

## Eating Disorders

### What is body image?

Body image is how we think and feel about ourselves physically and believe others see us. Body Image is important because the way we see ourselves influences every aspect of our lives:

- our mental health
- our physical health
- how we take care of ourselves
- how we interact with and relate to other people.

### How does body image negatively affect us?

- Unhealthy teenage body image is directly related to low self-esteem, which can lead to negative moods and mood swings.
- Young people who are feeling down are more likely to focus on the negative messages around them and make negative comparisons between their bodies and what they see as 'ideal' bodies.
- Low self-esteem and poor body image are risk factors for developing risky weight loss strategies, eating disorders and mental health disorders like depression and anxiety.

### Tips for improving body image

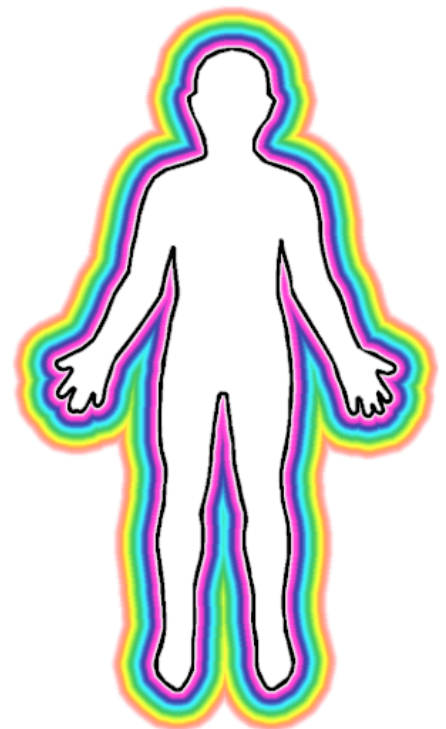
Step 1: Recognise diversity – everybody is unique

Step 2: Appreciate your body – for what it can do, not how it looks

Step 3: Be mindful of language around others

Step 4: Have a social media cleanse

Step 5: Take care of yourself



# What is an eating disorder?

A serious mental health condition that can affect anyone at any age regardless of their background. The disorder can develop quite slowly and mirror signs of adolescence, mood swings, sensitivity to criticism and concern with their body shape, size and dieting.

It is most importantly a condition where food is used to manage feelings and an unhealthy relationship with food develops that takes over your life and makes you ill.

## Types of Eating Disorders and their signs and symptoms

### Anorexia nervosa –

Restricting what they eat. They often believe they don't deserve to take up so much space in the world.

The way they see themselves is often at odds with how others see them – they often have a distorted image of themselves and think they're larger than they really are. They experience a deep fear of gaining weight.

- Distorted perception of body shape and weight,
- Inability to accept there is a problem, aware of "inner voice" which challenges their views on eating and exercise,
- Obsessive behaviour attached to eating such as counting calories or cutting food up into small pieces,
- Mood swings,
- Depression,
- Secrecy,
- Restlessness , irritable or hyperactivity,
- Difficulty sleeping,
- Wearing baggy clothes,
- Vomiting,
- Taking laxatives or diet pills ,
- Excessive exercise,
- Saying they have eaten earlier or will eat late
- Strict dieting and avoiding food they think is fattening,
- Missing meals (fasting).
- Avoiding eating with other people,
- Hiding food,
- Eating very slowly,
- Social withdrawal and isolation.

- Either frequently checking body shape or weight or avoiding looking at their body or checking their weight,
- Eating large amounts of food (bingeing),
- Purging after bingeing by vomiting,
- Over-exercising,
- Using laxatives or diuretics,
- Fasting,
- Secrecy, especially about eating,
- Hoarding food,
- Mood swings,
- Irritability,
- Social withdrawal,
- Disappearing during or soon after eating (in order to purge).

### Bulimia nervosa –

Cycles of eating a large amount of food called bingeing and then experiencing guilt or shame, leading to purging or obsessive exercise.

People will usually binge in secret and may stay the same weight or even put on weight rather than drastically losing weight – due to this, their illness may be much harder for anyone else to notice and may go undetected.

### Binge eating disorder –

The difference between this and bulimia is that the person binges but does not purge or compensate for consumed food in other ways. People who binge eat become unhealthily overweight.

They use food as a comfort; food "smothers" their feelings. Binge eaters can feel shame and disgust with themselves for their lack of control. Binges can be very distressing as bingers may find it difficult to stop a purge even if they want to.

Binges may be planned like a ritual and can involve the person buying "special" binge foods, or they may be more spontaneous.

- Buying lots of food,
- Organising life around bingeing episodes,
- Hoarding food,
- Eating very rapidly,
- Eating when not hungry,
- Eating until uncomfortably full,
- Avoiding eating around others,
- Social withdrawal and isolation,
- Irritability,
- Mood swings.

## What causes an Eating Disorder?

### Genetic factors –

Our genes have a role in determining our personality traits and brain structures which are both linked to eating disorders

### Personality traits –

Perfectionism, need for control, obsessive tendencies are often more present in those who have anorexia.

