



LEARNING THE BASICS:

An Introduction to Eating Disorders & Body Image Issues



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One of a series of publications produced by The Renfrew Center Foundation to provide helpful information to the general public and healthcare professionals.

The Renfrew Center Foundation works to advance education, research, advocacy, prevention, and treatment of eating disorders.

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Eating Disorders: Signs and Symptoms

A WORD ABOUT EATING DISORDERS

We live in a diet culture. Diet culture tells us that there is one way to be, look, eat, and move. It says that we're more worthy if our bodies look a certain way. Everywhere, we are bombarded with messages from advertisements to food labels to social media influencers which impact us on a cultural and personal level.

Since we live in this culture that is so inundated with the thin ideal, dieting, and fitness, it can be difficult to recognize when a person's thinking or behaviors related to food, body image, and movement have become dangerous. You may suspect someone in your life is struggling with disordered eating or an eating disorder, but not be certain.

Eating disorders affect people of all genders, sizes, ages, and cultural backgrounds. Your child, sibling, parent, partner, friend, or roommate could be struggling with these concerns. Many people with eating disorders may try to try to hide their symptoms, but their internal experience may revolve, often obsessively, around food, weight, shape, and exercise.

Some people restrict the quantity of food they consume. Others restrict the food groups they eat. Others may binge and sometimes compensate through some form of purging. Others may fast or exercise excessively. All of these symptoms can be very serious, and often impact individuals' physical, mental, and social wellbeing.



It's important to note that there is never a single cause for the development of an eating disorder. Eating disorders are complex illnesses with biological, genetic, psychological, social, and cultural roots. In other words, while diet culture plays a significant role in promoting unhealthy behaviors and ideals, there are many other factors that contribute to the development of eating concerns, including genetics, trauma, low self-esteem, and preceding anxiety and depression. Often, eating disorder symptoms can help individuals manage or avoid some of the painful feelings associated with these experiences.

People with eating disorders may exhibit some – though perhaps not all – of the signs and symptoms identified in this booklet. Familiarizing yourself with these warning signs can be the first step toward helping someone access the support they may need. Research shows that the sooner an eating disorder is detected and treated, the more likely they are to recover.

This booklet will help you to understand an array of eating and body image concerns and offer suggestions for the ways in which you can effectively communicate with and help those close to you.

If you know someone with an eating disorder and are looking for treatment options, you can call The Renfrew Center at **1-800-RENFREW** or visit our website at **www.renfrewcenter.com**.

WHAT IS ANOREXIA?

Anorexia, clinically known as Anorexia Nervosa, is characterized by self-imposed restriction and an intense fear of gaining weight.

It is a serious, potentially life-threatening disorder where individuals are obsessed with food, though continually deny their hunger. They are often profoundly dissatisfied with their body image and usually express a strong desire to lose weight.

It is important to note that these symptoms can occur in any body weight or size. Individuals can engage in restrictive eating behaviors without meeting the low weight criteria for this diagnosis of Anorexia Nervosa. This is known as Atypical Anorexia Nervosa, which carries with it the same health risks, psychological symptoms, and impacts on quality of life, including low blood pressure, osteoporosis, suicidal ideation, body dissatisfaction, insomnia, and low energy. AAN is discussed later in this booklet.

Warning Signs of Anorexia

Here are some of the common warning signs that indicate that a person may be suffering from anorexia.

- Constantly dieting
- Terrified of gaining weight and weighs themselves frequently
- Engages in food rituals (such as cutting food into tiny pieces, excessive condiment use, micro-biting, or eating foods in a specific order)
- Preoccupied with food, calories, nutrition, or cooking
- Denies that they are hungry
- Exercises excessively
- Loses their hair or begins to experience thinning hair
- Feels cold even though the temperature is normal/warm
- Stops menstruating (if applicable)
- Wears baggy clothes to hide their body
- Exhibits traits such as perfectionism, obsessive thinking, and anxiety
- Restricts other parts of their life such as relationships, social activities, or pleasure

WHAT IS BULIMIA?

Bulimia, clinically known as Bulimia Nervosa, is the repeated cycle of loss-of-control eating (binging) followed by some form of purging.

