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**Navigating Eating Disorders Through Counseling**

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## **Navigating Eating Disorders Through Counseling**

Disorders such as anorexia nervosa, bulimia, orthorexia, and binge eating disorders are examples of eating disorders, which are complicated and often deadly mental wellness problems. The important role of guidance counselors in seeing the issue, helping, and encouraging individuals toward recovery and psychological health is made clear by studying people with eating disorders. Given the gravity and commonality of these illnesses, guidance specialists are important in the early recognition, treatment, and therapy of people who suffer from these diseases. There are many different intricate connections among eating disorders and the crucial role that guidance counselors present in encouraging therapy and general health. Counseling uses a range of therapy techniques created for the needs of those impacted by eating disorders (ED), exploring the complex conditions of the disorder with sympathy and understanding. There is a dark side to eating disorders and the necessary assistance offered by guidance from professionals can begin leading to recovery and perseverance.

### **Symptoms In ED**

Those who struggle with eating disorders often suffer from an assortment of symptoms and psychological difficulties that go far deeper than noticeable indicators. Individuals who suffer from ED frequently have problems with their digestion, which may include bloating, constipation, problems with bowel habits, and in extreme instances, damage to their organs. The upsetting amount of hair loss and its falling out is an evident sign of the human body's internal distress resulting from being malnourished and having nutrient deficiencies. However, among these signs, one of the most harmful symptoms is an overwhelming unwillingness to ask for or seek recovery. Because of psychological components such as embarrassment, stress, and denial about it, individuals who suffer from eating disorders often show a strong refusal to agree to their

diagnosis or get involved with methods of treatment. The stubbornness presents an important barrier to recovery, lengthening the suffering cycle and increasing the severity of the illness's detrimental effects on both physical and mental wellness. Eating disorders create many reoccurring mental and physical health issues. Many people are complacent about their eating disorder and do not want to get better or attempt recovery because they do not think it will work (Turner et al., 2019). They think they are too deep into it to receive the help needed. "Patients who develop a strong belief that treatment will work may be more likely to actively engage in the therapy process to achieve their recovery goals" (Turner et al., 2019, para. 1). In many cases when individuals with ED have hope or think that they can get better, it will encourage them to seek a life free from this disease.

### **Sports Related to ED**

Eating disorders are serious conditions with possible fatalities. EDs are common in sports, particularly in those that place a strong emphasis on physique and visual appeal. Many athletes have a strong desire to keep a certain shape or size so that they can enhance how they perform in their sport. Players with eating disorders have the chance to be more vulnerable to these diseases rather than not do sports. Significant health issues, an increased likelihood of injury, and lower performance are only a few of the hardships that come along with doing sports while having an eating disorder. Parents, coaches, and athletes must be able to notice the early warning signs of these disorders and get help if they think that an individual is undergoing challenges due to eating disorders. As opposed to non-athletes, athletes are much more likely to engage in eating disorder behaviors because they are usually put under pressure by coaches, teammates, parents, and even themselves to be the best they can be and maintain a certain look (Fewell et al., 2018). Athletes often have greater symptoms and are not as open to recovery.

Many people believe that athletes should always be fit and have a specific image that must be upheld. Athletes may feel stressed that since they have different challenges in their daily lives, their bodies and minds need specific treatment methods to go about recovery regarding their eating disorder.

### **Cheerleading Related to ED**

Cheerleading is a specific sport that can raise the possibility of eating disorders based on a multitude of factors (Smith et al., 2022). Cheerleading is a sport in which having a thinner body is often associated with better abilities, stressing the significance of petite bodies. Many cheerleaders feel as though the smaller that an individual is, the better one will be at the sport. This is usually the most relevant for flyers, who are lifted in the air during the stunts in each routine and are commonly the smallest people on the team. Many flyers feel as though being the smallest or lightest they possibly can be is necessary to be easy to lift and stunt with. This is also to not jeopardize getting too big and getting taken out of the air. Eating disorders can potentially stem from the need to keep a slim figure. Frustration with the way that one looks is sometimes increased by cheerleading clothing. In cheerleading, while competing there is a requirement to wear small uniforms that only cover the necessary areas and are skin-tight. During practice times, it is usual for female athletes to wear spandex shorts and a sports bra while many male athletes wear shorts and no top. Wearing these small outfits can make them more self-conscious about how they look and can create an increased likelihood for them to compare themselves to others. Cheerleading teams tend to be made up of people of different ages. Teams do have age requirements, but often have a wide range of ages allowed on each team. This means that young girls in middle school could be on the same team as high schoolers with more adult bodies. This can cause misleading comparisons. If athletes in high school start comparing their more mature

and developed bodies to those of middle schoolers, who have not yet developed, they can be setting unrealistic body standards for themselves. A higher chance of eating disorders can be connected to the cheerleading culture and demands. Coaches, parents, and cheerleaders themselves need to promote healthy body image, good eating habits, and better awareness of these issues.