Regarding bulimia, traits such as impulsivity and risk taking can be linked.

### Biological factors –

Brain chemistry and the role of hormones. Some research shows small differences in the structure of the brains of people with eating disorders.

### Social factors –

Society and culture shape our idea of what is “ideal”. The powerful influences online and within the media can have an influence of poor body image and low self-esteem.

### Interpersonal factors –

Our relationship with others can unintentionally cause distress and make us doubt our self – worth

### Significant life events –

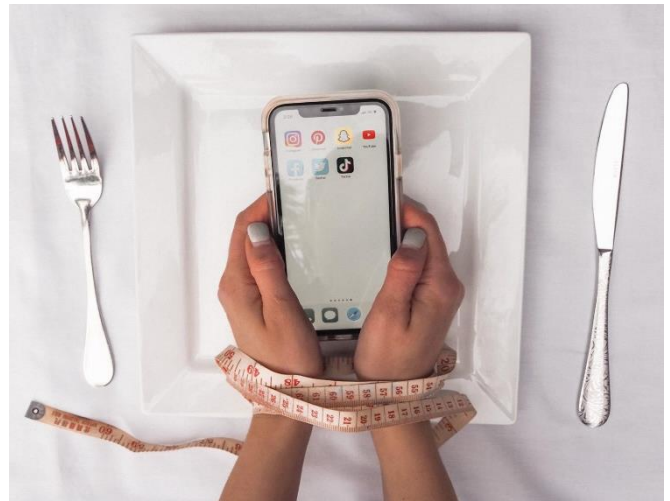
Stressful situations may also contribute to the development of an eating disorder

## Social Media

Young people aged between 10-24 who use social media are at risk of developing image concerns, eating disorders and poor mental health.

Social media trends, access to pro-eating disorder content and social media platforms that focus on appearance are contributing to this problem.

Media influences can also include; online media, magazines, advertisements, industries (i.e. dieting, gym).



# Supporting those with Eating Disorders

## Be mindful of language

### "Just eat normally"

**What may be heard:** You're not trying hard enough, it's not difficult to eat, it's your fault, you need to get over this.

**Alternative:** acknowledge to the person that you know it's difficult for them, and you are there to support them.

### "You look well "

**What may be heard:** You look fat, you have gained weight, you're greedy, you're healthy now so things are easy for you.

**Alternative:** try to ask the person how they are, or compliment something about your loved one that is unrelated to their body such as an item of clothing or an accessory.

### "Get well soon"

**What is heard:** It's easy to get over this, you aren't trying hard enough, you are being a burden, hurry up and get better.

**Alternative:** Reassure your loved one that although you recognise how difficult things are for them, you are there for them and will continue to be throughout. Let them know how proud you are of them for challenging the illness.

### "I wish I had your body"

**What is heard:** You are lucky to have an eating disorder, you are just doing this to look a certain way, you need to keep doing the disordered behaviours.

**Alternative:** Avoid discussing your own weight and shape in front of your loved one as it can be unhelpful for them to hear. Instead focus on topics away from body image, food or exercise.

## Liverpool and Sefton Services



### EDY'S at Alder Hey

*Up to 18 years*

- Referral via School Nurses or GPs
- Self-referrals can be made – ring 0151 228 4811 option one, extension 3484



### Rathbone Hospital

*16+ years*

### FREED Pathway

*16-25 years*

**FREED**

*Time to win the race  
against eating disorders!*

## Wirral and Knowsley Services



**Cheshire and  
Wirral Partnership**

NHS Foundation Trust

**Cheshire and Merseyside Adolescent Eating Disorder Service  
(CHEDS)**

*13-18 years*



***Knowsley Council***

**Young People's Community Eating Disorder Service**

*8-18 years*

## Online Services



**BEAT**

[beateatingdisorders.org.uk](http://beateatingdisorders.org.uk)



EATING DISORDER SUPPORT SERVICE

**SEED**

<https://seed.charity/>



**Be Body Positive NHS**

<https://bebodypositive.org.uk/>

## Do's and Try Not To's:

### Do:

- Get some help for yourself first by talking to a family member/colleague/friend about your concerns.
- Prepare what you want to say and how you're going to say it.
- Avoid talking just before or after mealtimes.
- Say "I am worried" rather than "you need to get help".
- Be mindful of the thought that is leading to this behaviour.
- Validate their emotion not behaviour
- Be prepared for them to deny the illness
- Ask yourself an open-ended question, "Who is the right person to support this young person, who is their trusted adult?"
- Give the young person a choice who in who they would like this information to passed onto when we think of safeguarding.



### Try Not To:

- Not to focus on their physical appearance when talking to them.
- Not to be disheartened if you are met with a negative response as the illness affects how the person thinks.
- Not to label them "I think you have an eating disorder".
- Not to get frustrated with the young person when they say they are "fine".
- Not to shame them and tell them they are being "silly" or ask "what did you do that for".
- Not to punish the young person
- Not to bribe the young person with food (rewards)
- Not to use negative language about your own body in front of the child.

