



The Mirror Lies

Eating Disorders and the distinction from Body Dysmorphia

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It would be rare to find someone in this day and age who has not come across the terms eating disorders and body dysmorphia. The tabloids and online sites are rife with these terms and images of emaciated girls and boys. Through the ages, this has stayed constant. These two terms are often used out of context and erroneously. These two terms, eating disorders and body dysmorphia are in fact 2 distinct disorders, however, one can exist with or without the other. This article will explore the two differences and then delve

into eating disorders, what it looks like, what to look out for and how to help loved ones.

Body Dysmorphic Disorder

People who have body dysmorphic disorder are preoccupied or obsessed with one or more perceived flaws in their appearance. This preoccupation or obsession typically focuses on one or more body areas or features, such as their skin, hair, or nose. However, any body area or part can be the subject of concern.

In order to diagnose as clinicians, we use

the *Diagnostic & Statistical Manual of Mental Disorders, currently in its Fifth Edition (DSM-5)*. This manual outlines the criteria for a diagnosis of body dysmorphic disorder (BDD). BDD is not classified as an eating disorder, it is listed under the category of “Obsessive-Compulsive and Related Disorders.” The DSM-5 lists the following diagnostic criteria:

- Preoccupation with one or more perceived defects in appearance that are not noticeable to others and are not truly disfigured.

- At some point, the person suffering has performed repetitive actions or thoughts in response to the concerns. This may be something like continuously comparing their appearance to that of others, mirror checking, or skin picking.
- This obsession causes distress and problems in a person’s social, work, or other areas of life.
- This obsession isn’t better explained as a symptom of an eating disorder (although some people may be diagnosed with both).

While many people hold some insecurity related to parts of their body, not all meet the criteria for a BDD diagnosis. These symptoms need to be deemed “*Clinically significant*”. Clinical significance is determined by symptoms that cause *substantial distress or impairment in social, occupational, or other important areas of functioning*. These impacts are so significant that research shows approximately 80% of individuals with BDD report that they have experienced suicidal thoughts, which is 10 to 25 times higher than that of the general population. One in four individuals suffers from attempted suicide.

What does an Eating Disorder look like?

Eating disorders (ED) can become life-threatening illnesses in which people experience severe disturbances in their eating behaviors and related thoughts and emotions. People with EDs typically become preoccupied with food and their body size and shape. The DSM-5 describes several types of eating disorders:

- Anorexia Nervosa (AN) -restrictive subtype/binge eating-purging subtype
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Other Specified Feeding and Eating Disorder (OSFED)
- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Unspecified Feeding or Eating Disorder (UFED)
- Other: Muscle Dysmorphia
- Orthorexia Nervosa (ON) proposed criteria

The main eating disorders that are most common and most described are the first three and are characterized as follows.

- **Anorexia Nervosa** is characterized by severe food restriction leading to



significantly low body weight and intense fear of weight gain or of becoming fat, or behavior that interferes with weight gain (despite very low weight). There is also a disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on one’s self-evaluation, or persistent lack of recognition of the seriousness of one’s low body weight.

• **Binge Eating Disorder** is characterized by eating abnormally large quantities of food in a short period of time. Binge eating feels out of control and causes marked distress.

• **Bulimia Nervosa** is characterized by eating abnormally large quantities of food in a short period of time, followed by compensatory behavior (e.g., self-induced vomiting, excessive exercise, fasting) intended to neutralize the impact of binge eating on shape and weight. In addition, self-evaluation is unduly influenced by body shape and weight.

Overlap

As you can see BDD shares some common features with eating disorders, such as

people with eating disorders and those with body dysmorphic disorder may both be overly concerned with their size, shape, weight, or outward appearance. Those with body dysmorphic disorder may even fixate on areas of their bodies that are similar to fixations seen in anorexia nervosa or bulimia nervosa, such as the waist, hips, and/or thighs. Those with BDD may also experience similar symptoms such as body checking (like frequent weighing or mirror “checks”) and excessive exercise.

However, it is important to note that not everyone with body dysmorphic disorder has an eating disorder. There are people with body dysmorphic disorder who focus solely on specific body parts (like the shape of their nose).

It’s important to know the signs and symptoms of both BDD and eating disorders. These illnesses are complicated, terrifying, and real. And these illnesses cause millions of people to lead lives filled with a great deal of pain and suffering.

