The Truth About Bipolar and Eating Disorders

by FLISS BAKER

Bipolar and Eating Disorders

This article could be a trigger for anyone currently dealing with an eating disorder or related distress.

There has been a surge of discussion about eating disorders in the UK of late, due to National Eating Disorder Week and promise of further government funding.

It has been something I have wanted to write about for a long time, but I felt hesitant due to overcoming the turmoil of exposure and recovery myself. Despite the renowned label of a ‘secretive illness,’ my passion to speak out has won the battle!

We are starting to achieve bringing mental health in line with physical health, but we know this involves making many changes to the mental health system as well as reducing stigma.

The most common illnesses, such as depression and anxiety, are beginning to be understood but there is still misconception about the less common and severe including bipolar, schizophrenia, self-harm and eating disorders.

Interesting Stats

In the United States, 20 million women and 10 million men suffer from a diagnosed eating disorder at some time in their life. Over 1.6 million men and women in the UK are affected by eating disorders.

According to University of Cincinnati College of Medicine more than 14% of patients with bipolar disorder also suffer from an eating disorder, and these individuals are likely to have a more severe course of illness.

One thing that has shocked me heavily throughout my research is this: “Eating disorders claim more lives than other mental illnesses.”

It’s important to remember that *ANYONE* can develop an eating disorder, regardless of their age, sex, cultural background, or even weight! However, we know women between 12-20yrs are most often affected.

Food Is the Symptom, Not the Cause

In my opinion, and after working with others and lecturing on the topic, food is the symptom not the cause of an eating disorder. An eating disorder is a survival strategy to ***control*** and ***cope*** with a high level of distress.

We are constantly faced with miscommunication in the media and misconception from the general public that an eating disorder relies on food, diet, weight and exercise and whilst these are integral physical factors the simple truth is this: *The core of the eating disorder is all about feelings, self-esteem, isolation and sadness*.

We live in a world where the repeated message is: **“If you *look* good you’ll *feel* great!”** as opposed to **“If you *feel* good, you’ll look great.”**

That’s why I believe when we hit difficult times we reach for the one area in life that promises us achievement and self-worth through body image, whereas in fact it is a marketing ploy in a billion dollar industry. This can introduce us to a dangerous world of obsession, leaving us fighting for unobtainable perfection.

Next page: different types of eating disorder and Fliss' story.

What Do We Know About Eating Disorders?

There are four main eating disorder diagnoses. There are significant differences between each, but common features across all.

Every person suffering with an eating disorder will be preoccupied with food, weight and diet and have a distorted body image where their body perception is much bigger than the truth. Negative thoughts such as “I’m fat” will mirror the unhappiness they feel inside.

- **Anorexia nervosa** is related to severe weight loss, which can result in osteoporosis, infertility and starvation affecting every system in the body. Unfortunately this can cause death as in the case of Karen Carpenter who was on a water only diet.

- **Bulimia** involves binging on large amounts of food and purging by vomiting or using diet pills and laxatives, often disappearing to the toilet soon after meals. This results in bloating, stomach pain, mood swings and weight change.

- **Binge eating disorder** is on the increase and involves eating large amounts of food in a short of space of time but this does not mean eating big portions, binge foods are often ‘planned rituals’ and usually bought in secret with no purging. This can result in obesity, high blood pressure, high cholesterol and heart disease.

- Over 50% of those with eating disorders are diagnosed have an **eating disorder not otherwise specified (EDNOS)**. This is classified when the criteria doesn’t meet anorexia or bulimia but is just as severe.

My Story

I think hard when writing about my story. So many people choose the route to shock by mentioning weight, showing photos and sharing tips which assisted their drastic loss.

I’m not comfortable with this. In truth, this style of writing could trigger someone with an eating disorder who is keen to learn how to perfect their weight loss objective. I am therefore mindful when telling my story.

I was a very sensitive child. I grew up with wonderful parents but they wanted the best for me, so at times could be highly critical. If I showed my dad my homework he drew red lines through it. Instead of appreciating my young, conversational tone of writing, he wrote it ‘his way’.

My mum was a dancer and her family were always focused on food and weight and I remember one family member jovially naming me the ‘buffet diver’. I also remember being in the throes of my eating disorder and receiving a comment saying “You’re back to how you used to look now.” I was a 24-year-old woman with curves being compared to a photo of me as an 18 year old. These comments carved onto my brain.

Years on, the relationship with my father and his alcohol misuse broke down and it made it difficult to see my family as much. The man I loved didn’t love me back. This affected me terribly.

I was highly productive at work and over achieving, but escaping through drink and drug fuelled binges at the weekends. In order to '*feel good'* I fell into the trap of, '*If I just lose a few pounds…'* I was thrown into the safety and comfort of striving for perfection.

Exercise escalated from three times a week to twice a day. I got a personal trainer who started me on food diaries, which led me to my dangerous obsession with food, counting calories and replacing wholesome nutrition with small portions of nothingness.

