



Bizarre intolerances, extreme diets, drunkorexia, orthorexia, bigorexia... **SARAH LANG** looks at why so many of us now have such an unhealthy relationship with our food

PICTURE / TRANZ

WHO DOESN'T know someone who's on a diet? Whether it's rigorously adhering to the guidelines of the latest fad diet, eating only healthy food and "being good" before falling wholly off the wagon, or just restricting your calorie intake, obsessing about food has become the ultimate modern anxiety.

While anorexia and bulimia are eating-disorder stalwarts, a whole new swathe of dietary disturbances are on the rise: drunkorexia (substituting meals with alcohol), orthorexia (obsessive healthy eating) and bigorexia (men bingeing on protein for more muscle mass). Add to these an ever-increasing array of food intolerances, imagined or otherwise, food phobias, fashionable diets and health trends, and it's no wonder you'd think twice about hosting a dinner party these days. Does anyone eat normally any more? And why are we all so obsessed with the way we and others eat?

While bulimics and anorexics tend to keep their habits secret, "disordered eating" as this very modern phenomenon is officially known, has become culturally

acceptable. Celebrities adopt dangerous diets confident that instead of ridicule their bizarre regimes — recent favourites including Jennifer Aniston's baby-food diet and Beyonce Knowles surviving near-starvation on maple syrup — will spawn "how to" pieces in magazines. Television shows such as *You Are What You Eat* and *The Biggest Loser* make for mainstream viewing, while books about controlling food intake are instant best-sellers.

The other week I heard a woman order a burger without the buns. No one blinked.

Over our burgers, a friend and I racked our brains for female friends who didn't have some sort of food issue. Back home, I scrolled through my email list and realised more than half of my girlfriends have, or have had, major eating and body-image issues. There's the friend who, no matter how small the portion, feels compelled to leave some food on the plate; another who recently went on a blue-food-only diet.

I'm certainly not immune. Between the ages of 16 and 26, I slid back and forth along the disordered-eating spec-

trum: extreme dieting, overexercising, overeating, bulimia, and a short period where I barely ate. A lot of reading, a little therapy and some hard mental work later, my eating issues have been sent packing — though I have to keep reminding myself that staying diet-free is an act, not a lack of willpower.

"We live in a time when especially for women and girls, eating difficulties at the bottom end of the continuum are very common," says Dr Maree Burns, co-ordinator of Auckland-based agency Eden (Eating Difficulties Education Network).

Dieting is not an eating disorder but it is the most common form of disordered eating, she says, with a very high percentage of women dieting at any one time. There are so many diets to choose from that calorie counting's almost passe.

An Auckland lawyer tells me how she eats little when she's having a night out drinking "because it feels like I'm eating less and waking up semi-dehydrated from alcohol makes you feel thinner." The 28-year-old admits such behaviour is "terribly f***ed up".

Her friend, though, doesn't eat at all during the day if she's planning a big night out, to compensate for alcohol's calories. Her catchphrase is "eating's cheating".

This practice of forgoing food to spend your daily calorie allowance on alcohol, coined "drunkorexia", is well-documented in Britain and America and is on the rise among New Zealand women. While it's not a surprising practice given the pressure on young women to both binge-drink and stay trim, the lack of food to soak up the booze leads to drunker girls, riskier behaviours and even alcohol poisoning.

Another dietary disturbance, coined "orthorexia", denotes an unhealthy fixation on "healthy" eating that can lead to social isolation, malnourishment and extreme weight loss.

"It's an increasing problem in our current climate," says Burns. "The emphasis on health is so strong that people feel incredibly uncomfortable about eating food that's not low-fat, or organic or whatever and their restricted diet revolves around those concerns to the point that they're actually malnourished. Women

describe being unable to think about anything else except food, their bodies and their particular eating regimes and rituals.”

In Britain, a TV series called *Freaky Eaters* highlighted the number of people who suffer strange food phobias or addictions, including a chef who eats only biscuits and a woman obsessed with cheese. One might imagine such issues to be rare, but the story of Chris Hawkins, a 28-year-old DJ, suggests otherwise. *Freaky Eaters* showed Hawkins seeking help for his phobia of fruit and vegetables, which caused him to hold his breath when passing them in the supermarket and avert his eyes from other people's plates at dinner parties.

“Just seeing, smelling or touching fruit and veg made me nauseous and anxious,” he says. “It came on overnight when I was four but nobody can explain why.”

His diet comprised mainly meat, rice and pasta — if he feared his food had even come into contact with a salad garnish, he'd be unable to eat it. “It was embarrassing and seemed really weird.” However, when he mentioned the issue on his radio show, thousands of people got in touch to say they had had similar problems.

AND THEN there's that increasingly common cry: “I can't, I'm intolerant.” Every second person you meet nowadays seems to be shunning gluten, dairy, or some bizarre-sounding additive because of an intolerance.

