

Food For Thought

Suzanne Ricklin is a clinical social worker who is a certified specialist in eating disorders. She is part of a group private practice, Century Mental Health Inc., in Columbia, Md. A Baltimore native, Mrs. Ricklin, 61, is married and the mother of two children who became *b'nai mitzvah* at Columbia Jewish Congregation. Mrs. Ricklin has developed a line of flashcards on "life choices." Her InVision Concept Cards serve as visual aids for professionals.

— Barbara Pash



What can you tell us about eating disorders?

Eating disorders — anorexia and overeating, to name two — are not as much about eating, even though that is part of the problem, but are a multi-faceted, complicated illness that can have severe medical and psychological complications. They impact not only the individual, but family members and spouses.

People don't understand the severity of the illness. It's all-consuming. People [who come to my office] spend 75 to 90 percent of their day involved with food — what they ate, what they didn't, what they think they should have eaten.

Who is affected?

There is such a range of eating disorders. I see people who need to be hospitalized to be kept alive. I see kids of 8 and 9 who have gotten this diet mind-set in their heads. They play around with skipping meals. There are atrocious Internet sites where people can 'learn' to be anorexic.

Why does it seem to affect women most?

We've created this image for women and it is unattainable. Why I got interested in [the subject] is, when I got to [social work] graduate school, women were dieting, starving

themselves. This was 25 years ago, and [anorexia] was not on the radar.

Compulsive overeating is a huge issue. They're ashamed about it. They do it in private and in secret. A lot of people who are overeaters have tried every diet on the market. Some do gastric bypass surgery.

In anorexia/bulimia, women outnumber men. But my sense is, there is an underlayer of men [and they're] less likely to go for therapy. Men who cannot deal emotionally are more likely to go to alcohol and drugs than food.

Do certain personalities lend themselves to eating disorders?

There's been research on temperament. People with anorexia are more likely to be perfectionists. They have obsessive-compulsive tendencies. People with bulimia tend to be novelty seeking, impulsive. They want immediate gratification. If their stomach feels full, they have to get rid of it. Overeating is an area where there's been the least amount of research.

What's the impact of our celebrity culture?

Societal standards of beauty, especially for young women, who are the major purchasers of these magazines — it's an influence. For

people who are vulnerable, who suffer from depression, if a boyfriend says 'you look fat,' it doesn't cause [an eating disorder] but it contributes.

It would be wonderful if some of the magazines showed women of every size. You don't have to look like a runway model. [If they don't], young women get the message they're not successful. It affects their self-esteem, their self-confidence.

Any advice?

A lot of people are just confused. Do I weigh too much? What am I supposed to eat? Genetics, body type [play a role]. People have to get to a reasonable place for themselves and understand it.

A lot of times, they're unhappy, they're depressed. They feel like they don't have anyone to go to. We have to unwind that. I encourage them to deal with the other things in their lives at the same time they are dealing with their eating disorder.

Unless you incorporate the plan and practice it, it's not going to happen. I know people who stop at a store and buy a dozen doughnuts and eat them in the car on the way home. I like a specific plan. I tell them, 'Take a different route home.'