A Paper

Anorexia Nervosa

Eating disorders can take root in a person for a wide range of reasons, but it should be noted that for whatever reason it is that the eating disorder develops, there tends to be a common beginning as well as a common end. Goodwin describes this beginning to be "the decision to start dieting, and this is an individual choice conditioned by social attitudes, beliefs and customs. The eventual emergence of a fully developed disorder seems to require unusual additional vulnerability in the individual patient (249)." This additional vulnerability is further discussed by Hornbacher as having "no sense of physical integrity- a sense that your own health is important, that regardless of shape …requires care and feeding and a basic respect (108)."

One point that can never be overemphasized is the romanticizing of anorexia. For one to be considered an *anoretic* is a prize in itself. There is such a great deal of pride attached to the term that it effectively ignores any other form of an eating disorder. In Marya Hornbacher's memoir she writes, "because I was not *visibly* sick, the very *picture* of sick, because I did not warrant the coveted title of Anoretic, I was embarrassed (153)." This negative attitude is present all too often among anoretics. However, I found it to be very striking that in a scholarly publication this attitude also seemed prevalent. Goodwin writes that bulimics "are usually of normal body weight and display instead of *successful self-starvation* as in anorexia nervosa, binge eating with

compensatory behavior such as vomiting or purgative abuse (249).” The wording of this was very shocking, but also very exemplary of what society is imposing on people.

In much of the published literature on anorexia nervosa, many experts on the topic agree that a very likely possibility of why such an eating disorder develops in a person is because they wish to have control, leading to another widely attributed feature to those with anorexia-- perfectionism. The fact that one is able to have *control* over this aspect of life is intriguing to many. Furthermore, there is also the wide misconception that thinness equates wealth, success, and most importantly, happiness, as well as that males are not affected by anorexia nervosa, which is very far from the truth. In fact, when programs fail to acknowledge this fact, they are making it harder on those males who are already dealing with eating disorders. Strikingly enough, in another scholarly publication, I found this view to be expressed as well. In the study done by Suzanne F. Abraham and others clearly stated in the methodology section of the research paper that the study was performed on an all female population. Perhaps this was done for uniformity and to keep “all things equal,” however, this is also exemplary of the attitude that society has in regards to anorexia and males.

Regardless of society’s role in this, once the eating disorder has set in there are innumerable resulting effects. For simplicity, we will divide the aftermath to be either physical or psychological. However, it should be noted that resulting difficulties overflow into behavioral, emotional, psychological, social, and physical aspects of one’s life- just to name a few. It would be beneficial to first discuss the social factors that affect a person and make them vulnerable to developing anorexia nervosa.

Physically, Goodwin states that the first sign that should raise alarm is the onset of amenorrhoea- “amenorrhoea is an inevitable complication of sever weight loss, whatever its cause. However, it may also occur as a consequence of marked changes in diet or levels of exercise *before* prominent weight loss (249-250).” The fact that amenorrhea is the result of a change of diet means that it would be able to indicate any kind of eating disorder. In fact, there is often amenorrhea among bulimics, as well. Many anoretics also suffer diabetes, liver and kidney damage, permanent loss of bone mass, irregular heartbeat, cardiac arrest, and even death (ANRED). The Board of Trustees of the University of Illinois also points out throat problems, puffy cheeks and broken blood vessels in eyes. Such a wide range of areas in one’s body are affected, it is a shame that not many doctors were aware of these symptoms in recent history.

Furthermore, for females who wish to have children and have anorexia it is commonly very problematic. “Studies also indicate that undernourished moms give birth to children at increased risk of major affective disorders (depression, manic-depression) when they reach adolescence and adulthood (ANRED).” These complications aren’t unlikely nor are they to be taken lightly. Physically a woman may become in danger when becoming pregnant, however, she may also become psychologically in danger after or during pregnancy.

Psychologically, a pregnancy may make a woman feel out of control. This can easily lead to deep depression because of the weight gain as well as because of guilt as to the possible complications that could affect the unborn child. Pregnancy in an anoretic woman is a very difficult and a complicated situation. There is even the possibility that the mother will either want to underfeed her child to keep them thin, or

conversely, overfeed them to prove themselves a nurturing parent (ANRED). Either way, this is a psychological problem that the mother would be dealing with and would translate into a physical problem for their child. That is where the area of the aftermath becomes a little blurred.

Furthermore, with the popularity of eating disorders as well as the massive amount of literature written on anorexia we have become more attuned to anorexic-type behaviors. For instance, counting calories is very often associated with anorexia nervosa. Many assume that anoretics just don't eat, but that's not true. They tend to eat under very elaborate rules, which Hornbacher goes into details in her memoir. Another common result of anorexia is the development of mania. Hornbacher states that "mania is easy when you're not eating… you must keep yourself awake because if you fall asleep you're nor burning calories and not getting anything done (114)." This becomes a consuming part of the everyday life of an anoretic. An anoretic is also highly likely to develop compulsive behaviors, as mentioned before. The rules are very elaborate and "rituals dictate most activities (ANRED)."

Conclusively, treatment as well as recovery is indeed possible, but having a long-set eating disorder causes long-term effects on your body physically as well as psychological. ANRED states that "with treatment, about sixty percent (60%) of people with eating disorders recover." There are varying degrees of difficulties involved with treatment due to the intensity of being an anoretic. However, it is imperative that one seeks help. There are higher risks within certain diseases, varying degrees of general frailty, weakness and fatigue. Behaviors may change, thoughts can become clear, but the longest lasting effect is the memory that will always remain.

Works Cited

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