Anorexia Nervosa
By Jacqueline Spahn

“I looked across the table and saw my daughter just sitting there. She was looking at her dinner like it was a pile of trash. A look of disgust came across her face and I thought to myself, ‘I am sitting here watching my daughter die.’ For the first time in my life, I felt helpless. That is when I knew this problem was something that I could not fix by myself.”

--Ann Smith*, the mother of a girl who suffered from anorexia

When Jane Smith* was nine years old, her only concern should have been which sparkly nail polish to wear or which board game to play. Instead, this little girl was concerned about her weight. Eating cupcakes with her friends used to be her favorite thing. Over time, however, meal times became the worst part of the day. Jane* would chew and chew until the food turned into liquid. She would close her eyes as she swallowed. Many times she would go to the bathroom in order to escape her meal. Jane* Smith suffered from anorexia nervosa. Anorexia Nervosa, a common disease among women, is defined as the refusal to maintain a normal weight because of lack of food.

History of Anorexia Nervosa

Anorexia can be traced back to the fourteenth century. In the Medieval times, women would starve themselves because of their religious beliefs. The people during that time period would punish themselves in order to be pure for the next life. It was not uncommon for most of the women to only eat a handful of food a day. These practices were eventually stopped by the Reformation because some people believed that starvation could be a sign of demon possession (Robbins 16-18).

In the nineteenth century, two physicians discovered the term anorexia. Charles Lasegue, a French neurologist, first used the term in 1873. He believed that anorexia was caused by emotional conflicts between the patient and his/her parents. Sir William Gull, the second physician, served as a medical consultant to Queen Victoria. He took photographs of his patients and discussed with his colleagues the best way to treat the patients (Robbins 16-18). Although physicians knew about the disease in the 1870’s, the public did not know about it until the 1970’s, when a series of articles were published about women who refused to eat (Brumberg 8).

During the 1970’s, more and more magazines began to publish articles about the mysterious starving disease. The amount of coverage has increased within the last 20 years because scientists have proven that anorexia nervosa is fatal. Many reports have shown that there has been a drastic increase since the Great Depression and World War II. Over the past two decades, more cases of anorexia have been reported. In one case, the number of anorexia cases in Monroe County, New York doubled between 1960 and 1976. (Brumberg 8-11) Doctors in America today have found that 1% of American teens have an eating disorder. This number may seem small to some people, but doctors calculated that five to ten million people have an eating disorder in America (Teens Health).

Physical Effects of Anorexia Nervosa

Anorexia nervosa is a disorder described by a great weight loss, dread of gaining weight, and strange eating patterns. Most of the time, anorexia is thought to be associated with young women. Current studies
have shown that anorexia can occur with both men and women and at any age. No one is safe from this mental disease. The American Psychiatric Association reported in 1993 that 90 to 95 percent of the cases of anorexia are female. Anorexia also usually begins in the teenage years. (Robbins 25-26)

Anorexic patients usually look like a skeleton. The anorexic person, however, views himself/herself as overweight. The patient starves himself/herself. (Robbins 26) Clinicians will diagnose someone with anorexia nervosa if he/she is 15 percent below the recommended body weight for height and age. (Kramer 52) The physical effects of anorexia are often life-threatening. The heart will no longer work at its best ability. Blood pressure and the patient’s pulse fall to extremely low levels.

Echocardiograms, which are tests to observe the activity of the heart, may have defects. The heart may even shrink in size due to starvation. The patient’s digestive system is also harmed. Patients usually have stomach pains, constipation, and his/her bowel may become less active. The patients also feel full too soon after eating (Robbins 26-31).

Patients may also have hypoglycemia, which is when low levels of sugar are in the blood stream. If the patient is a women and she has started her period, her menstrual cycles will be disrupted, which can cause complications. Anorexic patients usually feel cold because they do not have enough fat on their body to keep them warm. Their bones become thin and brittle. If anorexia occurs during the patient’s teenage years, bones will be fragile once they become an adult. The bones will not develop to their best ability and can be easily fractured (Robbins 26-31).

Anorexic patients also have problems with their skin. The skin becomes dry and cracked, and many times the skin will have a bluish or yellowish tint. Toenails and fingernails become brittle and the patient’s hair may become thin. Lanugo hair, a fine type of hair, tends to grow on the patient’s neck and face to keep the body warm. This hair may also grow on the arms and legs, which was in the case of Jane Smith* (Robbins 26-31).

