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Impossible Image: Eating disorders can develop when societal pressures overwhelm students

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Eating disorders can develop when societal pressures overwhelm students.
When Stephanie Looney '02 says she battled anorexia for six years, she means it. Every second, every day, was consumed by her obsession. Even sleep didn’t bring a reprieve. “I used to dream about food,” Looney said. “I’d have terrifying nightmares that I ate a bowl of cereal.”

Looney, a bright, articulate woman who is now leaning towards a forensic science career, developed anorexia when she was 14 and became overwhelmed with pressures. She was participating in sports year-round, found she had to start working to earn those once-assumed A’s and was experiencing a home life she describes as “miserable.” Suddenly she felt her world was falling apart. “I had no control, and that scared me,” she said.

So, like many others, Looney tried to regain that sense of control through eating habits. Six years later, after some counseling, an addiction to laxatives and several emergency room visits, anorexia landed her in a five-week partial-hospitalization program in Connecticut. “It was the hardest thing I’ve ever done,” said Looney of the intensive medical and psychological treatment during which she was only allowed to sit, eat and talk—no unnecessary movement. “A lot of the time I hated it, but it was exactly what I needed.”

Unfortunately, Looney’s battle with an eating disorder isn’t unique. An estimated eight million women and a million men in the United State have one, with the number of men affected growing more rapidly—and Colby isn’t immune.
"I know so many girls at Colby with eating disorders and it really scares me," said Looney. She's not alone. According to a Colby lifestyle survey administered by Associate Professor of Economics Michael Donihue '79, 61 percent of respondents knew of at least one person with an eating disorder. Nineteen percent knew of four or more.

Virtually every year Colby must send a student home to get better; athletes with dangerous eating or exercise practices are confronted by coaches; and the health center medically assesses students for permanent bone or heart damage. That doesn’t include the students who manage to keep hidden their eating disorder—typically anorexia or bulimia, but also binge eating—or those who refuse to visit a doctor or counselor, despite the urging of concerned friends.

As eating disorders increase in society and the average age of the onset of the problem drops, health center officials believe an increasing number of students are arriving at Colby with the disorder or the history of one. Many students and staff members believe the competitive climates at schools like Colby attract personalities predisposed to eating disorders and allow the illness to thrive. Ask someone to describe Colby students and you’ll hear terms like high-achieving, perfectionist and athletic. Add pressure to conform in an image-conscious society (nearly three-quarters of lifestyle survey respondents agreed or strongly agreed that their body image was very important to them) and many individuals will end up with an eating disorder as a way to cope.

"It's so competitive," said Michelle McInnis '02 of the Colby atmosphere. "You don’t see a lot of unattractive people at Colby. It's yet another pressure—to be smart, beautiful, successful and thin." McInnis has had several close friends with eating disorders, worked on awareness of them as president of SHOC (Student Health on Campus) and last year studied the risk factors of eating disorders in Donihue's lifestyle survey. This fall she plans to continue her research in a Senior Scholars project.

"There's such a spectrum of different risk levels," said McInnis, citing risk factors for developing the disorder that range from skipping meals and dieting to sexual activity to a mother's high level of education. Put those together with certain personalities and actions and you can get an obsessive disorder. "I see it happening all the time, at the gym, in the dining hall," she said.

As do others. As director of counseling services, Patti Newmen sees students for individual and group counseling and has heard a lot of concerns about image consciousness at Colby. "Students will say to me, ‘There are no overweight people on this campus,’" said Newmen. "I'll say, ‘come on.' They'll say, ‘there are three.' And they're right." While one wants to believe that’s the mark of a healthy campus, being thin doesn't necessarily mean being healthy. "It's hard to break that belief system," said Newmen.

One woman told Newmen she felt shamed into an eating disorder because she hadn’t been a runner before she came to Colby, where many students jog. "Now granted, there had to be something in her personality that made her susceptible to that peer pressure, because there are a lot of people who resist it," said Newmen.

While eating disorders are most commonly developed by teenagers and college-age individuals, especially high-achieving, perfectionist women, every case is unique. An eating disorder is a symptom of complex medical, psychological and emotional disorders that go far beyond a person’s relationship with his or her body and food. It's
estimated that up to 20 percent of Colby students have them. Ask why and you’re likely to get just as many answers as there are sufferers—personality, self-esteem, body image, the media, depression, anxiety, sexism and chemical imbalances, to name a few.

“It’s never just one thing,” said Newmen. “Everybody’s subjected to peer pressure. So there have to be enough factors contributing to lead to the development.”

The presence of eating disorders on college campuses puts a responsibility on administrations to deal with the issue. At Colby there are groups like SHOC and HEEAT (Healthy Eating and Exercise Attitude Team), medical professionals, a nutritionist, counselors, coaches, professors and administrators who regularly deal with the prevention, identification and treatment of eating disorders.

Colby’s health center identifies students with eating disorders through a variety of means. Director of Health Services Melanie Thompson, M.D., counselors and a nurse practitioner are all involved in identifying and treating eating disorders in a team approach. Incoming freshmen who note disorders on their health form are notified of campus services. Some students eventually reach a point where they realize they need help and come in. However, Dr. Thompson says half come in for some other issue, like a digestive problem, missed menstrual periods or depression. “You have something else going on,” she said, “but they would never dream of coming in and saying ‘I have an eating disorder.’”