A binge episode is marked by the consumption of large amounts of food in a discrete period of time. The person reports feeling completely out of control during these episodes. Binge eating may also include eating rapidly, or eating past a comfortable point of fullness, and can be accompanied by a pressured, or frenzied feeling. The subsequent purging behavior is known as a compensatory behavior, and may come in the form of self-induced vomiting, excessive use of laxatives or diuretics, fasting, or obsessive exercising. While these behaviors often feel impulsive, they may also be planned and thought out as an avenue of avoiding painful emotions.

Bulimia can cause severe medical consequences including dental and esophageal problems, kidney damage, and electrolyte imbalances.

Warning Signs of Bulimia

Here are some of the common warning signs that a person may be suffering from bulimia nervosa.

- Eats large amounts of food and much more rapidly than normal
- Reacts to emotional stress by bingeing
- Feels guilty or ashamed about eating
- Uses the bathroom frequently after meals
- Has menstrual irregularities (if applicable)
- Experiences electrolyte imbalances
- Experiences inflammation or ruptures of the esophagus
- Experiences problems with their teeth
- Has swollen salivary glands and bloodshot eyes
- Spends excessive money on food
- Has traits such as impulsive behavior, moodiness, secretiveness, or feelings of being out of control
- Overemphasizes the impact of their body image on their self-esteem

WHAT IS BINGE EATING DISORDER?

Binge eating disorder is actually the most common eating disorder, more common than anorexia and bulimia combined.

People with binge eating disorder suffer from episodes of loss-of-control eating (bingeing), often followed by feelings of disgust, guilt, and shame. A binge is marked by the consumption of large amounts of food in a discrete period of time. A binge eating episode may also include eating past a comfortable point of fullness, eating alone, eating rapidly, and eating when not physically hungry. These patterns may follow a period of restriction and often provide short-term relief from painful emotions.

Binge eating can lead to severe medical problems including gastrointestinal issues, high cholesterol and blood pressure, diabetes, and heart disease.



Warning Signs of Binge Eating Disorder

Here are some of the common warning signs that suggest a person may be suffering from binge eating disorder.

- Eats large amounts of food and much more rapidly than normal
- Eats until the point of feeling uncomfortably full
- Often eats alone or in secret because of shame or embarrassment
- Engages in “performance eating” around others
- Diets and has a desire to lose weight
- Experiences feelings of shame, disgust or guilt after eating
- History of marked weight fluctuations
- Unhappy with their body image and may avoid even pleasurable activities



WHAT IS ARFID?

Avoidant Restrictive Food Intake Disorder (ARFID), once thought of as “extreme picky eating,” entails eating or feeding disturbances that can result in significant weight loss, nutritional deficiencies, or interference with day-to-day life. Individuals struggling with ARFID often fall into one or more of three subtypes that underscore their food avoidance: sensory characteristics of food, fear-based experiences (such as fears of choking or vomiting, sometimes due to traumatic past experiences), and low interest in eating. ARFID commonly co-occurs with neurodivergence and anxiety disorders.

ARFID can pose serious medical consequences, including malnutrition, chemical imbalance, and overall loss of energy and vitality.

Warning Signs of ARFID

Here are some of the common warning signs that suggest a person may be suffering from ARFID.

- Restricts the types or amounts of foods consumed
- Has issues with certain food textures, tastes, smells, and/or colors of foods
- Has consistent fears of choking or vomiting
- Experiences lack of appetite or interest in food
- Partakes in a limited variety of preferred foods that narrows over time

WHAT ABOUT SOME LESSER-KNOWN EDS?

In addition to these four eating disorders, there are additional lesser-known eating disorders that can be just as serious and impactful on someone's quality of life.

OSFED

Individuals may be diagnosed with Other Specified Feeding or Eating Disorder (OSFED) when their symptoms do not fall neatly into one of the four aforementioned diagnostic categories. This does not make someone with OSFED any less worthy of treatment and support; in fact, OSFED is one of the most common eating disorder diagnoses.

Diagnoses within OSFED can include Atypical Anorexia Nervosa, Purging Disorder, and Night Eating Syndrome. These are just a few examples; someone might also present in a different way. Essentially, if a person doesn't meet criteria for another eating disorder, they might be diagnosed with OSFED.

