



The Brittany Weixel Endowment

Eating Disorders and Body Image

What Are Eating Disorders?

Eating disorders are real, complex and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health. People struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

Types & Symptoms of Eating Disorders

Eating disorders—such as anorexia, bulimia, and binge eating disorder—include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males.

Anorexia Nervosa

- Inadequate food intake leading to a weight that is clearly too low.
- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain.
- Self-esteem overly related to body image.
- Inability to appreciate the severity of the situation.
- Binge-Eating/Purging Type involves binge eating and/or purging behaviors during the last three months.
- Restricting Type does not involve binge eating or purging.

Binge Eating Disorder

- Frequent episodes of consuming very large amounts of food but without behaviors to prevent weight gain, such as self-induced vomiting.
- A feeling of being out of control during the binge eating episodes.
- Feelings of strong shame or guilt regarding the binge eating.
- Indications that the binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior.

Bulimia Nervosa

- Frequent episodes of consuming very large amounts of food followed by behaviors to prevent weight gain, such as self-induced vomiting.
- A feeling of being out of control during the binge-eating episodes.
- Self-esteem overly related to body image.

For Students

How to Help a Friend with Eating and Body Image Issues

If you are reading this handout, chances are you are concerned about the eating habits, weight, or body image of someone you care about. We understand that this can be a very difficult and scary time for you. Let us assure you that you are doing a great thing by looking for more information! This list may not tell you everything you need to know about what to do in your specific situation, but it will give you some helpful ideas on what to do to help your friend.

- **Learn as much as you can about eating disorders.** Read books, articles and brochures.
- **Know the difference between facts and myths** about weight, nutrition, and exercise. Knowing the facts will help you reason with your friend about any inaccurate ideas that may be fueling their disordered eating patterns.
- **Be honest.** Talk openly and honestly about your concerns with the person who is struggling with eating or body image problems. Avoiding it or ignoring it won't help!
- **Be caring, but be firm.** Caring about your friend does not mean being manipulated by them. Your friend must be responsible for their actions and the consequences of those actions. Avoid making rules, promises, or expectations that you cannot or will not uphold. For example, "I promise not to tell anyone." Or, "If you do this one more time, I'll never talk to you again."
- **Compliment** your friend's wonderful personality, successes, or accomplishments. Remind your friend that "true beauty" is not skin deep.
- **Be a good role model** in regard to sensible eating, exercise, and self-acceptance.
- **Tell someone.** It may seem difficult to know when, if at all, to tell someone else about your concerns. Addressing body image or eating problems in their beginning stages offers your friend the best chance for working through these issues and becoming healthy again. Don't wait until the situation is so severe that your friend's life is in danger. Your friend needs a great deal of support and understanding.

- Remember that you cannot force someone to seek help, change their habits, or adjust their attitudes. You can make important progress in honestly sharing your concerns, providing support, and knowing where to go for more information! **People struggling with anorexia, bulimia, or binge eating disorder do need professional help.**

What Should I Say?

Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder

If you are worried about your friend's eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders. In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

Step by Step

Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be some place away from distractions.

Communicate your concerns. Share your memories of specific times when you felt concerned about your friend's eating or exercise behaviors. Explain that you think these things may

indicate that there could be a problem that needs professional attention.

Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating disorders. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.

Avoid conflicts or a battle of wills with your friend. If your friend refuses to acknowledge that there is a problem, or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.

Avoid placing shame, blame or guilt on your friend regarding their actions or attitudes. Do not use accusatory “you” statements such as, “You just need to eat.” Or, “You are acting irresponsibly.” Instead, use “I” statements. For example: “I’m concerned about you because you refuse to eat breakfast or lunch.” Or, “It makes me afraid to hear you vomiting.”

Avoid giving simple solutions. For example, “If you’d just stop, then everything would be fine.”

Express your continued support. Remind your friend that you care and want him/her to be healthy and happy.

After talking with your friend, if you are still concerned with their health and safety, **find a trusted adult or**

medical professional to talk to. This is probably a challenging time for both of you. It could be helpful for you, as well as your friend, to discuss your concerns and seek assistance and support from a professional.

