

THE FATAL

Used to eat in a ditch when I worked on a kibbutz, so my boyfriend wouldn't see. Or I binged in secret in my room, made myself sick and hid the vomit which, if the shops were closed and I couldn't get any more food, I would actually eat. I was depressed, isolated and hopeless – food occupied my every waking moment. The public think we are greedy pigs, but compulsive eaters and bulimics don't enjoy food. Eating becomes an insane urge, a drug. Sometimes I would shoplift for my fix. I was crafty, animalistic and unreliable.'

Bulimia nervosa is a compulsive eating syndrome whereby the sufferer is addicted to a vicious circle of starving, bingeing and vomiting. It is not a new illness, but its details never fail to shock. Particularly when the horrors are related by young women like Mandy Worcester, attractive, well-spoken and one of the 4,000 secret eaters that Paulette Maisner has treated personally or by correspondence in the past four years.

A recovered bulimic herself, Maisner has written two seminal self-help books on the problem, *Feasting And Fasting* and *The Food Trap*, and in 1981 with 'a couple of thousand lent by a friend', she opened the doors of the Maisner Centre in Sussex. Her success rate in curing the 'hopeless' victims of bulimia is a remarkable 90 per cent. Her method could be the answer to what she calls the 'bingers' hell-hole'. A testimony to her own efficacy, Maisner has followed her own advice and lost eight stone. She is now a healthy (and unneurotic) 10 stone. It wasn't always that way.

'I used to go through dustbins for food or eat in my sleep and wake up in the kitchen in a

scene of devastation,' she says with amusement. 'I took vast amounts of laxatives, got hooked on slimming pills, hit the bottle and still stayed 18 stone. I went to doctors and psychiatrists for help. The GPs told me to go on a diet and pull myself together. The psychiatrists told me my mother didn't love me. It didn't help the bulimia.'

Paulette Maisner has pitched her treatment between the two methods that failed to cure her own nightmare of starving-bingeing-vomiting. She believes that neither a sensible diet to shed the trauma-inducing fat, nor sessions on the analyst's couch exploring the patient's emotional history, can work because the premises are incorrect. In her treatment

BULIMIA IS A VICIOUS CIRCLE OF STARVING, BINGEING AND VOMITING

Maisner looks to the physical causes that are so often dismissed by psychiatrists, including low blood sugar levels and food allergies.

Low blood sugar is often caused by poor eating habits and prolonged crash dieting. It is sometimes hereditary and usually accentuated in the premenstrual week. The craving for sugary foods (whoever heard of someone bingeing on raw carrots?) in hypoglycaemics is therefore a physical response – the body actually needing sugar. Other bulimics may be allergic to certain foods which act as triggers for bingeing sessions. Once these are identified and eradicated from the daily diet, the condition often improves. The difference

between bulimics and the more widely publicised anorexics lies in the question of control – over food, over one's life and the people in it.

Anorexics seem determinedly, sometimes manically, in control of their eating: controlled enough to starve themselves to death in certain cases. Theirs *does* tend to be a psychological problem that Maisner feels ill-equipped to deal with.

Although she doesn't deny that almost all eating disorders involve other problems such as stress, tension, and low self-esteem, she says the bulimic's problem soon becomes physical as the body becomes deficient in nutrients.

'There is almost always a major problem behind an eating disorder,' she says. 'It may be the wrong job or lack of emotional or intellectual fulfilment. We encourage the clients to address the problem rather than turning to food. I can't tell someone to get divorced, but usually they work it out for themselves. In my experience, loneliness and boredom are the major causes of bulimia. People who suffer from these should not be cases for the psychiatrist.'

The psychiatrists, of course, disagree. Dr Joan Gomez, who specialises in eating disorders, treats bulimia as a neurotic problem. 'There is a tendency in all women to over-eat,' she says. 'Sweet things are used as treats for good little girls. If a woman gets a bit fat and depressed about it, this may lead to a see-saw syndrome of trying to be good and getting discouraged. Basically, the bulimic is having an affair with her body; I have never come across one who is having a stable, happy relationship with a man.'

Contrary to the predictions of feminist, compulsive-eating

guru Susie Orbach, author of *Fat Is A Feminist Issue*, the incidence of bulimia is increasing. 'I was optimistic when I wrote that book,' says Orbach, herself a former compulsive eater. 'I felt women's food and body obsessions would become less of a preoccupation. I believed that women were on the brink of making significant changes in the world, whereby they would find new sources of self-esteem. But the problem has actually accelerated.'

Where the psychiatrists try to make the binge foods part of normal eating by teaching self-control, Orbach located the problem as a consequence of self-denial. Neither method recognises that compulsive eating is perhaps beyond self-control and feminist re-education. The problem maybe food itself. There are plenty of bulimics who do not have traumatic backgrounds; politically aware women who know all the clever theories but just cannot stop.

