

# SPORTS

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## DYING TO WIN

### A N O R E X I A

STORY BY C. J. RISAK • STAFF WRITER



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### Her obsession with perfection was near-fatal

She's thin still. But she's no longer frail. That was the immediate impression I speaking with her last week, and when talking about anorexia nervosa, the difference is essential.

Her thinness is a physical trait; her past frailty made it a dangerous, potentially fatal one. When emotional frailty focuses on weight control, the results can be devastating.

The young woman in question — she requested anonymity — is a rather recent Plymouth Canton graduate. She ran cross country and track, and was extremely good at both.

Until the disease overwhelmed her. She had a good year athletically as a sophomore at Canton. But as she slipped further and further into anorexia, her progress stopped. She began the cross country season her junior year as one of the top runners on the team.

By the time the season ended, she was barely in the top seven.

She managed to regain enough form — and weight — to compete in track that spring, but when her junior year came to a close so did her athletic career. She had slipped too far.

She was admitted into a hospital for treatment of her anorexia that summer. She stayed there for a month.

"It was an ongoing thing I was battling throughout high school," she said.

Hers was a classic case of anorexia: The emotional strain of adolescence combining with a lack of self-esteem; it created a strong need to be successful and perfect at everything, to be accepted by all and to be all things to all people. But most important, you must be in control.

"The summer before ninth grade," she recalled. "That was the beginning of it."

She weighed nearly 105 pounds. In a matter of three months, she lost more than 20 percent — 20 percent of her total weight. She regained some of it, but she never weighed more than 95 pounds in high school.

From what she learned, she could say that while most males greet adolescence with optimism, females go in the opposite direction. With physical beauty as such a premium, high-profile models are imitated. Which leads to a "thinner is better" attitude, she said.

Her athleticism contributed to it, too. Distance runners don't need weight, or so it was thought. "The thinner you are, the less you have to carry around," was her logic.

She wasn't alone. Two of her better friends on Canton's team were borderline anorexics. "Talking about food was such a common thing," she said. "You had to have the lowest body fat to be the fittest."

And to be the best is an obsession for anorexic athletes. Having a low percentage of body fat wasn't good enough; hers had to be the lowest.

She would often train by running six miles a day — while consuming less than 600 calories. "Some days I'd only have 100-300 calories," she estimated.

But why? Eating is a normal function; once the problem is identified, can't it be easily reversed? "It's really complicated," she explained. "It becomes very much a control issue. (Anorexics) feel like they're losing control in some areas, but they can control their weight. It gets to the point where you say, 'I have ultimate power and control, and I don't need to eat. I'm the best at that.'"

After a period of time, the physical strain of starvation turns a psychological problem into a medical one. "You deny your appetite, and you get a high off the hunger pains," she said. "You get used to feeling that way, you get addicted to it. When you eat and feel full, it's a nightmare."

The effect alters mental perceptions as well. If an anorexic gains a single pound, her self-esteem plunges. When she looks in the mirror, she sees beauty — not bones protruding through tightly stretched skin.

Her cure came through addressing her need for perfection. After months of therapy, instead of seeking approval from others, she became more assertive and dominant. As her self-confidence grew, her desire to be the thinnest diminished. Her demons were defeated.

Others aren't so fortunate. Estimates are that six percent of those afflicted by anorexia die from it.

She considers herself lucky because she was diagnosed when she was a freshman. "I really think we need to focus on prevention," she said, noting massive weight loss and an obsession with food and calorie counting as primary warning signals. "Early intervention is crucial."

In her case, it may have been life-saving.

Young and athletic, strongly motivated both in school and in her sport, she seems a model of perfection. But it's a lie. When weight control becomes obsessive, she begins a journey that could prove fatal.



It is devious. That is the first lesson to learn. It all too often is disregarded; treatment is ignored, the disease shrugged off as "just another passing phase" in the life of a modern-day teen-ager.

What happens next could be tragic. The disease: anorexia nervosa. In everyday terminology, it's self-starvation.

To someone who's never been exposed to it, that sounds ridiculous. After all, no one starves themselves purposely.

Which is what makes it so devious in nature. It is not a physical affliction, at least not at first. And it does not prey upon the weak or sick, or those of lesser intelligence. No. Anorexia attacks those who could be among the elite: According to statistics, those most vulnerable to the disease are young females, from pre-adolescence to mid-20s in age, usually from middle- to upper-class families, highly intelligent and usually driven to perfection — both in the classroom and athletically.

George Prygodaki, Plymouth Canton's girls track and cross country coach for the past 15 years, is well-acquainted with anorexia. He's seen it; he knows what to look for. He talks to his runners about it often.

How many cases has he seen? "Life-threatening? Maybe three or four," Prygodaki estimated. "Potential anorexics — maybe 100. And that's probably a conservative guess."

Dr. Marie Beye, a clinical psychologist from Ann Arbor who has made a study of eating disorders, described anorexia as having "both strong mental and physical components."

