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CAROLINE MILLER

THE HARD ROAD BACK FROM BULIMIA

Her disorder under control, she's now working to help others
By Randi Henderson

Caroline Miller says she will probably never eat an ice cream cone again in her life. Cake or cookies, she feels sure, will never again pass her lips. The only type of soft drink she is likely to swallow is a diet soda.

"If there's a lifetime quota for ice cream cones, I met it and I exceeded it," laughs the willowy 26-year-old blonde whose diet is now centered around foods like cottage cheese, green salads and rice cakes.

From the time she was 15 until she was 22, Caroline Adams Miller was a bulimic, regularly gorging herself on not only sweet foods like ice cream and cake but anything she could get her hands on, then purging them from her body through vomiting or overdosing on laxatives.

Like most bulimics, Mrs. Miller's behavior was a closely guarded secret, hidden from her parents, her friends, even her husband after she married.

"I had no idea she had an eating disorder."

says her husband, Haywood, an attorney for a Baltimore firm. "She'd say, 'I used to have bulimia,' and I'd never heard of it." She still had bulimia then, and now her husband realizes, "I saw her binge any time we'd go to a buffet. She'd eat ungodly amounts of food." But he never saw her purge and "it never occurred to me that this was a serious problem."

Now Caroline Miller has emerged from the closet to broadcast her past in a new book, "My Name Is Caroline" (Doubleday, \$17.95). In the hopes that her experience can help others with eating disorders get control of their lives.

Because bulimia is such a hidden disorder, it is difficult to make estimates of prevalence. "It is an epidemic," Mrs. Miller maintains, a condition that affects about 8 percent of American women and 1 percent of American men. Depending on your definition, says Dr. David Roth, who runs the eating disorders program at Sheppard Pratt Hospital and chairs a state task force on eating disorders, anywhere from 3 to 20 percent of Americans could be considered bulimic.

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Successful after a four-year struggle to control her bulimia, Caroline IV

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Bulimia is a disorder that typically shows up in teen-age girls. Mrs. Miller says she learned the behavior from friends in high school and it was rampant in her college dormitory.

"There's probably a lot more of it going on than we know about and than we can help," agrees Maggie Whall, director of the health center at Goucher College, who says she only refers one or two students with eating disorders for help each semester. But "it is not uncommon," Dr. Roth said, "to hear about colleges

with plumbing problems" that can be attributed to so many girls vomiting in toilets and showers.

These unpleasant images seem a world away from Caroline Miller's pleasant living room in a farmhouse on 8½ acres of land in a bucolic setting just north of Reisterstown. And Mrs. Miller — who grew up in Montgomery County, graduated from Harvard University, and worked in public relations jobs in the Baltimore area before beginning work full-time on the book — looks back on her years of binging and purging with a shudder.

"I feel so much better now," she

"I feel I have a normal relationship with food now. As opposed to always feeling either driven to abuse it or terrified of it."

CAROLINE MILLER

says of her life with her husband and their two dogs, three horses and one cat. She is proud of the fact that she hasn't weighed herself in four years, escaping the tyranny of the scale that once ruled her life. "That

to me is a real freedom."

"I feel I have a normal relationship with food now," she says. "As opposed to always feeling either driven to abuse it or terrified of it or wondering what I weighed. It was

such a prison for so long.

"Now I don't have mood swings, I don't have the depression, the irritability that go along with sugar binges. I can't think of a food in the world that would tempt me to get it back. Not even wedding cake."

Foods like sugar and refined white flour are triggers for her condition, Mrs. Miller believes, and once she starts eating them the compulsion to continue is irresistible. She describes bulimia as an addictive, progressive behavior that is easy to get into but increasingly difficult to give up.

For young Caroline it was pressure at home to be thinner combined with self-pressure that began the destructive cycle. She was a competitive swimmer, "spending three to five hours every single day in hardly any clothes at all." Tall at 5 feet 10, she "started to look pretty chunky" with her weight hitting 150 or 160. "Then I started getting crazy and buying all these diet books and memorizing calories. My parents started to make comments because my weight was going up and down a lot."

She went through two "anorexic phases" and was reinforced by feedback from friends and family when she got thin. When two high school friends clued her in on the secrets of eating massive amounts of food yet still remaining thin, she thought she had found the answer to her dreams, "the way to have your cake and eat it too."

After years of alternating between denying her problem and thinking it would resolve itself, she was able to overcome it through Overeaters Anonymous, a supportive, self-help counseling community patterned after Alcoholics Anonymous.

Mrs. Miller describes the Overeaters Anonymous program in her book, although she does not mention it by name, and she will not name it specifically in an interview. One of the precepts of OA — like AA — is anonymity, and she feels that she would be betraying her bond with the organization if she named it. But OA is the first resource listed in an appendix in her book, and she does not deny that the program she describes is exactly the program OA provides.

Not all professionals working with eating disorders have such a high opinion of the OA approach for bulimics. "For some people it works but for a lot of people it doesn't," says Mary S. Pabst, a former anorexic who is a psychiatric social worker and president of the Maryland Association for Anorexia Nervosa and Bulimia Inc.

