What follows is an integration of everything I have learned about eating disorders over the past two decades. My sources for information have been my clients, what I see in my life and in people around me, research articles and publications about the neurobiology of eating and of eating disorders, genetics as it pertains to eating, research articles on evolutionary biology, interviews with researchers, what I have observed and heard though connection with competitive athlete communities, what I have ingested from consult groups, what I have learned from fat liberationists, what I have learned from Black, trans, nonbinary and neurodiverse scholars and from those with lived experience of these identities. I have also contextualized what I have learned about eating disorders within my knowledge about trauma, the neuroscience of anxiety and somatic psychology.

This is a special interest area for me and I have learned a lot. I am driven to share what I have learned and integrated because I am upset by pervasive misconceptions about eating disorders. These misconceptions harm people.

I believe I have something to offer with the way I conceptualize eating disorders. Most importantly, I think I can help us to challenge these harmful misconceptions so that we better recognize who amongst us is suffering around eating, stop pathologizing people for their eating patterns and stop making people who are anxious around food more anxious around food.

Am I 'right' about how I understand eating disorders? I don't know. I do know that if anything here doesn't fit your lived experience with food or gets wrong about it, you are right and valid and it's a limitation of my approach, not a limitation in you. I also know that while I've attempted to expand my lens to acknowledge systemic and structural impacts on eating, I am an individual therapist and not a scholar or activist in structural and systemic oppression. I have loads of resources and recommendations for anyone interested in learning directly from my (public) sources and for anyone who wants to deepen understanding of systemic violence and oppression.

What is an eating disorder?

The DSM gives us diagnoses of eating disorders based on behaviors and symptoms.

Common narratives tell us an eating disorder is not about the food. Or it is about the food. Or it's about control. Or obsession with thinness. Or numbing difficult emotions. Or acting out with food. Or low self esteem. Or trauma.

Eating disorders are also considered to be a neurological-biological-social-psychological pathology.

There are truths within all of these lenses.

However, without an understanding of what an eating disorder is, what's actually happening within the person and why, these truths are lost in harmful misconceptions. And while humans are beautifully complicated and the way that eating disorders develop and play out in any given human is usually very complicated, there is a fundamental understanding about eating disorders that is often missing in the neurological-biological-social model.

Without this fundamental understanding of what an eating disorder is, we can fail to identify those who are suffering around eating. We can inadvertently activate or reinforce eating disorder patterns even when we are trying to help. And we can miss opportunities for prevention.

So, what is an eating disorder?

An eating disorder is an ongoing anxiety/fear pattern with food due to threats to getting enough food and/or threats to feeling safe to eat freely.

How does an eating disorder happen?

Humans are sensitive to any threat around getting enough food. This has been core to our survival. We need enough food, we need safe food and we need to be able to eat food in spaces where we are safe. Any threat perceived by the brainbody to this survival need can signal danger to a person.

Long ago, these threats may have been the danger of eating in an exposed area where a predator could attack us. It may have been not having ways to store food to prevent spoilage. It may have been drought or being forced out from areas where we had access to our foods. It may have been foraging for foods that had the potential to be poisonous.

Some of these threats exist today in the form of food insecurity, lack of stable housing or forced migration due to war or oppression. Other threats are more contemporary.

What are some examples of threats around eating?

Diets - any eating plan that restricts or limits foods for any intended purpose including weight loss, sport or athletic performance, or 'health'

Unintentional energy deficit - such as from illness, medical treatments, increased exercise without adequate fueling or lack of access to food

Lack of reliable access to food

Lack of safe spaces or time to eat consistently

Doctors and medical systems that are anti-fat

Drugs, weight management programs and medical procedures prescribed for weight loss

Over-stimulating or under-stimulating environments at mealtimes

Abuse around eating or mealtimes

Direct or indirect messages from family, religion or culture about eating too much or eating the wrong things

Direct or indirect messages that create moral value around certain ways of eating

Direct or indirect messages that equate a person's goodness or badness or value with the way they eat

Medical discrimination, job and housing discrimination and interpersonal rejection that demand weight suppression of fat people to gain access to those basic aspects of life

Violence toward fat people

Conflicting cultural messages about eating

Lack of access to culturally affirming foods

Forced migration

Loss of culturally connected land where food was historically obtained due to development, war, colonialism

Sensory needs that are unmet around food or sensory aversions to food that lead to energy deficit or distress with eating

