

the weighting game



Imagine if the thought of eating a hamburger reduced you to tears. But then anorexia and bulimia are not exactly rational disorders. We spent 24 hours in an eating-disorders clinic where tough love is saving lives



This picture Only those unable to cope in their daily lives and suffering on severe psychological and physical levels are admitted to the Crescent Clinic Eating Disorders Unit. These girls feel they 'can never be too thin' and are more comfortable being skeletal than facing their deepest fears.

Inset Nurses in the clinic's Eating Disorders Unit are both mothers and shoulders to cry on; socialising with the girls yet monitoring them every step of the way.

Right Meal times are always traumatic – for these girls, food is the enemy.

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luffy teddy bears, pink pillows and a painted mural of tropical fish make the room look more like a children's nursery than a hospital ward. The only anomaly is the basin with taped-up taps to prevent the bulimics from washing down vomit and anorexics from drinking water to bloat themselves before

being weighed. The bathroom door remains locked for the same reasons and the nurses are the keepers of the key. The girls ask permission to use the toilet.

Samantha*, 35, steps out the bathroom with a pink towel wrapped around her head. At the Crescent Clinic Eating Disorders Unit (EDU) girls are watched by specially trained nursing staff 24/7. A nurse flushes the toilet after her. 'We are not allowed to flush in case we vomited,' says Samantha. She is not bulimic, but the same rules apply to everyone.

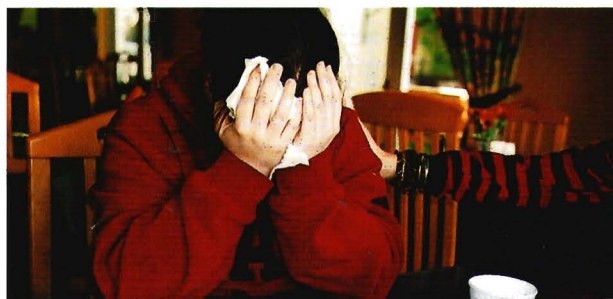
At 6am Inga*, 15, slips her baby-blue gown off her fragile frame and stands in her underwear, with her back to the scale, to be weighed. Inga is underweight and malnourished from starving herself for eight months. At 1.7 metres and weighing just over 40 kilograms she was diagnosed with anorexia nervosa and is enduring her first few weeks as an inpatient at the only private specialist unit for eating disorders in South Africa.

Inga is one of five girls currently admitted to the six-week programme. 'I got scared by people telling me I was going to die,' she says. 'There was nothing wrong with my body ... starving myself was definitely a coping mechanism.'

But it's a coping mechanism that backfires as the pursuit of bingeing, purging or starving inevitably spirals out of control. 'Where do you stop?' asks Inga. 'You can never be too thin ... even skeletal is not thin enough, because the more weight you lose the more you lose perspective.'

At such an acute stage of an eating disorder a girl's perception of reality is severely warped. 'I'm scared to gain weight,' she says, 'I feel safer like this.' She projects all her negative beliefs and feelings onto her food, body and weight, and becomes emotionally numb. The clinic aims to deflect her attention away from her obsession with food in order to help her get in touch with her feelings.

Nurse Suzy Essack, who has worked with eating-disordered patients for a decade says, 'I socialise and eat with them. I'm a mother and a shoulder to cry on ... it's a trust thing.' Downstairs the breakfast table is laid with





In group therapy the girls explore their inner child. They look at photographs of positive childhood memories, which connect them with something positive about themselves. They also draw trophies to symbolise one thing they feel proud of having achieved.



plates of prepared food individually wrapped with the girls' respective names written on the wrapping in black pen.

The menu is based on a strict meal plan administered and monitored by Julia Lovely, one of the clinical dietitians. It is imperative that each meal plan, modified according to the individual's dietary and nutritional needs, is followed daily and conscientiously. 'The more consistent you are with your meal plan, the more your body will learn to trust you,' says Lovely.

For these girls, food is the enemy. Eating certain foods in certain quantities induces guilt, shame and a sense of betrayal that become emotional and psychological torture. Moods at meal times vacillate between tantrums, sulks, hysteria and silence.

Ashleigh*, 25, a bulimic, slumps down in her chair covering her face with her hands. Inga reaches out to comfort her. 'An eating disorder is an all-consuming illness,' says nurse Suzy. 'I don't just sit with the patient. If she doesn't want to eat, I talk to her and explain that food is not the baddie. She must learn not to take her feelings out on her food.'

Suzy ensures meals are eaten within half an hour to stop the bulimics guzzling and the anorexics nibbling. A refusal to eat results in being forced to drink a nutritional supplement. 'It calms your mind because it's fluid but the content is scary and it tastes disgusting,' says Samantha.

After meals the girls are under strict supervision. This prevents the anorexics from exercising to burn off calories and the bulimics from purging or brushing their teeth (they must learn to accept the aftertaste of



food). Nurses test the girls' blood pressure before they head to their room for 15 minutes of free time.

They crash onto their beds. Inga faces the wall in the fetal position. The atmosphere is melancholic. They are meant to be processing the uncomfortable feelings that surface after eating. It's difficult to imagine the extent of their mental flagellation. Their immediate reaction is to hate the food. 'You feel like a stuffed turkey – all we do is eat!' says Samantha fighting back tears.

The clinic's programme coordinator and occupational therapist Nasreen Hoosain fetches the girls for a life-skills session. Today they are dealing with their inner child and sharing photographs of positive childhood memories. Nasreen says: 'We encourage them to talk about how they feel so they learn to identify simple feelings like being happy or sad. This takes their focus away from food.'



