

John Moe: Hey, it's National Eating Disorder Awareness Week, and we've got a really interesting show for you today. First, a celebrity interview from a while back about developing eating disorders and living with them, then a really interesting update on that celebrity's life. And finally, an update on what we know about eating disorders now, which is a lot more than we knew just a little while ago.

Okay, here we go.

Transition: Spirited acoustic guitar.

John Moe: I get a lot of emails and messages from listeners, people who connected with something that we talked about on the show, people wanting to share their experiences with mental health in general; some folks just wanting to say hi or say, “Keep up the good work.” And it's great. I'm always delighted, always honored, even if these messages are really common.

You know what's less common? Getting an email from a listener who is also one of the stars of *Baywatch*. Yet here we are. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Alexandra Paul wrote in to talk about her struggles with anorexia and bulimia as a child and then into her modeling career and into her acting career. She says she has abstained from binging and purging for the last 30 years, but it still to this day requires vigilance. Said she'd be happy to come on the show to talk about eating disorders if I wanted, and I'm like, “Yeah! Of course.”

Alexandra played Stephanie Holden on *Baywatch*. Hardworking lifeguard, loyal friend.

Clip:

Music: Bright piano.

Stephanie (*Baywatch*): I'm Stephanie Holden. I'm subbing for Jill while she's on vacation.

Mr. Buchanan: Oh, um. (*Chuckles bashfully.*) I'm Mr. Buchanan. Welcome to Baywatch.

Stephanie: Thank you.

John Moe: She was in *Christine*, the Stephen King killer car movie.

Clip:

Speaker (*Christine*): You know, I thought girls were supposed to be jealous of other girls, not cars.

Leigh: This car's a girl.

Speaker: (*Dismissively.*) Oh, please. Cut out. What're you doing?

Leigh: What? You don't like you slapping your girl?

John Moe: And she was in a movie I loved: *Dragnet*. 1987, Tom Hanks and Dan Aykroyd. Alexandra played a character always referred to as the Virgin Connie Swail.

Clip:

Music: Dramatic orchestral music.

Connie (*Dragnet*): HELP! HELP!

Speaker: Hang in there, miss! I'm coming!

Connie: Thank god! He needed a virgin.

Speaker: You're still a virgin?! My hat's off to you, ma'am. Hope you stay that way.

John Moe: But before all that, when she was growing up, Alexandra remembers some warning signs.

Transition: Gentle acoustic guitar.

Alexandra Paul: Around maybe when I was 12, I started getting up in the middle of the night every so often and sneaking downstairs and having some Grapenuts with lots of sugar on it. (*Chuckles.*) My mom restricted sugar in the house. So. And then I would sort of sneak upstairs again. But I didn't really put two and two together. My parents were going—

John Moe: It just sounds like a kid wanting to have some sugar to me. I mean...

Alexandra Paul: Yeahhh. But later I realized, as with someone with an eating thing, that it's actually—I was using food to soothe and using food—I couldn't go back to sleep, so using food instead of taking care of myself and getting back to sleep. So. But my eating really came up when I was in 10th grade. And at first, when I was in ninth grade and being at boarding school, I would see the older girls weighing themselves. And I never thought anything about how you looked or how much you weighed. But these were girls who were so pretty and popular! And they looked always unhappy when they got off the scale. And that made me start thinking about my own. Am I acceptable if they're not? And that was the first sort of recognition that I might not be acceptable how I am.

John Moe: So, how did it transform from this initial inkling of “Oh, these girls who are older and seemingly doing really well are concerned about this; maybe I should think about this?” All these sort of signs that's telling you—that your body's telling you. How did that blossom into what we would think of as a true disorder?

Alexandra Paul: Well, I think the catalyst was—for me, and everybody is different—was that when I was 16 I got very sick. I had a blockage in my bile duct, and they didn't know for a long time what it was. And I had to be isolated from other kids, 'cause they thought I had hepatitis. And then I had to have surgery where they literally opened me up from my sternum down to my belly button. 'Cause it was the '70s. There's no such thing as laparoscopic surgery.

John Moe: Yeah. They couldn't go in there.

Alexandra Paul: And the doctor actually, interestingly, said that the reason they thought that this came up at that time—because I was born with this blockage—was that my parents were getting divorced. And it was a way for me to,

psychologically, try and bring them back together. Now I went—I just poo-pooed that when I first heard it! But I do think that there was a—my body was reacting to my parents' divorce. And so, after, when I got out of that surgery, I had lost 10 pounds. And I never wanted to go back to the person that I was, because I had gone through so much. And so, that loss of 10 pounds was a tangible proof that I had changed. Because I didn't wanna go back to the person I was before, that also meant the physical person, which meant that I wanted to keep that weight off. And then I also never wanted to get sick again. And so, I started to get very focused on food. So, the psychological mixed with the physical, and I became anorexic at first.

John Moe: So, it turned from there into anorexia. And what was that—how did that present? What was that all about?

Alexandra Paul: The anorexia started off, as I said, with me trying to be super healthy. And so, I started to slowly take food out that I didn't think was healthy.

And then it became this, where I could hardly eat anything. And it became a goal not to eat, because that also showed my strength to be able to abstain. Interestingly though, when you're anorexic, you also dream about food. I stole food from the girl next door in my dorm room, because I knew her mother had sent cookies. And you become sort of— And morally, that is something— I have very high moral standards, but I noticed that I lied and, in that instance, stole food. It makes you... (*chuckling*) like a drug addict. Except for it's the opposite. You become so desperate. You're—I'm denying myself. And then—so, every so often I would have to go and, for example, take a couple of Maria's cookies.

