University Counselling Service

Eating disorders
Introduction

Many personal decisions are made and problems solved through discussions with friends or family, a College Tutor or Director of Studies, a Nurse, Chaplain, colleague, line manager or a GP. However, at times it is right to seek help away from one’s familiar daily environment. The University Counselling Service exists to meet such a need. Seeking counselling is about making a positive choice to get help by talking confidentially with a professionally trained listener who has no other role in your life.

Who are the Counsellors?

The Service is staffed by a team of trained and accredited counsellors and therapists. The counsellors are all experienced in helping people from many different backgrounds and cultures, and with a wide range of personal and work issues.

Some of the counsellors who work in the Service are Associates, in the late stages of their counselling training. Their work is carefully supervised within the Service. Please let us know if you would prefer not to be seen by an Associate.

Contact us

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Eating disorders

What are eating disorders?
Many of us experience difficulties around food at some points in our life, eating too little and eating too much have probably been problems for as long as there have been people. We will all have done both at points in our lives. You are probably reading this because you are concerned about a prolonged or developing pattern you are noticing in your own relationship with food, or that of someone in your life.

Eating disorders can affect anyone regardless of gender, age, race, ethnicity and background. They often start off as a healthy dieting/exercise regime, which then goes too far and are generally viewed as an external expression of some internal distress. Focus on food can be a way of trying to manage distress. It can also be a way of trying to take back control.

There are several recognised eating disorders which can be described as follows:

Anorexia
The key indicator of anorexia is severe weight loss, linked with an intense fear of gaining weight. A person who has anorexia will typically view their weight very differently to others, and often still view themselves as overweight. Intense exercise and food restriction used as a way of maintaining and increasing weight loss are often features of the illness. Women can find that they stop menstruating and those who are taking the contraceptive pill may have their cycle masked, not realising that they would not get normal periods due to the effect of their eating disorder. Men usually exhibit low testosterone levels, which can lead to loss of muscle mass, and reduced libido. For any gender, bone density can also be affected, potentially increasing the risk of injury. Furthermore, there is likely to be an impact on brain function affecting concentration, understanding and thinking patterns.

There are effective treatment options, and there is every reason to be hopeful that you can overcome it with the right support. However, it is a serious condition that can ultimately result in premature death, so it is essential to acknowledge it and seek help.

Bulimia
Bulimia may be less obvious to an outside observer, as it does not necessarily lead to weight loss; if you have bulimia you may maintain your weight. You are also likely to devote a lot of mental energy and attention to your weight, and worry about your weight increasing. You will have periods of bingeing, followed by purging, either through making yourself sick, or use of laxatives or diuretics. You may also engage in intense exercise or calorie restriction as a way of controlling your weight. These binges may be what Dr Fairburn in ‘Overcoming Binge Eating’ refers to as objective or subjective binges.
i.e. a binge which is objectively a very high calorie consumption in a short period of time versus a binge which involves eating more than the individual has restricted themselves to, but may still be low in calories, but subjectively feels like a binge. What objective and subjective binges have in common is a sense of compulsion, and a sense of a lack of control.

The appearance of swollen cheeks through self-induced vomiting, may be observed in someone who has bulimia. Also, there are serious risks associated with regular vomiting that are not necessarily visible e.g. internal damage to organs and structures, and the imbalance of chemicals in the body, which can lead to hospitalisation or even sudden unanticipated heart failure. Similarly over-use of laxatives can lead to serious complications.

**Binge-Eating Disorder**

If you have Binge-Eating Disorder you will experience recurrent episodes of bingeing past the point of fullness to feeling uncomfortably full or sick. There is a sense of loss of control and associated feelings of guilt and shame that lead to secrecy around eating. Unlike Bulimia, there is no compensatory behaviour for taking in excessive calories by purging, starving or excessive exercise. Binge-Eating Disorder is likely to lead to weight gain.

**Orthorexia**

Orthorexia is often initially perceived as clean eating and is characterised by a fixation on the purity and quality of food as well as an obsession with healthy eating, which leads to dietary restrictions. It can cause physical problems through nutritional deficiency and as with other eating disorders may be a way of trying to cope with difficult thoughts and feelings and to gain a sense of control.

**Avoidant/Restrictive Food Intake Disorder (ARFID)**

Avoidant restrictive food intake disorder, otherwise known as ARFID, is a condition where a person avoids certain foods or types of food leading to a restricted intake. Unlike other eating disorders, beliefs about weight and shape do not contribute to the avoidance or restriction of food intake. There may be a number of reasons for this condition including; sensitivity to the texture, taste or smell of certain foods; a distressing experience with food, such as vomiting or choking, which can create anxiety around food or eating; having a poor appetite or low interest in eating.

