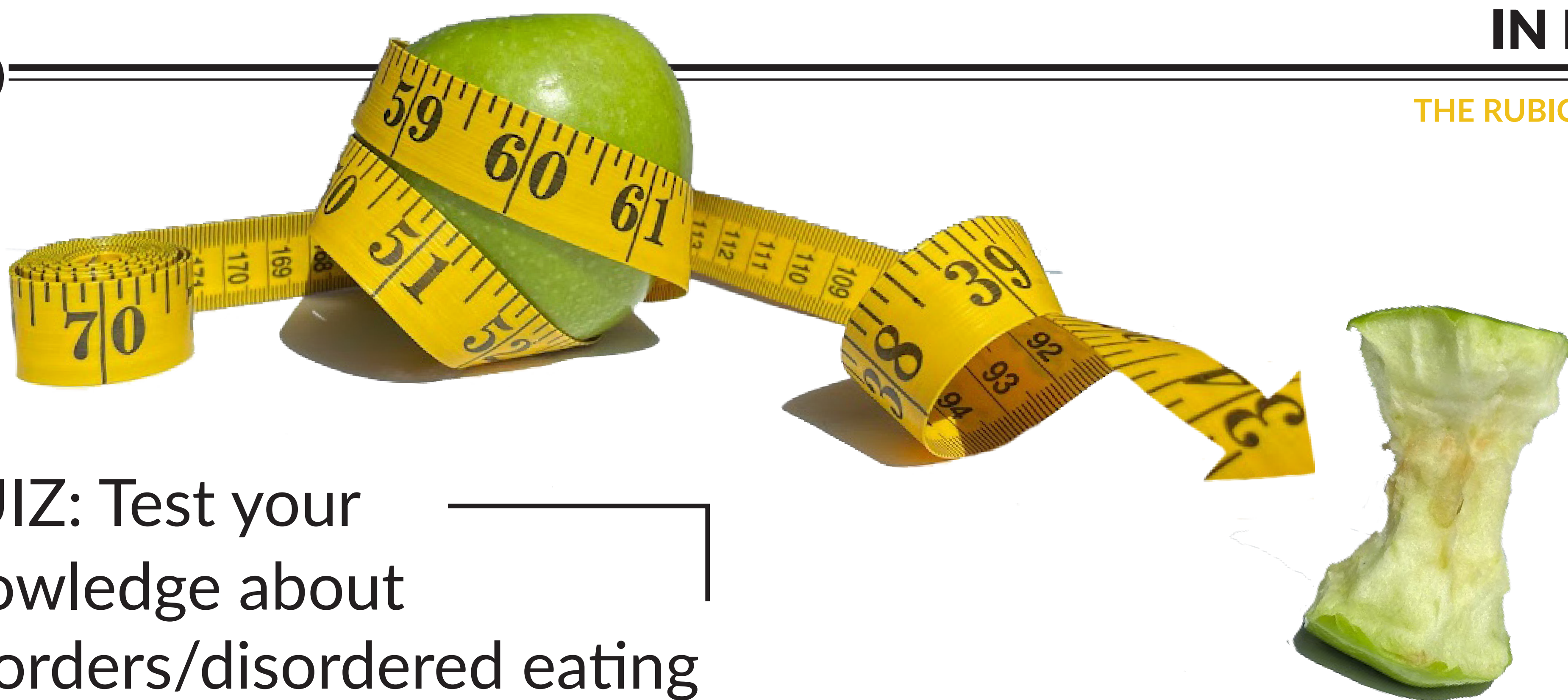


QUIZ: Test your knowledge about disorders/disordered eating

Student poll results — BOLD: correct answer

What percent of Minnesotans will have a diagnosed eating disorder in their lifetime?

- 29.5% — 4%
- 54.5% — **9%**
- 11.4% — 15%
- 4.5% — 25%

Transgender and LGBTQ people experience eating disorders at a higher rate than the gender binary.

- 90.9% — **True**
- 9.1% — False

Which age range has the highest percentage of diagnosed eating disorders?

- 2.3% — Age 6-11
- 95.5% — **Age 12-25**
- 2.3% — Age 26-40
- 0% — Age 41-55

What are eating disorders? What misconceptions exist?

