

Eating disorders more rampant now than

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"There is no human society that deals rationally with food in its environment, that eats according to availability, edibility, and nutritional value alone. Food is endowed with complex values and elaborate ideologies, religious beliefs, and prestige systems."

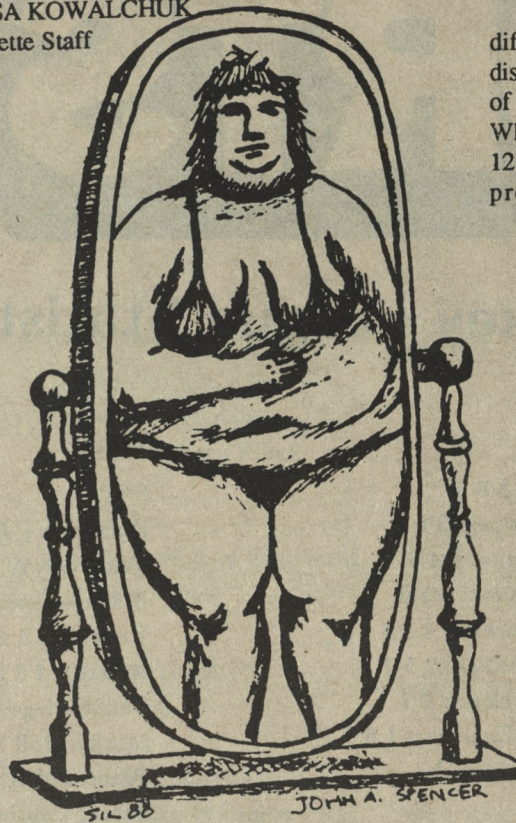
This observation by Hilde Bruch, a well-known expert on eating disorders, was cited by Angie Gensey, a Ph.D. student in sociology at McMaster whose field of study is also eating disorders. Gensey feels that it speaks powerfully and succinctly. The statement is more than food for thought because food itself, for people with an eating disorder, becomes something other than a pleasurable, necessary input for nearby living. In the peculiarly distorted relationship between food and the eating-disordered person, eating is above all else a tool for attempting to alter the shape of the body. Food embodies demonic and nearly mystically compelling qualities. It is an obsession and a terror. In short, the eating-disordered person loses touch with a way to "deal rationally with food."

Why should we be concerned about eating disorders? What is the extent of the problem? Though statistics vary, as with any phenomenon in which self-reporting yields an incomplete picture, research indicates that this topic is of particular relevance to the college and university age group. "Epidemic proportions" is the phrase used by Boskand-White and White, authors of *Bulimarexia - the binge-purge Cycle*. According to the National Eating Disorder Information Centre, about 50,000 women in Canada between the ages

Epidemic

of 14 and 24 currently suffer from eating disorders.

Dr. Harvey Weingarten, a professor of psychology at McMaster who specializes in eating disorders, says that 4% of the university population is a fairly consistent figure, while others estimate it is as high as 20%. About 90% of self-reported bulimics, Weingarten says, are women. Vicki Smye, a Ph.D. student in psychology at McMaster whose area of study is eating disorders, states that an alarming 63% of high school girls are dieting, while in university the figure is 60 to 80%. Many dieters who are unsuccessful in their attempts to lose weight develop an eating disorder Smye explains. Given that, there is no question that



we ought to be concerned.

Smye and Weingarten divide eating disorders into the two main categories that most of us have heard about: anorexia nervosa and bulimia nervosa. Anorexics typically lose substantial amounts of weight and appear emaciated. "Restricting" anorexics are those who simply eat very little, while "bulimic" anorexics use purging techniques as well as reducing their food-intake in order to lose weight. Bulimia nervosa on the other hand involves cycles of bingeing on food (consuming anywhere from 1000 to 10,000 calories in one session) and subsequent purging, with wide weight fluctuation. According to Weingarten the official diagnosis of bulimia specifies at least three such binge-purge episodes a week for at least three months. Many sufferers, however, experience the cycle at a much higher frequency.

The National Eating Disorder Centre has issued a list of the following warning signs for identifying an eating disorder:

- * excessive concern about weight and calories
- * unusual eating habits
- * irregular menstruation or loss of periods
- * frequent weighing on scale
- * depression or irritability
- * guilt or shame about eating
- * feeling fat when not overweight

ritualized

Another sign is ritualized behavior surrounding meals, for instance, eating the same things every day.

Apparently there is some

difficulty in categorizing an eating-disordered person in one or the other of the two main disorders Boskand-White and White state that about 12% of the bulimics they treat were previously anorexic. They



distinguish by saying that anorexics are near starvation most of the time, scarcely resort to food rampages as bulimics do, and seem to be more socially inept than bulimics. The anorexic, according to Weingarten, is harder to treat, responding with sheer terror at attempts to re-feed. Smye adds that this may be due to the fact that she is "cognitively impaired by starvation," and therefore "can't think clearly." The pervasive features of both disorders, according to Smye and Weingarten, are a pre-occupation with food and a desire to be thin.

"It is being female, rather than

gender factor

weighing too much, that predisposes young women to desire to lose their weight." So concludes a study of the attitudes of adolescent boys and girls, by Tomas J. Silber. It is a sobering observation not only because it does not identify overweight or obesity as one might expect, but because it points to gender as an actual risk factor in development of an eating disorder. In fact, all of the literature I looked at generally supports this dual conclusion.

Smye outlines the very broad eating disorders-risk model that is current in psychological literature today. Eating disordered people are usually women of high socio-

economic status, she says. They are typically perfectionists and very bright. "But it's hard to pin down... The trouble is that the list is so long. It has everything in it from ego deficits," she says as she thumbs through several densely printed pages, "... to perinatal trauma." She admits that the preposterous list is "a reflection of our (the psychological community's) ignorance, pulling out factors for study is difficult."

The notion of the perfectionist, however, seems rather persistent.

perfectionist

According to Boskand-White and White, bulimics in particular identify themselves as high achievers, especially academically. But the ironic and sad thing is that they do not see their personal worth stemming from their talents and abilities. "Achievement is seen mainly in terms of what rewards it can elicit from others, particularly men."

The question of what causes eating disorders is, Weingarten says, "the critical question." It is also probably the least easy to answer, at least from a strictly scientific perspective, which understandably seems to be the approach taken by Smye and Weingarten. According to Weingarten, there is a great deal of disagreement about causal factors. "We cannot identify a personality type, biological event, or (style of) parental rearing.

It would be easier to find some hormonal imbalance." There are biological changes, but these are caused by the disorder and not the other way around, Weingarten states. Smye is doubtful that even the cultural norm of thinness can be seen as a contributing factor. "We're all exposed to this", she points out.

Yet we're not all eating disordered.

While not espousing any factor as the precipitator for eating disorders, Gensey explores many of the theoretical explanations that have arisen. Some of these seem a little bizarre. For example, she out-lines the Marxist-feminist perspective, whereby the women's fashion industry, by designing for a very thin body, seeks to "incapacitate" women by keeping them "small, frail, and powerless." Says Gensey, "I don't buy it." There is also a hypothesis regarding the fear of maturation. "Women are (seen to be) afraid of growing up. Through this smaller body shape they stay in adolescence."

Perhaps slightly more plausible is the notion presented by the body-

image theory. Gensey, looking at which women were valued over Renaissance reproductive more highly, perhaps a well-rounded that none of familiar with to Gensey, that it that "in pre the focus," was a more important attractiveness

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