

EATING DISORDERS IN 2021

Psychologist **Isabelle Hung** looks at how 2020 was a difficult year for those with eating disorders and how, in 2021, you can help clients to develop a healthier relationship with food.

January is always a busy time for fitness professionals and the diet industry following the month-long binge that is December and the subsequent obsession with weight-focused New Year's resolutions. This year, we can anticipate an even greater influx of clients as people have not exercised enough during COVID-19, and those with eating disorders will have faced a number of additional challenges over the last nine plus months.

As a psychologist, eating disorders, eating

habits or the issue of weight is a topic I encounter with nearly every female client. Women want to improve the appearance of their body, in part through diet. This leads to feelings of guilt around the quantity they eat and the type of food they have eaten. Within our sessions, I am frequently asked about how to have more discipline around food.

I do not want to limit this issue to women already seeking therapeutic help – we will know many women and men who have been on a diet or who are always on a diet. We

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Learn about the triggers that lead to overeating and direct clients to resources that move away from diet”

ourselves have probably been on a diet and experienced 'guilt' and thoughts of 'never again' after one too many helpings of pizza. In fact, roughly half of all Brits tried to lose weight in the last year alone!

Once on a diet, the outcomes are pretty grim: 95% of all diets fail, with people regaining the weight – or even putting on more weight than they lost – within one to five years^{2,3}. These people, despite regularly feeling bad about their eating, would not meet the criteria for an eating disorder.

So, at what point does a diet become an eating disorder?

■ Definitions of eating disorders

An eating disorder can be considered to be any unhealthy eating habit that becomes obsessive and interferes with someone's ability to live as they would like. Of those with an eating disorder, 3% have anorexia nervosa, 12% have bulimia nervosa, 47% have binge-eating disorder and 38% have other eating disorders⁴.

Most people are familiar with the diagnosis of anorexia, when there is an extreme restricting of the intake of food driven by a fear of gaining weight. People with this disorder will be underweight.

By contrast, bulimia nervosa involves losing control over the intake of food, having a bingeing episode and then trying to purge the calories through vomiting, enemas, laxatives, fasting or extreme exercise. Individuals with bulimia can be underweight, normal weight or overweight. ■■■▶

Similarly, binge-eating disorder involves the loss of control over one's eating but it is not followed by an attempt to purge the food. Individuals in this group will tend to be overweight.

Finally, there are all the other eating disorders and new ones coming up regularly. Three such examples are: avoidant/restrictive food intake disorder (ARFID), which is characterised by strict adherence to a limited repertoire of foods; orthorexia nervosa, a term used by renowned doctor Steven Bratman to describe an obsession with a 'pure' diet, in which people develop an obsession with avoiding unhealthy foods to the point where it interferes with their life; and drunkorexia, which is commonly characterised by purposefully restricting food intake in order to reserve food calories for alcoholic calories, exercising excessively in order to burn calories from drinking and over-drinking alcohol in order to purge previously consumed food.

There are so many new types of labelling of unhealthy eating, it really is simpler just to enquire about someone's attitudes to eating, whether it is affecting their health, whether there appears to be an obsession around eating and whether they feel distressed about their eating.

Eating disorders and COVID-19

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subsequent COVID-19 special measures.

A recent study⁵ of 1,000 people based in the US and Netherlands asked people with a range of eating disorders a range of online questions about their eating disorders: those with anorexia nervosa reported an increase in their restrictive eating (62% US and 69% NL) and there was an increase in binge eating (30% US and 15% NL).

Psychologically, eating disorders are in part about control, something which we simply do not have during the pandemic and still don't have now. Under stressful situations, people turn to eating as a way of coping and, with so many other things closed and people not being able to see each other, eating (or not eating) was the only coping mechanism open to them.

Then there were some of the practical reasons leading to a worsening of eating

disorders. People could not access the food they wanted or that was on their meal plans (healthy or otherwise) and could not rely on their usual purging methods, as gyms were closed and it was harder to get laxatives. In other cases, people stockpiled 'high-risk foods' and so had more to binge on. Others just ate too much as there was nothing to distract them from the urge of eating, such as work or social commitments.

Another reason for the deterioration in eating disorders is that services have been dramatically reduced to adhere to social distancing measures. If we take anorexia, the treatment requires staying at a facility that monitors the meals. Alternatively, individuals come into a centre at meal times for group eating. These are notoriously difficult times where people with anorexia have someone to help them eat.

It may be difficult to imagine that putting a piece of food in one's mouth is a battle but, for those with anorexia nervosa, having other people there to counter an irrational and yet powerful voice in their head is essential and the treatment method with the best results.

There is also evidence that face-to-face therapy is important for all eating disorders, in order to understand the unhelpful and distorted thoughts and beliefs around one's appearance, the importance of appearance and one's eating. Anorexia nervosa, bulimia nervosa and binge-eating disorders also have programmes where they help families eat together. This enables the parents of a teenage child with a disorder to stay calm if there is an anger/anxiety outburst around food and helps them with what they can say that will actually be encouraging. These have been suspended during this COVID-19.

