

# Starved for Control

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“I just remember being hungry all the time,” Donna Ahrens admitted. “It was all I could think about. And because I only allowed myself to consume 400 calories each day, I suffered from sleep eating.”

“I beg your pardon...sleep eating?” I inquired confused.

“Yes, sleep eating,” Ahrens said with a comfortable laugh, revealing how this explanation had become commonplace to her. She recounted how she sleepwalked into the kitchen and ate anything within reach because her body craved food so badly. Raiding the refrigerator for dinner’s leftovers, Ahrens stuffed herself with the energy of life she worked so hard to avoid during the day. She remained oblivious to her midnight mealtime until her mother found a collection of dirty dishes in the sink the following morning. “Even 36 years later, I still sleep eat when I forget to eat enough during the day,” Ahrens shook her head.

Prior to meeting Ahrens, a sales research executive in Pompano Beach, Fla., I discovered few mind-blowing examples of how the survival instincts of the human body can overpower the will of the human mind. While the image of Ahrens preheating the oven to bake chocolate-chip cookies in an unconscious state leaves me speechless, the scenario perfectly illustrates the havoc that malnourishment wreaks on the body.

According to the South Carolina Department of Mental Health, 95 percent of the seven million female American citizens afflicted by eating disorders are between the ages

of 12 and 25. These behaviors are often linked to abuse, depression, negative body image, the portrayal of women in the media, the concept of an ideal body image, low self-esteem and low self-worth. It proves extremely difficult yet critical to isolate and analyze the various sources that trigger disordered eating behaviors. Eating disorders, particularly anorexia nervosa, have the highest mortality rate among any mental illness, ranking highly as a serious health concern.

Kelsey Ludwig, a UNC-Chapel Hill senior, is the last person one would expect to have suffered from anorexia nervosa. Beautiful, intelligent and vibrant, Ludwig exudes a self-confidence and love of life that distinguishes her among any crowd. Yet, traveling abroad and new love left her feeling incredibly insecure in her own skin during her junior year of high school. “When you are going to be intimate with someone, you strive to be perfect for them,” Ludwig explained. She began to run more and eat less, losing 31 pounds within three months. Initial compliments of her physique fueled the fire, illuminating her new source of control in life. As she approached 114 pounds, compliments evolved into concerns from friends, teachers and counselors. Ludwig’s disorder made her incredibly moody and exhausted. “I lost a lot of friends, and I can’t tell if it was a combination of the fact that I was in a relationship or that I just wasn’t a happy person to be around,” Ludwig confessed. “And when running, I forced myself to get angry because my body didn’t have enough energy alone to get through it.”

Stories like Ludwig’s are far from uncommon for Antonia Hartley, a clinical nutrition specialist at UNC-CH’s Campus Health Services. Ninety percent of her work revolves around nutrition counseling, and 30 to 40 percent of her patients struggle with eating disorders. The majority of Hartley’s clients are female. Typically, these women recognize symptoms in

themselves and seek her assistance of their own accord. Some patients are referred to her office through medical physicians, psychologists or therapists. The most severe eating disorder, in Hartley's opinion, is anorexia nervosa due to its high mortality rates.

While each patient has a different story to tell, Hartley's clients reveal a balance of hyperawareness and denial of their disordered eating behavior. "Anorexia nervosa is exposed through a variety of symptoms," Hartley said. "The most common effects include the loss of menstrual cycles in women, hair loss, poor body heat maintenance, irregular heartbeat, gastrointestinal discomfort, poor bone health and general malnourishment."

Debra Murray, a health education coordinator for UNC-CH's Exercise and Sports Science department, assists college students coping with eating disorders from an athletic training perspective. From cross country to gymnastics, Murray coached a collection of athletes dealing with eating disorders throughout the past 30 years. Murray clarified, "Anorexia in particular is strongly correlated with children that are perfectionists, people pleasers and of high intelligence. They don't cause trouble, and their intelligence allows them to hide these kinds of issues that require attention." Murray highlighted the importance of carefully observing the behaviors of her athletes suffering from anorexia and gaining a sense of trust with them. "Their eating disorders are about them taking control in a way that is not harmonious with health and wellness," Murray analyzed. "They don't feel like they have control over their own lives. It's a real battle and a lonely place for these women. You have to be empathetic but not enabling, which is a very sensitive and interesting balance."

Xavier University senior Elizabeth Heitker understands the anxiety and frustration of finding this balance in helping another woman cope with her eating disorder. Heitker

spent the past year trying to figure out a way to address her roommate's closeted anorexia. Emotional insecurity stemming from an unstable romantic relationship left her usually bubbly and personable friend quiet, isolated and avoiding mealtimes. "I knew something wasn't right because of the way she was acting and hiding things," Heitker confided. "She began spending a lot of time in her room alone and didn't want to go out." Even after the young girl's nursing professor addressed her dramatic weight loss, her behavior only changed slightly. Heitker invited her roommate to meals more often to encourage her to eat, but she simply pushed food around her plate. "She was in such a fragile state psychologically that I had to be really careful in the way I approached the issue in speaking with her," Heitker sighed. "It seemed that every time she experienced an emotional hardship, her appetite would disappear as a means of coping." Ultimately, Heitker felt obligated to take a more hands-off approach and let her roommate make her own decisions instead of failing to help encourage the recovery process.

Addressing harmful and stigmatized mental illnesses like eating disorders is a significant challenge for women like Ahrens, Ludwig and Heitker. Hartley advocates for a three-pronged approach of treatment including psychotherapy, physician services and specialized nutrition attention to provide an effective means for recovery. Additionally, the utilization of prevention tactics is critical in working to reduce the rates at which these illnesses arise. "We need to focus on positive body image and communicate to people that having negative body image does not have to be the norm," Hartley declared. "We need to shift attention away from the body and place it on strength, intelligence and courage, qualities that serve a higher purpose and deserve to be valued.