

eating disorders

Battle With Body Image Begins Early

by Stephanie Anderson

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When Jane was about 13, she noticed her body was changing. She got her period. Her breasts grew. And she started to gain weight. Each time she walked past a mirror or store window, she studied her reflection in the glass, growing more and more revolted with what she saw. She began distributing her weekly food consumption into seven brown paper bags, a day of the week scribbled with Magic marker on each one. She started exercising excessively, going for hour-long runs several times a day. And after all that, she still didn't believe she was thin enough.

"There was an older girl I knew, who I looked up to," explains Jane, whose name has been changed to protect her

anonymity. "One time we were talking about losing weight. She said when she started to feel self-conscious, she just stuck her finger down her throat and threw up."

Jane didn't throw up very often in the beginning. "Like, for five days I'd follow the diet and exercise like crazy. My energy levels were so low that I needed food, and I'd binge, then I'd throw up. I saw bingeing as a mistake I could erase by throwing up. I started to overeat more often. Then I decided not to eat at all. I'd say, 'OK, for the next four days, I'll only eat orange juice and jello.'"

According to the U.S. Department of Health and Human Services' Office on Women's Health, four to six percent of American women have eating disorders, including anorexia and bulimia. Women with eating disorders see their bodies in a profoundly distorted way — much like looking in a fun-house mirror — and this view overwhelms all aspects of their lives. To them, being thin is everything.

(continued on page 44)



Illustration by Nancy Mendes

at risk

All women and men are at risk, but more than 90% of cases involve women. At high risk are females overly conscious about their bodies or raised in families in which body image is emphasized, and females in chaotic families or relationships.

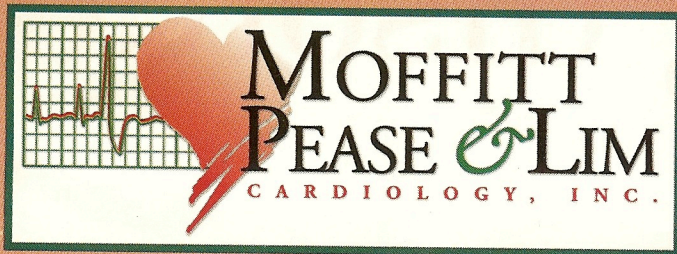
treatment

Eating disorders are highly treatable. There are no treatment facilities in Central PA, but these highly regarded clinics are close by: The Renfrew Center of Philadelphia, (800) 736-3739; www.renfrew.org; Center for Overcoming Problem Eating, University of Pittsburgh/Western Psychiatric Institute & Clinic, (412) 624-5420; www.wpic.pitt.edu/clincare.htm; The Center for Eating Disorders, St. Joseph Medical Center, Towson, Maryland, (410) 427-2100; www.eating-disorders.com

what you need to know

There are three types of eating disorders — anorexia (self-induced starvation that results in loss of 15 percent of normal body weight or more), bulimia (repeated cycle of binge eating, followed by purging, either by self-induced vomiting, taking laxatives or diuretics, fasting or excessive exercise), and other eating disorders, such as compulsive overeating, which might include some characteristics of anorexia or bulimia. Anorexics and bulimics can suffer from serious, long-term health effects, including irregularities in or loss of menstrual cycle, internal-organ damage or failure, depression, gastrointestinal disorders and death. Anorexics have the highest mortality rate of all psychological disorders.

For more information: Call (800) 756-7533 to order a catalog from Gürze Books that includes phone numbers, Web sites and information about eating disorders, or visit www.somethingfishy.org.



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(continued from page 43)

"I was obsessed," says Jane, who grew up in Cumberland County and is now in her mid-20s. "I couldn't do things normal teenage girls would do. [Food] was always on my mind. Either I was so hungry, or I didn't think I was thin enough."

Eating disorders stem from more than just a desire to be thin. They often serve as an attempt to gain control of out-of-control situations. And it dives deeper than that. Some women use eating in an attempt to fill an empty place inside themselves and develop eating disorders because they feel disconnected from themselves.