But rather than refer to it as a mental problem, she called it an "identity disorder."

The reason: Those with low self-esteem are particularly prone to it. And teen-age girls, just beginning to mature physically with all the inherent emotional trauma, are most often in danger.

Coaches who don't recognize these dangers often contribute to them, according to Beye. A superb, promising 12-year-old gymnast begins to grow and mature; the result can be athletic retardation. The coach doesn't like that; lose weight, he tells his protégé.

"The push is to stay as thin as you were before," said Beye.

This is in. Young girls scan through glamor magazines, filled with too-thin models. That's what they want to be.

The girls most susceptible are athletically inclined. The need to be perfect, to be the best, drives them. They excel academically; now they must do the same in sports.



"It's something in the makeup of distance runners — compulsiveness," said Livonia Stevenson girls cross country and track coach Paul Holmberg. "They know the harder they work, the better they will get. A little talent and a lot of hard work can make you an excellent runner."

Anorexic athletes are relentless trainers. But there, again, the deviousness of the disease creeps in. Holmberg had an athlete who "associated progress with weight loss. She continued to lose weight even when she didn't need to."

As Prygodaki explained it, "They think, 'If I'm better after losing five pounds, I'll be twice as good after losing 10.' These kids become obsessive about food. They cut out all fats, all meats."

Their athletic progress will begin to slide when the weight loss becomes dramatic. How dramatic? In clinical terms, a person becomes anorexic when they drop more than 20 percent below their normal body weight.

By that point, however, the disease is in control. It is an addiction to hunger pangs. Gaining a pound can be traumatic; if an anorexic believes she has eaten too much, she may induce vomiting.

That's when it becomes a physical affliction. Kidney failure, even heart attacks have resulted. According to studies, of those anorexics treated over a long period of time — and it can take years to cure — approximately 50 percent reach normal body weight, 20 percent improve but still are underweight, 20 percent remain anorexic, 6 percent become obese, and 6 percent die.

Alison Mann, whose sister Rachel ran at Canton several years ago before transferring to Ann Arbor Pioneer, was an outstanding runner. She became anorexic; last year, the disease killed her.

There is no specific cure. Therapy is often long-term. Holmberg used a widely accepted method when he faced a potential anorexic problem: "I told her, 'If you're losing weight to be a better runner, you won't run.'"

Prygodaki watches his athletes carefully. "When I hear girls who are obsessed with no-fat foods — who say, 'Let's go to the store and read fat contents on boxes' — there's an obsession there," he said.

He will sit in on meals with the team, watching what they eat. He will watch for excessive weight loss.

But in people who are often thin to start with, that is not always easy to spot. And the self-denial of an anorexic — they don't see themselves with a frame of skin and bones; their view of themselves is greatly distorted — is incredible.

Which adds to the deception. Those predisposed to the disease won't admit it; fat is just something extra they must lug around during a race. Even when their athletic performances falter, they deceive themselves, blaming failures on too much weight.

### A N O R E X I A N E R V O S A



- What** — Anorexia Nervosa is an eating disorder that evolves into a paralyzing fear of becoming fat. It begins as a psychological disorder that becomes a physiological one; induced vomiting to remove unwanted food can result in an electrolyte imbalance, which in turn leads to death.
  - Those afflicted** — The most common anorexic is a young white female, ranging in age from pre-adolescent to mid-20s. Their background is middle to upper class, and they have a tendency to be physically active. Studies indicate anorexia occurs in one-to-five percent of the group at highest risk.
  - Symptoms** — In anorexia, weight loss and behavioral changes are most common. A fanatical concern for weight loss is prevalent; in early stages, it ranges from 15 to 25 percent of normal body weight. A preoccupation with food is often evident. So, too, is sleep deprivation. Anorexics suffer from a lack of self-esteem, stemming from any number of sources, including family. Some psychologists believe the common anorexic's family is over-indulging, with parents extremely involved in the children's lives, making many decisions for them. In an effort to take control of their life, the anorexic will take control of what they can — their food intake. Anorexics are also perfectionists in nature, driven to succeed at everything, including sports. Weight is often viewed as fat and, therefore, an anchor to runners, gymnasts, swimmers, etc.
  - Treatment** — There is no specific treatment. Early diagnosis is of primary importance. The anorexic's intense fear of becoming fat coupled with an overestimation of body size results in a strong resistance to therapy. Goal-setting in therapy often is useful: If a patient gains enough weight, she will be allowed so-much exercise. In long-term treatment, half of the patients reach normal weight, 20 percent improve but remain underweight, 20 percent remain anorexic, five percent become obese — and six percent die.
- Where to find help: Hawthorne Center in Northville, (313) 346-3900, ext. 201; William Beaumont Hospital in Royal Oak, (313) 387-6700; Harper Hospital in Detroit, (313) 745-1607.