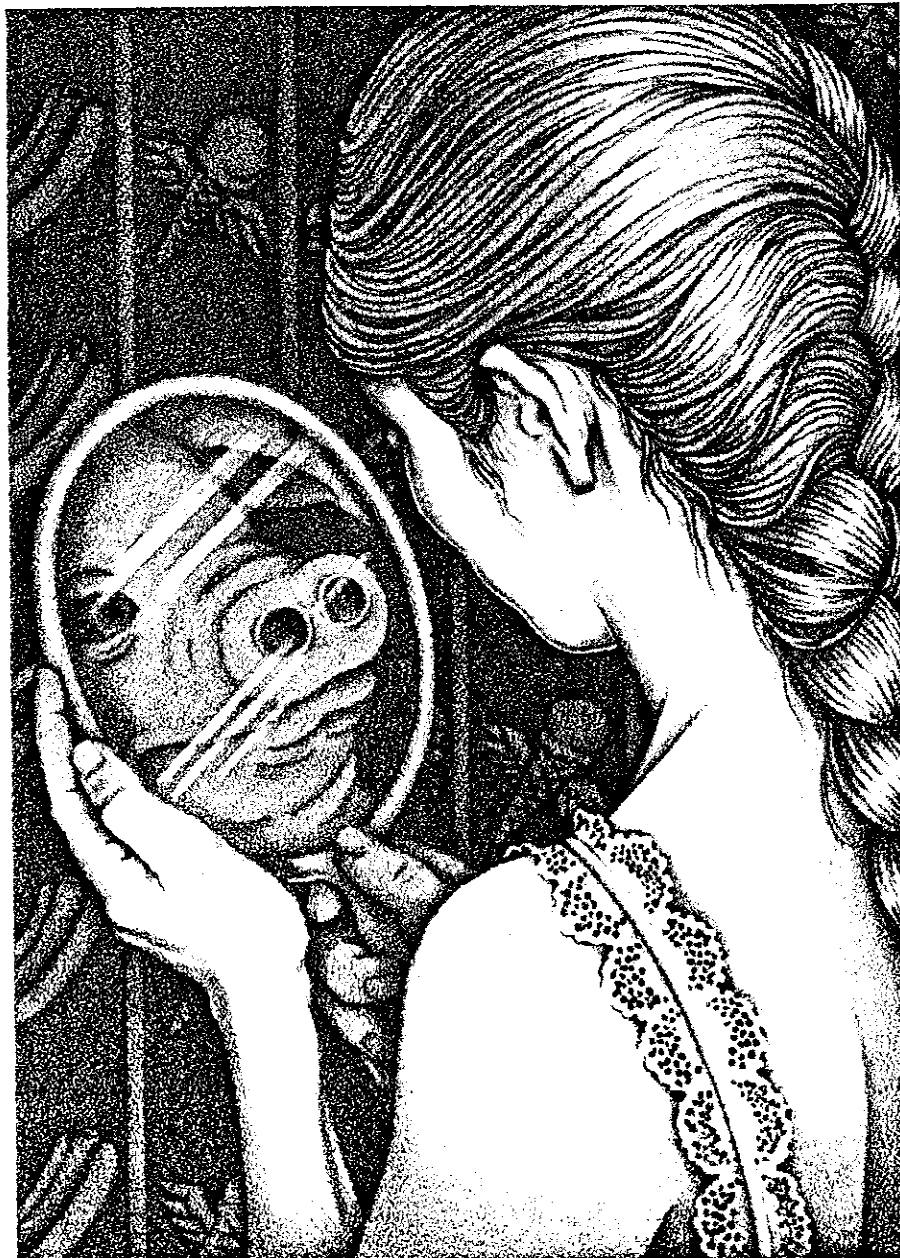


BY FOOD POSSESSED

Some binge and purge, others starve themselves. All for the sake of an image.

by Margaret Ray Combs



At 28 years old, slender and tan, Jean Johnson is what you might call a perfect example of today's woman: aggressive, athletic, successful. In between attending courses for a master's degree in nursing, she jogs two miles a day, rows four days a week and bicycles a weekly 200 miles. In her spare time she goes backpacking and rock climbing; in the winter she skis. But there is a strange aspect to Jean's active life. She vomits every day, sometimes three times a day—and she does it to keep her weight down.

