



# HunGer GaMeS



SO YOU THINK BEING THE THINNEST GIRL IN THE ROOM AUTOMATICALLY MAKES YOU PRETTY AND POPULAR? YOU COULDN'T BE MORE WRONG.  
BY **FIONA MCKENZIE JOHNSTON**

**I**f I could have had one wish as a teenager, I would have asked to be thin. I wanted to be hipless and bustless and able to wear spaghetti-strap tops with no bra (it was the Nineties). In my quest for the perfect grunge body, I starved myself, then binged, and finally stuck my fingers down my throat. I didn't tell anybody. My weight yo-yoed: I was never thin enough to cause worry. Most of the time I was decidedly on the chubby side – so much so that my mother asked the doctor if there were any pills I could take to help my 'water retention'. I remember a boy at school looking at the label of a jersey I was wearing and reading aloud, smugly delighted with the rhyme, 'Racing Green, Size 14'. I still recall the shame, and thinking that everybody must now know that I was fat, as if the number itself had given the game away. I tried starvation again, and failed again, and binged again, and the weight of the hatred I felt for myself increased exponentially with every pound I put on.

Two decades on, eating disorders are more prevalent than ever, with related hospital admissions rising 16 per cent last year alone. Beat (Beating Eating Disorders) estimates that there are now more than 1.6 million British sufferers. Those most likely to be affected are young women between the ages of 12 and 25. Ten per cent suffer from anorexia and 40 per cent from bulimia, with the remaining 50 per cent – like me – diagnosed with EDNOS (Eating Disorder Not Otherwise Specified), a sort of 'middle-ground' category that includes binge-eaters. It's just as serious as the other two, and carries the same long-term health risks. All of these disorders are linked to a whole raft of health issues. Malnutrition leads to respiratory problems, blindness, heart attacks and death; dehydration leads to heart damage, kidney failure, brain damage and death; then there's osteoporosis, irritable bowel syndrome, digestive ulcers and an increased risk of colon cancer. Not much fun – take it from one who knows.

It's hard to define what triggers an eating disorder. For me it was vague: I wasn't enthusiastic about entering puberty and I didn't want to be too heavy for my childhood pony (seriously). A friend, let's call her Esther, started making herself sick after moving to a new school, because she felt as though her life was spiralling out of her control. This continued when she moved schools again and had to start over with new friends. Nearing recovery in her early 20s, she suffered a setback when her father died suddenly. 'Loss was the recurring theme,' she says. 'I veered between trying to fill the void with food then purging – punishing myself for having lost control, trying to divert ▷

I SURVIVED ON VERY LITTLE, BUT EVERY COUPLE OF WEEKS I'D GO FOR BURGERS, FRIES AND A WEEK'S WORTH OF CALORIES IN CHOCOLATE

the pain I was feeling into the pain of hunger. I wish I'd found something else to occupy my mind – anything would have been more worthwhile than what was effectively self-harm, which made my family suffer too.' Another friend, Harriet, was dropped by her best friend upon leaving school, which, coupled with 'always feeling like the less glamorous one in a pair of sisters', led her to start making herself vomit while teaching in Africa on her gap year. 'I think I was subconsciously terrified of having to start again – proving myself at university. Making myself sick was an attempt to wrest that control back. Not a helpful one, it turns out – I ended up feeling even more out of control than before.'

Janey Downshire, of parenting counselling group Teenagers Translated, says that triggers can include 'changes in home life, such as moving house, parental divorce, or anything else unsettling like falling out with friends, feeling excluded or exam pressure'. These are all events that provoke a feeling of being out of control – and in 'crisis' the body responds by releasing stress chemicals that can be temporarily alleviated by things like binge-drinking, drugs or compulsive eating habits. But what might at first seem like a quick-fix solution can quickly snowball into a more deep-rooted disorder, damaging you both physiologically and psychologically. It's tough to spot what might turn from a diet into an eating disorder – and when this has happened. 'Once a girl's periods have become disrupted, her long-term health is in danger of being compromised,' explains Dr Adrienne Key, medical director of eating disorders at the Priory Group. Downshire also warns that eating disorders can be contagious: 'One girl will start getting lots of attention, and others may jump on the bandwagon.'

Neither of my friends were obvious 'candidates'. Esther had great legs and a wickedly dry sense of humour; boys loved her. Harriet was considered the most beautiful girl in the year and was picked as head girl by the other pupils. But, as with those who were less obviously attractive and popular, we were all united by a negative self-image. 'I didn't like myself, but I thought I might just be able to bear existence if I could shrink to the smallest size possible,' explains Esther. At one stage she was vomiting blood, her hair was falling out and she had burst blood vessels under her eyes. 'The enamel on the back of my teeth is all gone and, even at 32, I still hate going to the dentist because I know they know why,' she says.