Because attention has typically focused on adolescent girls it’s even harder for men to come forward and seek help. “I think people would be surprised at how many men do have issues,” said Dr. Thompson. But, she says, men don’t tend to ask for help with body image, depression or anxiety.

“There’s been relatively few so it’s hard to generalize,” said Newmen of the cases she has seen.

Four years ago the health center and the Athletics Department created a joint protocol for dealing with eating disorders on teams. Deb Aitken, who coaches runners, and other coaches have had to tell students they must visit the health center for an exam and counseling if they want to stay on the team. Aitken has told students bound for anything from local meets to major championships that they can no longer compete.

“We seem to be promoting eating disorders,” said Aitken, alarmed that coaches at other institutions turn a blind eye to the problem. Aitken says one of the top New England college runners is so thin as to be practically skeletal and, because she’s successful, other runners emulate her.

As president of the New England Division III track and field association, Aitken would like to propose minimum weight requirements. “There are very few coaches who would be willing to do that, though,” said Aitken. This fall she will require all of her athletes at Colby to sign a contract that covers the importance of healthy nutrition. “As a coach, when you have someone with an eating disorder it takes so much of your time and emotional well-being,” said Aitken. “It puts a strain on the rest of the team.”

And even once a student with an eating disorder is identified the work has barely begun. “It’s very difficult for a person to recover in this environment,” said Marcella Zalot, associate director of athletics. “There’s no nice set formula that says if you do A, B and C then you’re going to be healthy.” Depending on how advanced students’ problems are, sometimes it’s as simple as confronting them about their weight loss or eating habits. Usually, it’s much more complex. “You try something and maybe it doesn’t work,” said Zalot. “So, you regroup and you try something else. Sometimes progress for one student is defined very differently than progress for another.”

While most students will never experience a clinically defined eating disorder, that

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**The Survey Says**

Data from Colby Student Lifestyle Survey administered by Associate Professor of Economics Michael Donihue ’79 during the fall of the 2000-01 academic year. A total of 980 students (54%) responded to the survey.

**My body image is very important to me.**

- strongly disagree ..... 12.0%
- disagree ................... 1.4%
- no opinion .......... 12.9%
- agree .................. 55.4%
- strongly agree ......... 18.4%

**I regularly restrict the amount of food I eat to control my weight and appearance.**

- strongly disagree ...... 6.6%
- disagree .................. 22.1%
- no opinion ........ 44.9%
- agree .................. 28.6%
- strongly agree ......... 6.8%

**I seriously fear failure at Colby, socially and/or academically.**

- strongly disagree ....... 10.1%
- disagree .................. 11.7%
- no opinion ........ 38.3%
- agree .................. 28.6%
- strongly agree ......... 11.2%

**How many hours do you typically spend working out in the athletic center each week?**

- 0-1 hour ................. 35.1%
- 2.5 hours ................ 28.6%
- 5-10 hours .............. 19.6%
- 10-15 hours ............ 10.2%
- 15+ hours .............. 6.6%

**How many Colby students do you know to be suffering from an eating disorder?**

- 0 ................. 38.8%
- 1-3 ................ 42%
- 4-6 ................ 10.7%
- 7-9 ................ 4.3%
- 10+ ................ 4.2%
Eating Disorder Warning Signs

Anorexia Nervosa
Deliberate self-starvation with weight loss
Intense, persistent fear of gaining weight
Refusal to eat, except tiny portions
Continuous dieting
Compulsive exercise
Abnormal weight loss
Sensitive to cold
Absent or irregular menstruation

Bulimia Nervosa
Preoccupation with food
Binge eating, usually in secret
Vomiting after bingeing
Abuse of laxatives, diuretics, diet pills
Denial of hunger or denial of use of drugs
to induce vomiting
Compulsive exercise
Swollen salivary glands
Broken blood vessels in the eyes

Physical Repercussions
Malnutrition
Intestinal ulcers
Dehydration
Ruptured stomach
Serious heart, kidney and liver damage
Tooth/gum erosion
Tears of the esophagus

Psychological Repercussions
Depression
Low self-esteem
Shame and guilt
Impaired family and social relationships
Mood swings
Perfectionism
“All or nothing” thinking

From the National Association of Anorexia Nervosa and Associated Disorders
Hotline: 847-831-3438
www.anad.org

doesn’t mean they’re immune from the same societal pressures. “I think there’s a whole continuum of eating disorders,” said Vanessa Wade ’00. “I don’t think it’s black or white—that you have anorexia or you don’t.” Wade was involved with HEAT at Colby after seeing several high school and college friends suffer. She’s now a graduate student in Tufts University’s school of psychology and includes eating disorders as one of her topics of interest.