Orthorexia

While not an official diagnosis, Orthorexia Nervosa is an eating disorder characterized by an obsession with consuming only "clean" and "healthy" foods. Individuals struggling may follow extremely rigid rules about food in hopes of achieving health and wellness. Orthorexia can have serious medical consequences due to malnourishment, as well as social impacts on individuals due to their avoidance of restaurants and extensive time spent on preparing foods.

Diabulimia

Formally known as ED-DMT1, or "eating disorder with type 1 diabetes," Diabulimia is another life-threatening condition in which an individual intentionally manipulates their insulin for the purpose of weight loss or prevention of weight gain. Individuals with Diabulimia may experience medical problems related to elevated blood glucose, constant fatigue, and frequent episodes of Diabetic Ketoacidosis (DKA).

HOW TO HELP A LOVED ONE WITH AN EATING DISORDER

First, it is important to understand that eating disorders are serious medical and psychological concerns. **They have the second highest mortality rate of any mental health disorder.** They are not just fads, phases, or about vanity. Like any major illness, eating disorders deserve and require professional evaluation, diagnosis, and treatment.

Making the decision to recover from an eating disorder is likely one of the most difficult decisions a person will make in their lifetime. It's common for people to feel ambivalent, or have mixed feelings, about recovery, particularly when beginning treatment. Some may be in denial of the severity of their illness. Others may be protective of their eating disorder, as their symptoms may have provided a false sense of control, identity or achievement, and helped them cope with stress, hard emotions, or tough life events. Some patients have hidden their symptoms and may feel a lot of shame.

The root of ambivalence is often fear – there is a lot of change and uncertainty that can underscore the recovery journey, but with that often comes growth, discovery, freedom, and connection, as well. As a loved one, you can help support this journey by meeting your loved one where they are.

As a support person, you are already doing a great job by expanding your knowledge of eating disorders. This shows you care! However, getting professional help will give your loved one the best chance of getting better.

Recovery means much more than replacing restriction, binge eating, and purging with better habits. It also means identifying and addressing the underlying dynamics, emotional experiences, and behavioral patterns that have brought the person to disordered eating in the first place. This process requires skill, sensitivity, and training; that means it often involves the collaboration and expertise of medical providers, dietitians, and mental health professionals.



As a support person, your first focus should be to encourage your loved one to talk things over with one of these professionals. If, after an evaluation, ongoing treatment is advised, you can encourage the person to begin and stay in treatment for the suggested length of time. You'll be there by their side, and your ongoing and sustained support can be so essential for their success.

Recovering from an eating disorder takes time. There are no quick fixes or miracle cures, but patience, compassion, and reinforcement help pave the way for full recovery.



Things to Do

- Educate yourself on eating disorders so you are informed and equipped to help, avoid pitfalls, and cope with challenges.
- Talk to the person when you are calm. Keep in mind that your loved one with an eating disorder may feel especially sensitive to your criticism, irritation, or rejection. Be kind.
- Mention evidence you have observed that suggests your loved one is struggling with disordered eating. Don't focus on appearance or weight. Instead, talk about your concerns around their health, relationships, and mood. For example, you might say, "I've noticed XYZ" or "I feel XYZ."
- Be supportive and caring. You could say, "I might not understand exactly what you're going through, but if you're willing to share, I'm here to listen and to learn." Validate their emotions without judgment and don't give advice unless you are asked to do so. Don't be put off if they don't immediately appreciate your advice.
- Suggest (and continue to suggest) professional help. If the discussion becomes too tense or uncomfortable, take a break and let your loved one know that you will be coming back to continue the discussion. If they are frightened to see a therapist or dietitian, offer to go with them for the first visit.
- Acknowledge that recovery is difficult and that you're proud of them for how hard they are trying. You can even help your loved one identify the positive reasons for changing (the advantages of recovery) and some of the negative consequences of remaining unchanged.
- Throughout this process, take care of yourself! It's important not to neglect your own needs. Having an outlet to talk about your feelings (with a friend, support group, or therapist) as well as time to recharge are vital for your sustenance and wellbeing.

