

A woman is seen from the back, holding a hand mirror. The mirror reflects her face, which is looking at her reflection. The lighting is dramatic, with strong highlights and deep shadows. The background is dark and out of focus.

# GLAMOROUS, GROWN-UP... and bulimic

Much of the concern surrounding eating disorders tends to focus on teenage girls. But, as Katie Libran\* – herself a recovering overeater – reveals, they aren't exclusive to the young



I'm at a reunion dinner for some of my erstwhile classmates: ten of us – including a psychotherapist, a doctor and a lawyer – now 50 years old, successful and glamorous. Conversation falls to the topic of food and bodies. Then something startling is revealed. Seven of us admit to having suffered from eating disorders at school – bulimia, compulsive overeating or anorexia. Disturbingly, at least four of us still have an uneasy relationship with food, myself included.

There is a stigma surrounding these conditions – more so than with many other mental illnesses. I can think of dozens of women in the public eye who I know to be in recovery, but they keep it private because of the shame. The fear of being judged has certainly always frightened me.

Yet eating disorders are a serious mental illness affecting at least 1.6 million people in the UK, increasingly in the older age group. “I see many women in their forties or fifties who compulsively overeat,” explains Dr Robert Lefever, addictions specialist and recovering overeater. “I’ve also diagnosed 60-year-olds with anorexia.” Psychiatrist Dr Alessia Ciani – an expert in the field – points to a growth since 2009 in UK services for eating disorder sufferers aged 65 plus.

“The over 25s are a growing problem,” confirms Susan Ringwood, chief executive of Beat, the eating disorders organisation. “It’s not possible to give a figure, but we estimate that at least 40 per cent go untreated.” As Dr Lefever points out, “If someone is overweight, generally they just go on a diet or cross-addict into shopping, work or exercise, so the eating disorder complex goes undiagnosed.”

I went on my first diet aged five, when my mother told me I was fat. I wasn’t. Enough said about my mad upbringing. From adolescence, I scoffed in the middle of the night, creeping upstairs full of shame and food. At worst, I ate stuff stale or frozen. My weight ranged from 8½st (weighed to the last ounce, sometimes five times a day) to 14½st.

I followed protein-only diets, plans created by doctors, and those with celebrity endorsements. I had four days on a juice fast. My alcohol consumption was out of control, too.

Occasionally, I threw up. I was a lousy bulimic. Regularly, I popped

diuretics, laxatives and amphetamines. I was so successful at compulsive overeating that I came back from India after a dose of amoebic dysentery heavier than when I left. I dreamt of having a gastric band or my jaw wired together. A pig had more feelings of self-worth and dignity.

I’m telling you the more extreme examples to highlight my chronic condition. Often my behaviours were far less aberrant – but the feelings that I tried to keep in check remained the same. It didn’t matter what the emotion was: I could eat on it. I saw everyone from doctors to spiritual healers – never daring to identify my eating habits or getting the help I needed.

Now for the good news. This was nearly a quarter of a century ago. In the intervening 24 years, I haven’t done any of the above. Recovery is

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tricky because – unlike other addictions – you cannot give up food. The obsession has lifted and most of the time I eat like a ‘normal’ person, but try finding ‘normal’, and you’ll soon discover how troubled most women’s eating is. As Nigella Lawson says, “A normal way for women to think about food would be considered mental illness in men.”

I have blips when I resort to a few squares of Green & Blacks’ therapy and occasions when I overeat and self-sabotage. “Having an eating disorder is like a broken leg – even when it’s mended, there will always be a weakness there,” explains body campaigner and psychoanalyst Susie Orbach. I still strive for perfection – a common trait in those with eating disorders. And I have bad days – but not months or years as before. Maybe six bad days in every 100, whereas before it was 98.

For more than two decades my weight has remained within a ten pound range – aside from two

pregnancies and the onset of perimenopause. More importantly, for much of the time I’ve felt hopeful, contented and connected, apart from bouts of depression, commonly found in those with eating disorders. Fortunately, I find a lot for which to be grateful – including a loving husband and two spirited children.

My recovery started on August 6 1988 in a 12-step treatment centre. It followed the Minnesota Model, after the programme of Alcoholics Anonymous. I was taught to eat three wholesome meals a day (nothing in between) and to avoid sugar and white flour – because of the cravings they cause. Similarly alcohol (also a refined carb, which converts quickly to sugar) was banned. I also restrict caffeine – it increases dopamine levels, leading to compulsive behaviour.

I was introduced to addiction counselling and the concept of rigorous self-honesty. Additionally, I learnt the importance of meditation, gratitude, reaching out for help and assisting other recovering addicts. All of which remain cornerstones of my recovery: a recovery that is emotional, physical and spiritual.

Since then I have been endlessly helped by attending a psychoanalytical psychotherapy group: unravelling the mess of my past and dealing with current challenges. In psychodynamic terms, an eating disorder is a perverse attack on the mother, via one’s own body. Instead, the group absorbed my attacks. Additionally, support groups with other recovering addicts – my tribe – underpin my recovery. I’ve also dabbled in the more unusual therapies – gaining something from all of them – particularly energy healing. Meanwhile, my abstinence and sobriety has been sorely tested – particularly when my father was in a near-fatal accident.

