

Article

# **Eating Disorders**

**Lets Challenge the  
Misconceptions.**

**Kel O'Neill**

## About Kel O'Neill

Kel O'Neill is a Counsellor and Trainer with a special interest in the area of Eating Disorders, and she has spent much of the last 10 years working in this field in a variety of roles and is ever passionate about sharing her experiences and using her knowledge for the benefit of others.

As a Counsellor, Kel works with eating disorder related concerns as well as a variety of other issues within her own private practice. In addition to this, she also provides occupational health cover, delivers sessions within a local school and this month she will be starting to work online with a well-known charity.



Kel provides a variety of workshops on this subject across the country which continue to receive great feedback – currently places are still available in Chester and Warrington. Dates will shortly be released for Chesterfield, Bristol and Essex and further information is available on [www.counsellingandtraining.co.uk](http://www.counsellingandtraining.co.uk).

Kel is currently offering a 20% discount to onlinevents viewers who attend her workshops, [please click here for more details](#).

## Eating Disorders – Lets Challenge the misconceptions.

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It pains me, that in today's society Eating Disorders are still so misunderstood, although there is no doubt that they are a complex subject. They can appear contradictory in nature and I appreciate that, for someone who has not themselves experienced such a disorder, they are immensely difficult to fully understand. However, Eating Disorders can kill. They destroy and take lives - not just those of the sufferers but those of their family and friends as well. Is it not time we set the record straight?

I don't profess to have all the answers - I am but one woman, one voice, one entirely unique experience. Nor do I expect readers to take my words as gospel, although I sincerely hope that you will at least pause long enough to consider their validity. I talk from a position of full recovery and my argument is my honest interpretation of my own experiences. I unashamedly wish to use that experience in the hope of effecting change; a change for the better for all those who currently do, or who in the future will, suffer these terrible disorders - and the confusion and judgmental attitudes that surround them.

You only have to flip through a newspaper, or a women's magazine to find an article about Eating Disorders (ED). It is highly likely that the story will be about Anorexia Nervosa (actually the least common of the EDs) and will be strewn with references to size 0 celebrities as the cause of the current 'epidemic' studded with pictures of someone in their underwear looking emaciated and vulnerable. This does not represent the truth and yet, we take it to be such. You notice that I have said 'we'. I do so quite deliberately, because, before falling into the depth of this illness, I too believed the picture that is portrayed by the media.

It is not my desire to ascribe blame to anyone. More often than not the media have honourable intentions and the people whose stories are being told will be as truthful as they can be. Being prepared to relate their experiences at all is both admirable and very brave of

them. However, I feel that frequently the questions that are asked by journalists will result in only a small amount of the truth being revealed, with the rest being largely forgotten about and hence unheard.

It is true that, in the depths of my eating disorder, I counted calories. I lacked both self-acceptance and self-esteem and I obsessed about my appearance. This obsession consumed my living every day. It was likely to be the topic of the majority of any conversations I engaged in and, for all who witnessed it was what my Eating Disorder was all about.

I understand how this is quickly taken to mean that I was engaging in some extreme form of a diet; a vanity-fuelled aim for some society-created notion of a physical ideal. But I wasn't. That was merely a distraction from the real and underlying truth. It was a desperate attempt to cope with my life.

There is a growing body of opinion that ED's are addictions. They are addictions which are very much like those suffered by someone who has a dependency on alcohol or other drugs. Food (or lack of it, depending on which ED you have) becomes your drug. Someone with an alcohol addiction might drink to help them forget about some aspect(s) of their life. Similarly someone with Anorexia might starve themselves in order to hide from their pain; to escape from their life. It becomes their coping mechanism.

Inevitably, the reality will be even more complex. Behind the façade, psychology, sociology, and biology will all be interacting in intricate and individual ways. But, I am trying to show what an ED is really about...and I am hoping that by the end of this you can empathise a little more with the ED sufferer and can begin to see the genuine truth – that the real issue isn't a 'size 0 culture', or a person simply having body image issues.