John Moe: Okay. Yeah, I was gonna ask about that. So, you were eliminating things from the list of what you would eat, but then you would be transgressive and steal food and eat it.

Alexandra Paul: Yeah, it doesn't make sense, really. Humans are really complicated. Because I think it's—I tried to abstain, but it's a very primal urge to eat. And then when you do deprive yourself, you want something like sugar, which fuels your brain and is probably— We humans run mostly on carbohydrates. Probably why I went for sugar. And I also to this day have an addiction to sugar. I definitely struggle still with sugar. So, the anorexia lasted about, (*sighs*) oh, I don't know, maybe six/seven months? And my sister came to visit me at boarding school and saw how thin I was and told my parents.

They were—and they immediately yanked me out of school and put me in therapy. And so, I went to therapy and was basically sort of given permission to eat, which is what I desperately wanted. So, I became a binger and a purger for the next 12 years.

John Moe: So, that's bulimia then. So, there was a shift.

Alexandra Paul: Yeah. Now I wasn't doing a lot of bingeing then, but when I was given permission or basically told I had to gain some weight if I wanted to go back to boarding school—and I wanted to. I enjoyed my school. I didn't wanna be home with one of my parents in the dead of a New England winter when my family was all broken up.

No, I wanted to go back to be with my friends. So, I started to eat, and I couldn't control it. (*Laughs.*) I couldn't—I went overboard. So, I went from one side of the spectrum to another, and I couldn't stop bingeing. I didn't know how to be satiated, and that's because I hadn't dealt with my psychological issues yet.

John Moe: I'm curious. When you talked about the therapist that you saw giving you permission to eat, I'm interested in that word. Permission. What was permission before that happened, and why was this person so powerful in changing the course?

Alexandra Paul: Well, I wanted to— A) I wanted to go back to school, so was a negotiation. But B) I wanted to eat. I dreamt of eating. I wanted to, but I felt like if I did it myself, I was weak. So, if my parents were quote/unquote “forcing” me and the therapist was telling me I had to, then I did start eating. I kicked and screamed, but I was partly—part of me was so happy to be able to eat again. The problem was I couldn't eat like a normal person. I went to binge to the other end of the spectrum.

John Moe: And so, then you have permission to eat. Then you're eating and throwing it up. Then that turns into a bulimia situation?

Alexandra Paul: I'm eating, and I'm eating until I feel sick. And so, I don't remember the first time I threw up. But I do remember that I felt so sick that I threw up and then I realized, “Oh wow, maybe I can literally have my cake and eat it too.” It became a way to deal with the fact that I couldn't stop eating. So, some people— In eating disorders, there are the anorexics; there's the overeaters who just binge. And then there's people like I, who had to binge and purge. And I found extreme relief in the purge. It was really all about the purge after a while. But in the beginning, there's no doubt that I started throwing up because I couldn't control my eating.

And in boarding school, it's hard. And that means you have to go into bathrooms that no one is around. I remember throwing up in a plastic bag with the shower on. And just, you know—it is. It's full of lying and secrecy.

John Moe: And so, you— But it got you back to boarding school though.

Alexandra Paul: It did. It got me back to boarding school. Yeah.

John Moe: You talk about how you loved the purge. What felt so good about the purge?

Alexandra Paul: The thing about when you're bingeing is that you're not thinking— You literally— When I knew I was gonna binge—and I'm talking now— I can't remember so much about boarding school. It was a little more controlled, but we did have buffet breakfast and lunch. So. But when I was older, you'd sort of know when you were gonna binge. You'd sort of— 'Cause you kind of have to block out time for a binge. You need to go get the food for a binge. So, it's a ritual, just like drug addicts often have a ritual in terms of when they will inject. And so, it takes time.

So, that process takes you away from what's really going on in your life. It could take an hour or two. And then you throw up, because you feel so sick. And there's that exhaustion from throwing up, which is really hard on your body. And also, a literal purging. You feel cleaner again. Not great. You still have a lot of self-loathing. But for me, the purge part was very important.

John Moe: When this was happening, and you were back in boarding school and the bingeing and purging was happening, did you think, “I got this locked down, I got this figured out,” or did part of you say, “Oh, this is—I'm really messed up here. This isn't gonna work long term”?

Alexandra Paul: No, I never said it wasn't gonna work long term. I definitely was—you know, thought, okay— A) I thought I was never gonna be a normal person again. And I wanna tell you now that I haven't binged in over 30 years now. So, it's huge. Huge! Because for 12 years I was sure. I couldn't understand people who didn't want—who could stop eating before they were full to being sick. I thought they were kinda lying to me or (*chuckling*) that it was a big secret. And just I have never felt a desire to drink alcohol, alcoholics might look at me and go, “Oh, I don't— That's amazing.” I felt that way about food.

John Moe: Okay. How did you get into—(*chuckles*) and then you became a movie star! Which is—

Alexandra Paul: No, listen to this, John! Before that I became a model!

John Moe: Ah!

Alexandra Paul: Like, I threw myself into the career that would be most damaging for me.

John Moe: Toxic, yeah.

(They laugh.)

Transition: Spirited acoustic guitar.

John Moe: Just ahead: a woman with eating disorders enters the modeling industry. What could go wrong?

Transition: Upbeat acoustic guitar.

John Moe: Back with Alexandra Paul. When we left her, she had developed anorexia, then bulimia, then a brand-new modeling career.

How did that get started? Were you just spotted on the street, or did you go out for it on purpose, or what?