Over the years, I’ve honed my recovery. Nowadays I eat three moderate-ish meals a day and a couple of snacks in between. “After about three hours, your blood sugar levels crash, creating cravings for salty and sugary foods,” explains nutritionist Vicki Edgson. “Go for over five hours without eating, your body goes into famine mode and starts hoarding fat.”

I try to choose nourishing foods (taking away the labels of ‘good’ and ‘bad’) and to avoid my physical ➔



and psychological triggers – anything from Greek yoghurt to salted nuts. I use the acronym HALT – which stands for avoiding getting hungry, angry, lonely, tired. But, frankly, it can be anything that triggers me. I try to eat slowly, savouring my meals.

I don't diet, never count calories and rarely weigh myself. Starving the body is not what being well is about. One in three British women went on a diet last year, despite the fact that diets make you fat: our bodies have an inner thermostat that slows our metabolism when we start restricting. They also promote disordered eating. "They are part of the destabilising of the ordinary process of eating," notes Orbach in her book *Bodies*. If they worked, you'd only ever have to go on one: instead, diet companies rely on a 95 per cent recidivism rate.



explains Dr Ciani. "But 30 per cent do only reasonably well – and continue to have symptoms – and 20 per cent do poorly." The outcome is dictated by several factors – such as age of onset (it is harder to manage later: there is more denial), diagnosis, life stressors, trauma and family history and lifestyle.

There's a way to go until people understand the disease: until eating disorders are no more stigmatised than, say, diabetes. That may make it easier for sufferers to seek help. Lucy Enright, 36, has struggled since being diagnosed with anorexia last year. "It's terribly shaming," she says. "I feel as if I should know better, particularly being a mum (of five). Thankfully there's another 35-year-old in my therapy group." Often, the older woman's shame is compounded because she feels she should have dealt with her problems when she was a teenager. Then there's Adam, a fortysomething musician with 15 years' recovery in Overeaters Anonymous. He has done TV interviews about his drink and drug problems, "but I'd never talk about my food addiction".

Fortunately, Beat's Ringwood is optimistic. "I meet people every day who've beaten eating disorders," she says. "By that I mean when your life, thoughts, feelings and daily actions are no longer dominated by the fear of food, weight and shape. When you live life, rather than judging everything according to scales or calories." She pauses. "People should know one thing – it's always worth seeking help, because it's harder to recover on your own."

I don't believe I'll ever be able to rid myself of the vestiges of my eating disorder. However, like many women I know, I've learnt to manage it. "Mostly my eating disorder is like a trickling underground stream, but other times it's a tsunami," agrees Amanda, a 55-year-old identical twin. Her sister suffers similarly. In recovery, my disorder has been an occasional bubbling overground stream. One day at a time, I'm lucky enough to enjoy a reprieve from the suicide mission of compulsive overeating. ■

#### Further help and information:

- For 12-step meetings of Overeaters Anonymous, visit [oagb.org.uk](http://oagb.org.uk)
- For information and help on all aspects of eating disorders, visit [b-eat.co.uk](http://b-eat.co.uk)
- If you wish to contact the author of this article, please write to [info.eatingrecovery@gmail.com](mailto:info.eatingrecovery@gmail.com)

**"I don't diet, count calories or weigh myself. Starving the body is not what being well is about"**

Genetic structures can also determine personality types. With traits of perfectionism, control, competitiveness and low self-esteem – I'll put my hand up to all – the risks of an eating disorder become very high. Brain chemistry is also a factor – as it is in depression. In fact, my tribe has been shown to be up to 1,000 times more sensitive to the effect of adrenaline on our brains. Developments in neuroscience – particularly regarding the forging of neural pathways – herald the possibility of drugs within two decades for eating disorders. Perhaps I'll pop a pill on my 70th birthday.

Most of the hundreds of medical papers on the cause and outcome of eating disorders indicate that the condition usually improves with age. "In general terms, approximately half of patients do well over time,"

**M**eanwhile, I've faced the onset of hormonal mutiny and the impact that has on eating and fat storage. The metabolism slows down in menopause – in my case, giving me a rubber ring tummy. I recommend Dr Marion Gluck, a leading women's health specialist. Here, my blood tests revealed a sluggish thyroid and virtually no oestrogen. "I rebalance hormones with bio-identical ones," she reveals.

Exercise also gets a big thumbs-up in my world – keeping me toned and boosting my endorphins, affecting my mood and appetite. These days, I'm mostly grateful for a strong body that has lived and borne children – and no longer seems the appropriate focus of personal anguish. But addiction is like one of those amusement arcade games, where you push one thing down and another pops up. I have to be careful not to do anything to excess.

I used to think my overeating a shameful weakness. Now it looks increasingly likely to be a genetic condition that is triggered by environmental factors. Research shows that identical twins are ten times more likely to both develop disorders; were environment the only cause, non-identical twins would have the same level of risk – which they don't.