Some Don'ts for Those Concerned About a Person with an Eating Disorder

By: Michael Levine, PhD and Linda Smolak, PhD

1. Don't cast a net of awe and wonder around the existence of an eating disorder. Keep the focus on the reality that eating disorders result in:
 - Inefficiency in the fulfillment of academic, familial, occupational, and other responsibilities.
 - Misery in the form of food and weight obsession, anxiety about control, guilt, helplessness, hopelessness, and extreme mood swings.
 - Alienation in the form of social anxiety, social withdrawal, secrecy, mistrust of others, and self-absorption.
 - Disturbance of self and others through loss of control over dieting, body image, eating, emotions, and decisions.
2. Don't oversimplify. Avoid thinking or saying things such as "Well, eating disorders are just an addiction like alcoholism," or "All you have to do is start accepting yourself as you are."
3. Don't imply that bulimia nervosa, because it is often associated with "normal weight," is somehow less serious than anorexia nervosa.
4. Don't be judgmental, e.g., don't tell the person that what they are doing is "sick" or "stupid" or "self-destructive."

5. Don't give advice about weight loss, exercise, or appearance.
6. Don't confront the person as part of a group of people, all of whom are firing accusations at the person at once.
7. Don't diagnose: keep the focus on IMAD (inefficiency, misery, alienation, disturbance) and the ways that the behaviors are negatively affecting the person's life and well-being.
8. Don't become the person's therapist, savior or victim. Do not "promise to keep this a secret no matter what."
9. Don't get into an argument or a battle of wills. If the person denies having a problem, simply and calmly:
 - Repeat what you have observed, i.e., evidence that there is a problem.
 - Repeat your concern about the person's health and well-being.
 - Repeat your conviction that the circumstance should at least be evaluated by a counselor or therapist.
 - End the conversation if it is going nowhere or if either party becomes too upset. This impasse suggests that the person seeking help needs to consult a professional.
 - Take any actions necessary for you to carry out your responsibilities.
 - Leave the door open for further conversations.
10. Don't be inactive during an emergency: If the person is throwing up several times a day, passing out, complaining of chest pain, or is suicidal, get professional help immediately.

Media, Body Image, and Eating Disorders

We live in a media-saturated world and do not control the message.

Mass media provides a significantly influential context for people to learn about body ideals and the value placed on being attractive.

- Over 80% of Americans watch television daily. On average, these people watch over three hours per day.
- American children engage in increasing amounts of media use, a trend fueled largely by the growing availability of internet access through phones and laptops. On a typical day, 8-18-year-olds are engaged with some form of media about 7.5 hours. Most of this time is spent watching television, though children play video games more than an hour per day and are on their computers for more than an hour per day. Even media aimed at elementary school-age children, such as animated cartoons and children's videos, emphasize the importance of being attractive. Sexually objectified images of girls and women in advertisements are most likely to appear in men's magazines. Yet the second most common source of such images is the advertisements in teen magazines directed at adolescent girls.

Effects of Media

There is no single cause of body dissatisfaction or disordered eating. But, research is increasingly clear that media does indeed contribute and the exposure to and pressure exerted by media increase body dissatisfaction and disordered eating.

- Numerous correlational and experimental studies have linked exposure to the thin ideal in mass media to body dissatisfaction, internalization of the thin ideal, and disordered eating among women.
- The effect of media on women's body dissatisfaction, thin ideal internalization, and disordered eating appears to be stronger among young adults than children and adolescents. This may suggest that long-term exposure during childhood and adolescence lays the foundation for the negative effects of media during early adulthood.
- Black-oriented television shows may serve a protective function; Hispanic and Black girls and women who watch more Black-oriented television have higher body satisfaction.
- Pressure from mass media to be muscular also appears to be related to body dissatisfaction among men. This effect may be smaller than among women, but it is still significant.
- Young men seem to be more negatively affected by the media images than adolescent boys are.