Almost all leading private schools (whether boarding or day schools) now have supportive procedures in place. Of the 25 *Tatler* contacted, both co-ed and single sex, every one was quick to offer their official policy on the issue. Procedures include giving staff annual training, weighing all pupils every term and imposing exercise restrictions on sufferers if deemed medically necessary. If schools even suspect there's a problem, parents are informed at once, and a 'care plan' will most likely be developed with the medical centre. In many cases, housemistresses or matrons will have a discreet talk to the sufferer's close friends. 'Living with the girls, you notice subtle changes in their mood and manner very quickly,' says a housemistress from a top boarding school. 'It's vital that their peers have the chance to offload their worries too.'

By the time I got to university, though, I was still suffering. I had a long list of 'banned' foods, and survived on as little as I could – except for once every couple of weeks, when a co-sufferer and I would go out for burgers and fries, followed by nearly a week's worth of calories in chocolate. I'd finally got myself down to a size eight, but I was no fun to be around. Let's face it, few of those with eating disorders make great company. Being exceptionally self-obsessed is an almost universal by-product. I couldn't go to restaurants in case the waiter brought me a regular Coke instead of Diet. Finally, when I started making myself sick again after I graduated, I realised I needed help. I couldn't bear to spend any more evenings hunched over the loo sobbing. I went to my GP and she referred me to local NHS therapists, whom I saw for several years.

Because I was diagnosed with EDNOS, weight restoration itself wasn't the only issue. Instead, as with anorexia and bulimia, the problem was psychological. 'Anorexia is an expression of something else,' explained Grace Bowman in her memoir, *Thin*. 'The body becomes a symbol to try and put across that expression, whatever it may be.' I have variously been diagnosed with depression and anxiety, and it was only when I understood how to manage those that I properly learned how to eat. 'It is essential for long-term recovery that the psychological issues are addressed,' confirms Dr Key.

We are all 'better' now, but recovery is a gradual process. Harriet's mother took her to the Priory for one counselling session but 'it was stability and love that saved me,' she says. 'The boys I lived with at university cooked for us and we ate together every day.' Esther agrees that feeling secure is critical: 'My mother never stopped mothering me. My father read books about it and found me the best therapist he could. And my sister never gave up trying to understand.'

My teenage years were not entirely happy ones. My eating disorder accounted for so much lost time – time that could have been much better spent. I wish I'd got help sooner. Ironically, both Esther and I acknowledge that now, in our 30s, our figures are better – even post-children – than they were when we were in the grips of hunger. Our bodies settled once we'd stopped abusing them and given them a chance to recover. We each discovered that one doesn't balloon the minute one misses a day (or a month) at the gym, and that the odd piece of cake has zero effect on the scales. I'm not saying that I can now wear a spaghetti-strap top, but, quite frankly, they look awful on everyone. And my pony? She was strong. I never outgrew her. □

## WHERE TO GET HELP

IF YOU'RE WORRIED ABOUT YOURSELF, A SIBLING, OR A FRIEND, YOU NEED TO TELL SOMEBODY – WHETHER IT'S THE SCHOOL NURSE, YOUR GP, YOUR HOUSEMISTRESS, A TUTOR, OR A PARENT. THE EARLIER YOU CAN GET HELP, THE MORE LIKELY, AND SWIFTER, A FULL RECOVERY WILL BE.

**NHS CHOICES** (NHS.UK) GIVES INFORMATION ABOUT CONDITIONS, TREATMENTS AND LOCAL SERVICES.

**TEENAGERS TRANSLATED** (TEENAGERSTRANSLATED.CO.UK) OFFERS ADVICE FOR PARENTS.

**BEATING EATING DISORDERS** (B-EAT.CO.UK) RUNS A HELPLINE, CAN PUT YOU IN TOUCH WITH A LOCAL SUPPORT GROUP AND HAS MESSAGE BOARDS AND BLOGS WITH ACTIVE COMMUNITIES.

**YOUNGMINDS** (YOUNGMINDS.ORG.UK) IS A CHARITY COMMITTED TO IMPROVING THE EMOTIONAL WELLBEING OF YOUNG PEOPLE, AND ALSO OFFERS EXTENSIVE ONLINE SUPPORT.

**EDBITES** (EDBITES.COM) GIVES THE LATEST NEWS AND SCIENTIFIC DISCOVERIES RELATED TO EATING DISORDERS.