Things NOT to Do (And What to Do INSTEAD)

- Don't tell someone what to eat or how much to eat - leave that to the professionals!
- Never plead, beg, bribe, threaten or manipulate someone into seeking help.
- Never criticize or shame your loved one. Patients often feel ashamed and guilty when this happens. You may make it harder for them to open up about their eating disorder symptoms and emotional experiences in the future.
- Avoid offering simple solutions. Eating disorders are complex illnesses, and the answer is not as easy as "Just eat!" or "Just accept yourself!"
- Be mindful of triggers. Avoid discussions about food and weight.
- Don't assume that recovery will be linear. Ups and downs, and even relapses, can be part of the recovery process. Instead, encourage your loved one to approach recovery one day at a time.
- Do not blame yourself or feel you failed for missing warning signs. Be gentle and compassionate with yourself!
- Don't put pressure on your loved one, or pressure them to recover by a certain time. Focus on baby steps, small victories, and be open to multiple solutions.
- Don't say, "It's good you have gained (or lost) weight." Or "You look better/healthier." They may interpret these comments differently than you intended. You might instead say: "You seem more energized" or "I love seeing you channel your passion into XYZ."
- Don't overestimate what you can accomplish as a support person. Seek guidance and help from other friends, family members, or professional supports.

Understanding Diet Culture and Body Image Distress

A WORD ABOUT DIET CULTURE AND BODY IMAGE

In contemporary American society, achieving the perfect body has become a major measure of self-worth for many adolescents and adults. These alarming statistics reflect society's preoccupation with physical appearance and dieting:

- 46% of 9-11 year-olds are "sometimes" or "very often" on diets, and 82% of their families are "sometimes" or "very often" on diets.
- 50% of teens are "self-conscious" about their bodies; and 26.2% report being "dissatisfied."
- 35% of "normal dieters" progress to disordered eating. Of those, 20-25% progress to partial or full-blown eating disorders.
- Americans spend over \$60 billion on dieting and diet-related products each year.
- An estimated 9% of the U.S. population, or 28.8 million Americans, will have an eating disorder in their lifetime.

(Source: National Eating Disorders Association, 2008. & National Organization for Women, n.d.)

As explored earlier in this booklet, diet culture is a system of social beliefs that values thinness above all, often times equating it with beauty, health, success, and virtue. Simultaneously, diet culture devalues and denigrates people in larger bodies. These statistics may come as no surprise, given our society's proposition that if you're not thin, or dieting, that you are less worthy. No one is immune to these ever-changing cultural beauty standards and the subsequent pressures to shrink our bodies. This relentless pursuit often results in body-shame, body-loathing, and low self-esteem.



Our goal is to provide you with information that will give you a better understanding of body image, the cultural forces that impact our attitudes, and ways to shed these pressures and promote a better body image for people of all sizes and shapes.

WHAT IS BODY IMAGE?

Our body image begins to form at an early age and is influenced by our families, peers, cultures, and life experiences. The development of good self-esteem, a strong identity, and the ability to connect emotionally to oneself and to others are all linked to a neutral or positive body image.

Each of us has a picture of ourselves 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. Body image can be negative, neutral, positive, or a mixture of these attributes depending on the day, time, or situation.

SIGNS OF BODY IMAGE DISTURBANCE

Body dissatisfaction can occur when individuals experience a discrepancy between their subjective bodily perception and their ideal body image. These problems occur along a continuum that ranges from mild preoccupation and dissatisfaction to severe body hatred. Body image disturbance can exist in conjunction with eating disorders or on its own.

These warning signs may indicate that a problem exists if an individual:

- Is unable to accept a compliment.
- Constantly compares themselves to others.
- Calls themselves disparaging names – “gross,” “ugly,” or “disgusting.”
- Seeks constant reassurance from others that their looks are acceptable.
- Believes if they could attain their goal weight or size, they would accept themselves.
- Allows their drive for the perfect body to supersede all of life's pleasures or goals.
- Equates thinness or body ideals with beauty, success, perfection, happiness, confidence, health, and self-control.
- Compartmentalizes their body into parts – (thighs, stomach, etc.) rather than feeling connected to the whole body.
- Spends a frequent amount of time “body checking”, in mirrors or selfies, or through pinching skin, or measuring body parts.
- Only posts edited or re-shaped photos of themselves on social media, frequently changes their profile pictures, or avoids posting any photos of themselves at all.
- Has an overriding sense of shame and self-consciousness about themselves and their body.