For Faculty and Students

Meeting With and Referring Students Who May Have Eating Disorders

By: Michael Levine, PhD and Linda Smolak, PhD

1. No matter how strong your suspicion that a student has an eating disorder, do not make a decision without first speaking privately with the student. If possible, select a time to talk when you will not feel rushed. Ensure sufficient time and try to prevent interruptions.
2. Roommates or friends should select the person who has the best rapport with the student to do the talking. Unless the situation is an emergency or otherwise very negative for many people, confrontation by a critical group without professional guidance should be avoided.
3. In a direct and non-punitive manner, indicate to the student all the specific observations that have aroused your concern. Allow the student to respond. If the student discloses information about problems, listen carefully, with empathy, and non-judgmentally.
4. Throughout the conversation, communicate care, concern, and a desire to talk about problems. Your responsibility is not diagnosis or therapy, it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
5. If the information you receive is compelling, communicate to the student:

6. Your tentative sense that he or she might have an eating disorder.
7. Your conviction that the matter clearly needs to be evaluated.
8. Your understanding that participation in school, sports, or other activities will not be jeopardized unless health has been compromised to the point where such participation is dangerous.
9. Avoid an argument or battle of wills. Repeat the evidence, your concern, and if warranted your conviction that something must be done. Terminate the conversation if it is going nowhere or if either party becomes too upset. This impasse suggests the need for consultation from a professional.
10. Throughout the process of detection, referral, and recovery, the focus should be on the person feeling healthy and functioning effectively, not weight, shape, or morality.
11. Do not intentionally or unintentionally become the student's therapist, savior, or victim. Attempts to "moralize," develop therapeutic plans, closely monitor the person's eating, adjust one's life around the eating disorder, or cover for the person are not helpful.
12. Be knowledgeable about community resources to which the student can be referred. In discussing the utility of these resources, emphasize to the student that, since eating problems are very hard to overcome on one's own, past unsuccessful attempts are not indicative of lack of effort or moral failure.

13. Faculty should arrange for some type of follow-up contact with the student. If you are often involved with students with eating disorders, consultation with a professional who specializes in eating disorders may be needed.

For Coaches and Student Athletes

Tips for Coaches: Preventing Eating Disorders in Athletes

Compiled by: Karin Kratina, PhD, MPE, RD, LD

1. Take warning signs and eating disordered behaviors seriously! Cardiac arrest and suicide are the leading causes of death for people with eating disorders.
2. If an athlete is chronically dieting or exhibits mildly abnormal eating, refer her or him to a health professional with eating disorder expertise. Early detection increases the likelihood of successful treatment; left untreated the problem may progress to an eating disorder.
3. De-emphasize weight by not weighing athletes and eliminate comments about weight. Instead, focus on other areas in which athletes can improve performance. For example, focus on strength and physical conditioning, as well as the mental and emotional components of performance.
4. Don't assume that reducing body fat or weight will enhance performance. While it

may lead to improved performance, studies show this does not apply to all athletes. It is not uncommon for individuals attempting to lose weight to develop eating-disorder symptoms, which can physically weaken the athlete.

Performance should not be at the expense of the athlete's health.

5. Instruct coaches and trainers to recognize signs and symptoms of eating disorders (weight loss, fatigue, over-training, refusal to eat with the team, frequent injuries, etc.) and understand their role in prevention. Eating disordered individuals often hide their symptoms out of shame and embarrassment.
6. Provide athletes with accurate information regarding weight, weight loss, body composition, nutrition, and sports performance to reduce misinformation and to challenge unhealthy practices. NEDA also has listings of local professionals who can help educate the athletes.
7. Emphasize the health risks of low weight, especially for female athletes with menstrual irregularities or amenorrhea. Risks include low bone density, lowering of immunity and auto-immune illnesses. The athlete should be referred for medical assessments in these cases.
8. Understand why weight is such a sensitive and personal issue for many women. Eliminate derogatory comments or behaviors about weight-no matter how slight. Celebrate the athlete for talents and strengths beyond the physical; work on developing body, mind and spirit. If there

is concern about an athlete's weight, the athlete should be referred for an assessment to a professional skilled in diagnosing and treating eating disorders.

9. Do not automatically curtail athletic participation if an athlete is found to have eating problems, unless warranted by a medical condition. Consider the athlete's health, physical and emotional safety, and self-image when making decisions regarding an athlete's level of participation in his/her sport.
10. It is essential for coaches and trainers to explore their own values and attitudes regarding weight, dieting, and body image, and how their values and attitudes may inadvertently affect their athletes. They should understand their role in promoting a positive self-image and self-esteem in their athletes. Remember, if athletes do not take care of their bodies, they risk losing their athletic careers at a very young age.

