

# The Closet Bulimic

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*WRITER'S COMMENT: This case study offered me the chance to bring light to an issue affecting a staggering number of adolescents in today's society: bulimia nervosa. At a very young age, I faced the demons of bulimia and fought hard to make it through recovery. Now happy and healthy, I have found the confidence and passion to spread awareness of this disease by sharing my own experiences. For this piece, I initially wanted to focus on the treatment aspect of bulimia. However, after outlining my personal anecdotes and compiling relevant sources, I realized that the most dangerous stage of bulimia, and therefore the most medically dense stage, was before the individual even begins treatment—or even worse, before they reach out to anyone about their disorder. In bringing my own experiences to life, I chose to spare no details. While this was no easy task to share such personal memories, I am confident that this piece offers an honest view into the dangerous secrecy of bulimia. I hope that awareness of this disorder will help those struggling with bulimia receive the help they deserve. Lastly, I would like to thank Professor Stark for her consistent support and encouragement with this assignment and for enabling me to grow tremendously as a writer in her course.*

*INSTRUCTOR'S COMMENT: Leah crafted the following case study for our UWP 104F Writing in the Professions: Health class, and it exemplifies the power of this genre. Students were tasked with synthesizing patient interview data and reputable online medical source information in order to inform a healthcare lay audience about a*

*specific health condition and to offer us a clear “takeaway.” Thus, writers present the condition from the lens of both the patient’s lived experience and medical science, with the aim of educating audiences in a memorable fashion. The best papers accomplish this by joining literary and journalistic techniques with science writing. In her piece, Leah describes what it feels like to experience each stage of bulimia; she also offers specific information to help us fathom and hopefully recognize symptoms of this painful and lonely eating disorder. As a reader and writer, I admire Leah’s careful diction, how she organized and presented her knowledge and experience, how her characters—herself, her mom, food, the disorder, medical professionals—become vivid with so few words, and the clear messages and learning offered in the writing. Most of all, I admire Leah’s courage to write and share this piece with us.*

—*Agnes Stark, University Writing Program*

**M**y throat was on fire, as if I had swallowed battery acid. I had a massive headache—I could feel my pulse radiating across my temples. My nose was running and my limbs were weak. As I looked in the mirror and saw the tears streaming down my swollen, tomato-red face, an overwhelming feeling of shame washed over me. I had done it again—I had forced myself to puke up the wonderful home-cooked meal my mother had made for me. As always, I made sure to keep the shower running to mask the sounds of me sobbing. Meanwhile, my mother sang to Billy Joel while she did the dishes downstairs, oblivious to the fact that her 13-year old daughter was on the losing side of a battle with bulimia.

Bulimia nervosa, also known as bulimia, is a serious, life-threatening eating disorder that affects nearly 4.7 million females and 1.5 million males in the United States alone (Ouellette par. 1). It is characterized by a cycle of restricting caloric intake, bingeing, or eating a large amount at once, and compensating for the binge often via self-induced vomiting, as described by the National Eating Disorders Association, or NEDA (“Bulimia Nervosa” par. 1).

When one thinks of an eating disorder, the image of a frighteningly underweight, bony individual often comes to mind. However, people

suffering from bulimia are usually of normal weight, if not overweight, so detecting the presence of the disorder is nearly impossible based on the individual's outward appearance. Moreover, due to the shameful nature of such a cycle, people with bulimia will go to great lengths to hide their eating disorder (Ouellette par. 2). I personally found that society's stigmas and preconceived notions of eating disorders made it quite easy to hide mine from the world, preventing me from getting the treatment I needed. Living with this disorder for nearly an entire year before starting treatment, I could feel bulimia eating me away from the inside out as my health deteriorated, yet I maintained the facade of a happy, healthy young teen.

## **Restriction**

The cycle of bulimia most often starts with restrictive eating or starving oneself. For me, this meant only allowing myself a Diet Coke with a side of spinach and mustard to get through the day. With such low caloric intake in a healthy individual, hunger kicks in, and a meal is eaten. However, bulimia skews hunger. NEDA reports that in an eating-disordered individual, cycles of repeated restriction over time cause an imbalance in leptin and ghrelin—important hormones that relay the feeling of hunger (“Appetite” pars. 2-10). Therefore, the bouts of restriction that a bulimic individual undergoes affect his or her ability to properly detect hunger, which can send the individual further into the downward spiral of bulimia.

Once its carbohydrate stores are used up, the body breaks down fat to fuel its vital functions. However, the majority of the brain's activity cannot be fueled by byproducts of fat metabolism, so cognitive functioning in the starving individual becomes impaired (Paselk par. 1). For me, this meant I could no longer stay focused in class and could barely keep up with conversations with my friends. I felt a constant sense of delirium and exhaustion. I remember that while my peers were energetic and giddy about the upcoming 8th grade dance, I was fighting to stay awake and ruminating over how many calories were in my dressing-less salad. I would come home from school exhausted—my head spinning, my mind foggy, and my stomach aching from fighting the urge to eat all day. Unfortunately, I could easily brush off my exhaustion and delirium by claiming I did not sleep well the night before, and no one would

question me—my eating disorder lived on.

However, heading into the house meant facing a bigger, more dreadful monster than starvation: the kitchen. With bulimia, the kitchen was a nightmare. The food would jump off the shelves and out of the cabinets to haunt me. It would remind me how badly my body needed sustenance, yet my bulimic mind would disagree. I was to stick to my spinach and Diet Coke for the day. Anything else would elicit utter panic and chaos. However, given that I had barely eaten, I would frequently take that one extra bite that would tip the iceberg, entering the next stage of bulimia's cycle: the binge.

