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Using Weight to Control the Uncontrollable

by Susan Sample

"Bulimic behavior?" Jane M. Blackwell, Ph.D., remembers how people would wrinkle their foreheads when she used the phrase in

lectures 15 years ago. "Now it's a household word.

"We thought bulimia would be gone, that it was a fad," said the clinical psychologist, who first held a therapy session on body image in 1979. "But it's epidemic."

Lynne Dickey, M.S., isn't surprised. She's watched the enrollment in her College of Health class, "Understanding Eating Disorders & Body Image," double in recent years. Many of the students have had anorexia or bulimia. It's estimated that up to 18 percent of female high school and college students nationwide have eating disorders, although local experts also treat the condition in post-partum women and those experiencing the "empty-nest syndrome." Males account for about 10 percent of the reported total, but the rate may be higher because of the misconception that boys and older men don't suffer from eating disorders.

"What a great coping strategy for our time. It's a metaphor for our current lifestyle: have everything you want, indulge yourself, but don't deal with the consequences," noted Dickey. "Bulimia is a quick fix-and it does work. It keeps weight off without starving.

"But over time, purging can be a way of losing unwanted emotions in an abusive situation, or even self-punishment."

Although anorexia nervosa was described in the 1600s and has been recognized since the 1800s, eating disorders weren't categorized until 1980. The American Psychiatric Association defines anorexia as having body weight 15 percent below normal; body-image distortion; a drive for thinness; and, in females, amenorrhea, or the absence of at least three menstrual periods. Bulimia nervosa is characterized by uncontrolled eating binges at least twice a week; purging, usually by self-induced vomiting or excessive use of laxatives; and a close link between

weight and self-esteem.

Binge eating, recognized as a syndrome about eight years ago, is still included by some in a third category: "eating disorders not otherwise specified." Binge eating is uncontrolled consumption without purging. While anorexia and bulimia usually are associated with those underweight and near-normal weight, binge eating may lead to, or enable individuals to maintain, obesity.

Although listed as psychiatric diagnoses, eating disorders include physiological changes. Anorexia lowers an individual's heart rate, blood pressure and metabolic rate. Over many years, chronic malnourishment and self-starvation can harm the heart, thyroid and digestive and reproductive systems, and seriously decrease bone density. In 5-18 percent of cases, anorexia is fatal, either from health complications or suicide.

Hormone levels also are affected by eating disorders. Anorexics have been found to have high levels of serotonin, a neurotransmitter in the brain that, when increased, causes an individual to have less of an appetite. On the other hand, bulimics may binge to raise low levels of serotonin. These findings have led researchers to speculate whether eating disorders have at their root physiological causes.

"I see the psychiatric and physiological causes like circles overlapping at some point," said Blackwell, a clinical instructor at the School of Medicine who has a courtesy appointment at the University Neuropsychiatric Institute, in addition to a private practice. Eating disorders "come with people questioning themselves and who they are and how they present themselves to the world-and then how to control that.

"Eating disorders are a way we cope with feelings; that's the psychology. But then there are physiological changes that happen, and we pair these to our moods."

"I see people trying to take control of uncontrollable situations with food, exercise and weight," agreed Elizabeth A. Joy, M.D., assistant professor of family and preventive medicine in the School of Medicine. "Eating disorders are a symptom of something else. You have to figure out what caused it."

In her class, Dickey outlines four risk factors for eating disorders. "Individual factors" include a chemical imbalance in the brain-and the possibility of a genetic mutation researchers are linking to low levels of serotonin-as well as personality traits, such as perfectionism. "Culture and the media" have a profound influence, which Joy underscored: "There are six supermodels in the world, and the rest of the female population is supposed

to look like them. That puts a lot of pressure on young girls to achieve a certain body shape."

Peers frequently reinforce that pressure. Popularity in high school often is dependent upon one's appearance, and friendship may mean imitating unhealthy behaviors. Dickey described how girls coerce each other to join "vomiting clubs" after lunch.

