

Eating disordered behaviour

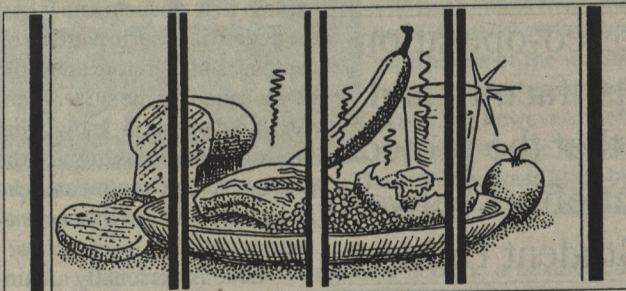
The untreated epidemic

By C.A. Schneider

EATING DISORDERED BEHAVIOURS, COMMONLY KNOWN as eating disorders, are by no means a new phenomenon; however, it is only during the past century that they have swollen to epidemic proportions. The most common eating disordered patterns are anorexia nervosa, bulimia and compulsive eating. These patterns have increased within society to the point where one out of every 50 females between the ages of 14 and 24 suffer from anorexia nervosa while thirteen percent of all university students are bulimic (87% of these are female). While the increase in the occurrence of such patterns causes much concern, there appears to be little concern about the causes of such disorders.

The most extreme of all eating disordered patterns is anorexia nervosa. This pattern is characterized by an inaccurate self-image of fatness which one attempts to change through self-starvation, compulsive exercise or use of laxatives and other drugs. Anorexia involves not only a physical change in

the sufferer, but also a complete personality change. The severe anorexic loses touch with the real world as she becomes more and more obsessed with her body and food. For the anorexic



(as with all eating disordered behaviours) food becomes the forbidden pleasure which refuses to leave her mind. The anorexic will constantly think about food, talk about food and even dream about food. Anorexia is not only the most extreme of the eating disordered patterns, but also the most deadly:

nineteen percent of all anorexics die from their disorder. The treatment for anorexia involves the development of a healthy attitude towards both food and your body through a sense of who you are and what you need to remain as that person. This process is long and tedious and often requires many attempts before it is successful.

Bulimia describes people who are deeply afraid of getting fat, but cannot control their impulses to eat. Bulimics will often go for long periods of time without eating, and then binge when their hunger finally overwhelms them. When bulimics binge it is not unusual for them to eat up to ten times the food they normally would. The bulimic usually eats only when alone since after eating, especially bingeing, the guilt drives him or her to purge by vomiting or using large quantities of laxatives so his or her body does not have a chance to digest any of the food he or she has just eaten. Bulimics tend not to lose great amounts of weight, but fluctuate above and below their normal weight. Unlike anorexia nervosa, the threat in bulimia is not as much a physical one as it is a psychological one. The bulimic, too, is obsessed with food; however, his or her obsession is much more of a love-hate obsession unlike the anorexic's hate-hate relationship with food. Bulimics, although under more psychological stress than anorexics, are more likely to realize that they have a problem and much more willing to seek help.

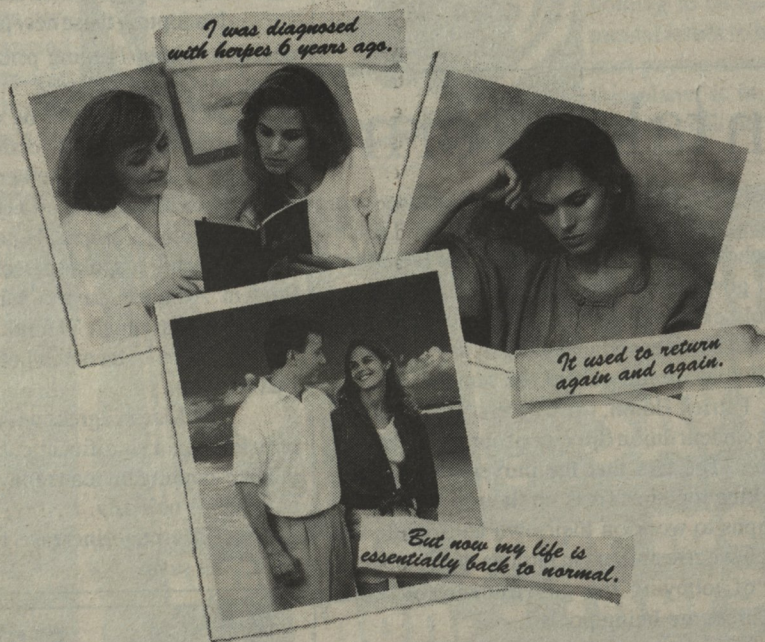
Anorexia and bulimia were the earliest forms of eating disordered behaviour to be recognized. During the thirteenth to sixteenth centuries, eating disordered patterns were considered to be a part of female piety, and women who exhibited them were miracles of God. These women often survived on only the wafer and wine of the communion sacrament. Many of these women were made saints for their devotion. As in modern day cases, anorexia and bulimia were/are often used in combination. For the anorexic who is forced to eat, the practices of the bulimic are a welcome relief from the pressure of the food or for the bulimic who has bingeed, the starvation of the anorexic is used to relieve the guilt of eating.

Compulsive eating is an eating disordered pattern of another kind. The compulsive eater is usually a person with very low self-esteem who eats for the pleasure it gives. Compulsive eaters yearn for the oral pleasure of eating and cannot control their yearnings. The compulsive eater uses food to make up for all that he or she does not like about his or herself or society. This type of behaviour is difficult to treat, although not as much as either anorexia or bulimia.

The person who exhibits eating disordered behaviour has a disorder that must be treated, yet because of the nature of all eating disordered patterns most sufferers do not get the help they need until they have hit the critical level. This level differs for each disorder; for the anorexic the critical point usually comes with the health problems that accompany dangerously low bodyweight and fat levels; for the bulimic it comes with the health problems that accompany vomiting and the use of laxatives. The compulsive eater hits the critical point when his or her obesity begins to cause health and/or psychological problems. It is only after the critical point is reached that people can be helped to recover from their eating disordered behaviour.

Eating disordered behaviour has become an epidemic in recent years because of the unrealistic demands placed on women in our society. Women are expected to be wives, mothers and career women all at once while still being slender, well-dressed and made-up. The normal woman finds this stressful; however, the perfectionist finds this impossible to deal with. She cannot be all that she feels she must be, and falls back on eating disordered behaviour to regain the control she feels she has lost. Not all women experience this lack of control; however, the ones that do are often the ones who exhibit eating disordered behaviour. The problem of eating disordered behaviour is one that must be examined much more closely to find the actual causes of the disorders that are hurting and killing women in our society.

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