Though Jane had been overly conscious of her body image, the symptoms of bulimia did not surface until after two major tragedies occurred in her life, only months apart: She was seriously injured in a car accident that left three of her friends dead, and her parents divorced.

"Any negative attention from my friends, teachers and family," she explains, "I attributed to not being thin enough. It was a way to get control. I could completely control my body and how I looked."

Christine Ganis, a Harrisburg psychologist who specializes in eating disorders, refers to these problems as "biopsychosocial" disorders because they both affect and are caused by biological, psychological and social aspects of the lives of women (and men) who have these disorders.

Ganis claims American girls begin to grow self-conscious about their bodies around age 10. In a study conducted at the University of California at Berkeley, researchers discovered that 50 percent of 10-year-old girls had dieted at least once. That figure rose to 80 percent among girls ages 11 and 12. In their pre-teen years, children start to exert more control over personal choices, such as wardrobe and, in many instances, eating habits.

"They begin to realize they have some control over what they eat, that their moms aren't checking up on them," Ganis says. "They can ditch their lunches at school, and Mom will never know."

Pair this with an almost insatiable need for acceptance among their peers, and high schools and colleges become what some experts call breeding grounds for eating disorders. One of the first things Ganis asks young girls who come to her is who their friends are and what do they do. "If they say they sit at a lunch table with girls who never eat lunch, well, there you go," she explains.

Teenage girls also happen to be major subscribers to American pop culture, and they are bombarded on a daily basis with the likenesses of pencil-thin models, actresses and musi-

cians who seem to set the current standard of beauty. On the other hand, the popularity of women's sports, such as soccer and basketball, is increasing, and its luminaries, including Mia Hamm and Lisa Leslie, radiate a very different image — one of overall health and fitness. At the very least, the media are sending mixed messages to young American women.

Jane's family eventually discovered she was bulimic when she was in the 10th grade, and she was sent to the Renfrew Center in Philadelphia, which specializes in women's eating disorders. According to Jane, each patient at Renfrew had her own private bathroom. It is extremely difficult to just instantly stop purging, and the staff never forced girls to

do so. But Jane never threw up once during her stay there.

"I thought I was a severe case until I went there," Jane says. "When I saw those girls, it made me want to stop. One girl's digestive system completely shut down. She couldn't eat anything at all without regurgitating it. My first roommate weighed 76 pounds. To get into Renfrew, you have to weigh at least 75 pounds. And she thought she was fat."

Ironically, Jane's treatment at Renfrew was cut short because she was getting better. "[The insurance companies] monitor your progress. Mine saw I wasn't getting sick anymore, so they stopped paying. I had to leave three weeks early. Those last three weeks teach you

how to deal in the real world, but I never learned that."

In the years following her time at Renfrew, Jane has gotten progressively better. What has helped her most is shifting her focus onto things other than her body. While the stresses of college life aggravate eating disorders in some, it has helped Jane deal with her problem by allowing her to channel her energies into her studies. But even though she is no longer bulimic, Jane still struggles with body-image issues. "It's something that will always exist with me," she says. "There's never a moment when I can eat something and enjoy it and just eat. It's always on my mind." ■

Identifying Eating Disorders

Here are some warning signs that might indicate an eating disorder:

- Any behavioral changes, increased irritability or depression. Many parents often overlook these factors in adolescent or teenage girls, attributing them to changing hormones. If your child becomes easily enraged if questioned about her eating habits, don't back off.
- Preoccupation with food, or binge eating that was not present before.
- Overemphasis on body image, or constantly asking questions, such as, "Do I look fat?" or "How do I look?" This behavior is often learned and passed down through families.
- Lack of eating, especially around other people. Does she claim she isn't hungry, that she already ate or will eat later when asked to sit down for dinner?
- Frequent trips to the bathroom after meals.
- Unexplained, sudden weight loss, lethargy, or severe fluctuations in weight.

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