

# Bulimarexia - a quest for the ideal

## WHAT AM I?

Here I lie in fear of awakening  
Sunlight streaming there is no happiness  
Fear lies beyond a closed door or pantry  
Isolation or death: Neither holds any promise.

I am poor yet not really  
I have support but no basic understanding  
Sorrow lurks like a culture in my kitchen  
Oh how I fear the coming day.

Today it will be different,  
A new beginning  
Success is the only thing that matters  
In love there is no reason.

Rejection, oh please don't reject me!  
For love I strive to achieve,  
I must belong, inwardly and outwardly  
I must be accepted.

The Signal! It comes again  
Its strength compelling  
The urge overwhelming  
I can't control it.

Relax! I must think  
I musn't do it.  
Help me, oh God, in understanding  
It is not right but nor is it a sin.

I see what is happening  
It is not unfamiliar  
I know what to do  
How horrible, how frightening.

Oh dreaded are the Romans  
Their appetites so gross, and disgusting  
Nothing satisfies their hunger  
To win they must conquer  
To lose they only vomit  
There is no conviction  
Behold the sacrifice to the Gods  
Eat well, drink well, there is no stopping  
So shall we take from our neighbors  
When there is nothing left  
We are over-achievers; we are overeaters.

Corner grocers, gas stations, restaurants  
Oh the wonders of modern convenience  
Where shall I go today to spend all my money?  
Euphoria is temporary but mine for the taking  
no one forsaking, the secret is mine.

It is I who I am hurting and no one else  
So far they all seem  
I am an outsider; lost are my insides  
Yet my figure is still appealing.

Guilt, devastation and more aloness  
Where does it end, how can I end it?  
In Death? No Lord I shall not sin  
Rome fell but after many years  
My life has just begun but has nearly ended  
Sickness creeps in my soul,  
In the pit of my stomach,  
In life everlasting

I am the Vicotrian woman of the '80's  
I know no bounds but am culturally bounded  
Mother has taught me well:  
To be thin is beautiful  
(In fatness, where lies the laughter?)  
To be successful where failure lurks.

Strength is my character;  
The ability to hide  
Food is my mentor;  
It sustains life  
O how I long to throw it up!

What am I?

-a person

Let me begin this article by saying that I am not a feminist nor am I striving for any feminine ideal. I only wish to call your attention to a real and serious issue, an episode if I may, that affects countless women who have in fact fallen victim to a feminine ideal, a social standard; that is, a positive regard for women who are slender and thus considered beautiful.

To make my point clear, it is not only from men that this message is directed. It comes especially from the men and women who make the media. Fit and trim is in and the market for anything that can facilitate that process is outstanding. How many commercials have you seen with DIET written everywhere? The word slaps you in the face everytime you turn on the radio, television or open a magazine or newspaper. Advertizing, what used to be the most tiresome portion of all broadcasting and writing, is well received in its new dynamic illustrious displays. Who can help but notice slim and sexy females floating by on rubber air mattresses eating low-fat Pringles and drinking diet Pepsi, licking their luscious lips while the camera caresses their long, sleek bodies; these women claim that it's the taste they love "mmm..."

There are many women who do not feel threatened by such social standards but there are millions more for whom such messages have become life threatening. These latter women and even a few men are not what we would commonly believe to be fat asses or twiggy losers. They are doctors, lawyers, professors, housewives, athletes, people of every profession, even nutritionists. They consist of up to 30% of college women across North America increasing with the level of campus stress. They are bulimarexics.

What is bulimarexia? Who is affected by it? Why? Is it a disease? Can it be stopped? The answers are not as obvious as you might think.

Bulimarexia, though similar to her sister ailment, anorexia nervosa, is different. Let me illustrate by asking the following question: How many of us have on the most stressful or painful occasions gone out and "binged" on food, drugs or alcohol?

On the most part "binging" is seen as a temporary release, an excuse not to study, work or face up to things in general that normally we find boring, stressful, painful and sometimes to the extreme an amalgamation of all three. It is a feeling I believe most of us would rather stay away from. Often we feel words than we did before. But it serves its purpose in that we usually get back to whatever it was we found to be dull or painful and deal with it more constructively. The fact is whatever we are avoiding at the time is important to us. We don't want our studies and marriages to just disappear. We all have our goals and as a result form expectations for ourselves so that we may achieve them.

Specifically, failure can be dealt with in 2 ways: Either we accept it or we let it tear us apart. For how many is "binging" a problem? Alcoholism and drug abuse are both known and accepted phenomena. But whoever heard of a 'foodaholic'? Does such a person exist?

What we fail to realize is that this problem may be as common and is as devastating as alcoholism and drug abuse. Outcomes include kidney failure, gum disease, tooth decay, seizures and heart attacks. As alcoholism is most common among middle upper class men, so is bulimarexia among middle upper class women. It has been estimated that 20

million Americans are seriously dieting at one time or another and that these individuals spend over 10 billion dollars annually on their compulsive behavior (Neuman & Halvorson, 1983, p.1). In Canada the problem is no less prominent. A recent issue of the Toronto Star reported that in Toronto alone the incidence of anorexia nervosa and bulimarexia "has reached near-epidemic proportions with women between the ages of 15 and 24" leading disrupted lives (Corner, Oct. 31, 1985). This statistic does not include the number of cases that go unreported since a large number of individuals within this age group are brought to treatment centers by their families. While anorexics may deny their behavior, bulimarexics are ashamed and do not want to share their "disgusting" problem with anyone.

