



# MYTHS AND FACTS ABOUT EATING DISORDERS

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# WHAT ARE EATING DISORDERS ALL ABOUT?

The following are a collection of 20 common myths about eating disorders, and the facts that disprove them. Often times, individuals with eating disorders may be misdiagnosed, overlooked, unable to receive proper treatment, or overall misunderstood because of these myths. The Food and Mood Institute strives to educate and inform individuals and loved ones, so they can become eating disorder myth busters.

# EATING DISORDERS ARE A CHOICE.

- Eating disorders (EDs) are complex medical and psychiatric illnesses that are caused by a multitude of genetic, biological, psychological and environmental factors. They often co-occur with other psychiatric conditions like major depression, general anxiety, social phobia, and obsessive-compulsive disorder which makes them more difficult to treat.
- Because of their complexity they are far from being a choice!
- There are 5 eating disorders recognized by the The American Psychiatric Association in the Diagnostic and Statistical Manual, 5th Edition: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder (BED), Avoidant Restrictive Food Intake Disorder (ARFID) and Other Specified Feeding or Eating Disorder (OSFED).

# EATING DISORDERS ARE BECAUSE OF THE MEDIA!

- As previously mentioned, eating disorders are a complex product of various genetic, biological, environmental and psychological factors making them bio-sociocultural diseases.
- Although not the sole cause, socio-cultural factors such as media-driven diet culture, can be one factor that increased the risk of developing an eating disorder.
- However there is a multitude of other factors such as environmental factors like peer conflict or bullying, other life stressors, and biological predispositions such as an anxious temperament that are also risk factors for eating disorders, and should not be overlooked.

# **THERE IS NOT MUCH HOPE FOR RECOVERY BECAUSE EATING DISORDERS HAVE A STRONG BIOLOGICAL COMPONENT.**

- Recovery is possible and there is always hope for recovery!
- Remember that biological factors, even though they play a large role in the onset of eating disorders, they are not the only factors that do.
- Being able to create a supportive environment, where effective communication can happen can help in decreasing the need for eating disorder symptoms in your child, and therefore increasing the possibility of recovery.

# EVERYONE HAS AN EATING DISORDER THESE DAYS.

- We live in a society that highly promotes being thin, fit and “healthy,” and tends to be preoccupied with food choices and types, and so disordered eating patterns can be very common. Someone with an eating disorder experiences much more complex and significant medical and psychiatric consequences that can be life-threatening that go way beyond the average socio-cultural preoccupations.
- Because eating disorders can disguise themselves as trendy socio-cultural lifestyles, obtaining the correct diagnosis, early intervention and adequate treatment is crucial.

# IT IS NORMAL AND ACCEPTABLE TO HAVE STRICT RULES ABOUT EATING “HEALTHY” AND DIETING

- As previously mentioned, eating disorders can hide behind diet culture, and the culturally driven desire to be thin and fit. These behaviors can often spiral into the beginning of an eating disorder and this has been supported by recent research.
- Oftentimes, at first glance, disordered eating symptoms may not meet full criteria for an eating disorder diagnosis. However, these symptoms are on very slippery slope and can easily shift to a full blown eating disorder.
- It is very important to pay close attention to any significant medical consequences, that may arise from behaviors of strict dieting and diet culture. These often include anemia, hypoglycemia, bradycardia and even bone loss.

# EATING DISORDERS ARE NOT A BIG DEAL

- Eating disorders have the highest mortality rate of any psychiatric illness due to their complexity and medical complications. In addition to medical complications from eating disorder behaviors, suicide is also very common among individuals with eating disorders and increases the significant and gravity of these conditions.

# THE ONLY SERIOUS EATING DISORDER IS ANOREXIA

- Even though a diagnosis of Anorexia comprises many health risks, other eating disorders which may not meet full criteria for Anorexia, are just as life threatening.
- In fact, much research that has examined and compared different eating disorders treated at an outpatient level of care found that death rates of bulimia and OSFED (Other specified feeding and eating disorder) were comparable to those of Anorexia.

