

Resource and Information Packet: **Eating Disorders**

What are the types of eating disorders?

- Binging
- Orthorexia
- Anorexia
- Overexercise
- Bulimia
- Body dysmorphia
- ED Not Otherwise Specified (EDNOS)
 - Atypical anorexia; Night eating syndrome; BED with less frequent occurrences; Purging disorder

Corrections to the DSM

Above, we have outline diagnoses set forth by the DSM for various eating disorders. We recognize that this inclusion can be triggering for some because of the ways the DSM constricts our understanding of eating disorders and disordered eating, and may be invalidating to certain people's' experiences.

If you have traditionally been excluded from formal diagnosis categories, we suggest looking into: disordered eating, the unrecognized disorders (bigorexia, diabulimia, orthorexia), and EDNOS/OSFED. Please remember that eating disorders can affect anyone regardless of gender, race, class, sexual orientation, etc. The stereotype of the white middle class, cis, heterosexual teen girl is a stereotype. You deserve care, treatment, and support if you are struggling. No matter what.

- **Anorexia** can affect anyone regardless of body size and weight.
 - You do not have to be underweight to have anorexia.
 - You also do not have to be constantly restricting.
- **Binge eating disorder (BED)** does not necessarily mean that one is obese or overweight.
 - BED is not a result of poor self-control, choice, etc.
 - It is a complex disorder arising from various intra-personal, inter-personal, biological, etc. factors.
- **Not everyone with disordered eating develops an ED.**
 - Dealing with the behaviors as soon as possible is your best chance against an ED.
- If you are diagnosed with **EDNOS/OSFED**, you do not need to get sicker.
- **Bigorexia** is typically associated with masculine identified or presenting people, but that does not mean it affects that population exclusively.

- **Bulimia's** purging cycles do not have to be conscious to be harmful to your body.
 - Purging because of feelings is still purging.
- Although **diabulimia** is not in the DSM it is largely accepted by research and advocacy communities.
 - Reduction of insulin intake by individuals with diabetes to lose weight
- **Orthorexia** shows that there is such a thing as "overly-healthy". If your preoccupations with food/health are causing you distress, pain, or guilt, you deserve to seek help.

Myths about Eating Disorders

- They are not serious and not life threatening
- It's just a phase
- Only females experience them
- Only thin people have EDs
- *"I've seen her eat! There's no way she has an ED"*
- Once you start gaining weight again, you no longer have an ED
- EDs are all about looks and wanting to appear attractive (ex. "You look SO much better now that you've recovered, people look better with some curves")
- EDs are only about strength and control
- People with EDs can easily stop and "just eat"
- All EDs are a product of low self esteem
- Eating disorders are "self-inflicted" or something a person "brought upon themselves;" that it's a choice
- Eating disorders have to do solely with food
- You have to be a certain weight/have "X" health problems in order to be "worthy of treatment"

Checklist: What is my relationship with food?

1. Do I exercise regularly doing something I **enjoy**?
2. Do I eat foods that give me **energy** and I enjoy eating?
3. Do food and exercise take up a lot of my **mental space**?
4. When I am eating with others, **do I think about how much/what they are eating** in comparison to me?
5. Do I **compare my exercise routine** with others?
6. Do I use food and exercise as a **reward/punishment**?

Defining our own experience

- **Labeling**
 - One person may feel empowered by saying they are “someone who struggles with anorexia” but someone else may feel most comfortable saying they have a “complicated relationship with food”
- “I’m not sick enough”
- *How can we understand and learn to talk about our own experience?*

Complicated Family Dynamics

- Sometimes, if a family member has repeatedly made you feel uncomfortable with their body-shaming or fat-phobic or triggering language, it is something to consider. Remember to give your family credit for what they are doing or trying to do. Especially if their knowledge regarding body-positivity, acceptance, and shaming is rooted in colonial, imperial, and structurally violent histories, the language and conceptualizations they possess may be difficult to navigate.
- In considering language and the historical context of your family’s knowledge, also think about whether or not you are willing to educate them. Sometimes education may be an important part of the solution, but sometimes, just expressing your feelings may be enough.
- Weigh the options of calling someone in (holding a private one-on-one conversation versus calling someone out (publically calling attention to their behavior)
- Remember that confrontation may not be a one time event.

Educating Family

Please remember you are never obligated to educate someone about any aspect of yourself or your experience:

1. What topics do you want to educate your family members about?
2. What follow-up resources do you have available to provide them?
3. What previous understanding or knowledge may your family have on the subject?
4. What language is the best to use?
5. What mode of communication are you most comfortable using?