Of course, the issues that trigger the ED (or any other addiction) are as unique as the individual. There are likely to be multiple factors – many of which may be beyond the awareness of the sufferer. Issues which are known to trigger an ED include experiences such as bullying or abuse, feeling unable to meet expectations (whether self-imposed or from other people) and other life stressors such as divorce or bereavement. The list goes on and on. And research now tells us that all of this may only result in an ED in those people who are genetically predisposed in that way. None of this is about someone wanting to fit into some skinny jeans. And certainly none of these issues were 'caught' by looking at the pages of a fashion magazine!

Certainly low self-esteem and low self-worth are a central theme; but low self-esteem does not automatically equate to having issues with one's body image – it is something far deeper. From my own experience, I was obsessing about changing my body because that would be easier to achieve than figuring out how to change myself on the inside (involving aspects such as my sense of self, my identity, my love of myself). The process was subconscious but, in retrospect, I think that I must have seen things along the lines of a

choice between changing my body (which I perceived to be 'easy') or changing myself on the inside (something which might take years of painful soul searching and therapy) and something which I wasn't actually sure would even be a possible. When you live in pain every day and there are already the beginnings of an ED in your brain (as a result of life circumstances and biology) anyone – anyone – can quite easily fall into an ED. This can even happen to people like me who had never had any issues or preoccupations with body image.

When I had my ED, I had no comprehension of the damage I was doing to my body. It didn't even occur to me that I actually had an ED and hence I could not see that this coping mechanism was flawed and would become life threatening. By the time I did realise that my coping mechanism was in fact an ED, I felt that change would be just too difficult, maybe even impossible. If I were to find a way to give up my ED, then how the heck would I be able to cope with life? I really didn't think I could. At that moment, death seemed preferential to nourishing my body – because nourishing my body would mean that my brain function would return to normal and I'd then be left with the pain that my ED had been masking for me.

I hope that you can see that, for me and many others like me, an ED isn't 'a diet gone wrong' or a 'life style choice'. Instead it is a mental health issue. It isn't their weight that the person cares about - rather, it is that they are in huge emotional turmoil.

I am happy to concede that the link between ED's and the media must be founded in something, but I feel that it is more a sustaining factor rather than the cause itself. A drug addict might be able to convince themselves that what they are doing is necessary because, without their drug, they begin to withdraw; and withdrawal in some circumstances can in itself be life threatening. They rationalise that it must therefore be okay to be taking the drug. In a similar way, someone with an ED will look to magazines filled with diets and thin, air-brushed models and, in doing so, will be able to reassure themselves that what they're doing "isn't that bad". "Surely, those people (the models) maintain that low weight too, so it can't be that dangerous, can it?" The sufferer also considers that without this coping mechanism they would be in an even worse off position. This is, of course, false logic; their emotions are survivable and the ED or addiction is itself potentially life threatening. Thinking like this is central to the illness being maintained and recovery being feared. This would still happen in some form even if thin models weren't widely viewable. Viewing such images certainly doesn't help, but it cannot to be blamed as a prime cause of the problem.

As a hypothesis based on my own experience, I do wonder whether, aided by this media-ED link, people may turn to ED's as an alternative to using drugs and alcohol – after all, extreme dieting seems much more 'acceptable' to us and thus the expression of emotion by means of a coping mechanism that can be hidden as a diet becomes a much more socially acceptable form of escapism than are drugs. Perhaps this is the link – and it has just been misinterpreted. If it is true, then it would mean that abruptly stopping the use of

underweight models or the publication of extreme diets would NOT 'cure' EDs. Perhaps it would be the case that they would then just manifest more frequently via other, equally unhealthy coping mechanisms or might even manifest in entirely different forms of mental illness.