# EATING DISORDER ARE ABOUT THE FOOD

- On the surface eating disorders may seem to be an obsession with food and weight, and these might be the most obvious symptoms. However, when we take a deeper look we find that these more identifiable symptoms are deeply rooted in perfectionism, anxiety, depression, emotional dysregulation, and even interpersonal difficulties.
- The biggest challenge is that malnutrition can lead to the worsening of these more hidden, more deeply rooted symptoms of an eating disorder. This makes it so crucial to be mindful and aware of the complexity of these disorders, and how highly important it is for them to be treated by a complete treatment team made up of a therapist, nutritionist and even psychiatrist.

# I AM THE CAUSE MY CHILD'S EATING DISORDER.

- Although eating disorders have a significant biological component, this does not mean that parents are to blame for these complex disorders. In fact, most current research studies continues to support that parents do not cause eating disorders.
- Due to their complexity, the cause of their eating disorders is very different from one individual to the next, and no one individual factor can be blamed for it's development. For this reason, it's important to remember that there is no one single set of rules to prevent an eating disorder.

# **IF I DO NOT NOTICE THAT MY CHILD IS ENGAGING IN EATING DISORDERED BEHAVIORS, I DON'T NEED TO WORRY ABOUT THEM.**

- One of the biggest pieces of an eating disorder is secrecy. This is one of the main factors that contributes to the development and maintenance of the eating disorder, as well as one of the biggest barrier for treatment. Secrecy often comes out of shame, fear of being judged, fear of being forced to go treatment, or because they are afraid someone will make them stop. It's not uncommon for parents to be caught off guard at how severe and pervasive the eating disorder behaviors are when a diagnosis is made or when people close to their child become aware they are struggling.
- If you see that your child is struggling with their food and body image it is important to express concern. Connection, empathy and compassion can encourage the child to receive the help they need.

# IF MY CHILD SAYS THAT THEY ARE FINE, I SHOULD NOT WORRY

- Self-awareness is not always present when a person has an eating disorder. In fact, in most cases than not, individuals learn about their condition much later into it's development.
- It is likely that your child, in all honesty, believes that they are fine and do not have a problem.
- Let's also remember the factor of secrecy, in which eating disorders thrive. Oftentimes young teens and children may be afraid or ashamed to talk about their eating disorder. They may also be scared to come with life's stressors without their eating disorder, and therefore are fearful of letting go of it.
- Not all eating disorders present equally. Your child may not report certain symptoms, such as body image concerns, but this does not necessarily deny the presence of an eating disorder.
- It is important to take be observant of other factors such as weight changes, emotional liability, medical consequences, all which may indicate that an eating disorder may be present. Make sure to consult with your eating disorder specialist, medical doctor, therapist or nutritionist or other professionals well-versed in eating disorders.

# IF MY CHILD IS NOT EMACIATED, THEY ARE OK.

- It is a big misconception that someone with an eating disorder must be underweight. In fact, it is not possible to tell whether someone has an eating disorder or not just by looking at them.
- Unfortunately, this misconception is often a huge barrier for appropriate treatment and care. For some, this might be invalidating as they feel they are not “sick enough” to need treatment, when they are not emaciated.
- Let’s also remember that eating disorders by nature, cycle from one to the next. So if a person has gained weight after receiving treatment for Anorexia that does not necessarily mean that they are recovered as they might be struggling with other symptoms outside of restriction.
- It’s also just as important to watch for emotional symptoms that can be of concern such as depression and anxiety which are often co-morbid with an eating disorder diagnosis.

# MY CHILD IS IN RECOVERY ONCE SHE HAS GAINED WEIGHT

- In Anorexia Nervosa, one of the first step of recovery is weight restoration. This marks the beginning of more productive therapy sessions for your child.
- It is after this step that most of the work towards recovery occurs. Psychological treatment addresses the emotional issues that let your child to resort to eating disorder behaviors in the first place.

# PURGING IS SELF-INDUCED VOMITING.

- Although one method of purging is via self-induced vomiting, this is not the only type, and it is common for people to use more than one method.
- Purging includes various method of removing or making up for food that was consumed. It is often used as a way to regulate or avoid distressing emotions. Physical health is very much at risk due to like-threatening electrolyte imbalances due to purging.
- Some types of purging include excessive use of laxatives or diuretics, and extreme or prolonged periods of exercising even enemas.
- Other compensatory behaviors include fasting, or abusing insulin in people with diabetes (diabulimia).