ELIZA FARLEY
THE RUBICON

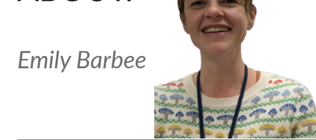
Even though many people have an idea of what eating disorders are, plenty of misinformation and misconceptions about these diseases abound. The stereotypical portrayal of a person with an eating disorder—most often, a white teenage girl—isn't indicative of how broad and nuanced the pitfalls of eating disorders can be. [transition sentence]

The National Eating Disorders Association defines eating disorders as "serious but treatable mental and physical illnesses." There are many different types; in general, they involve impaired functioning due to obsessive thoughts about food, and many also include symptoms of disordered eating.

Although the difference between disordered eating and an eating disorder might sound minor, they're actually two very distinct ideas. Disordered eating means that a person's eating patterns are abnormal to a degree—if they eat to deal with their emotions, for example, or exclude a certain food group from their diet altogether. However, those behaviors do not necessarily mean that that person has a diagnosable eating disorder. If disordered eating patterns surface alongside obsessive thoughts about body image or significant distress in other ways, then doctors would begin to consider a diagnosis.

A common misconception is that there are only two eating disorders: anorexia, where people heavily restrict their energy intake, and bulimia,

> ANOREXIA CAN BE SEEN IN THIS VERY GLORIFIED WAY...BUT THEN OTHER EATING DISORDERS, LIKE BINGING...AND BULIMIA, THAT'S LESS APPEALING TO TALK ABOUT.
>
> *Emily Barbee*



where people binge food and then resort to "inappropriate compensatory measures" (which, in most pop culture representations, means vomiting). In reality, there are many others which often slip under the radar. Binge eating disorder is actually the most common eating disorder in the United States, and yet it wasn't given its own entry in the DSM-5 (an edition of the manual that mental health professionals use to help diagnose patients) until 2013. It's important to remain aware that someone can still be suffering from a severe disease even if it doesn't exactly align with the stereotypical definitions of eating disorders that most people know.

Stereotypes also present themselves in the construction of the "typical person with an eating disorder"—more often than not, it's a very thin, young, white girl. However, those ideas can be incredibly harmful to people who suffer from eating disorders that don't fit those molds. A 2007 study by the Centers for Disease Control and Prevention showed that one-third of all people with an eating disorder were male. The weight of a person with an eating disorder has been found to be irrelevant to the psychological distress the disease causes. People may develop or suffer from eating disorders at any age, not just adolescence, and a person's race has no bearing on whether or not they may develop a disord

"I'm Ms. Barbee and I have a lot to say," US Counselor Emily Barbee said. "In fact, I have so much to say that you can split it up into two parts. Isn't that exciting?"

Road to recovery requires support

MADDY FISHER
EDITOR IN CHIEF

Recovery from an eating disorder can take many forms. Each person's process and support network is individualized.

For some students, the SPA counseling office is involved in the recovery process. According to US School Counselor Heidi Lohman, students typically work with outside providers, whether that's a therapist, a pediatrician, or a treatment program such as Melrose Center or The Emily Program. However, the SPA counselors also try to support the student by contacting treatment providers and using that information to inform how the school can assist in the recovery process.

For students who approach recovery through a clinic-based treatment, that process can bring them to a facility like Melrose Center, a HealthPartners specialty center dedicated to offering care to those struggling with disordered eating.

Carmen Hansen works as the Manager of Community Outreach and Provider Services at Melrose Center. Although Hansen holds an RN and has provided nursing care, she primarily works with the outreach department. "The more I've gotten into it, the more I am passionate about helping people get the life back that the eating disorder took away," Hansen said.

Hansen also works on a podcast called "Melrose Heals," where hearing living recovery stories helps to remind her of her passion for her work.

"It's very powerful to hear the stories of these patients who were in dark, dark places with their eating, with their weight, with their thoughts," she said. "And then to hear about their recovery, how thrilled they are, how optimistic. It's just remarkable. That's why I do what I do."

> [...] THERE NEEDS TO BE A TEAM OF TRUSTED PEOPLE, BECAUSE IT IS AN ALL-CONSUMING BATTLE [...]. YOU'VE GOT TO HAVE A NETWORK.
>
> *Heidi Lohman*

TREATMENT AT MELROSE CENTER

Recovery is difficult to define, and it looks different for everyone.

