

Eating Disorders Awareness and Prevention Susan Dean Landry, MCP, LPC, NCC

A five-year-old complains that she's fat. An 18-year-old girl has the bones of a sixty-year-old woman. A man arrives in the ER with a ruptured esophagus. A young mother visits the dentist for her third set of crowns. A 30-year-old dies from cardiac arrest. What is the common thread in these scenarios? An eating disorder.

February is National Eating Disorders Awareness and Prevention Month. Anorexia and bulimia have the highest mortality rate of any psychiatric disorder, and these illnesses affect over ten million females and one million males in this country. The physical complications of eating disorders include osteoporosis, dental erosion, fertility problems, organ damage, electrolyte imbalances, and heart failure.

In addition to anorexia and bulimia, there are other forms of disordered eating that also cause extreme psychological, interpersonal, and spiritual distress. Binge-eaters turn to food to comfort or numb themselves; chronic dieters define themselves by the number on the scale; compulsive exercisers neglect family and friends in order to stick to a rigid workout schedule. Many of these sufferers slip "under the radar" because their symptoms do not appear to be life-threatening. However, they can benefit from counseling in order to improve quality of life, or to prevent a continued downward spiral. Early intervention is critical to ensure recovery from these conditions.

Eating disorders are not simply about food and weight; the preoccupation with these topics serves to mask deeper troubles with self-esteem, overwhelming emotions, and out-of-control situations. Our culture preaches that our worth is based on appearance and achievements. "For man looks at the outward appearance, but the Lord looks at the heart" (1 Samuel 16:7). An eating disorder provides security in the storms of life but soon becomes an obsession that only brings misery. The recovering person learns that worth and value stem from being a child of God, a new creation in Christ. However, this is a long process, as one must be "transformed by the [continual] renewing of the mind" (Romans 12:2). Therapy involves nutritional counseling, exposing and correcting faulty thought patterns, and healing old wounds. Family counseling, assertiveness skills training, and body image work are often part of the process as well.

As a counselor, my mission is this: "Build up, build up! Prepare the road; remove the obstacles from my people" (Isaiah 57:14). The eating-disordered individual has encountered obstacles on the path to fulfilling his or her God-given purpose, and help is needed to clear the way. She must learn to identify and express emotions, practice self-acceptance, and fully grasp God's unconditional love. The freedom that recovery brings is reflected in Psalm 107:14: "He brought them out of darkness and the shadow of death, and broke their chains in pieces."

Picture the 5-year-old child thinking she is fat; imagine her becoming the 18-year-old with osteoporosis. Imagine her heart failing from malnourishment and repeated vomiting. Now imagine that this child is yours. Get help. To find out more about eating disorders or for ideas on how to promote Eating Disorders Awareness Month in your school or community, go to www.nationaleatingdisorders.org