

# Eating disorders: why do they affect the good kids?

A CONVERSATION WITH STEPHANIE LAHUSEN\*

## **What are eating disorders?**

**Lahusen:** Eating disorders include anorexia, bulimia, and binge eating disorders. Each one is a serious psychosomatic illness. They affect girls in particular, but an increasing number of boys are also suffering from these conditions.

One important aspect that needs explaining to the affected individuals' families and social environment is that an eating disorder is never chosen voluntarily. It is an unfortunate attempt to solve and come to terms with serious conflict, demanding situations, or hurtful experiences. The teenagers no longer want to feel the intense emotions associated with these situations, and as a strategy of survival they create a "stage of eating". On this stage, everything only revolves around eating or not eating. Their body weight and their control over their eating behaviour become an important source of confidence and recognition. Thus we can understand why affected individuals dislike being confronted about their eating disorder during the early stages of their illness. It is their solution to the real inner problem that they are (yet) unable to deal with. A client once told me: "As long as I don't know what tastes better than my eating disorder, I would rather have the disorder."

Accordingly, the eating disorder hides an emotional hunger that cannot be satisfied with any amount of physical food. Far from it. The longer the illness lasts, the deeper down the underlying problems are driven. This is why recognising and treating eating disorders early on

is so important: this gives the persons affected the chance to break the vicious circle of eating and starving themselves and embark on a search for the deeper reasons underlying their disorder and what they are really hungry for.

## **So adolescents focus on the topic of "food" to avoid feeling their inner world?**

**Lahusen:** Yes. As strange as it may sound: ultimately, for the adolescents the eating disorder fulfils the function of making them feel more "comfortable". By constantly focusing on food, over time the underlying problems are no longer perceived. However, this only works for a certain time.

For even though the affected teenagers initially see the eating disorder as a way out, the internal psychological strain increases the longer the illness lasts. After all, eating disorders do not solve any problems. Essentially, they are a helpless attempt to suppress problems, to swallow them, or to vomit them out. Unfortunately, an eating disorder very quickly takes on a life of its own, getting out of control. Serious psychological and physical accompanying effects are the result.

## **How do eating disorders develop?**

**Lahusen:** We assume an interplay of several causes, a combination of individual risk factors, and family and social influences. Then there is usually a trigger, the parents' divorce, the sudden death of a parent, or moving.

The pressure to perform that some girls and boys feel unable to cope with can

also trigger the illness. The teachers with whom we cooperate on our prevention programme have told us that the number of teenagers with eating disorders has increased after the German secondary school was shortened by one year. But it can also be a stupid comment. In my practice, I hear things like "My trainer said to me: wow, your bum has got really fat", and then the illness broke out. Someone else would say: "Hey, take a look at yourself!", but for young adults, who are very sensitive and easily hurt in this regard, a stupid comment can really trigger an eating disorder.

## **What are the individual risk factors?**

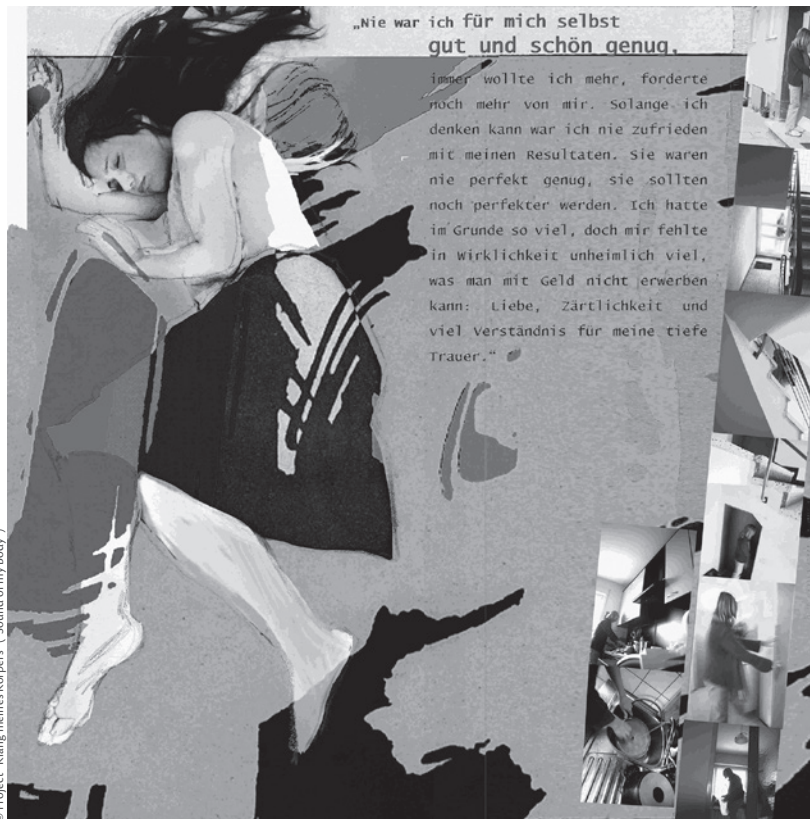
**Lahusen:** People with certain personality traits are at greater risk of developing an eating disorder. First of all, girls are at much greater risk than boys. Further risk factors include a lack of self-esteem, fear of relationships or contact anxiety, high personal standards of achievement and perfection, and a deeply disturbed relationship to one's own body. "You're fat, you're ugly, you aren't worth anything, you are out of place in this world", David writes impressively on his picture ("Head Prison").<sup>1</sup> I hear these statements very frequently from affected adolescents. The inability to express one's emotions is a significant problem. Frequently, the individuals affected are unable to say what is wrong with them. They have not learned to formulate their own wishes and needs. To go in search of them, to give a voice to one's own emotions, and to recognise what one's