The statistics on Eating Disorders

The statistics are staggering and depending on where you look they will differ. It is

“I stared in the mirror and obsessed about whether or not a space existed between my thighs. Commonly referred to as ‘thigh gap’, I did my best to stand at specific angles that might create such a space. When I couldn’t achieve this so-called ideal after a considerable amount of effort, I wore baggy clothes to hide the perceived flaw. Instead of hanging out with friends, I stayed in — again. I didn’t eat that night.” – J.S.



predicted, according to Beat UK (UK's Eating Disorder charity), that currently over 1.25 million people (Gov UK, 2018), both male and female, have an eating disorder in the UK and 30 million in the USA, with numbers continuing to grow, especially in Japan, China, and Europe. Over the pandemic, National Health Services (NHS) eating disorder clinic services (NHS, 2022) saw an almost doubling of cases (Solmi et al., 2021). Note that these statistics are only based on those who have a diagnosis, many do not as they aren't seen to "meet the criteria", and others suffer in silence.

Stigma and Misunderstanding

Eating disorders are highly stigmatized illnesses. They are often seen as a lifestyle choice, a phase, or something that a person will grow out of, rather than an insidious and dangerous mental illness that has complex roots and manifestations. There is still an assumption that they only affect white teenage girls – however current stats show that Japan has the highest rate of eating disorders currently, this highlights how invisible eating disorders are in these communities until they become life-threatening. Stigma increases the shame that many people feel, but also stops many from reaching out for support, and reaching

out is a massively difficult thing to do when your mental illness is telling you not to – which of course then contributes to high mortality rates.

So many people go to their General Practitioner (GP) or end up in hospital Accident & Emergency departments only to be told, "You aren't thin enough to have an eating disorder" or, "You don't look like you have an eating disorder." So many have heard from their GP that they can't have an eating disorder because of their weight, age, ethnicity or gender. Which then propels them to get even thinner to prove they have an issue. ED diagnosis should not be based on body mass index (BMI), but on symptoms that are clinically significant and impairing everyday life.

Consequences

Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health. They are not just a "fad" or a "phase." People do not just "catch" an eating disorder for a period of time. Eating disorders can affect every organ system in the body, the endocrinological system, cardiovascular, gastrointestinal, neurological, skin, hair, kidneys, anemia, and the list goes on. Crow and colleagues studied 1,885 individuals

with anorexia nervosa (N=177), bulimia nervosa (N=906), or eating disorders not otherwise specified (N=802) over 8 to 25 years. The investigators used computerized record linkage to the National Death Index, which provides vital status information for the entire United States, including the cause of death extracted from death certificates. Crow and colleagues found that crude mortality rates were 4.0% for anorexia nervosa, 3.9% for bulimia nervosa, and 5.2% for eating disorders not otherwise specified. They also found a high suicide rate in bulimia nervosa. The elevated mortality risks for bulimia nervosa, and eating disorder not otherwise specified were similar to those for anorexia nervosa.

How to spot the signs

If an individual's conversations appear to be hyper-fixated on losing weight, altering themselves, thinness, food, nutritional content, exercise regimens and other aspects of food and body, it is important to notice this, ask more questions, and gently challenge any dangerous beliefs. Note that even changes in diet such as going vegan can be an indicator. There is also such a thing as Orthorexia.

Note that one of the earliest signs of an eating disorder is a change in a person's eating habits. They become more regimented, start moving food around a plate, start chopping it in tiny pieces, using a lot of condiments, fidgety at mealtimes, eating the same food over and over, suddenly embarking on a new diet. Other early signs are suddenly becoming very interested in food, getting an in-depth knowledge of nutrition and calorie content, starting to download and read recipes and cooking a lot for others. Other early signs are social withdrawal, changing their social habits. They can experience changes in mood during the day, more so than usual. This can happen especially around mealtimes.

As well as the early signs of eating disorders outlined above, these conditions also have a number of more general symptoms that can happen at any point in the illness. These can be different for everyone and can vary depending on the type of eating disorder that a person is struggling with. However, the most common signs and symptoms to look out for include, losing a lot of weight, very low body fat, wearing baggy clothes, controlling and

limiting food, excessive exercise, believing they are fat, obsessing over their and others looks, frequently weighing, making themselves sick, using laxatives, spending a lot of time in the bathroom after meals, anxiety, self-harm, exhaustion, bingeing food in secret, obsession over calories, chaotic eating habits and anxiety and depression.

The list above is generalized to anorexia, bulimia and binge eating. However, these are some of the most common indicators to look out for.

