

Anorexia and bulimia explained

PAULETTE PEIROL

"If only anorexia was contagious..."

A popular woman's magazine

Trivia Question: What did Jane Fonda and Karen Carpenter share in common? If you answer "anorexia nervosa", you're only half right. They also suffered from a lesser-known, yet more prevalent disease called 'bulimia', or 'bulimarexia'.

Both anorexia and bulimia were the topics of discussion in a public forum, "Dying To Be Thin: The Anorexia Epidemic", April 6 at the St. Lawrence Centre, sponsored by the Health League of Canada and Centre Stage Forum.

CBC journalist and broadcaster Valerie Pringle introduced the topic: "In the past five years, there's been an epidemic in either its incidence or media attention." In fact, the conspicuous increase in both incidence and public awareness of anorexia and bulimia are probably inter-related.

The panel of three speakers consisted of Dr. David Garner, co-author of *Anorexia Nervosa: A Multidimensional Perspective*, President of The Health League of Canada, and working at the Toronto General Hospital; Dr. Allan Kaplan, Senior Resident in Psychiatry at U of T; and Dr. Brenda Toner, a Clinical Researcher at the Toronto General Hospital.

Toner presented a brief, but thorough, overview of the characteristics and etiology of anorexia nervosa. Anorexia, she stressed, "is a pre-occupation with body size to reduce weight at the expense of other parts of the person's life; it is not a loss of appetite." Although anorexics are secretive about their behaviour and deny their illness, Toner said that underlying the anorexic's illiveness is an overriding fear of "giving in" to eating. It is a battle against the physical need to eat, and for the anorexic, the scale is often the supreme judge. As Toner said, "The thinner they get, the better they feel."

Every anorexic develops a unique justification for her weight loss. Toner outlined the basic characteristics of most anorexics' history, beginning with a "seemingly normal" diet which develops into an obsession. Symptoms include excessive exercise (often as a form of self-discipline), pre-occupation with food (some anorexics collect and study cookbooks), a high protein, low carbohydrate diet, avoiding rich foods, amenorrhoea (cessation of menstrual periods), deception, and a fierce denial of hunger. Yet perhaps the most serious of all characteristics is the anorexic's isolation. Her introversion is dangerous since it prevents her from getting help. To further complicate matters, the anorexic insists on maintaining a facade of happiness and independence which can delude unsuspecting peers and family.

Statistics reveal that there is a higher potential for anorexia where there is an attention to slimmness. For example, in London, England, one per cent of all teenage girls develop anorexia, while in Canada, in the disciplines of ballet and modelling, incidence increases to seven per cent. Ninety to ninety-five per cent of all anorexics are female. It was previously thought that anorexia was limited to upper-middle-class adolescents (the "Poor Little Rich Girl" Syndrome). However, recent findings are dispelling this theory, as anorexia is now occurring in all social classes and is also evident in older females (up to 40 years-old). Toner concluded, "It is difficult to differentiate the causes from the effects."

Bulimia harder to cure

Bulimia is often more complicated than anorexia, and is invariably harder to cure. The American Psychiatric Association officially

recognized bulimia only four years ago, although it now offers DSM criteria (which is used to diagnose psychological illness). Medically defined, bulimia is "an abnormal craving for food that results in excessive bingeing, followed by self-induced vomiting after the gorging episodes." It is also followed by guilt and/or fear of weight gain. Dr. Kaplan noted that in the past 10 years, the prognosis for bulimia has been twice as bad as that for anorexia. There are three primary reasons for this:

- The anorexic body is continually digesting itself, while the cyclical pattern of the bulimic oscillates between nutrition and depletion--basically, the anorexic eventually reaches an "eat or die" confrontation while the duration that a bulimic can maintain her disorder for is indeterminate.

- The effect of anorexia is visibly obvious (emaciation), while the visible effects of bulimia are subtle (lacerated knuckles, poor complexion, bloated stomach, etc.).

- While the anorexic's behaviour is relatively predictable (she follows self-imposed rules and restrictions), the bulimic is very erratic--remission are often transient.

Thus, bulimia is more physically and psychologically complex than anorexia, and consequently harder to cure.

Vicious circle

Kaplan described the self-perpetuating pattern of bulimia: dieting and starvation lead to bingeing, the binge produces guilt, and the guilt results in purgation (by vomiting, laxatives, and/or diuretic abuse). Yet purging also results in guilt feelings, as the diet pattern is repeated. Trapped in this cycle of behaviour, the bulimic becomes depressed, irritable, and hyper-emotional. Kaplan stated that "75 per cent of bulimics and 20 per cent of anorexics vomit."