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heart is really longing for are important goals of therapy, making it possible to move away from the eating disorder.

### **Why is it mainly girls and young women who suffer from anorexia and bulimia?**

**Lahusen:** Among other things, this is connected with the ideal of beauty, which girls diverge from more and more during puberty. At present, this ideal is a very thin or even skinny body; a beauty ideal that is opposed to what is biologically female. Accordingly, girls are at greater risk, as they start moving away from what is seen as “beautiful” as soon as they develop female curves. You might say that they are trying to kill two birds with one stone: controlling themselves and their own emotions, and getting as close as possible to the current beauty ideal (Ill. 1).



Ill. 1: “I never felt good and beautiful enough. As far as I can remember I never was satisfied with myself”

### **What are the effects of an eating disorder on the female body?**

**Lahusen:** If young girls pursue this unhealthy beauty ideal, their body may be unable to develop female sex hormones, such as the estrogens, and in the worst case their menstrual cycle may stay off. This has a negative impact upon their health. During therapy, I now do a unit in which the girls learn about women’s natural cycle and the important tasks of hormones. I have experienced several times that after this, the girls wanted their cycle back. In order to prevent eating disorders,

in my opinion it is really important to teach girls about their bodies in an affirmative manner as early as possible, so they can find a positive approach to being a woman.

The binge eating disorder, which involves “eating binges” without any countermeasures, often leads to

those affected becoming markedly overweight, with all the known consequences for their health. For young girls, this is compounded by the fact that they feel even less appreciated. The shame and disgust felt towards their own bodies increase the longer the illness lasts.

### **What influence does the family have?**

**Lahusen:** I encounter many families in my work as a music therapist and find there is no such thing as a “classic eating disorder family”; each family has its own history and its own issues.

However, I am often able to discern similar behavioural patterns.

The kids affected often talk about a sheltered family home in which performance is highly valued. They play tennis as well as learning an instrument, and the children have scarcely any space that is not associated with performing,

a space in which they could ask themselves: “What is it that I want?”

Often a lack of barriers within the family is a problem. The parents meddle too much in the children’s affairs, are constantly present. In puberty in particular, it is really important for us to take a step back as parents. It is important that the adolescents have their own experiences. Instead of sheltering them, our task as parents is to offer support if the worst comes to the worst and

to be there lovingly in the background during these experiences.

### **Often society is seen as co-responsible. Is that true?**

**Lahusen:** Yes. The main factor is the ideal of being thin, which is closely linked to concepts such as success, discipline, wealth, sexuality, and happiness. Anyone who weighs more is seen as lacking discipline and, according to the dominant social view, cannot be successful or happy. Ultimately, the ideal of thinness suggests to young people: “If you succeed in

being thin, all of your life will be under control.”

The constantly growing pressure to perform and be perfect is another factor. Young people with eating disorders internalise this outside pressure and turn it against themselves. For me, eating disorders, more than any other illness, symbolise our society’s emotional hunger. Young adults who suffer from an eating disorder document both impressively and painfully that this society lacks satiety on a psychological and emotional level. It is an issue of society as a whole and concerns us all.

