



TREATMENT MYTHS

Until you address the underlying issues being expressed by the eating disorder, treating the symptoms is unlikely to result in full and sustained recovery. Eating disorders are much more complicated than difficulty dealing with food. They involve a struggle with being able to identify internal resources, an overwhelming pursuit of perfectionism, debilitating self-consciousness and difficulty with recognizing and expressing emotions. The illness encompasses a range of medical, psychological, and sociocultural problems.

The biggest problem with various treatment myths is that they often focus on the symptoms rather than the underlying issues. There is no quick fix, because it generally takes many years before an eating disorder fully develops. It does not happen overnight and cannot be resolved overnight. Treatment includes psychotherapy, nutritional counseling, family therapy, medication and quite often partial or full hospitalization for weight restoration and medical stabilization. In addition, the patient and family members must have motivation, realistic expectations of treatment and a determined persistence to recover.

Following is a collection of “treatment myths” **WRONGLY** believed to cure an eating disorder:

1. Taking medications can fix the eating disorder.

Medications can be an important adjunct to treating an eating disorder, but medicine alone will not solve the problem. Patients do benefit from psychotropic medications to alleviate depression, anxiety and obsessive-compulsive symptoms, which frequently present with the eating disorder.

Psychotropic medications, in the past, were subject to abuse, misuse and misunderstanding. The medications do not change a person’s personality and are not addictive. Any concerns about using prescribed medications should be discussed in detail with your physician.

2. Therapy is an instant solution to an eating disorder.

Many patients see going to the therapist as the magic wand, and if they are not better in four or five sessions, they believe therapy doesn’t work. Initially, a therapist’s job is to assist the patient in acceptance and understanding of the illness, control of symptoms, self-discovery, and finally recovery from the eating disorder. The process may be painful and the time-line for each patient’s journey is different. The purpose of therapy is to help the patient discover and address issues they are avoiding. This can be scary, frustrating, angering and difficult, yet it ultimately works to restore health and a strong sense of self.

3. Learning a lot about an eating disorder makes it disappear.

People with eating disorders very often want to read books, surf the Internet, and attend classes. Accurate and well-researched information will increase understanding about these illnesses. However, it is not something that education alone is going to fix.

4. Some people with bulimia nervosa incorrectly believe that they can adopt a strict diet to prevent them from bingeing.

Diets don't work. Diets are restrictive behaviors. Diets are a form of physical and emotional deprivation. There is a greater likelihood that the person on a diet will binge.

5. By refusing to eat, some people with eating disorders think that they can keep themselves from bingeing and purging, and thus eliminate the eating disorder.

Research indicates that restricting foods sets a person up to binge. When a person starves, he or she loses the ability to identify the natural feeling of fullness that comes from eating enough. Fullness is our body's way of telling us that we have eaten enough. A person with an eating disorder needs to learn how to deal with food, not how to avoid it.

6. Family members frequently have the mistaken impression that if they force the individual with the eating disorder to eat, the disease will go away.

For a person who has an eating disorder, changing only the eating patterns will not last if the underlying psychological problems unrelated to food have not been addressed.

7. Inpatient or partial hospitalization cures an eating disorder.

Patients are admitted to a higher level of care and may be able to begin eating normally because of the safe and structured environment. Even if they are able to restore normal eating behaviors, they are not cured. The patient will also need to identify and change the patterns that contribute to the development of the eating disorder in the first place.

8. A change in external circumstances will eliminate an eating disorder.

A new relationship, new job, new year in school, busier schedule or new home will not cure an eating disorder.

9. Some individuals with anorexia nervosa wrongly think that they can recover from their eating disorder by exercising excessively instead of starving themselves.

This just switches the way to drive the weight down and establishes a false sense of control. This does not explore the powerful feelings of inadequacy that contribute to the maintenance of an eating disorder.

10. Denying an eating disorder or ignoring it can solve the problem.

There is no evidence that eating disorders disappear by themselves. There is evidence that, if left untreated, they can become a lifelong and extremely debilitating struggle. People do recover. There are difficult times for patients and their loved ones during each phase of treatment and recovery, even after the symptoms are gone. However, if the pain of recovery is frightening, one only needs to think about the pain of **not** recovering to help make a choice for life and health.