition; in many instances, eating disorders act as a form of control and protection from the outside world.

"People with eating disorders will often try to hide what they're doing – either out of shame or guilt, not realising they have a problem, or not wanting to admit or stop what they are doing," says Jacqui Brooker, an eating disorder survivor and avid campaigner for greater recognition of eating disorders in Australia.

"Once my friends started to notice the warning signs I was displaying; I became very deceptive and deceitful, and I retreated from social activities. Whenever someone tried to approach me out of concern, I told myself they were simply jealous, that they'd never have the control or discipline I had. I lost a number of friendships during this time; people were scared and just didn't know how to talk with me."

Recognition is a big part of the journey towards recovery, and treatment is often successful, particularly if undertaken early. But the road for many isn't an easy one.

DISORDER DEFINITIONS

FROM THE BUTTERFLY FOUNDATION WEBSITE, *THEBUTTERFLYFOUNDATION.ORG.AU*

ANOREXIA NERVOSA: Individuals living with this disorder are unable to maintain a normal or healthy body weight. They often have a distorted view of their body shape and size despite being underweight or malnourished, base their level of self-worth entirely on the way they think they look and have an intense fear of gaining weight. Symptoms include placing severe restriction on the amount and type of food consumed, sometimes accompanied by excessive exercise (restricting subtype). Binge eating or purging subtypes not only restrict their amount and type of food, but will also display purging behaviour (e.g self-induced vomiting) and may also engage in binge eating.

BULIMIA NERVOSA: Characterised by repeated episodes of binge eating (eating a very large amount of food within a relatively short period of time and feeling a loss of control while eating) followed by compensatory behaviours such as vomiting, fasting, excessive exercise or the misuse of laxatives or diuretics. Unlike anorexia nervosa, people diagnosed with bulimia nervosa can sit within the normal weight range, or even slightly over, making it difficult to detect. Sufferers place an excessive emphasis on body shape and weight, leading to the person's sense of self-esteem being defined by how they look.

BINGE EATING DISORDER: Involves regular episodes of binge eating, which are not followed by compensatory behaviour such as vomiting. Many people with BED are overweight or obese. Those living with BED feel a loss of control while eating and may not be able to stop themselves eating, even if they wanted to. They often feel guilt or shame about the eating episode, and can use binge eating as a way of coping with challenging emotions.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED): A person living with OSFED may present with many of the symptoms of other eating disorders such as those listed, but will not meet the full criteria for diagnosis. An equally serious condition, around 30 per cent of people who seek treatment for an eating disorder have OSFED.

BODY DYSMORPHIC DISORDER: Often associated with depression, social anxiety and feelings of shame, BDD has at its centre a fairly specific negative body image, marked by an intense preoccupation with a perceived flaw in your physical appearance. Individuals living with this disorder often spend significant time worrying about or evaluating a particular aspect of their appearance, and the body part under the microscope may change over time and be so slight that other people don't even notice.

WHAT CAUSES EATING DISORDERS?

While there is no one type of person who experiences eating disorders, and there is no one cause, there are some aspects of personality, biology and environment that can increase your susceptibility.

"A person's genetics can predispose them toward developing an eating disorder," says Dr Mitchell Howarth, from Lysn. "People who have a first-degree relative with an eating disorder are at greater risk of developing disordered eating patterns themselves, for example."

In some instances, though, it's not clear whether the influence is due to a genetic predisposition or from learned behaviour, or both.

"If your mother was continually dieting throughout your childhood, you were inadvertently raised with the belief that in order to be beautiful or worthy you must be a certain weight," says Megan Luscombe, a life and relationship coach. "If you're raised in an environment where your body and the bodies of others are talked about in negative ways – 'she's big boned', 'she's got a large frame', 'she's got thunder thighs like her mum' – you start to see yourself in the negative."

Psychological factors at play may include traits such as perfectionism, obsessive-compulsiveness, neuroticism and low self-esteem – although in some cases it can be difficult to establish whether or not these traits came before the illness or were the result of it, particularly if the eating disorder has continued long term.

