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Eating Disorders: Personal Perspectives

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EATING DISORDERS: PERSONAL PERSPECTIVES

A Thesis

Submitted

In Partial Fulfillment

Of the Requirements for the Degree

Specialist in Education

Suzanne D. Holmes-Bunde

University of Northern Iowa

May 2000
EATING DISORDERS: PERSONAL PERSPECTIVES

An Abstract of a Thesis

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This paper explores, through case studies, the personal experiences of individuals with eating disorders and their thoughts on prevention. Chapter one includes a brief literature review and reference to a more extensive review of prevention programs, included in the appendix entitled “Primary Prevention Programs.” Chapter two describes the process of this study and the women who participated. Chapter three is the exploration into the case studies of these women and their ideas on prevention. The last chapter addresses the interpretation and application of the information that these women provided me with, in regards to my ideas on prevention and how to apply it to school settings.
This Study by: Suzanne D. Holmes-Bunde

Entitled: EATING DISORDERS: PERSONAL PERSPECTIVES

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There are several individuals to whom I owe a great deal for their contribution to my study. Without them I would not have had the successful, meaningful experience that I did in exploring the lives of individuals who struggle with eating disorders.

First, and foremost I need to thank the three women who agreed to sit down with me, a stranger, to discuss some of the most powerful and painful experiences in their lives. They did not have to agree to meet with me, but because they did, and because they openly discussed their life’s struggle with an eating disorder, I was able to engage in the study that I had really desired to do. When I began this inquiry I wanted to learn what it was like for an individual with an eating disorder, and now that I am done, I realize that what these individuals taught me was so much more. I respect these three women more than I can put into words, and I want them to know how very grateful I am for their willingness to talk to me and to teach me. I am very fortunate that these women wanted to help others. Their unselfishness and their desire to prevent this from happening to others led them to me and I am forever grateful to them for their sacrifices.

The next individuals that I owe a great deal of thanks to are my committee members. The chair of my thesis committee, in particular, was patient, understanding, and honest with me throughout the entire process of this study. She helped me in every
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Lastly, I thank my new husband. Getting married and completing a thesis at the same time is not an easy task and at times I didn’t know if either one of them would be done successfully. He was there to assure me that they would. But without him, I don’t think they would have. Thank you. My family and friends who supported me, combined with my committee members and the precious individuals who made this study possible, I owe you more than I could ever repay. All I can do is thank you with all of my heart and hope that you know how much I mean it.

Sincerely,

Suzanne
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CHAPTER I

INTRODUCTION AND ORGANIZATION

Introduction

Imagine, if you would please, a 13 year old girl in the 7th grade. She weighs 125 pounds, is 5’9” tall, athletic, and highly active in numerous school groups. She is also competing with her friends to see who can lose the most weight on their diets. At her height, she was already too thin, but she didn’t see it that way. She just knew that she was going to be the one to win that bet. She would be the thinnest. She would win. That individual was me. I started a pattern of disordered eating at a young age, and although I have never developed an eating disorder, I have desired to be thinner than I am, from the age of 13.

The desire to be thin is experienced by many females in today’s American society. Television and magazine advertisements reinforce the image of an extremely thin woman as what is attractive. Everywhere we look, thin is in. Long gone are the days of hour-glass figures or curvaceous and healthy-looking models. Instead, the women of today’s society are driven by the image of a five-foot, ten-inch model who weighs one hundred pounds. Often women see these models as the ideal and strive to
emulate them by exercising excessively and engaging in an ongoing battle with diets and their weight. The majority of females today see themselves as overweight, or fat, and are currently on some form of diet or weight control (Foreyt & Mikhail, 1997). A study done by Johnson (cited in Brumberg, 1988) found that 75% of the women considered themselves as fat, when in actuality, only 25% of them were overweight. With the media, society, and women in general, gauging their beauty and success by their body image, it is no surprise that the percentage of females with eating disorders is on a drastic rise (Vitousek, 1996).

The term “eating disorder” encompasses several disorders involving the manipulation of food. They “consist of severe disturbances in eating behavior, maladaptive and unhealthy efforts to control body weight and shape” (Wilson, Heffernan, & Black, 1996, p. 541). Among these are anorexia nervosa, bulimia nervosa, and binge-eating disorder. Each one of these disorders affects a significant number of females in today’s society.

Extensive research (e.g., Chassler, 1997; Corn, 1997; Dare, 1997; Jaffe, 1998; Katzman, 1997; Kohn, 1998) has been conducted concerning anorexia nervosa and other eating disorders. Researchers, in general, have focused primarily on the etiology and treatment of the disorder and have paid considerably less attention to examining
prevention. This research indicates that the number of people diagnosed with anorexia nervosa has been increasing in recent years and primarily affects women (American Psychiatric Association, 1994). A study conducted by Harris (1994); cited in Wilson et al. (1996) found the prevalence rate of eating disorders to be between 0.2% and 0.8% in the general population and may be as high as 5% to 7% among higher socioeconomic groups. Berk echoes these figures and states that one in 50 adolescent girls in the United States is affected. These are disorders which typically strike in adolescence and permeate many aspects of the individual’s life such as relationships with family and friends and school work.

Research on the prevention of eating disorders, although limited, has provided some valuable information to guide future studies. Neumark-Sztainer (1995) emphasizes the importance of developing prevention studies with the following quote, “a number of authors have stated that in light of the high prevalence of eating disturbances and the low rates of success in treatment, more emphasis should be placed on prevention” (p. 81). Neumark-Sztainer (1995) describes primary prevention as aiming “at reducing the incidence of a disorder through the reduction or elimination of those risk factors that cause or contribute to its occurrence.” Secondary prevention “focuses on reducing the duration of a disorder through early identification and intervention in the initial stages of
its development.” Lastly, tertiary prevention is defined as aiming “to reduce the
impairment that may result from an established disorder” (p. 81).

With these prevention program descriptions in mind, primary prevention
programs are best suited for the school setting. School programs can be developed to
reduce the risk factors that may lead a young girl to become anorexic. In the primary
stage of prevention, females still exhibit “normative” dieting practices and concern with
their body and shape. This primary level is where school programs could benefit most.
In the secondary and tertiary levels, the adolescent female has begun to partake in
unhealthy weight loss practices, high body dissatisfaction, and anorectic and bulimic
behaviors which eventually progress into anorexia and bulimia. By the time a female
reaches the secondary and tertiary levels of prevention, they should be referred to
physicians and therapists for treatment. It is at the primary level that schools can help to
prevent these disorders from developing.

Statement of the Problem

During the impressionable and potentially unstable early adolescent years of a
young woman’s life there are countless sources of input and influence. This is a time
when bodies are changing and social relationships are central. Early adolescent females
are especially vulnerable to the pressures of fitting in and having a certain appearance which often leads them to attempt to modify their bodies to fit the “perfect body” standard. The media as well as adults in an adolescent’s life should be setting a good example of healthy eating and self-image to prevent projecting poor messages. Instead, our society is reinforcing the thoughts that may be salient in an adolescent female’s mind about being thin by advertising diet pills and, quite often, using overly thin models. Not enough is being done for these young girls to prevent them from falling prey to eating disorders.

This is a time in their lives when they are surrounded by peers for the majority of the time in their days. They spend eight hours a day in an educational setting that can help to prevent these disorders. Schools have prevention programs for alcohol, drugs, and even pregnancy, but so very few have any programs for eating disorders. Given the increasing number of individuals afflicted with this disorder, particularly females, it is imperative for schools to address this problem. It has become essential for schools to develop a systematic approach to preventing eating disorders led by an interdisciplinary team which consists of health specialists, counselors, and school psychologists (Neumark-Sztainer, 1995). If professionals like these can be effective with prevention,
then the individual will not progress further into the disorder where physicians and psychiatrists are needed.

Questions About Current Programs

Very few school-based eating disorder prevention programs are in existence today, and of those, an even smaller number have been shown to be effective (see Appendix A). These programs are reviewed in the appendices of this paper entitled “Primary Prevention Programs,” and the one which has shown the most effectiveness (Moreno & Thelen, 1993) is described in detail. Unfortunately, even this program met with only short-term effectiveness. After reviewing this literature I found myself faced with a perplexing series of questions: (a) why are none of these programs more effective, (b) why aren’t there more prevention programs being developed, and (c) why does it seem that schools are turning their backs to the problem? These questions are the reasons behind this study. After researching the limited number of programs currently in place in schools, as well as extensive amounts of research which says that prevention is the key, I have felt propelled to learn as much as possible about why eating disorder programs aren’t effective and how to get schools involved.
Overview of What is to Come in the Women’s Stories

Real life aspects of what eating disorders are. I believe that an effective prevention program contains the component of personal real-life experiences and input from individuals who have experienced eating disorders as well as being reflective of what research has shown. That is why I am doing this study; speaking with these women. I do realize that these women can provide me with their experiences, but that they do not hold all of the answers. I also realize that their stories aren’t representative of all individuals who have ever had an eating disorder. They cannot possibly give me the secret key to preventing all eating disorders from happening. They do, however, provide me with the real-life aspects of what eating disorders are. They can tell me their thoughts on prevention and, based on personal experience, what prevention should consist of.

Their thoughts on prevention based on their personal experiences. The focus of this paper is to examine the life experiences of individuals who have struggled with eating disorders. Armed with a strong literature review of eating disorders, prevention programs for eating disorders that have been implemented in schools, and finally the personal stories and input of what eating disorders are really like, I will have the basis for developing a prevention program that may be successful in preventing eating disorders in our schools.
Significance of the Problem

Eating disorders affect more than the woman’s figure. As the disorders progress, the individual’s body, mind, social and family relationships are adversely impacted. The eating disordered individual’s mind is greatly affected by the distortions of their body image. They see themselves as overweight and disgusting even when they are less than 70% of ideal body weight (Lovell, Williams, Mark, & Hill, 1997). Countless numbers of physical changes occur with the development of eating disorders. Some of these include the cessation of menstruation, fine dark hair development all over the body, brittle discolored nails, gastrointestinal and endocrine problems, and eventually, a deterioration of the entire functioning of the body including shrinking of the heart muscle and kidney failure (Berk, 1998). Individuals with eating disorders with unrealistic expectations about body change and dieting can suffer severe physiological damage as well as intense disappointment (Jaffe, 1998). Family functioning is also an area of concern with regards to an individual with an eating disorder’s lifestyle. As the individual becomes increasingly preoccupied with her eating habits, her social relationships with friends and family fall apart. The individual believes that friends and family don’t understand what
she is going through, and consequently, she shuts herself off from social contact (Horesh, Apter, Ishai, Danziger, et al., 1996).

These factors, as well as the realization that effective treatment and recovery of an individual with an eating disordered doesn’t occur in promising numbers, are definite causes of concern. Relapse, and eventually, death are a very real issue with regards to the outcome of this disorder. The prevalence rate is growing and the percentage of those who have recovered successfully is dangerously low. Because of these realities it becomes evident why there needs to be a focus on the prevention of this disorder. If we can stop the symptoms before they have a chance to progress then our females, especially young adolescent girls, will have a much better prognosis for survival as healthy and happy individuals.

Organization of Paper

This paper focuses on an exploration into the lives of three individuals with eating disorders. My strong desire to learn what they have experienced as well as their opinions regarding prevention programs drive the interviews and discussion. The second chapter will discuss how I have obtained my subjects and the process used to interview the individuals and maintain their confidentiality. Discussion of their experiences will be
done in chapter three, exploring the valuable information that they provided me with. I
will be providing a picture of each person’s perceptions of relevant issues in experiencing
and hopefully preventing disordered eating. The paper will conclude with a professional
application of this information as I am a school psychologist who wants to develop an
eating disorder prevention program for schools.
CHAPTER 2

THE CURRENT INQUIRY: PROCESS, PARTICIPANTS, AND PROCEDURES

Why The Topic Of Eating Disorders Is Important To Me

Personally

In the introduction to this study, I wrote about a young girl who competed to lose weight during adolescence. Sometimes it’s hard for me to believe that I did that. Other times, I feel like I still possess that obsession to be too thin. Although I didn’t know it at the time, I was heading down a very dangerous road. I had a pattern of disordered eating, that for some reason, did not develop into an eating disorder. In fact, I actually lived an active, normal eating life for several years after that. Then I got to college and it started all over again, only this time it was worse. I worked out, I lost weight, I ate less, I fed off the compliments of others. The cycle continued and there was always another five pounds to lose, another time to exercise. Then, for a reason I can’t explain, I realized that what I was doing wasn’t healthy. I really don’t know why that happened, but I know that I am very thankful that it did. I was very close to becoming anorexic.

Professionally

In the first chapter of this paper I discussed the research basis for why prevention programs in the schools are vitally important. I chose to do a study of eating disordered
individuals’ experiences because of my commitment to incorporating the perspectives of individuals with eating disorders into the development of programs designed to assist such individuals.

Questions I Had After Researching

The review of current research led me to prevention programs and the hard facts that there aren’t many, and even less that are effective. Therefore, I have this strong desire to talk to individuals who didn’t stop where I did, and who know what it is to have an eating disorder. I want them to help me. Each one of these individuals will have a different story, and those cannot be generalized to all other individuals. It is also important to realize that these women will be biased in their own opinions. But I still believe that their experiences are an important piece of the puzzle in developing a successful prevention program. I need to know how they feel about the idea of schools developing these types of programs: will it work? Is it worth a try? What do the programs need to consist of? When should they start? All of these questions, and so much more, were things that I wanted to find out from these individuals.

Method

I engaged in in-depth discussions with three women. I chose the words ‘in-depth discussion’ because the conversations that I had with these women were not as rigid as an
interview, there was opportunity for the conversation to go anywhere the women wanted it to, based on the questions I had or not. I believe that in depth discussions are the best way to address questions concerning their experiences and opinions and input regarding school-based prevention programs in a complex, detailed way. The questions were open-ended to allow for anticipated perspectives to emerge. I knew that the knowledge I have about eating disorders had educated me about the complexity of these disorders. The complexity would not be seen by asking a series of short questions or a giving a survey. What I wanted was to hear the individuals with eating disorders speak. I wanted to know their truths about the disorders that they have been fighting with. I wanted to know how they think we could prevent them. These discussions were audio-taped and transcribed and between one-and-a-half and two hours long. They were highly informative, educational, and powerful.

**Participant and Site Selection Procedures**

The participant selection procedures of this study were tedious and at times frustrating. Although there are a countless number of individuals with eating disorders, finding them and having them agree to participate in this study was not an easy task. The initial site that I tried to obtain individuals from was the Eating Disorders Counseling
Group run through the Counseling Center at the University of Northern Iowa in Cedar Falls, Iowa. I contacted the counselor in charge of this group in the Fall of 1998 and she agreed to have me come in and ask the individuals if they would participate in my study. Two weeks later the same counselor informed me that the group had fallen apart due to lack of attendance. Therefore, I needed to start over with my search for participants. The chair of my thesis committee was discussing eating disorders in her Dynamics of Human Development class and mentioned my study for anyone who would like to participate. Unfortunately, even those individuals who had discussed their struggles with the disorders in her class did not choose to participate.

The site that I eventually found to obtain subjects was an eating disorder treatment clinic in a local hospital. I called the director of this program and explained who I was and what my study involved. I then asked if she thought there would be any individuals who would be willing to participate. She said that she would ask at one of their meetings and that she had a couple of individuals in mind. After several weeks of anxious waiting, I received a phone call from the director saying that she had two individuals who would be willing to participate in my study. This gave me two subjects for my study. I also had one individual who was chosen because she was an acquaintance of mine who I knew had been struggling with an eating disorder for many
years. I contacted her to see if she would participate in my study and she agreed without hesitation. Thus I had three individuals who were willing to take part in my study and educate me about their personal experiences with eating disorders.

Participant Description

The individuals who agreed to participate in this study are a diverse trio of individuals. For confidentiality purposes I use pseudonyms to describe them as follows:

The first individual, Jacie Williams, is a twenty-year old Caucasian female who grew up in a small town in Iowa. She is currently a college student and has been through a treatment program. She considers herself to be in control of her eating disorder, “as much as you can be.” She is the individual that was an acquaintance of mine and she is also the individual who has been ‘recovered’ from her eating disorder for the longest.

The second individual was Melissa Reed, a 32 year-old Caucasian female and a mother of a 10 year-old son. This discussion was just slightly shorter than the first one, it lasted almost two hours, and was quite different than my discussion with Jacie. She is a “recovering anorexic,” which means, to her, that she has been through some treatment and is no longer engaging in starving behaviors. She is the first of the two individuals
that I talked with from the treatment support group. She feels that attending the support group helps her a great deal at the most difficult times.

The third individual, Mary Henderson, is a twenty-eight year old African-American female who is in a wheelchair. She is currently in a facility for individuals with various physical needs. This was the most difficult discussion for me because I knew, going into the interview, that this was a woman who was very much still engaging in anorexic and bulimic behaviors. I will admit that this intimidated me because I also knew that this woman was very shy and didn’t open up to people really quickly. The head of the treatment group that Mary attends had told me that when she first gave me the names of the individuals who wanted to help me with my study. So, for me going into this interview was different than going into the other two. I knew that the questions that I had down on paper to ask these individuals might not apply to Mary as much and that what I really needed to do was to tell her why I was doing this study and how much I appreciated her help. Then I needed to be patient to see if she opened up to me. She continues to struggle with her disorder, fighting to not purge her food on a daily basis. She attends the same support group for eating disorders as Melissa does, which she says “gives me strength that I don’t have.”
Data Collection Procedures

The discussions took place in small, private, quiet rooms with no distractions. The only individuals physically present during these conversations were the subject and myself. I had the individuals complete consent forms prior to the discussions, a sample of this is included in the appendix. The discussion questions were semi-structured so the conversations could be open to new questions and emerging perspectives from the participants. The questions centered on their experiences and thoughts regarding prevention programs for schools. A sample of the interview protocol and informed consent are included at the end of this paper. I then transcribed one of the audio-tapes and had the other two done by the secretary of our department. The tapes were labeled with the pseudonyms and no identifying names were used during the discussions. For confidentiality purposes I maintained the data in my personal file.

Interpretation and Construction of Cases

I wanted to know what “caused” people to become victims of eating disorders. Were there certain factors, themes, or issues that are common to individuals with eating disorders? Through my own experiences and research I had several topics that I believed would come out in my interviews with these individuals.
Possible Issues in Our Discussions

The first of these issues is the idea of control. During adolescence, and other times in a person’s life, there are many things that an individual has no control over; at least one may feel as if she has no control over. The control of food and the manipulation of it is one thing that an individual can control. Research, and my own experiences have taught me that the intense feeling of power and having control over something in an otherwise crazy and uncontrollable world is a much welcomed feeling. This control over what you eat and how your body looks is the one area that you will be the best at.

This idea of control leads also into the issue of competition. Research says that the “typical” individual who will develop an eating disorder is a perfectionist. She is at the top of her class and strives to be absolutely the best at everything she does. I distinctly remember competing with my friends to see who could lose the most weight, and when I spoke to my college friends, they did the same things. Competition is a natural event in adolescents’ lives, and this adds a very scary dimension to the already disordered eating that can develop at that point in their lives.

Another issue, although this one I have heard conflicting opinions about, is the idea of being ashamed. Some individuals have said that they feel intensely ashamed at some point in their development of an eating disorder. They say that at the point that
they know that they are out of control, they feel ashamed. I, myself, never felt ashamed.

I think that may be due to the fact that I realized that I was heading down a treacherous road and I “woke up” before my disordered eating became an eating disorder. This topic really intrigues me. I want to know how that feeling of being ashamed affects the progression of the disorder, if at all.