Anorexia nervosa patients also may have mild anemia because of the reduction in the number of circulating red blood cells. Swollen joints and light-headedness are other symptoms. Patients also tend to be very thirsty. Their immune system becomes weak and it is hard for them to fight infections. Patients also may have a shrinking brain, which can cause personality changes. An experiment was conducted in Australia where forty-six patients diagnosed with anorexia nervosa were compared to forty-one other patients who had a normal weight. The study shocked many people when it proved that anorexia nervosa patients have many brain abnormalities. Anorexic patients also have a hard time paying attention and their memory is weak (Robbins 26-31).

It is hard to say which problem is probably the worst for the patient, but doctors have determined that the damage to the heart is life-threatening. Most patients die because their heart is too weak and is missing important nutrients. Death may even occur abruptly (Robbins 31).

**Emotional and Behavioral Effects of Anorexia Nervosa**

A person who has been diagnosed with anorexia nervosa usually tries to hide his/her condition from the people around them. They
mostly think about what to eat or what not to eat and how to keep their problem from coming out to the public. If someone confronts a person dealing with anorexia, he/she may become very argumentative and defensive. Many of them feel depressed, lonely, and they have trouble sleeping because they are constantly thinking about their weight. Anorexic patients do not view themselves as being thin. They usually think that they are extremely overweight. Even if people try to tell them to stop, they can’t.

In many studies, patients will play with their food in order to avoid eating it. They will cut the meal into tiny pieces and chew very slowly. Many times they would prefer to eat alone, where no one would watch them. They become extremely isolated. In some cases, the patient will even cook huge amounts of food for others, but not for himself/herself. They deny cravings for food and never admit to being hungry. Instead, they focus their attention onto something else. Many times it is extreme exercising. They focus their entire day on how long they worked out, how many calories they lost, and how many calories they ate that day. A person with anorexia will exercise more than he/she eats (Thurston 12-13).

**Spiritual Effects of Anorexia Nervosa**

Many scientists are still having difficulty finding the spiritual effects of anorexia nervosa. Generally they believe that many individuals will loose their faith and many think about suicide. That is all of the information that they have at this point in time but they are studying more documents to find more information about the spiritual effects.

In the case of Jane Smith*, there were religious struggles throughout the period of time that she was diagnosed with anorexia. Jane* came from a strong, Catholic family but the mother, Ann Smith*, admitted that it was a difficult time. She did not want her daughter to loose faith and feel like she was alone, which many anorexic patients do feel like. Ann Smith* prayed every night to God and asked him to give her enough strength to help her daughter. Their belief in Christ has helped the family through the fight to beat anorexia.

**Psychological Patterns**

Scientists and counselors who have worked with anorexic patients usually find the same sort of psychological pattern. There is always a “drive for thinness” and usually the person is a perfectionist. If their body is perfect then all of their problems will be solved. If they starve themselves to be thin, then they will be pretty and society will accept them. Being thin is viewed as being beautiful, while being overweight is considered unattractive. The way a person becomes overweight is when they eat too much food. Anorexics view food as the enemy (Robbins 35-37).

Anorexia usually begins when a young person experiences a sudden change or has more demands from life. The person decides to become a perfectionist, which is a huge factor involved in anorexia. A perfectionist is a person who sets high goals for himself/herself. Anorexics are perfectionists because they set outrageous weight goals and calorie restrictions. They become obsessed with the idea of being thin and many have certain rituals that they perform. Some may cut their food into a certain amount of pieces before eating it.

Others may not allow the fork to touch their mouth (Robbins 35-37). In the case of Jane Smith*, she would chew the food until it dissolved into her mouth or until it turned into a liquid. This ritual took up to an hour in many cases.

**Who is to Blame?**

Anorexia nervosa is thought to have been caused by society’s desire for thinness, the family of the patient, and the genetic make-up of the patient. According to the *IDEA Fitness Journal*, the media in the past few years has been focusing on childhood obesity. The media wants to warn parents about keeping their kids healthy but it may be causing more harm than
good. Although the obesity rate is rising, the number of eating disorders is also rising. People, especially teens, will start unhealthy eating behaviors and many of them could soon become life threatening. The journal also stated that, “Males are more likely to feel too thin, whereas girls express more concern about feeling fat.” This shows that the body image differs between genders.

The idea of beauty also differs from each culture. European and Spanish cultures think a woman is beautiful if she has curves. In America, however, a woman is beautiful if she looks like a stick. Teenage girls look at models and say, “I wish I could be that thin.” Advertising companies use the terms, “bean lean,” “narrow as an arrow,” “pencil thin,” and “slender as the night.” (Robbins) There is also a stronger push for women to be thin. Women were brought up to think about relationships and be aware of how they look. Women want to feel attractive and most women feel that being thin will make them attractive (Robbins 82-91).

