

UNDERSTANDING THE FUNCTION OF EATING DISORDERS

From a trauma-informed perspective

We know eating disorders are a **biopsychosocial** illness and are often born out of a persons best attempt to cope with adverse life experiences. Eating disorders can be challenging to understand, however, recognising the mechanisms that underpin the use of eating disorder behaviours can provide people a greater understanding, one that emphasises **compassion, curiosity, and respect** for sufferers. It is important that this knowledge is dispersed to prevent further harm, shame and anxiety which are often felt by people experiencing an ED. Often these symptoms can be exacerbated by statements from family, friends and the public, such as "why can't you just eat" or "you shouldn't be eating that much".

Functions

The functions below provide **some** examples as to why eating disorder behaviours become relied upon by sufferers:

- Emotional Numbing
- Distraction
- Attempt to escape judgement, bullying or abuse
- Attempt to overcome shame
- Self-punishment
- Sense of control
- Rid of negative emotions
- Dissociation from present moment
- Attempt to protect from further abuse

This is not an exhaustive list.

By understanding these functions we begin to recognise why people become reliant on their eating disorders.



While the etiology and core maintaining mechanisms of EDs are complex, this document will focus on the theory that suggests the development of dysfunctional eating disorders can **be an attempt to tolerate painful inner and outer experiences that would otherwise overwhelm a persons attempt to cope.**

An attempt to cope.

Eating disorders are a serious illness and place sufferers at great psychological and medical risk. This often causes understandable confusion, fear, and helplessness from loved ones. Often as clinicians we might hear "I just don't get it" from client's supports. Eating disorders are typically not experienced in isolation and commonly co-occur with other mental health conditions like PTSD, depression, anxiety, and OCD.

Neurodivergent and sexual and gender diverse people also experience eating disorders at a higher prevalence. Neuro-affirming research and the voices of those with lived experience have been essential in guiding greater understanding and improvements in the quality of eating disorder care for these individuals.

Healing & strengthening the use of helpful and safe strategies

It takes great courage to decide to heal from an eating disorder and great bravery to overcome adverse and traumatic experiences. Psychological therapy often involves helping ED sufferers build and strengthen the use of safe and effective emotional regulation skills. This is only one component of treatment and change on the individual level is only one part of the recovery journey.

People with eating disorders often feel very alone. Educating and supporting carers and loved ones is also an essential component of eating disorder treatment. Often this requires the confrontation of their own beliefs and negative attitudes internalised from diet-culture, weight stigma, and the thin-deal.

Reference:

Andrew Seubert & Pam Virdi (Eds) (2019) Trauma-Informed Approaches to Eating Disorders. Springer, NY.