Certainly, cutting wheat or gluten from your diet seems to be a trend du jour. For the thousands of New Zealanders who suffer the autoimmune disorder coeliac disease, gluten is a complete no-no — but many others are needlessly exorcising it.

“A lot of people wrongly hop on the gluten-free bandwagon,” says Anna Richards, an Auckland dietitian who specialises in allergies and intolerance. “Sometimes they do feel better, but not because they've cut out gluten but because they've cut out all the junky rubbish. Often they do lose weight and that's why some people do it.”

But are intolerances in people's heads or genuinely on the rise? Richards has witnessed a major increase in intolerances in recent years but says no one really knows what the numbers are — partly because intolerances are such tricky beasts to diagnose. In fact, there's no diagnostic test for them, because unlike allergies they don't involve the immune system. However, internationally it's estimated intolerances affect around five per cent of people, while about 25 per cent of people “think” they have a food allergy or intolerance.

Among our modern-day concern with what we eat, have intolerances become a badge of honour? Nearly 40 per cent of 1500 British people polled in a survey by Yorktest thought it trendy to be intolerant and many blamed celebrities. Of the 12 million who claimed to be intolerant, less than a quarter had had their condition formally diagnosed.

Richards admits it's easy to fall into the trap of wrongly diagnosing yourself with an intolerance. After all, if you type “bloating”, “stomach pains” and “intolerance” into a Google search, you're likely to self-diag-



PICTURE / PAUL ESTCOURT

WE'RE TRAINED TO CATEGORISE GOOD OR BAD FOOD, WHILE WHAT WE DO AND DON'T EAT SAYS SOMETHING ABOUT US AS PEOPLE — WE'RE CONTROLLED, WE'RE HEALTHY OR WHATEVER.

Maree Burns

nose. “There are so many red herrings,” says Richards. “People often come in and say ‘I need a gluten-free diet’, but often the issue isn't actually gluten, because they can eat rye crackers and porridge.”

You won't know what you're intolerant to, or indeed if you have an intolerance, she says, until you've followed a strict elimination and reintroduction diet. And Richards advises shunning foods willy-nilly. Cutting out a major food group has more than a nutritional effect, she says. “The impact on your life is social and financial as well, that has a huge impact on your life.”

Polly Newton, a 28-year-old Auckland speech therapist, has tried various intolerance diets — cutting out certain foods such as wheat and sugar for a period of time then reintroducing them. “I don't think I had the willpower to really stick with it because cutting out sugar for a week ... it's in things like tomato sauce and alcohol.”

While she suspected an intolerance at the time, “I think what was happening was I knew that I needed to lose the weight and I was hoping to find an easy solution.”

Over the years she's tried a succession of fad food regimes, including the food-combining diet and detox diets, one of which — a mixture of Epsom salts, apple juice and olive oil — had some seriously unpleasant gastrointestinal side-effects. “I was doing the diets to be healthy and, as a side effect, to lose weight” she says, “but I probably wouldn't have done them if I thought I wouldn't lose weight.”

Now a size 10 to 12 with a positive body image, Newton hasn't dieted for a year and combines healthy food with treats and regular gym visits. “I see the pinched expressions of girls at work when there's a cake — you can see they want a piece, and sometimes they'll even say ‘I'd love to but I just can't. I think about the cost benefit. Is denying myself worth the enjoyment of having a tiny body? No.”

Weight never crossed Christina Schregel's mind until she was 14. Growing up in Germany, the keen gymnast was naturally lean and strong. But when she got home from a junk-food-filled camp, her father disappointingly informed her she'd packed on the pounds.

“That was the first time I thought I need to lose weight. I was starting to think about boys and reading magazines where the models were all really slim and beautiful.”

By 15, Schregel was eating very little, often just two apples a day, and filling up on tea. “I was always afraid people would say ‘you're fat’, so eating almost nothing made more sense.” Her weight dropped to 46kg, but rather than concern, she got compliments.

A year later, weighing just 41kg, she could no longer hide her thin body. “My family said ‘You can't starve yourself to death, just start eating again’, but they couldn't feel the pain. They didn't understand there's something forcing you to lose weight.” It didn't help when her first boyfriend told her he couldn't stand it when women put on weight and liked her super-skinny.

Following therapy, she's been well for eight years, and no longer diets but she says her problem will never be gone — only managed. “I'll always be scared I'll get fat.”

It's probably obvious that Schregel had anorexia. But, like most other eating problems, Schregel's illness didn't fit neatly into a box. In her “well” phases, when she was eating more and not so underweight, she still practised rigorous dieting, calorie counting, excessive exercising, avoiding food when drinking alcohol, and binge eating. Compulsive overeating is the most common problem that Dr Charles Fishman, director of private Auckland clinic NZ Eating Disorder Specialists, treats. “People might starve themselves all day, then dinner becomes an all-night meal.”

IS ABNORMAL the new normal? Why do so many of us have such an unhealthy relationship with food?

Few question that society's slender ideal is at least partly to blame for the preponderance of eating issues.

