

INFORMATION FOR PARENTS



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Hope's Garden Disclaimer

The information and services provided by Hope's Garden, Eating Disorders Support and Resource Centre are not a substitute for medical treatment or psychological care. Hope's Garden offers support and information but not treatment. For medical treatment for the physical and emotional problems associated with eating disorders, consult your physician and/or a competent mental health professional.



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HOW HOPE'S GARDEN CAN HELP—SERVICES & RESOURCES

Drop-in Support

- You are invited to call or drop-in anytime to ask questions about our programs, get information on eating disorders, or talk with a volunteer in a relaxed, supportive environment.

Support Groups

- We offer ongoing support groups for Family and/or Friends, Teens, and Adults that are open to anyone, with no advanced registration
- Throughout the year we offer a wide variety of Workshops, Lectures, and 8-Week Groups on diverse topics (registration is required). Please contact Hope's Garden to find out what is currently available.

Reading & Lending Library

- Our library has an extensive collection of books, reference materials and videos on eating disorders and related topics.

Referral Directory

- For those seeking treatment, we have a comprehensive listing of resources in the London Middlesex area that work with individuals who have eating disorders. Listings include community resources and services, hospital programs, as well as therapists and nutritionists in private practice.

Website

www.hopesgarden.org

- Our website is a great starting place to learn more about the services and programs we offer at Hope's Garden, as well as information and resources on eating disorders.



PILLARS FAMILY SUPPORT GROUP

- **Open to parents, spouses and other family members and friends involved with loved ones struggling with disordered eating**
- **Meets on the 2nd & 4th Monday of every month, 6:30-8:00pm**
- **Family and friends will find this group helpful because:**
 - 1) **They can learn about the nature of eating disorders and how to help on the road to recovery**
 - 2) **They benefit from the experiences and support of other parents and family members**
 - 3) **They have an opportunity to ask questions of the group leader and guest speakers.**

As with all groups at Hope's Garden, PILLARS Family Support Group is facilitated by professionals. It is a non-treatment group and focuses on information and support.



PILLARS BIBLIOGRAPHY

The following books are among those available for family and friends in the resource library at Hope's Garden:

Berg (2001). Children and Teens Afraid to Eat.

Costin, C. (1997). Your Dieting Daughter: Is She Dying for Attention?

Friedman, S. (1997). When Girls Feel Fat: Helping Girls Through Adolescence.

Hall & Cohn (1999). Bulimia Nervosa: A Guide to Recovery.

Hall & Cohn (1999). Anorexia Nervosa: A Guide for Recovery.

Herrin & Matsumoto (2002). The Parent's Guide to Childhood Eating Disorders.

Hirschmann & Zaphiropoulos (1993). Preventing Childhood Eating Problems.

Kelly (2002). Dads & Daughters.

Natenshon, A. (1999). When Your child Has an Eating disorder: A Step by Step Workshop for parents and other Caregivers.

Richardson & Rehr (2001). 101 Ways to Help Your Daughter Love Her Body.

Siegel, Brisman & Weinshel. (1997). Surviving an Eating Disorder: Strategies for Families & Friends.

Treasure, J. (1997). Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers.



THE CONTINUUM OF DISORDERED EATING

At Hope's Garden, our view is that disordered eating exists on a continuum and that it is important to acknowledge that every individual is unique in terms of his or her personal history, symptoms and needs in terms of the things that will be most effective on the road to recovery.

At one end of the continuum are attitudes and behaviours which may not seem like problems now but which could eventually lead to the development of an eating disorder. Examples are yo-yo dieting, occasional binge-eating, use of diet pills to control appetite, negative thoughts about your body, excessive exercising, denial of hunger, exaggeration of body size, emotional eating, etc... In a society that is obsessed with thinness, perfection and self-control, it is not surprising that these behaviours and attitudes exist. Certainly they don't improve a person's health or increase self-esteem.

At the other end of the continuum are more serious and debilitating eating disorders which rob the individual of his or her physical health, emotional well-being and happiness in relationships. These include *Anorexia Nervosa*, *Bulimia Nervosa* and *Binge-Eating Disorder*. It is important to know that no one sign or symptom defines an eating disorder. It is a combination of physical symptoms, behaviours, attitudes and emotions that leads to their identification.

Following are definitions of each eating disorder and a list of common signs and symptoms. While there are important differences among the disorders, you will notice that there are also many similarities.



WHAT FACTORS CONTRIBUTE TO EATING DISORDERS?