Jean Johnson's strange habit is called bulimia, from the Greek word for "great hunger" or "insatiable appetite." This psychiatric disorder has become alarmingly prevalent among young women (it's rarely seen in men). Many clinicians believe it has reached epidemic proportions. Dr. David Herzog from the Eating Disorders Clinic at Massachusetts General Hospital in Boston says that as many as one in five college students are believed to have bulimia. A recent article in the hospital's newsletter brought in 50 calls the first day it appeared.

Closely linked to bulimia is anorexia nervosa, a more severe disorder involving prolonged, self-induced starvation. An anorexic person loses at least 25 percent of her body weight and often requires hospitalization and forced feeding to ensure her survival.

The difference between these two disorders is that bulimia involves eating large quantities of food and then purging, by swallowing huge amounts of laxative or inducing vomiting, to make up for the binge. Anorexia is a refusal to eat almost anything at all. The bulimic has a fear of getting fat while the anorexic is obsessed with achieving extreme thinness. The two are related in that bulimia often leads to anorexia, or follows it once the anorexic has been counseled into eating again.

Jean Johnson's bulimic behavior has sometimes brought her very close to an-

Chris Mortensen

orexia. At 5' 11", she's often dropped to 100 pounds or less.

Why are women like Johnson resorting to these compulsive eating habits, especially in light of the unhealthy conditions they can lead to? (See page 18.) Unfortunately, there is no clear answer yet. According to Dr. Estheranne Grace, a pediatrician at Boston's Children's Hospital, the tendency of bulimics is to remain in the closet, keeping their behavior a secret. They can get away with it because they are usually of normal weight.

"With anorexia," she explains, "there comes a point when the physical deterioration of the patient requires hospitalization and we are then made aware of the problem. But bulimics can continue their behavior for years, sometimes without even close family members knowing about it."

One bulimic, a 20-year-old college student who says she's now over her problem but still wants to keep it a secret, puts it this way: "I was so disgusted with myself, bowing over the toilet, forcing my body to do that, but it only lasted a few minutes. It sure beat the hours of guilt I'd go through if I'd left all of that food in my stomach."

"All of that food" usually includes several thousand calories in one sitting. The same bulimic described her typical binge as starting off with a normal meal, like a sandwich and a bowl of soup, but followed by three or four candy bars, and then maybe some eggs and three or four pieces of toast, a hamburger and a couple of grilled cheese sandwiches and finishing off with an entire box of cookies.

Part of that loss of control, says Dr. Grace, can be attributed to this society's obsession with losing weight, and the fact that most women spend a large part of their lives depriving themselves of tempting foods.

"Let's face it, thin is in," she comments. "The ideal image of the female heralded by the media and advertising is sleek and slender. The message is the less curves, the younger and more desirable."

Add to that the increased pressure on women out in the work force today, says Dr. Grace, and there is the societal groundwork for stress disorders.

"It's scarier to be a woman these days—more exciting to be sure, but also more frightening. Not because we have more opportunities, but because we are still expected to be svelte, beautiful and downright delicate while we're running huge corporations with an iron hand. It's a very schizophrenic kind of existence."

Susan Waldman, a San Francisco licensed therapist, thinks that many women are trying to shed their femininity without achieving masculinity.

"By getting thin, the successful woman adopts an adolescent boyish figure," she says. "The feminine image doesn't quite fit in with her notions of competing and achieving but the masculine image isn't right either. It's too threatening. This new figure falls somewhere in between."

Both experts add that women tend more than men to respond to stress by eating either more or less. In the case of an anorexic, it's less and in the case of the bulimic, it's a great deal more.

It's possible the same factors are at work in the world of sports. Leslie Maynard of the Dieters Counseling Service in New York believes, "Athletics and eating disorders are closely linked." As the standards and competitive opportunities in women's sports continue to increase, so does the pressure to succeed. A woman athlete has a stronger incentive than most women to shave off the pounds, since being lean usually means a competitive edge.

But one puzzling factor about women athletes practicing this behavior is their tendency to become too thin—so thin it's impossible for them to continue participating in sports. Jean Johnson is a good example.

