

DO YOU HAVE *SELECTIVE* *eating disorder?*

Fussy eating or something more serious? Psychologist and clinical hypnotherapist Felix Economakis explains how food phobia sufferers can be treated

We all have some food that we just don't enjoy – peas, perhaps, or fish – something that we'll instinctively push to one side when it's on our plate.

We also all know a friend whom we always inwardly sigh over when they come for dinner, as choosing a menu for them is tricky. But when does being labelled as a 'fussy' eater change to actually suffering from selective eating disorder (SED)?

More than just picky eating

SED is a true phobic aversion or dread that just happens to be associated with foods rather than animals, objects or processes. In simple terms, due to an event or phase in the past, pain has been associated with certain foods and the system refuses to venture past its safe foods. The more this situation persists, the greater the belief that one is 'unable' to then eat new foods because of the lack of past historical successes.

While fussy eaters are often merely picky or play on the preferential treatment or special attention they get, they are not phobic.

In contrast, a person with SED may be at death's door, missing out on a social life and desperate to eat other things, but their brain will make them incapable of either eating the food or swallowing it. You can bribe them with an iPad, a new car or a trip to Hawaii (all bribes I've come across) and they'll still not eat a morsel of new food. This is because a phobia is present, rather than a fussiness.

SED often gets overlooked and misdiagnosed by doctors and even by eating disorder specialists, as they confuse it with picky or fussy eating and, unfortunately, give inappropriate and even harmful advice. Now, however, the American Psychiatric Association has formally recognised

life are numerous. Either eating too much unhealthy food or experiencing malnutrition from eating a narrow variety of food will cause most people to experience lethargy, fatigue, bloating, anaemia, constipation, high cholesterol levels and obesity or being underweight.

People can lose relationships over SED. Their partner or spouse can lose patience, perhaps worried that their children would pick up the same 'freaky' habits, or become fed up with a lack of spontaneity due to the restrictions of being with someone able to eat only a limited number of foods. Others have not even gone on a date, because they are too ashamed and embarrassed, given that most dating

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SED as an eating disorder in its diagnostic 'bible'. In the latest version of its Diagnostic And Statistical Manual Of Mental Disorders, selective eating has been renamed avoidant/restrictive food intake disorder (Arfid).

Signs and effects

The signs that you might have SED include experiencing a morbid dread around the thought of tasting conventional food. You would be unable to eat such food even if presented with considerable incentives and bribes, or if you were to face inconvenience and potential ridicule as a result of not eating it.

The ways SED can affect one's

occurs over meals in the early stages.

Some people have been passed over for promotions due to SED because they couldn't eat with clients, network, travel or take up a position abroad. Because many people will hide their SED and avoid eating with their colleagues, they tend to be thought of as loners or not true team players.

The causes of SED

There are different forms of SED, much as there are different forms of anorexia. For some, anorexia is a phobia about or revulsion at being fat, while for others it's to do with issues of control; and this is the same with SED. There can be combinations of



different kinds of SED interacting together.

One version of SED is phobia-based – it results from a trauma associated around food at some point in the child’s development. It is commonly caused by problems such as colic, discomfort or infection in the throat/mouth area, vomiting or the side effects of medication. This is an independent problem in that it exists entirely unrelated to parents or parenting style. Fortunately, in my considerable experience, this form is by far the most common and most easily treated – often in just one session.

Another way that SED can manifest itself is as sensory processing disorder (SPD). People with this are the ‘super-tasters’ who have heightened senses and intensity around food. Sensory processing issues rarely develop in isolation and will also have psychological expectations – fear, dread and anticipation – that will influence sensory perception and exaggerate it. Often when the fear is addressed first, the sensory perceptions may also alter greatly.

There is also family-dynamic related SED. This seems to involve a minority of SED patients, accounting for only about 10 per cent of cases I’ve seen. Unfortunately, most therapists will assume that all SED is caused by this and will pursue unhelpful therapeutic approaches. In family-dynamic related SED some issue around food can become reinforced and kept in place by family dynamics. With older children or teenagers, it can be about expectations to behave or conform in a certain way, reacting to taunts or criticism, feeling self-conscious or being under the spotlight about eating. Coupled with a naturally headstrong personality type, this can lead to defiance in an effort to express autonomy and self-control. In this case there is no one-session magic-wand fix – some element of family therapy needs

to be undertaken because the whole ‘system’ is contributing to the SED.

Next steps

The good news is that there is treatment for SED. You can overcome a phobia by undertaking therapy sessions to change behaviour around food. An important issue is to conquer the fear that prevents people from eating the foods they want. It’s also vital to recognise that, for some sufferers, there’s more than just fear in the way as a block, and there might be issues to do with family dynamics and relationships, while in younger clients there may be the presence of secondary gains such as subconscious attention-seeking or preferential treatment from parents.

There are also some great support groups online where you can talk with those who are experiencing SED and their families, to exchange advice and information. These include Facebook

groups that I moderate, Selective Eating Disorder SED/Arfid Support Group (aimed at adults and teenagers) and SED/Arfid Parents Support Group (for parents of children with SED who want to talk with other parents). So if you or a loved one has SED, don’t suffer in silence – effective help is at hand. ■

◆ *Felix Economakis is a chartered psychologist and clinical hypnotherapist. Since starting his work with SED as the psychologist on BBC3’s **Freaky Eaters** in 2009, he has treated nearly 2,000 people to remove their lifelong phobias of new foods, using his own brand of clinical hypnotherapy – mostly in just one session. As well as face-to-face and Skype sessions, he offers treatment through online videos. For more information, visit www.felixeconomakis.com*