Alexandra Paul: I went out for it on purpose! I went to Elite myself, without telling my parents. It was probably a very strong need for validation. After two years, I left modeling. So, it was my—I guess before my senior year, And then the year after I graduated, I had to leave modeling because my bulimia got so bad. And I did tell my agents why I was. And they also told—you know, they would tell me sometimes, “You're too heavy. You to lose weight.” Which would—

John Moe: Yeah! What does someone with bulimia do in the modeling industry? And what year was this then?

Alexandra Paul: This was 1981.

John Moe: '81, yeah. So, was it even seen as being a disorder? Was it even seen as being a bad thing then? Or is that just something that everybody did?

Alexandra Paul: You know, I didn't talk to a lot of models. But now I see that—I thought they were naturally thin and that I was the only one.

John Moe: And so, you leave modeling. And is that when you get into acting?

(Alexandra cackles.)

The second-worst profession for somebody with an eating disorder?

Alexandra Paul: Let me tell you something, John, though. When I went to acting, it was like this weight was lifted off. Because they didn't have— You didn't have to be 35-25-35, which was the measurements people wanted on your card. And you just—you didn't have that one-size-fits-all kind of rule that you had in modeling, much more.

So, it actually felt liberating. Even though the first role I did was—yes, I left modeling. I moved to Canada to be with my boyfriend. And then while I was there, just a couple months later, they called me back from the last audition I had done as a model. Which usually it was commercials or soaps, but I had gone up for this TV movie about models where they went looking for an unknown girl, and they wanted to see me again. So, I ended up being cast in that role. It was the lead role of a TV movie called *Paper Dolls*, which ended up being very successful. It was one of the top five TV movies of 1982. And back then, TV movies were a big deal. The ABC movie of the week.

John Moe: Sure, sure. And then you were off to the races. You said that you'd been in therapy while you were modeling. Did your therapist ever say, “Hey, you got something going on here that you should—that we should work on”?

Alexandra Paul: Yeah, I don't remember. I'm sure. I'm sure, probably. But—

John Moe: Or were you keeping it a secret from them, what you were doing?

Alexandra Paul: No, no. I was in therapy for eating disorders. So, yes.

John Moe: So, you knew something was happening.

Alexandra Paul: Yeah. And my parents knew, and my boyfriend knew. And... but it keeps you from getting close to people, because you have to have time and space to be able to binge and throw up. And so, it definitely keeps you from people, this—like probably most addiction, every addiction does.

John Moe: That's interesting. So, you don't want people seeing the truth of what you're doing? Like, is it a matter of like not having the time to spend with people or not being able to give yourself over emotionally to people, when you say not being close?

Alexandra Paul: Well, you don't wanna be too close. You don't want people in your space too much. Because I wanted to have— I'll speak for myself. I wanted to

have time to be able to binge and purge. And if I was living with somebody or had roommates or went out a lot—going out was scary, because that meant that if we went to dinner, there was food. And then I would—and—(*struggles for words then sighs.*) It's humiliating. It's not cool. It's not something you do with other people, like drinking or doing drugs. People can do that. You're going to the store and buying just the most— For me, it was the most junk-filled—you know, ice cream and cookies and things that—well, things that my mom restricted when we were kids. And then eating them in a way that is not with a fork. You know, not with a napkin. Usually right out of the package. And then kneeling in front of a toilet and throwing it all up.

So, there's nothing graceful about it. And it has given me such humility, because I saw how I could be like that. And nobody could tell me anything about what they've done that would shock me or disgust me, because I've already been so disgusted with myself that anybody else... I can relate.

John Moe: So, you do the successful television movie. And then, when you— When I got in touch with you, I immediately thought the Virgin Connie Swail from *Dragnet*.

(*Alexandra chuckles.*)

And I know the Stephen King movie, *Christine*, was one of your earlier things that you did. Sounds like you got going pretty quick after you started with the acting. You moved up the list, so to speak. And I imagine all these food issues, all these eating issues were right there by your side.

Alexandra Paul: Right there. I was really functioning. I was a very functioning person, and I was full of— You know, one thing about eating and being a binger is about appetite. And I did have a huge appetite for life! For— I wanted to save the world. I wanted to have sex. I wanted to speak out. And food was the way that I— I think I channeled a lot of that energy into food, because it's socially acceptable. Like I said, I was a good girl. But I also was able to have wonderful boyfriends, wonderful relationships, a very healthy sex life, very healthy relationships. I was able to really function well. But at the same time, I had this demon. And it kept me from really having—(*sighs*) god, I can't explain it. 'Cause I did make—it was a very good time.

But I also had these binges, which often were periods where they would be daily or periods where they would be once a week, but four times in a day. And certainly, yes, on set. Having lunch and having and feeling like I had to go out and show people that I was a normal person and that I ate normally meant that I would eat things I didn't want to eat. And then I would throw them up. So, what I learned

was that—and this is what I was saying, that being authentic was what I wasn't being, and that was why I had an eating disorder. I wasn't really speaking up for myself. And now—

John Moe: Being authentic in what way? And to whom?

Alexandra Paul: And I didn't understand it then, but now—because I'm 57 and I am authentic (*chuckles*) and I certainly recognize when I'm not being authentic, it was just about saying what I wanted! If I didn't wanna be around someone, didn't wanna go to lunch with someone—which everyone back then was lunching—and if I didn't wanna have a certain friend or I didn't wanna a boy to be around me, I couldn't really say it. And that was— Being able to say no— And I so wanted to be liked that I gave up a lot of myself to other people. And when I came home, I treated myself by bingeing and purging. And yeah.

