

Someone near and dear to me is starving and she does not even know it. Two years ago she weighed 93 pounds. Two months ago, when she was admitted to Children's Hospital with threateningly low blood pressure and low body temperature, she weighed 73 pounds. She suffers from anorexia nervosa, a term coined in 1873 by London physician, William Gall. A century later, when Karen Carpenter died of this same condition in 1983, we started to pay more attention to this cruel form of self-deception. Yet, even now, we know so little about it and it is so difficult to understand; the girl I know is skin and bones but she thinks she's fat. She really and truly believes that.

The early signs of anorexia were already there about two years earlier, right on time, as she entered junior high school. Get straight A's and keep busy with dancing and running. Those were the goals, along with looking cool and staying thin. The parents recognized those signs and began nutrition counseling and therapy.

The concerns with weight and image were her constant companions, though, and they moved in to stay when her health class showed the movie, *Super Size Me*, to highlight the problem of obesity in the United States. She felt so disgusted by what she saw that it motivated her (and some other girls) to lose some weight. Unbeknown to the health teacher, some of the students brought home the wrong lesson.

Even though the adolescent waif had become an expert at hiding her slight frame in loose clothing and at convincing her parents that she had eaten sufficiently, the parents soon realized that action had to be taken. So, without health insurance, they took her to the family doctor. The doctor was so alarmed by her condition that hospital admission was recommended. That's when the parents descended into the hellish maze of health insurance options for people on unemployment. "Don't worry," they were told. "Your daughter can apply for Mass Health." Several days later they discovered the caveat: an \$8,000 deductible. Now, who can afford \$8,000 when they are out of work? Maybe it should be renamed to Mass Stealth, for that was pretty sneaky.

With insurance in place, the girl's former therapist was immediately contacted. Upon hearing of the hospital admission, she informed the parents that her "specialty was actually appearance disorders and not anorexia".

Beside himself with anguish for his daughter and fury over this therapist's sudden awareness of her "specialty", the father grabbed the phone from his wife and asked the psychologist, "What is your specialty? Lying to people and being paid for it? You were told two years ago that we came to you because our daughter was anorexic. Sure, you said you considered that to be a subcategory of appearance disorders but you still saw her and received payments for a year and half without any mention that it was not your specialty!"

In addition to unaffordable deductibles and unethical therapists, the parents have made many more discoveries since then and do their best to keep up with the paperwork, the lessons about the disease, their own parenting lessons (Try going a day without talking about appearances or food!) and the daily trips in and out of Boston to visit their beloved. It was two months before they could leave for a day out of the hospital with a "day pass".

Imagine being so worried about gaining weight that you'd pour your required bottle of water into a plant, if you thought no one was watching. Imagine weighing only 73 pounds but insisting that the hospital scales must be wrong. Imagine weighing only 73 pounds, being required to finish a meal, (or drink a meal replacement), and on day one in the hospital, screaming at everyone, "You're killing me! You're hurting me! You only want me to get fat! My stomach is already fatter!"

It's a strict program at Children's Hospital because the child's life is threatened. Bathroom doors are closed enough for privacy but kept open a bit for listening by staff and the patient is not allowed to flush. They must keep what they eat. There are scheduled sessions of therapy and nutrition counseling and some time each day is set aside for schoolwork.

Despite all these measures to ensure these girls eat and, despite having seen all the tricks and tips used by these anorexic patients, the hospital learned a new one this week. They noticed that one of the girls was not turning in all the radio batteries she requested. An X-ray showed them stuffed inside her in an attempt to fool the scale and doctors.

The energy expended to control their choices and will themselves to not eat and not gain weight is done so with the same force and intensity you or I would use to find food and eat so that we would not starve to death. It is an upside world that is real to those who suffer from this disorder.

The young patient has gained weight and her vital statistics have improved. She is physically out of the imminent threat zone but her mind has not changed. That will take a long time. Or maybe it won't ever change. Maybe she will have to learn this mantra, "I don't want to eat but I will because I want to live."

In the meantime, she is blessed with parents who understand the seriousness of her current way of thinking and who "just" want her to accept herself and love herself, rather than compare herself to society's ideal as seen in super thin models. If she can at least do that, she'll be OK.

Cathleen Drinan is the health agent for the Town of Halifax. Everyone needs their own mantra. What's yours? She can be reached at 781 293 6768 or cdrinan@town.halifax.ma.us