

Cupcake Wars

Sifting through the misconceptions of eating disorders was key to recovery for my 9-year-old daughter



BY HOLLY FORD

I

used to find them drawn on pieces of paper under her bed, topped with whips of frosting and sprinkled with colorful stars. On her iPod, there were cupcake-themed games and videos of others baking them. But no matter how much I tried to entice her with the real thing, she would not eat one.

She told me once: “Mom, I love to watch these cooking videos because then I don’t feel like eating.” (Insert heartbreak here.)

There were other signs, of course. Hours of what she called “conditioning.” Comparing notes with a friend about how many crackers she’d eaten that day, questions about calories and whispers to her reflection about being fat. At first, I assumed she was just misinformed, so I spoke to her about how to make smart food choices that would fuel her athletic body.

She assured me she understood, promised me she would eat better. But her body continued to change. She lost her stamina and stopped doing activities she loved. Her moods became intense. Hugging her became foreign to me because there was no *her* left on that child-sized frame. I held her tighter still, hiding tears and swallowing screams because it hit me hard: my nine-year-old daughter had an eating disorder. (Yes ... nine!)

SHE’S TOO YOUNG

If she had reached the point of training bras and boy crushes, I might have been more prepared. But the reality is, eating disorders don’t discriminate. According to University of Virginia Health System dietitian Ashleigh Sellman, an eating disorder can impact anyone—any age, race or gender. It’s not just something that plagues adolescent girls.

“It is becoming more common in younger kids,” Sellman says. “As a culture, we are much more obsessed with food, weight and body image, and kids are exposed to these ideas because of the pervasiveness of images and information out there.” But, she adds, this is just one contributing

factor among many that can set an eating disorder in motion.

IT’S MY FAULT

To be able to point fingers and place blame would have offered me some relief, so I started with yours truly, evaluating every snack, every meal I’d ever given her. That’s where I went wrong. “It’s nobody’s fault—not the parents or the person with the disorder,” assures Sellman.

So why did this happen? Why *my* kid? It turns out my Type-A daughter, so incredibly driven, talented and bright—the child seemingly wired for success—is also the type of personality prone to eating disorders.

