DIET & WEIGHT

The Real Cost of Diet Culture

Food rules can look like self-discipline until shame, secrecy and control begin taking more than they give.

The rulebook follows you everywhere

You eat the cookie. Immediately, an invisible judge arrives. The cookie was "bad"; eating it means you failed; tomorrow must make amends. What happened at the kitchen counter lasts perhaps a minute. The argument it starts in your head can occupy the rest of the day.

This is one way diet culture collects its fee: it turns food into a test of character. Guidance for clinicians working with diabetes describes how calling foods and eating "good" or "bad" can make people feel judged by others and judge themselves. A health choice becomes a moral verdict. Hunger, pleasure and circumstance are pushed aside by rules about what a disciplined person supposedly does.

Rigid rules can also produce the behaviour they were meant to control. Clinical guidance describes an "abstinence violation" pattern: someone bans cookies, eats one, decides the rule is broken and eats several, then promises a stricter ban tomorrow. Restriction and perceived failure keep renewing each other. The problem is not simply the cookie. It is the unforgiving rule around it.

That does not mean every effort to change how you eat is disordered. People think about health, weight and appearance without having an eating disorder. The line becomes more concerning when thoughts about weight, shape or controlling food become fixated or obsessive, and when eating behaviours are severely disturbed. At that point, this is no longer a lifestyle project. It may be a serious mental health condition.

Shame makes the bill harder to see

Diet culture often presents control as visible virtue, yet some of its most damaging effects happen in private. Binge-eating disorder can involve eating unusually large amounts, feeling unable to stop, eating past fullness and then experiencing distress, guilt or shame. People may eat alone or secretly because they are embarrassed. Bulimia nervosa adds behaviours intended to compensate, including vomiting, laxative use, fasting or excessive exercise.

Restriction can hide in plain sight too. Anorexia nervosa can involve severely limiting food,

intense fear of weight gain and seeing yourself as overweight while dangerously underweight. It is the least common of three major eating disorders, but often the most serious. It has the highest death rate of any mental disorder, with deaths resulting from starvation-related complications or suicide.

Body size cannot reliably tell you who is struggling. People with bulimia may be underweight, within a usual weight range or overweight. Binge eating may happen without the person consuming what an observer considers an unusually large amount; the feeling of losing control can still lead to dangerous attempts to compensate. A culture preoccupied with appearance can therefore miss the behaviour and distress that matter.

The numbers also resist the idea that eating disorders belong to one narrow type of person. A 2019 systematic review found weighted lifetime prevalence estimates of 8.4% among women and 2.2% among men, though estimates varied widely between studies. Eating disorders occur most often in adolescents and young adults, but anyone can develop one, including during childhood or later life.

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The body pays too

The cost is not merely a troubled relationship with lunch. Eating disorders interfere with the body's ability to receive proper nutrition. Their causes are not reduced to a single social message: research points instead to a complex interaction of genetic, biological, behavioural, psychological and social factors. Diet culture can be part of the environment without being a complete explanation for why one person becomes ill and another does not.

Purging can cause severe dehydration and dangerous electrolyte imbalances. Repeated vomiting may inflame the throat, damage tooth enamel and contribute to gastrointestinal problems. Severe restriction can lead to muscle wasting, weakness, low blood pressure, slowed breathing and pulse, thinning bones, infertility, heart damage, brain damage and multiorgan failure. These are medical consequences, not failures of willpower.

Eating disorders also commonly coexist with other mental health conditions. United States survey data found that more than half of respondents with anorexia nervosa, nearly four in five with binge-eating disorder and more than nine in ten with bulimia nervosa met criteria for at least one of the other assessed mental disorders. Anxiety disorders were the most common overlap for all three.

A 2022 systematic analysis of 204 countries and territories placed mental disorders among the ten leading causes of health burden worldwide, with no evidence that the global burden

had fallen since 1990. The authors also warned that standard estimates understate premature mortality associated with mental disorders. The accounting is imperfect, but the loss of health and years of life is not abstract.

Diabetes raises the stakes

Food monitoring can be medically necessary. That makes moral language around eating especially costly for someone with diabetes. Type 1 diabetes requires daily insulin because the body makes little or none of it. Without enough insulin, glucose cannot move into cells normally, and very high blood glucose can lead to diabetic ketoacidosis (DKA), a life-threatening emergency.

Clinical guidance on eating disorders and diabetes explains the trap. Constant attention to food, weight and blood glucose may become obsessive, particularly when someone believes their management must be perfect. Yet blood glucose is influenced by multiple factors, including stress and illness. Treating every out-of-range result as a personal failure can intensify distress and attempts to regain control.

Some people restrict the insulin they need because of concerns about food or weight. Others may respond to frightening experiences of high or low blood glucose by overeating or undereating. Even disordered behaviour that happens infrequently or does not meet the full criteria for an eating disorder can have severe consequences when diabetes is involved.

Eating disorders in people with type 1 diabetes are associated with more hospital admissions, more episodes of DKA and three times the risk of premature death. Restricting insulin is particularly dangerous because insulin is not optional: it is life-sustaining treatment. If you are taking less than you need because of eating or weight concerns, this has crossed decisively into medical territory. Tell a member of your diabetes care team as soon as possible.

Put two honest answers on paper

Eating disorders are treatable, but the evidence does not support pretending that recovery is simple. A 2022 review of meta-analyses found that treatment effects were modest and guidelines differed. Family-based therapy performed better than active controls for adolescents with anorexia or bulimia. For adults with bulimia, eating-disorder-focused cognitive behavioural therapy (CBT) had the broadest efficacy; psychotherapy also helped people with binge-eating disorder.

Care is tailored to the person and may involve medical monitoring, nutrition counselling,

psychotherapy and, in some cases, medication or hospital or residential care. Early detection and care matter. Yet older United States survey data found that fewer than half of respondents with anorexia, bulimia or binge-eating disorder had sought help specifically for that condition.

So make one small breach in the secrecy this week. On a piece of paper, answer two questions used in diabetes-focused screening: "Do I feel like my eating is out of control?" and, if you use insulin, "Do I take less insulin than I need because of concerns about eating or weight?" You can also write whether rules, fasting, purging, excessive exercise or secrecy have entered your eating.

Take that paper to a doctor, therapist or diabetes clinician and read it if saying the words feels difficult. Be direct about eating and exercise behaviours; an accurate account helps a clinician work out what support you need. If you are having thoughts of suicide or face an immediate life-threatening situation, seek emergency help now. Otherwise, Monday's step takes only paper, a pen and one appointment-but it replaces a private verdict with a conversation that can lead to care.

Where this comes from

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