HOW TO HELP A LOVED ONE WITH NEGATIVE BODY IMAGE

Making peace with one's body can be a powerful and healing experience. Over the decades, there have been several social movements dedicated to reframing the ways we think individually and collectively about our bodies. Some of these terms include body positivity, body neutrality, and body liberation.

- Body positivity encourages individuals to love their bodies regardless of shape, color, size, gender, or ability.
- Body neutrality acknowledges that a body is just a body. It de-emphasizes appearance by taking a nonjudgmental approach that promotes respect and care.
- Body liberation takes an intersectional approach, giving permission to live in one's body unapologetically, and free from the harmful concept that certain bodies are more worthy or desirable than others.

Depending on where you are in your body image journey, one word or approach may resonate best for you. Above all, our language and self-talk can have the most profound impact on ourselves and our loved ones.



The following suggestions can help promote better body-esteem for everybody:

- Examine your own attitudes and beliefs about weight and size. Unpack and confront internalized anti-fat biases, and any of the harmful messages you have absorbed.
- Educate yourself on some of the historical roots of diet culture. You will find how diet culture is grounded in many systems of oppression, such as racism and sexism. Share this information to raise others' consciousness about the cultural bias for thinness.
- Introduce gentler approaches to physical wellbeing in your life. Learning more about intuitive eating and joyful movement are two great places to start.
- Believe that a person's body distortion is real (not just attention-seeking) and respond in an empathetic manner.
- Seek out professional resources for help. These include dietitians, therapists, body image specialists, and support groups.
- Discourage dieting or weight-loss fads, and instead, encourage an approach to health that is holistic and encompasses mental, social, and physical wellbeing.
- Base compliments on attributes other than appearance. Celebrate non-physical traits you admire in both you and others, such as personality traits, core values, or interests.
- Unlearn the idea that there is an "ideal" body. Despite the messages and products we are sold, bodies of all sizes, shapes, colors, and abilities are worthy of care and respect.
- If you use social media, curate your feed to include a diverse array of people, including people of different sizes, shapes, and abilities.

RENFREW PROGRAMS AND SERVICES



If you or anyone you know is exhibiting the warning signs of any of these aforementioned eating disorders, it is important to seek professional help as soon as possible. Ongoing research suggests that early intervention offers the best chance for full recovery.

For those experiencing body image disturbance, but perhaps not a full-blown clinical disorder, it is still important to seek support from an outpatient therapist or join a support group. Individual therapy, nutritional counseling, group therapy and more intensive, structured programs are available at all Renfrew locations.

RESIDENTIAL AND OUTPATIENT THERAPY

Many individuals who have an eating disorder seek help from an outpatient team. Others require what is called a higher level of care, such as a residential, day treatment, or intensive outpatient program.

The Renfrew Center's residential programs in Philadelphia, PA and Coconut Creek, FL have helped thousands of individuals work toward recovery in a homelike atmosphere.

The Renfrew Center also offers outpatient services in Philadelphia - Center City, Radnor, and Pittsburgh, PA; Orlando and West Palm Beach, FL; New York City and White Plains, NY; Baltimore and Bethesda, MD; Paramus and Mount Laurel, NJ; Charlotte, NC; Nashville, TN, Atlanta, GA, Los Angeles, CA, Boston, MA, and Chicago, IL.



Philadelphia - Spring Lane, PA



Coconut Creek, FL

Through our Renfrew@Home program, individuals in over 30 states can access virtual care that mirrors the day treatment and intensive outpatient treatment provided in our brick-and-mortar locations.

Additionally, The Renfrew Center can also provide you referrals for eating disorder professionals in your area.

ADDITIONAL INFORMATION

For more information about programs, call The Renfrew Center at **1-800-RENFREW** or visit our web site at **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 podcasts, please call us at **1-800-RENFREW**, fax us at **1-215-482-2695**, or e-mail us at **info@renfrewcenter.com**.

You may write to us at:

**The Renfrew Center Foundation,
475 Spring Lane, Philadelphia, PA 19128.**