Differences in interoceptive awareness that lead to energy deficits

Unmet needs for predictability and routine around eating

Grief, loss or crisis that affects appetite or digestion

Medical conditions or treatments that cause pain or distress with eating

Medical conditions or treatments that impair absorption of nutrients

Sleep conditions that impair absorption of nutrients

Lack of proper assessment or treatment for these medical conditions

Manic or depressive episodes that affect appetite

Substance use that affects appetite or eating patterns

ADHD hyperfocus or differences in interoception leading to delays or interruptions with eating

Public vomiting or unwanted vomiting in general or other traumatic experiences around food

*Please note that NONE of these threats is that food is ‘too sugary’ or too processed or too anything. While fear mongering around food makes us imagine that having increased energy density in food and increased deliciousness is a terribly scary threat to humanity, this is not experienced as a threat around eating. It will not trigger a fear pattern with food unless the person gets the message that they are wrong or bad for eating these foods or that these foods are dangerous.

What happens in response to the threat(s)?

When there is a threat around getting enough food or a threat around feeling safe to eat, we respond. Our brainbody identifies ‘we have a problem here’.

This threat can be experienced within the brainbody as a small disturbance and easily reset into non-fear mode with food. For example, I got sick and could not eat much for a few days and then afterwards felt extra hungry and ate more, soon returning to my regular eating habits.

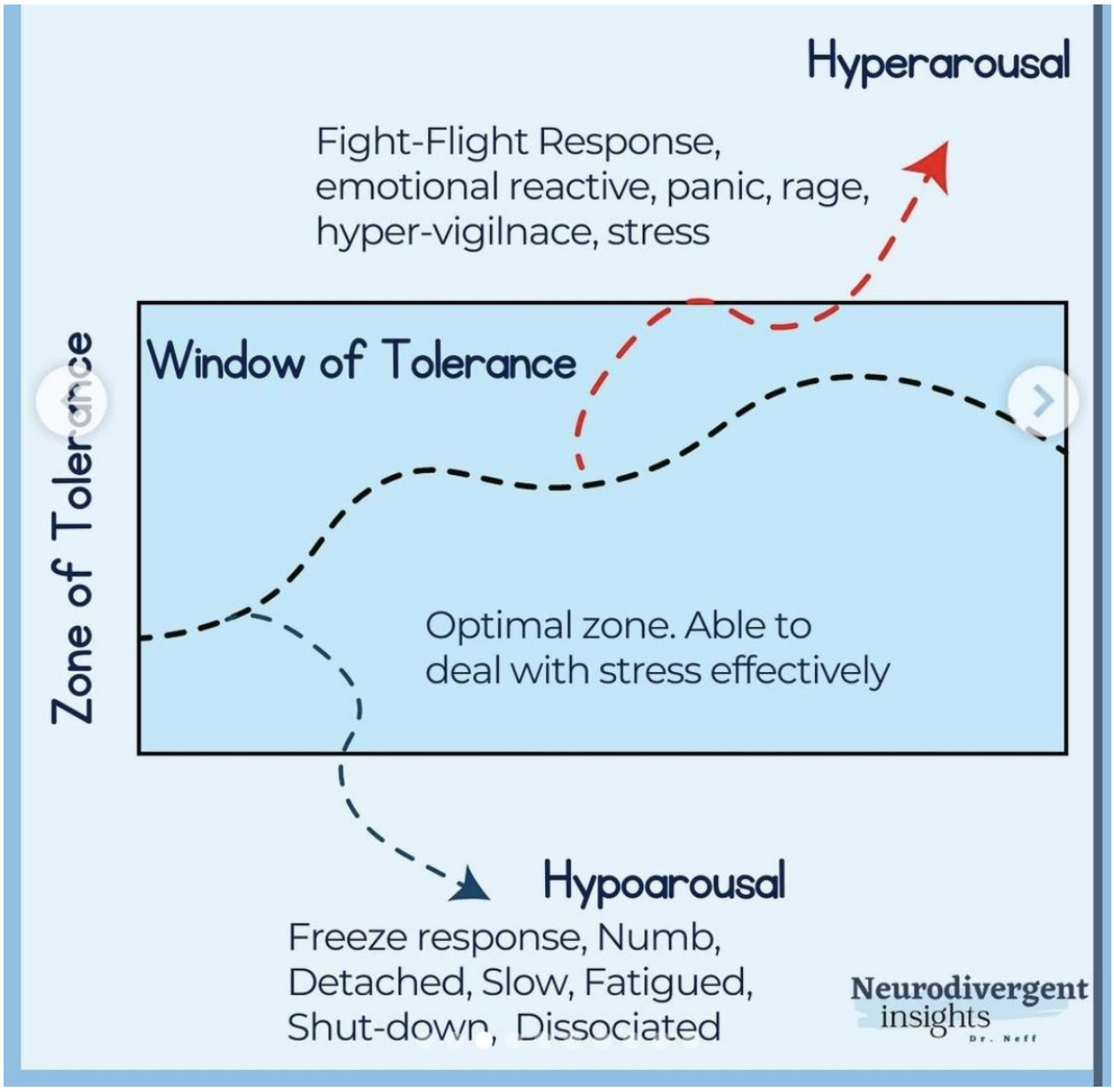
It can also be experienced as a chronic threat or even chronic emergency. This depends on the severity of the threat, the quantity of threats, the frequency of the threat(s) and how a person’s own individual brainbody is primed to respond.