**Are there issues that are specially connected with anorexia?**

**Lahusen:** Often we are dealing with mis-directed striving for autonomy. Starving oneself then becomes a form of safety. Control is another big issue. If the adolescents’ lives slide out of control and they become increasingly overloaded, the illness makes them feel: “At least I am still in charge of this area.” Sometimes the issue is purity, the idea of being free and pure.

**Which issues are the main focus in the case of bulimia?**

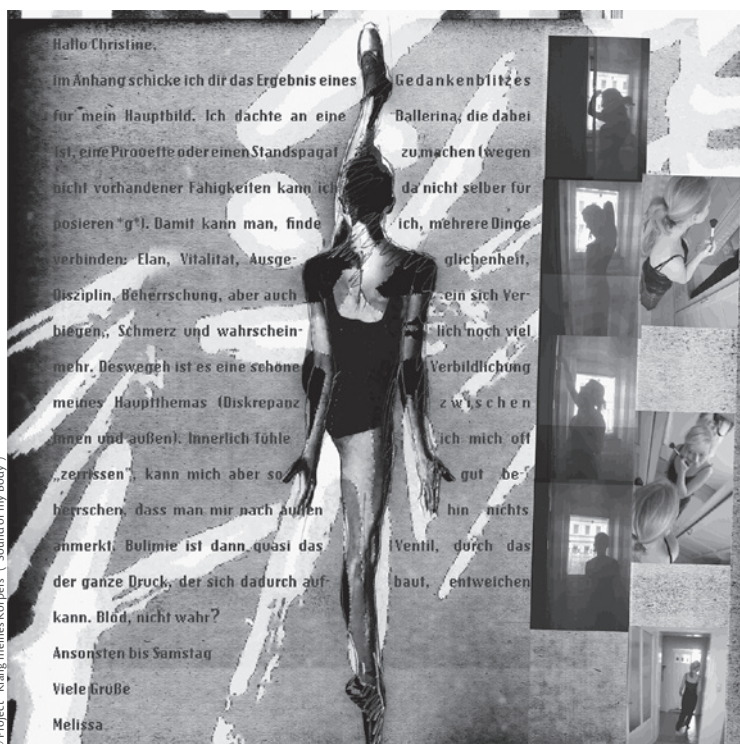
**Lahusen:** Often there are very popular girls that the affected girls want to have as their friend. Then they adapt to the others’ needs. This was the case for Melissa (Ill. 2). She once wrote: “I am living with a mask. With this mask, I move smoothly and comfortably through life (I don’t rub anyone up the wrong way), but past it too, somehow.” Teenagers with bulimia are so

concerned with adapting to the needs of their environment that they only attend to others – and lose themselves in doing so. In bulimia, two opposite poles collide. There are phases in which the patients are in control of their eating behaviour. But then there is the feeling of powerlessness, the loss

access to support facilities, otherwise prevention is left in limbo. This is why it is important for schools to work together closely with local advice and specialist centres, with everyone pulling together.

In didactic terms, preventative offers need to go beyond simply imparting knowledge on a cognitive level. In our programme, we use creativity as an important health resource, as creativity addresses the emotional level first and foremost.

One source for our work are creative works such as pictures, songs, or texts by individuals who are suffering or have suffered from an eating disorder themselves. In doing so, our aim is to encourage self-esteem and an appreciative way of dealing with one’s own body, as well as to facilitate the expression of one’s own feelings and needs in a crea-



Ill. 2: “I am living with a mask ...”: Adolescents with bulimia often adapt too strongly to the needs of others – and lose themselves in doing so

of control, when they have binges of eating and vomiting again. Unlike anorexia, people affected by bulimia are under extremely high psychological stress right from the start. They are ashamed of and disgusted by themselves.

**In your experience, what are the most sustainable options for prevention?**

**Lahusen:** Basically, prevention programmes should not be planned as a one-off activity, but should be offered continuously at schools or in youth centres. When I raise teenagers’ awareness of this topic, it needs to be ensured that teenagers who are at risk or already affected have quick

creative manner.

**NOTE**

<sup>1</sup> The images are taken from the youth study “Starke Bilder” (“Strong Images”) carried out by the IZI in cooperation with the prize-winning project “Klang meines Körpers” (“Sound of my Body”), an interactive project carried out in secondary schools in Germany with the aim of preventing eating disorders.

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