

Eating disorders: a misunderstood mental illness

UNDERSTANDING THAT EATING DISORDERS ARE A MENTAL ILLNESS, AND LEARNING TO RECOGNISE THE SYMPTOMS, CAN MAKE YOU BETTER ABLE TO HELP A SUFFERER TAKE THE INITIAL STEPS TOWARDS RECOVERY.

Despite being intelligent, highly qualified professionals, lawyers are not immune from eating disorders. If not treated, an eating disorder can significantly affect your practice.

Eating disorders often exist simultaneously with one or more other mental illnesses, such as depression or anxiety, due to the associated negative feelings and low self-esteem present in these conditions.

Eating disorders are a distinctive reaction to a variety of external and internal conflicts, such as stress, anxiety, unhappiness or lack of control, therefore it is important to identify and address the reasons for the illness affecting the sufferer.

What is an eating disorder?

An eating disorder is an illness and a group of conditions classified by abnormal eating habits, often involving either insufficient or excessive food intake.

Having an eating disorder is more than just being on a diet. The illness takes over all aspects of a sufferer's life and may be caused by a variety of psychological and emotional factors. There are a number of eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorders and eating disorders not otherwise specified (EDNOS), as outlined below.

Anorexia

Anorexia is not simply about wanting to be skinny. Like any mental illness it is rather complex and often involves many contributing factors. Anorexia is a negative way of coping with emotions and it can have serious implications. Disordered eating, an implication of anorexia, can cause serious physical, psychological and behavioural problems. Some signs of anorexia may include excessive exercise, refusal to eat in the presence of others, self-harming such as cutting, laxative abuse, thinning of hair, frail appearance, constantly feeling cold or bruising easily.

Bulimia

Bulimia nervosa is a serious psychiatric illness characterised by recurrent binge-eating episodes (the consumption of unusually large amounts of food in a short period of time), followed by compensatory behaviour (purging or over-exercising). Binge episodes are associated with a sense of loss of control and immediately followed by feelings of guilt and shame. Bulimia sufferers are often difficult to diagnose because they usually maintain an average weight. Indicators of bulimia can include: frequent trips to the bathroom especially after eating; food avoidance or dieting behaviour such as avoiding meat because it is difficult to purge; mood swings; or fluctuations in weight.

Binge eating

Binge eating disorder is characterised by an absence of purging, despite suffering feelings of intense guilt, shame and self-hatred after binges. While a lack of purging is evident, a person experiencing binge eating disorder will often participate in sporadic fasts or diets in response to the negative feelings that follow a binge episode. Binges often represent a distraction that allows a person to avoid thinking about the real root of their problems. Some indicators of binge eating disorder include: avoiding social situations that involve food; eating more rapidly than normal; eating when physically not hungry; or eating in secret.

Eating disorder not otherwise specified (EDNOS)

EDNOS is a term used when a person shows signs of disordered eating but does not meet the entire diagnostic criterion for one of the three Diagnostic Statistical Manual (DSM) recognised eating disorders, which are anorexia, bulimia or binge eating disorder.

Potential causes and effects of an eating disorder

Food becomes a problem when it is used to help cope with painful situations or feelings, or to relieve stress. Some people may comfort eat when feeling sad, angry or lonely; others may neglect to eat at all when



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they are feeling stressed or depressed. Eating disorders frequently develop as the person begins to see their food intake as the one part of their life they can control. It is important for lawyers to recognise that the same personality factors that can make a person successful in a competitive, high-stress profession such as the law are also reflected in the personalities of eating disorder sufferers.

Some of these personality factors include self-imposed perfectionism or compulsivity issues. Quite often the high expectations and unrealistic goals that sufferers set for themselves are internally motivated rather than set by social expectations – for example, obtaining high distinctions in all subjects at university. Generally, sufferers are afraid of losing control over their professional and/or personal life, and hence develop an eating disorder as the only thing they feel they can control.

An eating disorder may develop because of: the academic pressure of several difficult and competitive years of study; the long hours expected of many lawyers; file load; the stress of dealing with sensitive or distressing matters (especially in criminal or family law); pressure to meet high billing targets or budget; or the stress of difficult ethical situations faced in the course of practice. It is important to understand

that each person reacts differently to situations; where one person may thrive in this work environment, another person may not be able to cope.

Conclusion

Perfectionism, depression and stress are often intertwined with an eating disorder. Eating disorder sufferers, especially those from the legal profession, tend to be perfectionists with high expectations of themselves. If you recognise that a person you know may have an eating disorder or depression, it is essential that these concerns are raised with the person sooner rather than later. Confronting the situation may be difficult, but it is imperative to communicate your concerns.

Just as with depression, it may be extremely difficult for a person suffering from an eating disorder to admit they have a problem. If you are concerned that someone you know may be affected and you do not know how to approach the topic, seek advice from a health professional or one of the organisations listed here. Treatment is very individual, and what works for one person may not be effective for another – but finding the courage to take that first step is vital. ●

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Where to get help

EATING DISORDERS VICTORIA (EDV)

A non-profit organisation which aims to support those affected by eating disorders and to better inform the community about disordered eating.

Helpline: 9885 0318 or 1300 550 236 (outside metro area)

Website: www.eatingdisorders.org.au

THE BUTTERFLY FOUNDATION (VICTORIA)

The Butterfly Foundation is dedicated to bringing about change to the culture, policy and practice in the prevention, treatment and support of those affected by eating disorders and negative body image.

Phone: 9822-5771

Website: www.thebutterflyfoundation.org.au

THE BRONTE FOUNDATION RECOVERY IS POSSIBLE FOR EVERYONE (RIPE)

The Bronte Foundation (tinyurl.com/6lp3dku) and Recovery is Possible for Everyone (tinyurl.com/7wyc78j) are two other organisations established to support eating disorder sufferers.

THE ROYAL MELBOURNE HOSPITAL

The Royal Melbourne Hospital (tinyurl.com/7rrkvgm) along with many other Victorian hospitals, has its own in-patient eating disorders unit focusing on weight restoration. A GP usually makes a referral to this service.