Eating disorders are very complex problems. Most girls who develop eating disorders do so between the ages of 11 and 14 (although it can start as early as age 7), and there are many reasons why. The most common age to develop Anorexia Nervosa is 13, while the most prevalent age of onset for Bulimia Nervosa is 17. Some people develop eating disorders because of family factors, others because of pressures from society and the media, while others may develop an eating disorder because of a traumatic event that they may have experienced as a child or a teenager.

There are many theories about what factors lead to the development of an eating disorder. *What is important to remember is that there is no one single cause for the development of an eating disorder.* Instead we find that there are many factors that in combination can contribute to the development and maintenance of eating disorders. In addition, it is important to pay attention to individual differences of experience with regards to the factors described below.

Social factors

- The teenage years pose an especially difficult and vulnerable time for most teens. Puberty hits, and many girls are subjected to teasing by their peers. The feelings of inadequacy, the poor-self image, the anxiety, and loneliness experienced by many teenage girls (and boys) may contribute to or aggravate an eating disorder.
- Sometimes appearance-obsessed friends or romantic partners create pressure that encourages eating disorders.
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths.
- Cultured pressures that glorify "thinness" and place value on obtaining the "perfect body" by means of diet, starvation, and over-exercising.
- Some people who develop eating disorders may seem to be living exciting lives filled with friends and social activities, but later they will confess that they did not feel they really fit in, that no one seemed to really understand them, and that they had no true friends or confidants with whom they could share thoughts, feelings, doubts, insecurities, fears, hopes, and ambitions.

WHAT FACTORS CONTRIBUTE TO EATING DISORDERS? *continued*

Media factors

- As a teenager, feelings of inadequacy are easily influenced by the media, which sets unrealistic standards and unachievable goals in terms of looks.
- The media promotes a body image which is extremely thin, perfectly shaped and flawless. While this body type is presented as glamorous and achievable, for the most part, it is fake.
- How we feel about our body image is at its most fragile in adolescence due to physical changes of puberty. The tendency to compare ourselves on almost every dimension with those around us is also at its peak at this time. Girls can find themselves in a subculture of dieting, reflecting messages not only from the media but also from parents, peers, and members of the opposite sex.
- Images in the media are air-brushed and optically distorted using lighting and computers. In addition, teens are 'promised' that if they achieve these low weights and perfect shapes, they will be healthier and happier. The truth is that some girls who are affected by these cultural images practice extreme dieting and excessive exercise with the hopes of looking like their role models - the movie star, the model or the rock star. This is especially dangerous because diets can easily snowball into anorexia or bulimia. Dieting can become surprisingly addictive.
- Sometimes girls involved in certain sports, like ballet, gymnastics, and ice skating, might feel they need to be thin to compete. Girls who model also might be more likely to develop an eating disorder. All of these girls know their bodies are being watched closely, and they may develop an eating disorder in an attempt to make their bodies more "perfect."
- **What can I do??** Become a critical viewer of the media messages we are bombarded with each day. Media messages about body shape and size will affect the way we feel about our bodies and ourselves only if we let them. When we effectively recognize and analyze the media messages that influence us, we remember that the media's definitions of beauty and success do not have to define our self-image or potential.

WHAT FACTORS CONTRIBUTE TO EATING DISORDERS? *continued*

Familial Factors

- Another factor which may contribute to the development of an eating disorder is family influence. Sometimes eating disorders seem to run in families, where a mother, sister, or aunt has also suffered from either anorexia nervosa or bulimia.
- Parents can increase a child's risk of developing an eating disorder if they are overly concerned about their child's looks or if they aren't comfortable with their own bodies and or engage in unhealthy eating habits and behaviours.
- Some other family factors include families that are over-protective, rigid, and characterized as having poor conflict resolution skills.

Psychological Factors

- There are many emotional and psychological factors that may contribute to the development of an eating disorder such as low self-esteem, depression, anxiety, a personality disorder, anger or loneliness.
- High expectations placed on ourselves by parents, media, friends and family, coaches and society in general, can often lead to feelings of inadequacy or a lack of control in one's life.

Interpersonal Factors

- Some individuals who develop an eating disorder have a history of physical and sexual abuse or a history of being teased or ridiculed based on body size and weight.
- Troubled family and personal relationships, or a traumatic life event, such as a parent's divorce, separation, or death have also been identified as contributors to the development of an eating disorder
- Sometimes, the difficulty in expressing emotions and feelings can also contribute to an eating disorder.

ANOREXIA NERVOSA

Anorexia Nervosa is characterized by drastic weight loss from excessive dieting, and intense fears of weight gain even when extremely thin. Up to 15% of people with anorexia nervosa die as a consequence of self-imposed starvation.

