

Females Play a Weighting Game

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Communicated by Dr. Charles Harrington

ABSTRACT: "An astounding 65 million people and 85 percent of all women are dieting at any given moment." With beauty considered more important than health, females may become obsessed with dieting as early as third grade. In sports, dance, ballet, entertainment, and business the emphasis is on female thinness. Anorexia nervosa, bulimia, and compulsive overeating are three of the weighting games that women play. Often they are taught these games by their mothers or their peers.

Jennifer Crystal, 23, daughter of actor Billy Crystal, states that at Northwestern University in Evanston, Illinois, where she graduated in 1994, "bulimia was so common that the pipes in one sorority house kept getting clogged because so many people were throwing up in the sink" (People 71).

Eating disorders have increased dramatically since thinness has become a national obsession. Deluged by images from television, movies, and magazines, today's females battle an unrealistic standard of acceptable weight. According to *People* magazine: "In 1972, 23 percent of American women were dissatisfied with their overall appearance; in 1996, that figure has more than doubled to 48 percent" (66). "An astounding 65 million people and 85 percent of all women are dieting at any given moment" (Lemberg 65).

There are three basic types of eating disorders: anorexia nervosa, bulimia, and compulsive overeating. Victims of anorexia nervosa relentlessly pursue extreme thinness and lose so much weight that they may literally starve themselves to death. People with bulimia go on frequent eating binges during which they uncontrollably consume large quantities of food and then force themselves to vomit or use other measures to rid themselves of whatever was eaten. Compulsive eaters are similar to bulimics except they overeat to excess without the compensatory behavior.

Anorexia nervosa is the most medically serious and least understood of all the eating disorders. Typically anorexia begins after a person wants to lose "just a few pounds", and subsequently receives positive feedback on her svelte figure. Approximately 90 to 95 percent of all cases of anorexia nervosa occur in females, and although the disorder can appear at any age, the peak age of onset is between 14 and 18 years (Comer 414).

Look at this child with twigs for legs who complains about the fat on her thighs. She spends hours in front of the mirror measuring her body. She has long lists of bad foods and a short list of acceptable foods. Her total intake for the day may be a lettuce leaf and a can of diet pop. Another day she may eat an apple and half a carrot.

(Katherine 158)

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British model Kate Moss has made millions of dollars from her 5 foot 7 inch, 100 pound figure. Young impressionable girls want to be 'perfectly thin' like her. They perceive her popularity as a perfect example of how women are rewarded for being thin (Arbetter 8).

Anorexia is present in approximately 1 to 5 percent of the female population (Rock). Victims frequently grow up in families in which there is an extraordinary emphasis on achievement and external appearance. They generally are described as perfect children, obedient, straight "A" students, even though they actually have a low opinion of themselves and consider themselves unattractive (Gordon 16). Psychologically, anorexics often feel that eating or not eating is the only area of their lives that they can control. As the anorexic loses weight and gains attention for the weight loss, she may have her first feeling of success and accomplishment.

The starvation habits of anorexics can cause a myriad of medical problems. Consequences such as low blood pressure, slow heart rate, metabolic and electrolyte imbalances, and absence of menstruation can occur. Severe nutritional deficiencies may cause significant changes in the appearance of skin, hair, and other body parts. The skin may become dry, rough, or cracked. Nails may become brittle, and hands and feet may be cold. Hair loss from the scalp is common in some people; others may begin to see a growth of fine baby hair [lanugo] on their face and body. This is an evolutionary defense mechanism of the body to keep itself warm and protected (Comer 416).

The ultimate consequence of anorexia is death. Between 5 and 18 percent of anorexics literally starve themselves to death (Comer 414). Perhaps the most publicized victim of anorexia nervosa was Karen Carpenter, the singer who developed this disease at the height of her career and died from its related medical complications.

Bulimia comes from the Greek word *bous limos*, literally meaning "ox-like hunger" (Arbetter 11). Bulimia has also been called the binge/purge syndrome. Like anorexia nervosa, bulimia predominantly occurs in females and starts after a period of intense dieting. The weight of people with bulimia commonly stays within the more normal range. More prevalent than anorexia, bulimia usually develops in the early twenties and affects between 2 and 18 percent of all females (Rock 78).

