

# **Making the Connection between Trauma and Eating Disorders**

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Trauma is defined as any injury, whether physically or emotionally inflicted. In psychiatry, trauma refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects. In medicine, trauma refers to a serious or critical bodily injury, wound, or shock.

Most of us have experienced some type of trauma in our lives. It could be a fall from a skateboard as a young child that results in a broken leg; watching a horrific car accident take place, or experiencing a divorce due to infidelity. Each of these represents a medical or psychological trauma. Whether a traumatic experience results in short or long-term consequences is usually predicated on the severity of the trauma.

## **Types of Trauma**

In the behavioral health field, trauma is classified in two ways: big “T” trauma and little “t” trauma. Basically, these are differentiated by frequency and severity. Big “T” trauma is defined by an identifiable and catastrophic event. This includes severe physical abuse, rape, extreme injury, witnessing violence, or an unexpected death of a relative or friend. This type of trauma is often associated with vivid and explicit memories.

Little “t” trauma is less about one identifiable event and more about reoccurring painful situations or experiences in a person’s life. This would include ongoing parental criticism, childhood neglect, being bullied or teased, or experiencing alcoholism in the family.

## **Trauma and Eating Disorders**

Anorexia and bulimia are psychiatric illnesses. Although food is at the center of an eating disorder, the disease is not about food, it is about feelings. An eating disorder is a method by which an individual copes with painful thoughts or emotions. In effect, the disease has a very real purpose and serves an important function in a woman or girl’s life.

Current research reveals a connection between trauma and eating disorders. Interestingly, whether the trauma is big “T” or little “t” will play a role in whether an individual eventually struggles with anorexia or bulimia. Big “T” trauma is more likely to be associated with bulimia, while little “t” trauma is often connected to anorexia. Therefore, if a young woman experiences a severe sexual violation, she will be more prone to bulimia. A female who experienced ongoing maternal rejection will be more likely to present with anorexia. In each case, the eating disorder behavior allows her to suppress unpleasant emotions related to the traumatic experience, to have a sense of control over her feelings and to disassociate from the trauma itself.

Regarding the advent of an eating disorder, two additional factors are worthy of note. The earlier the trauma, the more intense the impact. This is due to the brain organization and development in the individual. Therefore, a young child would probably suffer extreme trauma if she witnessed the death of a sibling; yet, as is commonly the case, an eating disorder would not occur until years later. Anorexia or bulimia would most likely manifest during a time of transition or stress, such as puberty, entering a new school, or a family relocation.

The second factor revolves around the interpersonal nature of sexual trauma. Although a car accident or house fire may be a horrific event, rape or molestation is more apt to result in an eating disorder. This is particularly true if the violation was at the hand of an authority figure or family member. This type of interpersonal trauma is far more damaging to the individual. A subsequent eating disorder allows the woman or girl to avoid the pain, shame or guilt associated with the violation, and to “protect” herself from being hurt again.

### **Help Is Available**

No matter how deep or profound the pain is from a traumatic event, treatment will help. With professional therapy, a trauma victim can go on to live a happy, balanced and productive life free from ongoing or residual pain.