Physical Signs and Symptoms

- extreme weight loss
- loss of menstrual cycle
- dizziness or fainting
- sleep disturbances
- thin, brittle hair and nails
- lowered body temperature leading to complaints of always feeling cold
- periods of hyperactivity
- fatigue
- dry skin
- Lanugo – increased growth of fine, downy body hair
- pale, anemic appearance

Behavioural and Emotional Signs & Symptoms

- preoccupation with food and weight
- unusual eating habits, *i.e. eating only certain foods, rituals*
- denial of any problems
- distorted body image
(may view self as fat when others perceive individual as very thin)
- intense fear of weight gain
- perfectionism
- compulsive exercise
- wearing baggy or layered clothing to conceal thinness
- withdrawal from others
- hoarding of food
- frequent weighing and/or measuring of body
- inflexible in behaviour
- tendency to think in extremes (*e.g. “Either I’m fat or I’m thin”; “Either I’m completely in control or I’m completely out of control”*)
- low self esteem—thinness may become the major or only source of self esteem
- difficulty adapting to change

BULIMIA NERVOSA

Bulimia Nervosa is identified by recurrent episodes of binge-eating followed by some form of purging such as self-induce vomiting, laxative abuse, fasting or excessive exercise to avoid weight gain. Individuals feel a lack of control over eating and experience strong feelings of guilt and shame. Because weight is often in the normal range, bulimia nervosa may go unrecognized despite the many medical complications that can result from the condition.

Physical Signs and Symptoms

- frequent weight fluctuations
- irregularities in menstrual cycle
- fatigue
- sleep disturbance
- bloodshot eyes, dark circles under eyes
- swollen glands, puffy face
- frequent sore throats
- frequent bloating and abdominal pain
- dizziness or fainting
- pasty complexion
- sores on the inside of the mouth
- rashes around the mouth
- increase in dental problems due to erosion of tooth enamel

Behavioural and Emotional Signs and Symptoms

- tends to alternate between periods of dieting and binge-eating
- eats excessive amounts of food but with little or no weight gain
- fear of fat
- low self esteem – shame and self-disgust over bingeing & purging
- highly critical of body size and/or shape
- disappears after meals, evidence of vomiting or laxative abuse
- secretive eating
- mood swings
- poor concentration
- difficulty adapting to change
- frequent weighing and/or measuring of the body
- tendency to think in extremes (*e.g. "Either I'm a success or I'm a failure"*)

BINGE EATING DISORDER

Binge-eating disorder is characterized by frequent binge-eating and a sense of lack of control over eating. Those who binge-eat also suffer great emotional distress and eat for emotional reasons (anger, anxiety, sadness, loneliness etc.) rather than physical cues of hunger. They are usually above the average weight.

Physical Signs and Symptoms

- fatigue
- weight gain
- sleep disturbances
- physical deterioration

Behavioural and Emotional Symptoms

- unable to satisfy hunger
- frequent snacking
- secretive eating
- mood swings
- memory lapses
- rapid, out of control eating
- emotional eating (eats in response to anger, sadness, fatigue, anxiety, loneliness etc... rather than physical cues of hunger)
- self-hatred
- preoccupied with thought of diets
- loss of interest in activities
- hoarding of food



HELPFUL COPING TIPS

Learn as much as you can about eating disorders

- This will help you feel more confident and understanding of the many factors involved in the development of eating problems

Seek outside help for yourself

- Find a family member or a friend, support group, a counsellor, or other professional who has experience in helping families and friends cope with an eating disorder sufferer
- Be prepared to seek help and support for the *entire family* to better understand the issues as they impact on the whole family. This is a good way to develop mutually respectful coping strategies

Be patient!

- Eating Disorders can be a long-term illness. You cannot expect over-night recovery even if the person is in therapy

Encourage professional help

- Encourage discussion around the person's current conflict and concerns
- Be prepared to help her/him problem-solve and to find supportive help from a professional (e.g. teacher, religious leader, counsellor or therapist, doctor)
- Take an adolescent to a professional for a medical evaluation if you are at all worried about her physical status. Signs of medical instability can be very subtle, and might include dizziness, tingling sensations and "blacking out"
- If the person is truly endangering his/her life by their eating habits, be insistent

Do not put unnecessary focus on food

- See meals as an opportunity for a relaxed time during which family members can catch up with each other's interests
- No one should be forced to eat anything, or have food withheld
- Adolescents with eating disorders may actually benefit from structure and consistency in meal times

HELPFUL COPING TIPS *Continued*

Focus on issues of health and well-being

- Encourage the person to get involved with non-food related activities
- Avoid commenting on the person's weight or appearance: She/he is already overly focused on it and your comment is unlikely to reassure the person, but may draw you into an unhelpful discussion about her food and weight preoccupation

