



Anorexia and Bulimia

Understanding eating disorders in teenagers

by Dr Vanessa von Auer

DID YOU KNOW that eating disorders are becoming alarmingly more prevalent among our children? Children as young as nine years old are adopting dangerous eating habits commonly associated with eating disorders. Furthermore, according to the *United States National Association of Anorexia and Bulimia*, 95% of people with an eating disorder are between ages 12 and 25.

The Basics of either "Starving to Death" or "Overeating and Vomiting"

The most common eating disorders are Anorexia Nervosa (aka Anorexia) and Bulimia Nervosa (aka Bulimia).

Anorexic individuals keep their body weight below the minimal normal level through a restrictive diet (e.g. eating only certain coloured or type of foods), excessive exercise or starvation.

The rate associated with starving to death in anorexics is 12 times higher than the death rate of all causes for females between 15 and 24 years of age. Anorexia is the third most common chronic illness among teens.

Bulimic individuals tend to overeat by indulging in their favourite foods and then purging (vomiting) to avoid gaining the weight associated with their binge. The constant purging can be damaging to the oesophagus and tooth enamel as the stomach

acid burns its way out of the mouth. Bulimics also come up with innovative ways to "flush out" the calories by using diuretics, enemas and laxatives. Often, purging is the bulimic's way of punishing herself/himself for losing control over their eating.

Elena's Story - The Beginning

A sweet, 17-year-old girl sat in the waiting room with her friend, who accompanied her to the psychology clinic for moral support. When I called her into my office, she stood up and was wearing noticeable layers of clothing – a thick, baggy sweater and long pants. Although these layers disguised her silhouette, I could tell that she was slender. The layered clothing did not make sense to me – we're in Singapore after all – why do you need to wear a thick sweater, I thought.

Elena greeted me politely yet seemed shy and somewhat uncomfortable. The teenager began telling me that she had been to two other psychologists and that they "couldn't help her". She clearly had trouble trusting people as she averted her eyes while talking to me and found excuses as to why she disliked her previous mental health professionals.

She spoke about her strained relationship with her mother and past bullying (which started when she was 14 years old) which had traumatised her and still haunts her each day. While she was saying a lot – I felt she was not getting to the crux of the matter. Time to change gear I thought – I asked her "Aren't you

hot in all those clothes?” She put on a crooked smile – “Yes I am.” Ah – now we’re getting somewhere, I thought. I asked Elena to tell me more about her choice in clothing. She hesitantly divulged that she did not like her body and at the same time it helped her “get her mom off her back about losing weight” because she did not look as “obviously skinny”.

As Elena talked, general symptoms of eating disorders started flooding my mind:

- ✓ Dramatic weight loss in a relatively short period of time
- ✓ Wearing baggy clothes or dressing in layers to hide body shape or weight loss
- ✓ Love-hate relationship with food
- ✓ Obsessive exercising
- ✓ Self-starvation
- ✓ Over-eating and then purging
- ✓ Fear of eating around and with others
- ✓ Odd food rituals (i.e. cutting food into minute pieces, hiding food, only eating one type of food, secretive eating, etc.)
- ✓ Low mood and/or anxiety
- ✓ Amenorrhoea (loss of menstrual cycle)
- ✓ Hair loss, or fine hair on face and arms, and pale skin
- ✓ Low self-esteem yet perfectionistic

The Tricky Bits of Eating Disorders

It was clear that she suffered from anorexia. When she did not wear her baggy clothes, you could see outlines of her bones in her arms and legs. Her face had grown downy-like hairs and she had stopped menstruating. She obsessed about losing more weight, perceiving herself as fat and running twice daily so she could lose the “extra weight”. Eating disorders commonly can co-occur with “unhealthy partner disorders” such as Anxiety, Bipolar Disorder, Depression, Obsessive-Compulsive Disorder and Self-Mutilation. In Elena’s case she often

felt low, irritable and hopeless and further tended to cut her wrists and arms with sharp objects when she felt angry at her mother or encountered social difficulties with her peers. The tricky bits of eating disorders, therefore, include identifying and treating other co-occurring disorders and treating them concurrently, especially when clients like Elena may not be able or may not want to communicate her other struggles. In fact, Elena did not disclose that she was cutting herself. I had to ask for permission to inspect her arms when I suspected she was using her baggy clothes not only to hide her body frame but something more.

Elena’s Therapeutic Journey

Elena needed six months to fully trust in our therapeutic relationship. She sought counselling weekly, and we systematically targeted her various struggles through an integrated approach of Cognitive Behavior Therapy, Expressive Therapy as well as complementary treatment approaches such as Hypnosis and Eye Movement



Desensitisation and Reprocessing. Within a year, Elena gained 8kgs, helping her body return to some normalcy. She began to menstruate again and felt more energetic. I also referred her to a psychiatrist to support her medically. Within the same year, her mood began to stabilise. She was able to better cope with emotional distress and began to open up to her family about her frustrations more. I am pleased to report that two years later, Elena is now at university studying to be a psychiatrist – her aim: to be able to help others like herself! eh

What Families of Individuals with Eating Disorders can Do

✓ Dos	× Don’ts
Do allow the individual to divulge their issues to you in their own time.	Do not pressure them into disclosing their struggles when they are not ready.
Do learn more about eating disorders.	Do not try to control the individual.
Do listen with empathy when the individual is ready to talk.	Do not judge, lecture or criticise the individual.
Do seek professional help for the individual.	Do not give up on the individual.



Dr Vanessa von Auer, a leading Clinical Psychologist, is the Clinical Director of the VA Psychology Center (www.vapc.sg) and is sought after for her effective, integrative approach to counselling.