

**CAMPUS CHAOS  
KAYOES FREE SPEECH**

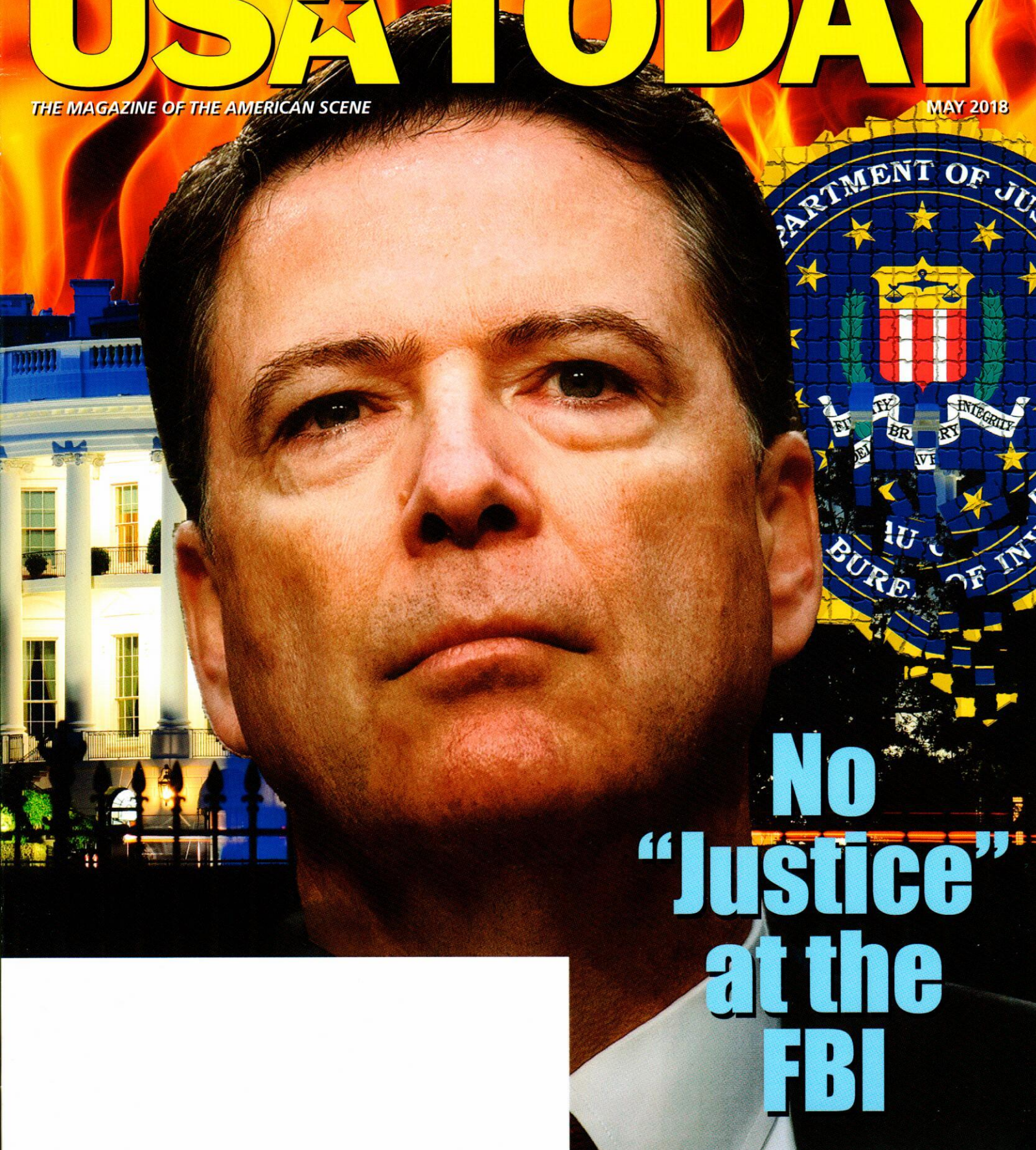
**IMPEACHMENT  
IN THE OFFING?**

**ALGO-MEDICINE  
ON THE UPSWING**

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**No  
“Justice”  
at the  
FBI**



**T**ODAY IN THE U.S.—supposedly the land of plenty—every night millions of people go to bed hungry due to poverty. They simply cannot afford to buy the food they see on the supermarket shelves. I am not one of them. In addition, millions literally are starving themselves to death because they are suffering from a condition known as anorexia nervosa. I am not one of them, either. I have one of the other eating disorders—bulimia, characterized by repeated cycles of bingeing and purging. Research shows that ED (eating disorders) cause all sorts of threatening conditions. To name just a few: stroke, electrolyte imbalance, rotted teeth, ravaged knuckles, esophageal cancer, etc. Celebrities routinely die from ED—non-celebs, too.