Athletes and Eating Disorders

What Coaches, Trainers, Parents and Teammates Need to Know

Involvement in organized sports can offer many benefits, such as improved self-esteem and body image, and encouragement for individuals to remain active throughout their lives. Athletic competition, however, can also be a factor contributing to severe psychological and physical stress. When the pressures of athletic competition are added to an existing cultural emphasis on thinness, the risks

increase for athletes to develop disordered eating. In a study of Division 1 NCAA athletes, over one-third of female athletes reported attitudes and symptoms placing them at risk for anorexia nervosa. Though most athletes with eating disorders are female, male athletes are also at risk-especially those competing in sports that tend to place an emphasis on the athlete's diet, appearance, size, and weight requirements, such as wrestling, bodybuilding, crew and running.

Risk Factors for Athletes:

- Sports that emphasize appearance, weight requirements or muscularity. For example: gymnastics, diving, bodybuilding or wrestling.
- Sports that focus on the individual rather than the entire team. For example: gymnastics, running, figure skating, dance or diving, versus team sports such as basketball or soccer.
- Endurance sports such as track and field/running, swimming.
- Overvalued belief that lower body weight will improve performance.
- Training for a sport since childhood or being an elite athlete.
- Low self-esteem; family dysfunction (including parents who live through the success of their child in sport); families with eating disorders; chronic dieting; history of physical or sexual abuse; peer, family and cultural pressures to be thin, and other traumatic life experiences.

- Coaches who focus primarily on success and performance rather than on the athlete as a whole person.
Three risk factors are thought to particularly contribute to a female athlete's vulnerability to developing an eating disorder:
social influences emphasizing thinness, performance anxiety and negative self-appraisal of athletic achievement. A fourth factor is identity solely based on participation in athletics.

Protective Factors for Athletes:

- Positive, person-oriented coaching style rather than negative, performance-oriented coaching style.
- Social influence and support from teammates with healthy attitudes towards size and shape.
- Coaches who emphasize factors that contribute to personal success such as motivation and enthusiasm rather than body weight or shape.
- Coaches and parents who educate, talk about and support the changing female body.

The Female Athlete Triad includes disordered eating, amenorrhea, and osteoporosis.

The lack of nutrition resulting from disordered eating can cause the loss of several or more consecutive periods. This in turn leads to calcium

and bone loss, putting the athlete at greatly increased risk for stress fractures of the bones. Each of these conditions is a medical concern. Together they create serious health risks that may be life threatening. While any female athlete can develop the triad, adolescent girls are most at risk because of the active biological changes and growth spurts, peer and social pressures, and rapidly changing life circumstances that go along with the teenage years. The International Olympic Committee has published recommendations for reducing the risk of the Female Athlete Triad, available at:

<http://www.olympic.org/hbi>

Testimony and great advice from an Otterbein student:

First off, I want to give you a little background on myself. I've been a performer (dancing, singing, acting) since I was very little and grew up onstage. Somewhere in those years it was ingrained in me that performers had to be skinny and fit, and although it wasn't a problem for me anyway when I was 14 I began restricting what I ate, especially in times of stress. It affected me off and on and when it got very bad fall semester of this last year I decided to finally face my issues and get help. I began outpatient therapy at the Center for Balanced Living in Columbus, and it helped me

immensely. I'm continuing work with an outpatient therapist in New York City where I live currently.

This is what I would tell someone who suspects that their friend is struggling with an eating disorder. You will never understand what it feels like, so don't pretend you do. It's not a rational disorder, it's a mental illness. You would never tell someone who's depressed to just be happy, so never tell someone who's struggling with an eating disorder to "just eat something." Another big thing to remember is not to accuse the person you're talking to. Even if they don't admit that they are struggling they may still have a problem. A lot of times a person is not ready to talk about it. Just putting out the concern is enough to plant the idea in a person's mind that you're someone they can talk to if they need to. If someone does confide in you that they're struggling, don't push them to tell more people/get help/take action right then and there. It really helped me when someone was calm around me. My biggest support person would never force me into making a decision. Usually he would let me talk out whatever I needed to say, and he usually only gave his opinion on what I should do if I asked him. He did encourage me to tell my family, but he never forced me to. Understand that this illness is incredibly overwhelming. I know

