

What Is an Eating Disorder?

The two most common eating disorders are anorexia and bulimia.

Anorexia is a refusal to maintain body weight at or above a minimally normal weight for a person's age and height, either through extreme dieting (calorie restriction) or purging. It is characterized by an intense fear of gaining weight or "becoming fat," and is one of the most serious psychiatric disorders.

Bulimia is characterized by regular episodes of overeating, or "binging," accompanied by a sense of lack of control during the episodes. Binging episodes are accompanied by nervous efforts to prevent weight gain, which can include purging (self-induced vomiting, laxatives, diuretics) or non-purging (over-exercising) behaviors.

Both are life-threatening illnesses that can often be overcome with help and treatment.

More than 11 million Americans suffer from an eating disorder, and nearly half of Americans say they personally know someone with an eating disorder.

—Eating Disorders Coalition

Additional Resources

Books:

Body and Soul: A Guide to Lasting Recovery from Compulsive Eating and Bulimia

By Susan Meltsner

Surviving an Eating Disorder: Strategies for Families and Friends

By Michele Siegel, Judith Brisman, and Margot Weinschel

The Thin Disguise: Understanding and Overcoming Anorexia & Bulimia

By Deborah Newman, Harry Beverly, Frank Minirth, and Pam Vredevelt

The Woman Behind the Mirror: Finding Inward Satisfaction with Your Outward Appearance

By Judith Couchman

200 Ways to Love the Body You Have

By Marcia Germaine Hutchinson

Related Scriptures

Honoring God with Your Body

Romans 12:1-2

1 Corinthians 6:19-20

He Loves How You Are Made

Psalms 139

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Eating Disorders



A Quick Reference Guide

Provided by the
Office of Student Life

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Warning Signs

Food Behaviors

- Skipping meals, taking only tiny portions, unwilling to eat in front of others, eating in ritualistic ways, and/or combining strange foods
- Making excuses not to eat
- Becoming disgusted with former favorite foods
- Drastically reducing or eliminating fat intake
- Feeling the need to get rid of calories in order to avoid breaking a rigid, self-imposed food rule
- Gorging (usually in secret)
- Buying, hiding, or stealing binge food
- Using laxatives, diet pills, or other “natural” products to lose weight
- Leaving clues for others to discover—empty food packages, foul-smelling bathrooms, and/or excessive use of mouthwash/breath mints

Physical Signs

- Irregular menstruation in women
- Always feeling cold
- Dizziness or fainting
- Puffy cheeks and/or sore throat
- Finger calluses from purging
- Discolored teeth

Note: A person struggling against bulimia will often *not* be underweight, as purging does not prevent weight gain.

Body-Image Behaviors

- Distorted perception regarding body
- Losing or trying to lose weight
- Frantic fears of weight gain and/or obesity
- Wearing baggy clothes to hide fat or emaciation
- Wearing baggy clothes to stay warm
- Obsessing about clothing size

Thoughts and Feelings

- Sense of helplessness or loss of control
- Thinking if you're thinner, you'll feel better
- Irrational, moody, touchy, and denying anything is wrong
- Escaping stress by turning to binge food, exercise, or anorexic rituals
- Feeling inadequate and fearful of not measuring up
- Experiencing depression, guilt, and, at times, overwhelming meaninglessness, emptiness, and despair

How to Help a Friend

- Pray for your friend.
- Use “I” statements to express specific things you see or feel in a caring and calm manner. For example:
 - I'm concerned about you because you refuse to eat breakfast or lunch.
 - It makes me afraid to hear you vomiting.
 - I respect your courage in talking about this with me. I know many people prefer to keep it a secret.
- Avoid accusatory “You” statements like “You have to eat!” or “You're out of control.”
- Be a good listener.
- Talk about the advantages of recovery and normal life.
- Without criticism, ask: “Is what you are doing really working to get what you want?”
- If he or she is frightened to see a counselor, offer to go with him or her the first time.
- Encourage your friend to receive medical attention from a doctor and an assessment from an eating disorder specialist.
- **Don't** monitor his or her food—you'll only create resentment and distance.
- **Don't** comment on how your friend looks.
- **Don't** ignore stolen food and evidence of purging.
- **Don't** promise to keep your friend's self-destructive behavior a secret. If you have, break that promise by telling someone you trust immediately. Your friend will be angry, but you may prevent a tragedy.

How to Take Care of Yourself

- If you have eating disorder symptoms or think you may have an eating disorder, seek help. A doctor and/or eating disorder specialist can help you determine whether or not you need help—and what kind (see On- and Off-Campus Support).
- Confide in a friend or adult you trust; the staff in Counseling Services, Student Life, Campus Ministries, and Residence Life is available. Ask to meet with someone for accountability and prayer.
- Take time each day to read a portion of God's Word. It may not supernaturally make your problems disappear, but if you let it penetrate your life, it can bring comfort.

On- and Off-Campus Support

On Campus

Office of Student Life: available to talk and pray with you as well as suggest options for further care (BC252; ext. 6300)

Counseling Services: offers free support to students struggling with eating disorders (Townhouse H1; ext. 8540)

Office of Campus Ministries: provides spiritual support and mentoring (HC325; ext. 6372)

Health Services: provides medical assistance and referrals for information and care (Townhouse H1; ext. 6215)

Off Campus

Arden Woods Psychological Services
(New Brighton): 651.482.9361

Melrose Institute: The Emily Program
www.emilyprogram.com
(Minneapolis-St. Paul; Duluth, Minn.; Seattle):
651.645.5323

Timberline Knolls
www.timberlineknolls.com
(Lemont, Ill.): 855.819.2030

Remuda Ranch
www.remudaranch.com
(Wickenburg, Ariz.): 888.722.8276

***Special Caution:** An online community called the Pro-Ana Movement resists recovery, asserting that eating disorders are appropriate “lifestyles” and not life-threatening.