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The Binge Eating Prevention Plan

EATING DISORDERS

13 Reasons Why You Shouldn't Ignore an Eating Disorder

Eating disorders put 28.8 million Americans in danger.

Posted March 23, 2021

 Reviewed by Chloe Williams



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- Although there is a lot of information available about eating disorders, many people still mistake the symptoms for a lifestyle choice.
 - Eating disorders are among the most lethal of psychiatric conditions, but they are treatable.
 - Some reasons to pay attention to signs of eating disorders include the fact that they often interfere with development and can lead to medical problems, such as low heart rate, loss of menstrual periods, and hair loss.
 - Eating disorders also interfere with relationships, prevent people from leading meaningful lives and get

This post was written by Gia Marson, E.d.D.



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Despite so much readily available information about eating disorders, many people still mistakenly believe that the symptoms are a lifestyle choice. The truth is that under-diagnosing and putting off seeking treatment can lead to the worst-case scenario: death.

If you are struggling with symptoms of anorexia nervosa, bulimia nervosa, or binge eating disorder, reach out to a therapist, registered dietitian, or medical doctor for help to recover and begin to develop healthy eating habits—even if you're feeling ambivalent about recovery.

Here are some reasons why you shouldn't ignore your symptoms.

1. Eating disorders are serious but treatable.

recovery. Treatment can require weight restoration or medical stabilization in a hospital. Eating disorders are among the most lethal of psychiatric disorders, even more so for males.

2. Eating disorders interfere with development.

For most people, the onset of eating disorder symptoms occurs between ages 12 and 25, when vital healthy physical growth can be stunted due to starvation. Equally stunted, however, is cognitive, emotional, and social growth. The persistent, intense fear of weight gain; abiding by rigid food rules; obsessively thinking about food, weight, or muscles; binge eating; compulsive exercise; purging; or constant body checking can get in the way of tackling typical challenges that are part of the developmental process. These compromised developmental events may include attending high school or college; establishing meaningful, reliable work; bonding with friends and romantic partners; engaging in spiritual exploration; developing a cohesive, authentic identity; participating in athletics; or identifying activities that bring you joy.

3. Eating disorders can lead to medical problems.

Some of the medical risks for those with eating disorders include: low heart rate and blood pressure, slowed digestion, low body temperature, rapid heart rate with minimal exertion, loss of menstrual periods, low testosterone levels, constipation, irritable bowel syndrome, pelvic floor dysfunction, low bone density, low white and red blood cells, low platelets, liver and kidney dysfunction, abnormal electrolytes, dehydration, weakness, fragile skin, and hair loss. For those who are underweight and for those who have

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4. Eating disorders can ruin relationships.

Placing your focus on restricting food or attempting to do so may be a maladaptive coping mechanism to avoid social rejection or deal with isolation. But that avoidance prevents you from engaging in the necessary trial and error that is inherent in forming close, mutually satisfying, and supportive relationships. Although eating disorders can affect your relationships, working on increasing interpersonal flexibility, building relational skills, and tolerating perceptions of social threat or rejection can help you develop skills to develop and maintain bonds with others.

“The quality of our relationships determines the quality of our lives... The strongest protective factors against hardship are our relationships. I believe that human connection has transformative power in all aspects of our lives.”

—Esther Perel

perfectionism.

It can be exhausting to constantly think about food, BMI, calories, weight, portion size, exchanges, food rules, body shape, what you ate earlier in the day, and what you “have left.” If you are psychologically trapped by obsessive, all-or-nothing thoughts, they may be driving and maintaining your symptoms.

THE BASICS

What Are Eating Disorders?

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Inevitably, this type of polarized thinking—such as, “I blew it,” “I might as well give up,” or “I’m a failure”—leads to distressing emotions, because maintaining perfection is impossible. Changing how you think and how you handle your thoughts will benefit your mental health. You can pave the way for recovery by increasing cognitive flexibility, helpful thinking habits, treating yourself with kindness and patience, and focusing on learning and growth rather than obsessively striving to reach an impossible standard of perfection.

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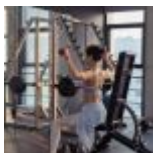
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6. Bodies can be healthy or unhealthy at all sizes and shapes.

Concepts such as “the thin ideal,” “the muscular-oriented ideal,” a “normal” body size, a “perfect” shape, and a “healthy” weight are based on BMI, fads, advertisers, and socially constructed standards that are outdated, unrealistic, gendered, and racially biased.

EATING DISORDERS ESSENTIAL READS



Reproductive Dysfunction and Eating Disorders



The Coexistence of Eating Disorders and Celiac Disease

Did you know that BMI was thought up in the 1830s by mathematician Adolphe Quetelet, who aimed to describe the characteristics of l’homme moyen—the average French and Scottish man—who he thought of as ideal? It does not take into account athleticism, age, gender, race, and other differences.

