Anorexia Nervosa Essay, Research Paper

In American society women are given the message starting from a very young age

that in order to be successful and happy, they must be thin. Eating disorders

are on the rise, it is not surprising given the value which society places on

being thin. Television and magazine advertising that show the image of glamorous

and thin model are everywhere. Thousands of teenage girls are starving

themselves daily in an effort to attain what the fashion industry considers to

be the ideal figure. An average female model weighs 23% less than the

recommended weight for a woman. Maintaining a weight 20% below your expected

body weight fits the criteria for the emotional eating disorder known as

anorexia (Pirke & Ploog, 1984). According to medical weight standards, most

models fit into the category of being anorexic (Garfinkle & Garner, 1990).

Physicians now believe that anorexia has existed for at least 300 years (Pirke

& Ploog, 1984). It was however only about one hundred years ago that

Professor Ernest Lasegue of the University of Paris finally identified anorexia

as an illness (Pirke & Ploog, 1984). The term "anorexia nervosa"

literally means nervous lose of appetite. Most researchers and physicians agree

that the number of patients with this life threatening disease is increasing at

an alarming rate. Garfinkle & Garner define anorexia as ⌠an emotional

disorder characterized by an intense fear of becoming obese, lack of self-esteem

and distorted body image which results in self-induced starvation (1990). The

development of this disease generally peaks between the age of 14 to 18 but can

occur later in life and is not uncommon to see it in women in to their early 40`s.

Recent estimates suggest that 1% of American girls between this age span will

develop anorexia to some degree (Garfinkle & Garner, 1990). It has also

propagated in many college campuses, and it is spreading. Studies have shown

that nearly 20% of college women may suffer from anorexia or bulimia (Pirke

& Ploog, 1984). The disease develops slowly over a period of months to years

during which the sufferer changes her eating patterns to a very restricted diet.

As stated previously above, an anorexic is diagnosed by having a body weight 20%

below the expected body weight of a healthy person at the same age and height of

the eating disorder patient. The anorexic may often becomes frightened of

gaining weight and even of food itself. The patient may feel fat, even though

their body weight is well below the normal weight for their height. Some may

even feel they do not deserve pleasure out of life and will deprive themselves

of situations offering pleasure, including eating. This fear becomes so

difficult to manage that the sufferer will gradually isolate themselves from

other people and social activities. This happens so the sufferer can continue

the exhausting anorexic behaviors. Although the mortality rate is high (30% of

anorexics will eventually die from the disease), approximately one third are

able overcome the disease with psychiatric help (Pirke & Ploog, 1984).

Warning signs to look for in someone you suspect of anorexia. Physical signs are

intolerance of cold due to the absence of the body`s natural insulator (fat),

dizziness and fainting spells, dry skin, loss of muscle, and the most obvious, a

weight loss of about fifteen percent. There are also behavioral changes in a

person when they becomes anorexic including restricted food intake, odd food

rituals, an increased fear of food, hyperactivity, dressing in layers, and

regular weighing. Some "odd food rituals" include things like cutting

food into small pieces, counting bites or even talking to their food. Anorexics

are not repelled or revolted by food, in fact their minds are often dominated by

thoughts of food. While the exact cause of anorexia is still unknown, a

combination of psychological, environmental, and physiological factors is

associated with the development of this disorder (Cove, 1998). The most common

cause of anorexia in a woman is an incorrect self-perception of her weight.

Anorexics feel as if they are heavier than the others around them, and believe

the quickest way to lose weight is to simply stop eating. Anorexia survivor

Nanett Pearson (Miss Utah 1996) explains I became obsessed with body image. I

kept journals and in one pathetic passage I described how I went for sixteen

days on water, and only about two glasses a day (1998). At first, this method

may seem to work and the subject loses weight, but their bodies will soon adjust

to the lack of food it learns to use the energy it receives more efficiently.

Ironically, starvation is a very inefficient way to lose weight. When a person

stops eating, their body goes into an emergency conservation mode burning very

small amounts of energy, food is then stored away as fat until more food is

obtained. Another factor contributing to anorexia is the need to obtain

perfection. A perfectionist desires excellence in all aspects of their life.