John Moe: So, again, that's something you could control. That's something that you can elect to do in a world where you didn't feel like you had that in other ways—in interpersonal or professional relationships.

Alexandra Paul: Yeah. I felt like I was out of control, doing a lot of things I didn't wanna do because I wanted to be nice and good. And so, I'd go home and I'd be bad! And also, treat myself. And there was a feeling of— It's complicated, 'cause I just felt like I was doing something for myself and letting out another side of me. Or I had to let out that side of me, 'cause I wasn't letting it out in real life! That's for sure. And I had—for years, I had this feeling, literally, just right under—in my chest, behind my sternum. It felt like a slight pain. It would come up, and I would feel like I needed to binge to be able to get rid of that pain. And it would get rid of that pain, because I would feel so in pain from bingeing and then so tired from purging. It was a physical feeling. And I don't have that feeling anymore.

John Moe: So, were you doing more and more and more of this? Did it follow that addiction cycle where the amount you used to do before wasn't enough? You've gotta ramp it up even further?

Alexandra Paul: Yes. And I went on antidepressants to help with that, to help cope with the cycle of bingeing and purging that I couldn't get out of. And for about nine months—and I did get—I guess I got out of it, 'cause I did stop the antidepressants. I was situationally depressed, and that helped. And therapy helped me recognize why, but it didn't give me a how. It wasn't—

John Moe: It didn't give you a “how” of to get better?

Alexandra Paul: Yeah. How to stop. I mean, it made me understand myself, how I wasn't being authentic. I started to get well. You know, and when you ask, "Did it keep just getting worse and worse?", there were times when it was better than others. Probably because my situation was better. If I was less stressed, then I wouldn't binge and purge as much. If I was able to do more of what I— If I wasn't being inauthentic, like telling people, "Sure! Yes, I'll do that!" Or "I'll do this," and "Yes, I'm this."

But it was in 1991. And my friend Jocelyn, who also had an eating disorder— I was honest about my eating disorder by then, by the way. And I told people I was bulimic. I just would never tell them right before a binge. I would maybe say, "Yeah, I threw up last night. But you know, I'm doing— I'm feeling good today." (*Chuckles.*) That's how I would—that was my honesty. But I could never call somebody right before and say, "Help me get out of this."

My friend, Jocelyn, asked me, "So, how are you doing with throwing up?"

And I said, "Fine." By then, I'd started keeping a calendar of when I was throwing up, and it was four times a month. Which would average out to once a week, but actually usually it was clustered into one week. So, I felt like this is as good as it gets. This is it. This is pretty good. So, I said, "Fine."

And she said, "Is fine good enough?"

And I realized, no, it wasn't. And I was 28 at the time. And she said, "Do you wanna go to an OA meeting?"

And I said, "Okay." I had tried OA once when I was 18, but it wasn't the right meeting. It was for—

John Moe: OS is Overeaters Anonymous?

Alexandra Paul: Yes, Overeaters Anonymous. And there's so many. It doesn't—it could be also—it should be Disordered Eating Anonymous, because it's not just overeaters. It's undereaters, it's anybody with any kind of disorder. And I had gone to a meeting when I was 18, one of them. And it wasn't right for me. The women were all a lot older, and they were dealing with being overweight and not— I think it was bingeing more than bingeing and purging. And so, it was different. I felt like I couldn't relate. And so, when I started going to meetings with young women in their 20s and early 30s who were bulimics, within a month I stopped throwing up. One month, I stopped throwing up. And I started doing the 12 steps. Got myself a sponsor and started doing the 12 steps.

John Moe: Was there a moment at that meeting where you said, “Okay, this is where it stops”?

Alexandra Paul: I remember the last time I threw up, which was that I was coming back from a protest, and I was going to have lunch with someone I didn't wanna have lunch with. *(Laughs.)* So, I had lunch with him and then came home and threw up, probably binged on the way home. You know, bought more food and then threw up. And I don't think I said, “This is the end.” No, I didn't say, “I'm never throwing up again.” No. 'Cause I didn't believe that I could yet. But the next day I guess I didn't. And then the next day I didn't. And I went to meetings where I heard women who didn't and who stopped. And it was so amazing to me. And I think when you hear about people who are successes—which is something you don't hear about in therapy, 'cause you're only talking about yourself—when you see other people who are successful, that is one of the gifts of being in rooms with other people with your addiction.

John Moe: So, then what happened with your body when you stopped doing that?

Alexandra Paul: *(Clicks teeth.)* Guess what? I lost weight. *(Laughs.)* It was amazing.

John Moe: How about your health? Like, did you feel—? I would imagine you felt better.

Alexandra Paul: I felt like my— Well, and I didn't—right away, I didn't, 'cause I didn't believe it. I was terrified that I would end up misstepping and going back to my old ways. But when I was a year or two years out, if you asked me about it, I would start to—*(cuts off abruptly and clears her throat.)*

John Moe: Take your time.

Alexandra Paul: *(Voice pinched.)* I would start to weep, because I couldn't believe that I was no longer bulimic. And it was such a weight off your shoulders. You know, you become an addict on something because you think it's gonna solve something, and then it just gives you so many bigger problems. And yes, you don't have to deal with what you originally became an addict over, subconsciously. But you do make your life so much worse. It is really— Running away from pain just gives you more pain. And it's not until you— Well, it took me 12 years to realize—*(correcting herself)* more, to realize that.

