

# Secret Diet Disasters of Trauma Survivors

By Dr. Angie Panos

Some trauma survivors would describe themselves as healthy, lean and fit, while others feel trapped in a body that they find uncomfortable or unacceptable to themselves. There are some survivors that have a healthy lifestyle of moderate exercise, healthy nutrition and adequate sleep. However, some have secret habits that are harmful, and merely give them the temporary appearance of fitness, while their health is slowly dissipating. What are these secret, harmful habits? The answer is eating disorders.

Some people use an eating disorder as a coping mechanism. For example, an alcoholic uses alcohol to cope. Likewise, a person with an eating disorder uses binge eating, purging or restricting their food to cope with their distress. Eating disorders have complex roots and are usually related to exposure to trauma, low self-esteem, depression, loss of control, worthlessness, identity confusion, family dysfunction and a lack of coping skills (de Groot & Rodin, 1999; Nagata et al, 1999). Many people with eating disorders report a history of emotional abuse, such as being teased or ridiculed about their size, weight, or their body's sexual characteristics (Kent, Waller & Dagnan, 1999; Kent & Waller, 2000). Cultural and media pressures which place more value on thinness and appearance rather than inner qualities are factors in the growing trend of eating disorders (Wonderlich et al, 2001). There are generally three recognized categories of eating disorders: Anorexia Nervosa, Bulimia Nervosa and Compulsive Overeating/Binge eating (APA, 1994; Schneer, 2002).

## **Starving Yourself to Death**

Anorexia is a disorder in which the individual severely restricts their food intake to the point they become underweight. The anorexia sufferer has an intense fear of any actual gain or even perceived gain of weight. They have body image distortions and believe they are fat, while other people perceive them as too thin. They use their restrictive eating to feel a sense of control over their life. Serious mood and thinking disturbances occur with Anorexia, which can complicate the recovery process from traumatic events. The behaviors of Anorexia include extremely restrictive dieting, compulsive exercise, and sometimes laxative or diuretic abuse. Serious health consequences often occur and if Anorexia Nervosa is left untreated, it can be fatal (Rodriguez-Srednicki, 2001; Wonderlich et al, 2000).

## **Binge and Purge and Do It All Over Again**

Bulimia sufferers repeat an addictive binge eating and purging cycle. They eat compulsively and then purge through self-induced vomiting, uses of laxatives, diuretics, strict diets, fasts, vigorous exercise, or other compensatory behaviors to prevent weight gain. Binges usually consist of the consumption of large amounts of high calorie food in a short period of time. Binge eating often occurs in secret. Bulimics, like Anorexics, are also obsessively involved with their body shape and weight. Like Anorexia, Bulimia causes severe mood and thinking disturbances and chemical imbalances in the brain. This severely compromises the victim's ability to make progress in therapy to help them recover from traumatic events. The medical complications of the binge-purge cycle can be severe and like Anorexia can also be fatal. Therefore, therapy for the eating disorder often must happen first or concurrently to the therapy for trauma in order for progress to be made (Steiger et al, 2001; Waller et al, 2001).

## **Food for Mood Control**

Compulsive Overeaters have a vicious cycle of binge eating and depression. Food is used as a coping tool to deal with moods. Binge eating temporarily relieves the stress of these feelings, but is sometimes followed by feelings of guilt, shame, disgust, self-loathing and depression. Binge eating, like Bulimia, often occurs in secret. It is common for Compulsive Overeaters to eat normally or restrictively in front of others and then binge in secret. For other Compulsive Overeaters, there is a pattern of "grazing" on foods all day long. Like the other eating disorders, Compulsive Overeaters are chronically unhappy with their weight. One compulsive overeater said she had to consult her "scale God" to see how she would feel each day. It is common for the number on the scale to determine how eating disorder sufferers will feel about themselves. Medical complications can also be severe and even life-threatening for Compulsive Overeaters. Some trauma survivors have expressed that they became compulsive overeaters after a traumatic event. In some cases weight gain is an attempt to "hide" their attractiveness and sexuality, and feel safer. For other survivors of trauma, compulsive overeating becomes a way to cope or nurture themselves through their pain. However, true nurturing is taking really good care of your health through proper nutrition, exercise, and medical care (Ochberg, 1988; Wonderlich et al, 2001).