Efforts around the world have been made to try and offer this support via telemedicine but indications from the Termorshuizen *et al* study⁵ mentioned above found patients did not find this type of support as helpful.

Role of a fitness professional

December is a really difficult time for people with eating disorders. Having struggled to access food and services, they will have had little control over food at Christmas. Over this period, bingeing is even harder to resist and the stress for those with anorexia to hide their lack of eating is intensified.

If you are working with someone who has made a significant financial investment in training sessions, a large proportion of these people will have some unhealthy thoughts about food. The very fact that they may be dieting will make them more vulnerable to having an eating disorder.

You yourself as a fitness professional may passionately believe that certain food groups, such as unrefined sugar, should be avoided at all costs, especially as someone is paying you to help them lose weight. Watching someone eat unhealthily after you have put effort into advising them about their diet and fitness will be immensely frustrating. It is important to remember that people know

that eating a whole pizza is not good for them, so reassure them that it is normal to crave certain food, and try to explore what led to them wanting to eat that and suggest strategies to avoid certain foods.

Individuals may even have asked you to draw them up a weight-loss plan or ask you for help to lose weight. I know that many of my clients are not happy when I say that I can't help them restrict their eating. People fear that not actively restricting eating will lead to their eating getting even more out of control. However, with some convincing, people do sometimes accept another approach to their food and fitness.

Criticising someone's eating or encouraging restricting actually facilitates the vicious cycle of guilt and low self-esteem, leading to a greater desire to restrict, which we now know will ultimately lead to failure. Knowing that diets fail should mean that we should be steering people away from them and away from focusing on weight loss. Instead, we can steer them towards new ways of eating and how to appreciate the body and all it can do, and to learn to enjoy movement.

The most helpful thing you can do is to ask people about their eating habits and how they have been affected in lockdown. Then help them to focus on enjoying their exercise and the improvements they are making.

You might also encourage them to learn about the triggers that lead to overeating and direct them to resources that move away from diet and, instead, to having a healthier relationship with eating. Three such movements are intuitive eating, mindful eating and Health at Every Size (HAES).

All of these movements encourage people to attune to their body and mind, so they can move away from thoughtless eating where they will just go for an extra helping. Instead, they become more conscious of what their mind and body want, which enables them not only to choose what they eat but also to feel more satisfied by their choice as they notice their eating.

There will be times when a piece of cake with a friend is exactly what someone needs, whether to cheer themselves up or to celebrate. Let your client take control over what they eat and enjoy their choice. **fp**



ISABELLE HUNG is a psychologist working with children, young adults and families, and treats a range of mental health conditions including depression, anxiety, personality disorders, bipolar disorder, OCD, and relationship difficulties. She runs a website and group to help people re-build their lives after divorce (divorceclub.com).

RESOURCES

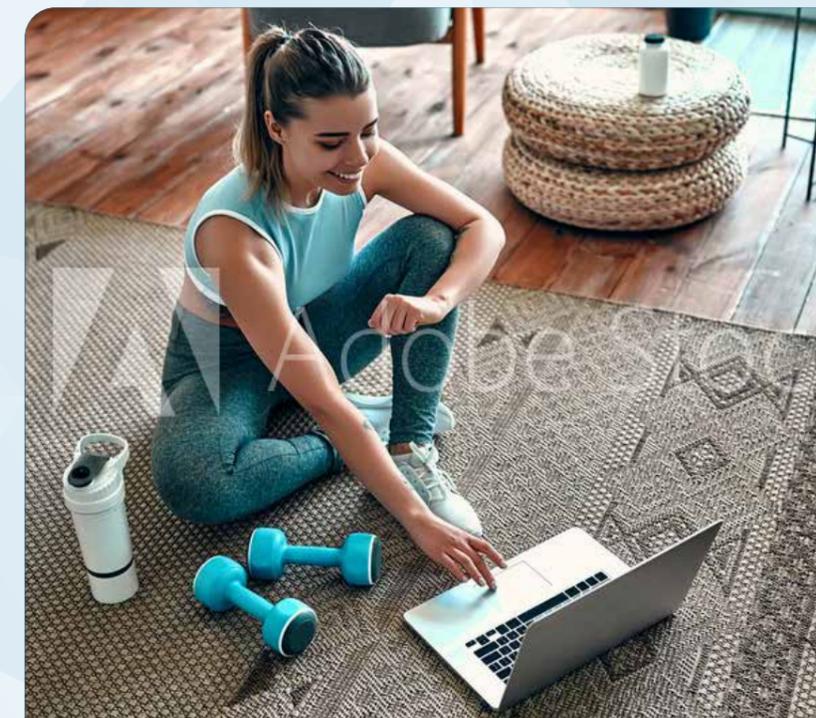
You can learn more about intuitive eating at intuitiveeating.org/10-principles-of-intuitive-eating. Also check out the book *Intuitive Eating* by Evelyn Tribole and Elyse Resch and *The Intuitive Eating Workbook*.

You can learn more about mindful eating at amihungry.com/mindful-eating-resources.

You can learn more about HAES at the Association for Size Diversity and Health (sizediversityandhealth.org) and in the book *Health At Every Size: The Surprising Truth About Your Weight* by Linda Bacon.



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