John Moe: So, you stop bingeing and purging and—you know, I imagine you go back to work. You're making movies; you're making TV shows. You're back into the stress and the grind of having a job and making a living and pursuing your

livelihood. Did that make it harder? Did that make it easier? Like, how did your quest for a healthier life mesh with the job and the industry you were in?

Alexandra Paul: Just beautifully. (*Chuckles.*) I mean, like I said, the industry never told me to lose weight. Because I was always within an acceptable— I mean, I'm tall. I'm 5'10" and I always— I'm built not-curveaceous. So, it was just me who hated my body. And the industry didn't tell me to lose weight. I wouldn't— I was offered the role on *Baywatch*, which is a television show that you have to be in a bathing suit every day. And I was offered that role a year after I became abstinent from throwing up. And I never would've taken that role if I was bulimic. Never. Because it would've— Well, maybe I learned my lesson after being a model. I wasn't gonna put myself into the fire again, where it would make me so body conscious.

But I felt so free from that, from—being over this obsession with what am I going to eat and can I control myself and everything, that I probably had a much healthier attitude than a lot of the women about my body. 'Cause I was just so grateful I could be there.

John Moe: Yeah. I mean, I know plenty of people in recovery. I know plenty of people who've dealt with addiction. And it's not a—it's not always a smooth road. It's often a bumpy road and there's— If there isn't relapse, there's at least temptation. There are sponsors to help keep you on track. People you could call in a pinch. Was this kind of addiction recovery process the same? Did you have a sponsor? Did you get those temptations?

Alexandra Paul: I did the 12 steps with a 12 step sponsor, and I had a sponsor whom I called every day for 10 years. And even back then— You know, I was on location. I remember once in Yugoslavia, and back then in '92, making a transatlantic call was very expensive. So, after shooting and it was the winter, I would walk over to the post office—from my hotel to the post office, where there was 24-hour phones and call him and just talk for a few minutes and just say—you know. And that, and then go back. And I even went—I remember—to a meeting in Yugoslavia. I wasn't sure if it was a— It definitely wasn't an OA meeting. I think it was an AA meeting. I didn't understand a word. And I didn't even—all I did was cry in the back. (*Laughing.*) I just cried in the back of the room.

John Moe: Sometimes the quest for health takes you to a Yugoslavian post office and sometimes to an AA meeting in a language you do not understand.

Alexandra Paul: I think it was that discipline. I didn't have— After that first month, I did not throw up again. And I believe that in the last 30 years, I've only binged or sort of—yeah—gotten into a binge-y mode maybe five times. I just feel

like because I started—you know, those boundaries I set around people so that I could throw up? Now my boundaries are more clear about what does Alexandra want and need, and I'm not so focused on people thinking I'm nice. I want them to respect me, but I don't need them to think I'm nice. That was really— I value kindness, but I think that's different than being nice.

Transition: Spirited acoustic guitar.

John Moe: Since that interview, first aired, Alexandra and her husband, Ian, have moved to Oregon to take care of her mom who has Parkinson's. Her mom's doing well, still able to live in her own house. Alexandra says that in the first year there in Oregon, she—Alexandra—was having trouble adjusting to the life change, and she started eating lots of sugar. She consulted with professionals, realized she was hurting herself through food again. And she realized some of those habits were coming up again from reigniting old memories. And that happened from spending time with her mom. She joined a support group for the first time ever, and it really helped to talk all that out. She's doing a lot better. Alexandra wants to return to acting. But for now, she walks the dogs, spends time with her husband, and accepts that life just takes you on side paths sometimes.

I asked her if I could share this update with you. And she said, “If it might help someone, by all means.”

Coming up, there's a whole new way of thinking about eating disorders, and it has a lot of science behind it. And it might take a lot of the shame and blame and stigma off people dealing with eating disorders. And their families. You'll want to hear this.

Transition: Spirited acoustic guitar.

Promo:

(Sci-fi beeping.)

Music: Playful synth.

Adam Prianca: *Greatest Trek* is the hit podcast about new *Star Trek* shows. And right now, we're talking about all things *Starfleet Academy*.

Ben Harrison: *Starfleet Academy* is a *Star Trek* show made for everyone, from lifetime *Star Trek* nerds to folks who only like *My So-Called Life* and *Dawson's Creek*.

Adam: We even had a special writer and actor guest for the fifth episode this season. The hilarious Tawny Newsome!

Ben: Look, there's always something fun on the *Greatest Trek* feed, because when the season's over, we're going back to watching *The Original Series*!

Adam: And hey, if you like old *Star Trek*, the *Greatest Generation* just had its 10th anniversary!

Ben: That's *Greatest Trek* for new *Star Trek* and *Greatest Generation* for the *Star Trek* you grew up on.

Adam: Both shows you can find on MaximumFun.org.

(Sci-fi beeping.)

(Music ends.)

Transition: Gentle acoustic guitar.

John Moe: So, that interview with Alexandra was first aired five years ago. And science and progress keep rolling along since and all the time. There has been a great deal of research into a genetic component to eating disorders, and there's been some pretty big discoveries. Scientists are able to look at someone's genetic information and correlate it to someone's likelihood or predisposition for developing anorexia nervosa, bulimia, and other disorders. That's a big deal! Because your genes, the stuff you were born with, that's never been considered nearly as often as stuff like family, peer pressure, media. And it means not blaming a person with a mental disorder for having a mental disorder.