Family experiences also can be a major risk factor: "Listening to students' stories, I think this is a huge part of it," said Dickey. Dysfunctional communication and family dynamics, such as overbearing mothers and distant fathers, contribute to the problem. Physical or sexual abuse also lay behind eating disorders.

"Because there are so many things that cause eating disorders, the treatment is very complex and very individualized," said Joanne Haeffele, CFNP, who sees patients at the West Jordan Family Center. A clinical instructor at the College of Nursing, she also lectures graduate students on eating disorders in the nurse practitioner program. "These patients want me to tell them that, physically, they're okay. They know that what they're doing is harming themselves."

Since most people with eating disorders schedule appointments for other reasons-a physical exam, birth control, depression-Haeffele screens new patients, especially females between 13 and 30. She notes their weight and asks about anxiety, while consciously working to gain their trust. Frequently, she relies on intuition.

"Seven minutes into her history, something struck me about a patient recently. Maybe it was her body language," recalled the family nurse practitioner. "So I asked her, 'Are you comfortable with your weight?' and the tears came.

"Most healthy people will say, 'No, I want to be 10 pounds thinner.' But that's different from the distortion that eating disorders patients have. They really have an illness."

Haeffele refers eating disorders patients to a dietitian and a mental health specialist for additional care. She's sent those suffering serious medical consequences to Joy, who leads a multidisciplinary treatment team at the U Wasatch Clinic. Each week, the family physician meets with nutritionist Claudia Wilson, M.S., RD, CD, and therapist Steve Varechok, LCSW, CSCS, to coordinate patients' care.

"Multidisciplinary treatment and good communication between providers allow for a patient to hear a consistent message over

and over again," said Joy, who prescribes medications, monitors patients' health and treats their medical problems.

About 75 percent of her eating disorders patients are on antidepressant therapy. Prozac helps some bulimics stop purging by elevating their serotonin level. Zinc supplementation stimulates the appetite of many anorexics. "But medicines are like a patch," conceded Joy. "They are simply a tool to use. Hopefully, they reduce depressive symptoms, obsessive-compulsiveness and anxiety, allowing the patient to participate more effectively in therapy."

When upset, many people eat. "That's how we soothe ourselves in a primitive way," explained psychologist Blackwell. Rather than articulate anger or feelings of inadequacy when confronted with the superficiality of our culture-"the models are thinner and thinner, but we're taller and more muscular"-anorexics swallow their emotions, while bulimics purge themselves of negative feelings.

"We're flooded with the message that 'if I look a certain way, have money and a good job, then I'll be happy.' But it's not true," said Blackwell, who estimates that half of her private practice patients suffer from an eating disorder. "You have to have a relationship with yourself to be truly happy. I want to help people learn a process that will work for them. In therapy, clients learn to soothe themselves in more sophisticated ways."

She might begin by having patients label how they feel, how they see the world, how they relate to it. Through talking or writing, people need to find various strategies to cope with their feelings. She may suggest trying different ways to relax and deal with conflict.

"They need to see patterns in how they eat when they're upset," she noted. When "deeper issues" like sexual abuse are involved, eating disorders can be "a way of hating themselves they haven't even identified, a way of coping that they don't even have words for. I attempt to help them see how they developed this and have reinforced it."

Frequently, Blackwell uses a six-stage program to help patients change. From "pre-contemplation" where they deny a problem, they can move through "contemplation" to "preparation" in which they plan how changes may happen, to "practice," then "maintenance."

Relapse, another stage, is common among eating disorders patients. It's estimated that as many as 50 percent of anorexics and 33 percent of bulimics won't make full recoveries. "I don't want to believe it's not curable," said Blackwell. "It's such an

integral part of our lives: eating, or fueling ourselves. They can't afford to slip back into being so critical of themselves.

"I try to help people see that they're wonderful beings. I don't care how they look," said the psychologist, "but I can't tell them that right off. They have to learn to believe in themselves."

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