Another, fairly new, issue according to the research into causes of eating disorders, is the dimension of family relationships. It seems that when there are strained relationships among the individual and his/her parents, this plays a large part in the development of an eating disorder. Researchers don’t know why this is exactly, some feel that it has to do with passive fathers or domineering mothers, but the research is inconclusive at this point. Therefore, researchers don’t know how it really progresses the disorders along, but they do feel that this is an area that deserves more attention when looking at etiology and risk factors. Therefore, I think that this will be very interesting to see what these individuals have to say about this issue and how their family relationships apply.

Another area of interest to researchers, especially as of lately, is the aspect of physiological factors that may contribute to eating disorders. There has been research into hormone levels, specifically serotonin levels, in individuals systems that some
believe may be causing the disorder or increasing its progression. This area of investigation is somewhat new in research, and trying to find a biological basis of these disorders is also extremely interesting. As more research into the causes of eating disorders is conducted, I would expect to see more conclusive evidence either supporting or discounting the idea of a biological basis for eating disorders.

The last issue that I have learned is very common among individuals with eating disorders is being the victim of abuse, particularly sexual abuse. This is another area that I did not experience personally, but research states that among individuals who have been abused (sexually), the chances of them developing an eating disorder are much higher than an individual who has not been abused. This seems to be highly tied to the depression that often follows the abuse. In fact, of all of the reading that I’ve done on characteristics of individuals with eating disorders, abuse (sexual) is the one area that was always discussed as being a great risk factor to developing an eating disorder. It doesn’t mean, however, that all individuals with eating disorders have been abused, it is just a risk factor.

How Did I Want to Interpret These Discussions

With these ideas in mind, prior to the discussions, I needed to think about how I wanted to interpret the information that I receive. The most important thing that I wanted
to examine was what these individuals think about prevention programs, but I realize that the information that they have to give me is much more complex and detailed than just asking them what they think about prevention programs. Their personal experiences, what happened to them, how they progressed with the disorder, their struggles with the different issues and aspects, were also extremely important.

I wanted to show these individuals the respect that they deserve. There could be overlapping issues, perhaps some of the ones discussed earlier, but I also believed that each one of these individuals had a personal story with details that are separate and deserve to be heard. Therefore, I wanted to report these individuals as three separate case studies.

I will also be discussing how their situations may be similar, especially regarding their thoughts on prevention programs and involvement of schools. After doing this, I will summarize the issues that came out in these discussions and how that affects my practice as a school psychologist and my ultimate desire to develop an eating disorder prevention program for schools to use.
CHAPTER 3

CASE STUDIES: SUBJECTS’ PERCEPTIONS OF RELEVANT ISSUES IN EXPERIENCING AND HOPEFULLY PREVENTING DISORDERED EATING

Organization

This chapter will examine the three case studies/interviews that I conducted. I will address each case, individually, in the order that I conducted them. After interviewing these women, I realized that I came away from each discussion with some very important information. In the discussion of these cases, I will be focusing on the most important issues and information that I took away from each case. Also, some of the same issues are brought up in the three cases, but very different information is revealed. I will be using a conversational type of writing so that the reader is able to hear the women’s’ voices as I did in the conversations.

Jacie Williams

Jacie Williams has struggled with an eating disorder for many years. She has been an acquaintance of mine for quite some time. This, however, did not make it any easier for me to ask her to be a part of my study. It’s a very difficult thing to ask someone to talk about a painful experience in their life. Jacie is a 20 year old caucasian
A college student who stands about 5' 6" tall and is average build. She has been through a complete treatment program and says that she is as in control of her disorder as an individual can be.

The issues that came across as particularly important and powerful in my conversation with Jacie were: the idea of defining moments in a person's life, control, and ignorance. I will be discussing the parts of our conversation that revolve around these topics.

Defining Moments: Peer, Sister, and Dad

Jacie started our discussion with her ideas on what types of things help to develop the progression of eating disorders. "I believe that there are defining moments in an individual's life that they will be able to look back on after developing an eating disorder and say, I remember the comments, the looks, the kids making fun of you. I believe that those defining moments are things that will feed the fire as you grow up. They will build on top of each other until you finally blow"(J). "These defining moments, what kinds of things do you remember, what is one of your defining moments"(S)? "I was in the 5th grade and a boy... wearing his little yellow izod shirt, looked at me one day at lunch and said 'you know you may be fat but you sure are funny!' I will never forget that"(J).
Jacie was still very emotional about that defining moment and she remembered every detail.

"Do you think that what that boy said really started your behaviors"(S)? Jacie expanded the circle of causes to include the feelings she had toward her sister. "Yeah, that combined with the fact that I remember at that point in my life I thought if I could be more like my older sister, then people wouldn't say things like that about me. That was the point that the intense inferiority started to build inside of me. I was never as good as my sister, not in sports, school, or even in body shape and size. So then I started to try to conform my body to be more like my sister's, only taking a second helping of food at the dinner table if she did. I worshiped my sister and I saw how much my dad praised my sister and how he didn’t do that with me"(J).

"Do you think that affected your disorder as well? Was the relationship with your dad another 'defining moment'"(S)? "Things with my dad weren’t very good. Not that I had a bad childhood, but he never praised me a whole lot, it was kind of hard because it always seemed like nothing was ever good enough"(J).

"So for you these defining moments: the insult by the boy, the inferiority of your sister and the wanting praise from your dad all affected you"(S)? "Yeah, there is no one cause to an eating disorder. Everything comes into play, I think. It’s not just one person
saying something, or your family did this, or I saw a magazine. It was a lot of things. It was all of those things and many more, now that I look back on it”(J).

Control

The second theme that came across as drastically important was the topic of control. For Jacie the eating disorder really started when she was in the 6th grade. This was a time when all of her friends were dieting because it was “just the thing to do”.

“I remember that it was like we were all going to lose 10 pounds. It almost turned into a competition. I took it to the extreme. You know, like, they’re going to lose 10, well I’ll lose 15. So with that it kind of became a way of life. By 7th grade I think that it was pretty much evident to everyone but me that it was out of control”(J).

“Do you think that control is a big topic when it comes to eating disorders”(S)? Jacie’s response was immediate and intense, “Oh yes, you think that you’re in control, but you’re not. Obsession is tied directly to that as well. You’re obsessed and yet you think that you’re in control…In my freshman and sophomore years things bottomed out of control. I was obsessed with exercising. I started by running 2 miles a day and then increased that to 6, and when 6 wasn’t enough, then all of the sudden it was 12. Well, then what the heck, why not 17. So I was running 17 miles a day. There was no rhyme or reason for 17, I just chose it. It was just a big progression. Two wasn’t good enough
anymore, 10 pounds wasn’t good enough anymore”(J). “I know myself the feeling of becoming obsessed with working out, did you realize at the time that you were obsessed and out of control”(S)? “You just keep upping the level, something drives you. Whether it’s because you don’t feel secure enough about yourself or because you want control over everything that you don’t seem to have control over”(J).

This disorder had become the one thing in her life that she could count on, that she had control over. Of all of the pressures that she was feeling in her life, this was one thing where she felt she was the best. “But this I have control over, people would screw you over, boys would make you feel stupid, dad would say it’s not good enough, my sister would just be perfect in my eyes, I didn’t have control over anything except one thing and nobody was going to take that from me”(J).

“Do you think that there was anything that your parents could have done, or anyone else, that they didn’t”(S)? “No. No one was going to stop me. That’s what people don’t understand. No one was going to beat me at my game, at the one thing that I ‘had complete control over’ and was ‘the best at.’ The school couldn’t help and other people thought that telling me that I was too thin would stop me. Nothing was going to stop me, short of a treatment program. I had to realize what was happening”(J).
Perfectionism/Depression

“What was your life like at home when this was going on”(S)? “Well I would go to bed at midnight and then get up at 3:00 a.m. so that I could get all of my school work done and still have time to work out. I was also only drinking diet pop all day, eating nothing except maybe, maybe something very little at night. I would get so depressed if I failed at something, but then someone would compliment me on how I looked and then I was back on track again”(J). At that time in her life she had shut everyone out, “for awhile it was just me and the disorder, and that was all I needed. That was my best friend, my pet, my boyfriend, that’s all I cared about. I draped it over me and I was happy with it because people didn’t talk to me they didn’t hurt me, and you know, granted I didn’t have any friends, but you know what I had my disorder. That was something I could cling to”(J).

“How did people deal with you when all of this was happening, like your parents or the school”(S)? “Well my mom would tell me that she saw me running again and I would say ‘yeah, so? Running is supposed to be good for you.’ Other people would compliment me, for awhile, then they started to tell me that I was too thin”(J). “How did those comments affect you”(S)? “People thought that by saying ‘you’re too thin’ they would make me stop what I was doing, but I really fed off of that. There was always
another 5 pounds to lose and if someone didn’t tell me how thin I was, then I would be mad and that would motivate me to work even harder to lose more weight. When the nurse would call me out of class to weigh me, what the school thought was helping behaviors, I loved that. The nurse would tell me that my pulse was 50 and how that wasn’t good and in my mind I would think ‘wait until next week, it will be even lower”(J).

Ineffective Interventions

Everything that the school did to try to ‘help’ her just made her do it more. She told me that a large reason for that was because there was no one in the school who had any clue about eating disorders. “The nurse had taken one class and then was trying to deal with me. That was an insult to my intelligence. We read about eating disorders on one page of their health book, but that was it in our high school.” Jacie complained.

“Would you believe that when I was in high school we didn’t even have a health class? We didn’t address eating disorders or anything else. It was pathetic.” I told her. “Our nurse was trying to apply her ‘brochure’s worth of knowledge’ to me. I would just think to myself, ‘you think you know this, you don’t know anything. You can’t beat me at my own game.’ I had to be checked in at a physician once a month in a nearby city and I loved that too. I loved seeing the progress that I was making and the attention that I
was getting from all of it. No one really understood what was happening and I thrived off of that”(J). Finally, Jacie was hospitalized in a Children’s Hospital, not for eating disorders, but because her doctor thought that she would have a heart attack. She loved this too. It was like the ultimate rush. “It sounds so sick and demented but it was like, ‘ha, you guys think that you have me here, but you can’t stop me’”(J).

Denial

She would still exercise in her room and she knew that she was in a hospital with sick people, but she still didn’t believe that she was sick. In fact, she described “seeing the front cover of a magazine that had a girl on it who thought that she was too thin, at 65 pounds. I thought to myself ‘my God, she weighs 65 pounds and I’m at 70, I’ve got to get down to that.’ She also said that “there was always somebody thinner than me, there was always one more level that you could go to.” So Jacie’s obsession and control continued even in the treatment program until one day she realized how far it had actually gone.

Effective Intervention-Recognition

“They would make us eat even when we weren’t hungry, (like I would have known hunger, yeah right). They would also make us go to these group meetings. Then one day at one of those meetings I saw a woman that helped save my life. There was a
40 year-old woman at the meeting who had a tailbone that stuck completely out of her skin because there was no fat on her. I remember thinking to myself ‘I’m wasting my life away like she did.’ I mean she was 40 and had done nothing with her life except have an eating disorder. I think that was the day that I decided that I was going to change my behavior and try and learn a little about it. That was when I became aware that I had an eating disorder and that I was ruining my life. I had gotten down to 68 pounds, which was ‘normal’ to me, but at that point things started changing”(J).

“I bet that it wasn’t that easy, though, how did you get through it all when you had felt before that everyone around you ‘had no clue’ about what was going on”(S)? “I remember thinking that I felt bad for my parents. I knew that they felt responsible for what I had done, and they had to pay thousands of dollars that insurance didn’t cover, to put me in that treatment program. That kept me on track. I didn’t want to let them down and have them waste their money”(J).

Struggle of Recovery

“It really does come down to you realizing that the disorder is in control, doesn’t it?” I commented to Jacie. Her response emphasized how ignorant some people are about eating disorders. “People thought that I should just start eating again. They had no clue. It’s not like, ‘gee, I’m too thin, I’d better eat something.’ You have to fight this
every day of your life. I still don’t know what I look like. I have no clue, and I don’t want to know how much I weigh. I guess I am aware that I will always be like this, I will be a recovering anorexic for the rest of my life, and that’s okay. I can handle it”(J).

“What was it like for you when you got out of the program, how did people treat you and what did the school do”(S)? “When I went back to school I was sure that everyone would be looking at “the skinny girl got fat again.” The school agreed to whatever I wanted because they just wanted to keep this quiet. I felt like they didn’t really want to help me, but at least they cooperated when I said that I was going home to eat lunch and other issues like that. That was a big thing, not having to eat in front of other students right away. I would eat with my mom and one of my friends. They actually knew what I was going through and how hard it was for me to eat in front of people” (J).

That friend helped her in many ways. She felt normal because she had a friend again, well she always had, but she had shut her out. Another big thing for her was when “I thought that everyone was watching me, when I came back to eat lunch with everyone else, my friend would say to me ‘you’re crazy, look at them, they’re not watching you, they’re too busy feeding their faces.’ Then I started to realize that no one was watching me, no one was making a big deal out of this any more. That was a wonderful thing”(J).
She also needed that friend because Jacie believed that once she started to eat again that she would lose all control and then become obese. “I loved food, I love it now and I loved it when I was practicing anorexic behaviors, I just didn’t eat it. I needed to see my friend who was thin and ate and ate and ate and didn’t become obese. I needed to see a normal person eat. That helped me believe that I could do the same” (J).

“So slowly, all of these things helped you adjust when you came back” (S)?

“Yeah, day by day, the more I did this, the better it was, the more comfortable I became. Pretty soon people stopped asking me if I was okay and eventually I even felt hungry again. I had ignored the hunger pains for so long that my body didn’t recognize them until almost a year after I got out of the treatment program. I had to teach myself how to eat normally and had to learn about nutrition for the first time in my life. But I did it, and I continue to do so” (J).

“Do you think that knowing about nutrition and dealing with the topic of eating disorders in school would have helped you” (S)? “I think that it sure wouldn’t have hurt. Seriously, yes I do think that being taught about nutrition and having educated people in the schools who know what eating disorders are about and can teach that to the kids. I think that definitely could have helped. Also just having people there who could help students deal with those defining moments would be a good thing. No one seems to
understand about eating disorders and the approach that my school took, ignoring it and pretending like they were dealing with it all ‘hush-hush’, is about the stupidest thing you could do. That is ignorance” (J).

Good Practices

“Do you think that if we, as a society, become more aware and educated about eating disorders, that it will help” (S)? “I sure hope so. We all need to realize that once this thing starts, it’s too late. We have to stop it before it starts. Prevention doesn’t have to be a formal thing, just talk to the kids about what it is and what it does to you. No one should have to go through this. Start educating kids about this in first grade. Talk to them about how their mean comments can hurt someone. Teach them how to deal with it when people say mean things and most importantly, teach kids that they are perfect just the way they are. They don’t need to look like anyone else. They need to be taught that it’s okay to look like they do and that they don’t have to look like their friends or anyone else on television or whatever” (J).

One of the most powerful things that Jacie said to me was “These disorders affect everyone who has them differently, you can’t read a book and apply one equation to every person. At the same time, they affect everyone. I mean, how many people do you know that manipulate their food intake or their exercise? If someone thinks that this isn’t
a big deal, well how many people in the next 20 seconds couldn’t name at least 10 people that they know are on a diet. Maybe they don’t cross the line like I did, but they’re all feeding the obsession. The kids are the ones that we need to teach about this. They have to be the ones to stop it” (J).

Ideas on Prevention

Eliminating misunderstanding and creating awareness. Jacie believes that our society has a huge misunderstanding about eating disorders, and in fact there is no real awareness that they really do exist as a disease and not just some behavior that an individual can stop whenever they want to. She believes that we, as a society, need to wake up and realize how many people are suffering from eating disorders and then begin to learn that this is something that will be with those individuals for the rest of their lives. Jacie said it well when she said “most people see it as ‘just some retarded girl won’t eat. Well we can’t help her, she’ll have to wake up sometime and see how thin she is.’ I will struggle with this for the rest of my life, people need to realize this, not to feel sorry for me, but to see what these disorders are and what they do to people. Then our society can realize what is happening and see these disorders for what they are. Then maybe they’ll stop being something that our society, and pertaining to your study in particular, our schools, are ignoring” (J). Jacie has felt the ignorance of individuals who don’t know
about eating disorders and she wants to prevent other young women from going down the same dangerous paths that she has.

Nutrition and increasing education. “We need to stop them before they get started,” Jacie told me. She strongly believes in prevention and thinks that it doesn’t have to be formal. She believes that all of her ideas can and should be applied to children starting at a young age. From her perspective the discussion should include a great deal on increasing the discussion on nutrition and healthy eating and exercise. During middle school/junior high, this should be hit very, very hard. Someone should talk to kids about competing to lose weight and what that can do to a person’s body later on in life. High school should be a time when an individual with an eating disorder should come in and talk to each of the classes. “At that age, we should be giving it to them straight. Don’t just have them read a page in a health book like I did. Let them see what it is with their own eyes”(J).

Increasing intensity and changing society’s image of attractiveness. Prevention, in Jacie’s eyes, needs to be a progression of intensity as a child gets older. It has to be something that is talked about at every stage in a child’s life. She said that she believes that we can help by doing this. “We can’t change society’s image of what’s attractive overnight. We can, however, teach children that it’s not healthy to starve themselves, and
if we start with one person and keep them from becoming what I did. Starting with one is a very good place to start”(J).

Melissa Reed

Melissa was the first of the two individuals from a local treatment program who volunteered to speak with me. She is a thirty-two year old caucasian woman who stands about 5’6” and is thin. She is also the mother of a 10 year-old son. In an open discussion of her initial struggle with anorexia Melissa focused on social feedback.

Cultural Images: Thin = Beauty and Beauty = Popularity

“I first started noticing (at the age of 13) how the other girls in school were really thin and stuff like that. I had a really rough childhood and I just wanted to be popular. I didn’t really think that I was overweight, but some people did. Comments were made. Ones that were thinner got a little more attention than other ones. Basically, I just started being careful of what I ate. I didn’t really eat a whole lot, just enough to get by. I lost some weight and I was feeling good about it. I really didn’t give it much thought past that”(M).

“So it basically started with your desire to be popular and because of comments that people made”(S)? “Yes, then my sister’s husband was really perverted. He told me
how much of a beautiful body I had and stuff like that. It just really got to me because I
didn’t want him to look at me that way. Then I didn’t want to look like I had a beautiful
body so then I started abusing my body by not eating and trying to get thin so that he
wouldn’t make those kinds of comments. That went on for awhile. He finally left me
alone. I had this (disordered eating) for a long time, but when I really noticed it was back
three years ago”(M).

“Was there another particular event that happened then to make you notice it
(disordered eating)”(S)? “I was engaged to be married and this guy that I was with said
that he didn’t want to be with somebody who was bigger than he was. So I knew that
different diets that I tried before never worked. I just gradually started not eating as
much and added more exercise massively. I started eating less and less and exercising
more and more. I started losing weight. I thought it was pretty cool because I was losing
weight. I kept losing weight and kept exercising”(M).

“You’ve described some major events in your life that seem to have motivated
you to stop eating. Are these things kind of like ‘defining moments’ in your development
of an eating disorder”(S)? “Yes, these are things that I remember perfectly. Without
them, I don’t know if I would be where I’m at right now”(M).
Defining Moments and Factors

“Did these things really bring out this behavior in you”(S)? “Yeah, it’s not something that comes from just any one thing. It’s something that is there basically for a long time and you just don’t know it until you actually start doing the behavior. A lot of it comes from dysfunctional families. In my case that’s true because I was the victim of sexual abuse as a child...one person’s comment can throw it off. Like my ex-fiancé when he said that he wouldn’t marry somebody bigger than him. That just threw it off, but it wasn’t the main cause of it. A lot of it was my family. Some kids at school would tell me that I was fat. You can remember that stuff”(M).