The family of the patient has also been blamed for causing the disorder. Charles Lasegue, a French neurologist, believed that anorexia was caused by conflict between the patient and his/her parents. Mothers of anorexic patients have been described as overbearing and controlling. Fathers are not as close to their children. The patient feels like they are separated from their family and families with an anorexic patient often times have trouble dealing with conflicts. The family usually has trouble communicating with one another and the patient often feels like the parents reject them or look down upon them (Robbins 82-91).

Some patients feel like their parents are getting in the way of their plan to get thin. One girl was outraged that her parents were making her see a therapist. She is reported saying, “I’ll show them—I’ll get there.” (Robbins 34).

In recent studies, scientists have discovered that anorexia may be genetically linked. In the Journal of Psychiatry and Neuroscience, scientists have conducted experiments on twins to see what genes or chromosomes the disorder may be on.

Although society and the family may influence the eating disorder, they do not necessarily cause the disorder. Researchers have found evidence that some individuals are more likely to suffer from an eating disorder than other individuals. Patients who suffer from eating disorders usually have other family members who suffered from some sort of disorder. The study stated that, “Relatives of patients with eating disorders have approximately a 10-fold greater lifetime risk of such disorders that relatives of unaffected people.” Anorexia nervosa is also 3.6 times more likely to affect a prematurely born baby further on in life and mothers who have suffered from a disorder are more likely to give birth to a premature baby, a baby with abnormalities, or have a miscarriage.

Scientists have conducted many tests on twins and they have been able to calculate the heritability. Anorexia nervosa heritability estimates have ranged from 33 percent to 84 percent, according to the Journal of Psychiatry and Neuroscience. Recent tests have proven that the S allele is associated with personality disorders and character traits. The tests also show that anorexia nervosa is more susceptible on chromosome 1. This is leading the scientists closer to discovering which genes and alleles the disorder is located on.

Treatment for Anorexia Nervosa

![Image of healthcare professionals]
Families who have an anorexic family member need to get him/her help as soon as possible. Without treatment, the disorder is fatal. One out of 10 anorexics die from complications due to their disorder. Treatment will not always be easy because many anorexics will not want to receive treatment. Many patients will deny that they have a problem. The parents need to play a vital role in the recovery. Some parents believe that they can handle the disorder by themselves, but they need to seek medical attention. The longer the disorder is put off, the harder it will be to overcome (Robbins 69-73).

It is also important for the physicians to be sensitive while talking to the patients. The doctors need to focus on the nutritional issues. The goal of treatment is to get the patient back at a normal weight level. If the disorder has just begun, it can be treated in the doctor’s office. If it has been a problem over a large period of time, it may be best to treat it at the hospital. If the situation is life-threatening, tubes may have to be inserted into the patient to feed the body. It is smart to be treated in a hospital because the food intake can be carefully monitored by experts. In a 1999 study, 59 percent of anorexic women have recovered completely of the eating disorder. This study was conducted eight years after the patient was aware of the disorder (Robbins 69-73).

Recent studies in the Journal of the American Academy of Child and Adolescent Psychiatry show that any amount of treatment will help the individual surpass the disorder. In an experiment dealing with the treatment of anorexia nervosa, the doctors offered 6 month long classes and 12 month long classes. At the end of the experiment, there was not a difference between the outcomes of the two courses. This proves that any kind of treatment will help a patient. The time of the treatment depends on how long the patient has had the disorder. In the treatment process, the doctors go through different stages. The first stage deals with the responsibility of changing the diet, excessive exercising, and any other strange behavior patterns that may have occurred. The second phase deals with the parent’s control of the adolescent. The third phase deals with more general issues with the adolescent.

In most studies, scientists agree that anorexia is easier to treat in adolescents than in adults. The adolescents have parents to help them deal with the stress and they receive better treatment because they are minors. This does not mean, however, that adolescents are easy to treat. Treatment with adolescents may take up to a full year and many have complications later in life.

Families should contact their doctor for more information about centers that treat eating disorders. It may also be a good idea to join a support group. These groups will help the patient discuss their problem with other people who have suffered from the same or similar eating disorders (Robbins 69-73).

Interview

In an emotional interview with Ann Smith*, she revealed the struggles throughout her daughter’s fight to overcome anorexia. The name of the woman interviewed and the name of her child has been changed. Here is the story of Jane Smith*, a nine year old girl who suffered from anorexia.