Binge eating is the central feature of bulimia. Binges are usually carried out clandestinely. The person gobbles down massive amounts of food very rapidly with minimal chewing. Binging can involve consuming as many as 20,000 calories at one sitting, or smaller binges can be undertaken up to ten times a day (Rock 78). During the binge, the person feels unable to stop eating. A binge typically ends within an hour or two, usually because no more food is available or because of stomach discomfort or pain. Although the binge itself may be pleasurable, it is followed by feelings of shame, depression, and guilt. Food is both the enemy and the best friend (Gordon 113).

After a binge, people try to compensate for its effects by ridding the body of the food consumed. Vomiting, laxatives, and diuretics are the usual methods of purging. Over time, a tolerance to laxatives builds, leading to the use of extraordinarily large quantities, such as over 100 doses a day (Lemberg 5). Enemas and excessive exercise can also be employed as expulsion methods.

Self induced vomiting is used by 80-90 percent of bulimics (Rock 84). The daily vomiting washes their teeth and gums in hydrochloric acid, leading to serious dental problems, including receding gums, breakdown of enamel and loss of teeth. A person who vomits repeatedly may tear the wall of her esophagus, cause internal bleeding, or be deficient in important vitamins and minerals. This malnutrition can lead to death.

In one college, girls become candidates for the P.O. Club, by a group binge and communal purging. Kathlene Zerbe offers this scenario in her book, *The Body Betrayed*:

Over the first semester, Sophie, a college freshman, noticed how the pounds began to add up, but it seemed like a small price to pay for feeling more confident and less lonely. Innocently, she believed that nobody noticed, but two girls did. One evening they came to Sophie's room and told her she was about to be initiated into a special group. That night, Sophie's initiation into the P.O. Club included stops at Dunkin' Donuts, Pizza Hut, and Baskin Robbins, gorging on various treats along the way. Finally, Sophie shouted that she simply couldn't eat another bite and begged to be driven back to the dormitory. One of the girls reassured her that her discomfort could be handled, and the two seniors took their new initiate to a dumpster, where they proceeded to ram their fingers down their throat and instruct Sophie on the easy way to purge. At first repelled by the technique, Sophie found that the vomitus began to pour out of her quickly and easily. Suddenly she felt 'as though I had found a miracle' because she could eat what she wanted without any guilt. Sophie had become a successful pledge of the Pig Out Club (Zerbe 30).

People with compulsive eating disorders tend to be older than those with anorexia or bulimia. In general, they are more likely to have been overweight as a child, and have a history of weight cycling or "yo-yo" dieting. They have a distorted and negative body image, a preoccupation with their weight, food, and eating, and strong impulses to overeat without restraint. Victims of compulsive overeating have what is characterized as an "addiction" to food (Katherine 13). "These binge eating episodes typically occur 3 to 5 times a week, with some episodes lasting for a full day (sometimes referred to as 'grazing'). Research suggests that "loss of control" is a key feature of compulsive eating" (Lemberg 19).

Carol's just learned she landed the job of her dreams, and she rushes home to call friends with the news. But instead of reaching for the telephone, she reaches into the refrigerator. As she pours milk into a bowl of cold cereal, she can't remember the last time she felt so excit-

ed. She pours a second bowl of cereal, then a third. Returning the milk to the refrigerator, she spots the makings of a ham and cheese sandwich and proceeds to build one. She puts a handful of corn chips on her plate. After the third handful, the bag is nearly empty so she pours the crumbs straight into her mouth. She reaches into the freezer for a Fudgsicle, heads for the living room and turns on the TV. Finally, as she reclines sleepily on the sofa, she feels herself calming down.

(Gionta 52)

The psychological traits of compulsive overeaters are very similar to those of both anorexics and bulimics. They tend to experience anxiety, perfectionism, and low self-esteem. To other people, they may appear happy and content; however, when alone, compulsive overeaters describe themselves as sad, lonely, and frustrated. Compulsive overeaters attempt to ensure acceptance by becoming "people pleasers" and placing everyone else's needs before their own (Lemberg 20).

Dr. Robert Spitzer, a psychiatrist who specializes in binge eating disorders, estimates that the disorder affects about 2 percent of the general population and that approximately 30 percent of the people enrolled in weight loss programs are compulsive overeaters (Gionta 52). A person suffering as a compulsive overeater is at risk for heart attack, diabetes, high blood pressure, high cholesterol, kidney failure, or stroke.