“Tell me what it’s been like for you”(S)? “One year ago I became really scared because I remember looking in the mirror and only seeing fat. But in reality I had nothing left to me. There was no meat on my bones at all. It was scary so I talked to my doctor about it...it’s not easy to admit”(M).

Restriction of Food

“What kinds of behaviors were you engaging in at that time”(S)? “For the longest time I would eat something that... I would restrict myself from the things that I really liked. I told myself that if I ate it, it would make me sick. I really had it in my head that the things...I stopped eating everything that was dairy. I used the excuse that I was
lactose intolerant. Basically I restricted myself from the things that I liked...my family did that to me when I was younger. ‘You can’t have that piece of pie for supper. We’ll give you an apple because we don’t want you to be overweight’. That’s what I heard a lot. Basically, if your parents restrict you from food when you’re that young, you’re going to restrict yourself. It’s just that simple”(M).

“So you controlled your eating and convinced yourself that those foods would make you sick? That takes a lot of will power”(S). “Yes. I basically just…it’s like a compulsion after awhile. It’s hard to explain. It’s like an actual person inside of you that had taken over. There were times when I really knew that what I was doing was not right, but I kept hearing this eating disorder talking to me and saying ‘being thin is great, you look good’ and stuff like that. It turned into a really compulsive thing. Everything that I touched I had to look at the calories and fat grams. I measured things I ate”(M).

**Control**

“Did you feel like you were in control of the calories and fat that you were eating”? (S)? “Actually, yes I did. I felt that way. I really didn’t have a lot of control in my life because my family was always trying to run my life for me. I knew that it felt like I had the power because I could control what I ate and what I didn’t eat. People would look at me and say ‘how can you resist that?’ ‘Because I have strength, I can say
no.’ In reality, that wasn’t the case either. Basically, we think that we have the control, but we don’t. The eating disorder has the control over us. When I found that out, then I really started getting more scared. Then my doctor told me that...I was exercising 3 hours easy. Every time I ate something, I’d exercise. People say ‘how can you exercise and feel like you have energy and you don’t eat?’ Myself, I don’t really know how I kept my strength up, but I did. Until one day I just didn’t have any energy and I exercised anyway. I just passed out. My doctor told me that my heart was giving out because I was exercising too much and not putting enough calories in and not getting enough of the right foods” (M).

“Did you continue to do these things even then”(S)? “Well my body was messed up. My menstrual cycle stopped. Every blood chemistry thing in my body was off. My cholesterol was way high. My triglycerides and electrolytes were all messed up. Basically my doctor told me...if I didn’t start gaining weight on my own, I was going to die”(M).

“How did you feel when you heard that? How did you deal with it”(S)? “I was terrified, I didn’t want to die at the age of 31 but I didn’t know if I could ‘beat it’”(M). Anorexia is all about control. She believed that she had the control. It was then she realized that it had complete control over her.
Metaphor of Obsession

Melissa describes it as almost like a person who is possessed, “It seems like anorexia is a demon because it controls me...when I first started skipping meals this eating disorder was like ‘I can help you. Just listen to me, I am your friend. I’ll make you thin. I’ll make you happy...it’s almost like when somebody feels they’re being possessed. To me, that’s what it seems like. It seems like anorexia is a demon because it controls me. It’s scary. They (her doctor) put me in a hospital and I was there for one day. They (the people at the treatment facility) didn’t understand that I couldn’t just start eating all of that food. I told my doctor that if I was going to do this I was going to do it on my own. It wasn’t a matter of just starting to eat again. My family thought that. They thought ‘you went to the doctor and she told you that you needed to gain weight, so why don’t you just start eating?’ I didn’t have a lot of family support, so I had to battle the voice in me by myself”(M).

Transition to Recovery

“Is that how you ended up at the treatment support group that I contacted”(S)?

“Yeah, I told the doctor that either we work out some kind of agreement...I’m not staying in the hospital, you can’t force me to be in here. So my doctor and I agreed upon a contract where I would come in 3 days a week and get weighed, if I lost any more weight
I would go back to the hospital. When I went to the doctor I weighed 98 pounds and for
being 5’6” that’s not right”(M).

“Did the support group help you”(S)? “Yes, I started eating a little bit more and
then increased that bit by bit. My doctor and my counselor really had big doubts that I
would make it. One of the biggest things that I learned is that when I put my mind to
doing something, I am strong. I had to be strong to do it. I gained 30 pounds back. Then
I lost another 10. It’s been stable for 4 months or so. It comes and goes. The exercise is
still an obsession. I knew I was only supposed to walk a half an hour and I knew the
point that took 15 minutes to get there and back and I would keep walking. I got really
frustrated because I really only wanted to go 1/2 hour. I didn’t want to lose any more
weight. I think that I’m fine right where I’m at”(M).

Recovery

“I am very happy to hear you say that. The support group and your own personal
desire to beat it must be working”(S). “Well hearing other people that have the same
struggles as I do helps. I also wrote a letter to the disorder, my counselor told me to try
that. I felt stupid at first, but I thought I’d try it and if it worked, great. So I wrote a 3
page letter and it got really intense. It seems like my mind just opened up. I said, ‘there
are 2 things that I know that eating disorders cannot stand to hear: that food is healthy for
“It sounds like you are taking the power and control back”(S)? “Yeah, since I started eating better, my menstrual cycle came back. My blood tests are stabilized now. That part of it is still with me, but I don’t claim it. It’s just there. One of the things I said in the letter is that I know it’s in no big hurry to leave. It wants to hang on and try to catch me at my weak points. I made up my mind”(M). Melissa summed up her life now with these words, “That’s where I’m at right now. I’m still going to group. I still have to do a lot of self-talk. I’ve got it in my mind that I have the strength to take back the power. I know it’s always going to be there. If you give it the power, it’s going to take it. If you take your power, it’s there but it’s lifeless if you have the power. That’s basically what I’m working on, to get back my power”(M).

Melissa’s Ideas on Prevention

Melissa actually began our discussion of prevention by talking about a friend of hers who is still engaging in bulimic behaviors. She can’t seem to beat it and Melissa is very worried for her. We talked about the prognosis of individuals with eating disorders and how so many individuals lose the fight. Melissa told me “that’s why I’m here. It’s not easy to say these things to you, but if I can help to prevent another person from doing
these things, then it’s worth it. We have to stop these disorders from happening before they get a hold of more people”(M).

**Self-esteem, coping skills, and media issues.** Melissa thinks that attacking the issue of self-esteem is probably the best place to start. She also thinks that it should be done at a very young age, because kids understand mean comments when they’re young. She, like Jacie, thinks that teaching children how to cope when someone says a mean comment is a hugely important point. She said “that would help prevent eating disorders and so many other things. If kids realize that their body structures are different…it’s not what’s on the outside that makes somebody beautiful, it’s what’s on the inside. If you can get that through their mind at a young age, before they think that skinny means popular and happy, that would be fantastic”(M).

**Nutrition.** Nutrition was another key point in preventing these disorders, according to Melissa. She believes that children should be taught about healthy nutrition at a young age and then as they get older, they should get more and more facts.

**Ending denial.** She said that “hiding these disorders from kids and pretending like they aren’t there isn’t going to do anyone any good”(M). She really does believe that the schools should be doing more, through education of nutrition and media images, and coping skills, to prevent eating disorders.
Parent education: Warning signs. According to Melissa, if at all possible, parents should be sent information about the warning signs and just to tell them that the school will be educating their kids on eating right and healthy exercise. She believes that there needs to be a strong communication between the homes and schools, if at all possible. “If we’re going to be successful, we have to hit it from as many points as possible. Schools are a terrific place to start” (M).

Mary Henderson

Mary Henderson is a 28 year-old, African-American woman, approximately 5’2” and who is paralyzed from the waist down. When I first sat down to talk to Mary I noticed how shy and quiet she is, but also how friendly she was to me. It became obvious to me, almost immediately, that this was going to be difficult for her to talk about, but that she really did want to help others who might be struggling like her. We sat and talked for awhile, getting to know each other and discussed some of the questions that I would like to address. When she was comfortable with me, she looked at me and said, “okay, let’s do this, turn on your recorder, I’ve got quite a story to tell” (M). It is with that story that I will start.
Mary, like the other two women that I spoke with, also started her eating disorder when she was a teenager, 13 to be exact. She, unlike the other individuals, came right out and told me why it started. As she was growing up her family members would punish her for doing something that they felt was wrong by sending her to bed without dinner. At other times of the day, she would just be deprived of food. They would make her skip meals and not eat. From then on, Mary learned immediately that food was bad. “I associated punishment with food, so after a little while I never wanted food because I didn’t want punishment. I thought food was bad”(M).

Her Divided Self

When Mary went to school she wouldn’t eat and if she did, she would make herself get sick. “Food doesn’t feel right in my stomach and so I get rid of it so that I feel better”(M). She described that that was how things started and that she has been on this rollercoaster since then. She loses weight and then feels better about herself. She wants to eat, but when she does, she feels like she has to make herself get sick. Mary’s description of her inner battle with the disorder was powerful.

“Is this struggle to keep your food down something that you still battle with today”(S)? “Yes, it’s really hard for me. I started trying to lose weight, but people told
me that I didn’t need to. But I don’t listen to them. I feel like I need to. I’m not going to
be happy until I am really thin. Sometimes I’m so obsessed over it that I starve myself. I
know that’s not good…what I’ve been doing lately is eating and getting rid of it. I really
hate doing that. It’s not a good feeling to do that. I wish I could make myself stop, but it
feels like something I have to do to make me feel better. It is something that is really
hard for me to handle. I hope that I will be able to lose weight and not become really
sick”(M).

“You want to do it healthy and be able to stop at some point”(S)? “Yes, I go to
support groups. We set goals and stuff. They’re trying to get me to stop. It’s like I have
two people arguing inside my head saying ‘do this, make yourself sick and then you’ll
feel better’ and this other voice says ‘no, don’t do it because it’s wrong and you’ll get in
trouble. I don’t want to mess up my teeth and all of that.’ But the other part always wins.
ALWAYS”(M).

“Can you help me understand why that is? Is it something that you feel that you
don’t have any control over”(S)? “Yes. It’s something that is real hard. People have
told me to stay away from my room after meals. But it seems like a magnet pulling me to
my sink. I haven’t been able to deal with it”(M).
“Do you think that you’re progressing? Do you think that you’re becoming stronger in fighting it” (S)? “It’s winning. I guess I’m letting it. Maybe it’s because I’m wanting to lose weight. Growing up, it (food) was something that I never had. Sometimes I get mixed up—should I eat or should I starve myself” (M)?

Where Mary Currently is in Her Struggle with The Disorder

“I would think that since you learned this so long ago from your family that it would be especially hard to break. Kind of like a habit” (S)? “Yeah a habit that turned into an obsession that I hid from everyone. I even hid it from the people here for awhile. A year ago they discovered that I had one. They would catch me being sick. Every time I ate something. I would sometimes starve myself, what could they do about that? They didn’t know what to do. That’s why I had to go to the hospital... I don’t see how people can expect a person with an eating disorder to eat so much when they’re not used to eating a lot and keeping it down. When I eat, I get an upset stomach. I think that it’s not right. I was doing better and then I went to camp and completely stopped eating again. I thought I was getting better. Now I’m back to the start. I’m having a real hard time with that” (M).

“Do you think that the support group is helping” (S)? “I think that it helps knowing that I’m not the only one out there dealing with this... I just want to be so many
different people. I hate how I look and stuff...I just wish that I was better and in control.

I’m not in control with it yet. Sometimes it really scares me why I want to lose so much weight. I saw a television show where this girl only weighed 70 pounds. I thought to myself that she looked good and she could eat anything she wanted to and not gain a pound. That’s the way I want to be. When I eat something, I gain weight. That really ticks me off. I sometimes hate skinny people...I wish I was thin. I cry about it”(M).

Misunderstanding: Perceived Attention Seeking and Behavioral Control

“That has to be hard. I hear you telling me two things that you wish for. One, you said you wish you were better. At the same time, you’re telling me you wish you were thin. That struggle has to be terrible to deal with”(S). “It really is hard. These people here punish me. What’s the point in eating”(M)?

“How do they deal with you here”(S)? “They really nag at me. So I’ve been eating sometimes just to get them off my case. I just wish they would leave me alone and let me do my own thing. But I know that what I want to do is not good for me. I should make myself stop, but it’s not that easy. It’s really hard. I’ve had people, like the nurses here will say ‘you don’t have an eating disorder. You just choose....it’s a behavior you’re doing, it’s not an eating disorder.’ I know that it’s an eating disorder. I know that it’s hard for me to overcome. They think it’s attention-seeking behavior”(M).
“How do you feel when they say that”(S)? “I hate that. It makes me want to slap them. It’s not true. If it was something that I was reaching out for attention, I wouldn’t sneak around and do it”(M). “Right, you could probably find something else to get their attention”(S). “When I do get caught, they treat me like a kid. That really bugs me. I get put in ‘time-out’ and I can’t do anything, watch t.v. or anything. I just have to sit in here and think about it. That really makes me mad”(M).

“When they make you sit here and think about it, what kinds of things are you thinking about”(S)? “I’m thinking about ‘why can’t I stop this? If I just wouldn’t do that, then I wouldn’t be sitting here’. I’m thinking, ‘you guys don’t understand how I’m feeling and how hard this is.’ I wish they would understand more about it”(M). It was obvious that Mary was struggling with the staff and their misunderstanding of what she’s going through. “The director of the support group is better. She really understands. She doesn’t push so hard. She doesn’t think that it’s a behavior thing. I can get attention by doing other things. I’m not seeking attention for this. I’m seeking help. Help me get over it. That’s what I want, but it’s really hard to get over it”(M).

**Ideas on Prevention**

**Denial:** Eating disorders exist. Mary told me that prevention doesn’t have to be complicated. We just need to address the fact that eating disorders exist and tell kids
what they are and what they do to a person. She thinks that when kids first start school
that we should be talking about body shapes and sizes and how important it is to eat right.
Then in middle school, she strongly believes that kids should be taught what the warning
signs are and that if a friend of theirs is “making up excuses or disappearing after meals,
they should be encouraged to tell someone”(M). Schools need to open their eyes and
look for these individuals.

Body image and dealing with negative comments. One of the best things in the
world, according to Mary, would be getting kids to help each other by talking about body
image and how to deal with people making fun of each other. “If kids have that kind of
support system, it would help a great deal. I know that it would’ve helped me because I
definitely didn’t have any support at home”(M).

Misunderstanding. Misunderstanding is the key, Mary told me that it seems like
no one has a clue about what eating disorders are and that we need to change that. People
need to start realizing that it’s a disorder and a disease that is out of the person’s control.
People have to realize that they can’t force the person to just change their behavior, the
individual with the disorder needs to empower themselves to change. But even when that
person does win the battle of eating and keeping the food down, the disorder will always
be with them. Mary said “that’s what’s so hard for me. I know that if I win today and eat
and keep it down, then great, I gained weight. That doesn’t make me happy and what
good does it do, I have to fight the same battle every day for the rest of my life. So
what’s the point in even fighting”(M)? She believes, somewhere deep inside her, that she
can do it if she wanted to, and she hopes that someday she does win. “We need to
prevent this from happening to another 13 year old girl. We need to stop this horrible
thing before it starts in one more person”(M).

Because of the situation that she is in right now and the struggling that she goes
through every day, Mary wants to help others to not be like her. She is in the middle of it
all right now and wants to keep others from going the same horrible things that she is
currently doing. That’s why she agreed to talk to me. She believes that schools should
make kids more aware of what eating disorders are and not just ignore them as if they
don’t exist. “Individuals with eating disorders are probably in every school in the U.S.
So we’ve got to start doing something. If schools can educate kids and somehow prevent
this from happening, that would be the best thing in the world”(M).

Summary

The stories of these women and their desire to prevent this from happening to
other people were extremely powerful issues for me to experience. They each taught me
something more that I was unaware of about living with an eating disorder and how they
believe that we should prevent them from happening. In fact, that was the main theme that was common to all discussions, that we need to prevent eating disorders from happening at all cost.

These three women all agreed on prevention in many of their suggestions. They all suggested first that prevention should start very early, kindergarten, with discussion of how we all have different body shapes and sizes. They also agreed that prevention really needs to be a combination of education and awareness. They believe that children should be taught what eating disorders are and that schools should not ignore the issue. Increasing the discussion of what they are and what affect they have on your body was also an area agreed upon by these women. They all strongly discussed helping children learn coping skills for how to deal with the mean and degrading comments that people make. Lastly, they all addressed the topic of nutrition and having schools develop good nutrition programs teaching kids what is and isn’t good for them and the repercussions that poor nutrition and eating disorders can have on a developing body.
CHAPTER 4

INTERPRETATION AND APPLICATION

Common Themes

The information that these three women provided me with was gripping, powerful, and extremely educational for me. I had the opportunity to talk very intimately with three individuals who all have eating disorders. My primary purpose for conducting a study into the lives of individuals with eating disorders was to find out their opinion on prevention and school involvement. But more than just asking these women about prevention, I wanted to know the main issues that came out in our discussions and how they related to the research regarding eating disorders.

All of the information that these women talked about was important and relevant to me, however, I realized that I needed to take a focus. That focus is the most important issues that I came away with from each discussion. It was these themes and issues, especially those common to all three individuals, that I believe need to be explored and incorporated into the prevention of these disorders. Because of this, in my interpretation and reflection of the information provided to me in our conversations (and discussed in
the case studies) I would like to explore the common themes that these women brought up in our discussions.

Living With an Eating Disorder

After hearing the opinions of these women on prevention, it seems evident that some of the areas that they believe should be targeted are directly tied to the common themes that came up in our discussions. It is those themes that should be incorporated into a prevention program, that will be discussed next as well as the research behind them.

Control

The first, and probably most obviously common, issue between these three women is the idea of control. Current research into the theories behind eating disorders has focused heavily on the idea of control. Hilda Bruch is a researcher who firmly believes that control is at the center of the development of an eating disorder. Bruch has summarized her thoughts as follows:

Because of the anorectic’s paralyzing sense of ineffectiveness and anxiety about her identity, she opts, furiously, for control of her body . . . she makes her body a stand-in for the life that she cannot control. She experiences a disturbance of delusional proportions with respect to her body image, and she eats in a peculiar and disorganized fashion . . . the preoccupation with controlling her appetite directs the young woman inward so that she becomes increasingly estranged from the outside world. She lives a bizarre life, obsessed with thought of food, while struggling with her parents over her right not to eat (1988, 28).
This control that Bruch talks about is the control that the individual is struggling for and seems to believe that they have over their consumption of food. The unfortunate fact, however, is that at some point in the progression of an eating disorder, the individual loses control over her actions and the disease is actually in control of them. All three individuals discussed this at length in our conversations. They also had somewhat different ways of describing the feeling of thinking that you are in control of this eating disorder, and then realizing that you aren’t.

Jacie discussed how she thrived off the power and control that she believed she had with this disorder. In fact, she said that it was the one think in her life that she could count on and have control of. Her realization that she didn’t have control didn’t come to her until she was in a residential treatment program and she saw an older woman there. It was then that Jacie realized that she was wasting her life away just like that woman and that she had become obsessed and that she was really out of control.

Melissa described having an eating disorder as being possessed. She described how she knew that she was out of control and how there was a constant struggle between the two voices in her head. Until recently, the voice of the eating disorder had won each struggle. Now, however, Melissa realizes that she can gain the control of her life back again. She can take back the power of her life and fight the voice inside her head. She
has the support of other individuals in the treatment group, and she has even written the
eating disorder a letter, telling it that she knows how it thinks and that she is going to beat
it. Melissa’s description of her ‘possession’ by anorexia was so powerful to me; I had
never heard it described in such a way before and when I did, it seemed to fit very well.