Jane’s* disorder occurred gradually overtime. It started at the beginning of the 2005 school year. Her family did not notice initially what was going on with Jane*. The family thought that maybe it was because she was going through growth spurts and weight may fluctuate during that period of time. Her mother, however, had a gut feeling that something was wrong and she took Jane* to the doctor. “In the summer, Jane* weighed 70 pounds. When I took her to the doctor in the fall for a checkup, she weighed 58 pounds,” her mother said.

Jane* would sit at the dinner table and pick at her food. When her parents would try to persuade her to eat, she would start to cry. She would bite into the food and chew it until the food turned into liquid and she would close her eyes when she swallowed her food. Her parents
would comfort her and assure her that it was all right to swallow the food. Jane* would reply, “I can’t swallow!” She would become upset and run into the bathroom. She would sit in the bathroom in order to avoid her dinner. Jane* tried to avoid food at all costs. She would sit and stare at her food like it was a pile of trash. A look of disgust would rush across her face and her eyes would begin to fill with tears. Her mother tried to coach her and she would simply reply, “I’m not hungry.”

Her mother took Jane* to the doctor. She was checked by the doctor to make sure she wasn’t ill. Her mother thought that she could be sick and that may affect her weight. The doctor could not find a different problem and told Ann* that her daughter suffered from anorexia. Ann* was devastated but she knew that she would have to protect her daughter. She decided that she, her husband, and Jane* would go see a counselor.

When asked to describe Jane’s* worst day, Ann* took a deep sigh. She said that there were many bad days. She told me that the first two weeks were the worst weeks. It would take over 2 hours to eat dinner and her daughter would just chew and chew the food until it turned into nothing. She would start to cry and become upset. Ann* felt like she did not know her daughter anymore. That was her worst day. “It is the worst thing to be a mother and know that you cannot protect your child. This condition was bigger than I was and it scared me,” Ann* repeated. Ann* would blame herself and ask herself, “What did I do?”

Jane* started to affect everyone around her. Her family was worried and scared for her. Jane* couldn’t eat with her family because she felt like she couldn’t eat in front of people. Her friends noticed a mood change. Her family would try to focus on other things so Jane* wouldn’t think everyone was focusing on her weight. Her family began to eat in front of the television so she would feel comfortable. Her family would also not talk about weight or use the word “fat” in the house.

Ann* realized that this had happened to her too. She did not remember this until her sister mentioned it to her. When Ann* had been younger, she went through a stage where she did not eat very much. Her brother died at a young age and Ann* figured it was her way of coping with the loss. She did not know it but her family was very concerned and her mother used to cry at night. That is when Ann* realized that her eating disorder could be genetic. She found research that proved that if a mother suffered from an eating disorder than her child has a higher chance of suffering from an eating disorder too.

Jane* has fought against anorexia and won the battle. It ended 6 to 8 months after it was diagnosed and she was recently released from her counselor. Ann* told me that her husband, George*, was a lifesaver because he was the rock of the family. He reassured everyone that things would be all right. He coached Jane* while she ate and helped her relax. The family copes with the stress by having better communication with one another. They are not concerned right now that it will come back but they do know the warning signs. “I believe that my prayers to God helped my family get through this crisis. I would pray to Him and just ask Him to give me strength so I could help my little girl. All I wanted was for her to be safe,” Ann* said. God was the one thing that the entire family could rely on.

In the future, Ann* hopes that Jane* will continue to mature in a healthy way. She hopes that her daughter can handle life on her own and the most important thing is that Jane* is happy. She now knows what it is like to have a daughter who suffered from a mental problem. She hopes that others in the same situation will rely on the faith and the love of their family and that they will be able to get through it.

There are many ways to prevent eating disorders. Families can prevent it by demonstrating good nutritional choices. If the parents raise the child in a healthy environment, the child may feel more comfortable in his/her body. Parents should also communicate with their children and have an optimistic household (Robbins 94).
Coaches, teachers, and patients who have suffered from an eating disorder should tell others about the long term effects. This may prevent others from becoming anorexic. Then, every person should also think about the term “body image.” What does it really mean? What should we really look like? People need to become aware that looking like a skeleton does not make a person attractive. If a person is overweight, they should go on a healthy diet instead of not eating (Robbins 95-99).

“We have overcome this barrier and all I can say is that we are so happy to have our little girl back. She has come back to us and now she is the happy little girl that we all knew.” (Ann Smith*, mother of Jane Smith*). Anorexia is a serious condition that can be fatal if left untreated. If someone is suffering from the disorder, he/she should know that he/she is not alone.

Millions of people suffer from the disease every year. It is important for our society to stop focusing on being extremely thin. It is killing thousands of lives every year and destroying families all over the world. Anorexia causes physical, emotional, and spiritual problems, but with the right help, a person can fight back and overcome it.