Dr. Cynthia Bulik has been leading the charge on this, and I'm really honored I got to speak with her. She has so many job titles and honors that if I listed them all, we'd have no time for an interview. But let's go with Founding Director of the University of North Carolina Center of Excellence for Eating Disorders; the Founder and Director of the Center for Eating Disorders Innovation at Karolinska

Institute in Stockholm, Sweden. She's also—and this is neat—a bronze medalist in the 2012 Adult National Figure Skating Championships!

Transition: Spirited acoustic guitar.

John Moe: Dr. Cynthia Bulik, welcome to *Depresh Mode*.

Dr. Cynthia Bulik: Lovely to be here. Thank you so much for the invitation.

John Moe: A while ago, a few months ago, I read for the first time about anorexia and other eating disorders having a genetic component and a metabolic component—the idea that research was revealing that this wasn't an environmental, cultural thing necessarily. And I could just feel the tectonic plates in my mind shifting when I read that. It sort of changed everything. You've been at the forefront of this. Can you explain the line of thinking that this isn't necessarily a “the family you grew up in and the magazines you read”? Because I think that's new to a lot of people.

Dr. Cynthia Bulik: It's not only new to a lot of people; it's new to the field. And when I started in this field over 40 years ago, it was all about sociocultural influences. It was Twiggy and models and striving to be thin. And that actually sort of blames the person with the illness quite a bit. And I had this idea. I was like, “Huh! You know, genes play a role in depression and schizophrenia and anxiety disorders. Why should eating disorders be any different?”

People didn't believe me at first. Then fast forward a whole bunch of years, and a lot of the work that we've done—the global work that we've done—has shown that, yes, there is an environmental component. Yes, the social factors are important. But the bottom line is genes play a big role. And as you mentioned, John—I mean, initially people were like, “Eh, this is just psychiatric. This is just psychological.” But our last big study, the thing that we showed is it's not just that. It is both psychiatric and metabolic, and that's the part that really blew people's minds.

John Moe: Okay, so does this mean that it's handed down? Like, it runs in the family? And is it destiny that you're going to be dealing with this if you have a certain type of genetic arrangement?

Dr. Cynthia Bulik: No. Great questions! It definitely is passed down in families, but that doesn't mean that there also aren't sporadic cases. So, it can just pop up in someone. Destiny? Absolutely not. The way I talk about this with people is: we've got risk genes, we've got protective genes, we've got risk environments, and we've got protective environments. It's sort of like a deck of cards. And it all depends on

which genes you're dealt. But your environment and your protective genetic factors can really mitigate the genetic risk that you have.

John Moe: Well, so what kind of research have you been doing? I mean, it's hard to summarize all of it. But in terms of identifying genetic factors with eating disorders like anorexia, what has the research been? How does it work? Who do you study, and what do you do with these test subjects?

Dr. Cynthia Bulik: Yep. So, we started out with something called ANGI, which was the Anorexia Nervosa Genetics Initiative. And then we graduated to EDGI, which is the Eating Disorders Genetics Initiative. And now we're in EDGI2.

John Moe: (*Chuckles.*) Great acronyms.

Dr. Cynthia Bulik: I know. It's like I'm the acronym queen, right? It's like I just love coming up with these things. And I'll give you the website too. It's actually EDGI2. E-D-G-I-2, dot org. And basically, right now, I think we're in eight countries. And so, anybody with an eating disorder of any type can go up to that website, can fill out a bunch of questionnaires, and then all they have to do is send us some spit! So, we send them a little spit kit in the mail; they spit in it and send it back to the lab. And we can actually isolate your DNA from your saliva. And so, then we genotype that, and then we get these genotypes from thousands and thousands of people with eating disorders, throw it into the computer, magic happens. And then that's where the information about what are the genetic factors that contribute to these illnesses come out.

John Moe: So, what do people who are experiencing these things or have been experiencing eating disorders—in layman's terms, what do they have in common? How can you tell who's who?

Dr. Cynthia Bulik: Well, that's a great question. We're actually finding in anorexia nervosa that some of the same genes that decrease your risk for developing overweight actually increase your risk for developing anorexia. Whereas for binge eating, they go in the same direction. So, some of the same genes that increase your risk of developing overweight also increase your risk of developing bulimia. So, we see a lot of the same psychiatric genetic factors, but they're opposite in terms of metabolic genetic factors.

John Moe: Okay, so then if somebody figures out that they are at risk for anorexia— And are we calling it anorexia or anorexia nervosa? I don't know the terms these days.

Dr. Cynthia Bulik: We're calling it anorexia nervosa. 'Cause anorexia is actually something else. So, for example—

John Moe: Oh!

Dr. Cynthia Bulik: You can have anorexia of cancer. So, it's a loss of appetite. But anorexia nervosa is the like official word for the eating disorder.

John Moe: Is it a nervous condition though?

Dr. Cynthia Bulik: (*Chuckles.*) Let's say it's a misnomer. But there is a lot of anxiety associated with it! In fact, some of the work that we did in the past showed that lots of people with anorexia actually had a little childhood anxiety disorder first. And we're also seeing a genetic correlation between anorexia nervosa and anxiety disorders, meaning that some of the same genes influence risk for both.

John Moe: So, if someone finds out that they are at risk—they're genetically at risk. Not predisposed, not destined, but they're in the arena. What should people do with that information?

Dr. Cynthia Bulik: Well, I think— I'm gonna tell you just a little story, because this is an observation that I've made over 40 years of clinical work. One of the things that we find is people who are at risk, especially for developing anorexia nervosa, respond to food deprivation or restriction differently. And I call that negative energy balance. So, you're taking in fewer calories than you're expending. And most of us, when we get that way, we feel like scratchy and hangry, and we're like foraging for food. It is not something that we really look forward to. And we do anything we can to sort of make it go away.