Mary is the individual who is losing the battle of control. She is fully aware that
she doesn’t have control over what she is doing and the harmful behaviors that she is
engaging in. But she can’t change it, she can’t stop. The power that the eating disorder
has over her is too strong. She also described it as hearing two voices in her head, and
the bad one always winning. She wants to be able to change that, but right now, Mary is
losing the control battle to the disorder. She described how she tried not to ‘get rid of’
her food after she ate, but that it was like a magnet pulling her to her sink after every
meal. That is a powerful image. Mary isn’t winning the battle for control of her life, she
hopes to some day, and I hope that she does too.

Each one of these individuals had their own struggle with the realization that what
they believed they were in control of, really had taken possession of their lives. Jacie has
learned how to control the feelings and thoughts in her head. She truly does have control
of her life again and is living happily because of that. Melissa is learning how to fight the
voices in her head and is starting to regain control. Mary has a long way to go before she
can say that she has control of her life and her eating disorder. This issue of control was
the most prominent common theme between these women and one that they all stressed
as the most important issue in having an eating disorder and living with it.

Family Dynamics

The second main theme that I think is very important to discuss is the idea of family dynamics. Once again, this issue relates to all three women in slightly different ways. Also, this is another area in the research that is emphasized heavily in relation to risk factors for developing an eating disorder. Research has shown, recently that there are certain familial patterns that have emerged as possible risk factors for individuals who develop eating disorders. Kim Chemin (1985) believes that eating disorders are rooted in the problems of mother-daughter separation and identity. Other discussions of eating disorders by psychiatrists suggest that these individuals may have mothers who have a distinct psychological profile. These mothers may be frustrated, depressed, perfectionistic, passive and dependent, and unable to mirror the child. This means that the mother is unable to see the daughter as an independent being. Consequently, a conflict emerges within the child, between her invisible sense of self and her visible body. By refusing to eat and losing weight, she is desperately trying to appeal to her
mother to make emotional contact with the unseen person. (Brumberg, 1988: Selvini-Palazzoli, 1970; Spignesi, 1983).

This idea of a passive mother, or an unfulfilling relationship between the mother and daughter directly relates to Jacie’s situation. Her mother played a passive role in the family, only speaking up when others had mentioned things about how thin Jacie had gotten. Her mother didn’t try to help Jacie through the identity struggle that she was facing, feeling inferior towards her sister. Her mother also let the dad control the praise and reinforcement in the family, of which Jacie felt that she didn’t get because she wasn’t as good as her sister.

Jacie spoke of having a good childhood, never being abused sexually or physically, but she did speak of neglect and rivalry. The way that Jacie saw her family as playing a role in the development of her eating disorder was two-fold. First she discussed the inferiority that she felt toward her sister. In Jacie’s eyes, her older sister was perfect; she could play sports, she was thin, she was pretty, she had it all and Jacie wanted it. Her older sister also had one other important thing that Jacie wanted. This was the second factor, her parent’s praise and attention. Jacie felt that her father put her older sister up on a pedestal and that nothing that Jacie ever did was good enough compared to her sister. These two issues of family dynamics contributed to Jacie’s development of an
eating disorder. Jacie wanted her parent’s attention and she wanted to be better than her sister at something. With the eating disorder, Jacie believed that she had both.

Melissa and Mary’s discussion of family dynamics and relationships has a much different slant. Both of these individuals believe that their families contributed to their development of eating disorders almost 100%. Both of these women suffered from sexual abuse by family members. They were also both denied food at a young age. These two issues, as well, are reflected greatly in the research surrounding eating disorders.

If there is one major risk factor that research has identified as being strongly linked to eating disorders, it is the issue of abuse, particularly sexual abuse (Bowers, Evans, & VanCleve, 1996; Chernin, 1985; Crisp, 1979; Haller, 1992; Liebman, Minuchin, & Baker, 1975; Minuchin, Rosman, & Baker, 1988). This is directly related to both Melissa and Mary’s situations.

The denial of food by both Mary and Melissa’s families is also related to issues in research. If food is associated with punishment, then as Bowers, Evans, and VanCleve (1996) state “extremely negative thought and feelings about weight and weight gain become associated with the consumption of food over time, such that it becomes reinforcing to refuse food in order to avoid these negative thoughts and feelings” (p. 249).
In other words, the individual looks at food as a punishment and therefore wants to avoid it. This is another form of abuse.

Melissa’s family would tell her that she didn’t need certain foods because she would get fat. Mary’s family would punish her by putting her to bed without food. Soon she came to believe that food was bad and that she shouldn’t eat it.

Abuse was the defining factor for these women’s dysfunctional families. Melissa was sexually abused by a family member when she was very young. Later on in her life her brother-in-law made sexual advances toward her and her fiancé told her that he wouldn’t marry her unless she was skinnier than him. Each one of these incidences helped progress Melissa’s eating disorder along rapidly.

Mary’s family members also sexually abused her at a young age. She believes that because of that, and more importantly, being put to bed so very often without food, she developed her disorder. In Mary’s mind, that was the starting point. Several other factors have come into play since she started her destructive behaviors, but without the abuse, Mary believes that she wouldn’t have developed an eating disorder.

For each of these women and their struggle with family dynamics, also came the discussion of depression. In fact, it is almost impossible to discuss one without mentioning the other. Jacie, Melissa, and Mary talked about their struggles with their
families and how that led them to feeling helpless and sad because they wanted to change
the situations so badly. Once these ‘depressed’ feelings started, it would come up again
and again, at the times in their lives that they were most vulnerable to their disorders.
Each woman discussed the importance of depression-like feelings in keeping the cycle of
the disorder going. They were always unhappy about something, it started with their
families and moved into social comparison.

Social Comparison

This is another area that was common to these individuals. They all discussed
comparing themselves to others and being frustrated and depressed about it. During the
adolescent period of these women’s lives, the comparison that they made between
themselves and the popular kids, the thin girls, was very destructive to them. It is not
uncommon during the adolescent period of individuals’ lives that social comparisons are
very common. Unfortunately, for the individual that is starting to develop an eating
disorder, this is just another factor that piles on top of the other ‘uncontrollable’ things in
their lives to progress the disorder along.

Jacie described this social comparison as a competition. She wanted to be thinner
than her sister and her friends. So when they all decided to lose weight, Jacie saw it as a
competition to lose more than them. Social comparison and feedback from peers was
very powerful in Jacie’s life. Of the defining moments that she remembers with crystal clarity, they are dominated by times that she was told that she was fat or not as skinny as someone else. She wanted to change those people’s opinions and so she stopped eating and exercised excessively.

Melissa also talked about how her rough childhood made her want to be like the popular girls in school. She knew that she could get to be as thin as they were. That was very important to Melissa because she saw the thin girls as popular, those getting the most attention from everyone and as the happiest. So Melissa changed her body to be like theirs, to be happy.

Mary did the same types of social comparison as the other two women and unfortunately she too heard the negative comments that were made about her. She too, started to change what she ate and did in order to stop the comparisons and comments. Mary, however, still looks in magazines and hates the thin people. She still has the intense belief that if she was as thin as those people, then she would be happy. Of the three women, Mary is the only one who hasn’t come to the realization that you don’t need to compare yourself to anyone and you don’t need to look like anyone else to be happy.
Reflection

It has been extremely interesting and valuable for me to look back on the situations of these three women and see what kind of situations they have been in and how this is related to the research that I have done and the prevention programs that I would like to develop in the future. I think that it is extremely important to look at the research that is currently being done in order to identify themes and then relate those to the themes that individuals who are living with eating disorders identify, and to incorporate that into an eating disorder prevention program.

The last thing that I would like to explore in reflection, is how I see these women relating to the ‘typical’ individual who, throughout history, has developed an eating disorder. Jacie, fits the profile in research that says that individuals who are highly competitive and perfectionistic are at risk for developing an eating disorder. She also had a passive mother and strived to please her parents. She developed her disorder in adolescence, which, according to research, is the typical time to develop an eating disorder. She is also a caucasian individual from an upper/middle class, which, in the past, has been predominately the area of women that have been affected by eating disorders. She, however, is a very strong recovering anorectic. She is fighting the disorder, and winning. This, according to research, is not the norm.
Melissa is also very much like the ‘typical’ individual who develops an eating disorder. She, too, developed it when she was an adolescent, and she is a caucasian female. These factors, combined with the fact that Melissa experienced sexual abuse all support the research of eating disorders. Melissa, however, came from a lower socio-economic status than Jacie. This supports the idea that eating disorders are transcending all socio-economic boundaries and aren’t limited to the affluent individuals in our society. Melissa is just beginning her fight of recovery, and will hopefully end up supporting the research of the numbers of individuals who can live successfully with this disorder.

Lastly there was Mary, who supports and rejects several issues in the research of eating disorder development and prevention. First, she is an African-American individual, and in the past, as stated above, eating disorders have been predominately a caucasian female disorder. She is also of lower socio-economic status than Jacie, however, she is not at an extremely low socio-economic level. Mary is also in a wheelchair, as a women who is paralyzed from the waist down. There is very little information in the research regarding individuals with handicaps developing eating disorders. These factors show how Mary is uncommon in the ‘typical’ individual who might develop an eating disorder. She does support the issues of sexual abuse and struggling family
dynamics contributing to the development of these disorders. She was also in adolescence when her disorder first appeared. Unfortunately Mary also represents one large area of research that says that most individuals with eating disorders will not live successfully with these disorders. She continues to battle her disorder and is not winning. Hopefully Mary will fight the statistics and be able to start on her road to recovery.

In looking at how these women relate to the areas of how eating disorders have been discussed throughout history through research, I have become more aware that eating disorders are really able to affect any woman, but that there are definitely still some factors that may continue to be risk factors for developing eating disorders. It is these common themes from the research and these women that I strongly feel should be incorporated into an eating disorder prevention program.

Prevention

These women taught me a great deal about what life is like living with an eating disorder as well as their ideas on prevention. Because their stories had several overlapping issues, I feel that those issues are important to include in a prevention program.
Coping Skills and What Eating Disorders are Really Like

Teaching children coping skills can incorporate ideas such as control and social comparison, as well as feelings of inferiority and many other topics. Educating students on what eating disorders are like by diving into topics such as abuse, family dynamics, and harsh comments made by peers will help students get a clearer picture of what we mean when we say ‘eating disorder’. I know they opened my eyes on what kind of prevention program I would like to see in a school.

My Realizations and Ideas on Prevention Programs

Before I started this study and before I met and talked with these women, I had a certain idea about prevention programs in schools. I had completed research on programs that were in schools and evaluated for effectiveness. In my mind a prevention program should be a program with specific components, like a series of movies or tests. I saw it like the DARE program for drugs and alcohol prevention. The programs that are in the schools now are like that, and unfortunately, very, very few have been shown to be effective for preventing eating disorders. That is why I wanted to find out what individuals who have lived with eating disorders thought about prevention programs. I realize that these individuals cannot provide me with the secret to all prevention, but I strongly believed that they could provide me with their insight. This is what I received
and I must say that what they revealed to me changed my mind about prevention programs.

The main realization that came to me through all of this is that prevention needs to start when children are young and needs to increase as they grow older. It needs to be more of a prevention curriculum and not just a short program. These women all told me that educating students about eating disorders is the most important thing. Now, in my mind I see prevention as something that incorporates nutrition, coping skills and awareness of what an eating disorder is. In a counseling class that I took as a graduate student, we discussed comprehensive classroom curriculum that counselors go into the classrooms to teach to students. I think that this could be the perfect place to start with the educational prevention of eating disorders.

Prevention doesn’t have to be strict and rigid. It can be discussions about what nutrition is and how to eat healthy and exercise in moderation. It can be an in-service to teachers and/or parents about the warning signs of eating disorders. At any point in the prevention process the issues that these women brought up to me can be incorporated, such as control and family dynamics and abuse. It can be so many things, and after talking to these women and doing the research that I have, I now have a set of ideas in my mind about how I would like to teach students about eating disorders.
In kindergarten I think that talking to kids using puppets and other fun tools about how each individual is different with different body shapes and sizes would be a great place to start. Also, discussions about how sometimes people say things that hurt our feelings and how it is not nice to say those things to people would be another component. I would also like to start talking about how to eat healthy foods and how to be healthy. Young children are aware of adults on diets and they themselves think that they need to be on diets. Dieting is another topic that can be brought up even with children in elementary school. This should be the time to hit briefly on topics that I would want to get into more depth with as the students get older.

In middle school/junior high, should be the time to really talk about coping skills and popularity and body shape. Nutrition needs to be discussed in more depth and this is the time that eating disorders themselves need to be brought up. Kids at this age need to know that eating disorders exist and what they do to a person’s body. Group discussions among friends could be used here. Also, encouraging students to come to a counselor or school psychologist, or teacher, whoever, if they are concerned about themselves or a friend. This is also a time that teenagers should talk about the media and body images. Encouraging discussions of all of these topics and how easy is it to get into bad eating and exercise habits are all good things to do.
High school needs to be a time when students hear from a person who has experienced life with an eating disorder. High school students can hear of what it's really like, and see for themselves what can happen to them. Also, increasing the detail of the topics that were started in kindergarten and increased in middle school would be the next step. Media images, social competition and feedback, body size and images, nutrition, etc. are all areas that can be hit hard in high school.

I realize that these are my ideas and that students see themselves as invincible much of the time. I also realize that me as a school psychologist working with the staff and parents of a school to develop an increased awareness of eating disorders will not cure the entire problem. No matter how much we teach students about these disorders there will still be individuals who develop them. But I also know that schools are a place that educate students and this is another issue that they can be educated about. There are smoking prevention programs, drug, alcohol, pregnancy, etc. prevention programs. It seems very reasonable to me to include eating disorders in that list. In fact, as the women that I talked to stated, schools can't keep ignoring the problem. I know that in certain schools that I've had experience in, there is no discussion of eating disorders, and that the staff feels like it is something that is too complex for them. By the time they know a student has an eating disorder, it's too late and they need to be referred out to someone
who can help them. That is true, but my focus with this study was to see what can be done before students get to that point. What can we do to prevent these disorders from occurring?

Prevention is something that an entire staff of a school or an AEA can learn about. To prevent eating disorders from happening it will take an increase in awareness and working together of all professionals. A school psychologist, like myself, can talk to the counselor and staff about increasing prevention and then move on from there. It can work if we want it to, and based on the startling facts about how many individuals suffer from eating disorders, I would think that it is an area that we should put some effort into. The women that I spoke with stressed prevention as the single most important issue that they wanted to talk about. They felt so strongly about it that they sacrificed themselves to discuss personal facts with a stranger. After speaking with them, my passion about prevention was reinforced. I learned that prevention is something that can be done in the schools and it is something that I was encouraged by these women to go out and work for. It won’t be easy, but as they say, nothing worth fighting for ever is.
REFERENCES


APPENDIX A:

PRIMARY PREVENTION PROGRAMS

This chapter focuses on the primary prevention programs that have been implemented and evaluated and provides a detailed description and discussion of one of those programs. While reviewing the current programs, the authors, location, population, and effectiveness will be reported. With regards to the detailed program, a description of the program including its effectiveness on the population will be given.

Importance of Developing Primary Prevention Programs

In order to understand the importance of developing primary prevention programs for school, it is extremely valuable to first review the few programs that have been developed and evaluated for their effectiveness. Although there have been more programs developed than will be discussed here, the focus of this chapter will be on those programs that have been evaluated, which is a significantly less number. The reason for this decision was based on the idea that programs that have been evaluated provide considerable information which helps inform future research. Smolak, Levine, and Striegel-Moore (1996) provide a concise and informative review of the programs that have been developed so their work will be drawn upon extensively here.
Review of Current Programs

The importance of prevention programs for eating disorders, such as anorexia nervosa, has been emphasized by researchers, clinicians, and eating disorder theorists for many years (e.g., American College of Physicians, 1986; Crisp, 1979; Levine, 1987; Shisslak, Crago, Neal, & Swain, 1987). Unfortunately a few effective programs have been produced up to date. Of those developed, there have been programs which are suitable for elementary, junior high, and high school students (Carney, 1986; Center for the Study of Anorexia and Bulimia, 1983; Giarrantano, 1991; Kennedy, 1990; Killen, Taylor, Hammer, Litt, Wilson, Rich, Hayward, Simmonds, Kraemer, & Varady, 1993; Levine & Hill, 1991, Moreno & Thelen, 1993; National Eating Disorder Information Center, 1989; Paxton, 1993; Porter, Morell, & Moriarty, 1986; Rhyne-Winkler & Hubbard, 1994; Rosen, 1989; Shisslak, Crago, & Neal, 1990). Prevention programs for college-age individuals have been developed also (Huon, 1994; Sesan, 1989). In general, all of these programs include some, or all, of the following components: symptoms, signs, and health consequences, treatments, risk factors (low self-esteem, sociocultural factors, dieting, and family problems), healthy versus unhealthy weight regulation, and enhancement of life skills.
Evaluated Programs

As stated earlier, only a few of these programs have been evaluated. In this section a number of primary prevention programs that have been evaluated will be reviewed. To begin with, Porter et al. (1986) designed and evaluated a half-day program intended for pre- and early adolescents. It consisted of specially designed art, dance, and music workshops which were combined with an educational film. Indications of pre- and post-testing showed a significant program impact, especially among children who had scored above the mean and in the anorexic direction of the pretest.

Attie and Brooks-Gunn (1989) evaluated the primary prevention program that had been previously developed by Carney (1986). This program was designed as an eating disorder curriculum and used in ten Canadian elementary and high schools. Here again pre- and post-testing was used and revealed that students who had received the eating disorder curriculum showed positive changes in their knowledge and attitudes regarding eating disorders compared to those students who had not received the curriculum. Results very similar to these were obtained in an evaluation of a 9-week high school eating disorder curriculum designed and implemented by Shisslak et al. (1990). Here the researchers included an eating disorder consultation component within the prevention
program. In this study, several students showed positive results by initiating consultations and many others were referred by parents and/or teachers.

Moreno and Thelen (1993) examined the effectiveness of a short videotape and discussion group program focused on eating disorders. An experimental group consisting of 80 junior high school girls and a control group of 139 girls were pretested, assessed again 4 days later; and they were also reassessed 1 month after pretesting. The results showed that this prevention program was successful in changing the students’ knowledge, attitudes, and behavioral intentions regarding dieting, weight preoccupation, and purging. Because of the variables used for this program, it will be the one discussed in detail later in this chapter.

Huon (1994) evaluated the effects of discussion groups which involved 24 college women. The groups in this program focused on discouraging dieting and developing a more positive body image. Again, pre- and post-testing was used and this program showed that women who were involved in groups in which strategies for change were discussed had a more positive body image following the discussion than they had before the group began. In addition, 42% of the women who participated in the strategies groups of this program reported that they were definitely less likely to go on a diet during
the next 12 months; 58% reported much less weight preoccupation after participation in this program.

Neumark-Sztainer, Butler, and Palti (1995) conducted and evaluated a program in Jerusalem, Israel based on socio-cognitive principles of behavioral change. The goals of this program were to change knowledge, attitudes, and behaviors related to nutrition and weight control, improve body and self-image, and promote greater self-efficacy in dealing with social pressures regarding excessive eating and dieting. Three-hundred and forty-one 10th grade girls from 16 high schools participated in a 10 session program. Follow-up assessments were conducted 6 months and 2 years after the study. The results showed that the program had moderate effects on nutrition knowledge and meal patterns and on preventing the onset of unhealthy dieting and bingeing behaviors.

