

# Starving for 'perfection'

Emotional trauma, control issues, society-created image of the body cause eating disorders to take over lives of many

**Elizabeth Tobey**

*The Clackamas Print*

When most people think of eating disorders, they imagine the skinny, anorexic, teenage girl starving herself to be skinnier, but this is just a stereotype, and there are many important aspects to realize about eating disorders and the people suffering from them.

"It's important to realize that it's not about the food," says Hilary Kinavey, therapist at Portland Health and Wellness Clinic.

Therapists who treat people with eating disorders have begun to think that the behavior patterns with food are really just the symptoms of deeper emotional problems.

Eating disorders can be the result of feelings of inadequacy or lack of control over life, depression, troubled family and interpersonal relationships, a history of physical or sexual abuse, as well as social pressures that define beauty only by physical appearance.

"Many people have had some traumatic experience or they feel out of control about something," said Kinavey, who has worked with eating disorder sufferers for almost four years. "I think the most common case I see is people who use food to meet their emotional needs."

Kinavey describes this as "emotional eating." She comes from a background in women-related issues and obsessive behavior, and has a BA in psychology, with a minor in women's studies. Kinavey uses what she calls a "mindfulness approach" to treat her patients, and employs cognitive behavior therapy.

"Basically it reattaches the head to the body," said Kinavey, "and works on getting the mind to pay more attention to what the body needs."

A close look at some statistics reiterates that society has a very narrow view of what it means to be beautiful. One out of every 3.8 television commercials delivers a message that tells viewers what is or isn't attractive, and with the average amount of television that an adolescent watches, this means that kids these days are told over 5,260 times per year how they "should" look.

"Society has unrealistic expectations of body type," Kinavey said. "People don't even know how different body types can be, because we are only ever shown this one version."

For instance, fashion models are thinner than 98 percent of American women, with the average American woman being seven inches shorter and 23 pounds heavier.

"Because society puts all these ideas in our heads, we make our food decisions from our heads," said Kinavey. "I think because we do that, we don't know what our bodies really need. It's these external expectations against the internal expectations."

And it's not just teenage girls who suffer from eating disorders. Often eating behavior patterns will begin during adolescence, but because they are really the result of a variety of emotional problems, men and women, old and young, and black and white can all suffer equally.

"I tend to see clusters of ages," Kinavey said, "from about 16-18, and then 40s-50s."

Eating disorders can come in a variety of forms from anorexia and bulimia, to binge eating or compulsive eating. These can change to reflect the circumstance of the person suffering.

"People tend to think that if you are diagnosed with one eating disorder that those behaviors are fixed," said Kinavey, "but patterns shift."

"I try to help people identify the patterns," she said, "and then find an exit strategy."

To do this, she must first help people identify what is underneath the behavior, and, she says, "sometimes it has to get worse before it gets better" because of the issues this brings up for people.

But, like alcoholism, the biggest step is the first step: acknowledgment of the eating disorder.

"I think [patients] also have to be willing to move into a place where they have empathy for themselves," said Kinavey. "Then the paradigm shift is about noticing that the eating disorder is a way of dealing with other pain."

The recovery process can vary tremendously from person to person, both in length and method. Some people, especially those with a serious condition, will spend time in an inpatient care center, while others may find that attending a group session every other week is enough.

Kinavey recommends maintaining a relationship with a counselor or therapist, even after the main recovery process is over.

"What's true for all of us," she said, "is that in times of extreme stress we go back to our oldest coping methods. Relapse is part of the recovery process, and an important thing is learning to identify your own red flags."

Realizing that every body is different and creating and maintaining a positive body image is an important part of a successful recovery.

"The better the relationship we develop with ourselves, the better we can take care of our bodies," said Kinavey. "The more we explore our uniqueness, the healthier we will become."

## Eating disorder symptoms:

- Obsession with weight
- Seeing their body differently than others do
- Isolation or fear of eating around others
- Unusual rituals surrounding eating
- Perfectionist personality or unrealistic expectations of their body
- Low self esteem
- Wearing clothing that disguises body shape or hides weight loss
- Insomnia or poor sleeping habits

-Gathered from the National Eating Disorder Association

## How you can help

Eating disorders have the highest rate of death of any other psychological illness. It's important to be aware of some of the symptoms of eating disorders in order to be able to support someone who may be suffering.

*"I think what's most important is that people have someone who will listen without judgement."*

-Hilary Kinavey, therapist

When dealing with someone suffering from an eating disorder, remember that the food behaviors are only an expression of deeper emotional trauma.

Be careful to express your concern in a way that does not attempt to control the behavior of the individual, or place any blame or guilt on them. They are already struggling inside themselves, and don't need to be made to feel worse for worrying their family or friends.

For someone not suffering from an eating disorder, there isn't that much you can do, because it is up to the individual to decide that they want to get better. Encourage someone with eating disorders to seek a form of therapy that is right for them.

Learn to listen attentively and offer unconditional support.

Contact information eating disorder help-lines:

National Eating Disorder Association  
1-800-931-2237

Eat Right:  
1-800-231-3438

Center for Change:  
1-888-339-5471

Remuda Ranch:  
1-800-445-1900

National Association Anorexia Nervosa and Related Disorders:  
847-831-3438

Portland Health and Wellness, Hilary Kinavey:  
503-236-4506