Unlike anorexics whose self-esteem leads to purposeful starvation, Bulimarexics gorge themselves on food. Those fat slob you say, they're obvious. Contrary to what you might think, these individuals pride themselves on being thin. Even if slightly overweight, it is rarely noticeable. Their worth is established according to a scale. 5'10" 140 lbs, I'm good. 5'10" 145 lbs I'm bad. It becomes an obsession and why not? While we are constantly bombarded by messages that thin is beautiful, fat is ugly, fit is in, we are surrounded by fast food franchises, for example that challenge our better beliefs. Have you ever been tempted by the slogan, "Bet you can't eat another one..."? Oh yes I can, watch me!

Bulimarexics binge and purge themselves as many as 18 times a day (Whites, 1983, 136). In purging they vomit and or swallow laxatives or diuretics, one case reporting a total of fifty within a 24 hr period (Whites, 1983, p. 140). These people, like many alcoholics and drug abusers are most often successful, intelligent, attractive, athletic, and well liked. In fact many are really beautiful but they don't believe they are.

The main problem in bulimarexia is dealing with success, boredom, and fear of failure, situations in general that they find stressful. The tendency is to form expectations that are overreaching and too demanding for their own good. Negative images of themselves are formed when their expectations are not met. Low self-esteem, feelings of incompetence and fear of rejection develop though a person may be captain of a basketball team, top of the class, or a leader of an organization. All that torture ensues because she or even he did not get that winning basket, that perfect "A" or that million dollar deal. Failures are viewed as a reflection of him or herself though the loss may be due to poor team effort or having studied poorly interpreted notes. They are perfectionist aiming to please others. What they don't realize is, among other things, the human ability to fail, to be beautiful without being Farah Fawcett, to be special despite refusing opportunities for further advancement. We are all entitled to a failure or two. Nobody is perfect and we can never devote ourselves completely to others. What bulimarexics must do is learn to appreciate themselves, take compliments and assert themselves.

One problem for bulimarexics is lack of assertiveness. Women in particular have been socialized since early childhood to be less direct than men. Equally unfair is that men in the socialization process are denied the opportunity to show their emotion without feeling resentment. In so doing however, they unlike most women, are trained at an earlier stage to channel out emotions and get on with

business. Failure may be less devastating because they've had to deal with it before. Though times have changed, it is usually the guy who has to make that long grueling attempt at asking a woman out. He faces the possibility of rejection all the time. Not fair I say. It is an age-old standard in North American society that a man to "be a man" must be competitive and strong, and must pick himself up after a fall and move on. Chin up! These are all demands that are placed upon us by society but DO NOT have to be adhered to. Nor do they take away from alcoholics, drug abusers and bulimarexics alike the responsibility of their condition. They are behaviors which in most conditions are learned and can be unlearned. As alcoholics and drug abusers can free themselves from their habits, so can bulimarexics by developing more effective strategies of coping under pressure. They must first realize that such indulgences are not improving their condition but making it worse.

Like alcoholics and drug abusers, bulimarexics can "go on the wagon" for a few days, weeks, years but when faced with a situation in which they can not find a more immediate effective means of coping, they "fall off" again. Evenings and weekends are the worst. Often a whole day passes smoothly without incident, however bulimarexics have difficulty dealing with free time and turn in desperation to their highly structured cycle for release of tension. It provides a few moments of relief from what they otherwise find stressful. It is a habit that though disgusting to the bulimarexic herself, is comforting in that it is predictable. "There is security in the known" (Neuman & Halvorson, 1983, p. 60)

There is a need for increased public awareness as to the incidence and severity of bulimarexia. Physicians and psychiatrists alike should become more cautious as to whom they prescribe diuretics and other medication. Dentists too may note in their patients frequency of tooth decay that the problem may exist and be prepared to confront it. More services are required to keep up with the ever expanding incidence of the disorder. Family and friends too should stop and consider for a moment who they can help to get help. It is important to realize that not everybody who eats excessively or very little are bulimarexic or anorexic. One can not invent the symptoms. It is more complicated than that. We must be careful who we approach and how we approach such individuals. This is not a problem that will go away overnight. Unlike alcoholics and drug abusers, bulimarexics can not give their addictive substance. One can not live without food. It is an addiction that needs to be dealt with with caution and understanding. One book I highly recommend reading for those interested or perhaps affected by the disorder is *Bulimarexia: The Binge-Purge Cycle* by Marlene Boskind-White and William C. White. The book is especially helpful for those women having a bulimarexic problem. It is a good start at coming to terms with bingeing and purging. Help is available and very successful but a person seeking assistance must be willing to change their self-defeating behavior. Know that bulimarexia can be altered as other bad habits like alcoholism and drug abuse. It takes time but it is worth it in the end. The future is yours.

...I know there are aspects about myself that puzzle me, and other aspects that I do not know.  
But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.  
However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me.  
This is authentic and represents where I am at that moment in time...  
...If can discard that which is unfitting, and keep that which proved fitting, and invent something new for that which I discarded...  
...I can own me and therefore I can engineer me I am me and I am okay."

-Virginia Satir

## SERVICES:

### STUDENTS

On campus Counseling Services are very good. As well, referrals may be obtained from the Student Health Center.

### NON STUDENTS

Consult family physician

Suggested reading: *The Obsession: Reflections on the Tyranny of Slenderness* by Kim Chernin.

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