Bulimia has recently been divided into three subtypes. It can be a result of other illnesses (such as brain damage); a subtype of anorexia (bulimarexia); or "a separate syndrome in itself." The physical complications of bulimia are many and vary in severity, from dental erosion to heart attack. Karen Carpenter's "sudden death"--just when she seemed to be recovering from anorexia--was a result of electrolyte imbalance from vomiting, according to Kaplan. Electrolytes in the blood are necessary for the body to maintain homeostasis. Loss of potassium and sodium (as a result of electrolyte imbalance from vomiting) directly affects the heart and central nervous system, which can lead to death.

Kaplan concluded that "bulimia seriously impairs a person's psychological, social, and physical functioning." The crux of the matter is that bulimic behaviour is anti-social and therefore secretive--the illness often continues unnoticed by peers and family until it is too late.

Though anorexia and bulimia involve anti-social behaviour, Dr. Garner contends, they are largely caused by socio-cultural factors. He noted that anorexia is "a multi-determined disorder". Commented Garner, "Look at women's magazines and the messages that they convey to women." He compared the rotund female figures painted by artists such as Renoir with the look

of models such as Twiggy. Twiggy is worlds apart from the Venus of Willendorf, an ancient fertility goddess. In addition, Garner pointed out that this emphasis on thinness is only directed at women, which may explain why 90 per cent of anorexics are female.

Garner has recently completed studies on the socially preferred "ideal" weights of women, based on *Playboy* centrefolds and Miss America Pageant winners. The studies reveal that there has been "a significant decline in the percent of average weight since 1960." Paradoxically, the average weight of the overall female population has increased, while the preferred weight in a social context has decreased.

The 'Golden Girl' mystique

"Society," Garner explains, "equates thinness with success, glamour, and prestige." Thinness is, with females especially, associated with youth (i.e., the pubescent body). Youth is invariably symbolic of joy, spontaneity, and freedom. David Hamilton artistically exploits this sentiment in his sensual photos of young, nude girls. They are often portrayed in the image of mature women (Brooke Shields in *Vogue*). "The media," Garner stated, "promotes the 'Iron Woman' standard", as exemplified in Jane Fonda, for example. "The media shows it as a desirable disorder." He adds, "There needs to be greater responsibility by the media and fashion magazines." The desire to be fit has become a yearning to be a 'Superwoman', which, contends Garner, is "anti-biological". What began as an

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LETTERS TO THE EDITORS

I read with interest Paula Todd's editorial on President Bevilacqua in last week's *Excalibur*. Then I turned the page to find yet another editorial on the very same subject, "Panel grills CYSF candidates." The only candidate who was grilled was Bevilacqua. Summerhayes got off scott-free--which, although I expected more from you, is perhaps not too surprising given the paper's support for that candidate. Bevilacqua may very well be unworthy of the office of President, but in setting out to destroy his credibility you have lost some of your own. The 'interview' was nothing more than an attack on Bevilacqua, an attack which you used to restate the position expressed in the editorial. Whereas an editorial is a perfectly legitimate forum in which to present those views, an interview is not. In two pages you have demonstrated some of the best and worst of what journalism can be.

Sandra Whitworth

Sensationalist

Paula Todd's front page article is sensationalist, whether or not she intends it to be. The presentation (rather than the actual content) startles and manipulates the emotions of the reader. The piece occupies the most prominent location in the paper. A red border and a huge headline decorate it. Its tone is unusually vicious: the writer claims that Maurizio Bevilacqua is "running scared", has "made fools of" his voters, and "doesn't give a damn about you." This editorial is tasteless, poor journalism.

Julia Steinecke

If the president of CYSF is innocent of the allegations levelled against him especially at such an inopportune time with the elections being so close, why has he not publicly responded to these politically destructive allegations? Furthermore, the charges against the president are not matters of registered fact because there is some doubt to these dangerous remarks, and *Excalibur* should be prepared to defend themselves with absolute certitude.

Brian Taran

Radio York elections

On Tuesday, April 12, internal elections were held at Radio York for a change in the power structure of the station. These actions were the first of their kind in many years and will bring in a new executive council with varying responsibilities.

In the past year, Radio York had a bad reputation to overcome dealing with accused mismanagement, if the general public had even heard of Radio York. With the new executive, will come a rejuvenation of Radio York. Their first priority will be to have locations in as many spots as possible for the beginning of the '83-'84 school year. This will include pubs, cafeterias, and common rooms. Programming will be of interest to all York students, since, besides the varied music, they'll keep on top of all campus events from athletics to academics. Working side by side with *Excalibur*, the two university mediums will keep the students well-informed. For more information concerning Radio York, contact them at 258A Vanier College or call us at 667-3919.

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Station Manager

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