THE STUDENT WITH DISORDERED EATING

Eating disorders are believed to impact 20 percent of college students. The three most common eating disorders - Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder - can be health and/or life threatening. Anorexia can best be characterized by voluntary self-starvation; Bulimia is a disorder in which the individual becomes entrapped in a vicious cycle of alternating food binges and purges (i.e. vomiting, laxative abuse, excessive exercise); and Binge Eating is when an individual overeats beyond a physical comfort level, but does not purge. While individuals struggling with Anorexia are usually severely underweight, those struggling with Bulimia and Binge Eating are often normal weight, or even overweight. These disorders often become the major preoccupying theme in an individual’s life, causing numerous interpersonal and medical problems, often interfering with his/her academic and/or work performance. Eating disorders are widely considered to be the most dangerous mental health issues due to a high mortality rate.

The presence of an eating disorder in a student’s life not only impacts his or her body image and food intake but can also affect a student’s social and academic functioning. Students may struggle with attention and concentration issues, depressive symptoms, physical pain, low energy, social isolation and low self-esteem.

Due to the opportunities that faculty, staff, and RAs have to observe and interact with students in classrooms, the cafeteria, and residence halls, you are often the first to recognize that a student may be struggling.

**SOME INDICATORS OF A POTENTIAL EATING DISORDER INCLUDE:**

* Obsession with food / dieting
* Low self-esteem
* Ritualistic behavior around food
* Distorted body image
* Extremely regimented life
* Excessive exercise
* Perfectionist expectations of self
* Bingeing / purging
* Excessive dental / medical problems
* Compulsive behavior
* Difficulty concentrating / focusing
* 15% weight loss, growth of fine downy hair on body, gaunt and pale (Anorexia)
* Isolation / withdrawal from friends
* Secretive eating

**WHAT TO DO:**

* Recognize the danger associated with eating disorder behaviors rather than viewing them as a choice, lifestyle or an attempt to obtain attention.
* Let the individual know that you are concerned about him/her
* Remember a person with an eating disorder is just that - first a person, and secondarily, one who has trouble with food
* Be available to listen - one of the best ways to help someone gain control over eating is to reach out as a friend instead of focusing on his/her eating behavior
* Be supportive and encourage the person to get help
* Get help for your own reactions
* Refer the student to an Advocacy Counselor for guidance and referrals resources.
* If behaviors continue to impact them and their life/ academics or a referral is not received well – use the student referral form to request assistance.

*HELPING the Student with Disordered Eating*

**WHAT NOT TO DO:**

* Spy on the person or nag about eating / not eating
* Hide food to keep the person from binging
* Let yourself be convinced that the person really doesn’t have a problem
* Be afraid to let the person know that you are concerned about him/her
* Don’t presume that all thin students have an eating disorder by remembering that these issues impact students of all shapes and sizes.
* Don’t confront a student by stating “I think that you have an eating disorder.” Instead share your concerns with the student by naming the behaviors you’ve witnessed.
* Don’t encourage the client to “just eat” or “stop throwing up.” Recovery from an eating disorder often requires mental health treatment to alter behaviors.

\*\**When in doubt, if any personal information the student tells you raises red flags, consult with* the Student Advocacy and Accountability team. <https://webapps.mccneb.edu/bcat/>