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Myths and Misconceptions about Eating Disorders

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Myths and misconceptions about illness and healing have been with us for hundreds of years. Today, there is still great stigma about mental illnesses because we have many misconceptions about them. These misconceptions become a fertile ground for the creation of myths, which contribute to greater misunderstanding of mental illness. Eating disorders as mental illnesses are no exception.

Since *anorexia nervosa* was first described, almost simultaneously, by two doctors: Sir William Gull(1874) of England and Charles Lasegue(1873) of France, it has presented a lot of challenges. Many people still struggle to accept it as a valid illness and even when it is accepted, there are still controversies about how to help people, especially adolescents, struggling with it.

Myths and misconceptions often delay parents' and healthcare professionals' ability to identify and begin appropriate treatment appropriate for eating disorders. Such unnecessary delays have led to poorer outcomes with these difficult, but treatable, illnesses.

Eating disorders, specifically anorexia nervosa have the highest death rate of any psychiatric illness and can require long and expensive care. Although there is no one cause, many factors have been identified as contributing to an adolescent's risk of developing eating disorder. Much progress has been made, and continues to be made, in the identification and treatment of adolescents with eating disorders. This chapter will address many of the myths and misconceptions that tend to delay our ability to deal effectively with these serious illnesses.

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First, what do you think?

Mark with a "T" the statements you think are true, and with an "F" the statements you think are false. Answers are at the end of this chapter.

1. Adolescents with eating disorders come from dysfunctional families.	
2. Fat Adolescents are all unhealthy.	
3. You can never fully recover from an eating disorder.	
4. You must know why you have an eating disorder to recover.	
5. With a sensible diet and a strong commitment, everyone can become and remain thin.	
6. Parents are part of the solution to an eating disorder.	
7. You can always tell someone is anorexic by their appearance.	
8. You are only bulimic if you eat a huge amount and then throw up afterwards.	
9. Anorexics do not eat candy, chocolate, or chips.	
10. Compulsive eating, or binge eating, is not an eating disorder.	
11. You cannot die from bulimia.	
12. If you can get a person with anorexia to eat, that will solve the problem.	
13. The only person needing support is the person with the eating disorder.	
14. Only white teenage girls from well-to-do families get eating disorders.	
15. If you eat three meals a day and don't purge, you don't have an eating disorder.	

An eating disorder is . . . An eating disorder isn't . . .

Eating disorders are only a problem with food.

Eating disorders are symptoms of underlying problems. Food and weight control are used as a tool to manage or solve problems that may seem otherwise unsolvable. Both food restriction and bingeing can help some adolescents block out or numb painful feelings and emotions temporarily. For others, food can be used as comfort.

You can always tell someone with an eating disorder by their appearance.

Not everyone who has anorexia nervosa appears underweight. Not everyone with bulimia nervosa is slender. Not everyone who compulsively eats is large. Because there is a range of naturally occurring body sizes and shapes, the effect of an eating disorder on an adolescent's appearance varies with their background. Eating disorders are serious mental and physical health problems that are not only dependent on size or shape. It is also important to remember that not every adolescent who is really thin has an eating disorder.

Adolescents with anorexia nervosa do not eat candy, chocolate, or chips.

Anorexia nervosa is not about the **type** of food adolescents eat, but about the total amount of food they allow themselves in one day (along with how they balance this with the energy they use).

Adolescents with anorexia nervosa do not binge or purge. Those with bulimia nervosa do not restrict.

In fact, some adolescents with anorexia nervosa do have binges followed by purging behavior and some adolescents purge even when they do not binge. Teens with

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bulimia nervosa most often restrict their food intake which is often what leads to their bingeing.

I eat three meals a day and never purge so I cannot have an eating disorder.

While eating three meals a day may seem to be a non-disordered eating pattern, it is disordered eating if the person's food choices are intended to keep her from maintaining a healthy weight.

Adolescents cannot have more than one eating disorder.

Although adolescents do not have more than one eating disorder at a time, it is not unusual for them to have different eating disorders at different times. Approximately 30% of teenagers with anorexia nervosa will develop bulimia nervosa. What's important is not so much what type of disorder a person has; is the impact of the illness on the individual.