"It got to the point where I couldn't even function, much less continue to work

larger number are showing up in sports like gymnastics and figure skating in which, as in dance, much emphasis is put on appearance. Paradoxically, the ideal image of these incredibly strong and conditioned performers is that of a frail bird. To achieve that esthetic body type many ballerinas become bulimic, a fact already documented by Dr. L. M. Vincent in his book *Competing with the Sylphe* (Andrews and McMeel, Inc., 1979).

As in dancing, the bodies of gymnasts and skaters are exposed to the public more than they are in other sports, the competitive uniform often consisting of little more than a leotard. Also like ballet, gymnastics and skating are decidedly airborne disciplines, emphasizing the advantage of a light physique. Because their goals are the same, these athletes often learn the binge-purge method from others in their sport.

Sherrie Simms, a Pennsylvania State University nutrition major, says her problems with bulimia started when she was competing in gymnastics. Although she no longer competes, most of her adolescence was devoted to the sport—as well as to dieting. At 5' 4", she now weighs 130 pounds, but while in gymnastics she kept her weight down to 95 pounds. On a single bowl of cereal for breakfast and maybe a bowl of soup for dinner, Sherrie would get through a three- to four-hour after-school workout and a two-mile run afterwards. But she also liked to eat, and

The bulimic has a fear of getting fat while the anorexic is obsessed with being extremely thin.

out. I remember once collapsing and crying on the steps, praying that someone would come along and help me walk."

Johnson allowed her health to deteriorate to the point where she required hospital treatment, to combat a 105-degree temperature and three different viral infections. Clearly, she'd gone far beyond the ideal weight loss needed for her sports—a self-defeating type of behavior that could be keeping many other good athletes from reaching their athletic potential.

The Athletes

Although no statistics have yet been gathered on athletes with eating disorders, most physicians agree that a

sometimes her discipline broke, for example at that Thanksgiving dinner when she was about 15.

"I was miserable and feeling so guilty about what I'd just eaten I was ready to kill myself. Then my cousin, a wrestler, took me into the bathroom and showed me what he did sometimes to 'make weight'—just throw it all up."

Unlike her cousin, Sherrie didn't vomit just a few times throughout the following year but regularly, as much as three or four times a day.

"Throwing up gave me the freedom to be a pig and still stay thin the way my coach wanted me to be."

While sports like gymnastics and skating may encourage such diet extremes,

says nutritionist Nancy Clark of Boston's Sports Medicine Resource Center, the problem lies more within the athlete.

"Sure these problems are showing up more in sports like gymnastics, running and cross-country skiing where leanness is important," she agrees, "but these are also individual sports, which tend to attract your more internally motivated, self-centered person who likes to be in full control."

Interestingly, when Waldman asks women in her "Psychology of Eating" classes what being thin means to them, the most significant response is "being in control." (See what one anorexic woman has to say on this point below.)

Sherrie Simms confesses that, even though gymnastics was her first impetus to lose weight, her obsession with dieting continued long after she gave up the sport. She's since proceeded to take up other sports such as running and bicycling.

"I'm starting to see that some of this is in my nature—I'm highly motivated, I have high goals and I've always gone to extremes to achieve what I want. That includes my weight."

Of course the problem isn't limited to athletes who compete in individual sports. Twenty-year-old Mary Cucinello is a six-time Pennsylvania State high-school lacrosse champion who was a bulimic until she went to college two years ago.

Mary started inducing vomiting when she was 16 in reaction to one of her Italian family's feasts. She continued the habit steadily for the next three weeks and in that short time dropped her weight from 116 pounds to 92. After a while she barely had to gag herself at all; vomiting had become almost involuntary. And the pattern addictive.

In college Mary decided to see a psychiatrist, prompted by the fact that she was occasionally throwing up blood, and by a psychology course that opened her eyes to the "facts and fantasies" of her behavior. It was then that she began to get down to the root of her bulimia.

"I come from an ethnic family," she explains, "where our whole family life centers around food. Denying food in such a family can be a real weapon. I was always on edge with my father, trying to please him with my athletics, but he always made me feel it wasn't enough. He never came to my games or to watch me cheerlead at school. I used to hate it when he'd say, 'Aren't you getting a little chubby there, honey?'"