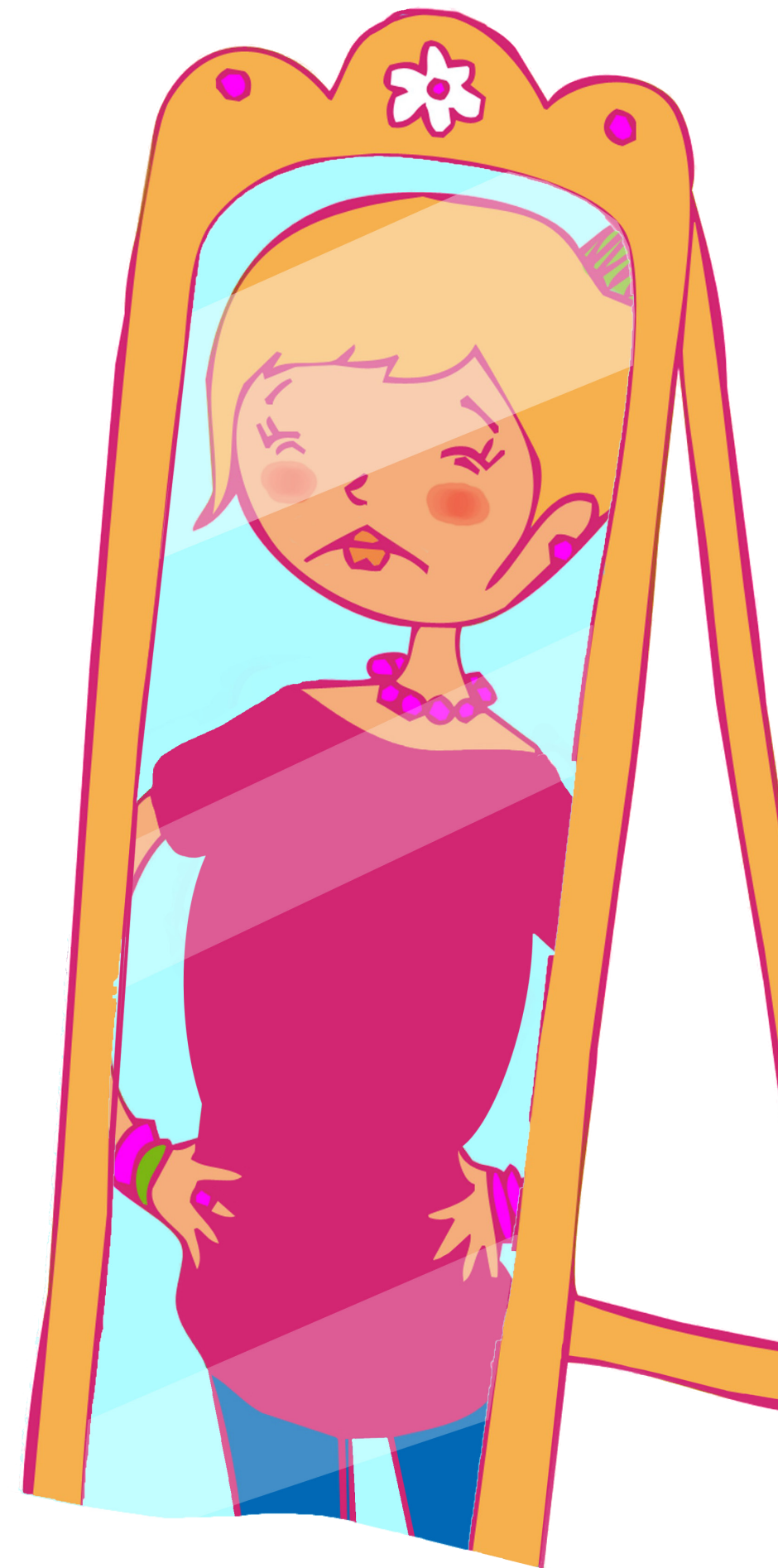
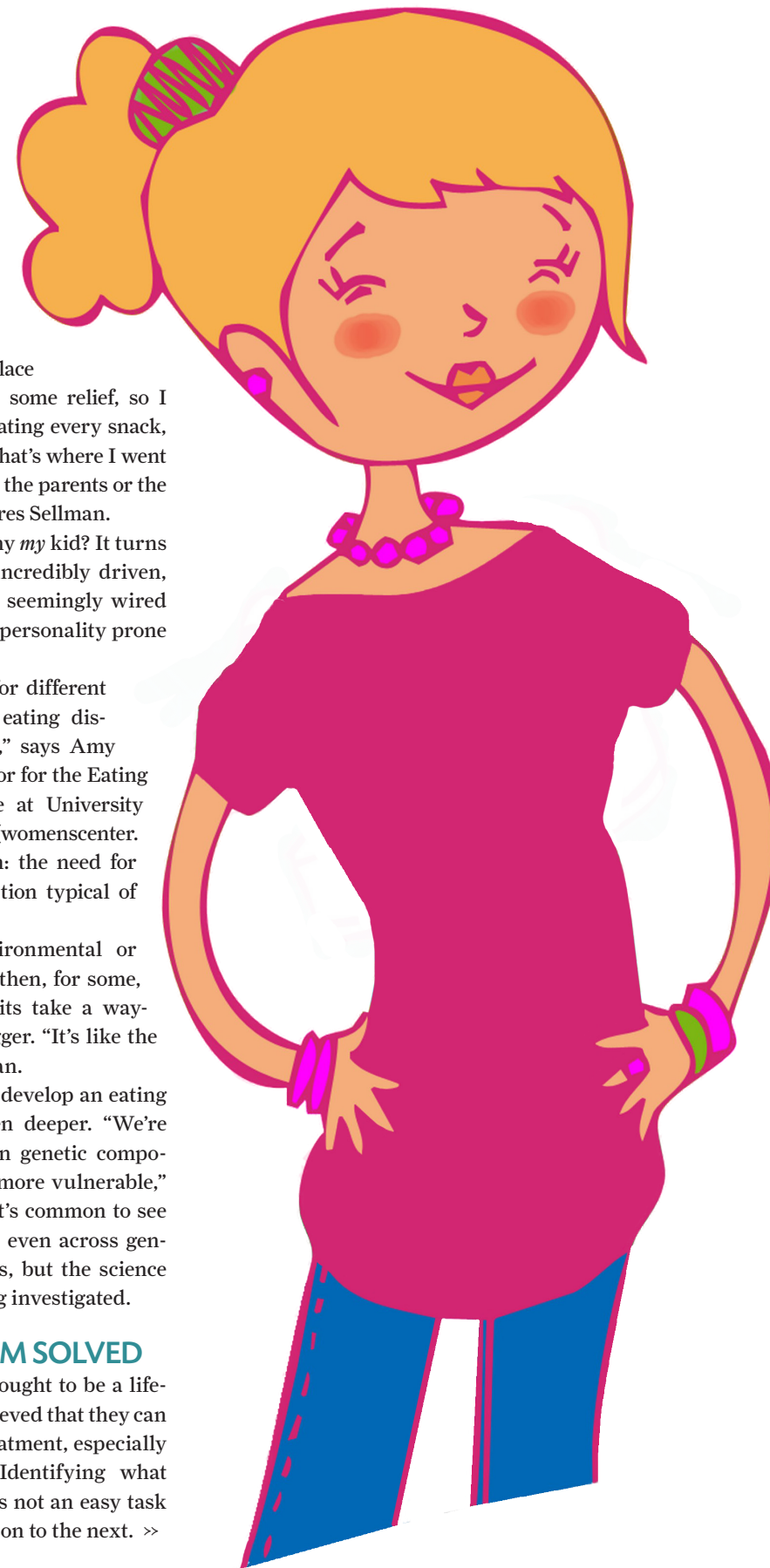
“The reasons are different for different people, yet often those with eating disorders do share similar traits,” says Amy Chestnutt, education coordinator for the Eating Disorders Education Initiative at University of Virginia Women’s Center (womenscenter.virginia.edu) Key among them: the need for control and a quest for perfection typical of Type-A personalities.

