



The  
Renfrew Center  
Foundation

**LEARNING THE BASICS:  
AN INTRODUCTION  
TO EATING DISORDERS  
& BODY IMAGE ISSUES**

The Renfrew Center Foundation works to advance the education, prevention, research, and treatment of eating disorders. This is one of a series of publications produced by the Foundation to provide helpful information to the general public and healthcare professionals.

Note: While this brochure uses 'she' when referring to a person with an eating disorder, eating disorders are becoming increasingly prevalent among males and many, though not all, of their signs and symptoms are also applicable to men.



1-877-367-3383 | [www.renfrew.org](http://www.renfrew.org)

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# Eating Disorders: SIGNS & SYMPTOMS

## **A serious, even life-threatening, illness**

We live in a culture obsessed with thinness and dieting. This can make it difficult to recognize when a person's thinking or behavior has become dangerous.

Eating disorders are very serious and affect both physical and mental health. Left untreated, they can be fatal.

People with anorexia, bulimia, or binge eating disorder may exhibit some—though perhaps not all—of the signs and symptoms identified in this booklet. Learning to recognize these warning signs is the first step toward helping. And when you help, you may save someone's life.

You may suspect that someone you know is suffering from an eating disorder, but because people with eating disorders are often in denial, it's hard to be certain.

It could be your daughter, sister, mother, friend, or roommate. The person may try to hide it, but the focus of her everyday life revolves—obsessively—around food, weight, and shape. This obsession can take many forms. Some people try to starve themselves. Others binge and then try to counter this by purging. Still others may eat in an uncontrolled, frenzied way, beyond the point of being physically full.

## **The roots of eating disorders**

Eating disorders are complex illnesses with biological, genetic, psychological, social, and developmental roots. Many of the symptoms of eating disorders are secondary effects of

malnutrition, low weight, and dietary changes. It is important to keep in mind that there is never a single cause and that effective treatment must address a wide range of factors, including low self-esteem, depression, stress, abusive or troubled relationships, and social pressures to be thin. Over time, an eating disorder can often become a way to help manage painful feelings.

There is still a mistaken belief that eating disorders are only caused by societal pressures to be thin. While this may be a factor, we now know that the various types of eating disorders are associated with specific personality or temperament types. People who develop anorexia nervosa, for example, are often anxious and restrained. They tend to focus intensely on details and often impose impossibly perfectionist demands on themselves. In contrast, people with bulimia nervosa are more likely to impulsively act on whatever they may be thinking or feeling.

Emerging research strongly suggests that such underlying traits can put certain individuals at heightened risk for developing an eating disorder. The onset of the disorder often follows some sort of traumatic or distressing event. It may even be triggered in some individuals by a significant birthday, a transfer to a new school, feelings of competition and envy, or off-hand remarks about one's weight and looks.

### **Treatment begins with understanding**

Once an eating disorder has been recognized, it can be treated successfully.

This booklet will help you to understand eating disorders and offer suggestions for the ways in which you can help.

If, after reading this material, you believe someone you know may have an eating disorder, you can help save her life—with a call to The Renfrew Center at 1-800-RENFREW.

What is

# ANOREXIA?

Anorexia (clinically known as anorexia nervosa) is self-imposed starvation.

This potentially life-threatening disorder frequently develops in adolescence. Many of the signs and symptoms of anorexia are due to malnutrition. People with anorexia are often profoundly dissatisfied with their body image and usually express a strong desire to lose weight. One of the key features of this disorder is denial. Although people with anorexia are obsessed with food, they continually deny their hunger, and are not able to recognize that they are physically and emotionally fragile. Most people with anorexia also struggle with anxiety and low self-esteem and, in addition to food, may restrict other parts of their lives, such as relationships and social activities.

## **Warning signs of anorexia**

A person may have anorexia if she:

- Is thin and keeps getting thinner, losing 15% or more below her medically ideal body weight.
- Continues to diet or restrict foods even though she is not overweight.
- Has a distorted body image—feels fat no matter how thin she is.
- Is preoccupied with food, calories, nutrition, or cooking.
- Denies that she is hungry.
- Exercises obsessively.
- Weighs herself frequently.
- Complains about feeling bloated or nauseated even when she eats normal—or less than normal—quantities of food.
- Loses her hair or begins to experience thinning hair.
- Feels cold even though the temperature is normal or only slightly cool.
- Stops menstruating.
- Exhibits perfectionism, obsessive thinking, anxiety, and shyness.