Recovery

Recovery from an eating disorder is incredibly hard, with an average of six to ten years until full recovery according to UK charity Beat (Beat, 2022) and more than half of sufferers never fully recover. Recovery is defined as eating at regular intervals, guided by physical rather than emotional hunger. It is a life free from dietary restriction, bingeing, or purging and weight maintained at a healthy level. It is the ability to eat spontaneously, especially out in public, a balanced diet with every food group, and the ability to tolerate natural shifts in weight due to illness, times of the year, or bloating. It is possible for every eating disorder sufferer to recover, with the right support and treatment.

Help

Help is out there!

If a friend or relative has an eating disorder or you suspect they do, you probably want to do everything you can to help them recover. Getting professional help from a doctor, practice nurse, or a school or college nurse will give your friend or relative the best chance of getting better. But this can be one of the most difficult steps for someone living with an eating disorder, so try to encourage them to seek help or offer to go along with them.

You can support them in other ways, too:

- **Keep trying to include them** – they may not want to go out or join in with activities, but keep trying to talk to them and ask them along.
- **Try to build up their self-esteem** – perhaps by telling them what a great person they are and how much you appreciate having them in your life. Do not comment on looks.
- **Give your time, listen to them and try not to give advice or criticize** –

"I am angry that I starved my brain and that I sat shivering in my bed at night instead of dancing or reading poetry or eating ice cream or kissing a boy." — Laurie Halse Anderson

Remember, you do not have to know all the answers, just making sure they know you're there for them is what's important. When they seem to reject you make sure you keep reaching out, this is their ED talking and not them.

The most difficult step for them is to accept help as their ED voice is so strong and will keep telling them not to do it. However, getting professional help is what they most need. You can gently suggest different support groups and therapists.

Usually, the starting point would be their GP but they can also book in with a Psychologist. Talk therapy is usually frontline to help with ED. Most people with ED will not have to stay in a hospital, they are seen as outpatients, however, some with more advanced ED will need to stay in a specialized clinic or hospital for more intensive treatment. Some people with ED might need a team when they are outpatient, such as a nutritionist, Psychologist and Psychiatrist whilst others won't. It all varies depending on severity.

When they come out of an inpatient unit or outpatient care, your friend or relative will still need your support. Most people with an eating disorder do recover and learn to use more positive ways of coping. But recovery from an eating disorder can be very difficult and take a long time. Your friend or relative may even relapse into old behaviors or have periods of living with their illness again during their recovery. It's a bumpy road. Sadly, some eating disorders do not go into remission, and you do not recover. This means that they are often somewhere there, hiding in a distant corridor of your mind, and can resurface in times of stress or with certain cues.

Things to be aware of

Know that there are many websites and online platforms out there that are considered "pro Ana" or "pro Mia". These proana sites are created to help those with eating disorders stay on the course of their eating disorders as well as posting proud images of continuing emaciating bodies. As an example, <https://starvingpassion.weebly.com/proana-tips.html>, lists 58 tips on how

to keep an eating disorder alive, as well as "Restaurant Rules" and "Fasting Tips". A wall of "Inspiration" is slathered with painstakingly bony bodies and shocking inspirational quotes "keep going you can get to this size" and "keep calm stop eating". There are also "pro Mia" sites, promoting Bulimia. Equally, there are pro Mia and Ana sites such as "Mianaplace.com". These websites can be hard to find and when some get taken down others pop up. <https://proanagoddess.wordpress.com/>; <https://www.tumblr.com/tagged/pro%40na?sort=top>

Terminologies used in these communities are such as "thinspo", "bonespo" and "deathspo", these are inspirations that are searched after.

Be aware of these sites, they will not cause an eating disorder, but they can spark continuation for those who are already ill.

The more that we have our eyes open as to what is out there and what can propel eating disorders, the more we understand the signs and drivers, and the better armed we are to support our loved ones who are suffering.

RESOURCES

If you or a loved one is suffering from an eating disorder, here are some good resources to get informed:

Beat Eating Disorders - UK
<https://www.beateatingdisorders.org.uk/>

National Association of Anorexia Nervosa and Associated Disorders (ANAD)
<http://www.anad.org/ANAD>

The Body Positive
<http://www.thebodypositive.org>

Eating Disorders Anonymous
<http://www.eatingdisordersanonymous.org>

Eating Disorder Hope
<http://www.eatingdisorderhope.com/>

Eating Disorders Information Network
<http://www.edin-ga.org>

Eating Disorder Referral (EDReferral)
<http://www.edreferral.com>

The National Eating Disorders Screening Program
<http://www.mentalhealthscreening.org>