## **Bingeing**

NEDA defines bingeing as “eating, in a discrete period of time [. . .] an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances” with “a sense of lack of control” (“Bulimia Nervosa” pars. 4-5). While this clean-cut definition introduces how a binge involves extreme overeating, it does not do justice to the chaos, panic, and intensity of a binge.

Rows of Oreos, entire cans of whipped cream, party-sized bags of potato chips—whatever could physically fit into my stomach would be scarfed down in just minutes, with barely enough time to swallow between mouthfuls. During a binge, I lost all control. Bulimia would take the wheel, steering me into self-destruction.

Although it felt as if my eating disorder was dragging me through the binge, taking away my control, the main culprit in these episodes was dopamine—a neurotransmitter involved in the brain's reward system. Dopamine is responsible for the feeling of pleasure associated with eating, drinking, or any activity necessary for survival. It has been shown that in an eating disordered individual, this natural reward pathway becomes imbalanced by cycles of repeated restriction and bingeing. As a result, food that would elicit a normal dopamine release in healthy individuals causes a significantly stronger feeling of pleasure in frequent bingers, giving the food more power over the individual (Kessler et al. 231). In other words, my brain was overly rewarding me for the binge because its reward circuits had been rearranged by bulimia.

Despite the frantic intensity of my binges, it was surprisingly easy to hide such episodes from my family. NEDA reports that it is common for

bulimic individuals to hide during binges and to stash any evidence—and I did just that. Given the large size of my family, the missing food would go unnoticed. There were no obstacles to these episodes, so the cycle lived on, damaging the reward system in my brain with each binge.

## **Purging**

At the end of the binge, bulimia steered me directly into the purge stage. As learned in treatment, to purge in the context of bulimia means to forcefully expel the contents of the stomach by means of self-induced vomiting. This stage of the cycle, by far the most upsetting, poses the most danger to the individual.

With repeated episodes of purging, stomach acid damages the esophagus and teeth. For instance, the tips of my teeth turned blindingly white, which NEDA describes as a consequence of the acid eroding enamel (“Bulimia Nervosa” par. 3). Luckily, the extent to which the acid damaged my esophagus was only enough to cause a burning sensation after purging. For some, however, exposure to stomach acid can cause the esophagus to rupture—which poses a life-threatening emergency, as described by NEDA (“Health Consequences” par. 9). NEDA also explains how repeated vomiting causes the salivary glands to swell significantly, causing tenderness and a swollen face (“Health Consequences” par. 10).

Not all of the side effects of purging are outwardly apparent. For instance, one of the most dangerous side effects of frequent purging is electrolyte imbalance from losing so much fluid. Electrolytes such as potassium, sodium, and chloride regulate countless important bodily functions. Most importantly, they regulate the rhythm and contraction of the heart. NEDA tells us that “electrolyte imbalances can lead to irregular heartbeats and possibly heart failure and death” (“Health Consequences” par. 4).

For me, the effects of purging were the most unsettling, as compared to other stages of bulimia’s cycle. To see my teeth become bleached and to feel my throat burn and my heart periodically skip a beat brought me shame and fear about what bulimia was doing to my body. Subsequently, my purging episodes always ended in uncontrollable bouts of crying and self-loathing, which I kept secret in attempt to conceal my eating disorder. However, once the pain and loneliness of suffering through bulimia became too much to handle, I finally reached out to my mom.

## Breaking the Cycle

From neuronal damage to electrolyte imbalance, bulimia poses many dangers to the affected individual. However, the most detrimental threat is how easily a bulimic individual hides their eating disorder. Eating Disorder Hope, an organization dedicated to offering support and education to those affected by eating disorders, comments on society's failure to recognize symptoms of bulimia. Courtney Howard, a recovery coach, attributes this lack of awareness of bulimia to the fact that most bulimic individuals are of normal weight, whereas, as mentioned earlier, the traditional image society has for an eating disorder is being extremely underweight (par. 7). Moreover, she comments on how society has shifted towards a norm of negative relationships with food and over-exercise and away from intuitive eating and positive body image (par. 15).

Since society's baseline for judging eating habits is skewed, slight nuances of bulimia such as avoiding certain foods or restricting caloric intake are often brushed off as normal rather than indicative of a larger problem. As Howard points out, even healthcare providers fail to attribute symptoms such as electrolyte imbalance in lab work or unhealthy eating habits to bulimia (par. 11). For instance, my primary care physician attributed my swollen salivary glands to allergies, and my dentist, to this day, informs me that the bleach stains on my teeth are from eating acidic foods. If healthcare providers and educators were better trained to recognize bulimia, those suffering in secret could get the helping hand they need to break bulimia's cycle.

My mother was taken aback by me coming out as bulimic. Just like the rest of society, she had no inclination of what I was suffering from. However, she immediately helped me to enter into a treatment program and finally receive the help I so desperately needed. By simply making my eating disorder known to someone other than myself, I received the support, empowerment, and empathy I needed to pull myself through treatment. After dredging up my deepest, darkest bulimic secrets out of a closet of despair and loneliness and then sharing them with my support system, I finally won my battle against bulimia—an opportunity everyone suffering from bulimia should have.

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