When they cannot achieve perfection in their endeavors, they punish themselves

by restriction or starvation. Anorexics may also desire control over their

lives, including their physical and emotional surroundings. Miss Pearson

explains this I loved the power I felt in starving myself (1998). People who

fall in to the trap of anorexia often feel they have a lack of control over

their lives and the only thing they can control is what they eat. They have

control over their body and eat exactly what they want and as little as they

want. It is common for an anorexic to feel a high from periods of starvation.

Overall, anorexia can have a very numbing effect and give its victims a feeling

of power over their own emotions. Deep emotional conflicts can also contribute

to the disease. When a child (or any person) is told that they are fat, ugly or

dumb often enough they begin to believe it. As a woman grows into an adolescent,

comments such as fat, ugly, dumb tend to take greater effect and when she looks

in the mirror she begins to see only what others tell her to see, at fat, ugly,

dumb girl. This image will prevail even when anorexia has brought a persons

weight down to the point were the person is at risk of death. The effects of

anorexia nervosa are severe and sometimes irreversible. It can cause changes

externally, internally, and psychologically. The external changes include

obviously dramatic weight loss but also can include rotting teeth, receding

gums, dry skin, fainting spells, hair loss, and growth of fine body hair on face

and back. The internal changes include loss of menstrual cycle, infertility,

headaches, swelling, loss of bone density, kidney infections, liver damage,

constipation, diarrhea, extreme temperature sensitivity, cramps, poor

circulation, dehydration, low blood pressure, slowed or irregular heart rate,

bowel tumors, hypoglycemia, throat infections, and low blood sugar (Pirke &

Ploog, 1984). Psychologically, the anorexic suffers with isolation from others,

mood swings, insomnia, hyperactivity, low self esteem, fatigue, depression,

self-hatred, electrolyte imbalance and loss of sexual desire. 30% of anorexics

will either die from complications due to the eating disorder or commit suicide

as a result of the emotional turmoil caused by anorexia in their lives (Pirke

& Ploog, 1984). Many support groups and associations are helping the fight

against anorexia and other eating disorders. The Anorexia Bulimia Nervosa

Association (ABNA) and the National Association for Anorexia Nervosa and

Associated Disorders (ANAD) are major organizations in the fight against these

disorders. These groups are paving the way for research and new and better

treatments. These groups help in providing family counseling and psychotherapy.

Treatment for anorexia nervosa usually consists of nutritional therapy,

individual psychotherapy, and family counseling. A team made up of

pediatricians, psychiatrists, social workers administers treatment. Some

physicians hospitalize anorexia patients until they are nutritionally stable,

while others prefer to work with patients in a more safe and secure family

setting. The most urgent concern of the physician is getting the patient to eat

and gain weight, this is accomplished by gradually adding calories to the

patient`s daily intake (Cove, Judy). When hospitalized, privileges are sometimes

granted as a reward in return for gaining weight. Individual psychotherapy is

also necessary in the treatment of anorexia to help the patient understand the

disease process and its effects. Therapy focuses on the patient`s relationships

with her family, friends, and the reasons she may have fallen into the trap of

anorexia. As a patient learns more about their condition, they are more often

willing to try to help themselves recover. In treating anorexia nervosa, it is

extremely important to remember that immediate success does not guarantee a

permanent cure. Many times, even after successful hospital treatment and return

to normal weight, patients suffer relapses. Follow-up therapy lasting three to

five years is recommended if the patient is to be successfully treated (Cove

1998). Finally I have a few words to say. Anorexia Nervosa is a debilitating and

cruel disease that targets hundreds of thousands worldwide and kills thousands

each year. If you know of someone with it or if you just have suspicions please

try to get them some help through one of the many organizations out their.

Anorexia nervosa is very treatable. With earlier detection and a comprehensive

treatment plan the successes rates are high. Anorexia is more treatable then

cancer. So I urge you don`t wait, act now.

Cove, Dr. Judy. (1998). Anorexia Nervosa General Information. Mental Health

Net. (http://www.cmhc.com) Pearson, Nanett. (1998) A Personal Recovery Story:

Starving for Attention. Laureate (http://www.laureate.com/) Pirke, K.M., &

Ploog, D. (Eds.). (1984) The Psychobiology of Anorexia Nervosa. New York:

Springer-Verlag. Thompson, Colleen. (1996). Society and Eating Disorders. Mirror

Mirror. (http://www.mirror-mirror.org/) Garfinkle, P. E., & Garner, M.

(1990). Anorexia Nervosa: A multi-dimensional perspective. New York: Guilford

Press.