

## Wasting Away

An **eating disorder** is characterized by extreme reduction or increase in food intake, or feelings of extreme distress or concern about body weight or shape. A person with an eating disorder may start out by eating smaller or larger amounts of food than normal but at some point takes it to an extreme. The two main types of eating disorders are anorexia nervosa and bulimia nervosa.

In her book, "Wasted: A Memoir of Anorexia and Bulimia," Marya Hornbacher, describes how her eating disorder started with bulimia.

It was that simple: One minute I was your average nine-year-old, shorts and a T-shirt and long brown braids, sitting in the yellow kitchen, watching the Brady Bunch reruns, munching on a bag of Fritos, scratching the dog with my foot. The next minute I was walking, in a surreal haze I would later compare to the hum induced by speed, out of the kitchen, down the stairs, into the bathroom, shutting the door, putting the toilet seat up, pulling my braid back with one hand, sticking my two fingers down my throat, and throwing up until I spat blood. Flushing the toilet, washing my hands and face, smoothing my hair, walking back up the stairs of the sunny, empty house, sitting down in front of the television, picking up my bag of Fritos, scratching the dog with my foot.

**Bulimia nervosa** is characterized by recurrent and frequent patterns of eating unusually large amounts of food (binge-eating) followed by purging (e.g. vomiting, abuse of laxatives or diuretics), fasting and/or excessive exercise. People with bulimia believe that the act of purging compensates for the binge eating. Unlike those with anorexia, those with bulimia are often within the normal weight range for their age. However, they are still preoccupied by the desire to lose weight, are unhappy with their body shape and size and have an intense fear of gaining weight. Bulimic behavior is done secretly because it is usually accompanied by feelings of shame or disgust. In most cases, the bingeing and purging cycle is repeated several times a week. Bulimia is often comorbid with psychological disorders such as depression or anxiety and accompanied by physical health complications.

Marya Hornbacher also described how she became anorexic.

Anorexia started slowly. It took time to work myself into the frenzy that the disease demands. There were an incredible number of painfully thin girls at Interlochen, dancers mostly. The obsession with weight seemed nearly universal. Whispers and longing stares followed the ones who were visibly anorexic. We sat at our cafeteria tables, passionately discussed the calories of lettuce, celery, a dinner roll, rice. We moved between two worlds. When we pushed back our chairs and scattered to our departments, we transformed. I would watch girls who'd just been near tears in the door-room mirrors suddenly become rapt with life, fingers flying over a harp, a violin, bodies elastic with motion, voices strolling through Shakespeare's forest of words.

**Anorexia nervosa** is the inability or unwillingness to maintain a normal body weight for a person's age and height. A clinician will usually diagnose the disorder when a person fails to meet 85% of their normal or expected weight. Some symptoms include distorted body image and extreme fear of gaining weight, obsession with food and weight control, and extremely disturbed eating behavior. Girls and women may experience lack of menstruation. Some methods of weight loss used are excessive diet and exercise, self-induced vomiting and misuse of diuretics, laxatives or enemas. Other signs of anorexia

are yellowish skin, and growth of fine hair all over the body. A person with anorexia may also experience mild anemia, muscle weakness and loss, severe constipation, low blood pressure, slow breathing and pulse, a drop in internal body temperature (feeling cold all the time), and feeling lethargic.

### **How to Get Help**

A trained psychologist can be instrumental in treating eating disorders and helping the patient recover. He or she can help identify the issues that need attention and develop a treatment plan, then helps the patient **replace destructive thoughts and behaviors with more positive ones**. For example, a psychologist might work with the patient to focus on health instead of weight, or ask the patient to keep a food journal to become aware of what situations trigger disordered eating.

However, psychotherapy goes beyond just changing thoughts and behaviors. The psychologist must work with the patient to **uncover the psychological issues underlying the eating disorder**, which sometimes involves improving personal relationships and going beyond the specific situations that triggered the disorder. Incorporating group therapy, family therapy, or marital therapy can be helpful for allowing family members to understand the disorder and how they can help. Cognitive-behavioral therapy (CBT) is a common method of psychotherapy used to treat eating disorders. CBT therapists believe that the clients change because they learn how to think differently and then act on that learning. Therefore, an important part of the therapy is teaching self-counseling skills.

Treatments do not work instantly and for many patients may need to be long-term. As with any medical or psychological disorder, the sooner treatment is sought, the better. The longer disordered eating continues, the more difficult it is to treat. The prospects for long-term recovery are good for those who seek help from qualified professionals.

### **Eating Disorders - General Info and Symptoms**

A third category is "eating disorders not otherwise specified" (EDNOS) and includes several other less common types, including binge-eating disorder. These are much more common in women and girls than in men, and according to the National Institute of Mental Health, adolescent and young women account for 90% of the cases. Eating disorders most frequently surface during adolescence or young adulthood, though they can develop at other times and in men or boys.

Anorexia is a treatable condition, and some recover completely. However some who have anorexia set well but have relapses, while others have a more chronic form of the illness in which their health continues to deteriorate for many years. Treatment of anorexia involves three major components: restoring the person to a healthy weight, treating the psychological issues related to the eating disorder, and reducing or eliminating thoughts and behaviors that lead to disordered eating and preventing relapse.

Other symptoms include:

- Chronically inflamed sore throat
- Swollen glands in the neck and below the jaw
- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Gastroesophageal reflux disorder
- Intestinal distress and irritation from laxative abuse

- Kidney problems from diuretic abuse
- Severe dehydration from purging of fluids

Binge-eating disorder is characterized by a lack of control of one's eating, resulting in recurrent episodes of binge-eating. People with the disorder are often overweight or obese and experience guilt and shame or distress over the episodes, which can lead to more binge-eating. Like other eating disorders, binge-eating coexists with other physical and psychological illnesses.

Some people live with eating disorders without family or friends expecting a thing. Withdrawal from social contact, hiding the behavior and denial that there is a problem are often indicators that an eating disorder is present. There are some risk factors that predispose a person to developing eating disorders, including low self-esteem, feelings of helplessness and very negative body image or dissatisfaction with appearance in general. Genetics, gender and ethnicity, and weight and shape can also play a role. It is important to realize that environmental factors like teasing, traumatic or stressful events often trigger the development of an eating disorder.

Eating disorders are some of the most often unreported and untreated mental illnesses because of the misperception that they will go away on their own. Making an accurate diagnosis and treatment should be left to a licensed psychologist or mental health expert. Because each case is different, there is no generalized treatment plan for eating disorders; treatment plans are often tailored to the patient's specific needs.