Wade says that when she first walked onto Colby’s campus as a freshman she was shocked by how attractive everyone appeared. “I thought, ‘Oh, my god. How do I even compare?’” Wade never developed an eating disorder, but she admits to having disordered thoughts. “In the dining hall you’d analyze what you were eating in comparison to what others were eating,” she said. And though she’d never worked out before, she soon felt compelled to.

The difference between Wade and those who develop eating disorders? “I just knew it wasn’t something that I wanted to go through,” she said. “I’d seen enough of my friends suffer.”

And they do suffer. “It’s hell,” said Martha Denney, director of off-campus studies, who was anorexic for 15 years. “There’s no other way to describe it. It’s such a mental strain because you’re always thinking about it. By the time I was 30 years old I’d been anorexic half my lifetime and I think that was really a terrible waste.” Now Denney assists with Colby workshops to help students with eating disorders and their friends deal with the disease.

“It’s really a psychological suffering and it’s a waste of energy and life and happiness,” said Denney. “You may be thin, you may not be, but you’re not happy.”

Said Looney of her experience, “all that mattered to me was my anorexia. It took up all my time and all my thoughts.” While her friends were experiencing the campus social life, Looney says she just wanted to be left alone with her vices. Ultimately she became a recluse.

While it feels excruciatingly lonely to have an eating disorder, the disorder’s impact is far-reaching. Nurse Practitioner Lydia Bolduc-Marden says the health center sees just as many friends, roommates and teammates who are concerned about someone else as they do actual eating disorders. Part of the advice they give to peers is how to have a healthy confrontation with an eating disordered friend.

Heather Daur ’01 was the focus of one such intervention arranged by seven of her friends her sophomore year. Believing she was simply going to visit friends in a dorm room, Daur was instead confronted by them and listened as they read letters about their own feelings. Despite an initial defensive-ness, Daur says the session was a deeply moving two hours. She still has the letters. “I didn’t really realize what it was doing to me,” she said of her eating disorder. “It affects your mind. It makes you an unhappy and unfriendly person to be around. I never realized just how much of the day I spent calculating calories.”

Daur said she began to eat more, but got worse when she returned to campus from the summer vacation to find her network of friends abroad for the fall. Eventually, after a friend sought help through the Dean of Students Office, Daur ended up at the health center for a medical evaluation, counseling and meetings with a nutritionist. “I was lucky I hadn’t done any permanent damage,” she said. The following spring when her friends returned to campus those relationships reestablished themselves and she began to get better.

“My friends chose a tough-love approach and I think that’s what worked,” said Daur. “The threat of losing the people I cared
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about the most was my kick in the butt.” Those friends pointed out upsetting things she would do, like talking about food or always worrying about her appearance, that were beginning to take a toll on her relationships. “It’s unnerving to have a meal with someone who’s barely eating anything,” Daur said. “When you live in a close environment it’s your responsibility to see how what you do affects others.”

While the involvement of Daur’s friends was a turning point for her, counselors warn that no one can help someone who doesn’t want to change. “Mostly we tell them that they can’t cure [their friends] and they have to back off and take care of themselves,” said Bolduc-Marden. That may mean changing rooms or backing off from the friendship. “Many get all worked up and want to take it on,” she said. “It can become an obsession and it produces a very unhealthy dynamic.”

Friends often get frustrated trying to help someone who only wants to hold tighter to a coping mechanism. “It’s a very selfish thing in a way,” said Denney of her own eating disorder. “I knew it was impacting people. But you get so wrapped up in it, that it’s only maybe when you can’t sustain it anymore that it makes a difference. I can’t imagine now, looking back, what my family went through, but it must have been a real drag.

“I don’t know if it ever goes away completely for other people, but it’s always still there for me,” said Denney of the disorder. “It’s kind of like alcoholism in a way. It’s always hovering a bit.”

Periodically Colby holds support workshops solely for concerned friends. Denney remembers a young man practically in tears at the last workshop. “He just didn’t know what to do because he’d tried everything,” she said. “It wasn’t just that his girlfriend was doing it to herself; she was doing it to him, too.”

Much of the time, though, there is no confrontation. Friends talk to the health center, ask what to do and are told to ask the person to talk to the professionals. But many friends never take that step. The taboo against discussing eating disorders, or being identified with one on campus, hinders progress. “It’s very commonly talked about in the second person, but people don’t stand up and say, ‘I went through this,’” said Daur. “It’s not something people jump at the chance to be identified with, and so other issues come to the forefront.”

Ironically, when people do come forward to educate others for prevention it can have the opposite effect. Anecdotally there’s evidence that increasing the awareness of eating disorders has actually helped increase their prevalence. Assistant Professor of Psychology Tarja Raag says prevention has to go beyond simply making people aware of the symptoms. “The cultural framework is much more complex than weight and thinness,” said Raag. She says people reveal their struggles with cultural pressures in different ways—some may drink or become depressed—so eating disorders should be part of larger discussions about conformity.

Despite the obstacles, a year after her release from the hospital treatment program, Looney now considers herself to be on the road to recovery. “I’ve done so many things this past year that I wouldn’t have been able to do the year before,” she said. “I’ve realized that there’s so much out in the world that I want to see, do and experience, and I can’t do that if I remain anorexic.”