But people who are at risk for anorexia and who have anorexia claim that restricting actually calms them. So, they tend to be kind of like nervous at baseline, and they say something about that first diet they went on just made all that noise stop, all that sort of—it made them feel more calm, more quiet, more relaxed. And that's the trap. So, for example, someone who's had anorexia and recovered, I always say, “Do not let yourself get in a negative energy balance again, because that can just suck you right back down that whirlpool, and then you can't get out of it.”

John Moe: That's the drug that they're addicted to.

Dr. Cynthia Bulik: That's the drug. And that's what they say. Someone once told me, “Restriction is my heroin.” And not the like “you're my hero” (*heroine*), but the kind that one injects, right? Yeah.

John Moe: Yes. So, then if you know this about yourself, is it—are there steps that you recommend people taking to eat more or change their type of carbs or calories that they take in?

Dr. Cynthia Bulik: There's no specific magic diet that is gonna prevent you from developing an eating disorder. But I would honestly say the most important thing is to confide in someone. You know, tell someone else “I'm concerned about this about myself.” And I think that's super hard for some people with eating disorders, because it becomes very wrapped up in their identity. And for so many—for so many mental illnesses, the therapist and the patient are on the same track. They have the same goal. Help me get rid of this phobia. Help me get rid of this depression. But with anorexia nervosa, sometimes it's going in opposite directions. “I want you to gain weight. I need you to gain weight. Your body needs to gain weight.” But that's the scariest thing I can ask you to do. It's like someone with a spider phobia putting a tarantula in their hand. That's how anxiety-provoking it is.

John Moe: Well, and people I know who've struggled with eating disorders always say that problem is like you can never do heroin again and be fine, but you can't never eat. Like, you still need to eat. And so, you still need to manage spiders in your life.

Dr. Cynthia Bulik: (*Chuckling.*) That's an awesome way to put it. I think I will use that in the future with some of our patients! But it's so true. Food's everywhere. Food's part of our social fabric. You know, food is something— You know, talk about high-risk times. Holiday meals are just torture for folks with eating disorders. And I think that's the other reason to confide and to talk about this. Because then people understand. And it's really hard for a lot of people to understand. It's “Oh yeah, the holidays are wonderful. We love getting together with the family and eating all that food.” It's like, well, no. Everybody doesn't feel that way.

John Moe: Our listeners just heard an interview that I did a few years ago with the actor Alexandra Paul, and she talks about growing up in a family where sugar was highly restricted. And so, she would go down in the middle of the night and have a bowl of Grapenuts with tons of sugar on it. So, she got this thing that she had been denied, and she enjoyed the kind of feeling of transgressiveness about it. And she kind of thinks about that as a connection to bulimia that she developed later and struggled with for a long time.

Were all those things—the sugar restriction, all that—were those not related to her developing bulimia?

Dr. Cynthia Bulik: Oh, sure. No, they were absolutely related. Sugar becomes the forbidden fruit. Right? But I'm gonna give you a whole continuum answer here.

You know, for some people— You know, as far as I'm concerned if something—if an approach works for one person, then it deserves to stay in our toolbox. And there are a small number of people, for example, who will say, “Just staying off sugar keeps me from binge eating.”

And I'm like, “Fine, if that works for you and nothing else has worked, stick with it.” On the other hand, having that—forbidden foods, forbidden this, forbidden that—it makes it all more attractive! And it could also feed right back into that negative energy balance thing that I was talking about before. Who knows? She might've been starving when she went to bed, and hence the Grapenuts and sugar. And it's sort of like a rebound effect. You restrict, restrict, restrict, and then people who were genetically predisposed to bulimia or binge eating disorder, then they go in the opposite direction and develop the binge eating.

John Moe: So, neither culture and family nor genetics are 100% of the cause, is what we're saying.

Dr. Cynthia Bulik: That's correct. But I will say one thing. Our field went through a horrible period of time where we blamed parents for everything. We said it was parenting style, and usually it's the moms who were to blame. Right? And I will not deny that there are unfortunate parenting situations out there where a parent might criticize their kid's weight or tease them about their weight. And you know, that sucks. No matter how you say it, that just sucks. But to say that parenting causes eating disorders is just completely wrong. And it has done a disservice to so many parents.

I had one mom whose family doctor said, “Your daughter doesn't have a problem. You're the problem.”

And I was like, “Oh my god, you poor woman.” And all she wanted to do—she was desperate to help her child. And that's what she got from her physician. So, unfortunately those attitudes are still out there.

John Moe: Well, it is such a— Like I said, it's such a shift in thinking, not just in terms of blaming the parents, but in terms of the shaming that goes on with it. And this is sort of endemic with mental health across the board—with depression, with OCD, whatever you choose. This idea that you are weak or you are making bad decisions or you are being willfully self-destructive. That you are choosing a mental disorder, as if anybody ever would choose a mental disorder. (*Chuckles.*) And so, this kind of way of thinking you're talking about removes a lot of shame, doesn't it?

Dr. Cynthia Bulik: It absolutely does, and that's what patients and families have told us. An example that I often give is: if someone has type one diabetes, you don't say, "Please, just produce some insulin." Or if they have asthma, it's like, "Could you just breathe better? Please? This is a choice!"

John Moe: Have you tried not having (*chuckling*) a broken leg?