Each year, millions of people in the United States suffer life-threatening eating disorders. According to the National Eating Disorders Association ([www.NationalEatingDisorders.org](http://www.NationalEatingDisorders.org)) there are six to sixteen million people in the United States afflicted with Anorexia Nervosa and Bulimia Nervosa. There are no accurate estimates for compulsive overeating. The occurrence of eating disorders among college age women can be considered epidemic. Conservative estimates suggest between 19% and 30% of this age group display Bulimic behavior. Unfortunately, there are trends suggesting that eating disorders are affecting increasing younger children. It is estimated that currently 11% of high school students may have a diagnosable eating disorder. Athletes, dancers, gymnasts and airline employees may face a greater risk for developing an eating disorder. Women and men in "appearance" sports or dancing, like ballet, gymnastics or figure skating, state that their thin and wiry appearance plays a key role in their success. Of females who participate in these types of activities, 62% have been reported to have eating disorders.

Most people with eating disorders suffer for many years in secret. Sadly, eating disorders are among the deadliest of mental health disorders, 10% or more die as a result of starvation, cardiac arrest, or suicide (APA, 1994; Wonderlich et al, 2001).

Tara (her name is changed to protect her confidentiality) tells her story of how her eating disorder complicated her recovery from a violent rape:

I was raped and violently beaten by a stranger while jogging. It was morning and I was in a nice neighborhood, near my home. The first few weeks after the attack, I could not eat or sleep. My whole system shut down. I was physical and emotionally in pain all the time. When I started to come out of shock and feel a little stronger, I began using food to try to get my energy back. I had never had a weight problem, and did not even worry about watching what I ate. I had given up my exercise program, because I could not feel safe jogging. I would get physically ill if I even saw a man noticing my body or how I looked. I did not take pride in being attractive, and felt like my body was my enemy. I don't think I ever consciously thought about what I was eating. I would eat because I just wanted to feel good, even if it was just for a few minutes.

I felt better when I ate foods that felt nurturing to me, like pasta, bread, desserts and heavy casseroles. I had started to dress in baggy clothes to hide my body, which helped me feel safer. In the six months after my rape, I gained 50 pounds. Although I was not happy with how I felt, I seemed helpless to do anything about it. I have to admit that being heavy did make me feel safer, and more intimidating to men.

Nearly one year after the rape, I had to go through the terrible stress of testifying in court against my attacker, who was finally caught. I started having severe headaches and went to see my doctor. I imagined that she would tell me that my headaches were due to the stress I was suffering. To my surprise, she told me I had developed high blood pressure, and would have to go on medication or undergo weight loss. She told me that I was 85 pounds overweight and at high risk for obesity related disorders. I cried as I took stock of all the losses I had experienced because of the rape.

“I was never overweight, and I loved to exercise,” I tried to explain to my physician. However, at that moment I realized that if I was going to heal from the attack, I had to find other ways to cope with my feelings. I sought out a therapist that I felt I could trust. I started keeping a journal, and tried to write instead of eating when I was stressed. Following the advice of my therapist, I joined a martial arts class that met four times a week. The classes helped me take pride in myself again. Feeling physically stronger was awesome. Little by little I was able to regain control over my eating disorder, while healing from the trauma.

Tara’s story reminds us that, there is reason to hope. Eating disorders are most successfully treated with early diagnosis. Lifelong recovery from an eating disorder is possible with professional intervention. If you or someone you love may be suffering from an eating disorder, please seek professional help as soon as possible and get started back on a road toward health and well-being.

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Web links for more information or referral for treatment for eating disorders:

[www.NationalEatingDisorders.org](http://www.NationalEatingDisorders.org)

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