One of them is Jo Porter, a 25-year-old public relations consultant. 'I should think there are thousands of women like me,' she confides. 'Like most women, I was always going on diets. Then I discovered bulimia and thought it was great. Nobody would have guessed I had

FIRST RECOGNISE THE CONDITION THEN HAVE IT RECOGNISED BY OTHERS

it. My problem was a result of media pressure, where thinness equals success and bad eating habits are taught at boarding school. There was no deep emotional reason for it. I had a stable background, a good

Bulimia nervosa, the compulsive eating syndrome, is on the increase. As the ideal body gets thinner, the media pressure to slim becomes greater. Conventional and feminist methods have not solved the problem, but now Paulette Maisner offers a more

FEAST

commonsense approach which appears to be working. Caroline Phillips met her to discuss the treatment

job and an attentive boyfriend. But I used to binge on ice-cream and cereal, say every three days, and then throw it up. You become very cunning to cover up what you are doing, running water and playing the radio in the bathroom to hide the sound. I started to hate myself because it was so disgusting and I was too ashamed to tell anyone. After working it through with Paulette I am now more normal, and I'm not living in constant fear of food.'

The first step for a bulimic is to recognise her condition and have it recognised by others. One of Maisner's recent patients had been to a Harley Street practitioner for treatment, diagnosing herself as bulimic. He had never heard the term before. Another woman was a drug addict, an alcoholic and a bulimic, but would only admit to the first two. Such is the stigma attached.

We should also be aware of the physical damage bulimia can cause. Diagnosed only seven years ago, it can cause infected salivary glands, decayed teeth, burst blood vessels in the eyes and aggravated PMT. The body loses salts, especially vital potassium, which can arrest the heart and cause kidney failure. That is, if the sufferer even reaches that advanced stage. 'Most bulimics I see,' says Maisner, 'have reached the point of suicide. Deaths due to bingeing are recorded as suicide caused by depression. No one is aware of the extent of the problem.'

The Maisner Centre had one male client who was even too embarrassed to admit his eating problem in a suicide note. He had been to his doctor, admitting only that he was depressed, and was given tranquillisers and sleeping pills: the very

things he used for his suicide attempt. He survived, but Kate Mitford of the famous Mitford family, actually killed herself by jumping off the top of a tower, unable to cope with her bulimia problem any longer.

What Paulette Maisner offers her clients is a 'revolutionary, commonsensical' approach: a sensible synthesis of everything she has found

EATING REGULARLY STOPS YOU FEELING GUILTY ABOUT EATING

helpful from doctors, psychiatrists and nutritionists. Her first advantage is the people who run her six centres: 'They speak the same language as the clients, have been through the same problems themselves and are totally unshockable. Women who might find it hard talking to a conventional expert can open up with us.'

Her method challenges dieters' orthodoxies and calls for the wholesale ditching of fad diets and calorie counting – the traps that lead to obsession with food.

All Maisner's clients receive an eating plan, food charts to fill out daily, and relaxation tapes. Usually they come for one personal consultation and then follow a correspondence course, sending in the charts for regular analysis and phoning for moral support whenever they feel the need. Residential courses are also available.

The first week's eating plan is used to calm the compulsion to eat. It comprises three meals and three snacks a day, based on protein foods to stabilise the blood sugar level. Refined

carbohydrates are omitted as these often trigger bingeing. Most clients don't stick to their programme, but they are taught not to perceive their slip-ups as failures, but rather as occasions when they can learn about their illness. Their progress is noted in minute detail and gradually they start to feel in control of their consumption. If they cannot achieve that immediately, it's not a disaster; there's constant support on the other end of a telephone.

Having been 'in control' for a few days, the clients start to feel better about themselves. 'Telling people they have to eat regularly through the day,' says Maisner, 'stops them feeling guilty about eating. Our tapes are for relaxation. If a client says she can't find half an hour a day to listen to one, we know that person isn't being nice enough to herself generally.'

Paulette Maisner disputes the received idea that bulimics are young, middle-class girls. The youngest bulimic she has seen was 12 years old, the eldest a working-class woman of 81 whose syndrome started when her husband died. If one can identify a common group of sufferers, it tends to be those women who spend their lives caring for others: housewives and nurses, teachers and social workers, and those whose careers put them under inordinate stress and anxiety.

As well as teaching them that they can have more than cottage cheese and apples in their eating programme, the Maisner method tries to increase its clients' self-esteem. Self-assertiveness classes are encouraged: 'We try to get people to pay a compliment to someone and enjoy the feedback, to get out of the house, to go to a gym or the library, to

rethink their work or lifestyle. It's not easy with people who feel hopeless but we have the advantage that we charge for our services, which makes them more likely to co-operate because they want to get their money's worth.'

Most of Maisner's clients are women (the ratio is 20 to one) because men are less likely to repress anger and anxiety into secret eating, put on weight through over-eating or respond to media pressure. Those men who do seek help are equally suggestible to the re-education programme. They, like the women, will be overweight people who rarely eat in front of others, are frightened of food and of themselves.

To the women and men she treats, Paulette Maisner is in

LONELINESS AND BOREDOM: THE MAJOR CAUSES OF BULIMIA

danger of becoming a saint, and when you hear of the improvements made through her advice, it's easy to understand why. One staunch admirer is Mandy Worcester, no longer bingeing in ditches or giving in her notice because of the impossibility of typing letters after taking a hundred laxatives. 'I take my hat off to Paulette's method,' she says. 'I fluctuated between eight and 14 stone and was so self-conscious about the weight changes I wouldn't seek help. Bulimia was ruining my life.' Her recommendation is implicit. □

For more information, write to The Maisner Centre for Eating Disorders, 57A Church Rd, Hove, East Sussex BN3 2BD.