History tells us EDs are not a recent phenomenon; the diagnosis of them far predates the 21st century. The reports of sudden increases in cases of ED are much more likely to be a product of medical professionals who now recognise the disorder when it is presented to them, as a result of a generally increased awareness of such things. However, if there truly is some increase, then I do wonder if my hypothesis could be a part of it. And, if this is indeed so, then what we really should be doing is looking more closely at the factors which can lead people into requiring such unhealthy ways of coping.

A willingness to make judgments of ED's as 'a diet gone wrong' (or similar) sadly exists even within some of the treatment services. Too many services focus heavily (sometimes solely) on food and weight, to the detriment of the recovery process. I know of this, both from my own experience, and from the accounts of many wonderful friends – people across Britain (and even further) – and from clients who have suffered from an ED and have accessed treatment.

When the professional who is involved in your treatment sits with you and talks to you only about your weight and your food intake, when their first desire is to weigh you and their sole goal appears to be to restore your weight to 'within a healthy range' (be that by means of weight gain, weight loss, or stabilisation), all that is achieved is to reinforce the sufferer's internal belief that the answer to their pain lies in obsession with weight and calories. It says that happiness can be found in a number on a scale. This 'treatment', though probably provided by a mental health team, is not actually attending to the person's mental wellbeing. So, do they believe that they are treating a disorder in a person's mental health by giving them a meal plan? How can that ever help to fix the internal pain – which as we have already established is not really even about body image?

The focus needs to be taken OFF the weight and the food in order for the sufferer to move forward. Someone with an ED can't avoid their addiction - after all, we need food to live - but similarly, living a life-time following a meal plan in order to regulate your eating cannot be the answer. It would permit the emotional struggle to go on - very similarly, I guess, to someone with a drug addiction who is being maintained via prescriptions. Should the aim of treatment not be to achieve a full recovery?

I understand that physical health is equally important; that it's actually essential in order to maintain full mental wellbeing – but services that tend to concentrate only on the physical are missing out the most important part of treatment. They need to aid the sufferer in finding a way to verbalise their pain, to process it, and to cope with it in healthier ways. Only with both prongs of the treatment, physical AND mental, is a person ever going to attain a full recovery, without relapsing back into EDs or other unhealthy behaviours.

I really don't intend to generalise. I have met many professionals who have wonderful insights and offer great treatment and support. The problem is that the damage being caused by a failure to provide full treatment currently outweighs the good which is being done by these other enlightened professionals. If mental health/ED professionals aren't getting it right – then we can't really blame the general public (or the media!) for their misunderstanding of these disorders. I guess it just goes to show how widespread the misunderstanding is.

I really don't want to attack anyone with these words – it's just that I am aware of so much hurt that exists and I fear for those who still struggle with EDs and who are not being offered the treatment they need to enable them to live full, happy, healthy lives. And, with the right support, I believe that this is truly possible for EVERY sufferer.

Perhaps some of the misunderstanding is more a miscommunication; if someone with an ED is saying "I can't eat" or "I binge/I purge", and then a service responds with a meal plan, then they are just reacting to that. Regrettably, it seems that, for whatever reason, there is rarely an opportunity to ask the sufferer, "Why?" Of course, it is easier and more comprehensible in a diet-obsessed society to imagine that this person with an ED is in fact struggling with a body image problem: we have established that. And, making such a complex disorder easier to understand to the general population is certainly a good thing – it just seems to me that, in that endeavour, a grave mistake was made (and has subsequently been projected) in expressing what EDs are really about. A lot of work will be needed if we are to rectify this.

So, for the record and one last time: Eating disorders are complex mental health illnesses, which can result in poor physical health. It is not the other way around. They are caused by great internal pain and some genetic predisposition; they are not the result of a 'size 0 celebrity culture'. There is no 'cure', but our energies could be much more valuably used in attempting to deal with the life circumstances that can trigger such problems (not to mention other mental health and addiction issues). The misconceptions in many cases are believed not only by the general public and the media, but they actually run so deep that even professionals are sometimes misinformed.

It's time we all stood up and challenged these misconceptions!