What is

# BULIMIA?

Bulimia (clinically known as bulimia nervosa) is the repeated cycle of out-of-control eating followed by some form of purging. Like anorexia, bulimia is a serious and potentially life-threatening condition.

The purging associated with bulimia may be self-induced vomiting, excessive use of laxatives or diuretics, or obsessive exercising. People with bulimia are preoccupied with their shape, weight, and body image as a source self-esteem. Women with bulimia often feel out of control in other areas of their lives in addition to food. They may spend money excessively, abuse drugs or alcohol, or engage in chaotic relationships.

Bulimia can have severe medical consequences including dental and esophageal problems, kidney damage, chemical imbalance, and an overall loss of energy and vitality.

## **Warning signs of bulimia**

A person may have bulimia if she:

- Engages in binge eating and cannot voluntarily stop.
- Reacts to emotional stress by overeating.
- Feels guilty or ashamed about eating.
- Is obsessively concerned about weight, body image, and shape.
- Attempts to adhere to diets, but generally fails.
- Uses the bathroom frequently after meals.
- Feels out of control.
- Experiences frequent fluctuations in weight.
- Has menstrual irregularities.
- Has swollen glands.
- May be at a normal weight for her age and height.
- Exhibits impulsive behavior, moodiness, and depression.

What is

# BINGE EATING DISORDER?

Often referred to as compulsive overeating, binge eating disorder can affect women or men, though it appears more often in women.

People with binge eating disorder suffer from episodes of uncontrolled eating or bingeing followed by periods of guilt and depression. A binge is marked by the consumption of large amounts of food, sometimes accompanied by a pressured, “frenzied” feeling. Frequently, a binge eater continues to eat even after she becomes uncomfortably full. Unlike bulimia nervosa, binge eating disorder does not involve purging, excessive exercise, or other compensatory behaviors.

Binge eating can lead to obesity and being overweight and associated problems such as high cholesterol, diabetes, heart disease, and depression.

## **Warning signs of binge eating disorder**

A person may be suffering from binge eating disorder if she:

- Eats large amounts of food when not physically hungry.
- Eats much more rapidly than normal.
- Eats to the point of feeling uncomfortably full.
- Often eats alone because of shame or embarrassment.
- Has feelings of depression, disgust, or guilt after eating.
- Has a history of marked weight fluctuations.
- Is profoundly unhappy with her body image and may avoid even pleasurable activities.

# How to HELP A LOVED ONE

## With an Eating Disorder

First, understand that eating disorders are not just fads, phases, lifestyle choices, or trivial eccentricities. They are extremely serious diseases that have the highest mortality rate of any psychiatric disorder.

Patients with eating disorders deserve and require professional evaluation, diagnosis, and treatment. If someone close to you had cancer, you would do everything in your power to get them the finest professional care available. Eating disorders require that same level of treatment.

Eating disorders can cripple both body and mind. People with eating disorders typically struggle with intense self criticism, often in the form of profound body dissatisfaction and anxiety. No matter how much you may care for a person, you cannot fix those things. That is a job for physicians, psychologists, and other mental health professionals trained to work with patients with eating disorders.

### **Ways you can help**

One of the most common features of eating disorders is a lack of self-awareness that prevents people from recognizing that they are in trouble; indeed, many are openly protective of their disorder. Keep this in mind when you think about approaching someone with your concerns.

Restoring weight in women with anorexia and normalizing eating in women with any eating disorder are essential first steps in treatment. Recovery means much more than replacing dieting, binge eating, and purging with healthy eating. It also means identifying the dynamics, thoughts, and behaviors that underlie disordered eating, and working to resolve them. The process requires a level of skill, sensitivity, and experience that only trained medical and mental health professionals can provide.

Does this mean there is nothing you can do to help? Not at all. There is much a patient's parents, family, or friends can do in collaboration with a mental health professional. For teens and adolescents, it is essential for parents to play an active role in restoring healthy eating. What you cannot be is a trained clinician. That means your primary focus should be to encourage the person to talk things over with a physician or counselor. If ongoing treatment is advised, you can encourage the person to begin treatment and stay with it until the problem is resolved.

### **Overcoming barriers**

The greatest obstacle will be convincing the person to admit she has a problem. At first, there may be denial. She may be ashamed and not want to admit the behavior. She will be afraid of becoming "fat" and will likely resist any effort to convince her to gain weight or stop bingeing and purging. Patients often tell us that their eating disorder is controlling them and that they have lost the ability to make the decision to stop using eating disorder behaviors. The reluctance to both change behavior and to accept advice are part of the illness itself.

