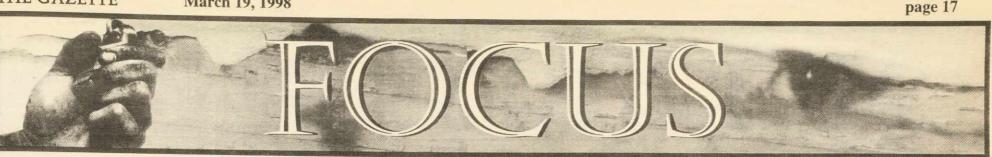
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## Bodies to die for: anorexia nervosa and bulimia

Two young women share their eating disorder experiences **BY JENNIFER LAMONT** 

Once after going five days without eating, Heather\* says she was "completely disgusted" with herself for succumbing to her

hunger - disgusted because she ate a bowl of soup and some crackers.

Jill's least favourite part of the day was waking up in the morning and fearing she might eat; her favourite part of the day was going to bed and knowing she would not have to think about food for a while.

Jill and Heather are not your typical dieters going to the gym a few times a week and trying to cut down on their fat intake. They have both suffered from eating disorders - Heather from anorexia nervosa and Jill from both anorexia nervosa and bulimia.

Eating disorders are much more than just dieting. Many people try to lose weight at different times in their lives. Having an eating disorder means losing weight is not just one of your goals — it is the only goal.

Someone with anorexia nervosa suffers from an intense fear of gaining weight or becoming fat. They can never be satisfied with their body weight and they go through continuous cycles of setting, and then achieving, lower and lower target weights. The lighter they become, the less satisfied they are with their body.

"I was always thinking of ways I could get around eating, or other ways I could try to lose weight," Heather said.

"The more weight I lost, the more I would feel I needed to lose.'

With an estimated death rate of 10-25 per cent of its victims, eating

Stewart.

There are many factors that can put someone at risk for developing an eating disorder. The first is being female. Eating disorders are eight to 10 times more common in women than men.

These disorders are largely based on control, and often develop when someone feels that other aspects of their life have become out of their control.

Jill began suffering from an

an eating disorder depends on their personality type. Stewart says that perfectionists are often at a higher risk of developing anorexia because perfectionism gets turned toward the body.

"[There is] a misconception that all dieting is healthy," says Stewart. "We need societal recognition that it is just as unhealthy to be underweight as it is to be overweight."

As dieting progresses into an

"There were times I would eat, planning on throwing up, and I wouldn't be able to because it hurt so much."

As a reminder of her Bulimia, she has a scar on her finger from hitting it against the back of her throat so many times.

Men are also affected by eating disorders, but to a lesser extent.

"In society, as a whole, there is not as much pressure toward controlling food and dieting in men

Her turning point came when she was admitted to hospital.

"Fear played an important role in getting better," she said. "They told me that there is only so much your body will take before it decides to shut down on you."

Stewart says that when healing someone with an eating disorder, you need to first focus on their eating behaviour and thoughts. With nutritional deprivation, many biological abnormalities may occur. Some of these mimic certain symptoms of depression. As a result, low self-esteem and depression are often consequences of an eating disorder. The body must receive proper nutrients for the depression to subside. Thus, the person's eating habits must be corrected before they will feel better.

Often the personality traits which helped lead to the disorder, such as perfectionism or impulsiveness, can be improved through therapy

A few decades ago the accepted practice for curing those with anorexia nervosa was to force feed them fluids through intravenous tubes. Although this removes the

> patient from the immediate possibility of death, the underlying problem, their behaviour, has not yet been addressed.

Jill went though an eightweek rehabilitation program. Part of the program involved eating lunch as a group. "I was very

angry about it, [but] it ended up being a key to starting regular eating habits...for a while there hadn't been any set time I would eat," she said.

