

Anorexia... during dinner?

by Penni Mitchell of the Projector for Canadian University Press

One in every 200 women carries her dieting to such an extreme that she becomes afraid of food and of eating. It's hard to imagine, in a society as abundant with food as our own, but from 10-15 per cent of these women starve themselves to death. They have "anorexia nervosa", a disease which affects women between the ages of 17 and 30. One Manitoba woman weighed 73 pounds and she couldn't bring herself to gain weight.

In spite of the fitness conscience that has enveloped our society, there are just as many overweight people today as there were ten and twenty years ago. Most of us are so worried about being fat that we just can't imagine anyone starving themselves to death.

But that's precisely the extreme to which one in every 200 women carries her dieting. Dr. A. H. Crisp, an American psychiatrist, says the prevalence of recorded cases of this tragic phenomenon is increasing. Extreme cases of under-eating are called "anorexia nervosa."

The "anorexic" is usually a woman between 17 and 30 years who carries that "seek for slenderness" to such extremes that hospitalization is often necessary to keep her alive. But between 10 and 15 percent of anorexic patients don't make it. They die.

But why primarily women?



Our culture is to blame. The pressures on women to be thin and beautiful are greater to some than others. Psychiatrists explain that while many women simply "tune out" the bombardment of television and advertising demanding feminine perfection, there are many women who can't cope with the pressure. They are swept away by the tidal waves of cultural pressure - to find that sleek new look that is found inside every new car, every tube of toothpaste and inside every box of feminine protection. Ninety-five percent of anorexic patients are women. (Journal of the American Medical Association, 1975).

Anorexia nervosa stems from psychological problems, but the results are physically visible. The disease follows a 25 percent weight loss (although percentages vary). The anorexic often induces vomiting and abuses her body with laxatives in order to lose weight.

Over a period of time, often years, an anorexic person eats only enough to sustain life. She can't eat more, because she won't let herself. The battle is an inner struggle, between her will to live and her fear of eating. Anorexia nervosa is a phobic disease of women who are afraid that if they start eating, they won't be able to stop.

Besides the obvious effect of extreme thinness, there are serious medical problems which occur. Severe abdominal pains develop as well as constipation.

Anorexia nervosa cannot be treated solely by a psychiatrist because the roots are physiological as well as psychological. But physical treatment alone isn't the answer either.

Although the simple solution of force-feeding would seem the most logical, it is the least effective. An anorexic has to WANT to start eating regularly again. If she doesn't accept food with a positive, healthy attitude, her body will reject the food and return to abstinence, or eat barely enough to survive.

Treating this disease is a complicated procedure. Sometimes physicians think the problem may be endocrine-related; a hormone imbalance causing the apparent loss of appetite. But when it is discovered

that the anorexic has a normal thyroid, the causes of the starvation disease are investigated.

For these women, food was often used as a weapon in their childhood. It may have been withdrawn as punishment or given as an instrument of reward. Consequently, she may come to associate self-restraint, or self-inflicted punishment with not eating. Refusal to eat, especially in children, may be the result of unbearable hurt, or a wish to get even with parents.

Incidents of anorexia nervosa are even more frequent among models and dancers; 10 percent higher than the rest of the population. They are under constant pressure to stay thin, diet and WATCH, WATCH, WATCH what they eat.

A woman's chest flattens. Her abdomen becomes concave. Her hipbones stick out. And she stops menstruating. There is little more on her body than the skin covering a skeletal frame. Digestive organs deteriorate. And she still believes that she is fat. One young Manitoba woman weighed 73 pounds. She was 5 foot 10 inches tall and still dieting.

Showing the patient photographs of her naked body often persuades her that her condition is severe. Although this seems drastic and unduly cruel, it is essential that she admit her problem exists. Often this is the most difficult hurdle to overcome in therapy.

When psychotherapy is used, it is adapted to the personality of the patient. Teams of doctors who work with anorexia patients use much love and therapy becomes a very sensitive part of the recovery.

Because of the age group involved, most anorexic patients are living at home when the symptoms begin. So, in many cases, as Dr. Kelly M. Bemis of the University of Minnesota describes, a "family therapy lunch session" is a useful treatment.



A survey of 53 patients treated with family therapy reported a success rate of 85 percent, when the cases were followed up for a year after the treatments.

Unfortunately, all patients cannot be treated the same way because of the many different causes of the disease.

Some women respond well to behavioral techniques. Their negative attitudes are turned around and they develop a healthy attitude toward eating. A more positive attitude is reinforced constantly and a weight gain will occur.

Anorexic people are not masochists. They don't want to die. They just don't believe that they WILL die.

But many do. It is estimated by Manitoba medical statistics that fifteen percent of anorexics die. They literally



Remember When
It Was Fun
To Eat?



starve to death. With low resistance to disease, they can't fight a virus. And then patients die because medical treatment fails.

Anorexics have to become active in the treatment before they can begin to repair damages. Increases of food intake accompany recovery. By repeatedly recalling pleasurable experiences with the experience of eating, the anorexic learns to adopt a positive attitude toward eating. The healthy attitude toward eating is usually a direction toward a healthy self-image for the anorexic as well.

The patient must become an active participant in treatment. Doctors report great success in treating anorexia when the patient makes discoveries about herself. It is important that the patient be frank about her condition. Only in this way can she become more aware of herself, and aware of her disease. A patient is encouraged to tap her own resources so that she feels like a collaborator in the search for unknown facts, WITH the therapist.

While teams of psychiatrists, medical practitioners and endocrinologists all over North America report increasing success in treating the disease, there is a serious flaw in many studies in the follow-up. In the past, patients have not been observed long enough to determine what long-term results will take place. In one U. S. study, in which the patients were followed up for an average of 32 months after being discharged from the hospital, the authors concluded healthy weight gains on the patients were only temporary. Many patients required repeated hospitalization, or remained severely underweight.

Many doctors recommend a period of four years for follow-up studies on the anorexic patient instead of the four and five month periods reported in some studies.

In a country with an ample food supply, a woman starving herself is a painful irony. Anorexia nervosa can be treated if these women - and men - seek medical attention. Seeking help from a professional is often the difference between the life and death for women who let "dieting" get out of hand.



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