You only have bulimia nervosa if you eat a huge amount and then throw up or use laxatives afterward.

Eating a large amount of food in a short period of time and experiencing this eating as out of control is part of bulimia nervosa. Adolescents with bulimia nervosa compensate for this large amount of food intake by purging. Purging behavior such as vomiting and using laxatives are not the only ways adolescents use to get rid of the food they ate. Exercise, fasting, and restricting food intake are a few examples that may also be considered purging behaviors.

I am above/on the high end of my healthy weight range . . . I cannot possibly have an eating disorder . . .

In the case of anorexia nervosa, being at a healthy weight is one part of recovery, but another part is attending to the emotional and psychological issues that accompanied the weight loss. With bulimia nervosa, even during the active stages, weight is usually within the healthy range. Recovery may not mean a big change in weight, but

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does require dealing with the bingeing and purging as well as the emotional and psychological issues that accompany these behaviors.

Haven't You Heard?

Only white, affluent, teenage girls suffer from eating disorders.

Eating disorders were once thought to only affect white adolescent girls from well-to-do families. Research studies have shown that this is in fact false. As our current understanding suggests, eating disorders affect males as well as females; that a person with an eating disorder may be of any racial, ethnic, and economic background; and may be of any age and any sexual orientation.

Boys with eating disorders are always gay.

This is false. Some research has suggested that boys who are gay have a higher risk of developing an eating disorder than men who are not. However, both anorexia and bulimia nervosa affect straight boys as well.

Barbie and Ken represent ideal body shapes for females and males.

The body shapes of these figures are in fact impossible to attain for real human beings. If Barbie were a real woman, her proportions would cause her to fall over. Ken would be seven feet, eight inches tall. His neck would be eight inches bigger than the average male's. Ken and other male action figures, like G.I. Joe, are now being made much bigger and more muscular than they were twenty years ago. Nor do the models we see in fashion magazines represent any meaningful ideal for the majority of females. In fact, only 1 in 10,000 females naturally (without dieting) meet model-thin dimensions.

Fat adolescents are unhealthy

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Research suggests that being “fat” does not necessarily indicate any health risk. In fact, many adolescents who would be seen as “fat” by today’s cultural standards are completely healthy and may even have a longer life expectancy than some adolescents who are thin. The health risks that we commonly associate with being fat are generally risks that are actually connected with diet and activity patterns, not with body size itself. It is an error to assume that adolescents who are fatter necessarily eat more than adolescents who are thinner or that they exercise less.

To be thin is to be happy

This belief is related to common ideas in our culture that associate positive qualities with thinness and negative qualities with fatness. Media personalities and advertising reinforce the idea that being thin brings with it all of the rewards our culture values: success, love, and happiness. If this were really true, teenagers with eating disorders would all be happy. However, as most teens struggling with an eating disorder will tell you, weight loss does not automatically bring happiness. We all know adolescents of different sizes and shapes, and of different life circumstances, who are happy.

With a sensible diet and a strong commitment, everyone can become and remain thin.

Research suggests that our weight and shape are largely affected by our genetic make-up. Nutrition and exercise can influence weight and shape to a degree, just as nutrition can affect height, but overall weight and height are determined by genetics. Not everyone can be six feet tall and not everyone can be thin. Recent research studies confirm that, over the long term, dieting tends to result in increasing weight rather than decreasing weight.

You have to exercise a lot for it to do any good.

Actually, a person can do too much exercise – over-exercising can be harmful. Exercise can be good for one’s health if done in moderation. Currently, the

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recommendation is that accumulating 150 minutes of moderate activity per week provides big health benefits.

Why do adolescents develop eating disorders?

People with eating disorders come from dysfunctional families.

The causes of eating disorders are unknown. Teens from a full range of family types can develop eating disorders, so we know that it is not the family that causes them. It was once thought that autism was caused by uncaring, detached, physically unloving parents. In other words, parents were blamed if their child was autistic. Later it was discovered that autism is a neurologic disorder. Sometimes the difficulties of having someone in your family with an eating disorder may make it appear as if your family is dysfunctional. Professionals will help a family identify any patterns that may contribute to the continuation of the eating disorder and provide them with strategies that will assist in recovery. Parents should be viewed as part of the solution.