As far as lacrosse went, Mary realized

her dedication to training and playing had more to do with achieving a certain body size and look than with fitness or health.

"It's taken me a long time," she confesses, "to enjoy the sport for its own sake."

That statement may be the first clue as to how athletics fits into the eating-disorder picture. The relationship between diet obsession and exercise is something Dr. Eugene Piazza from Boston's Children's Hospital says is becoming more and more apparent.

"In these bulimic or anorexic athletes, dedication to training is closely tied to their desire to lose weight. In effect, their sport has become a part of the eating disorder."

His words are echoed by another bulimic athlete, 17-year-old Stephanie Holmes of Cambridge, Mass., whose sport is cross-country running.

Even before she took up running in high school, Stephanie was obsessive about her

size. When she noticed her wiry body beginning to enlarge a bit at 13, she ruthlessly made herself lose 30 pounds in three months. The following year she limited her food intake to 400 calories a day and kept her 5' 5" frame weighing a mere 95 pounds. Taking up a sport at 16 was, she admits, just another way to lose weight (supplemented by another method she had already adopted: vomiting three or four times a week).

"I was using my body to punish myself—my self-image was very low even though I was an accomplished competitor. I felt if I wasn't thin, I wouldn't be liked by anyone.

"I didn't want to develop physically," Stephanie realizes now. "I was afraid of growing up and becoming an adult—maybe because I saw my parents and relatives going through a lot of stress and conflicts. One of my relatives had a nervous breakdown."

Stephanie's low self-image and fear of maturing are shared by many other eating-disorder victims. Dr. Grace of Children's Hospital explains that a lot of adolescent girls try to delay adult responsibilities by keeping their sexuality (i.e., their body curves) down to a minimum. A related issue may be the resulting loss of menstrual periods if a girl's body fat drops below a certain percentage of her total weight — another way to avoid and/or ignore sexual maturity.

Although each of these athletes plays a different sport and became bulimic or anorexic through an individual process, there are some similarities. They all consider themselves perfectionists, with high aspirations and a desire to achieve, and each was under some kind of emotional pressure. Leslie Maynard of the Dieters Counseling Service says the athletes she treats "seem to the outside world to lead

successful, exciting lives. But underneath there's repressed anger, overwhelming drive and a sense of loneliness."

Such stress may be caused by the sport itself, but more often it stems from a deeper emotional strain caused by family conflicts or something else totally unrelated to the sport. In those cases, athletics becomes another way of dealing with the underlying problem.

Treatment

Uncovering a cure for eating disorders has been as difficult as identifying the problem in the first place, partly because of the secretive habits of its victims.

Some studies are currently in the planning stages, but until the results are available, Dr. Herzog says the Eating Disorder Clinic is taking a multidisciplinary approach: out-patient therapy that in-

cludes a psychiatrist, psychologist, internist, nutritionist, oral surgeon, social worker and family therapist.

"After the physical effects have been attended to," he states, "the most important emphasis is to improve the victim's self-image, and to get her to cope with her stress and insecurities through less self-destructive ways."

Without exception, the athletes interviewed said the first step in controlling their behavior was admitting it to someone else.

"Get counseling," advises Stephanie Holmes, "from someone objective who won't judge you and why you're doing this to yourself."

Dietician Nancy Clark encourages nutrition education as well. Her approach to the bulimic athlete is to give her very specific eating guidelines and meal plans that fit her needs according to her sport, her metabolism and her body structure.

Clark says that coaches can help by updating their own nutrition knowledge and by not propagating old dieting myths such as, "Carbohydrates are fattening." (Carbohydrates are the athlete's source of glycogen—a main muscle fuel.) Coaches should also keep an eye out for extreme dieting behaviors in their athletes, especially too much weight loss.

Bulimia and anorexia, like any addictive behaviors, are difficult habits to break. Though Dr. Herzog and Maynard say the chances of returning to normal eating behavior are good—especially if the problem is detected and treated early—many clinicians believe that treatment only suppresses the syndrome temporarily.

Waldman doesn't think in terms of illnesses and cures. "It's a destructive behavior and the first step toward curing it is admitting that. But what really counts is learning to feel more comfortable with oneself in today's world—something we're all trying to do, aren't we?" □

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