When the brainbody is experiencing a pattern of ongoing threat response, that is an eating disorder. The priming or predisposition is determined by an interplay of genetic predisposition and life experiences.

What happens in an ongoing fear/anxiety response pattern around eating?

In the ongoing anxiety/fear pattern, there is a chronic stress response around eating.

Like with any acute or chronic stress, the brainbody goes into hyperarousal or hypoarousal or fluctuates between the two.



(Graphic thanks to Dr. Megan Neff)

Nervous system activation around eating

Fear and anxiety around eating

Departure from space and choice around eating

Hyperawareness of details around eating

Dissociative experiences around eating

Fragmentation of self around eating

Shame around eating

*Any of these experiences can occur at times with eating for anyone. They are not in themselves a ‘problem’. The problem is when the person is *suffering*, mentally, physically, and/or emotionally as a result of the patterns.

*Please also note - in order to minimize the potential to pathologize people for normal responses, or pathologize people for naturally being in different brainbody states, I find it important to emphasize that hyperarousal or hypoarousal in general or around food is not a better or worse, right or wrong, way to be. It just describes a response pattern.

What are factors that prime a person to be activated into an ongoing fear/anxiety pattern with eating?

Factors that prime a person to be activated into an ongoing fear/anxiety pattern with eating include anything that may cause a person to have a stronger survival response to threats around food. These stronger responses may be genetically predisposed from evolutionary survival patterns around eating. Possibly this can be traced in part through intergenerational trauma of colonialism, enslavement, famine, or genocide through starvation.

A person may also be predisposed to activation into chronic threat around food from general higher threat responsiveness to stimuli or generally existing more often in hyperarousal or hypoarousal. For example, within a person with anxiety or OCD or in some ADHDers, highly sensitive people or autistic people.

Priming can occur due to anything environmentally that causes a person to experience more overall stress in life and more nervous system hyperarousal or hypoarousal. This may be marginalization, abuse, illness, oppression or any trauma.

It can be anything that increases the likelihood of ongoing threats around eating such as being fat, being poor, being ill with a metabolic or digestive issue, being neurodivergent or being someone who participates in sports or professions that focus on body size or eating restrictions.

It can be anything that makes a person more dependent on social or systemic acceptance to secure safety or status. This can be based in personality. For example, people who are naturally

more attuned to what's expected of them and driven to meet those expectations may be more likely to get activated into ongoing fear/anxiety with food.

The increased drive for social safety can also occur from any type of marginalization. Ableism, anti-fatness, anti-neurodivergence, anti-queerness, anti-Blackness or anti-trans violence increase the necessity for people to find ways to find safety. Behaviors around food can allow for masking of parts of self that have been met with judgment or stigma, assimilation into 'normative' ways of existing and/or compensation for being deemed less than. These behaviors are attempts to be safe and increase access to societal success or security by meeting cultural or familial expectations around eating or body size.

Anything that reduces mental, physical, spiritual or emotional safety or stability for a person due to lack of social or familial support or lack of access to medical or mental health support may also prime a person to be activated into an ongoing fear/anxiety pattern around eating.

*Note also that anyone can be activated into an ongoing fear/anxiety pattern with food even if these factors are not present.

How do fear/anxiety patterns around eating manifest behaviorally?

As with any acute or chronic stress, the behavioral presentation of the anxiety and fear with eating varies between people and very often within a person over time.