Here are some suggestions to help you talk to someone who has mixed feelings about accepting help for an eating disorder:

## **Things to do**

***Be kind.*** Talk to the person when you are calm, not frustrated or emotional. Keep in mind that the person with an eating disorder may feel especially sensitive to real or perceived criticism, irritation, or rejection.

***Be positive.*** Mention evidence you have heard or seen in her behavior that suggests disordered eating. Don't dwell on appearance or weight. Instead, talk about health, relationships and mood.

***Be realistic.*** Realize that she can't change without motivation and support. You can help her identify the positive reasons for changing and some of the negative consequences of remaining unchanged.

***Be helpful.*** Provide information. Show her Renfrew's website ([www.renfrewcenter.com](http://www.renfrewcenter.com)).

***Be supportive and caring.*** Be a good listener and don't give advice unless you are asked to do so. Don't be put off if she doesn't immediately appreciate your advice.

***Be patient.*** Continue to suggest professional help. Don't pester, but don't give up either. If the discussion becomes too tense or uncomfortable, take a break and let her know that you will be coming back to her to continue the discussion.

Ask: "Is doing what you are doing really working to get you what you want?"

Talk about the advantages of recovery and a normal life.

Agree that recovery is hard, but emphasize that many people have achieved it.

If she is frightened to see a counselor, offer to go with her the first time.

Realize that recovery is her responsibility, not yours.

***Resist guilt.*** Do the best you can and then be gentle with yourself.

## **Things NOT to do**

Never nag, plead, beg, bribe, threaten, or manipulate. These approaches don't work.

Avoid power struggles. Express your own concerns and feelings without expecting her to agree with you.

Never criticize or shame. Most people with eating disorders already feel ashamed and guilty. You may make it harder for her to open up about her eating disorder.

Don't ignore the problem and its warning signs. Take action.

Don't try to control. Your task is to help her come to her own realization that some things must change.

Don't waste time trying to reassure her that she is not fat. Feeling fat is rarely a rational assumption. It may be best to tell her you understand why she feels that way, while also reassuring her that you do not see her like that.

Don't get involved in endless conversations about weight, food, and calories. These discussions are usually unproductive. Help her identify the consequences of her choices and the positive benefits of change.

Don't give advice unless asked.

Don't be frustrated if she's not ready to heed your advice.

Don't say, "You are too thin." What you intend to be a warning she may see as a sign that she is achieving her goal.

Don't say, "It's good you have gained weight." Remember, weight gain may feel like a failure to her.

Don't let her always decide when, what, and where you will eat. Try to keep to your family's normal meal schedule. Constantly adapting to the demands of her eating disorder may keep her from recognizing that something is seriously wrong.

Don't ignore stolen food and evidence of purging. Insist on responsibility and emphasize that the disorder is leading her to make choices that are not like her healthy self.

Understanding

# BODY IMAGE

Problems

Poor body image is a sign of a vulnerability for developing an eating disorder. Improving body image is a crucial goal in the course of treatment and an essential factor in the full recovery from an eating disorder. For most adolescent and adult women in today's America, achieving the perfect body has become the dominant measure of self-worth. This unhealthy preoccupation with physical appearance and self-image is reflected in findings like these:

Four out of every five 10-year-olds are afraid of being fat.

80% of American women are dissatisfied with their appearance.

The average American woman is 5'4" and weighs 140 pounds.

Her "ideal," the average American model, is 5'11" and weighs 117.

35% of "normal" dieters progress to pathological dieting. Of those, 20-25% develop partial or full-syndrome eating disorders.

Americans spend over \$40 billion on dieting and diet-related products each year.

*(Source: National Eating Disorders Association, 2010.)*

Thinness has become a symbol of power, moral superiority, and even a measure of fitness/wellness itself. Unfortunately, few of us have peace of mind when it comes to our bodies and our appearance. No one is immune to the ever-changing cultural beauty standards and the pressures to be thin. Many women believe that their lives will be magically transformed when their goal weight or dress size has been reached. This keeps females of all ages caught up in the relentless pursuit of thinness—a quest that all too often results in body-shame and body-loathing,

low self-esteem, and body image disturbances.

Our goal is to provide you with information that will give you a better understanding of body image and how to promote a better body image for women of all sizes and shapes.

### **What is body image?**

Body image is an extremely complex concept. It goes far beyond simply feeling that “I love my body” or “I hate my body.”

Our body image begins to form at an early age and is influenced by our parents, caregivers, peers, and life experiences. The development of self-esteem, a strong identity, the capacity for pleasure, and the ability to connect emotionally to one’s self and to others are all linked to a positive body image.