The only long-term study of an eating disorder prevention curriculum is that of Killen et al. (1993). The curriculum designed for this program consisted of 18 lesson plans divided into three components: unhealthy weight regulation practices, healthy weight regulation practices, and development of coping skills to resist sociocultural pressures to diet. The population consisted of 995 sixth- and seventh-grade girls in four middle schools. Evaluations were conducted before the curriculum was begun and at four intervals during the two years following the completion of the program. Results
showed that there was a significant increase in knowledge about eating disorders in the experimental group.

In summary, the programs aimed at increasing knowledge about eating disorders were all successful in achieving this goal (i.e., Killen et al., 1993; Moreno & Thelen, 1993; Attie & Brooks-Gunn, 1989; Shisslak et al., 1990; Neumark-Sztainer et al., 1995). Programs that targeted changing attitudes about eating disorders were also successful (i.e., Attie & Brooks-Gunn, 1989; Huon, 1994; Moreno & Thelen, 1993; Neumark-Sztainer et al., 1995). In addition, programs aimed at changing behaviors or behavioral intentions were successful (i.e., Huon, 1994; Moreno & Thelen, 1993; Neumark-Sztainer et al., 1995).

**Detailed Description of Moreno and Thelen’s Program**

The specific study that will now be described in detail is Moreno and Thelen’s (1993) program. The purpose of this study, its methods, instruments, procedure, results, and discussion will be analyzed in detail. The purpose for selecting this particular study to discuss was due to its encompassing of the three variables described thus far in this paper: preliminary prevention, adolescents, and school-based.

The purpose of the present study was to determine the effectiveness of an experimental program presented to junior high school students that focused on attitudes
and knowledge about body weight, dieting, and purging as well as behavioral intentions to diet effectively. The researchers determined that since perceptions of body weight and radical means of weight control have been associated with eating disorders, this program should address these issues. Also of extreme importance was the fact that research has shown that many female adolescents are concerned about their body weight and they lack adequate knowledge and understanding of dysfunctional eating habits (Shisslak et al., 1987). With these variables in mind, the following school based prevention program was constructed, implemented, and evaluated by Moreno and Thelen in 1993.

Moreno and Thelen’s program was designed to be a preliminary effort to influence subjects’ knowledge, attitudes, and behavioral intentions concerning body weight and weight control. The program consisted of two studies that were conducted in the same schools, with different subjects, over two consecutive years. Subjects in the experimental group were shown a short videotape followed by a 30-minute discussion of that video. The subjects in the control group did not view a videotape or engage in a 30 minute discussion. In Study one, a female clinical psychology graduate student presented the video and then led the discussion afterwards. In the second study, the subjects’ regular classroom teacher, who was also a female, presented the video and led the
discussion. Study two was done to provide an assessment of the potential value of incorporating the experimental program into the curriculum.

Study 1

Subjects and method. Subjects in the first study were all female students in the Home Economics I classes in three predominantly middle-class, midwestern junior high schools. Students in two of the schools were used to serve as the control group while students in the third school served as the experimental group. In total, there were four classes in the experimental group and eight in the control group. All individuals involved in the study were enrolled in the sewing section of Home Economics I. Originally there were 135 subjects in the control group and 82 in the experimental group, but due to incomplete data resulting from being assessed at three different times, as well as improper questionnaire completion, data from several subjects were discarded. The number of subjects in the control group used for data analysis was 74.

The subject in the experimental group were also assessed at three separate times, and, in addition, were also presented with the videotape and discussion. To eliminate the possibility of subjects intentionally being absent, they were not informed that the measure would be administered on three separate days. Of the original 82 subjects in the
experimental group, 30 individuals resulted in usable data. This was due to subjects being absent for one or more of the administrations or the video.

For the first study, over half of the subjects were Caucasian (66%), 16.0% were Black, and 18% were of other ethnic origins. Subjects in the control group consisted of 60% Caucasian, 17.1% were Black, and 22.9% were of other ethnic origins. Lastly, in the experimental group, subjects consisted of 80% Caucasian, 13.3% were Black, and 6.7% were of other ethnic origins. Researchers performed a chi-square on ethnic origin in order to demonstrate comparable subject groups, and found no significant difference between the experimental and control groups. Also, for both groups there was no significant difference with regards to age, height, and weight.

**Instruments.** The videotape used for both studies was six and one-half minutes long and consisted of a conversation between two actresses portraying sisters in a bedroom. One of the sisters was presented as high school age and the other was the same age as the subjects. The younger sister expresses being dissatisfied with her body and then the conversation is led by the older sister. She says that she wrote a paper on eating disorders and then discusses descriptions, prevalence, harmful physical effects of eating disorders, social/cultural attitudes toward thinness, a description of restrained eating and its effects, and suggestions for weight management and resisting peer pressure to diet.
For this particular study the video was aimed at bulimia, but researchers discuss the use of it for anorexia or other eating disorders as well.

The General Background Questionnaire used consisted of items concerning the subjects' grade in school, age, birthdate, weight, ethnicity, and height. The Dependent Measure consisted of a 23-item questionnaire that assessed behavioral intentions to diet, attitudes toward weight control and dieting, and knowledge about the physiological effects of bingeing and purging. All items were on a seven-point Likert scale and were written due to lack of standardized measures available which assessed the specific variables of interest to these researchers. The Validation Measure included five true-false questions about descriptive information which attempted to assess the degree to which the experimental subjects had been attentive to the video. It was scored by counting the number of questions that were answered correctly by the subjects (perfect was a score of five).

Procedure. For this study all assessments were conducted with Home Economics I classes by the regular teacher during normal class time. The video was presented and the discussion was led by a 23-year-old female graduate student. For Time 1 the General Background Questionnaire and the Dependent Measure were administered to the students in both the experimental and control groups. To assure confidentiality, subjects were
asked to write the date, school, grade, period, birthdate, sex, and age on their questionnaire, but not their name. This allowed the researchers the ability to identify each subject across time and protect for confidentiality.

The experimental group was shown the videotape two days after the subjects completed the previously stated measures. After the videotape was presented, the subjects were then asked five questions regarding the video to make sure that they were being attentive to the intervention. Following this validation measure, the graduate student then led a 30-minute discussion which highlighted the main points of the video. In order to ensure that the discussion reviewed all of the points presented in the video, the graduate student used a checklist. Next, two days after the showing of the videotape, the Dependent Measure was administered for the second time to subjects both in the experimental and control groups (Time 2). Lastly, one month after Time 2, all subject were then given the Dependent Measure once again.

**Study 2**

**Subjects and method.** Subjects in Study 2 were also female students in the same schools and Home Economics classes as in Study 1. Students from the same two schools used in Study 1 made up the control group and students from the same school used in Study 1 were then used in the experimental group. For this study, there were six classes
in the experimental group and eight classes in the control group, and all were in the
sewing section of the Home Economics classes.

As in the first study, subjects in the control group were assessed at three separate
times and not informed when this would be occurring. Usable data for 65 students in the
control group were obtained, due to the same reasoning for discarding data as in the first
study. Experimental group subjects were also assessed at three separate times, and in
addition, were presented with the discussion and videotape. Due to missing of one or
more of these sessions, several were discarded, and left 50 usable subjects for the
experimental group.

Over half of all the subjects in Study 2 were Caucasian (73.0%), 19.6% were
Black, and 7.5% were of other ethnic origins. In the experimental group there were
86.9% Caucasian, 11.5% Black, and 1.6% other ethnic origins subjects. Lastly, in the
control group 63.2% were White, 25.3% were Black, and 11.4% were of other ethnic
origins. A chi-square done on data for Study 2 showed a significant difference between
the control and experimental groups, where the control group contained a smaller
percentage of Whites, and a higher percentage of Blacks and subjects of other ethnic
origins.
Instruments. The instruments used for the second study were identical to those used for the first study. There were no changes in either the videotape or the background questionnaire used for this study.

Procedure. The procedures used for Study 2 were exactly the same as those used in the first study, with one exception. In the second study instead of using a graduate student, the regular Home Economics I teacher presented the videotape and led the discussion. The individual who conducted Study 1 trained the teacher by reviewing the checklist and video. Also, this teacher was present when the study was conducted one year earlier.

Results

For this study analyses were performed only on those subjects who had complete data available. In this section results will be presented in the following manner: (a) principal components factor analysis of the Dependent Measure, (b) Study 1 results, and (c) Study 2 results. Moreno and Thelen discuss these results in extreme detail, providing tables as needed, however, a more brief summary of the results will be presented here.

A principal components factor analysis was performed, by the researchers, on the 23-item Dependent Measure taken at Time 1 in order to define the main dimensions that
the questionnaire tapped. In order to determine the reliability for each factor containing more than one item, a coefficient alpha was performed on each factor also.

This principal components factor analysis resulted in six factors. Factor 1, Purge Attitude, included six questions about purging and behavioral intentions to purge as a weight reduction method. The coefficient alpha was 0.86 for this factor. Factor 2, Diet, included six questions related to attitudes about dieting and the physical effects of dieting. Its coefficient alpha was 0.85. Factor 3, Weight, included five questions related to concerns about weight and behavioral intentions to radically diet to lose weight. Coefficient alpha for this factor was 0.42. Lastly, Factor 6, which was Small, consisted of one question which dealt with the behavioral intention to lose weight by making small changes in the amount of food a person intakes. A higher mean indicated a more positive or desirable responses on this factor.

The Study 1 results will now be presented. The Validation Measure resulted in 28 subjects who received a score of five and two with scores of four. None received scores lower than this. A Multivariate Analysis of Variance was conducted by the researchers due to the fact that randomization of classes could not be accomplished. It was conducted on the classes at Time 1 in both the control and experimental groups to determine if any significant differences were present. Results here indicated that there
were no significant differences among the classes in the experimental and control groups.

Next a Multivariate Analyses of Covariance (2 group x 2 time) was performed on the six factors. Results showed a significant group effect $F(6, 89) = 16.84 > 0.001$; but no significant time effects, $F(6, 92) = 1.02 > 0.42$ or interaction effects, $F(6, 92) = 1.05 > 0.40$.

In order for the researchers to adjust for the differences between groups on the Dependent Measure at Time 1, they performed an analyses of covariance by using Time 1 scores as the covariate. Therefore, the researchers performed 2 (experimental and control groups) x 2 (Time 2 and Time 3) ANCOVAs on the adjusted means for each of the six factors. For each of these factors, the ANCOVA revealed a significant main effect for group, no significant effect for time, and no significant Group x Time Interaction. The experimental group showed more positive attitudes, more knowledge, and healthier behavioral intentions about dieting than did the control group on all six factors. Also, the lack of a Group x Time interaction effect suggests that the effects of the experimental program were sustained at the one-month follow-up. However, the experimental group mean did decline from Time 2 to Time 3 on five of the six factors. The factors which showed the greatest effect from the experimental program were
Weight, Diet, and Purge Information. Purge Attitude, Exercise, and Small did show significant effects, but were not as strongly changed by the program.

The Results for Study 2 will be reviewed now. The Validation Measure showed results as follows: 45 subjects with a score of five, four with a score of four, and one with a score of three. As in Study One a Multivariate Analysis of Variance was conducted and resulted in no significant differences among the classes in the control or experimental groups. A 2 (group) x 2 (time) MANCOVA was performed, using the Time 1 measure as the covariate, on each of the six factors. This resulted in a significant group effect, F(6, 95) = 16.63, p < 0.001, however no significant time effects, F(6, 90) = 1.88 p < 0.09 or interaction effects, F(6, 90) = 0.58, p < 0.75 were obtained.

As in Study One ANCOVAs were performed on each of the six factors and results were very similar. For each of the six factors, there was a significant main effect for group, no significant effect for time, and no significant group x time interaction effect. The experimental group, as compared to the control group, showed changes in the desired direction on all six factors. Also, lack of significant interaction effects suggested that the effects were sustained at the one-month follow-up. Lastly, the factors most affected by the experimental program in Study 1 were the same in Study 2.
Discussion

The purpose of Moreno and Thelen’s 1993 study was to determine the effectiveness of an experimental program that focused on influencing attitudes and knowledge about body weight and eating, as well as behavioral intentions to diet effectively. Researchers found that this program’s format was well received by the school officials and students and because results from Study 2 were consistent with those from Study 1, they suggest that it can be used by the regular classroom teacher and incorporated into a regular classroom.

The experimental and control groups in this study differed significantly on all six factors, however, three of these were stronger than the others. In this discussion, those will be focused on first. This program had a strong effect on the Diet Factor; after the program, subjects in the experimental group indicated that they did not see strict dieting as a good way to control their weight. They also revealed more knowledge about the undesirable physical effects of dieting. The Weight factor is very similar to the Diet factor because it primarily pertains to dieting. These results indicate that the experimental group showed fewer concerns about their body weight and a reduced likelihood that they would radically diet in order to lose weight. The third factor, Purge Information, is clearly different from the first two. The experimental subjects here
appeared to have acquired a considerable amount of information regarding the possible harmful effects of purging as a means of weight control.

As mentioned before, the following three factors showed significant differences, but were somewhat weaker than the previous three. The weak effects on Purge Attitude may be due to strong negative attitudes before the program began (at Time 1). The Exercise factor contained only two questions and here the experimental group subjects showed that they were less likely to be concerned with their weight and more likely to exercise as a means of weight control. Lastly, Small, the final factor, may have shown weak effects due to the fact that it contained only one question or because the means at pretesting were high. Still, experimental subjects showed that they were more likely to indicate that they would make small changes in their eating habits in order to lose weight.

The last important fact to address is the lack of Group x Time interactions, suggesting a sustained effect at the one-month follow-up. The researchers mention that these effects are not likely to be sustained for further lengths of time without additional initiatives.

To conclude the discussion of this program, there are four important issues that the researchers suggested for any further research in this area. The first is that it is important to follow the target population so that you can determine whether changes are made across time. For this experiment, they suggested that subjects be exposed to
material at "booster" sessions, in order to maintain the one-month effects and decrease
the chance that the increased knowledge and changed attitudes will be "lost" over time.

Secondly, they suggest that the population used be children at even younger ages
than was used for this study. This suggestion echos the sentiments and results of the
other evaluated studies presented earlier. They suggest that this is done because targeting
younger populations may result in presentation of healthy attitudes before unhealthy
attitudes, which are harder to change, are developed. Thirdly, the researchers suggest
using peers as discussion leaders in order to maximize the likelihood that these efforts
will be successful. Lastly, they address the topic of future research. They suggest that it
should assess behaviors in order to determine whether changed attitudes and behavioral
intentions have translated into actual behaviors. Also, peer and parental influences on
attitudes and behavioral intentions should be addressed.

To summarize, the study described in detail here determined that adolescents
responded favorably to a program that focused on attitudes and knowledge about weight,
purging, and dieting, as well as behavioral intentions to diet effectively. Study 2 showed
that programs such as this one can be incorporated into the regular classroom by the
students normal teacher with success. Future efforts may need to focus on younger
populations, use peer discussion leaders, and determine if behavioral intentions actually translate into behaviors.

The program developed by Moreno and Thelen had positive results on the subjects used in this study, it also, however, leaves room for some improvements. This program had positive effects on the attitudes of girls towards eating disorders, which is the goal of a primary prevention program, but we are left not knowing how those attitudes affect the subjects' behaviors. Also, the format of the video is constructed using two sisters where it might have been more beneficial to use peers so you can address peer influences. A very important issue missing in this program is the topic of media influences which are so influential to adolescents. The video tape used could be modified to use two peers addressing the unrealistic images portrayed by the media. This could make the program more well-rounded, tackling several issues at one time.

This program completed the goal which it set out to do, to change the attitudes of individuals toward eating disorders. For adolescents this is a very important issue due to the fact that many opinions and attitudes are being formed at this time. Because this is such a short program it is questionable whether the results would extend over a longer period of time and therefore it would be beneficial to combine this program at younger ages with more complex programs during later adolescence. Over-all, this is a positive
start to the development of prevention programs, but it still has its weaknesses, as stated earlier. Schools need to have prevention programs that are shown to be effective for more than a month.
APPENDIX B:

INFORMED CONSENT, INTERVIEW PROTOCOL, AND TRANSCRIPTIONED INTERVIEWS

Informed Consent Form

This study is an inquiry into the lives of individuals with eating disorders. We will be discussing experiences with special focus on school involvement and prevention programs as well as any other topics which arise throughout the conversation. You are invited to converse about your life experiences and important things that you have learned. You are also invited to serve as an informant about the complexity of eating disorders and to make recommendations to educators who are interested in developing eating disorder prevention programs.

Our conversations will be audiotaped and transcribed. Your willingness to have this information shared with others will be openly negotiated with you at the end of your conversations (and will remain completely confidential in the meantime). You can erase any part of these conversations from the tape and transcriptions, at any time in the future if you so desire. However, once an article has been submitted for publication, agreements with the author cannot be renegotiated in relation to that piece of writing.

My prior experience in interviewing individuals leads me to believe that this inquiry poses minimal risk. While individuals sometimes recall painful events or get in touch with personal regrets when discussing their lives, the process of life review provides a beneficial opportunity to reflect on and celebrate one’s life.
Participation in this inquiry is voluntary. You are free to stop the conversation at any point and can review and censor the tapes or transcripts following our conversation. If you have any questions about this inquiry you are welcome to contact me at (319) 234-4493 or my Thesis Chair, Dr. Deborah Deemer, at 625 Schindler Education Center, phone (319) 273-2844. You may also contact the office of the Human Subjects Coordinator, UNI, (319) 273-2748 for answers about the research and about the rights of research subjects.

I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement.

(Signature of the participant)       Date

(Printed name of the participant)

(Signature of the investigator)
Possible Questions for Discussion

This study will be conducted in a more of a conversation form rather than a strict interview with specific questions that get asked for each individual. I want to really just talk to these individuals about what their experience being an individual with an eating disorder is like. I have included a few of the general questions which will probably be used to generate open discussion.

a) When did you become aware that you had an eating disorder? How?

b) Tell me a little bit about what it’s been like for you since then?

c) Before you became aware of the disorder, what kinds of behaviors were you engaging in?

d) What have you learned about yourself and the disorder from these experiences?

e) Can you talk to me about what you see the progression of the disorder as being? How would you define an eating disorder?

f) How, if at all, was your school involved with the disorder progression? Did they intervene? Did they have a prevention program?

g) I’ve been studying prevention programs for schools, do you have any suggestions about what they should consist of? What do you think schools can/should do to help young women before they develop an eating disorder?

h) Let’s talk about your ideas of why you think that people develop eating disorders….is it society, family relationships, etc.

i) How did you deal with the people who were telling you that you were too thin and “why can’t you see that?”

j) Were there any defining moments in your life that you can recall now as leading you down the progression of an eating disorder? (give an example)
k) Is there anything that I haven’t gone over that you think I really need to know, especially as a professional entering the school systems wanting to help?
Transcription of my interview with Subject #1= Jacie Williams

S: I think those questions are really good, actually, like you said, they're really open-ended... I don’t know with other women if you’ll have to ask them more specific things like, ‘were you doing this or that’...
I like this one about the causes of it, I think that it’s good to have them discuss why they think that they developed it

I: When I typed this up I thought of the question, ‘why do you think that people develop an eating disorder, some of the theories will talk about this, and that’s where I got a lot of these from. My masters paper was about that, the theories, you know, is it biological or behavioral, is it something that they’ve learned, I mean that when you look at the image of a perfect woman that society portrays.... Another theory is of the relationship between mother and daughter or with the family. All of these are out there in the research and I want to know if they are really grounded in anything. That’s why I want to know why you think that you developed one. I know that when I was progressing to being very close to being sick I know that I was feeding off of what other people were saying, you know ‘oh you really look good...’
When I was doing the research I learned that with everyone who has an eating disorder there is a point in their progression that there is a switch in their thinking and objectivity. It becomes almost pathological, and they are really obsessed. Most people can’t tell you exactly when that is, but they can tell you that it happened. That’s another area that I would really like to talk about because personally I know I didn’t hit that point, and I was very fortunate...

