

# EATING DISORDERS



HOPE & HEALING

A D.I.N. PUBLICATION BY CHRISTINA DYE



## The Imaginary Fat Trap

Janet started her first diet the same day she entered high school. She was a little overweight, but nothing that cutting back on lunchtime candy and after-school snacks wouldn't cure.

She felt good after losing five pounds and thought she'd feel better if she lost a few more. But Janet soon had a bigger problem when she stopped eating completely. When she finally checked into a hospital nine months later, she weighed 74 pounds. She still thought she was too fat.

Carol thinks she is too fat, too. But she can't *stop* eating.

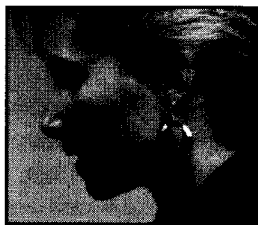
It starts when her husband leaves for work. That's when Carol heads for the refrigerator and wolfs down everything that looks good—and *everything* usually looks good to her, in one way or another—cookies, pop tarts, lunch meat, leftovers. Afterwards, she races to the bathroom to throw it all up. She often repeats the cycle in the afternoon.

Like a lot of people, Janet and Carol don't want to get fat. But unlike most of the rest of us, they're *terrified* of putting on pounds. Experts call their individual problems *eating disorders*—brought about by an intense fear of being fat which leads to uncontrollable eating habits.

Eating disorders affect as many as 15-20 percent of young women and a small number of men in America today, according to the Anorexia Nervosa and Related Eating Disorders Foundation.

And sufferers who fall into the trap of thinking they're fat when they're not risk their health—and sometimes their lives—to stay that way.

They don't have to. Eating disorders can be cured—if they're caught in time. Recognizing the problem is the first step in getting free. The second step is doing something about it.



*Women's club. Although a few men suffer, too, anorexia and bulimia are primarily diseases that affect women only.*

*When asked if she'd eaten her breakfast, one anorectic patient replied: 'Yes, I had my Cheerio.'*

### What are eating disorders?

Just about everyone today thinks that thinner is better. That isn't a problem. But people with eating disorders accept that proposition so strongly that they risk losing a lot more than weight in the process.

Eating disorders often involve extreme habits and rituals. Sufferers exercise intensely and place themselves on strict diets. (How strict? When asked if she'd eaten her breakfast, one anorectic patient replied: "Yes, I had my Cheerio.")

Weighing themselves five or more times a day, counting and recounting the calories in a plate of food, or spitting food out without swallowing are common. And sufferers almost always insist that they need to lose just a few more pounds.

The most widespread eating disorder is ***anorexia nervosa***. Anorexics, like Janet, lose weight by literally starving themselves. Some succeed—too well. An estimated 10-15 percent of anorexics die of malnutrition or disease brought on by refusing to eat.

***Bulimia***, also known as the *binge-purge syndrome*, is a second major type of eating disorder. Like Carol, bulimics gorge themselves on staggering amounts of food over a few hours, then force themselves to vomit it back up again.

Others use laxatives, enemas, or water pills (a group of drugs known as *diuretics*) regularly to make sure they're not adding inches and pounds.

In severe cases, bulimics may binge and purge up to 10 times a day.

And to make matters even more complicated, some sufferers are both anorectic *and* bulimic, which doubles the difficulty of identifying and treating the problem.

## What causes anorexia and bulimia?

That's hard to say. Because the fact is that there's no single, simple answer to explain how and why eating disorders develop.

Researchers today suspect that the disorders involve a complex tangle of psychological and physiological processes, with heredity and emotional conflict playing an important role in the development of both anorexia and bulimia.

And we *all* know the pervasive influence of American media, and its narrow-profile definition of beauty.

For whatever reasons, eating disorder sufferers feel powerless and insecure. They tend to be over-achievers who deal with life's difficulties by focusing in on the one thing they control absolutely: their weight.

Anorectics, in particular, often see dieting as a necessary form of personal control. Breaking a diet, even to sip water or swallow a few bites, can become a shattering symbol of weakness.

## Family Ties

**O**ne fact about eating disorders that's attracted serious scrutiny in recent years is the diseases' tendency to run in families.

No one yet knows why, but the reason seems at least partly biological, according to researchers.

In recent studies involving twins, anorexia was discovered in 9 of 16 identical twins of anorectic patients, but in only one in 14 fraternal twins.

The odds of bulimia also increase with genetic similarity. In another study, the rate for identical twins with bulimia was 23 percent (eight times that of the general public), 9 percent in fraternal twins (three times the national average).