Anxiety and fear around food can lead to restricting food, fixation on food, food rituals, food rules, food regulations, checking behaviors around food, hoarding food, and extreme planning and equations around eating. These are safety behaviors as a person is driven to eat but simultaneously attempts to reduce anxiety and fear with eating.

Anxiety and fear around food can lead to feeling compulsively driven to eat in a way that feels too much or too fast (binge eating), eating in secret and lying about eating.

Anxiety and fear around food can lead to vomiting, self induced vomiting, laxative overuse, use of insulin or other diabetes medication to reduce appetite, and compulsive exercise or movement.

*Some of these behaviors are not unequivocally a problem. The problem is when these behaviors are connected with ongoing fear and anxiety around eating and the person is suffering within these patterns.

How do response patterns vary physically?

As with any acute or chronic stress, chronic anxiety and fear around eating damages the body. The impacts on the physical body vary between people as well as within a person over time.

On a physical level, because each human body responds in its own way to restriction of energy intake or to binge eating, and people are different sizes and shapes to begin with, in ANY of these patterns we may see:

Fat people

Thin people

Average sized people

Weight loss

Weight gain

No weight fluctuations

Changes or dysfunctions in any system of the body or no observable or measurable changes or dysfunction in body systems such as …

Reproductive

Cardiac

Thyroid

Bones

Sleep

Gastrointestinal

Hair

Skin

Metabolic

What keeps people stuck in anxiety/fear patterns around eating?

Once a person is activated into a fear/anxiety pattern with eating, there are a range of experiences that may keep people stuck in it.

First of all, many of the threats around eating are ongoing and keep people stuck in threat response patterns.

There are also powerful neurobiological drivers of these patterns. Some people are wired in a way that any energy deficit drives food restriction which then maintains or worsens energy deficit in a reinforcing cycle. Energy deficit can also drive them toward compulsive physical activity which can maintain or increase energy deficit which drives more food restriction and energy deficit in a reinforcing cycle.

The perceived threat of not getting enough food or simply not getting enough food can also neurobiologically drive people to binge eat.

Binge eating can then trigger fear and shame about ‘being out of control with food’. This fear and shame can itself drive more binge eating. It can also drive restriction or compensation through vomiting, exercise, laxatives or use of diabetes medications which then leads to binge eating in a reinforcing cycle.

There may also be increased acceptance or praise for eating in a certain way or suppressing weight or having a body that conforms to external expectations. There may be increased capacity to live in a world that excludes and hates fat people. There can be an increased access to and connection with family, social life and relationships, job or financial security and medical care. There can be an increase in capacity for success or achievement in sports or drama and arts performance. There can be increased safety and protection against violence and targeted harassment. For those with digestive pain or GI suffering, there can be a reduction (usually temporary) in symptoms when eating is restricted or avoided.

Because fear/anxiety patterns with eating take up a lot of time, energy and focus, these patterns may cause a sense of isolation and loneliness. At the same time, they can allow a person to exist in a more self contained world where they are somewhat buffered against the pain of isolation and loneliness.

The narrowing of experience with an eating disorder can also be felt as a sense of control, predictability and organization. This can feel safe and protective.

Body changes with eating restrictions can lead to increased gender congruence or an experience of transcendence beyond constraints or danger of gender.

Undernourishment in itself can act to suppress strong emotions or sensory experiences which may feel safer and less overwhelming. For some people, it can sharpen focus and increase

capacity to conform with normative expectations. It can also dampen life force which can reduce feelings of self-blame for not ‘actualizing potential’ and moderate the frustration and rage that comes from oppression and not having agency over one’s life.

The experiences of hyperarousal and hypoarousal around eating can feel familiar and therefore safe to those who already live in chronic anxiety and fear. The dissociative aspects of the pattern can also act to mediate the pain and fragmentation of trauma.

Implications for assessment

We can start by looking at the list of threats around eating, the vulnerability factors for getting activated into ongoing fear with food and the ways people get stuck in those patterns. This can open our awareness to who amongst us may be suffering around food.

We could move away from the term ‘eating disorders’ which carries stereotypes and misconceptions and consider a diagnostic category that accurately describes these eating patterns. For example, ‘the grave suffering that occurs within the spectrum of normal responses to threats around getting enough food or being safe to eat freely’. (Or maybe someone can come up with something a bit more catchy.)