None of the above was of particular interest to me in 1966 when ED first started flirting with me. I was a transfer student attending the University of Florida in Gainesville—1,000 miles away from my mom and dad for the very first time. My high school boyfriend had just broken up with me. I was unsure about a major field of study.

Along with all of the changes I was experiencing at that point in my life, my grounding thought was to stay thin. If I was thin, I could cope—and when I found a way to be thin, remain thin, and eat all the forbidden stuff I secretly craved . . . well . . . I thought I had died and gone to heaven. Little did I know that this designated path very well could lead me there a lot quicker than desired, and little did I know that my brand of heaven would shortly turn into a hell of my own making.

This all was occurring in the iconoclastic 1960s, way before: eating disorders even had a name; campus counseling centers offered treatment; sorority houses would need their plumbing pipes replaced on a regular basis. Why?—because so many sorority girls were throwing up after carb binges that their stomach acid was corroding the pipes' interiors.

When I began bingeing and purging, there simply was no vocabulary to describe what I was doing. At that point, I viewed my strange behavior as not only benign, but as a very creative by-product of my highly functioning right-brained mind. Once again, I had found a clever way to live my life. I could indulge my cravings by bingeing and I could control my weight by purging. Best of all, when engaged in this cycle, my mood lightened; my angst lessened; and I remained lean.

Moreover, great things happened when the scale was south of 110 pounds: my cheekbones became more prominent; my love life took off; my hour-glass figure became even more finely chiseled; I went from ordinary looking to noticeable. What 18-year-old college freshman could resist the allure of that? Keeping my weight low was the key to my outer beauty, and my outer beauty was the key to my sense of self worth. ED had found a home and he would reside with me for many years—the one constant in a life of flux. He was a satisfied tenant. I was a very accommodating landlord.

I slavishly was addicted to the needle on the scale as my barometer of appeal and worth. It was a teetering, tottering structure on which to attempt to build a life of resoluteness and self-confidence but, with ED by my side, I had a shortcut to self-sufficiency, control, confidence, and consistent and enduring attractiveness.

As I slowly would learn over the following decades, there are very few true shortcuts in life, and shortcuts that are not firmly grounded in self-discipline and positive coping skills only lead to dead ends.

A very good friend, whose daughter happens to be bulimic, asked me how I would describe binge behavior. Here is my answer: eating huge amounts of food in less than two hours; feeling powerless to stop and numb while doing it. I have been bulimic since I was 19 years old, and I binged and purged until I was on the brink of Medicare.

I always felt like such a fraud. On the surface, I appeared

# ADDICTED TO THE NEEDLE ... ON THE SCALE

BY IRIS RUTH PASTOR

*"[Eating Disorder] had found a home and he would reside with me for many years—the one constant in a life of flux. He was a satisfied tenant. I was a very accommodating landlord."*



serene, confident, in control, and exuding vitality. Underneath, I was not what I appeared to be to the world. I was nervous, agitated, unhappy, and lacking self-assurance. Forces I neither could understand nor control were driving me continuously and relentlessly to binge and purge daily. That was not the arbiter of a mature, well-balanced, and highly functioning adult. It all was such a pitiful facade.

Was my bulimia a personal weakness? A disease? A condition? An addiction? A disorder? A character flaw? I keep going round and round and round in circles trying to parse out the truth.

I am consumed by desperate efforts to rid myself of ED. My habitual mantra of "It will be better tomorrow; tomorrow I will try harder" proves heartbreakingly ineffective. I continually try to stop; my trying leads to an increase of bingeing and purging—which leads to increased desperation and despair. My self-image is tarnished, altered, irretrievably damaged. Many moons have waxed and waned since I viewed myself as someone who could overcome obstacles. The flames of failure engulf me.

No triumphs grace my doorsteps. My attempts to eat normally are short-lived—botched, diminishing. My spiritual flame burns low, sizzles almost to extinction, like a flickering candle with still so much usable wick remaining. Comfort is found anonymously, provided by others tormented like me. Here are some of their tweets:

"If I can't see my bones, I'm nothing."

"I long for that feeling to not feel at all. I need saving from myself."

"My family thinks I'm an alien from planet depressed."

"Be skinny or die trying."

"This year is going to be different she says every year."

"I miss the person I once was."

"I want to be thin more than anything, and if I die getting there, so be it."

"I wanna hear about the inner workings of one of those pretty girls who seems to get whatever she wants."

"I puke, therefore I feel."

"Just another girl fighting for perfection."

"Welcome to the dark side."

It was Feb. 14, 2012—another Valentine's Day when I felt rather despondent because the loving accolades I yearned for had not materialized. I was in the half bath, downstairs, with the door locked. My husband was asleep upstairs. The television was set to CNN. I had just finished throwing up a half gallon of chocolate chip cookie dough ice cream and already was beginning to wonder what else I could eat and vomit up before desultorily climbing the stairs to bed.

