



a diet too far

Grace Bowman had what most people would consider to be a very 'normal' childhood. She talks to Dawn Mellowship about how her anorexia began, how she recovered and what led her to write a book about it.

It all started in the sixth form at school when Grace was preparing for her A-levels. 'I went on a diet at Easter time. First I cut out Easter eggs, then I cut out all chocolate. This made me feel a bit better about myself. I hadn't realised that I was feeling bad or anxious. The diet initially made me lose a bit of weight. People gave me

compliments about how I looked, which boosted my confidence.' As Grace was preparing for her exams, her dieting became more extreme. 'I cut out different types of foods every week until I was down to just eating pasta with tomato sauce, and then eventually just eating rice cakes with tuna on. I was eating really random

things that made no sense. You could just look at it all on that level, as a diet that spiralled out of control. At the same time though, the diet was something that was helping me to fix lots of issues in my life. I was worried about my exams, going to university and trying to be perfect all the time and I felt very insecure. 'All of this was bubbling under the surface and I felt as if I was losing control. The diet was something I could physically control every day. But as the diet escalated, I totally lost control because I was taken over by a physical addiction to not eating and I was terrified of my weight going up.

'It was less about vanity and more about a fixation with food and weight and what that equalled in my life. I thought about food 24 hours a day, like a drug addict or alcoholic would think about drugs or alcohol. Not eating was my addiction.'

Teenage years

People are often surprised that the friends and family of anorexics have little idea that anything is wrong. Grace explains: 'At first they all thought it was just a phase, because unfortunately most teenage girls these days have self-esteem issues and it is common for them to diet. Their main worry was that my personality had changed. I became very quiet and withdrawn. I was not really socialising with my friends and they started to wonder what was going on, as this was not my normal behaviour. My mum noticed that I was starting to become very tired all the time. One day she asked me if I could eat something when we got home and I said that I couldn't. She confronted me, and asked me if I thought I had anorexia. I just said, no, I don't think so.'

'You would assume that someone who was suffering from it would be able to recognise it in themselves, but I couldn't, even though I knew that something was wrong and that this addiction was strange. My parents took me to the doctor who diagnosed anorexia. I wasn't allowed to go to university because my weight was so low. It all happened in a matter of months.' Grace was referred to a psychiatrist but despite this she continued to lose weight over the next few months.

'Goals and targets provide a framework to keep myself together'

Seeking help

'Getting the help made me become even more defensive. I was so scared of what would happen at the other side of this addiction. If I let my weight go up, where would it end? If I admitted that I was vulnerable, would everything fall apart? 'As a teenager, an eating disorder can seem to provide an answer to your problems because it is something that you can physically and actively control. It means that you can block out everything else. If you read the pro-anorexia websites you can see that their little

bubble of anorexia keeps them away from the rest of the world and it feels safe to them. They are in denial and see anorexia as a positive lifestyle choice. The irony is that they are dominated by their addiction.'

'I didn't allow anyone to help me. It seemed like I was being very difficult but I know now that I couldn't interpret what was happening to me. When the psychiatrists asked me what I felt, I couldn't answer them. I felt cut off from any sense of emotion, totally driven by this one thing. I was numb. Plus as a teenager my emotions were all over the place anyway and this came right in the middle of that whole period of adolescence and growth.'

Grace's parents were desperate to help. 'They took me to a residential eating disorders unit to have a look around. I hated it and felt like I couldn't possibly stay there. The doctor said to me: "If you lose another pound you will have to be sectioned under the mental health act and you will be force-fed." With that threat and the thought of being forced out of my own home, my fear of losing control returned. I refused to stay there,

although I could have been forced to if it had come to that.

'However, something within me made me turn a corner, partly because my parents had recognised my problem quite early. Also I got offered a place at Cambridge

University to read English so I had this new goal to work towards. Having all these goals and targets may seem very strong minded, but they just provide a framework to keep myself together.'

As the New Year began, Grace realised that she needed to fight back against the addiction. 'I was sitting in the house every day, totally depressed. The help I was getting did not seem to be working. Something within me decided to try and fight it because it had got to such a dire level. The determination to get my life back had to come from within me.'

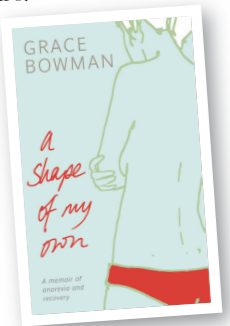
'I gradually increased my food intake, although what I was doing was still not normal. I managed to recover enough weight over a period of six months to take up a place at university. I mended things in my body to a certain extent. I looked like a very slim but healthy

person, but it was more than the physical damage that needed mending. There had been a trigger for it and that obviously still needed to be addressed.

'My book *A Shape of My Own* is very strong and dynamic and can be quite frightening to read, but for me there haven't been any books that have gone inside the voice of the illness and shown how fragmented sufferers really are.

Eating disorders really cut you off from being able to sustain proper relationships and friendships because you are totally self-obsessed. That is what this mental illness does.'

A Shape of My Own (Penguin Viking) by Grace Bowman is available now, priced £14.99.



The facts about anorexia

Symptoms, causes and treatment

Grace's problem is not uncommon – the Eating Disorders Association estimates that around 165,000 people in the UK have eating disorders, with around 5% of young girls in the UK estimated to have anorexia nervosa. It is characterised by a fear of weight gain, a distorted self-image, deliberate self-starvation and extreme weight loss (15% or more below ideal body weight). Other symptoms may include over-exercising, amenorrhoea (absence of menstruation), obsessive rituals, dividing food into 'safe' and 'unsafe' categories, excessive chewing and self-induced vomiting. A person suffering from anorexia nervosa will often believe that they are extremely overweight when in reality they are terribly thin.

Lack of food deprives your body of essential nutrients, resulting in a range of detrimental physiological effects such as osteoporosis, muscle wastage, dehydration, ruptured stomach, constipation, palpitations, excessive facial or body hair (caused by a protein deficiency), malnutrition, damage to the heart, liver, brain and kidneys, and erosion of the teeth and gums. Ultimately, anorexia can result in death.

Anorexia nervosa can potentially develop at any time, but it tends to predominantly occur in adolescent girls and young women, although one in ten sufferers are now men. Particular personality traits tend to be common to most sufferers. These include low self-esteem and a need to please others, fear of growing up, depression, guilt, perfectionism, a need for control and social isolation (often triggered by the anorexia). Sufferers tend to be high academic achievers, and some research suggests that genetic factors can contribute to the onset of anorexia. Treatment can involve a period of hospitalisation for extreme cases, which may include force-feeding if the sufferer is at a dangerously low weight. Other treatment methods include counselling, psychotherapy, group and family therapy, healthy eating advice and anti-depressants.