**Other difficulties around eating**

Eating disorders are on a very wide spectrum, so you may find that some of the symptoms described resonate with you, but it might be that your symptoms do not exactly fit the criteria for a diagnosis of one of the three main eating disorders of Anorexia, Bulimia or Binge-Eating Disorder. It is still important to seek help, as the behaviours and thinking behind these difficulties are likely to be easier to address sooner, rather than when they have escalated.
An eating disorder can develop from or into a diagnosis of another eating disorder, such as from Anorexia into Bulimia where severe restriction and starvation over a sustained period of time can lead to bingeing.

**What characterises eating disorders?**
Apart from the characteristics described above, there are some other features, which you or people in your life may notice:

- that diet and food are occupying a lot of your thoughts, and taking up more mental energy than you would like
- food becomes a way of managing emotions, with eating becoming a way of managing difficult emotions
- restricting eating, due to a desire for control over at least one aspect of your life
- excessive calorie counting, body checking and weighing
- perfectionism in different aspects of your life
- low self-esteem, which is reinforced by behaviour associated with the eating disorder, resulting in more self-disgust, shame and guilt, and a further lowering of self-esteem
- distorted thinking e.g. “When I am thin I will be able to cope with ...”
- secondary disorders caused by the behaviour e.g. dental and digestive system damage, depression
- relationships and friendships are likely to suffer

- issues around eating may be linked to some difficulties in adapting to being adult and to being sexual.

**How to help yourself**
The earlier you seek help the easier it is likely to be to change, but people can get over even very serious difficulties in time. Do seek medical advice and support from your GP, if you need it. Some good key starting points, which may sound obvious or simplistic, but can be hard in practice, are:

- Acknowledge to yourself and trusted others that the problem exists.
- Try to develop a compassionate mindset towards yourself and acknowledge that there may be underlying emotional difficulties and experiences which have led you to have issues around eating. This is important in reducing the shame we may experience about having these difficulties.
- Try to be clear in your own mind about what you would like to look different in relation to your eating, and the patterns that you would like to establish. Celebrate any progress towards that, and accept that it won't be a smooth path.
- Try to notice and challenge the distorted thinking. Although you may think of yourself as overweight, at least allow yourself to recognise that others may see you quite differently, or even that they may be disinterested in your weight and just see you for who you are.
• Develop a pattern of eating that keeps you healthy. Try to maintain some flexibility and variety within it.

• Accept and appreciate your body i.e. respect your body regardless of its current shape or size. Recognise, too, that your body is not the same as your identity - confidence and personal contentment can be present however you look. Look after your body by resting, relaxing and nurturing your body, and connecting with it.

• Don’t keep it a secret any longer - and it is unfair to expect a friend to keep secrets for you. Seek support in dealing with the disorder from a professional or self-help group.

How to help a friend whom you suspect has difficulties with food

• Remember that your friend is a person first, and someone who has difficulty with food second. So continue with whatever activities you would normally engage in together, and don’t let issues around food dominate the friendship.

• Be supportive and encourage your friend to seek professional help. Ultimately, the problem is your friend’s; if they won’t seek help the consequences will be theirs. Your responsibility is only to encourage them to seek help or, in more extreme circumstances, to alert others - even against your friend’s wishes.

• Don’t nag about food, spy on your friend or get drawn into imposing some form of external monitoring or control.

• Be available to listen when your friend can express his/her distress, but don’t take on more than you can comfortably cope with. We all have limits - of knowledge, ability to help, understanding, time, etc. - so offer the level of support you feel able to sustain. If you try to offer more than that, you are likely to feel burdened and in time, perhaps, annoyed or angry, which is unlikely to help either of you, or the friendship.

• Look after yourself. Maintain your normal range of friendships and balance in your activities. Don’t let this one issue take up all your time.

• If you are unsure whether your style of supporting your friend is actually helpful, or are quite concerned for your friend, you can seek out a professional (such as a counsellor) yourself, just to check out these things.

Useful resources

You’ll find information on a range of resources to help address eating disorders, as well as other issues, on the University Counselling Service website: www.counselling.cam.ac.uk/self-help

PEDS (Personalised Eating Disorder Support) is a specialist eating disorder charity, which is working in collaboration with the university to support students with eating disorders. Students can self-refer via the website Personalised Eating Disorder Support (PEDs) (pedsupport.co.uk) or through a professional such as their GP or College Nurse.
Available Self Help Leaflets 2021-2022

Anger Management
Anxiety and Panic
Asserting Yourself
Concentration - a CBT guide
Coping with Exams
Depression
Eating Disorders
Effective Communication and Managing Conflict
General Information for Students
General Information for Tutors
Grief and Bereavement
Homesickness
How to be Mindful
Insomnia
Intermitting
Loneliness
Managing Alcohol Consumption
Parental Separation and Divorce
Perfectionism - a CBT approach
Phobias - a CBT approach
Post-Traumatic Stress
Procrastination
Self-Esteem
Self-Harm
Sexual Assault and Harassment Advisor
Sexual Assault and Rape
Simple Relaxation
Transition to University
What Is Mindfulness
Worry - a CBT Approach