Adolescents with eating disorders do this to hurt their family and friends.

Seeing the effects of an eating disorder on a loved one is very painful. However, adolescents with eating disorders do not usually intend to cause pain to their family and friends. Typically they tend to protect family members from knowing how much they are going through. This is part of the secretiveness of the illness.

Bulimia nervosa is a good way to lose weight – to have your cake and eat it too.

Bulimia nervosa is an illness, with serious medical and psychosocial consequences, including the possibility of death. It is not an effective or safe way to lose weight.

Adolescents who binge-eat or eat compulsively are just lazy.

Binge eating is a disordered eating pattern just like anorexia and bulimia nervosa. All three eating patterns use food to cope with difficult emotions and circumstances.

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They express emotional pain. Adolescents who binge-eat are not lazy; they need proper treatment. Diets and spas are not forms of treatment.

What can you do? What should you do?

The only person needing support is the adolescent with the eating disorder.

While support for the adolescent with the eating disorder is very important, family members and friends need support too. Eating disorders are potentially long term or chronic illnesses. Supporting the caregivers and siblings improves the possibility of recovery. Professional guidance also helps the parents and siblings to cope with the illness.

This is just a phase.

No, this is not just a phase. It is a real disorder that most often requires professional help. Assuming that it will pass on its own can contribute to the severity of the disorder. An eating disorder is not a phase of dieting.

I can rely on my doctor's opinion and my doctor doesn't think I'm too thin.

Eating disorders are not always identified by an adolescent's appearance. A good medical and psychosocial history and a complete physical examination by a doctor will usually make it easier for the complicated symptoms of an eating disorder to be recognized. However, adolescents with eating disorders tend to be more aware of their own symptoms and may not tell the doctor what he needs to know. Not all medical schools provide training in eating disorders. If you are in doubt, seek a second opinion.

Anorexia nervosa: if I just get her to eat it, will solve the problem.

Bulimia nervosa: if I can keep him out of the bathroom, it will solve the problem

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While helping an adolescent with an eating disorder deal with their physical symptoms is an important aspect of recovery, there are other aspects of the eating disorder, including feeling and thinking patterns that need to be addressed for full recovery. Otherwise, an adolescent who has anorexia nervosa, for instance, may eat because she feels she has no choice or is being supported to eat, but may find a way of getting around this, for example, by over-exercising.

You cannot die from an eating disorder.

Eating disorders have one of the highest death rates of any psychiatric disorder. The adolescence death rate due to eating disorders may be as high as 5-9%, while some researchers have reported rates of up to 20% in chronically ill adults. Adolescents with bulimia nervosa are equally vulnerable as those with anorexia nervosa.

Recovery

Recovering from an eating disorder is just like recovering from alcoholism

While eating disorders and alcoholism can both be coping mechanisms, there are important differences when it comes to the recovery process. One path to recovery from alcoholism is to stop drinking altogether, but recovery from an eating disorder cannot happen through the avoidance of food or particular types of food. It requires learning to eat a full range of foods without compensating for eating by exercising or other behaviours.

When an adolescent enters a treatment program, the problem goes away quickly.

Treatment programs do not make eating disorders go away. They usually are the initial stage of recovery and even then they depend on the way the adolescent makes use of them. To assume that an adolescent with an eating disorder will get well shortly after entering a treatment program will put undue pressure on them, and may interfere with the recovery process. Recovery typically takes up to five years or longer.

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There is a deep underlying issue that must be uncovered before getting well. (You must know why you have an eating disorder to recover.)

The causes of eating disorders are not known. Many factors may contribute to the development of eating disorders, including underlying issues. However, once the eating disorder is established, resolving these underlying issues will not necessarily resolve the eating disorder.

You can never fully recover from an eating disorder.

Adolescents can fully recover from all of the eating disorders. According to research studies, the majority of adolescents with eating disorders do recover. The outcome is better for adolescents with eating disorders who get treatment early on.

Answers to True/False Questionnaire

1. F, 2. F, 3. F, 4. F, 5. F, 6. T, 7. F, 8. F, 9. F, 10. F, 11. F, 12. F, 13. F, 14. F, 15. F

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