I always struggled with making choices, so a lot of the time my friend had to have endless amounts of patience. He sat with me while I called my family and explained what was happening, sat with me while I struggled through meals, and would come over to just be there when I needed him. Mostly just the knowledge that I was important to him and that he cared and would help was enough to make me feel like things were going to be okay. It's okay to be scared to talk to a friend, but remember that when you truly care about your friend it's the most important thing you can do. Just remember to be sensitive to what you say: don't talk about size/weight/numbers/calories or anything like that. I had someone exclaim when I told them what was happening with me, "You don't look anorexic!" I knew that she only meant that she was surprised, but the way I heard it was "You're not skinny enough to be sick so you can't even have an eating disorder right!" Try not to let this scare you—if you're coming from a place of concern it will be okay.

If you are struggling with an eating disorder, I am so very sorry. I know too well the spiral that comes with the illness, and I know how difficult it can be. My biggest piece of advice is to find someone you can confide in. Personally, I told my best friend first. I was incredibly scared to do that, but I knew that

he would love me regardless of my illness and wouldn't judge me. Every time that I could find the strength to tell someone else what I was dealing with, I felt a small piece of the disease start to lose its grip on me. I ended up with a fantastic group of supportive people: my friend, my family, a few teachers that I could trust, and some classmates. Knowing that they would all be there for me if I needed them helped me to keep moving towards recovering. Yes, I still slipped, and I still slip now, but I know that there are people who love me and would be there at a moment's notice if I need someone to talk to. This is such a private disease, but telling people starts to take away its power. Another thing to remember is that your eating disorder is not you! I would recommend reading "Life Without ED" (actually to anyone, even friends of people struggling), which centers on the idea that an eating disorder, or ED, is like an abusive relationship, and that you and your ED are separate. My best friend reminded me of this constantly, and over time I began to believe it. I would also suggest going to get help from a professional. I did not technically meet the criteria for anorexia, but that didn't mean that my thoughts weren't disordered. The therapy that I've received has helped so much. The last thing I have to say is that recovery does not happen overnight. It's frustrating and sometimes it seems like it will

never get better. The thing is that it will get better, it just takes a lot of time. I devoted 7 years of my life to my eating disorder, and when I realized how much time I felt like was wasted I got mad. I used that anger to fuel my desire to get better. It's been hard, I won't lie, but it's been the most worthwhile thing that I've ever done. I promise you it can get better.

Testimony and more great advice from her support person who is also an Otterbein student:

This kind of has to begin by giving you a little background story before I really dive into answering any questions about what it was/is still like working with and being in a relationship with someone who is suffering from an eating disorder.

I met her day three of my freshman year (she was a sophomore) and from then on things took off from there. By the end of fall quarter we were dating and we continued to date pretty consistently until she recently moved to New York City on an internship this winter. This time element and the element of trust that was established between us were essential to helping her in her times of deepest struggle.

Our relationship was never perfect and toward the middle of fall semester of her senior year (this year) we broke up. Not really on bad terms, just wasn't working out in this way and in that way. This is really when her eating disorder took a sharp turn for the worse. Her struggles were apparent even to those who didn't know her. She lost a lot of weight, was often weak and tired, shivered with the slightest hint of cold temperatures and even ended up in the emergency room.

To be honest I think I was always kind of aware that she had been struggling with body-image for most of her life. Through our relationship she had revealed to me that she had struggled with eating when she was in high school, so this was not an unfamiliar feeling for her. I also recognized that it took her a long time to decide what to order at restaurants (playing number games and making jaded deals with herself about what she could and couldn't eat and how much gym time the dinner would cost her), and I knew that she had an obsession with going to the gym. These were minor early on in the relationship, but during times of stress or chaos she had a tendency to dissolve into these detrimental patterns. Unfortunately, I have to say that some of it came from our career choice. We are both performers who

are constantly on display and we are constantly being compared to others in an often matter-of-fact way.

This had to have played a part in this, as it does with many girls in this field. I knew her so well that no one had to tell me she was struggling. I knew just by looking at her that something was terribly wrong and this was not just a symptom of a break-up.