Top right A trip to Nandos forces the girls to experiment with 'scary' food. Although a dietician has endorsed the burgers, patients are permitted to swap the roll for a 'thinner' pita. For some, the concept of eating a roll is just too daunting.

Above left The girls are weighed twice a week. They are forbidden to see the numbers on the scale. The aim is to change each girl's weight by no more than 1kg to 1.5kg per week.

Above Taps are taped so bulimics are unable to wash down vomit and anorexics are prevented from bloating themselves before being weighed.

Next page above Each meal is scientifically monitored and pre-packed. The packaging also prevents the girls from hiding or stealing food.

Next page below A shopping challenge encourages the girls to allay their fears of food shopping. Ashleigh* jokes she could actually eat her trolley load in one binge.

Waiting at the nurse's station are two new inpatients. Claudia*, 16, sits with her arms locked against her chest and her legs entwined and Tanya*, 19, stares vacantly. They are admitted to the programme and file into the consultation room with all the girls for 'snack'. 'For me, this is the worst part of the day because I'm still full from breakfast,' moans Ashleigh. Inga diligently eats four biscuits, six prunes, 125g of custard and

two marshmallows. Her food counts are high because she is still far from her goal weight.

Another 15 minutes of free time is allocated. 'It is very important that they learn to sit with the feeling of having eaten and to feel what emotions come up,' says Nasreen. 'But I'm so full,' groans Inga. 'I don't want to lie down, I'm not a vegetable! I want to move!'

The girls hug their knees to their chests and recoil their bodies like frightened spiders. Silently, they count the calories in their heads.

Their sombre moods lift during movement therapy with Noa Belling, a movement and family therapist. As the girls jump and stretch, their apathy and lethargy dissipates. It is the only time they feel a sense of joy. 'Movement allows them to feel alive and discover their bodies in a positive way,' says Belling. The girls are hyped up. Free time goes by in

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a flash. They race up to their room, whack one another with pillows and jump on the beds before collapsing in hysterics. Nasreen explains how vital it is for them to play like children because they're 'usually so self-absorbed they can't accept any motivation.'

A weekly lunch-time-challenge outing encourages the girls to experiment with 'scary' food. Occupational therapist Meena Laloo says, 'I look at how an eating disorder affects the patient's daily life.' The dietician has endorsed chicken burgers on the meal plans. The girls are anxious. At the take-away counter their resistance starts up. 'I don't even eat burgers,' says Tanya.

'I hate mayo.'

'Salad makes me throw up.'

'Everything is deep fried.'

'I hate fast food.'

Tanya cuts the roll into tiny pieces which she bites grudgingly, rams the patty aside with her fork and bursts into tears. To an outsider, Tanya's behaviour may seem infantile or insane but eating is the hardest part of her day. For this reason, after every meal, the nurses and therapists ask the girls to discuss their feelings and today is no different. This discourages them from transferring their emotions to not eating, over-eating or hating their food.

Back at the clinic, Nasreen asks them to draw a trophy symbolising one achievement they feel proud of. 'It teaches them, in a small way, to be proud of who they are. They are so good at listing their negative points because of their low self-worth.'

Tanya's page is blank and her eyes well with tears. There is nothing she feels proud of. Her self-destructive behaviour has stripped her of all other interests. 'A lot of emotion comes from the simplest activity,' says Nasreen.

Throughout the day the girls chat about anything from blow-drying their pets' hair to Osama Bin Laden's whereabouts. The nurses discourage talk of bodies and weight. There is a lot of hate-speech towards the clinic because it is here they often break through their denial and confront painful pent-up emotions and memories.

Nasreen says: 'At first these girls only spoke about food and fat ... then it shifted ... now they sometimes open up and talk about feelings.' A huge part of the programme that encourages

them to do this is expressive arts. Drawing, using clay and collage helps them to become creative in positive ways instead of harming themselves. It is important because eating disorders often stifle and debilitate creativity.

The day's activities cease before supper, which is roast chicken, potatoes and broccoli. 'Two out of three patients became vegetarian as their eating disorders develop; it's usually an excuse not to eat,' says Suzy. This explains why Claudia and Tanya are allowed to eat yoghurt and toast but only in their first week. Thereafter, they have to eat meat. The dietician and psychologist make an exception if a girl has been raised as a vegetarian or if it is part of a religious belief system.

One of the most indispensable parts of the programme is tonight's support group facilitated by psychologist Alexander and therapist Fiske. It's open to both inpatients and outpatients at varying stages of recovery. 'Although there is a 60 to 70 per cent recovery rate, the programme does not lend itself to cure,' he says. 'Our goal is to provide a foundation for the patient to work on a healthy level as an outpatient – a core part of which is the support group,' says Alexander. The inpatient programme is only part of a treatment strategy, most of which happens on an outpatient level and includes individual psychotherapy and dietetic management.

Approximately 500 inpatients and 1 500 outpatients suffering from severe eating disorders have been treated since the unit opened in 1994. According to head of the unit Graham Alexander, the clinic is a last resort for patients. Only those who are not coping as outpatients and require hospitalisation are actually admitted.

The clinic aims to take the control away from the patients in order to help them let go of the disorder. It acts as a support structure, providing them with the necessary skills to learn to cope with their lives and feelings once they are discharged. Inga says, 'If someone has an eating disorder they need to know it doesn't have to come to this.' Claudia adds, 'I think if you have to make peace with your body, then you should make peace with your emotions too.' ■

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*Names have been changed.