Where this family connection will lead is anybody's guess at the moment. Still, researchers hope it eventually leads to a better understanding of the underlying causes of the diseases and improved biological treatments—if not an outright cure. ■



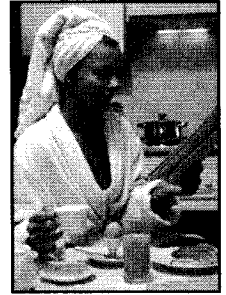
Bulimics are different, and are more likely to binge on food after a period of dieting. Guilty and depressed about eating, they purge to get rid of calories.

## What keeps an eating disorder going?

Shame, isolation, and feelings of being out of control can work together to keep eating disorders secret—at least until major health problems set in.

Still, the main problem involves a breakdown in self-image and the resulting inability to see one's body *as it really is*.

Eating disorder victims typically overestimate their body size by 25-50 percent. Anorectics in particular see themselves as being overweight, insisting that they're still too heavy, even as they starve themselves.



**Recipe for recovery.** Ending an eating disorder starts with an awareness of the problem and a commitment to stop it.

## What turns a diet into an eating disorder?

There's no easy answer to that question, either.

But because eating disorder victims begin experiencing problems during or shortly after puberty, some experts regard it as a way of resolving inner conflicts about growing up.

Often, the first symptoms of anorectic or bulimic behavior surface during a major life event (leaving home for college, for example) or after a personal loss—often by death or divorce—or some form of rejection, either real or imagined.

Strict dieting or bingeing and purging seem to help ease the tension and depression associated with sudden life changes.

After a while, the eating disorder becomes *the* way of relieving negative feelings of anger, boredom, or loneliness. Some bulimics even say they gorge *in order to purge*, claiming it relaxes them.

*Eating disorder sufferers often feel powerless. They tend to be over-achievers who deal with life's difficulties by focusing in on the one thing they control absolutely: their weight.*

What are the symptoms of eating disorders?

The physical symptoms of anorexia are easiest to spot, since they're so obvious, centering around massive weight loss.

Other signs include dry skin and hair, cold hands and feet, weakness, constipation and digestive problems, insomnia, and kidney and bladder infections.

As weight loss progresses, anorexics usually become withdrawn and depressed and serious health problems set in. Symptoms here can include irregular heartbeat, high blood pressure, diabetes, anemia, and malnutrition.

Bulimia victims are more difficult to diagnose, since many are nearly normal in body weight and can conceal their behavior, sometimes for years.

Physical signs include sudden weight changes, bloated

face, blurred vision, kidney and bladder infections, diabetes, and ulcers.

Other problems can involve side effects of drugs frequently used to produce weight loss. Constant use of laxatives or diuretics can seriously dehydrate the body and may rupture the stomach or throat. In addition, bulimics are also more likely to exhibit other compulsive behaviors, such as shoplifting, sexual promiscuity, and drug and alcohol abuse.

Both anorexia and bulimia can result in death. But luckily, things don't have to go that far. One reason is that two important signs of eating disorders—unexplained stopping of menstruation and severe tooth decay—can be detected by an alert physician or dentist.

And the recovery process can be helped along with the support of others who've been there—and who understand what keeps others stuck in an eating disorder.

## Getting Help: How, When, & Where

**S**tep #1 in overcoming an eating disorder is recognizing the problem. But that can also be the hardest part of getting help since eating disorders can be kept secret, sometimes for years.

Certain warning signs can serve to tip off anorectic or bulimic behavior, or dangerous dieting habits that can signal the early stages of an eating disorder. Critical signs include:

**Anorexia nervosa:** Preoccupation with weight loss; refusal to eat or extreme dieting; low self-esteem; loss of 25 percent of body weight; menstrual irregularities; dental problems.

**Bulimia:** Fear of weight gain; eating binges; vomiting or heavy use of laxatives or diuretics; extreme dieting; menstrual irregularities; dental problems.

Step #2 in beating an eating disorder is getting help for the problem. A combination of counseling aimed at raising self-esteem and behavioral therapy seems to work best, although severe cases of anorexia may require hospital care.

**For referral to a therapist in your area, contact:**

The American Anorexia/Bulimia Association, 133 Cedar Lane, Teaneck, NJ 07666, or The National Association of Anorexia Nervosa and Associated Disorders, Box 7, Highland Park, IL 60035.



## Breaking Free

**I**n recent years, counselors and support groups have helped thousands of people who couldn't control their eating habits learn how to live (and eat) without guilt or fear or compulsion.

They can now wake in the morning without a sense of shame—or the urgency to lose more weight. They now make friends and make goals happen—little by little. Their lives may not be fairy tales, but in many ways they're better than fairy tales, because they're real and they're under their own control—for better or worse.

It happens in small steps—and it starts by learning how to think about yourself and your life again. And the first step—asking for help—is the only one you'll have to take alone.

Do whatever it takes to get yourself well. Call a local counseling program or mental health agency or simply confide in a friend, but make *today* the day that you break free. And do it now.

Because an eating disorder *is* a serious problem.

It just doesn't have to be *your* problem another day longer. ■

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