"When we talk about recovery, we talk about regaining the things that the eating disorder has taken away," Hansen said.

At Melrose Center, recovery begins with an initial assessment, in which the physical characteristics and the emotional behaviors of the patient are assessed. A diagnosis is given and the recommended level of care is discussed with the patient.

"It's very individualized," Hansen said. "We find out what is the lowest level of care that will sufficiently help you recover."

The majority of the patients at Melrose Center require the lowest level: outpatient care. These patients meet with a therapist and a dietitian, as well as a medical provider and a psychiatrist as needed.

For students who are in outpatient treatment and regularly attending school, support is provided during the learning day.

"Depending on what the eating disorder looks like, each student might have a different plan," Lohman said. "We offer them access to keeping food on hand. If eating in public is something that they struggle with, we offer spaces for students to eat privately. It looks very different for every student."

The next level of care is intensive outpatient care. While relatively similar to outpatient care, patients in this program also participate in evening meetings at Melrose, which involve group therapy and a shared meal.

Partial hospitalization is the next level of care and involves an all-day program that takes place five days a week. The regular residential program is similar, though that level involves 24/7 care.

The highest level of care offered at Melrose Center is called intensive residential care. "A patient is placed in intensive residential care when their bodies are more medically compromised, and need to have close attention to restore weight and to be safe," Hansen said. "Sometimes patients are very weak. They could pass out or lose their balance or have a heart condition because of what the eating disorder has done to their body."

FAMILY-BASED THERAPY

For younger patients, care can also include family-based therapy.

Director of Publications Kathryn Campbell supported her child through an anorexia diagnosis in 2014. The family worked with the Emily Program.

"Family-based therapy included one evening a month where at least a parent or supportive adult was expected to be present. There was a group session for the adults that included education. We learned about the bio-psycho-socio nature of eating disorders, what helps and impedes recovery, etc. There were times with our teens when we might do art, yoga, or meditation. In parent therapy sessions, we talked about the toll an eating disorder takes on caregivers and were offered tools to help us support our teens and take care of ourselves. The evening included a shared meal with all the families and students (and lots of conversation cards and discussion games), and often a speaker who shared their recovery story would end the night. There were occasional sibling nights, too; eating disorders impact the entire family and for family members to have a glimpse into recovery can help build empathy with siblings and give them some idea of the work their brother or sister is doing when they aren't home."

MOVING FORWARD

"The care process is not only physical, but it is also emotional," Hansen said. "Typically, it's not about the food. It's about what's going on underneath."

Lohman believes the school could add some components to Wellness and community engagement to protect students against eating disorders. "I think that there's a lack of education around nutrition and how it impacts your life," she said. "I also think that there could be a better parent information component because adults at home don't often realize how their own thinking and their own relationship with food can impact how their kids view their relationship with food."

According to Hansen, there are a number of things one can do to protect against disordered eating.

"Stop talking about people's bodies, about weight and shape, about how you feel in your shirt or your pants, about how someone else looks," she said. "Throw away your scales. Eat in moderation. Enjoy your food. Don't skip meals; don't diet. Enjoy what your body can do for you. Get involved in activities that help your body feel good and feel whole and feel alive."

Hansen acknowledged that recovery is often a difficult road to travel. "Treatment is hard work," Hansen said. "But recovery is definitely possible."

To start the recovery process, Lohman emphasized the importance of seeking support. "Recovery is not something that you can do in secret,' she said. "I'm not saying you need to shout it from the rooftops, but there needs to be a team of trusted people, because it is an all-consuming battle to recover from an eating disorder. You've got to have a network."

Stages of Recovery

PRECONTEMPLATION
Friends and family gently educate the individual about the severety of their disorder

CONTEMPLATION
The individual is willing to admit they have a problem and need to seek help.

PREPARATION
This individual is ready to make a change but is unsure of how to do it. A plan of action is developed by the treatment team

ACTION
At this point, the individual is ready to implement their strategy and confront their eating disorder.

MAINTENANCE/ RELAPSE
The maintenance stage takes place after the individual has sustained the Action stage for six months. They develop new behaviors and coping skills. This is also when potential relapses occur so it is important to maintain positive communications.

Scan this QR code to listen to "Melrose Heals," a podcast that shares stories of recovery.