We can make it a practice to ask people! Do you have anxiety or stress around eating? *Are you suffering around eating?* Would you be willing to share about that with me?

We can also recognize that a client presenting with problems around sleep, mood, reproductive health, gastrointestinal health or really any health issue may have an eating disorder that is causing or exacerbating these issues.

We can never assess just through body size.

**Body size and weight do not provide accurate assessment to identify an eating disorder and do not accurately determine behavioral symptoms.*
Any size person can be starving or binge eating.

The problems with common narratives about EDs

One narrative about EDs is that it’s a **mental illness.**

Experiencing ongoing fear and anxiety with eating and dealing with the behaviors associated with this fear and anxiety absolutely cause mental and physical illness.

When we talk about EDs as mental illnesses, however, or even neuro-bio-psycho-social illnesses, we can inadvertently make people feel like the source of the pathology resides within them. We can make people feel like there is something wrong with them with regards to eating. This can increase their fears and anxieties around food which intensifies the eating disorder pattern.

Telling people who are having normal threat responses around eating that their problem is their own mental illness is also a form of victim blaming and gaslighting. We make people anxious around food and then we pathologize their normal responses. That's not right! Victim blaming burdens people with responsibility for causing the damage inflicted upon them. Gaslighting disconnects people from themselves and their agency. Victim blaming and gaslighting are, in my opinion, morally wrong, and they increase hopelessness, stress, fear and anxiety, which makes the eating disorder worse. This approach also fails to center the dangers and risks of all the ways our systems (medical, cultural, political) cause people to have anxiety and fear around eating.

Another narrative about EDs includes a variety of ways of explaining EDs as being about a person **'using food'** or **'using food behaviors'.** This can be 'using food' for control, 'using food' to cope with emotions, 'using food' to numb out. It can also be **'using food' to manage trauma**.

This narrative is accurate in the sense that within a pattern of fear and anxiety with eating, food becomes more powerful and can overshadow other ways of coping with or managing strong emotions, trauma, feelings of isolation or disconnection. That is part of why people get stuck in these patterns.

However, this does not accurately explain an eating disorder. First of all, people 'use food' for all of these purposes all the time and that isn't an eating disorder. Secondly, when it comes to explaining EDs as being about control, why would food restriction always be the way the person was controlling things? Couldn't 'using food or food behaviors' for control look like any manner of eating, choosing for example to only eat cake and pizza?

The 'using food' or 'food behaviors' narrative also can pathologize certain ways of eating when the behaviors may be actually appropriate and aligned for the person. Some people - maybe more likely in neurodivergent people, people with certain health issues like GI distress, people who work double shifts or night shifts, people with inconsistent access to food - have behavioral patterns with eating that could be flagged as eating disorder 'behaviors' if all we looked at was behaviors. For example, only eating a few foods over and over again, eating according to rules and not 'intuitively', eating very quickly, eating very slowly, needing distractions or other stimuli while eating, not liking eating in social environments, only wanting to snack and not eat large meals, eating at varied times of day and night and/or eating a lot more on some days than others. If we focus only on 'food behaviors' as the signal for an eating disorder, we can wrongly diagnose people. We may also fail to support them in a way that aligns with their individual needs around eating if they do have an eating disorder.

And critically, eating disorders do not spontaneously arise from a person being ‘overly dependent on food’ or from ‘using food’ for any reason including coping or control or managing trauma. There have to be threats around getting enough food or eating freely and an activation into an ongoing fear/anxiety pattern with food.

It is essential that we contextualize the behaviors of an eating disorder within this understanding that the entire pattern is contingent on the threat of not getting enough food or being unsafe to eat freely. Otherwise, we are again failing to center the dangers and risks to people from food threats (see long list above!) like diets, anti-fatness, food insecurity, lack of medical care or unmet sensory needs. These threats are the problem. The problem is not the ‘misuse’ of food or a person’s ‘acting out of internal psychological issues with food’.

When we talk about eating disorders as a misuse or maladaptive use of food for emotional issues, we may also be misled to imagine that **food is a dangerous or addictive substance**. Food is not dangerous. It is not a drug. Food is an essential life giving substance. In an eating disorder, it can feel like food is dangerous or that you are in an addictive pattern with food but not because food is dangerous or addictive or because you are too dependent on food. It is the threat against getting enough food or being safe to eat that makes food so powerful that it can capture people within food behavior cycles that mimic addictive cycles.