Each of us has a picture of ourself in our mind’s eye.

That image, coupled with our belief about how others perceive us, constitutes our body image.

Body image also involves how we actually feel living in our bodies. Many women, although obsessed with their bodies or individual body parts, have actually cut themselves off from body feelings and sensations. Others continue to perceive themselves in outdated images left over from childhood. And most tend consistently to overestimate their own size and shape and punish themselves for falling short of perfection.

### **Signs of body image disturbance**

Body image problems occur along a continuum that ranges from mild dissatisfaction to severe body-hatred. Body image disturbance is generally seen in conjunction with self-esteem issues, depression, eating disorders, or sexual abuse.

A person may be suffering from body image disturbance if she:

- Is unable to accept a compliment.
- Is overly affected in her moods by how she thinks she looks.

- Constantly compares herself to others.
- Calls herself disparaging names—“Fat.” “Gross.” “Ugly.” “Flabby.”
- Attempts to create a “perfect” image.
- Seeks constant reassurance from others that her looks are acceptable.
- Consistently overstates the size of her body or body parts.
- Believes that if she could attain her goal weight or size, she would be able to accept herself.
- Subordinates her enjoyment of life’s pleasures or pursuit of personal goals to her drive for thinness.
- Equates thinness with beauty, success, perfection, happiness, confidence, and self-control.
- Compartmentalizes her body into parts (thighs, stomach, buttocks, hips, etc.) rather than feeling connected to her whole body.
- Has an ever-present fear of being fat—even if she is slim.
- Has an overriding sense of shame about herself and her body.

### **How to help a loved one with negative body image**

No matter what their size or shape, women can learn to make peace with their bodies through self-love and acceptance.

Recent studies indicate that self-esteem and body-esteem are very closely linked and have little relation to actual physical attractiveness. Thus, the true indicator of a good body image is high self-esteem—not the ability to fit into size 6 jeans.

Here are some ways you can help someone with a negative body image develop better body-esteem:

- Base your compliments on attributes other than size, weight, or shape.
- Minimize “diet” and weight talk.
- Never joke about or shame anyone because of her weight or size.

- Examine your own attitudes about weight and size.
- Raise your own and others' consciousness about the cultural bias regarding thinness.
- Believe that a person's body image distortion is real for her (not just attention-getting), and respond in an empathic manner.
- Be knowledgeable about professional resources for help. These include dietitians, psychologists, body image specialists, etc.
- Discourage dieting or weight-loss fads; instead, promote a wellness lifestyle.
- Don't equate thinness with happiness.
- Remember that there is no "ideal" body. Beautiful bodies come in all sizes and shapes.

If you or anyone you know is exhibiting the warning signs of anorexia, bulimia, or binge eating disorder, it is important to seek professional counseling as soon as possible. Research suggests that early intervention provides the best chance for full recovery. If untreated, these disorders can become part of a destructive cycle, which can continue for years and may eventually lead to death.

For body image disturbance, it is also imperative to seek treatment from an outpatient therapist or to join a support group. Individual therapy, nutritional counseling, group therapy, and more intensive structured programs are available at all Renfrew locations.



The Renfrew Center's

# PROGRAMS & SERVICES

## **RESIDENTIAL AND NON-RESIDENTIAL THERAPY PROGRAMS**

Since its founding in 1985, The Renfrew Center has been a pioneer in eating disorder treatment and research. The country's first residential facility, Renfrew was designed exclusively to give women the tools they need to succeed — in recovery and in life. Renfrew is unique among treatment centers in offering not only residential programs, but a full continuum of care which can provide the right level of structure and support for each individual. The ability to transition from one level of care to another facilitates recovery and can also help patients and families maximize insurance benefits.

The Renfrew Center offers the following comprehensive services at locations throughout the country:

### **Residential Program**

### **Transitional Living Program**

### **Day Treatment Program**

### **Intensive Outpatient Program (IOP)**

### **Outpatient Services**

## **Additional Information**

For more information about The Renfrew Center's treatment programs, call 1-800-RENFREW or visit the website at [www.renfrewcenter.com](http://www.renfrewcenter.com).

Confidentiality is strictly observed and most insurances are accepted.

## **Resources**

If you would like to receive a list of additional resources such as books and films, please call us at 1-800-RENFREW, fax us at 1-215-482-2695, or e-mail us at [info@renfrew.org](mailto:info@renfrew.org). You may write to us at: The Renfrew Center Foundation, 475 Spring Lane, Philadelphia, PA 19128.





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