Maintain normal family functioning

- Try to ensure that you don't allow the person's problems to interfere with your normal functioning
- Let the person know that he/she is important to the family but not more so than any other family member.
- If behaviour of the eating-disordered person affect others, she/he is responsible

Understand and respect underlying issues

- Understand the eating behaviour as a problematic coping strategy for dealing with painful emotions and conflicts
- Control is a feeling that a person with an eating disorder must feel that she/he has over her/his daily routine. This can be very frustrating for those around the individual, but the situation often only becomes worse when it is perceived that someone else is trying to take that control away



TACTICS TO AVOID

- × Don't comment on the person's weight, size or appearance
Your comments may not be taken in the proper context anyway
- × Don't to make comparisons
Low self-esteem is often a problem for those with eating disorders
- × Avoid power struggles over food
- × Don't dwell on food-related discussions
Try not to comment on what someone eats at all
- × Don't lay blame, shame or guilt
This only re-enforces the person's feelings of failure
- × Avoid giving simple solutions
- × Avoid using threats or rewards to get her/him to attend your concerns



HOW TO APPROACH SOMEONE YOU BELIEVE HAS AN EATING DISORDER

- Set aside a time to talk
- Communicate your concerns supportively and respectfully, in a non-confrontational manner
- Share memories of when you felt uneasy, afraid, concerned about her/his eating patterns or behaviours
- Be supportive and open to their reaction
- Don't be surprised if the reaction is one of denial or perhaps even hostility
- Don't lay blame, shame or guilt
- Emphasize your concerns about the person's health and well being, rather than body size or weight changes
- Leave the person with the impression that you think this is a very serious issue and would like to speak with her/him about it again
- Inform her/him about Hope's Garden



WARNING SIGNS OF RELAPSE

- An increase in obsessive thinking about food, weight or shape
- Recognizing increased self-defeating thought patterns e.g. all-or-nothing thinking
- Experiencing urges to diet – skipping meals forgetting to eat, counting calories or fat grams, cutting back on portions
- Experiencing urges to binge-eat
- Experiencing urges to vomit or abuse laxatives
- Believing that one can purge ‘just once’
- Beginning to think/feel obsessively about exercise in order to compensate for food intake
- Ignoring pain and/or exhaustion when exercising
- Becoming dependent on weight or size to determine success or happiness
- Believing one is fat even when others view one as thin
- Increased social isolation
- Fantasizing about perfection as a way to feel better, e.g. imagining the perfect body, the perfect mark at school, the perfect relationship, etc...
- Constantly scrutinizing one’s body in the mirror or dread of seeing one’s body
- Drinking excessive amounts of water, coffee, or diet pop to trick oneself into believing one has maintained weight or is not hungry
- Using food consumption or dieting to ‘solve’ problems with stress, anxiety, anger, conflict
- Providing self or others with inaccurate reports (exaggerated or minimized) about symptoms – eating behaviour, troublesome thoughts or feelings
- Feeling anxious about decisions around food, eating same foods all the time, choosing only low calorie/low fat foods, chaotic eating patterns, rapid or unconscious eating
- Feeling out of control
- Hiding emotions (anxiety, depression, anger, guilt) from others including therapist
- Inability to tolerate the feeling of food in one’s stomach; feeling ‘gross’ or ‘fat’ instead of ‘full’ or ‘satisfied’.
- Wearing only loose-fitting clothes – due to negative body image, hiding weight loss, extreme discomfort due to feeling ‘fat’
- Feeling guilty for eating, believing that one doesn’t deserve to eat
- Ritualistic eating patterns.

From Berg et al (2002). Eating Disorders: A Patient-Centered Approach p. 140.



ONLINE RESOURCES

Hope's Garden

London's Eating Disorders Support & Resource Centre
www.hopesgarden.org

National Eating Disorder Information Centre (NEDIC)

Toronto based resources and information on eating disorders
www.nedic.ca

Sheena's Place

A registered charity offering hope and support services at no cost to people affected by eating disorders and their families. It is located in Toronto.
www.sheenasplace.org

Bulimia and Anorexia Nervosa Association (BANA)

An organization providing specialized treatment, education and support for individuals with eating disorders.
www.bana.ca

Something Fishy

Eating disorder information, online support forums, treatment links and more
www.something-fishy.org

International Eating Disorder Referral Organization

Information and treatment resources for all forms of eating disorders
www.edreferral.com

Mirror Mirror

Information, links, resources, support and more
www.mirror-mirror.org/eatdis.htm

What's Eating You?

Links, information, support, treatment and prevention resources.
www.whatseatingyou.com