There wasn't much that I had to say to get her to open up with me. To be honest the relationship that we had built across the years we had been together was a relationship that didn't really hide anything. At times we knew each other better than we knew ourselves and often joked that we were always on the "same page." This was what allowed her to come to me, despite the fact that we were no longer in a romantic relationship, she knew I was a person that she could call and without hesitation I would do anything for her. This is very important: make it clear that you are available whenever, nothing is too important. I made mistakes along the way working with her in this struggle and the most obvious times were when I was "unavailable" or "too busy." There is no such thing when it comes to these kinds of disorders. Make time, be available, and show them that they are

IMPORTANT to you and you're going to be there.

Yes! I felt overwhelmed very often. Almost every other day. I was balancing two lives at once really on my own since some of her other friends had proven unfounded and unreliable. It was interesting because she was the person that I would normally have turned to in a time of crisis, but she wasn't able to be there in that way. So I had to look elsewhere. My family provided amazing support as well as her mother. I was in constant contact with both my family and hers during times of crisis, or struggle and that sanity was exactly what I needed. My friends were also a help whenever I needed, and I often told them that I couldn't share really what was going on fully, but just let them know that I would need some support at times, and it always came. Another contact I had was one of our theatre faculty members who at times was the only person who knew the extent to which she and I were both struggling together. Ask for help from others, be honest, candid, and you shall receive whatever help you need.

I never really had to say anything. Words are pretty futile, and honestly very weak.

However, actions were the best mode of comfort. Simply being there at times was all that had to happen. I ate meals with her that were made up of hours of uncomfortable silence, but just my being there to make it clear that I would be willing to wait hours for her if she needed me to was what she needed most. Being there, no matter how ugly the situation got, no matter how much she shook with fear or panic attacks, or cried, or screamed at me, or anything at all, I just had to be there. A form of solid, unmoving sanity in a world that was seemingly impossible for her to fight against. I was something to hold on to. Most of all, just listen. The biggest thing I discovered was that it didn't help to try and rationalize what she was going through, because in reality the struggles she was fighting against were irrational struggles that really made no sense at times. My trying to make sense out of irrational struggles we were only losing ground. I recognized that I may never fully understand what she was going through, and I would never be able to hear the voices she talked about that told her that she should eat, or that she wasn't good enough, or whatever it was they were saying. I'd never understand, and once I understood that I was able to help her in a different way. A way that justified allowing her to take two hours to eat a burrito bowl from Chipotle.

The difficult times were times that I held on to her the tightest, and made myself the most available. I got a text message at 1:30 in the morning saying that she was in the Emergency Room and despite the fact that this terrified me and I had no idea how she had gotten there, I dropped everything in a moment's notice and was there before she really even knew I was coming. Also the comfort of friends and family. Family, family, family. They don't always know what to say, or what to do, but they'll listen, and talk. Don't be alone in the struggle; find a friend/mentor/family member to turn to in the difficult times.

Resources (books, professionals etc.) weren't something I really turned to, so I can't really speak to that. I just kind of played it by ear and did what I knew she would respond to best. Occasionally her mother would send me links to read online, and I read those, but it was mostly about being present and available and never making her feel like my helping her was any kind of inconvenience.

She often told me that control was what she was seeking through her choice not to eat. There were many things she couldn't control in life (our break-up, her move to NY are a few examples) but she could control her

eating. I was simply trying to provide stability, something that was unchanging and always in support. This is what I believe made our struggle through her disorder manageable and relatively successful.

Don't feel like you have to be a hero - eating disorders are huge and often incomprehensible. Be a human, show your friend your and most of all acknowledge that you may never personally understand what they're going through. Take time, never rush; often questions are even tough since they often don't have logical answers. Be the friend you would hope to have in a time of need and you'll be doing the right thing.

Need Help?

Campus Resources

Wellness & Counseling	614.823.1250
Academic Support	614.823.1610
Disability Services	614.823.1618
Student Health Center	614.823.1345
Chaplain's Office	614.823.1409
Student Success	614.823.1624

Off-Campus Resources

The Center for Balanced Living

www.thecenterforbalancedliving.org

614-896-8222

Information provided by:

The National Eating Disorders Association

<http://www.nationaleatingdisorders.org/>

Toll-free Information and Referral Helpline: 1-800-931-2237

The Information and Referral Helpline hours are 9:00 AM to 9:00 PM (ET) Mon-Thurs; and 9:00 AM to 5:00 PM (ET) Fri.

Email info@NationalEatingDisorders.org



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