“The idea that controlling our food intake, dieting and thinness are good and fat is bad is so ingrained in our society that it's not hard to see why women fall prey to diets, orthorexia and other forms of disordered eating,” says Maree Burns.

Taught to view food with suspicion, she says, we can start to see food as something to control rather than a source of nourishment. “Food has taken on moral connotations. Rather than eating when we're hungry and stopping when we're full, we're trained to categorise good or bad food, while what we do and don't eat says something about us as people — we're controlled, we're healthy or whatever. All these messages such as ‘fat kills’, ‘control your weight’ and ‘be very afraid of weight gain’ land in a cultural environment where all people hear is dieting messages.”

Those messages are compounded in glossy magazines full of skinny starlets, models, diet tips and diet ads. An article in the May issue of leading journal *Psychology Bulletin* describes a sweeping meta-analysis of 77 top-level studies, which found that exposure to media depicting ultra-thin actresses and models significantly increased women's concerns about their bodies, including the likeli-

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hood of unhealthy eating behaviours such as excessive dieting.

We’re certainly not exempt from the cult of thinness in New Zealand, where dieting is a \$100 million industry.

With studies showing 80 per cent of women are dissatisfied with their bodies, it’s no surprise that our eating is out of whack. But so is our picture of ourselves. One New Zealand study found that while 80 per cent of females were within normal weight limits, only 18 per cent thought their weight was normal. In another study of Christchurch girls, over half reported dieting, 12 per cent purging and 38 per cent bingeing, while more than seven in 10 wanted to be a smaller size than they (often wrongly) perceived themselves to be.

So is abnormal eating the way of the future? How will we ever snap out of it?

Eden, which receives no public funding and is reliant on donations, grants, philanthropic trusts and corporate relationships (like the Dove Self Esteem Fund), is aiming to be a cog in the wheel of change. As well as providing information, services and resources to individuals and organisations, the agency works at a societal level to promote body trust and satisfaction, size diversity, and prevent disordered eating.

“People tell us one of the really beneficial things they get from Eden is placing their difficulties in a social context — not placing blame on the individual — and [recognising] eating difficulties are a problem in this day and age,” says Burns.

FOR MANY people, disordered eating is born from food’s separation from its basic function as fuel which is a byproduct of too much choice, believes Dr Carol Cooper, a British health writer and expert on the subject. “People fuss about their food so much nowadays they have lost any normal outlook,” she says. “They don’t obsess just about avoiding ingredients, they elevate other items to ‘superfood’ status. Eating is imbued with the idea that ‘you are what you eat’, which makes people fixate. Even the word ‘diet’ has developed control connotations and lost its neutral ‘daily menu’ meaning.”

Maybe it is because the traditional “normal daily diet” no longer exists.

Perhaps we should cry intolerance: not to wheat but to a food-wary, diet-applauding society. Bring on the dinner party. □



IMAGE: Fearing criticism that she was overweight, Christina Schregel says eating almost nothing made more sense.

PICTURES / DEAN PURCELL

NOT JUST A GIRL THING

Although eating issues are largely a female domain, they affect men too. While sometimes this is an obsession with getting bigger and more muscly (dubbed “reverse anorexia” or “bigorexia”), statistics show men make up about 10 per cent of eating disorders in New Zealand, including what’s dubbed “manorexia”.

Kim Baker Wilson, a 27-year-old radio journalist, was 19 and halfway through his first year of university study when anorexia blindsided him.

“I’d never been happy with my body and definitely wanted to be thinner but suddenly I just didn’t want anything to do with food.” He started skipping university-hostel meals while putting in daily three-hour cardio sessions at the gym. When he did eat, he began involuntarily throwing up. “People talk about this voice in their heads, this constant chatter, and it was saying ‘There’s no point in food’. I think now how ridiculous that statement is.”

Friends coerced him into eating a little and seeing a counsellor and a doctor.

“The doctor said: ‘Well, you can’t be an anorexic because you’re a male’. What can you say? It’s still seen as such a female disease and statistically it is. So you feel really lost, not knowing what to do, really.”

His family felt helpless, while



BATTLE: Kim Baker Wilson struggles to understand what caused his eating problems.

others told him “to just snap out of it”.

Two years later he’d lost more than 20 per cent of his body weight, dropping to 60kg — extremely thin for a man of 1.8m — while still believing he was “heavenously overweight”. But somehow, slowly, he started eating and coping again.

Then in 2004, when he was

working fulltime, a second bout of anorexia came calling. “I’d turn up to work on a Wednesday, having not eaten since Sunday.”

Called into a meeting by concerned bosses, he stormed out, then turned around, came back and “confessed”. His employers organised a counsellor but Baker Wilson says he relied mainly on friends.

During both bouts he became severely depressed. “It’s something you wouldn’t wish on your worst enemy.”

For more than two years he has struggled to understand his illness. “I hope to never, ever go back. But people say it’s something that’s always going to be with you and that’s a scary thought.” □