"Prolonged starvation induces change in cognition, behaviour and interpersonal characteristics," says Dr Hurst. "It can therefore be difficult to discern the psychological causes from the psychological effects of eating disorders. For example, the co-existence of depression and anxiety with eating disorders has raised debate as to whether such conditions precede or are a direct outcome of an eating disorder."

IN THE LINE OF FIRE

It can be extremely difficult to maintain a healthy body image in today's social media-obsessed environment. Research shows that even people who regularly post images of themselves on social media platforms appearing happy are often far from it.

"People who internalise this 'thin ideal' have a greater risk of developing body dissatisfaction, which can lead to eating disorder behaviours," says Dr Hurst. "The appearance-focused nature of social media platforms has been shown to cultivate body image concerns and reduce self-esteem."

Adolescence is a peak period of onset for eating disorders.

"Puberty is a time of great change biologically, physically and psychologically," says Dr Hurst. "Teenagers are vulnerable to societal pressures and can often feel insecure and self-conscious, factors that increase the risk of engaging in extreme dieting behaviour. Research shows that young people who engage in unhealthy dieting practices are almost three times as likely as their healthy-dieting peers to score high on measures assessing suicide risk."

Approximately half of adolescent girls have tried to lose weight and practise extreme weight loss behaviours such as fasting and self-induced vomiting, and as many as 75 per cent of high school girls feel fat or want to lose weight.

"Young people who diet even moderately are six times more likely to develop an eating disorder," says Dr Hurst. "Those who are severe dieters have an 18-fold risk."

UNDERSTAND THE WARNING SIGNS

Often the warning signs of an eating disorder are obvious – in hindsight. In the moment, it's likely you'll miss them.

"For every descent into the tumultuous struggle of an eating disorder, there will be early warning signs," says Melinda Hutchings, anorexia survivor and author of *Why Can't I Look the Way I Want?* "These signs are often subtle and can be passed off as 'normal' behaviour – unless you know what to look for."

Hutchings says common signs include going on an unusually strict diet, making excuses for not eating, avoiding eating with others, hiding or disposing of food, excessive exercise, calorie counting, obsession with food preparation, dramatic weight loss, disguising weight loss by wearing baggy clothing, insisting there is nothing wrong, and depression.

"The most obvious signal that I was developing issues linked to food and weight was my decision to become a vegetarian," says Hutchings. "After this I cut out fruit juice and became fastidious about everything I put in my mouth. Then I refused lifts to school so I could burn more calories by walking. I started exercising in my room at night, doing 500 sit-ups at a time. I became withdrawn and hostile towards anyone who dared question my sudden aversion to food.

"Looking back, if there had been early intervention at the time I started to become absurdly picky about what I ate, the devastation of full-blown anorexia may have been avoided."

Hutchings' message: "Watch the ones you love closely. If you sense that they are having trouble coping with life or struggling from day to day, reach out to them and get to the heart of the matter. You could be saving them from enduring the destructive path of anorexia or bulimia."

REMOVING THE STIGMA

The stigma and the numerous misconceptions surrounding eating disorders provide an additional unwanted barrier to recognition and treatment.

"Sadly, stigma prevents many people from seeking help or talking about their experiences," says Brooker. "There are so many misconceptions surrounding eating disorders – that it's a lifestyle choice or an attention-seeking ploy; that it's the person's own fault and that they can 'get over it' or 'just eat more'.

"Stigma exists from a lack of knowledge and understanding, with people often believing stereotypes or making light-hearted jokes about issues that are seriously debilitating and life threatening."

Brooker believes that an awareness campaign on multiple fronts could dramatically help improve understanding of eating disorders as well as recovery rates.

"The same method we've used for understanding and 'normalising' depression in Australia can also work to reduce the stigma surround eating disorders," she says. "This includes raising awareness and understanding through education and media campaigns, and also having people who are willing to open up the conversation and describe to people what life is really like with an eating disorder.

"It's not rocket science, but it does require a concentrated whole-of-community effort, as well as bravery on behalf of those with lived experience who are willing to talk about it and share their stories. This also includes the experience of families, friends and loved ones."

WHERE TO GET HELP

Living with an eating disorder is such a personal, internal experience. Recovery, though, requires reaching out.