When it comes to understanding family influence on eating disorders, it is helpful to know that families and the people who love you can be your strongest allies in the recovery process, even when they are imperfect. In fact, one primary evidence-based treatment for eating disorders is family-based therapy (FBT), an approach that empowers caregivers to provide nutritional and behavioral guidance and support for recovery.

Furthermore, when it comes to developing an eating disorder, genetics play a major role but do not make it inevitable that you will develop an eating disorder. You can learn to tackle your unique combination of risk factors for eating disorders, including any biological, social, and psychological factors that can trigger the onset of symptoms.

8. Eating disorders get in the way of healthy emotion management.

If you have binge eating episodes, you may experience an improved mood afterward. But it probably doesn't last. Anorexia nervosa may make it difficult to even identify emotions when you experience them. No matter how an eating disorder may seem to help you deal with difficult emotions, you will be better off after you learn how to stop binge eating, restricting, and over-emphasizing weight and shape concerns. Using eating disorder behaviors to manage your emotions is not sustainable and it thwarts your emotional growth.

9. Eating disorders may be an attempt to cope with trauma or grief.

your hurtful past experiences. It can only push them aside temporarily. Finding a more adaptive strategy to cope with the underlying trauma or grief is paramount.

10. Eating disorders push your body into survival mode.

Restricting behaviors often trigger a complex set of biological and psychological changes designed to sustain your life. Your mind and body will not recognize the restriction of food or over-exercise as “healthy.” They will assume that you are in a famine with no access to food and begin to make adaptive changes by slowing some functions and cutting out others. You may notice that you stop menstruating or have a decrease in testosterone, your heart may try to conserve energy by not circulating blood flow to your fingertips, and you may begin to get constipated because your gastrointestinal system is moving slowly—to name just some effects. This is your body’s way of attempting to balance its demand for energy with its supply.

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away: our own voice. Our ability to make decisions about what to eat and when. Our belief in ourselves. Our right to decide what goes into our mouths. Unlike the diets... your body is reliable. It doesn't go away, get lost, stolen. If you will listen, it will speak."

— Geneen Roth

11. Eating disorders don't support a values-based life.

This is your life. What do you really want? Is it to be happy and healthy? Become educated or develop a skill? Make a difference in the world? Have close, supportive relationships? Fall in love? Enjoy time with pets or sports? Have a spiritual life? Connect with nature? Eating disorders can interfere in each of these.

The longest running study on happiness at Harvard gives insight into what brings true happiness and best health: satisfying, supportive relationships. Living according to your values and tending to your relationships are important forms of self-care. When an eating disorder derails your concentration with an overfocus on weight, shape, eating, muscles, or exercise, you have less energy to pay attention to your personal values.

12. The worst day in recovery is better than the best day with an eating disorder.

If you read blog posts written by people who have recovered, you will hear the statement above resound in their messages.

and worth the effort.

13. Asking for help is an advanced skill for life.

It can be difficult to admit to yourself and others that you are struggling. However, acknowledging where you are right now is the first step to changing your future.

“Dependence starts when we are born and lasts until we die. We accept our dependence as babies and ultimately, with varying degrees of resistance, we accept help when we get to the end of our lives. But in the middle of our lives, we mistakenly fall prey to the myth that successful people are those that help rather than need, and broken people need rather than help.”

—Brené Brown, *Rising Strong*

If you have symptoms of an eating disorder, don't let a reluctance to ask for help or ambivalence stop you. It is not uncommon to be uncertain about your readiness to recover when you make an appointment with a health professional with an expertise in treating eating disorders. You can also check out resources from the Academy for Eating Disorders, F.E.A.S.T. (Families Empowered And Supporting Treatment for Eating Disorders), the National Eating Disorders Association, or other reputable organizations.

References

Chesney, E., Goodwin, G. M., & Fazel, S. (2014). *Risks of all-cause and suicide mortality in mental disorders: A meta-review*. *World Psychiatry*, 13(2), 153–160.

Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-di...>

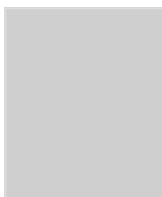
Endocrine Society. (2009). *Widely used body fat measurements overestimate fatness in african-americans, study finds*. ScienceDaily, 22 June 2009. <https://www.sciencedaily.com/releases/2009/06/090611142407.htm>.

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Gia Marson, Ed.D., and **Danielle Keenan-Miller, Ph.D.**, are co-authors of *The Binge Eating Prevention Workbook*.

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