Dr. Cynthia Bulik: Yeah! Or breathing regularly? I mean, it's just nuts! And personally, I don't draw a line between physical illnesses and mental illnesses. I don't even like using those words, because as far as I'm concerned, they're all completely intertwined. You have a really bad physical illness, you better believe you're gonna have mental health consequences. And if you have a mental illness, you're gonna have— You might have more pain; you might have all sorts of physical manifestations. So, please erase that mind/body line.

John Moe: (*Chuckling.*) Okay.

Dr. Cynthia Bulik: You can do that, John. That's your brief.

(*They laugh.*)

John Moe: Well, it is a little challenging, because I did launch a mental health show years ago. But you know, health is health. That's another thing we talk about a lot in the show. Now, in that interview that I referenced with Alexandra Paul— And that interview was from several years ago. We talk about the idea of control. How if you are restricting what you're eating, if you feel like your life is out of control—and she was a model and then an actor in Hollywood, so there was a lot of people trying to kind of take control of her life—that this was a way that she could maintain control. You, as I understand, aren't so into the idea that an eating disorder is gonna come from trying to establish some control.

Dr. Cynthia Bulik: Well, I guess here's the thing about that. The thing about that is: in any effort to clamp down that much control, the eating disorder ends up controlling you. And I think there's this lovely phrase called "effort after meaning." And it's when someone experiences something, we try to make sense of it. What's going on here? Please help me understand why I have anorexia or why I have bulimia. And I think that control idea has been around there all the time. It's not wrong. And if that helps someone—if it helps someone saying, "I just need to like loosen up a little bit about this."

What I hear when you tell me about that interview is an enormous amount of pressure. And we see that with athletes all the time too. Finally, athletes are starting to speak out about mental health. And eating disorders, for that matter! But the

pressure they're under is just—it's unimaginable. Especially people who are kids. They're still kids!

John Moe: Yeah. The kiss and cry camera after the figure skating is the most messed up mental health thing I've ever seen. It's so horrible.

Dr. Cynthia Bulik: (*Laughs.*) Well, John, as a lifetime figure skater, (*unclear*)—

John Moe: (*Gasps.*) That's right! You're a figure skater. Yes! Yes.

Dr. Cynthia Bulik: Oh my god. And they just do these closeups of their faces! And it's just—it is so painful. And it just—it makes me wanna cry.

John Moe: We've been fortunate to interview Gracie Gold on our program, and what a story she's had.

So, we've been talking a lot about anorexia nervosa, and I mentioned bulimia, but there are other eating disorders that maybe you don't hear about quite as much. Is this same sort of genetic component being a strong force in influencing the development of these disorders, is that across the board for all eating disorders?

Dr. Cynthia Bulik: Yep! So, the other two that we haven't spoken much about are binge eating disorder, which is that binge eating has a binge eating component, but not the purging component. And avoidant restrictive food intake disorder, or ARFID. And, ha, the people say, “Oh yeah.” Oh! Here's another one of those asthma examples, right? They'll say, “Oh, just eat those beans!” Or “Eat that purple food!” Or whatever it is. And these kids have like extreme, extreme selective eating. It is not just a choice for these kids, but—

John Moe: They're not being picky. It's something else.

Dr. Cynthia Bulik: No! I mean, yeah, they're being picky. They're being extraordinarily picky.

(*John chuckles.*)

But both of those disorders have high genetic components as well. And the last one that I'm gonna mention is one that's really just sort of come on our radar screen more recently, and that's atypical anorexia nervosa. Which it's a name that I hate. Because I think, especially in mental illness, when you say atypical, people automatically think it's not as bad. Which is so not true. But these are people who are normal or overweight who have all the other features of anorexia nervosa. And!

The same physical manifestations as well. So, they're functionally normal weight but starving or overweight and starving.

John Moe: (*Sighs sadly.*) Well, it's, uh— Thank you for the work you're doing.

Dr. Cynthia Bulik: Thanks, John.

John Moe: It's amazing work. Dr. Cynthia Bulik has been our guest, and thanks again.

Dr. Cynthia Bulik: Thanks, John.

Music: “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

John Moe: I want to give you the name of that website that Cindy mentioned again, because the more people get onto this and the more people contribute to it, the more we can know about eating disorders. It's EDGI2—E-D-G-I, numeral 2—dot org. The Eating Disorders Genetics Initiative 2.

Dr. Cynthia Bulik: ‘Cause we want everybody to participate, 'cause the more the merrier when it comes to genetics.

John Moe: It's a great thing to do right now during Eating Disorder Awareness Week. It's a way of helping folks that we can all figure out something together.

Speaking of helping, it really helps when you support our show. In fact, it's the only way we're able to have a show. It's the only way we're able to get this stuff out in the world where it can help people, especially people who are going through some stuff. So, we really would love to hear from you. It's easy to contribute. You can join at \$5 a month, \$10 a month, \$20, whatever makes sense for you and your budget. That's your biz. But please just go to MaximumFun.org/join and become a member. And you'll listen different when you are a member, 'cause you'll have the satisfaction of knowing that you made it possible.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. It's free. It's available 24-7.

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Hi, credits listeners. All this talk about *Baywatch* in this interview made me think of college where I had a friend named Dan Vhay—V-H-A-Y. And so, we had *Vhaywatch*. Which just consisted of, whenever you'd see Dan Vay, you'd point and yell, “VHAAAY!” That was *Vhaywatch*. We never got a TV deal. Alexandra Paul and David Hasselhoff were not involved in *Vhaywatch*.

Depresh Mode is made possible by your contributions. Our team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller of Old 97s performed our theme song “Building Wings” and wrote it too. *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

Music:

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

(Music fades out.)

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!