



Misinformed superheroes

Ruth Micallef busts some popular myths surrounding invisible eating disorders

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I imagine a Hollywood blockbuster. The protagonist is a young person facing adverse life experiences. They want a superhero to save them, and one appears, making life bearable again. However, you and I know that life is not a Hollywood movie. Often, young people are forced to save themselves, and in many cases, they manifest their own superhero, albeit a misguided one. Sometimes, the superhero is drugs or alcohol, sometimes it's self-harm, or TV, social media or YouTube. For the young people who come to my counselling room, the superhero is food and exercise. Being formally trained as a pluralist counsellor, I genuinely believe there is no 'one size fits all' in therapy. However, I hope this article will resonate with many. In my counselling room, there is no 'master', only counsellor and client, collaborating to find understanding and a path towards recovery, so that young people will no longer need intervention from their misguided superhero. More often than not, the superhero joins the sessions too. I feel that eating disorders can be demonised, and in my experience, that is not always helpful. An eating disorder is a subconsciously self-manifested coping strategy.

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We must consider that making the 'eating disorder self' feel shame may only compound the problem. Instead, by allowing the young person to process their experience in their own way, slowly, the misinformed superhero will no longer be needed.

The popular perception of eating disorders predominantly portrays anorexia nervosa, even though this only accounts for roughly 8% of all eating disorder cases.¹ This creates a culture in which other eating disorders, which do not involve clinically low weight, are overlooked. If approximately 1.25 million people in the UK struggle with disordered eating, and 92% of these cases are not anorexia nervosa,¹ it is highly likely that we will encounter a young person struggling with an 'invisible eating disorder'. So how do we unveil this invisible, misguided superhero? Myth-busting is a good place to start.

Myth: only women and girls develop eating disorders

Eating disorders are not gender specific, they are experience specific. Research has found a link between the severity of childhood neglect and the severity of an eating disorder.² Roughly a third of those who develop eating disorders experienced sexual abuse in childhood.³ Research also suggests that childhood emotional abuse is a unique predictor of developing an eating disorder as a coping strategy, as the child's environment does not allow the space

to learn adaptive emotional regulation.⁴ There is ongoing research into the impact of bullying as a trigger for eating disorder development.⁵

Myth: people with an eating disorder have a low BMI

Young people with eating disorders are not necessarily underweight, and action is finally being undertaken to remedy the way we measure the need for eating disorder support. A report from MPs on the Women and Equalities Committee has called for the current trend to use body mass index (BMI) to determine healthy weight to be scrapped,⁶ and I couldn't agree more. Young people can absolutely present with an eating disorder, even when they have a so-called 'healthy' BMI. Changing the way that we assess eating disorders will allow more people to access the support they need.

Myth: bulimia means that you make yourself sick

Again, the media has a lot to answer for when it comes to this misconception. Bulimia nervosa typically includes a cycle of bingeing and purging, but purging does not necessarily mean vomiting. It can also involve excessive exercise, taking laxatives, fasting or combining any of the above. Bulimia is often seen as a less risky eating disorder, but the long-term physical impacts can be detrimental and sometimes life threatening. Bulimia nervosa is much more complex than simply making oneself sick. Take note of young people who mention skipping meals, fasting or excessively exercising.

Myth: you must have had a 'big-T' trauma to develop an eating disorder

Trauma and adverse childhood experiences (ACEs) are relative to each unique life story. Frequently, clients tell me early on that they 'don't have enough trauma' or they worry that they might be wasting my time. Some think they need to have suffered one big event (big-T trauma) to justify their coping mechanism. But not all traumas are big-T traumas. In fact, half of eating disorder patients reported experiencing emotional neglect during their lives, one of the most overlooked forms of trauma.⁷ Emotional neglect is not one big incident, but a catalogue of consistent, chronic experiences. Children and young people can develop eating disorders to cope with this ongoing trauma.

Myth: there is no such thing as being too healthy

Do not be fooled by the wellness industry. Being clean or pure in diet and lifestyle is regularly peddled as an aspirational way to live. What looks healthy can sometimes be the development of avoidant, restrictive food intake disorder (ARFID), or orthorexia

symptoms (such as an excessive preoccupation with healthy or clean foods). This is exacerbated by social media and the rise of unqualified influencers and gurus. Tell-tale signs to watch out for are a young person evangelising about foods they perceive as clean or pure and demonising or developing a fear of other food groups.

Invisible eating disorders are a coping strategy like any other – a misinformed superhero brought in to save the day. But let us help young people, gently and compassionately, to process their experiences in ways that feel safe. Eating disorders have never been the villains of the piece, no matter how they encourage our young people to live. Nevertheless, their hold will only loosen when they genuinely believe our young people have found safety and self-compassion. Then, we can help them tie on their capes and fly away.

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References

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