S: Right, what point do you actually lose control, because you are on a downhill slide and you know you are. But there’s a point that you can return and then there’s a point of no return. So do we do something that defines that or is it just a part of the progression. You know, are there certain times in your childhood, or, or, because there have always been certain things in my mind from my childhood that stuck out...things that people said to me, you know shit that you...hope you don’t mind if I swear.. (me : no not at all)
Things that people said that you wouldn’t normally remember, things like being in third grade that I shouldn’t remember, but I do remember it like it was yesterday. I don’t know, I think that all of those things come into play but I really think that there are certain defining moments that kind of say, ‘okay, you’re going to go down this path, okay, you’re going to go down it a little bit farther because of ‘this’ that happened, and
then before you know it you’re too far. So maybe asking the people what their defining moments are, for me it really helped to think about those. Each moment that I can think of kind of deals with it.

I: It’s really good that you said that because I don’t think that I had thought of that when I was writing the questions. But, now that you said that I find myself applying it to me and I do remember every instance where people...wow, memories are bombarding me right now of people saying things. Like playing basketball and someone saying that “she’s a big girl” or I remember in fifth grade a boy saying something to me at the swimming pool. Those are the kinds of things, that come to mind. When I was in junior high I know that my obsession started then. I know it did. I wanted to be 10 pounds skinnier and I was too thin then. It is something that I’ve struggled with always. And my boyfriends in the past....

Yeah, once you start thinking about it...what are the defining moments in you life that you look at now and think to yourself WOW...hindsight of course :> It started somewhere and then kept going.

S: Yeah I don’t know, it seems like there was always that...question...it was just a matter of when it was going to blow.

I: That’s a really good way to put it. Okay so some other questions that I don’t know if I have on this sheet, but are ones that I’m thinking about...my main goal for all of this, I did research on prevention programs in the schools and first of all there aren’t many..

S: There’s probably like 5 in the United States....

I: Actually more like in the world

S: WOW I can’t believe that.

I: One is in Jerusalem and was actually pretty effective but I wanted to focus on the ones in the U.S. because I thought that cultural influences would play a big part. So I wanted to stick to those in the United States, and unfortunately there are very few and of those that are developed there is kind of a wide range...as far as the one that was effective and that I studied in depth for my masters paper was a short program, a video of one older sister talking to her younger sister about what bulimia was... and then they did some scales on body image and the likelihood of them developing an eating disorder and it was
effective in short term. So my question was, ‘great, 2 weeks from now are they even
going to remember’. So my goal eventually, as a person entering into the schools with an
expertise in a certain area, which in my case could be eating disorders…
I want to know, from you and from the other people that I will talk to, what you think, do
you think that there is any hope what so ever in implementing an eating disorder
prevention program? I mean there are programs all over for other types of devastating
things that can happen to students, like DARE for alcohol and drugs, there are stop
smoking programs and prevention ones, there are teen pregnancy programs that are pretty
good. I guess for me this just seems to be a glowing neon sign that people seem to be
ignoring, you know?

S: I agree. I think that is something, you know I know for the longest time with mine
even my parents wouldn’t admit it. It’s hidden, “that’s not happening, nothing’s wrong”. I
think that that’s why it seems that it’s something that society hides away and doesn’t
want to talk about because I guess it’s hard to understand for one thing. And my dad still
won’t talk about it, he never did talk about it. When I was in counseling and stuff, he
never came even on my family days and stuff because “that wasn’t happening to his
daughter” you know, it was always a dreamt up thing. So I think that’s a lot of it. I also
think a lot of it is that people really don’t consider it a disease, it’s just ‘some retarded
girl won’t eat, well we can’t help her’.

I: Yeah, it’s interesting that you say that, when I would talk to someone about it, I would
say that it’s a disorder, it’s a disease, it’s like alcoholism, it’s something that you live
with and struggle with for the rest of your life. That would be like saying to someone,
‘hey why don’t you just stop drinking, or stop smoking’? It doesn’t happen like that. So
when I can explain that to people who don’t really know, on that kind of level, then at
least they gain some sort of understanding into the severity of it, because otherwise, like
you said, they don’t have a clue. They think it’s just denial. They say, why can’t that
person just open their eyes and just see how thin they are. Why? I will admit that that
confuses me even, because I have never experienced that fully.

S: I still don’t know how I look. I could look into a mirror for five hours a day and I still
wouldn’t know, you know it’s like you can’t tell, and I’m always like… I remember
when I first got out of treatment I would be like ‘well do I look like her, or her?’ And I
would ask people, ‘who do I look like?’ And they would say ‘what are you talking
about?’ I would say ‘I DON’T KNOW, I CAN’T TELL!’ and I still can’t to this day, it’s weird, it’s really weird.

I: I gained weight, and in my mind I still looked like I did when I was in high school, but then when I lost quite a bit of weight I thought that I looked like I did when I was heavier and now I’m feeling the same sort of thing. I stopped being obsessed with working out twice a day and eating so little, which is good, but I gained 15 pounds. That’s been a struggle for me because it’s like, I REFUSE to become obsessed about this again. So learning how to be myself has been hard for me because I’m struggling with it. It sounds dumb, but I’m struggling with the fact that I’m pretty happy with the way I look but my clothes don’t fit, you know what I mean?

S: Yeah, no I totally know. I do that too.

I: It’s like, I don’t know, I am happy but I shouldn’t be because I gained 15 pounds so it’s still a struggle in my mind to not give into the “I’m just going to stop eating for a while and then my clothes will fit me again”. That’s why, that’s exactly why I got interested in this topic and I’m very glad that I did. My professors have said to me that it’s not a popular topic for my field, but that there definitely seems to be a need for it. So anyway, one of the last questions of most importance to me is regarding prevention programs. Really, what components do you think that they need to have to be successful, you know I talked about that some of them are short term and others are long term, some are videos, and whatever. In particular I want to know when you think that they should start because I have a big opinion about that but that doesn’t mean that I know anything, but research says that individuals who develop eating disorders are pretty much in the adolescent stages of their lives and then they progress along and by the time that they really realize that they have them they could be in high school or young adults. Whatever. Any more, the research says that I don’t know how many percent of kids in the first grade think that they are fat and need to go on a diet.

S: Yeah it’s just pathetic.

I: One researcher said that educating teachers that in the hallways they shouldn’t communicate to each other “how’s your diet going…well I just need to lose 5 more pounds” Things that I never even thought about, but that at any age kids can hear this and learn.
S: Yes, you hear anything and everything.

I: Right, those kids might have thought that the teacher looked really nice, attractive and then to hear the teacher say “I want to lose 10 pounds” then in their minds they start to adapt their idea of attractive to being thin. So I really think that you could start these programs young, very young. I think that it should be something almost like sex education, where you start in elementary school, get a little more in depth in middle school... and as you go along. Well like I said, that’s my opinion...So these are my questions...

S: I think that this is a pretty comprehensive look at things. They are open-ended so it gives the person an opportunity to talk, and like you said more issues may arise as you talk but I think that I really like the relaxed format. It’s not like “did you do this or that” it’s more “what did you do?”

I: Right, I don’t want to come in expecting anything or, well I don’t want to say judging, because that’s a bad way to put it, but I can’t come in basing my knowledge on what I’ve read and thinking, well you were supposed to have done “this and this” and then coming in and saying that. And then you’re looking at me like, ‘what the hell do you know? You read a book? That’s not what I want. That’s why I wanted these questions to be more like ‘just talk to me about what’s happened and tell me what I can learn from it so that when I go into the schools I can work with counselors and whoever else to develop, even if it’s a guidance lesson once every two weeks. It can’t hurt. Anyway that’s my thought process. So you want to go for it, and start with the real questions? Just start wherever you want, just talk to me...I don’t want to blab forever. If you want to refer to the questions, that’s fine or just whatever.

S: Okay, well my life story...I don’t know when I really became aware that I had an eating disorder because people had been talking to me about it for so long...you know, ‘you’re too thin, you’re too that, you run too much’, and it’s like ‘screw off, you don’t know me, you don’t know what I do, and so I don’t know when I was actually first aware that I had an eating disorder and that I was out of control. I think that it was probably when I was in treatment in Omaha at the Eating Disorders Clinic and one day there was this forty year old lady who has been anorexic for 20 some years, right, and all of the sudden I looked at her and I was like, ‘I’m wasting my life away just like she did. I mean
she was forty and had done nothing with her life except have an eating disorder. I think that was the day that I said ‘yes I have an eating disorder’ that was also the day that I decided that I was going to change my behavior and try and learn a little bit about it. So I guess that’s how I became aware that I had one. Um, why it started? There’s a bunch of reasons I think. Everything comes into play I think. It’s not just one person saying something, or your family did this, or I saw a magazine. It was a lot of things. Like I was talking about earlier… I remember in third grade, Jimbo Svagle, I even remember his full name and he moved away to Florida in 5th grade, so that’s… he said to me, I remember what he was wearing, it’s so weird, his little yellow izod shirts with the alligator on it, and we were sitting down eating lunch and he goes “YOU KNOW YOU MAY BE FAT BUT YOU SURE ARE FUNNY.” I will never forget that. Even sometimes now I think that. If someone reminds me of him, it runs through my head. And then I remember I started thinking, if I could be more like my older sister then people wouldn’t say that to me. I was always jealous of my older sister, she’s older, she’s done more, you know. I think that she’s really pretty, and later on she was a star in basketball and I couldn’t compete with that. Sports weren’t my thing, and I had a hard time dealing with that. But I remember even in 5th grade I wouldn’t take seconds on anything unless she took seconds. I don’t know if I was trying to be more like her, I think that’s what it was, or somehow conform myself to be like my older sister. I really did worship her at the time. Things with my dad weren’t very good. Not that I had a bad childhood, but he never really praised a whole lot, it was kind of like they just expected you to do things. It was kind of hard because it always seemed like nothing was ever good enough. That was my interpretation of it, I’m sure that they didn’t mean for it to come out that way. But that was the way that I thought, and nothing was ever good enough because Amy always one-upped me, or nothing was ever good enough because ‘you forgot to do this’. So it was all of those things. Then I got to middle school and in 6th grade is when it really took hold. I was so unsure of myself. I had gone to the Catholic school until then, I was the biggest tomboy ever, right. And then I get to 6th grade and I’m supposed to be prim and proper or I’m supposed to be ‘a girl’. That was really hard for me because that wasn’t who I was at the time. And all of my friends had boyfriends and it was like, why don’t I have one? The only thing that I could see was that I always thought that I was bigger than all of my friends. I don’t think that I was meant to be a small person, not that I think that I’m fat, because I don’t think that now, but at the time…well I’ve always been “a big girl” and that’s when it started and all of my friends were ‘dieting’ too even the really thin ones. It was just the thing to do in 6th grade. “oh let’s get on a diet.” And I remember that it was like we were all going to lose
10 pounds. It almost turned into a competition. I took it to the extreme. You know, like, oh, they’re going to lose ten, well I’m going to lose 15. So it kind of became a way of life. By 7th grade I think that it was pretty much evident to everyone but me that it was out of control. Because, people would say stuff to me and teachers would say stuff to me and try and talk to me…and I’d be like ‘duh, I eat, what are you talking about?’ Then in high school things just got even worse. There is more pressure put on you then. And like I said, my sister really excelled in high school and I was always the younger sister. I was Amy’s sister, I’m not XXX, I’m her sister. I didn’t have my own identity. It was hard for me to know who I was or something. Even in class they would call me Amy. And I would be like ‘no I’m not her because I can’t be like her.’ No matter how much I wanted to be. And then it just, in my freshman and sophomore year it just bottomed out of control. I started to run, I would run 17 miles a day and I would skip class because I didn’t have enough time in the day to get it all done. So I would have to thing of reasons to cut class or somehow get out of school. That way I could finish my stuff. I remember that I got in a lot of trouble for that but really nobody said that much to me. It was kind of like, ‘well she’s skipping class again, we know why, she’s got problems.’ But it wasn’t really a big issue at the time. And I remember that my mom would bug me about it, she would see me running at the track and then ask me why I was out there running again. Then I would say, I don’t know, I was just out there, I like to run. That was my excuse. I like to run. There’s nothing wrong with that, it’s supposed to be good for you, mom. So I did all sorts of stupid things. I remember that I would go to bed at midnight and then get up at 3 am so that I could get all of my stuff done. So I was only getting three hours of sleep a night and then I would only drink diet pop all day and then MAYBE eat a little at night. But it wasn’t anything, I mean running 17 miles a day, it wasn’t anything that could sustain me. It’s funny because the running really took hold of my life. It started out as, I’ll run 2 miles a day, the next thing I know it was 6, and then all of the sudden it was 12 and then all of the sudden, what the hell, I was running 17. There was no rhyme or reason why 17, everything is just a big progression. 2 wasn’t good enough anymore, 10 pounds wasn’t good enough anymore. You just keep upping the level and upping the level because something drives you. Whether it be because you don’t feel secure enough about yourself or because you want control over everything that you don’t seem to have control of.

I: That’s a big thing, I know that control seems to be a huge issue surrounding this. Because it’s the one thing that you solidly have control of always.
S: Yeah and it’s one thing that you can count on. I picked up smoking after my eating
disorder, replaced it, one habit lead to another. But this is what I’ve always said to my
friends about cigarettes and I think that it applied to eating disorders too, “You know
what, people will fuck you over. But my cigarettes are always there. If I run out there are
always 20 more that I can buy in another pack. You can’t do that with people and you
can’t do that with anything else in life”. But this I have control over, and I think that it’s
the same with my eating disorder. People would fuck you over, boys would make you
feel stupid, dad would say it’s not good enough, Amy would just be perfect in my eyes,
I didn’t have control over anything except one thing and nobody was going to take that
from me.

I: Yeah it’s like you have all of these things bombarding you. At night when you laid
down to go to sleep, could you hear them? And see them in your head? (UH, Huh) Like
you can’t get away from them. I know that in the research the thing that I identified the
most with was that you start someplace innocent. I think that I started to lose a little
weight to be healthy. But then at some point you realize, while losing weight, that what
you’re doing now works, but that you will have to increase your activity and decrease
what you eat in order to continue losing weight and have people tell you that you look
good. It’s like working out a 1/2 hour in the morning was good, but then adding an hour
at night was better, and then twice a day was even better...it’s an obsession increase. I
don’t have time to do my school work because I have to work out...now I look back at it
and say “WHAT?” now I want to go home and go to sleep when I’m tired instead of
working out. It’s amazing how fast it can go. I remember someone talking about a friend
who worked out twice a day and I thought that they were crazy, but then before I knew it,
that was me. I guess for me that showed how rational thoughts can tum completely
irrational. Nothing could satisfy me, there was always better and better and better.
Then I remember my mom saying, no more, no more. And I was just thinking always, 5
more pounds.

S: Yep, there’s always 5 more. It’s funny because people would always say, you’re too
thin, but if people didn’t say it to me, I’d be pissed. Because that was my little, I’m doing
this. I thought that they were saying it because they were jealous, and it’s like people that
commented that way fueled the fire because it gave me the satisfaction of knowing that
people could tell. This is me and they’re noticing me. It’s funny because people thought
that by saying something they would piss me off and I would suddenly start eating again,
but no it wasn’t like that. I remember in high school the nurse would make me go in and
get weighed, and she’d take my blood pressure because they were worried about my heart
because my muscle was all gone and stuff, and they thought that I would have a heart
attack and that’s eventually why I was hospitalized. I loved it, I loved getting called out
of class, I was like ‘yeah, come on, look at me, come check out what I’ve done.’ They’d
say that my pulse was like 50 or something and that’s not right for your age, and I’d think
yes it is, it’s right where I want it. Maybe it will be forty-five next week, wait and see.
Everything that they did to try to prevent it, made me do it more.

I: That’s amazing to me. That is so invaluable for me to know because people really
think that they are really doing you a lot of good (oh. yeah) Like, we better weigh her
every other day, that will help her think “oh, I better not weigh any less.” Duh, I
guess…well no book I read about this could’ve told me what you just said. That’s so
good for me to know because if we think that we’re trying to help with the treatment of
someone that we’re suspecting in school, you have to know something like that. You’re
not helping…

S: well you’re helping them along…

I: Well one of my questions in the back was how did you deal with people telling you
that you were too thin? I wondered if you would get mad, tell people to shut up and leave
you alone to mind their own business…or what?

S: It was actually almost like an instant high. Like, I have reason to go now. Now I can
go do more, it was really weird because it’s the same effect as smoking in a way,
stimulation of the brain or something. But if I was tired, and I always was, but then all of
the sudden I would be wide awake because someone would say something to me. My
mom would make me go to Omaha and get checked in with the physician once a month
and I loved it. Then they put me in Children’s Hospital, not for eating disorders, but
because they thought that I’d have a heart attack. I loved it. I loved it. That sounds so
sick and demented but it’s like, you guys think that you have me here, but you can’t stop
me. I’d still exercise in the room. I’d pull all of the old tricks, whatever, and not eat and
stuff. And yeah I liked it, and it was sick at the time, I mean I knew that people in the
hospital were sick but I wasn’t sick. That was like my defining moment almost, you
know, yeah I’m getting some place. I remember that I saw the national inquirer
someplace, and this is so stupid, but this girl was like 65 pounds and she thought she was
too thin, that was the title cover, and I was like ‘my God, she weighs 65 and I only weigh
70, I've got to get down to that.' There was always somebody skinnier than me. There was always one more level that you could go to.

I: how much did you weigh at your thinnest?

S: I got down to like 69 or 68 something like that. Which is just retarded, but... you know at the time it seemed so normal. It became my life.

I: It's good to hear you say that now you realize how 'retarded that was'. That's when it makes you happy that you can look back and say that was wrong and I can't believe that I thought that way. That is so wonderful because the prognosis for individuals with eating disorders is not good (OH YEAH) In fact the mortality rate is unbelievably high. People just die from it because they can't get over it. That's why it makes a hell of a lot of sense to me to try and do EVERYTHING POSSIBLE TO PREVENT IT FROM HAPPENING. Because once you get it started it's almost impossible to stop. It's just like preventing someone from doing drugs so they don't get addicted. Then when they do you just say well you better stop, that's the way people see eating disorders.

S: Yeah, that's why it's hard trying to deal with the bullshit. So the people in school didn't really do much for me... I remember that they would always talk to my mom and stuff, and then she would be like 'so and so talked to me today' and I would say 'oh really, let me check'. I don't know, people think that by saying things to you that they think are mean, I took those as compliments.

I: Yeah, I remember seeing you and thinking oh my gosh, and I had enough awareness of disordered eating from my own experiences, even though I didn't know it at the time, but I remember thinking 'what in the hell is wrong with her mom, she works in a hospital, what is she doing?' My mom said that 'she has to be denying it, she has to be. She's got to snap out of it sometime.' Then I asked her if she was saying it from experience.... She told me that she could say that she would never let me get that thin, but even when I did, no one tried to stop me. Now she tells me, but not then. We talk about how she actually would've stopped me if I had continued on and neither one of us know. So she made me aware that you cannot judge others because you don't know what it would be like. Then I remember hearing that it was the school who finally stepped in with you and said that that was enough, these of course are the things you hear in a small town....anyway, I was mad at your parents and thinking what the hell. But now it's different, now that I know
so much more about the disorder, I realize that the people closest to you are probably the ones to deny it the most. Do you suppose it’s because they have a personal stake in it? Like you said that your dad said that ‘this is not happening to my daughter’. Do you think that it was maybe because he didn’t want to think that he would allow it to happen?