As I flushed the last of the ice cream down the toilet, I happened to catch a glance of my face in the oversized vanity mirror. Horrified, I stared at the unfamiliar image. My skin was blotchy, my eyes—always my best feature—were bloodshot and teary. My chin sported a

glop of something half digested from dinner that I had no interest in further investigating. "This is how you want your grandchildren to see you—a crazed wreck of a woman?" I asked myself miserably.

Slowly I made my way to the door, turned the handle, and walked out into the dimly lit, cooler hallway. I vowed that never, ever again would I vomit after a food binge, and I devised a simple plan: No matter how much I ate, I would not purge.

There was no band playing. No eager loving friends and family cheering me as I crossed the finish line on my self-destructive path. No vigorous back slaps. No hearty voices of encouragement. Just a quiet family room and a TV and me. I was alone, but strangely, not terrified. That terror would descend later—in the days following—when I had to keep my hands over my ears. When I had to block out ED's screams. "You can't get rid of me. You can't get rid of me. You can't get rid of me." Its echo would follow me for days.

## A weighty Medicare decision

Nevertheless, six months before my 65th birthday—poised on the brink of Medicare—I decided I wanted both to grow up and own up. I wanted to be a fully functioning, mature woman. I wanted to be the best I could be—not perfect, but good enough.

For the first time in a long time, I wanted to believe in myself and take back my power. Most significantly, I wanted to be on the inside what I have for so long appeared to be on the outside: healthy, in control, and charting my own course. I carried that warrior-like demeanor into treatment. I would need it, and so began my journey to resolution and re-engagement, and so began my outpatient treatment at an eating disorder center close to my home.

I welcomed the change from being a director at work to being an outpatient at the treatment center. Someone is caring for me. Someone is monitoring me. I relax the reins. It feels safe there—contained, warm and dusky, like I imagine a womb. I arrive at 4 p.m. on Monday, Tuesday, and Thursday every week and stay until 7 p.m. We have group and individual therapy each day, with dinner in between.

One spring evening, after dinner, the group leader poses a question with seeming casualness. "What are the triggers propelling you to abuse food?" she inquires. "To use it in other ways than the intended way—which is to nourish and sustain your body?"

"Hmmm," I wonder, "what propels me to head for the freezer for ice cream when I'm not even hungry?" Quite surprisingly, the answer comes to me readily: frustration.

"I get stuck, or I stumble in an activity, or I hit a temporary roadblock," I relate to the group, "and then, my mouth begins to salivate and immediately my mind swerves to what food I can eat—right this minute—to provide me with a reprieve from the discomfort enveloping me."

The therapist probes further. "What can you do to alter your automatic negative and destructive response to frustration?" I am thrown into neutral gear by that question. I stall. "I can't think what to do," I admit. "Except, of course, eat everything in sight and then throw it all up. That soothes me."

It is clear to everyone in the group, including me, that I need to find other activities that calm me—that will induce a state of relaxation. My immediate thoughts jump to knitting. You cannot knit and binge at the same time and, as a wise knitter once quipped, "Knitting keeps you from unraveling."

The next day, I dig out my knitting needles, balls of multicolored yarn, and my stitch counter—stashed out of the way in the front hall closet under the stairs.

Shortly thereafter, our group receives an additional member: Singer, a young woman in her 20s, was released from inpatient treatment the week before and had spent the next seven days bingeing, purging, and drinking alone in the one bedroom, un-air conditioned apartment she rents with her boyfriend—the subliterate brute who works at a beach hamburger shack down the road from our treatment center.

Following her relapse, Singer shows up in outpatient therapy. I eye her warily. She is a mess: despondent, despairing, dirty. Her mouth is slack, her eyes glazed, her hair tangled, her complexion pasty. My first reaction is to turn away—self protect, as if her stumbling is contagious. I recoil in fear.

"What do you like to do, Singer?" our group leader probes gently, "in your free time?" Her question is met with silence. I detect a stiffening of Singer's shoulders. I am almost at the point of not listening to her interaction with the group leader, when something Singer murmurs catches my attention.

"I like to do things with my hands," Singer replies, rather sheepishly. "When I was a little girl," she continues meekly, "I liked those looms you bought at the dime store, the ones that made those colorful pot holders you gave your mom on Mother's Day."

"Try knitting," I call out spontaneously, surprised at my own reaction to her remarks. "It's hard to binge and drink when you are holding two knitting needles in your hands." My companions laugh and, to my surprise, Singer's deer-caught-in-a-headlight gaze fades just a tad. The next night, I bring her an old striped beach bag filled with knitting needles, three balls of different colors of yarn, and an instruction book. I hand it to her, uncertain of her reaction.

A broad smile appears on her pinched face, as she tentatively reaches out for my gift, and I realize how very pretty she really is. ★

*Iris Ruth Pastor has published more than 700 columns in various outlets, and is the author of The Secret Life of a Weight-Obsessed Woman: Wisdom to Lead a Life You Crave, from which this article is adapted.*