

Eating Disorders Threaten Students

by Gaither Smoot

Elizabeth is a former student at Salem College. Her name has been changed to protect her identity.

Elizabeth was once an A-B student, held a student government office, was a good athlete, and maintained an active social life. She was attractive, had a nice personality, and seemed to have her fair share of dates (at least for a women's college). She also complained constantly that she was fat and overweight. I thought this was just a way to get attention and reassured her that she was wrong, but I never took her too seriously.

At the beginning of our sophomore year, after we had come back from summer vacation, Elizabeth began to diet incessantly, and not with weight watchers or any other planned program, but rather with Slim Fast.

Her weight seemed to be the only thing that she was concerned with, and her friends, myself included, took a back seat. We sort of grew apart, which perhaps made me more aware of her physical features. I noticed that she exercised excessively. She would run six miles and then go lift weights. Her diet was the pits. She never ate vegetables, only cereal and occasionally something from the hot bar or a sandwich. She did eat lots of desserts, though.

I could tell that she had lost weight, but her bones were big, which made it less noticeable. Little did I know that she had gone from 140 to 125 pounds. She did not seem healthy. Her hair was different and she always wore nail polish. The most obvious change, though, was her teeth. They were turning gray.

I gathered bits of information from people who knew Elizabeth better than I did. Apparently her grades had dropped and she was more on edge. She had become a total stranger.

On several occasions I tried to talk to her about her situation. She denied everything, made up excuses for all of my questions, and became very defensive and hostile towards me. Her roommate later came to me and said that Elizabeth had been taking laxatives but that she had no idea anyone knew.

I feared for my friend's life and decided to seek help. I went to an administrator that I trusted completely. She understood my situation and went with me to talk

to a counselor about it, but there was really nothing that we could do unless Elizabeth wanted to help herself.

It was a long process to convince Elizabeth that she had a problem, and our friendship deteriorated within a few weeks. She didn't realize that I was trying to help her.

Finally, after weeks and months, and even then only after her parents were made aware of the problem, Elizabeth sought help. At that point, she was in the critical period; she was throwing up at least six times a day.

She left school and was put in a hospital. We lost complete contact after that. I am sad to have lost a close friend such as her, but I knew that our friendship was not as important as her life.

Eating disorders -- anorexia nervosa and bulimia -- are serious diseases that are becoming more widespread in our society today. They occur mostly in females ages 16-21 who come from middle- and upper-income families. These disorders are more evident at single-sex institutions such as Salem.

It is certainly true that our society is obsessed with food and the fear of being overweight. Unfortunately, women seem to be more diet-conscious, and the risk of developing an eating disorder is much greater. According to the American College Health Association, careful dieting to lose extra weight is not "anorexia." What makes anorexia and bulimia different, and what justifies labeling them as disorders, are patterns of behavior over time which include both physical manifestation of the disorder and emotional components which conspire to make the behavior become addictive. Both are caused by emotional or psychological problems and can be fatal.

Anorexia is self-inflicted starvation. Women who suffer from it have a constant fear of gaining weight, and will not eat even when they are hungry. These victims appear to be well-behaved, are eager to please, and are good students who get along with everyone. Actually, this woman is insecure, very critical of herself, and concerned about whether or not other people like her. She has a bad self image.

Anorexia has been linked to a

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SYMPTOMS AND CHARACTERISTICS OF EATING DISORDERS

BULIMIA	-severe dieting and exercise
-dehydration because of low food intake or vomiting	-weight fluctuates drastically
-tooth and gum decay	-changes in appearance - skin reshes, dry skin, changes in texture of hair and nails, and swollen salivary glands
-salivary gland enlargement	-substance abuse
-cognitive disturbances (inability to think clearly), secondary to starvation	-muscle weakness - experiences cramps, stiffness, or numbness in arms and legs
-abuse of purgatives - excessive use of laxatives, diuretics, or diet pills	-absence of menstrual cycle
-abnormal interest in food	**many of the psychological and behavioral patterns of bulimia are similar to those of anorexia
-signs of secrecy - attempts to hide binging and vomiting	

ANOREXIA	insomnia, or other disruptions of regular sleeping patterns - these can exist apart from anorexia or bulimia
-an intense and obsessive preoccupation with the desire to be thin	-secondary to starvation: *hypothermia, because body cannot maintain heat, *constipation, because intestinal tract is disturbed by the failure to take in and retain normal amounts of food and fluid, *inability to think clearly, lethargy, etc.
-weight loss of at least 25% of the original body weight	-cavities and gum disease
-distortion of body image - the person sees herself as fat even when she is emaciated	-hair, nail, and skin problems - lack of protein may lead to dull, stringy hair (possibly excessive hair loss); brittle nails; and dry scaly skin
-no known physical illness that would account for weight loss	-growth of body hair
-extreme self-imposed dieting or strenuous exercising practices	-overuse of laxatives or diuretics
-absences of menstration - rigid dieting reduces female hormone levels and disrupts menstrual cycle - menstration ceases after 10% loss of ideal body weight	-social isolation and denial of problem
-depression, mood disturbances, feelings of chronic low self-esteem,	

THE DEVELOPMENT OF EATING DISORDERS

anorexia beginning stages				critical stage
dieting	food and diet become obsession	constant talk of weight	exhausting exercise routines	health fails inability to concentrate
bulimia beginning stages				critical stage
dieting leads to hunger	overeating begins	guilt develops, accompanied by fear	purging is discovered	binge-eating and purging becomes a habit