# MY CHILD SHOULD KNOW WHY THEY HAVE AN EATING DISORDER IN ORDER TO GET ON BOARD WITH RECOVERY

- As previously mentioned, self-awareness is often limited in people with eating disorders. Also, let's remember that eating disorders are not the product of any one factor; therefore their etiology is complex. It is often not possible to point the exact cause of an eating disorder with complete certainty.
- Most recent research does not support that understanding the cause of an eating disorder is correlated with recovery. However, there are many other factors which are. Having a caring and supportive environment is one of those factors. This can set the stage for your child to get on board with recovery.
- Weight restoration, as is the first priority in treatment which later sets the stage for deeper exploration of the multitude of factors that contributed to the development of the eating disorder.

# EATING DISORDERS ARE A “GIRL THING.”

- This is one of the biggest myths we often hear about eating disorders
- Most recent research indicates that in the United States alone, eating disorders will affect 10 million males at some point in their lives. In fact, eating disorders do not discriminate on age, gender, socioeconomic status, shape or size, sexual orientation, races or ethnicities. Even though gay, bisexual and transgender males are more likely to develop an eating disorder than straight males, the great majority of males suffering with an eating disorder are heterosexual.
- According to most recent studies, the number of males who are seeking treatment for eating disorders is growing.
- Some differences in common symptoms may occur such as desire for muscle mass in males, versus drive for thinness in females but the underlying mechanism of the eating disorder tend to be the same across genders.

# MY CHILD CANT HAVE AN EATING DISORDER, THEY ARE TOO YOUNG

- As previously mentioned, eating disorders do not discriminate on age. Unfortunately this means that they can develop or resurface at any point of the lifespan.
- Children, some as young as five or six are being diagnosed with eating disorders. This is likely due to the growing understanding and awareness of eating disorders across professions. Earlier intervention is therefore possible for these cases.
- It's important to consider that many people who have suffered from eating disorders report that they experiences symptoms much earlier than anyone was able to notice.

# ONCE MY CHILD GROWS OLDER THEY'LL GROW OUT OF IT.

- It is extremely rare and almost impossible for people to achieve recovery without the appropriate treatment.
- Eating disorders can go a long period of time unnoticed. Behaviors can continue from childhood into adulthood when untreated.
- It is important to remember that recovery is also a long journey, and not a perfect journey. Recovery takes time, and does not go on a straight line. It is more of a squiggly lines with many shifts and turns. Proper treatment with eating disorder specialists is invaluable in creating a stronger path of recovery.

# MY CHILD DOES NOT HAVE BINGE EATING BECAUSE EVERYONE EATS TOO MUCH AT TIMES

- Binge eating disorder only affects 3.5% of women, 2% of men and up to 1.6% of adolescents. It is a serious condition that goes beyond the occasional instance of engorging oneself with food.
- Binge eating is marked by recurring episodes – at least once per week over three months – in which they eat significantly more food in a short space of time than most people would, and experience a sense of loss of control over their eating behavior.
- Binge episodes are then followed by extreme psychological distress coupled with shame and guilt as well as anxiety and depression. This disorder impacts the person's ability to function and quality of life.

# AS A PARENT, THERE'S NOT MUCH I CAN DO TO HELP MY CHILD RECOVER.

- As a parent you are already taking a big step by familiarizing yourself with the myths and facts explained on this handout. In fact, you are one step closer on your journey to becoming a recovery ally.
- Parents are team players in their children's recovery team. Parental involvement in a child's eating disorder treatment can increase chances of recovery!
- Some forms of treatment are designed with the parents involvement in mind. Family-Based Treatment (FBT) (also known as the Maudsley Method), requires parents to temporarily take control of the child's eating and monitor for purging until a healthy weight and regular eating patterns are established.
- The Food and Mood Institute encourages parents to get involved, and provide support. Our mission is to support every parent in the process of their child's recovery through education and self-reflection, healthy parenting techniques and communication skills.

*To learn more please explore our website and our courses available for purchase  
For any questions please contact us at [foodmoodprograms@gmail.com](mailto:foodmoodprograms@gmail.com)*