Experiences

“The erasure of eating disorders experienced by people of color caused me to not tell my parents, except for the occasional comment about how I wasn’t hungry or how I was nauseous. My family and I didn’t have the language to understand what was happening to me. Food was such an integral part of my identity as an immigrant and queer femme, and was crucial to my

ability to feel close to my family and friends. Food was comfort. It was closeless and yet it was so painful. So I had a hard time admitting I couldn't do something that seemed as intuitive as eating." - BEAM, CCNY

"It took me more than 5 years to finally recognize that I have food so much power over me. For so long, I went untreated and undiagnosed because I didn't think I fit into the stereotypes of who gets eating disorders. I wasn't white enough. I wasn't straight enough. I wasn't cisgender enough. I'm still working on how to unlearn all of the problematic associations with food and disordered eating, but it's a journey and I still have to remind myself that my experiences matter, regardless of what the media, DSM, or doctors say." - BEAM, CCNY

"Food is a crucial part of culture, community, and family in for Filipinx'. To feel shame from it makes me feel disconnected from my already confused identity. What's really difficult is that fact that Filipinx food is really fatty, meaty, and greasy. So to be called fat while eating pork adobo, when half of the pieces are pure fat, is a struggle. Being Filipinx-American gives me a mixed experience of body shaming. I've grown up conditioned to believe that fat is an insult to your character. To be fat is morally bad. To this day, I still find it difficult to balance understanding these cultural norms and validating my own struggle with food and body image." - BEAM, CCNY

Creating a Positive Environment

1. Affirmations, not compliments!

- a. An affirmation is: I really admire how well you care for your friends when they are feeling down
 - b. A compliment is: Your shorts make your butt look so cute!
2. Avoid any comments on body weight
 3. Do not refer to anyone as fat/skinny
 4. Avoid any comments on what people are eating
 5. Encourage body-neutrality as well as body-positivity
 6. Make meals a time to socialize and relax, not to compare eating habits
 7. Celebrate the range of healthy body types
 8. Approach exercise as a way to feel good and reduce stress, not as a requirement to attain a certain physical shape

Normalization of unhealthy eating patterns

- Compliments heavily focused on physical appearance
- *"Have you lost weight? You look GREAT!"*
- Praise for maintaining a strict diet/exercise regime
- Skipping meals seen as sign of strength/dedication
- *"I was studying so hard, I didn't even remember to eat lunch."*
- Anxiety about bodies in certain clothes, looking for validation from others

Food Shaming/Glorification

Examples heard at Brown:

- **Comment:** “I eat twice as much as you.”
- **Internal response:** Okay first of all why is it your concern as to how much I eat? Second of all, you eat lunch with me twice a week... how could you possibly know how much I eat on a daily basis? Are you with me every second of the day?
- **Polite response:** “There’s really no need to compare.”

- **Comment:** “I’m not getting dessert. I don’t want to get fat.” *as they watch you eat dessert*
- **Internal response:** Eating dessert occasionally does not make you fat.... Do you even know anything about nutrition? Are you a doctor? Goodbye.
- **Polite response:** “If that’s what works for you. I like to get dessert sometimes.”

- **Comment:** “You know what you’re eating is so bad for you, right?”
- **Internal response:** And who are you... a registered nutritionist...?
- **Polite response:** “Not really. Everything is okay in moderation.”

These comments can be really triggering and hurtful to people who have/have had eating disorders/body image issues. It’s important to not take the comments personally, realize that the person probably doesn’t even really know what they’re talking about, and move on, instead of internalizing the comments and taking them to heart. Unfortunately a lot of people are roped into the “**good food/bad food**” concept and that’s why they say things like this, but it’s important to realize all foods are acceptable in moderation and ignore people who try to make you think otherwise.

Resources at Brown

- University Health Services
 - 13 Brown St. across from Keeney Quad--appointments with doctors/nurses for present/past disordered eating
 - www.brown.edu/health (401)-863-3953
- Nutritionists and Health Education
 - 3rd Floor of Health Services--appointments with nutritionist
 - www.brown.edu/healthed (401)-863-2794
- CAPS (Psychological Services)
 - 5th Floor of J. Walter Wilson--appointments with psychologists
 - www.brown.edu/Psychological_Services (401)-863-3476

- Providence counselors
- Deans, Office of Student Life
- Project LETS ED Support Group
 - Mondays at 6:00 pm (Faunce 225)
 - Facilitated by peers with lived experience
- PMHAs (Peer Counselors) for Eating Disorders
 - Work one-on-one with a trained student with lived experience

Resources for Friends/Peers

- **What not to say**
 - Avoid commenting on what/how much your friend is eating
 - Avoid talking about their physical appearance
 - *“You look so much better now that you’re eating more”* or *“you look healthy”*
 - Avoid accusing them of anything
 - Avoid comparing what they are eating to others or to yourself
 - “Same”
 - I know how you’re feeling
- **What to say**
 - Above all, LISTEN
 - Your friend might not be comfortable telling you everything yet, or they may just want to know that someone has heard them
 - Show that you’ve heard them
 - Validate their feelings
 - Offer support as needed
 - Assure you’ll be there for them long term
 - Encourage them to access campus resources when they feel ready
 - Offer to go with them to these services
- **What to expect**
 - Recovery is a process, and a long one at that. There will be setbacks.
 - Your friend may deny or minimize what they are experiencing.
 - They may not want to talk about it with you. They may not be ready.
 - They may want to talk to you before seeking professional help.
 - They may only want to talk to a professional. Or a peer counselor.
 - **ALL of these reactions are okay!**
 - ***REMEMBER**, it is not your responsibility to bear your friend’s struggle alone. If you feel like it is taking too great a toll on your emotional well-being, and that you can’t be their primary source of support, that is okay.*

Other Resources: NEDA, Project HEAL, BEAM - CCNY, ED Hope