In the past, it was thought that the onset of eating problems occurred exclusively in adolescence. It is now known, however, that problems can develop at any time in a person's life. John Foreyt, PhD, author of *Living Without Dieting*, recalls a patient with bulimia who was concerned about her two-year-old daughter. "The little girl was imitating her mother by pretending to vomit after she ate," writes Dr. Foreyt. "If mothers constantly diet or put down their bodies, there is a good chance that their daughters will learn to do that too" (Woodman 72). Although Dr. Foreyt's example is atypical, an increased preoccupation with thinness has been observed as early as third grade. "50 percent of nine year old girls have dieted" (*People* 71). An innocent remark by unsuspecting relatives such as "My, how big you are getting," or "You must have **really** been hungry to eat all that," may be the catalyst for obsessive food reduction. Children in early elementary grades perceive "being fat as worse than being disabled" (Lemberg 70).

At Yale University, a study showed that girls who develop eating disorders as teenagers are likely to have mothers who are also preoccupied with their weight (Woodman 72). Kim Chernin, offers an example of this tendency in *The Obsession*:

Two girls come into the exercise room. They are perhaps ten or eleven years old, and they are particularly skinny. The taller one steps on the scale, glances at herself in the mirror, and then looks down at the scale. She sighs, shaking her head. I see at once that this girl is imitating someone. The sigh, the headshake are theatrical, beyond her years. 'Oh God,' she shrieks, 'would you believe it? I've gained five pounds.' (21)

Weighting Game

Girls are most likely to become preoccupied with dieting and body image during their high school and college years. College, in particular, is a breeding ground for eating disorders (Gordon 47). The unstructured environment, social and academic competition, concern about appearance, and capricious eating conditions all factor into the pervasiveness of anorexia and bulimia. In *The Beauty Myth*, Naomi Wolf states that one in five college girls is anorexic. She further states that "of ten young American girls in college, two will be anorexic and six will be bulimic; only two will be well. The norm then, for eight out of ten young, middle-class females, is to suffer some type of eating disease" (182).

Eating disorders may also develop later in a woman's life. Competition with younger adversaries for career advancement may instigate a fixation with weight. Furthermore, with the high rate of divorce, many women are finding themselves back in the dating game in their forties and fifties. They may begin to think that, in order to find another mate, they must have a flawless body. To regain their self-esteem, they try to control the one area of their lives that they can, their weight (Older Women i).

Dieters equate thinness with happiness and success (Lemberg 5). "By the time it is apparent that a person suffers from anorexia, bulimia, or compulsive overeating, the complex disorder already has a strong grasp on its victim emotionally" (Fishy 1). "Food addiction, like alcoholism, is a progressive disease that goes from pleasure to problem eating and finally to addiction, as the individual loses control over what and when to eat" (Gionta 52). The primary concept that must be recognized by family, friends, and the general public, is that people can and do become addicted to food. "All addictions are caused by anxiety, and all addictive substances, including food, are tranquilizers that serve to mask our anxiety. The reason most diets don't work is because they treat the symptom (eating) rather than the cause (anxiety)" (Callahan 13). Too many people believe eating disorders are only about food and weight issues, when in reality the eating disorder is just a symptom of underlying problems. These problems must be dealt with before the person can be emotionally ready to establish a healthy eating pattern. "Words like 'just go on a diet' are as emotionally devastating to a person suffering from Compulsive Overeating as 'just eat' can be to a person suffering from Anorexia" (Gordon 47). "The number one thing you can do to help someone suffering from an eating disorders," recommends Amy Fishy, "is to *listen*" (2). Criticizing does nothing for the victim emotionally, often leaving them feeling childish, out of control, disapproved of, scolded, or like a failure. Eating disorder victims already suffer tremendous amounts of guilt for their actions.

The severity and duration of problematic eating behaviors are key indicators as to whether or not a person needs professional help. For acute cases, the best resource is a team of doctors and psychotherapists (Lemberg 5). It takes time, patience, and support to recover fully from an eating disorder. People may need two or three years to develop a new relationship with food, themselves, and others (Naples 3). "There are 7 million females in the United States with eating disorders" (Arbetter 6). With recognition, love, patience, and understanding, the majority of them can be helped. Ending the secrecy and stigma associated with eating disorders is the first step towards recovery. Perhaps some day, when *the fat man sings*, the Weighting Game for females will finally be over.

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