"If you are scared, or feel yourself slipping, confide in someone you trust straight away," says Hutchings. "Those times I knew within myself that my thoughts were becoming destructive and could lead to potentially harmful behaviour, instead of saying nothing out of fear of being chastised for going backwards, I said it out loud to someone I trusted. The relief I felt when I admitted it was huge. It also helped me realise I didn't have to face this alone."

Treatment can be complex, and involve a number of approaches.

"Treatment can often mean working with several qualified practitioners; a multidisciplinary approach with help from multiple professionals," says Dr Hurst. "The main components being physical health management, nutritional advice and mental health management. In addition, drug treatment, support groups and some alternative therapies may be useful."

Psychologists, social workers, dietitians and GPs help form a powerful treatment team that can help with all facets of the illness.

"GPs play a pivotal role in monitoring the physical health of those suffering with eating disorders and it's very helpful if they can reinforce the care provided by the rest of the treating team by closely collaborating together using a similar approach," says Dr Mark McGrath, a GP with special interest in eating disorders and weight concerns.

"Your GP is also an important first port of call if you or someone you care about has concerns about their relationship with their body or food."

In some instances, hospitalisation may be necessary. This is either for physical reasons, where someone who is undernourished to the point that it is a risk to their physical health or their life, or to enable more intensive psychiatric or psychological treatment.

The three main hospital settings are: inpatient, for moderately-to-severely ill patients; day patient program, a 'stepped care' approach that recognises that some people might need to progress both up and down through treatment levels; and outpatient.

"Outpatient therapy and support is provided by a team of health professionals from many different disciplines, or they may see a solo practitioner such as a dietitian, psychologist or psychiatrist, to enable them to deal with the practical and emotional difficulties caused by their eating disorder," says Dr Hurst.

JACQUI'S STORY

At 19 I packed up and moved from Queensland to Canberra to live with my mum and seek her support in overcoming my overwhelming struggle with anorexia nervosa. I left all of my friends, my studies, my independence – my life. When I look back now, it wasn't much of a life I had been living anyway.

While I had always been very body conscious and struggled with my weight during high school, things escalated towards the end of my first year at uni. I'd put on some weight and was feeling pretty out of control and disgusted in myself. I began to obsess over this preconceived idea that being skinny would give me everything I wanted – or thought I needed. Namely: love, happiness, fulfilment.

I'd lost half of my body weight before the penny dropped and I came to the realisation that I was sick and needed help. Recognising and admitting that you have a problem is a huge turning point for someone with an eating disorder, but starting to work towards changing such ingrained behaviour is a different ball game altogether.

Mum and I have been to hell and back together. I really can't comprehend how scary, stressful and utterly exhausting it must have been for her. There is a reason she is my best friend.

I remember I'd stand over her while she cooked my meals to see how and what she was cooking with, refusing to eat mashed potato that she'd sneaked some full cream milk or a dollop of cream into. I felt guilty watching like a hawk and analysing the meals in detail before deciding what I would try to eat. She'd plead with me to eat some of it, but I just couldn't physically bring myself to do it. It was all about control and discipline for me, coupled with an extremely fearful obsession of gaining weight.

Neither of us sought any real help or support for what we were each going through. Not seeking help is the worst thing anyone can do and I believe things would have improved for us much sooner had we done so. But at the time I don't think we really knew what services were available. Knowing Mum as I do, she would have been too focused on me to even consider the support that she might need.

To look at me, people would have thought that I was recovered from my eating disorder seven or eight years ago. The truth is that 2017 was the first year in which I felt recovered – some 12 years later. No-one suspects a size 12 to 14 woman to be struggling internally with the voices of an eating disorder. Putting on weight is the physical sign that people take as being 'recovered.' This could not be further from the truth; something that has been so all-consuming and entrenched in every thought of every waking minute does not simply disappear. In fact, it is probably exacerbated by the weight gain; being faced with having to let go of the discipline and control you prided yourself on for so long.

With support from the Butterfly Foundation, Jacqui Brooker is undertaking a 96km trek of Kokoda over nine days in April to raise funds, awareness and support for those living with eating disorders.

To show your support go to *chuffed.org/project/trekking-kokoda-96km-in-9-days-for-eating-disorders* ■