Like with the eating disorder as a mental illness lens, narratives of ‘using food’ or food addiction reinforce the anxiety/fear that is driving the eating disorder patterns. What we are communicating with this narrative of ‘using food’ or food addiction is that a person needs to be careful or vigilant about why they are eating. We are saying that the reason the person is suffering from an eating disorder is that there is something wrong with them internally when it comes to food and that they have a problem managing the dangerous substance of food. We are telling people that they need to question their motives for eating or figure out a way to eat in a way that is more controlled (but not too controlled!).

All this does is to make people feel more fearful about their eating (they have an ‘eating problem’ after all) and more anxious about eating in the ‘right way’. This anxiety drives the eating disorder pattern by intensifying fear and anxiety around food. It also can drive the eating disorder behaviorally when a person attempts to ‘control’ binge eating by restricting foods or trying to not eat for the ‘wrong reasons’ like emotional coping. These attempts to push back against eating are experienced as threats to getting enough food and backfire completely in terms of helping people shift out of a fear pattern with food.

Finally, all of these common narratives deflect us away from focusing on the core issue in an eating disorder: anxiety and fear around eating due to threats to getting enough food and feeling safe to eat freely.

Implications for treatment

There are many ways to provide good support for people with eating disorders and I won't attempt to detail all of them here (and can't because I don't know all of them!). Anything that helps a person to suffer less around eating is valuable.

My main point is that how we understand and talk about eating disorders is foundational for ethical and effective treatment. All good treatment comes from good understanding and clarity about existing misconceptions.

We have to stop pathologizing people and their eating behaviors. Simply saying 'it's not your fault' is not enough. Saying that 'this is a maladaptive but understandable way to cope with your emotions and trauma' is not fully accurate and not enough. It is when we offer the understanding that these patterns are normal, adaptive, survival responses to threats of getting enough food or being safe to eat freely that we can disentangle the person from the pathology.

I say to clients repeatedly:

This is just what happens to humans when their food is messed with. You are not the problem. You are not pathological.

We also have to stop reinforcing fears around food and eating. These fears are the problem in the first place! People need a lot of food to shift out of and stay out of fear patterns with eating. Every client I have ever worked with, whether their behavior pattern was restricting or binging or a combination, has needed more food. No matter their body, size or shape, they need more food. They need more food and at the very least they deserve to have clinicians who aren't reinforcing fear and threat around eating. I do my best to be clear with my clients, with my words and approach:

I am not afraid of you eating too much or eating the 'wrong' things. I am not afraid of you being fat or fatter. Regardless of body size or how much weight you gain, I will not add to your fears about eating too much or eating the 'wrong' things.

Is my saying this enough? No way. People are living within systems that continually cause them to be anxious and fearful with food. We can work to support people to live within these systems as best they can and reduce fear and anxiety with food. But I do not expect my clients to be able to just stop being anxious with food, 'reject the diet mentality' or just love their bodies.

Since eating disorders are in essence trauma patterns around food, I am not sure how we can provide treatment without an understanding of trauma and a capacity to care for those who experience trauma.

Beyond this, each client is unique. There is no way to know what they need or want without asking, exploring and listening. There is no way to know what is causing their anxiety with food, what is perpetuating it and what will help them toward less suffering without asking, exploring,

listening and trying different approaches. We may need to consult with people who share the identities or experiences of our clients in order to understand them enough to be supportive. Often we need to help clients to connect with communities where they feel understood, supported and not alone.

Implications for prevention

We can consistently emphasize that the problems for people around eating are the threats to getting enough food or being safe to eat freely. We can then do whatever we can toward the goal of making sure all people have enough food and can eat freely and safely and dismantling structures and systems that cause anxiety and fear around food.

We can look over the list of eating ‘threats’ and ask ourselves, ‘Am I encouraging or endorsing any of these? Am I prescribing diets or food restrictions?’

We can talk about eating disorders with our friends, our children, our communities and help people to become aware of what eating disorders are and how they get activated. We can then support one another in ways that may buffer us against the threats around eating. We can also keep a lookout for those among us who may be on the precipice of becoming stuck in fear and anxiety with food.

What am I missing? What am I getting wrong? Any questions?

I am open and eager for feedback! These ideas are clear in my mind but I’m not sure how they translate and how you are processing them. What makes sense, doesn’t make sense? What’s harmful or missing? What do you know that I don’t know? What do you want to discuss further?

Thank you for reading this. It means a lot to me :)