Although anorexia and bulimia can be cured, Stewart acknowledges that the statistics for

eating disorder early in her first

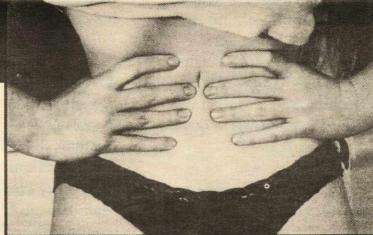
she said. Eating disorders are more

A family history of depression, eating disorders, or substance abuse may increase the chances of developing a disorder. And obesity and other medical problems, such as diabetes, can also be a cause because of the emphasis they place on one's diet.

eating disorder, there are many psychological and physical changes which may occur. will Some suffer from difficulty concentrating,

obscured memory, disturbed sleeping patterns and depression.

"I don't think I necessarily went through a depression," Jill said, "but there was a time that I didn't have any desire to be around people, or to go out and do things. I didn't want to think about anything except



as there is on women," says Stewart

A man's self-image often depends more on muscle size than waist size. As a result, men are more likely to abuse steroids than develop anorexia or bulimia.

Sports like wrestling and rowing where there is pressure to lose weight to compete in certain weight categories - can trigger eating disorders in men.



semester of university - she was not used to the pressures of her new environment. "There was nothing I could

control except the ways I looked,"

prevalent in women with careers which demand they maintain an aesthetic figure, but those who are under pressure to achieve unrealistic goals, in areas unrelated to their weight, are also at a high risk

disorders are the psychiatric illness with the highest death rate.

A person with Bulimia suffers from recurring compensatory behaviours for over-eating, in order to prevent weight gain. Unlike anorexia, those with Bulimia eat on a regular basis. It is their goal, however, to rid themselves of every calorie that they consume. They may do this through purging, the use of laxatives, or excessive exercise.

When differentiating between an eating disorder and a dieter, Dr. Sherry Stewart, a Dalhousie psychology professor, looks at what percentage of a person's day is spent trying to rid themselves of calories they have consumed.

"Someone who has an eating disorder will see complete fasting as a method of weight loss," says

In recent years it has become the norm to blame fashion magazines and their models for eating problems. Heather agrees that this is a factor.

"A lot of it has to do with society's expectations...every time you turn around, you see models in fashion magazines that no one can ever live up to," she said.

Stewart agrees, but points out that "all women are exposed to [media images]. So [this] doesn't explain who is going to get an eating disorder; it just sets the stage for the possibility of having high rates of eating disorders."

Once the hazards are there, whether or not someone develops

being thinner.

In addition to losing weight, menstruation ceases as a way for the body to conserve iron and protein. At this point the body's organs may begin to malfunction - many will develop an irregular heartbeat, clinically referred to as bradycardia. The kidneys and liver may fail; teeth may rot; hair may fall out; and, if they have been abusing laxatives, their intestines could rupture. Also, people suffering from anorexia and bulimia are more susceptible to viruses and bacterial infections.

"I didn't ever think about other things happening to my body. When I think now about the damage I could have done, I probably wouldn't have been doing that to myself," Jill said.

Although she began as a bulimic, she eventually found that being anorexic was easier.

Anorexia is very difficult to cure because it is a psychological disorder. Dieting may trigger the onset of an eating disorder, but the disorder is more than just wanting to lose weight. People who suffer from eating disorders-don't always want to get better or even realize they are sick. And unlike many diseases, when someone with an eating disorder decides they want to get better, they cannot simply pop a pill.

Heather says admitting that there is a problem is the first step towards rehabilitation.

"I had to come to terms with the fact that I was sick and I wasn't going to get better by myself," she said.

severe cases are not good.

Body image will likely always be a concern with people who have recovered from an eating disorder. An important tool is to know how to manage the negative thoughts which could lead to a relapse.

Heather notes that even though she has recovered, there are still days when she looks in the mirror and thinks that she should lose five or ten pounds. But there is a difference now.

"I know if I lose five or 10 pounds, I'll still be saying [I need to lose more]. I have realized that pounds aren't as important as being healthy," she said.

\*The names of those who have suffered from eating disorders have been changed.