### **Gymnastics Related to ED**

There is a significant connection between the development of eating disorders and elite gymnastics (Tan et al., 2016). Although they are different sports, cheerleading and gymnastics have similar attributes. Like cheerleaders, gymnasts are commonly in small outfits. They wear tight and small leotards to each practice and competition, which they call meets. It is argued that the focus on keeping a specific kind of body and a high degree of stress in the gymnastics gym can result in unhealthy eating patterns and the development of eating disorders like bulimia and anorexia. Many people never even know the possibility that when having certain eating disorders, like anorexia, gymnasts or cheerleaders who tumble and do flips are putting themselves at risk of passing out while tumbling. When they are malnourished to a certain point, it will result in passing out which can be dangerous if an individual is tumbling or in the air. Because gymnastics belongs to a society that frequently promotes these behaviors, it can be difficult for gymnasts to recognize their ED and get the help that they need. A change in gymnastics mentality and practices would place athletes' well-being and health before their ability to compete.

### **Social Media Influence On ED**

The widespread influence of social media has been strongly linked with an increase in eating disorders. Social media platforms like Instagram, Snapchat, and TikTok are full of

comparison, often showing false representations of the body that worsen emotions of inferiority and depression. Individuals can easily modify their looks with Face Tune programs, which encourage unrealistic ideals of beauty. Comments from people online, who oftentimes are struggling with eating disorders, or in recovery themselves, have a major impact on someone's well-being and it gives an example of how harmful a comment can be. People on the internet may not have a filter on what they are willing to say to people, which results in negative feelings in the receiver. Social media works as a completely controlled highlight reel, showing only the most important parts of an individual's life while masking imperfections and problems (Bohrer et al., 2020). This appearance creates a society of competition in which individuals judge themselves that they have not reached an unachievable goal. It can result in thoughts of unworthiness and may even increase the development of one's eating disorder. This is why it is extra important to inform society to encourage confidence and transparency to portray accurate representations of daily life.

### **Therapy and Treatments for Eating Disorders**

#### **Family Therapy In ED**

A successful strategy for eating disorders, particularly among young adults, is Family-Based Therapy (FBT). Individuals are given useful details about the way relationships within families may be a key contributor to eating disorders as well as how they are handled (Adèle et al. 2012). Parents' confidence, or a strong belief that one can influence their kids' actions and outcomes, is considered a reliable sign of positive FBT outcomes. Parental figures with high levels of confidence tend to be more likely to use approaches at home, take part in therapy, and stay regardless of challenges. The way households interact is an important variable in the growth of eating disorders. A high level of judgment, extreme caution, or lack of support from others are

all instances of unhealthy familial relationships that may contribute to the growth and development of an eating disorder. However, an environment with family members that are compassionate and helpful is beneficial in recovery. Within family-based therapies, families are not always considered to be the issue. The therapy is for beneficial reasons. The main goal is to give each family member the right way to help the young adult in their family suffering from ED. They can learn to help them choose healthy eating habits and address the impact the eating disorder has had. The relationship that children and parents have in FBT can be a potential cause of ED. As part of the household, the self-worth of a parent is an important predictor for positive Family-Based Therapy outcomes.

Familial therapy is highly significant in the therapeutic management of eating. Family relationships can many times be the root of eating disorders, causing them to be more than just internal problems (Mor et al., 2019). Familial therapy is a highly successful approach that involves the patients' families in their recovery. It focuses on the basic familial issues that can be associated with the disorder's development. Mor supported this with his study, showing the success of family therapy in supporting those with eating disorders to get better results from therapy.

### **Cognitive Behavioral Therapy In ED**

Cognitive behavioral therapy (CBT) is a popular eating disorder therapy. CBT is a focused and current therapy that tries to tackle difficulties by changing abnormal patterns of thought. It is particularly useful in helping with eating disorders in teens and it allows them to see the way that they view their body image as untrue and the negative patterns regarding dietary habits, weight, and physical appearance (Howard, 2021).



CBT not only greatly decreases symptoms of eating disorders but also improves the quality of daily life for patients who undergo the therapy. Cognitive behavioral therapy increases the standard of life internally and externally, which shows its effectiveness as an eating disorder treatment (Linardon & Brennan, 2017). Cognitive behavioral therapy is an effective approach to an eating disorder recovery process.

### **Medication/Treatment For ED**

The amount of time that eating disorders go undiagnosed has an effect on the way counseling works (Austin et al., 2020). This highlights the importance of early detection and the use of effective therapy methods. The use of anxiety medications is one approach. Therapy for anxiety-related disorders could include treating anxiety, as eating disorders and anxiety disorders often overlap. The signs and symptoms related to anxiety are often treated with medicines like benzodiazepines and inhibitors of serotonin reuptake (SSRIs). SSRIs, such as fluoxetine, have been shown to reduce anxiety and excessive thinking, both of which have been related to disordered eating patterns. Alprazolam along with other benzodiazepines can provide momentary relief from intense anxiety disorders. However, for maximum outcomes, medicine should be taken along with other kinds of treatment, like CBT. While medications can help manage related disorders like anxiety, CBT can help people notice and change detrimental thinking habits that lead to an eating disorder. With the combination of also using other therapy methods, medication for anxiety can be a helpful tool in the recovery from eating disorders.