Next page: the rest of Fliss' story.

My Story

My personal training sessions perfected my technique and I paid extra for more effective weight loss equipment. Two days before my 'breakdown,' as a petite size 8 I was wearing a waist belt to break down fat before a high cardio session to maximize its intensity.

My body was broken. My memory and concentration deteriorated; I was irritable, had mood swings and developed a complete non-stop, uncontrollable obsession around food, weight and exercise.

I could blame my emotional trauma but I now know my rapid cycling bipolar had been triggered and the enormity of my 'breakdown' was expanding by the minute. The web of confusion, self-hate and low esteem was enraptured by an eating disorder that despite its destruction it somehow gave me a focus, but only temporarily.

There is no longevity in an eating disorder. No good ending. Only the need to delve deep, unravel and work towards recovery.

The inner voice of the eating disorder creeps up over time. We all have an inner critical voice. 'You look too fat in that dress.' 'Your stomach is hanging out.' 'That colour looks awful on you.' But usually these thoughts pop in and out of our heads and they don't take over our entire thought processes, feelings and then impact every decision and behaviour we make.

The eating disorder's inner voice takes over until that's all we hear. If we weigh ourselves and are 1lb over what we expected we tell ourselves to punish ourselves and miss a meal or burn each calorie off. If we eat more than we should have we have failed and hate ourselves.

"Our brain trains us to believe that food can reach out to us like a friend but snatch that hand away and leave us lying their alone on the bathroom floor."

Skinny, no eating, empty stomach equals achievement, whereas any food in your stomach is disgusting and a failure. And so the vicious cycle begins.

Women comment on your weight loss, you lap it up and it motivates you further. People say you look healthy, which in your mind means 'fat' and you need to work harder. You stop going out to eat for fear of looking at food that is banned from your head. You lie about having just eaten and sometimes eat a few mouthfuls to 'prove' to people that you eat to stop the questioning.

No-one warns you of the lack of sleep. No food in the body is like no fuel in the car. It doesn't work properly. I often went to bed with an empty gnawing feeling in my stomach and could never get to sleep, managing about four hours maximum, convincing myself not to give in and eat.

I used to lie there and visualize my troubles in life and try to box each one up and bury it, hoping to empty my head and give myself some peace.

I think scientifically my body was screaming for food to the point my brain was being internally stabbed to

respond.

For the first time in a long time I cooked a meal for my work friends, but got drunk. After they left I scraped each plate and gobbled the contents. Then, with a sudden taste for ‘substantial’ food I went to my freezer and defrosted old cakes, slice by slice, in the microwave, chewing on dry pasta sheets in between.

I filled my stomach like a balloon and I wanted to kill myself. I had broken the cardinal rule and invited distress, pain and failure into my life. I ran to the toilet and made myself sick. As I looked up I saw a slim, red faced, blotchy girl, with snot on her nose and eyes tired and bloodshot. She looked a mess and she looked broken.

The immediate relief of all the pain was attractive to me and I began the vicious purging cycle whenever I felt I had eaten too much.

Until the day everything unravelled.

Next page: the chain of recovery and useful resources.

My Chain of Recovery

From all my cognitive behavioral therapy, experience and learning I have built self-confidence and gained empowerment by thinking this:

“It’s ok to be you. Don’t compare yourself to anyone else and trust your own decisions.

You don’t need approval from anyone else on how to live your life!”

It is important for us to accept with multiple diagnoses that one negatively impacts the other. From personal experience, I don’t believe the sole responsibility of resolution lies in us. We must listen, try and want to get well, but ultimately we need a strong, trusted, network of support – we cannot do this alone.

Eating disorders are complex and our learnt web of destructive behaviour must be unwound very carefully, introducing small changes and taking one day at a time. It’s time we stop the negative stigmatizing language such as ‘attention seeking’ and offer reassurance and confidence building instead of criticizing self-image and unknowingly triggering more of the punishing love/hate relationship with food.

There is so much support out there and I got through the difficult journey of recovery. It opened a can of worms in my head and I spouted childhood issues as well as my current life battles, but it was worth every trauma, difficulty and painful discussion because I am now in full recovery.

Of course I battle thoughts, but I have learnt through CBT how to manage them because:

“I am in control and I have taken the eating disorder’s power away. It tries to taunt me in my difficult times but it means nothing. I tell it to stop and I tell it go away.”

I make decisions on what I eat and I have built a life where my purpose is not having desperation to ‘feel’ good through weight, diet and exercise but through being a sister, auntie, daughter, friend, loving writing, campaigning in mental health, creativity, listening to music and understanding that life will always be better where I am now because simply, I’m not trapped anymore.

I have control, self-worth and feel of value and those are the most motivating factors in the world to stay well and keep on the recovery track.

My last point is this. An eating disorder is a diagnosable mental health illness and does need specialist professional help. Please request this through your doctor.

Treatment is assessed on a case by case basis but for me, CBT was life-saving and I use the therapy every single day to manage any negative thoughts.