S: I think that maybe it’s because in a way then they think that they failed. You know, somehow this happened to our daughter, it’s our fault. And I think that it’s hard for them to admit that it’s going on because it’s going to place the blame on them. Just like you thought, what the hell are they doing. I think that a lot of people blame them as opposed to blaming the individual who is the one who should’ve been blamed. That and the fact that I think that they thought that ‘she’s going to just snap out of it.’ I had gone through so many stages and so many weird things, hanging out with weirdoes, wearing black lipstick... that’s what I mean, I’ve been through so many things that was just like ‘what the hell was she thinking’ but I always came out of it. So I think they thought, ‘give her another year and maybe it will go away.’ Maybe if we pretend it’s not there or make an issue out of it, then maybe it will just go away.

I: Yeah, they probably did think that way, and hope. I guess you can’t fault them for hoping like that. They gave you your independence and hoped that it will.. with teenagers too, they especially want to pull away from their parents, they say ‘I don’t want your boundaries or restrictions, I don’t want your advice... you think you’re so independent. You’re pulling away from your parents and wanting your independence but then you don’t at the same time. Like you were saying, you just wanted your dad to say ‘I’m proud of you’ like every normal adolescent...

My dad was the exact opposite, he kept telling me how proud of me he was, and then I was like ‘Dad, leave me alone, stop it. But it was kind of the opposite, but he had the same situation as you with his dad... we talk about that even now, how you can look back at things and realize how many little things influence and affect your life and how you will turn out. Like you said, I don’t think that there is one thing, but with parents, I think that they would think that it was all their fault. They’re so possessive, they want to take your burdens and shoulder them...so I think that would be a factor to, what do you think?

S: Yeah, that and I so effectively shut everyone out of my life. I mean, what can my mom do to me when I don’t come home until midnight and then in three hours I’m gone. She can’t do shit. She’s got to get her sleep sometime, I wasn’t her only kid. Like everybody, who can help me if I shut the whole world off? For awhile it was just me and
the disorder, and that was all I needed. That was my best friend, that was my pet, that was my boyfriend, that’s all I cared about. I draped it over me and I was happy with it because people didn’t talk to me, they didn’t hurt me, and you know, granted, I didn’t have any friends, but you know what, I had my disorder. That was something I could cling to I guess.

I: That was something you were successful at.

S: Right, I was good at it. Better than Amy, better than whoever I was jealous of at the time. You know what, maybe they can do this better, but I always had that. It was something to fall back on. But it’s funny because the disease is so circular. I’d get depressed because I was so tired and then I’d fail at something and then I just wouldn’t eat more. Then the more tired I got the more depressed I got, the less I’d eat. I think a lot of the time that’s how it bombed out of control, you start off pretty depressed about something at first, and then I think that’s what makes the disorder progress on, the depression. Because you feel like shit about yourself and then you use food to make yourself feel better. But then it just makes you feel worse because you can’t even function. When your body doesn’t have the strength and your mind isn’t tracking. Because I know that there are things that I just don’t remember, big things… like I don’t remember my little sister being born. I don’t have any recollection of it because my head wasn’t tracking. Then my grades started to fall because I was so worried about exercising all of the time and then I’d say well there you go I failed at something else again. Then I couldn’t play sports because I was so weak. Failed at something else and it just kept going until it snowballed out of control I guess.

I: That’s the question I have here about the progression of it, you know you read in books that you start dieting and then you do this and then you get feedback from people telling you that you look thin, then you increase and it magnifies. But when you described it as a circle, in my mind that made things clear. It seems right. It’s not like, well this happens and then this has to happen next.

S: No it’s really not like that at all.

I: Because for everybody it’s different I can’t say well for you it’s like this, so for the next person it will be exactly the same. There is no equation that fits. But that’s the way a lot of people like to think of it. So I think that treatment and prevention programs have
to be multi-fascitted to deal with families, body image issues, control, depression. A lot of it has to do with the depression, there are many people who have both. It's co-morbid, you can hardly separate one from the other. Like when you were saying that you used food, you know so many people who are obese and overweight say the same thing. So in mind it's like thinking about being severely overweight.... They're a lot a like

S: Really they are.

I: It's a matter of increasing your behavior, magnifying it because of something in you life. It does become like a circle. Because of this, you manipulate food in a certain way and that affects you in another way. I'm the other way, before basketball games I would eat.

S: Yeah, there's a lot of similarities between over eaters or uncontrolled eaters, whatever they're called and people who are anorexic or whatever. A lot of the same emotions come into play it's just that one side chooses to go one way and the other side chooses the opposite. There was one lady when I was in the treatment center in Omaha and she was obese and I was just like, 'what the hell is she doing in here? This is for skinny people, go find the fat people clinic.' I was really mean about it. But I understand now why she was there because we dealt with so many of the same things.

I: Let's talk about, when you said to me what kinds of behaviors....that's such a hard question to ask...before you became aware of it...what kinds of things helped it progress along...I'd like to talk about the two questions, what's it been like for you since and what have you learned about yourself from it. Those two things are hugely important to me.

S: After I got out of treatment and supposedly I was cured, it was really tough to go back to school because 'there's the skinny girl, she's fat again.' That's the way I looked at it. I knew that everybody would be watching me. And everybody would be wondering, if I skipped lunch 'oh my God she's out of control again'. So for awhile I wouldn't eat lunch at school, my mom would come pick me up for lunchtime and I'd go home and eat something. Then I'd come back and the school okayed that. They had no clue what I had to deal with or anything. I remember people would say 'oh you look so healthy, you look so good' and I was like 'shut up I don't like myself like this, give me a few weeks when people stop watching me and I'm going to start again'. But I guess that I didn't want to disappoint my family again. That was a big thing, because I remember
my mom, I had to spend Christmas in the facility and my mom was like, 'please just come home soon, do this, I just want you to be home'. You know all of the emotions that come into play, I was gone for four months and didn't see my family a whole lot because I was two hours away in Omaha and I knew that they had spent like $10,000 for me to even be there that long and insurance didn't pay for it all. So it was almost like I was pressured to not be like that. Because of all of the things that had come into play, all of the sacrifices that everybody made...I didn't want to see all of their troubles go to waste. I'm a real, I think that anorexics are real people conscious anyway, they are very high self-monitors. So I was well aware of all of the sacrifices, I was aware that I had embarrassed the shit out of my sister because she had a psycho younger sister. She wouldn't talk to me for the longest time because I, she just had no respect for me. I guess that I didn't want to let anybody down and I realized that I had let a bunch of people down. And so I started to try to deal with it a little bit more and I hated every minute of it, and it was fucked up for awhile because you don't know...the thing with me is that I thought that once I was not anorexic that somehow I would just lose all control and I would become blimp of the year. That was my biggest fear, that somehow I just wouldn't be able to stop.

I: So it was a fear of losing control...

S: Right, I loved, I like food, I always have liked food, even when I was anorexic I loved food, I just didn’t eat it. And so when I started eating again I was so concerned that somehow that’s just all I would do. I would lose control the other way. I knew that it was a very unstable thing. I remember that people would say stuff... 'are you doing okay?' ‘Yeah, I’m fine’. I was supposed to be still going to counseling and taking prozac and stuff but I didn’t do any of that. I just wanted to forget it. It was a real bad time for me. I thought about all of the shit that I’d seen there, like the 40 year old woman who’s tailbone poked out her back side because she had no fat there. Just people who had wasted their entire lives away and I kept using that as my motivation for not doing it again I guess. That’s what helped me, just thinking about all of the people that I would let down and letting myself down even if I went back to that kind of behavior. And I knew that people expected that of me, they were like, ‘well, she’s going to do it again.’ When somebody expects something from you, you can either give in to that or you can use it for motivation. I think that I used it for motivation more than anything. I guess that’s what it was like right away for me, you know like the first month or two back and stuff. Then I started eating at school again and that was really hard for me too, to eat in
front of people. Because for the longest time I secluded myself and my eating behavior, and to then just show the whole fucking school 'oh look, see I can eat two tacos, I am normal'... I don’t know, it was real hard for me to do that. I had a close friend who helped me through a lot of it too. I would be like, ‘everybody’s watching me’ and she was like ‘you’re stupid, nobody’s even looking at you. They’re all too busy eating and having their fun’. Then I’d look around and it was like, hey, nobody is looking at me. Having her there was important because she was not a disordered individual. She ate like a horse for real and she was thin. Seeing somebody who could eat normally and be thin was a huge thing for me. A huge thing for me.

I: Yeah, if you were really scared about losing control I could see why that would be important.

S: Definitely very important, and so her being there helped a lot, I guess. Then after that it was just, the more I did it the more comfortable I became. Pretty soon people stopped asking me if things were going okay. Because it was no longer an issue and once people stopped making a big issue out of it, I don’t know...it was just great. Then I could just do what I wanted to do. Eat what I wanted to eat, hell if I wanted to skip lunch then fine, but I knew that I would be going home after school and eating something. By that time my metabolism had become normal and I actually experienced hunger again.

I: Now that you bring that up, I have learned that in the progression of the disorder that you’re “supposed to” get to a point where you recognize the hunger pains but you ignore them, you are in control of that. But after awhile, like we were talking when your brain switches over to the obsessive part of it, do you think that that kind of coincides with the not feeling the hunger anymore? Or your brain just doesn’t allow you to...

S: Yeah, you just, I don’t know you just shut it off. You don’t even recognize what it is to be hungry any more. I know that I used to get hunger pangs and then I’d just drink pop, diet pop instead of eating something. Then that took care of that. You know what I mean? But then after awhile I didn’t even have to do that, because I don’t know if it’s just that you don’t recognize what hunger means anymore, or if it’s just a constant feeling and you get used to it. Or it’s just that you refuse to acknowledge it. I don’t know which one of those it is, but after awhile you just don’t experience it anymore. That’s why it was hard for me to learn how to eat again. Because that’s basically what I had to do, I had dealt with this for 7 or 8 years, and I really had forgotten how to eat normally. So it
was really hard for me to learn how to eat because I wasn’t hungry, so why should I eat. That’s what I always said in treatment. ‘I’m not hungry, why are you making me eat?’ And they were like ‘you are, you just don’t know it’ and it was just like ‘I know when I’m hungry’, but really I don’t think that I would’ve recognized feeling hunger because I don’t remember feeling hunger even when I went home for lunch... I don’t remember feeling hungry until like the next year. Then finally I started to recognize, ‘hey I’m kind of hungry again’. You know how your stomach growls, well that never happened to me that I remember. I guess you just shut it off.

I: It’s interesting when you say it that way, that it’s something that’s there but you don’t recognize it. It’s like my grandfather who has horribly bad arthritis but he doesn’t know it and actually denies it because he’s gotten used to it.

S: Yeah it’s something that becomes the norm. I think that’s what it was, it just became the norm and maybe you were hungry but that’s what normal felt like. So you didn’t recognize it as hunger. No that just became the norm, maybe you were hungry, but that’s what normal felt like.

I: Right, you were just waiting for it to get worse, and you think right, but this is how it always felt. When do you remember, and tell me what you think of the school being involved in this whole ordeal? I know that you said before that you didn’t think that they knew what in the hell they were doing, so tell me what you think that they could have done.

S: They were very accusatory. They were always telling me that I was doing something wrong. They didn’t understand at the time and I know that they didn’t understand. Like the nurse going to a class and then thinking that she knows what’s going on. I’m like, listen lady you ain’t going to go to a class and then be able to beat me at my own game. You think you’re going to get inside my head, well no way.

I: That’s exactly my point here, because I know that I don’t know anything about what you’ve gone through, and I’ve probably read and know more facts than many other people about eating disorders.

S: Right, you can go through a book and say that this is what’s supposed to happen, but each individual is different. Well the nurse at my school took this class and then she tried
to put me into these different categories. ‘Oh, she’s doing this, so she must be this’. I was like what are you doing, trying to apply your supposed knowledge to me? Well that was really an insult to my intelligence, since she thought that some class could suddenly reveal my whole life to her. I guess my biggest problem with the school being involved was the fact that it seemed like they didn’t want to help, they wanted to take care of the problem and hush it up. Like, this can’t happen in our high school. Then the things that they would do, like, the nurse would weigh me and let me see the scale as she did it. When I was at the treatment facility they wouldn’t let me see how much I weighed, they would make me turn with my back to the scale, which was nerve racking because I knew that I was putting on the pounds, but because you couldn’t see it, then you thought that, you gave yourself the illusion that maybe you weren’t actually. Even today I don’t weigh myself. I have to get weighed for the military, but I tell them that I don’t want to know.

I: I do the same thing every year at the doctor’s office, I cover my eyes and don’t want to know. Just two weeks ago the nurse said to me, that’s not that much to weigh for as tall as you are. I thought to myself, lady you’d better shut up. You don’t even know how something like this could get me started all over again... what I was doing was disordered eating, so many of my friends do the same things that I was doing.

S: Right, you are absolutely right. That’s why I think that schools should do something. But at my school there was no one; nobody that was qualified, or that I felt comfortable talking to. They had no idea. That’s why I am so glad that you’re doing this. There needs to be someone who has either gone through it or has more knowledge than a class, about the complexity of this whole thing. Because that was something, I was like, you aren’t even worth my time. I’m just going to feed you the bullshit.

I: Right, I would think that it would be easy to snowball someone with a ‘brochure’s worth of knowledge.’

S: You could manipulate people so easily because nobody knew. Even the counselors were worthless. You have to have competent counselors if you want to get anywhere. You have to get more in depth than a film in health class. You have to have somebody respectable.
I: Right. I agree completely. I think that of all the information out there regarding what ‘causes’ eating disorders, no one really knows. That, along with the fact that treatment programs are highly ineffective for the majority of people, well I guess I believe that prevention is the key. We have to stop this before it starts.

S: Right. Start educating kids in first grade about this. They know then, they’re smart. Talk to them about how bodies are different and that’s okay. Then increase the discussion about this as they get older. Make them aware of body image and the fact that the things that they see on television aren’t the norm. This needs to be hit hard. You can give them info about healthy exercise and eating, but really hit the image of what society has created as a good figure, it’s pathetic and wrong. But it is something that you have to hit early on in a child’s life. My little sister thinks she’s fat and she’s in first grade. I remember then picking on the fat kids. Kids are mean and harsh and we need to talk to them about how that can hurt people later on in life. Group discussion is a great thing, we need to utilize it more. Kids are such a big influence on each other. Get them talking together and thinking about what’s healthy and what’s bad for them. Teach them and then they will help each other. Then you need to focus on liking themselves. Kids at a very young age know. They need to be taught that it’s okay to look like they do and that they don’t have to look like their friends or any one else. That’s a big thing too.

I: Well I am counseling a 6th grade girl right now and we’ve talked about eating disorders. She has a basic knowledge about what they are, but that’s where it ends. We talked about how the women that they see on ‘Friends’ weigh what she does and I asked her how old she thought people were when they developed an eating disorder. She told me ‘40’. Then she about freaked out when I told her, ‘her age’. That just reinforced my desire to educate kids about these disorders. It really is amazing how different people in your life will affect you with a comment or a look or whatever.

S: I liked when you said that you talked to that 6th grade girl about this. You know I don’t know if prevention has to be a formal thing, but it could be just informally talking to kids about what they say and what that could imply. They don’t really realize what it is that they’re doing. I think that at the younger ages prevention should be an awareness that this is out there, how it is a bad thing. Then as you get older you can start talking about nutrition, what nutrition principles are and why nutrition is important.
I: EDAP has a series of programs for different aged kids, puppet programs for young kids, and then attacking media images for high school kids. They implemented these programs last year and are interpreting the results this year, so I’m eager to see if they were effective. I am really hoping that they were, because then there would actually be a program out there like DARE for alcohol awareness, that targets kids at younger ages as well as older.

S: Yes. And in our high school there needs to be some changes. All we had was health class, and then there was about a page on eating disorders. That’s it. At that age, talk about it, but bring someone in who has had one, who really really knows what’s going on and can talk to the kids on their level.

I: Right. Well I know that I’ve been a lot happier as of lately. I’ve been watching the ads and commercials on t.v. and there have been some real size models on, like Emme. (S: I love her! ) And actors and actresses who are getting hired because of their talent not their size. Things like that make me happy, make me have hope that maybe our society does have hope.

S: Right, like there was a time when normal was beautiful. Marilyn Monroe was a size 12. Then I think to myself, well I am too, so I guess I’m perfect. (laughing) But seriously, maybe our society will wake up sometime soon and realize that healthy is beautiful.

I: Well you know I hope so. Sometimes I wonder if this research will help, but I believe that it will. Just when I start thinking, am I qualified to walk into a school with the knowledge that I have and try to help, then I hear you say that I am because of the ignorance that is currently in place. I hope that, through my interviews and research, that I can go into a school with more of a grasp of what it is truly like to have an eating disorder. I know that what I’ve experienced is nothing at all like what you and other people with eating disorders have experienced, but I know that I want to know more because I was very close.

S: You’re right on with prevention. It is very, very, very important.

I: Right. These disorders affect everyone differently but at the same time they affect everyone. I mean how many people do you know that manipulate their food intake or
their exercise? If someone thinks that this isn’t a big deal, well how many people in the next 20 seconds couldn’t name at least 10 people that they know that are on a diet.

S: Right. Maybe they don’t cross the line like I did, but they’re still feeding the obsession. Everyone who does that is feeding the obsession because they are somehow striving for the model look. It’s that obsession that some people, like me, take to the extreme. It’s like, a girl loses 5 pounds and everyone says way to go, and then all of the sudden 80 pounds later people are saying oh my God, it started with 5 pounds. It’s like Rosie O’donnel. She opened up a flood gate with her ‘Chub Club’. It’s one thing to stress being healthy, and that’s what we need to do. Not focus on just losing another 5 pounds. I guess society defines what beauty is, but we need to fight it and not fall into that obsession. The kids are the ones we need to tell this to, because they are the next generation of models and society. They have to be the one to stop this.

I: I totally agree. That’s why I think that if I can go into a school and help educate these kids at all, then maybe, just maybe it will start to pay off. Armed with the knowledge that you’ve given me, I can pass that on to children of all ages. Those are the kinds of things, that, even if you don’t develop an eating disorder or disordered eating, will benefit your life somehow.

S: We can’t expect to change everything in 10 years, but if we can start by changing one thing, then there is hope. Then we’ve started turning things around and maybe we’ll stop one person from becoming what I became. And starting with one is a very good place to start.
Transcription of interview with Subject #2: Melissa Reed

(I-Interviewer; S-Subject)

I These can guide our discussion, or you can talk to me about anything that you feel it’s really important for me to know. Everything that you say is so valuable to me. I don’t know what it’s like it’s like....what I want to know by the end of this is what kinds of things you can teach me so that when I go out into the field I can help deal with these issues.

S I guess basically it started when I was about 13. I first started noticing how the other girls in school were really thin and stuff like that. I had a really rough childhood and I just wanted to be popular. I didn’t really think that I was overweight, but some people did. Comments were made. Ones that were thinner got a little more attention than other ones. Basically, I just started being careful of what I ate. I didn’t really eat a whole lot, just enough to get by. I lost some weight and I was feeling okay about it. I really didn’t give it much thought past that. Then my sister’s husband was really perverted. He told me how much of a beautiful body I had and stuff like that. It just really got to me because I didn’t want him to look at me that way. Then I didn’t want to look like I had a beautiful body so then I started abusing my body by not eating and trying to get thin so that he wouldn’t make those kinds of comments. That went on for awhile. He finally left me alone. I had it for a long time, but when I really noticed it was back 3 years ago. I was engaged to be married and this guy that I was with said that he didn’t want to be with somebody who was bigger than he was. So I knew that different diets that I tried before never worked. I just gradually started not eating as much and added more exercise massively. I started eating less and less and exercising more and more. I started losing weight. I thought it was pretty cool because I was losing weight. I kept losing weight and I kept exercising.
Did you have people who were complimenting you and commenting on it at the time?