## **Mental Health**

### **Anxiety In ED**

Anxiousness has a significant role in the development of eating disorders (Levinson et al., 2013). Eating disorders can originate from social anxiety, which is the worry that one will be

strongly viewed solely on looks. To overcome this, people can turn to disordered habits of eating to change how they look. In addition, there is also a relationship between eating disorders and perfectionist tendencies, another type of anxiety. An ideal image of one's body can be reached by individuals with perfectionistic tendencies by eating disorders. An important part of social anxiety is the fear that one will be negatively assessed, which greatly raises the possibility of eating disorders. Those who have this fear can gorge or work out too heavily in an attempt to silence others who could be judgmental of their looks. As a consequence, anxiety plays a part in the creation and recurrence of eating disorders. Having anxiety does not mean that one will develop an eating disorder, but it does have the power to negatively impact eating.

### **Depression In ED**

Depressive disorders may contribute to eating disorders getting worse (Mischoulon et al., 2011). Depression, as well as eating disorders, frequently are present together, which leads to an ongoing cycle that can worsen the two issues. Thoughts of inadequacy and a lack of interest in everyday life caused by depression could result in weight gain. For instance, individuals may restrict their food intake as a form of self-harm, which could lead to anorexia nervosa, while others might turn to eating as a way to cope, which can result in binge eating. In addition, physiological medical conditions such as heart issues and starvation that are related to eating disorders may worsen feelings of depression. The correlation between depression and eating disorders underlies the significance of combined therapy approaches that tackle the two conditions at once. The connection between eating disorders and depression is a complicated problem. Both commonly exist together, making both worse and creating a spiral that can be hard to stop. Depression-related emotional pain may end up in unhealthy food choices as a way

to cope, and eating disorders can cause or intensify depression-related mental and physical well-being.

### **Cameras In Hospitals for ED Patients**

Video surveillance systems are often employed by hospitals and eating disorder treatment institutions as an element of a holistic treatment approach. This is carried out to make sure patients eat all of the meals that are given to them and to stop these individuals from participating in behaviors like purging that have been related to particular eating disorders. Typically, the cameras are set up in shared places such as eating areas. These are intended to act as a means of surveillance that can help ensure the health of patients and wellness, not to trespass upon their right to confidentiality. Medical professionals may react with help to patients who have trouble with eating or behave dangerously due to the footage recorded on the monitors. “In the hospital, I worked in, we had cameras set up in the patients with eating disorders rooms. This was in place so the nurses could watch and make sure that each patient ate and kept all of their food down. There were no other intentions for watching the patients besides making sure they got the nutrients and vitamins needed for their everyday lives.” (T. Foley, personal communication, April 19, 2024). While it may be uncomfortable for the patients to feel as though they are being watched at all times, it is for the improvement of their health and only to make sure that each of them is getting the correct help in this process so that they can reach the end goal which is recovery.

### **How Guidance Counselors Can Aid Students With ED**

Guidance counselors play a significant role when supporting students who struggle with eating disorders. Putting together meals is among the most important approaches (Goss & Allen, 2014). This means encouraging consistent eating patterns and nutritious dietary choices. It

challenges beliefs about food and weight that often promote eating disorders and teaches people the importance of eating a well-rounded diet. This is in line with the findings of Levinson et al. (2020), who highlighted the worth of this therapy. To decrease stress and avoidance behaviors, this type of therapy involves exposing people to their fear of eating at a gradual pace. Working on self-image is also an important part of the treatment for ED. Counselors can help create a healthier and more genuine perspective in these individuals by correcting their false ideas of how they look. All of these methods rely on the individual and guidance counselors building a connection of confidence. A loving counseling interaction can cause a difference in making patients feel comfortable and encouraged while they go through the challenging ED recovery (Goss & Allen, 2014). When helping those with eating disorders, counselors can try a wide range of approaches, like meal prep, nutrient counseling, exposure therapy, and body image work. Building a reliable counselor and individual relationship is the foundation of any of these approaches.

### **Conclusion**

Many different kinds of ongoing psychological, genetic, mental, and social variables can lead to the growth of eating disorders, like binge eating disorder, bulimia nervosa, and anorexia nervosa. If neglected, these illnesses may hurt an individual's physical well-being. Understanding that those are serious mental health conditions involving medical treatment instead of a choice or a stage in life is important. These illnesses tend to get worse by the demands from society to meet unrealistic beauty standards and underlie the need for society to support a broader variety of body types. The outlook can be greatly enhanced by early identification and care, highlighting the importance of improving the public's awareness of these diseases. Multifunctional approaches to treatment should involve nutritional supplements, mental

disorders, and medical treatments. Along with giving emotional support and encouraging treatment, close relationships with loved ones play a major role in supporting people who are suffering from eating disorders. To fully understand the basics and develop stronger treatments, more study is needed. Society, in general, needs to create an environment that encourages healthy self-confidence and a healthy body image. Eating disorders are an important health issue that needs to be properly tackled by individuals, their families, healthcare professionals, counselors, and society as well.

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