"I have some strong objections to their abstinence model" — which counsels total abstention from trigger foods — "although they have softened their position," Ms. Pabst explained. "But there are still some inherent problems; because of the depths of pathology for some people it's just not enough." She recommends professional psychotherapy for bulimics, with adjunct support from OA or another support group.

The basic 12 steps of Overeaters Anonymous — which have a heavy emphasis on trusting in God and

future, but she says it uncertainly. "I hope I can," she explains. "Bulimia makes some women infertile. I get my menstrual periods now, but I didn't get my first one until I was 22 because of what I was doing to my body."

For now she thinks of the treatment center as her baby. Last week she signed a contract on an 112-acre estate with a 10-bedroom house, and by the end of the year she hopes to have built an addition and opened a facility that will provide four to eight weeks of residential care and an intensive follow-up program for people with eating disorders. Although several hospitals in the area have treatment programs for eating disorders, there are no freestanding programs in Maryland.

"That's the next big step in my life," Mrs. Miller says of opening the center. "I thought the book was a big deal, but this is a really big deal."

She wrote the book, she says, because when she was in the throes of bulimia and desperately seeking help, "I would go from bookstore to bookstore, just looking for something that would explain to me what I was going through. And all I found were these books by psychologists, you know, you hate your mother, you hate your father, you have a fear of getting pregnant. And nothing rang true to me, nothing got inside the head of the bulimic and said, this is what it's like, this is how I got well, these are the thoughts I had."

The thoughts, and the actions they precipitated, are explained in excruciating detail in the opening pages of "My Name is Caroline":

"I wanted to eat. I wanted to eat ice cream. I wanted it immediately. . . . Within two minutes I was standing in line at Steve's Ice Cream scanning the choices I had already memorized. Coconut-cream, banana-mocha, fudge swirl and butterscotch-marble ice creams all beckoned. I wanted everything but I knew I'd attract attention if I ordered four scoops. So I settled on a sedate coconut-chocolate combination with crushed Oreo cookies and took a seat in the corner. . . .

"Before I hit the next ice cream parlor, I had to swing by the drugstore to get another tool I used in my endless quest to be thin — laxatives. Although I was planning to find a bathroom to throw up the thousands of calories I was in the process of ingesting, the massive dose of laxatives I would take afterward would scour out any remaining culprit calories. . . .

"I wound my way through the narrow Cambridge streets to a popular soda shop where I had become wonderful friends with the thick milkshakes. . . . Once inside, I gave my order for a double-thick vanilla frappe. . . . Colorful jimmies, peanuts, chocolate chips, coconut and other ice cream accoutrements beckoned. I wanted to ask the woman to toss some jimmies and chocolate chips into my shake, but I knew that normal people didn't do that kind of thing. . . .

"I pressed on to my next destination, David's Cookies. . . . David's was redolent of melted butter and chocolate. I quickly picked out two pounds of cookies. . . . I crammed a

... is working to help other sufferers

MILLER, from 8F

in my pockets, I was going to make a huge crunchy mess and finish it all myself."

And then would come the purge:

"Putting the seat of the toilet up, I leaned over the antiseptic-smelling basin and held my hair back with my left hand. I jammed two fingers down my throat and felt the familiar bile rising. Harder and harder I thrust, gouging the back of my throat in the process.

"All of a sudden the food came up in gushes, splattering all over the toilet seat, the floor and my clothes. Disgusted yet elated at my success, I kept probing, trying to make sure I was getting everything up. To make the food come up faster, I balled my hand into a fist and punched my stomach hard, repeating it with a vengeance. I would have black and blue marks there tomorrow."

It was, Mrs. Miller says now in retrospect, "just a nightmarish existence, a miserable, miserable life." And recovery has been slow, step by step, day by day, with relapses and self-doubt and bouts with substitute obsessions (such as compulsive shopping).

And things that most people take as a natural part of their lives, she feels she must exclude from hers. She almost never cooks, doesn't read cookbooks or the food section of newspapers, stays out of supermarkets as much as possible.

Another important part of her program is to commit in writing or orally to an OA counselor what she will eat each day. She eats three meals at prescribed times and no between-meal snacks.

All this regimentation has brought Caroline Miller, four years after beginning treatment, to a point where she feels at peace with herself.

"I feel comfortable in my own skin for the first time in my life," she

says. "I feel a certain amount of serenity, too, when it comes to food. I had to learn a lot of moderation in life. I spend a little bit of time every morning in prayer and meditation. I just ask that the obsession be removed from me and somehow, every day for the last couple of years, it has been. I feel that I've been given a second chance at life."

And it's a second chance that she doesn't take for granted for a moment. Her problem, she knows, could be as close as a bite away.

"I have to take it one day at a time, very much like an alcoholic," she says. "I know that it's always lurking somewhere, waiting to catch me if I get too cocky or overconfident or make the wrong food choice."