If there are negative environmental or psychosocial elements at play then, for some, these positive personality traits take a wayward turn; all it takes is a trigger. “It’s like the perfect storm,” explains Sellman.

For others, the proclivity to develop an eating disorder may actually go even deeper. “We’re learning that there are certain genetic components that make some people more vulnerable,” adds Chestnutt. Anecdotally, it’s common to see multiple members of a family, even across generations, with eating disorders, but the science behind a DNA link is still being investigated.

WEIGHT ON, PROBLEM SOLVED

Eating disorders were once thought to be a lifelong condition, but it’s now believed that they can be overcome with the right treatment, especially when they’re caught early. Identifying what recovery looks like, however, is not an easy task because it varies from one person to the next. >>



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"Just because someone returns to their normal weight doesn't mean they are back to normal," says Chestnutt. "You have to take a holistic approach to healing. Whatever reason someone has for starting this behavior—psychological, emotional—that has to be addressed, and it can take a long time for them to fully recover."

Often this means years of hard work with lots of highs and lows, says Sellman. "Treating eating disorders is unique because you have to not only guide patients in what to eat but explore the emotional connection to food, to talk about body image, self esteem and putting trust in your body," she says. "It takes a team—a physician, dietitian, therapist—to be truly effective."

I'm hopeful that, after eight months and many doctor visits, my daughter's progress is only going to improve. She has gained six pounds in just a couple of months, has returned to the soccer field in full force and eats a better variety of foods than she did prior to her diagnosis. But I admit I'll always be on the lookout for signs of a relapse.

I still don't know what triggered her anorexia and I may never know. All I can do is continue to be aware of her eating patterns, to give her the resources she needs to sort through her emotions and model healthy behaviors myself.

That means words like muffin top and sadlebags are no longer part of my vocabulary. Exercise is something I do because I like it not because I feel obligated. I don't count calories or skip meals. And sometimes ... I eat cupcakes. Thankfully, my daughter does, too. ●

SOCIAL MEDIA

Understanding Eating Disorders

When her young daughter developed anorexia, writer Holly Ford understandably wanted to learn as much as she could about eating disorders. Read her post about the many myths she discovered. Go to uvahealth.com/blog (search "eating disorders").



Eating Disorder or Disordered Eating?

The telltale signs of a serious eating disorder like anorexia (drastic weight loss) or bulimia (purging) are hard to miss. But what about those people whose eating patterns are extreme, but fly under the radar? According to UVA Health System dietitian Ashleigh Sellman, "You don't have to have an eating disorder diagnosis to have a problem."

Something known as "disordered eating" is becoming pervasive in our culture today. "These behaviors are similar to those of an eating disorder but they are less frequent and less intense," explains Amy Chestnutt, education coordinator for the Eating Disorders Education Initiative at University of Virginia Women's Center. Although they may not reach the critical stage of a diagnosed disorder, they are risky behaviors that can take a toll on your health, both emotionally and physically.

Disordered eating might include:

- Consistently overeating
- Occasional purging or vomiting after meals
- Obsessive calorie counting
- Restricting foods based on type, color or texture
- Extreme exercising
- Constant dieting
- Emotional eating and
- An overall preoccupation with food.

If you are struggling with disordered eating or have an unhealthy relationship with food, talk to your primary care provider today.