



## Eating Disorders in Mid Life – Learning to feed me instead of Ed by [June Alexander](#)



As a wife and mother suffering bulimia in the 1970s, the same tussle of thoughts preceded every meal – the mere thought of eating three meals in one day triggered debilitating anxiety.

I was as yet unaware of the importance of eating three meals and three snacks a day in recovering from an eating disorder but, as the main caregiver in the family, always made sure my husband and children ate their three balanced meals a day.

Secretly, I yearned to be in a confined and restricted situation, where my meals could be supervised and would be provided at regular times. For instance, for the few days in hospital after the birth of a child, or after an operation, I was able to eat 'normally'. In such a controlled environment I could eat the meals, as someone else had prepared them.

Somehow, this was acceptable as I was not responsible for deciding what food would be on my plate. Having been allocated a certain amount, I could eat it without feeling overridden with guilt. The restricting and bingeing symptoms of my eating disorder would subside and I would think: 'This must be what it is like to be NORMAL' and would fastidiously plan to continue eating three meals a day when I returned home.

Another advantage of being in a controlled environment like a hospital was that there was no opportunity to binge. So when I ate breakfast, I did not think my usual '*well, I have stuffed up my day already, I might as well make a glutton of myself until 10pm, and start a fresh diet tomorrow*'. I knew that morning tea would arrive about 10am, lunch at noon, dinner at 5.30pm, supper at 9pm, and so on. I was able to allow myself to eat what was on the plate without feeling guilty. Amazing. I so wanted to be normal!

But when I returned home, without support structures in place, the eating disorder behaviours screamed and shouted, sabotaged the vulnerable me, and within days resumed their domination. Back I would go to the bingeing, starving cycle. The brief respite and sense of control when starving was swiftly followed by self-loathing for being 'weak' upon discovering I had succumbed to yet another binge. I felt deep distress at my inability to recognise let alone stop the urge to eat; mood swings and severe depression would ensue. I did not understand each binge effectively numbed my feelings. I was completely out of touch with me.

At home, for more than 30 years, I fed and prolonged these illness behaviours. What would have helped? A recovery guide in my kitchen, who would take charge in preparation, serving and eating of the meals. I needed a guide to confront my illness until I was strong enough (had regained sufficient of my identity) to confront it myself. But the knowledge was not around then. I am sure my husband would have taken on the role, if only he had known.

For decades I lived a part-life with my illness – even though I knew it was not good for me. I simply did not know any other way.

Anorexia had developed in my brain at age 11 and transitioned to bulimia in adolescence; 20 years would pass before a correct diagnosis was given. Eating disorders held the reins to my mind, to my thoughts and my feelings. I often felt like a fake – aware I was not being true to my self but hanging on to the illness for this seemed less terrifying than confronting it. Besides, as a full-time working mother of four, it was easy to pretend I didn't have time to stop and focus on rebuilding my soul from within (that would be selfish). Others needed me.

This meant I often remained in unsuitable, chaotic and dangerous situations, much to the despair of family, friends and colleagues, who had no idea of my inner torment.

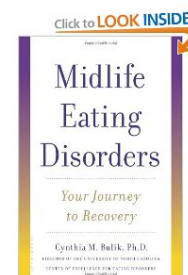
Recovery from an eating disorder is initially a full time job in itself. Adult women – in their roles as carers for young children or ageing parents or as professionals in demanding careers, are easily persuaded by the eating disorder thoughts to give only token attention to the recovery challenge. Recovery requires us to put ourselves first. The illness 'voice' will always try to convince us to put ourselves last so that it can maintain its hold. Listening to that 'voice' destines us for a part-life whereby we may go through the motions of life, but never become fully engaged.

Day after day I created nourishing dishes for husband and children and, while they tucked into their hearty and balanced meal, loaded my plate with green and yellow vegetables (so that it seemed a lot). Or if I had been upset and binged, I would pretend I had eaten already, and eat nothing at all. My body missed out on a lot of essential nutrition.

A recovery guide at meal times would have helped recovery immensely – someone to confront Ed on my behalf until I was recovered sufficiently to eat the same meals as everyone else.

More home-based support for adults who are suffering eating disorders is essential, and crucial.

June has published several books with authors including Janet Treasure and Daniel Le Grange, see [www.junealexander.com](http://www.junealexander.com) and is featured in *Midlife Eating Disorders: Your Journey to Recovery*, by [Cynthia M. Bulik, due for publication in March](#).



**Cindy Bulik will be presenting: *Midlife eating Disorders: The recovery journey for Adults and their partners* at [At Home with Eating Disorders](#), Australia's first eating disorders conference for families and carers in Brisbane on 22-23 May 2013. June Alexander will be co-presenting. See over for details**