Yes. Not really complimenting me. They would just ask me if I was sick and stuff like that. I said no. Then I guess I would hide... when people would ask me to go out to lunch I would think up an excuse. I just wouldn’t eat with people. In May of last year, I really started getting worried because every time I would look in the mirror, I would see fat. But in reality I had nothing left to me. There was no meat on my bones at all. It was scary so I talked to my doctor about it. I didn’t exactly tell her that I knew I had an eating disorder. I just told her that I was losing weight and I didn’t know why because I was kind of embarrassed to talk to her about it.

Can you tell me.... when I talked to the other individual about this, she felt ashamed. She said the same thing. She knew that when she looked at herself, what she saw was what was really there. Can you tell me - when did you realize that what you saw in the mirror as being fat wasn’t really at all? Was it because other people were telling you that you were really thin? How did you know? When you looked down at yourself, could you see that you were thin?

Yes.

But then when you looked at yourself, you didn’t see what was really there?

Yes. I basically just.... it’s like a compulsion. It’s hard to explain. It’s like an actual person inside of you that had taken over. There were times when I really knew that what I was doing was not right, but I kept hearing this eating disorder talking to me and saying “Being thin is great. You look good” and stuff like that. It turned into a really compulsive thing. Everything that I touched I had to look at the calories and fat grams. I measured things that I ate.

I’ve done that. You know that you’re doing it and that’s the frustrating part. I remember my fiancé saying to me one day “Every piece of food that you look at, everything that
you look at, you know how much fat is in it, don’t you?” I said yes. He said that that’s wrong. That just echoed in my head “That’s wrong.” But you don’t just shut it off. You don’t just stop thinking about how many calories it has. I still do that to this day. I just force myself to try to not care. I could calculate every gram of fat that I ate for lunch today. What I try not to do is to not add them up. I know that in one piece of bread there’s one gram of fat, but what I used to do was immediately add up how many. If I hit that point where I said that I was only going to eat 10 grams of fat that day, then I would stop eating the rest of the day. But now I’m trying to eat healthy. I keep saying to myself “I can think about how much fat and calories that has, but I’m not going to add up how much I have for that day.” That’s what I’ve been trying to do for me. You can’t just turn the switch off and say you’re not going to think about that anymore. That’s been difficult for me to do too.

S I still struggle with it a lot. I catch myself doing it all the time. I go into a store and I take forever to shop because I have to...everything is still reduced fat or fatfree. It’s very miserable.

I Tell me what it’s been like for you. You said that it was a year ago that you went to the doctor and talked to her about it. What’s been going on in your life since then? What happened after you went to the doctor?

S She wanted me to start going to Choices or talk to Barb. I did that. I started group therapy. But there’s a lot of physical things that really got messed up. My menstrual cycle stopped. Every blood chemistry thing in my body was off. My cholesterol was way high. My triglycerides and my electrolytes were all messed up. Basically my doctor told me that if I didn’t start....when I went to the doctor and she noticed....she asked me a bunch of questions about it, if I skipped meals and if I weighed a lot, did I always step on the scale. That’s something that has always been tough for me. It would be better off not
to have the scales because you’re always constantly....every day you weigh. She basically told me that if I didn’t start gaining weight on my own, I was going to die.

I How did you deal with that?

S I was very scared. I really battled with the voice inside me. I asked myself if I really wanted to die at 28 years old? 30 years old? Basically I started trying to eat a little bit more each day, but it was really hard. I managed to gain a little bit of weight back. They put me in the hospital up in Covenant. I was there for one day and I told them that if I was going to do it, I was going to do it on my own, I wasn’t going to be treated like that. They were really hard on me up there.

I What kind of things do they do at a treatment program like that?

S For the anorexics, you have to sit by yourself when you eat. They bring up a 5 course meal. You have to sit there until you eat it. Basically, when you’re done eating, they look under the plate to make sure you didn’t hide your food. They’ll check in your pockets. They’ll check wherever they think you can hide it. They don’t let you use the restroom for an hour afterwards. The point that I was trying to make to my doctor was - how can you be anorexic for so many years, not eating hardly anything....basically my meal was crackers and applesauce. That’s basically all I would eat. I said “How do you figure to not eat anything to eating a 5-6 course meal? It’s just not going to happen.”

I Just the pure quantity of it.

S I couldn’t eat all that stuff. Me and the nurses had an argument. I told my doctor “You can’t force me to be in there. Either we work out some kind of agreement....I’m not staying.” I had to sign a contract with her. I’d come in 3 days a week and get weighed. If I lost any more weight, she was going to put me in the hospital.
So your motivation was two fold - one, you wanted to do it on your own and second because you didn’t want to have to go back to that. Did you feel like it was something that you could tackle on your own? Was that scary?

It was really scary. I didn’t have a lot of family support. They were really angry about the fact. They said that I didn’t need to lose weight.

They didn’t understand?

No.

Do they take the approach....so many people don’t understand eating disorders. So many people think that if you just tell the person “Why don’t you just eat something?” Their whole attitude is that they don’t understand how somebody can be an anorexic because they should just eat. They don’t understand that it becomes something out of the individual’s control. I was trying to explain to my dad why I wanted to do this study. He said “I don’t get it. Why don’t they just eat?” I just put my head in my hands and shook my head and said “So why doesn’t an alcoholic just stop drinking?” He said “It’s like that?” I said “Yes, dad, it’s a disease. It’s something that your mind stops functioning and your perceptions of your own body are so distorted. You can’t see what you look like anymore. You do become compulsive and obsessive about what you eat.”

For the longest time I would eat something that....I would restrict myself from things that I really liked. I told myself that if I ate it, it would make me sick. I really had it in my head that the things....I stopped eating everything that was dairy. I used the excuse that I was lactose intolerant. Basically, I restricted myself from things that I liked. After I did that, I didn’t have a desire to eat things that were fattening or things that were full of calories or fat.

Because you had convinced yourself. You believed that it would make you sick. After awhile, it didn’t even look good. I can see why after a long enough time of telling
yourself that, that’s the way it would be. Did your family have that mindset about things? Do they just think....were they angry with you because they thought you could just start eating again?

S Yes. They really don’t understand. They said “Seeing as how you went to the doctor and you told your doctor that you have a problem with eating....she told you that you’re not overweight, in fact you’re underweight. Just start eating. Go back to the way you were before.” It’s not that easy. I’ve been going to group for about a year now. I have my ups and downs. It’s still powerful. It’s right there.

I Do you feel like it’s going to be something that you live with your whole life?

S Yes. I did a little research on it myself. It’s not something that comes from just any one thing. It’s something that is there basically for a long time and you just don’t know it until you actually start doing the behavior. They said a lot of it comes from dysfunctional families. In my case, that’s true because I was the victim of sexual abuse as a child. My dad walked out on us when I was three. I really believe that that has a lot of impact on it and how your self esteem is about yourself. One person’s comment can throw it off. Like my ex fiancé when he said “I won’t marry somebody that’s bigger than I am.” That just threw it off, but that wasn’t the main cause of it.

I Do you think that there are....the first person I interviewed said something that really made an impact on me. Thinking back on my own life, it really hit home. She said that there are times that she remembers when she was young, 7-10 years old, people saying things to her when she was that young that still stick out in her mind. She thinks of them as defining moments. At that time, she wasn’t aware that they were going to lead to anything. But the build up of enough events makes it a constant. She remembered, and I remembered, a little boy saying something to us when we were in 5th grade, about being fat. I remember it as clear as day and she remembers it as clear as day. Like you said,
it's something in your life that you don't know is going to happen, but once you realize that you're becoming obsessed, you wonder if this is something that's been here your whole life and just waiting to come out, to be triggered by something, whether it be family or whatever. Can you remember times in your past that were like that? That stand out to you?

S A lot of it was from my family. Some kids at school would tell me that I was fat. That was in 4th-5th grade. You can remember that stuff. You don't want to think of yourself that way.

I But if enough people say it, or even if you hear it once and it just keeps playing over and over in your head again.

S Especially if it's from your family. You tend to trust your family and listen to them. If they're telling you "You can't have that piece of pie for supper. We'll give you an apple because we don't want you to be overweight." That's what I heard a lot. Not by my mom, but by my sister. She was really mean. She said "You're not gonna have no pie or cake because we're afraid that you're going to get overweight." Basically, if your parents restrict you from food when you're that young, you're going to restrict yourself. It's just that simple.

I It's habit kind of. It's something that you learned when you were younger.

S If that pie has this many calories, then I don't want to eat it. If they're telling me it's going to make me fat, I'm not going to eat it.

I Kids learn at such a young age. Someone mentioned to me once "If we really want to prevent eating disorders from the school perspective, then we need to educate every person who works in the school." A kid in 1st grade can look at two teachers talking and hear what they're saying and it can be as quick as this "How's your diet going?" "Great, I lost another 5 pounds." That 1st grader can look at that teacher and think that she's
beautiful and that she doesn’t need to lose weight. They don’t have the concept that that person needs to lose weight. But right then and there, they see the teacher say “I lost another 5 pounds” and learn that what they thought looked good, might not really look good. Kids learn so fast and so early what attractive is. In society today, skinny is what’s attractive. I’m afraid for kids because it seems like kids younger and younger are dieting. I never would have thought of dieting in 3rd grade.

My son will be 9 in June. When I look at the calorie contents or fat grams...I see him doing that now. I hate myself for it because I know it’s my fault. He saw me do it so now he looks at his stomach and he thinks that he’s fat. It’s just a bad thing to get into. If I had to do it all over again....

We’d like to be able to say we wouldn’t do it. I just keep thinking that if it truly is this way, I wonder if it wouldn’t happen at this time, if it would have happened....is it always there and just waiting to come out?

There are other people...there is a lady who I know....she’s 50-60 years old and she’s been struggling with an eating disorder for 30 years. Every individual is different. It said in the research that I did that it doesn’t go away, it’s with you for life. It’s born into you from when you’re way young and it’ll stay with you forever.

What you have to do if you want to beat it is to learn how to control it. Do you think that control is a big issue? When you have an eating disorder, you are completely in control of what you eat. That is something in your life that is all yours. I could control how much I worked out and how much I ate. Among everything else in my life that I couldn’t control, good and bad, this was one thing that I could. Did you feel that way?

Actually, yes, I did. I felt that way. I really didn’t have a lot of control in my life because my family was always trying to run my life for me. I knew that I felt like I had the power because I could control what I ate and what I didn’t eat. People would look at
me and say “How can you resist that?” “Because I have strength, I can say no.” In reality, that wasn’t the case either. Basically, we think that we have the control, but we don’t. The eating disorder has the control over us. When I found that out, then I really started getting more scared. Then my doctor told me that... I was exercising 3 hours easy. Every time I ate something, I’d exercise. People say “How can you exercise and feel like you have energy and you don’t eat?” Myself, I don’t really know how I kept my strength up, but I did. Until one day I just didn’t have any energy and I exercised anyway. I just passed out. My doctor told me that my heart was giving out because I was exercising too much and not putting enough calories in and not getting enough of the right foods. There was that rivalry in my mind again. ‘She doesn’t know what she’s talking about....here we go again.’ It’s a big struggle.

I It’s like a struggle between good and evil. I can’t imagine what it would feel like to think that you were the one, that you held all the marbles. Like you were the one in control of all of this and then to have it really hit you that you have nothing, that something else has a hold of you.

S It’s almost like when somebody feels they’re being possessed. To me, that’s what it seems like. It seems like anorexic is a demon because it controls me. It’s scary. A couple weeks ago I wrote a letter to this eating disorder. My counselor told me that sometimes if you write a letter to someone that you’re angry at, it helps. I wrote a 3 page letter to this eating disorder. I felt kind of stupid at first, but I thought I’d try it and if it worked, great. So I wrote a 3 page letter and it got really intense. It seems like my mind just opened up. I said ‘there are 2 things that I know that eating disorder cannot stand to hear. That food is healthy for you and exercise is great with moderation.’ The minute I said that out loud, because I read it back to myself, I could just hear that inside just screaming. It was so weird.
That had to have been powerful for you.

I had told it that I was tired of it hurting me and it was supposed to be my friend. That's what it seemed like. When I first started skipping meals, this eating disorder was like 'I can help you. Just listen to me. I'm your friend. I'll make you thin. I'll make you happy.' I could hear that thing screaming inside when I read that letter back to myself.

That's great to hear, that you're beating it. That's a powerful way to describe it, that you're killing it off by hitting it's weaknesses. The weaknesses are that food is good for you and so is exercise in moderation. That's great. That's how you beat an enemy. You find its weaknesses and you attack those. That's a really neat way to think of that.

My biggest downfall is when I get really stressed out. The first thing that goes for me is my eating. I just stop eating. I try to think of different ways to cope with stress besides not eating because I know that if I'm going to beat this thing I have to think of other ways to deal with stress.

Fortunately, when I get stressed sometimes I eat. These questions are just a guideline. We've kind of progressed through a bunch of them without even asking them. I wanted to know question D - what do you think you've learned about yourself through all of this that you might not have known otherwise?

That's a hard question. Basically one of the things that I learned was that weight is just a number. I don't have to be thin to be liked. I learned that being thin is not happiness. I was a lot happier when I could eat brownies and cupcakes and not think about it. I'm strong. I have strong points, but yet I still have a lot of weak ones.

It's really neat to hear you say the things you know are weak right now. Like when you get stressed out. You're aware of the weak parts that you need to work on. It's really wonderful to hear you say 'I'm strong.' You are, otherwise you wouldn't be sitting here with me today. You would be gone, or real close to it. A year ago, your doctor told you
you need to gain weight or you would die. You had to be strong to say “I’m going to do this and I’m going to do it my way.” Look where you’re at. That’s a wonderful thing.

My doctor and my counselor really had big doubts that I would make it. One of the biggest things that I learned is that when I put my mind to doing something, I am strong. I had to be strong to do it. I gained 30 pounds back. When I went to the doctor I was 98 pounds, at 5’6”. That’s not good. I managed to gain 30 pounds back. Then I lost another 10. It’s been stable for 4 months or so. It comes and goes. Since I started eating better, my menstrual cycle has come back. My blood tests are stabilized now. That part of it is still with me, but I don’t claim it. It’s just there. One of the things I said in the letter is that I know it’s in no big hurry to leave. It wants to hang on and try to catch me at my weak points. I made up my mind. I talked to people who had eating disorders. One of them is a really good friend of mine. She’s the other way though. She’s anorexic and bulimic both. She doesn’t want to stop her habits. She admits she has an eating disorder, but she doesn’t want to let go of the behaviors. The sad part is that when you’re bulimic, you don’t lose weight as fast. If you’re making yourself throw up, you’re basically filling your body up with fluid and that’s basically it.

I think it would probably be tough for her. I think it’s tough for anyone who starts in the progression of an eating disorder. It was tough on me and I never got to the point where I had an eating disorder. But it was still hard for me to back away from the routine, the obsession. It was hard to do that. I think because I was afraid I would lose control. I knew that by working out this much and eating this much, that I would either maintain or lose weight. I think that I was afraid that if I stopped even one of those things, that I would inflate. Or I would become obsessed the other way. I don’t think that I believed in my heart and in my mind that I could maintain a healthy life.
S I still think that way. I exercise every day, but I have reduced it a lot. I had ???: for an hour. She wanted me to do a half hour. The exercise is still an obsession. I’ll go _ hour, I’ll walk. I walk every day. I have a rotwiler and she’s pretty strong, so she walks me. I was walking past the place where I knew it would take me 15 minutes to get there and 15 minutes to get back. So I knew that I would have to walk longer. I really got frustrated because I really only wanted to go _ hour. I didn’t want to lose any more weight. I think that I’m fine right where I’m at. My doctor thinks I should gain at least 10 more pounds.

I Is it hard to say “I think I’m fine right now.”

S Yes. But actually it’s honest. I do. I think the weight I’m at right now is just fine.

I One question that I had is ‘why do you think people develop eating disorder?’ and you talked about how it’s not really just one little thing, it can be a multitude of things. Because eating disorders are something that you don’t ever really get over....it’s something you live with your whole life, if you live....there are so many people who die from them. The prognosis is not good. When your counselor and your doctor had doubts....it’s hard to stop that cycle of obsession basically. Do you think we can prevent them? Is prevention worth the effort?

S I think it is. I think that they should have, in the schools....I believe that they should have someone come in and ....I know they can’t watch everyone in the lunchroom....I just think it’s a big problem in the school. I strongly think that it’s wrong that the phys ed teachers and the gym teachers and the sports teachers always tell you “You can’t make the team unless you’re 10 pounds lighter. You have to maintain that.” That’s another thing that starts an eating disorder. If they can’t do it on dieting, then that’s the next best thing - is to just stop eating to get thin. A lot of people use laxatives and stuff like that. I think that a prevention class would be very beneficial.
Do you think it’s something that should target a certain age group? Do you think we should start talking to them at a certain age and make kids aware? Or do you think it’s something that should start when they’re young and just increase as they get older?

I think young....I don’t think kindergarten, but the younger they are that you teach them about good nutrition and stuff like that....I think that could really make an impact on a person. A child growing up, especially if their parents are aware of it too. That’s a big problem, that the parents aren’t aware of it and they don’t really know what an eating disorder is. It’s just basically “I think my kid is sick. He’s not eating, he’s losing weight. I forgot that 2 weeks ago I told her that she needed to lose weight because I couldn’t afford to buy her pants anymore.” A lot of it is just what kids hear. They can be in 3rd grade, 2nd grade and still hear it. The younger they’re educated about it, the better I think.

Do you think we need to teach them coping skills? How to deal with it when someone tells you that you’re fat? I remember it when I was in 5th grade. I wish that someone had said to me “Here is a way to deal with that. Here’s a healthy way to deal with it” instead of sticking in the back of my brain and letting it stew over and over again until I got older and learned that I could stop eating. Do you think it’s something we need to teach kids - about healthy eating and about their bodies and how we’re all going to look differently and how to deal with it when people insult you for dumb reasons?

That is also important I think. If the kids realize that their body structures are different....it’s not what’s on the outside that makes somebody beautiful, it’s what’s on the inside. If you can get that through a child’s mind before they think ‘oh gosh, I’m not going to be popular if I’m not skinny.’ If you can get that through their mind at a young age, that beauty is good, but it’s on the inside.

I agree with you 100%. I think that will help prevent eating disorders. I think it will help prevent lots and lots of things.
Low self esteem. It would make their self esteem better if they knew that it didn’t matter what they looked like on the outside. It’s how you present yourself on the inside.

There is an organization called Eating Disorders Awareness and Prevention (EDAP). I sent for some information from them last year when I first got interested in writing about this. I asked them about prevention programs in schools. They said they’ve got 2 new ones out in the schools this year that they were going to be doing research on. One of them was a puppet program for young elementary kids, just to help them be aware of their bodies. They would do a skit with the puppets and talk about it. The other one was for high schoolers. It was like fighting the media, overly thin people, cutting out magazine pictures of people who thought were thin and then they’d find out that they weighed....they thought that they were beautiful, but they found out that that person weighs 90 pounds and they thought ‘wow, 90 pounds is too thin.’ Just working through media images and counter acting those with what’s healthy. I’m going to get back in contact with them this year because they said they would do the program for a year and analyze the results to see if they were effective. I think if there are people out there like this organization....they seem to be going about it the right away. They have different programs for different ages. A puppet show is developmentally appropriate for children who are young. For middle schoolers, you can start hitting on them about body changes and adolescence. Just that we’re all going to look differently. My body size is meant to weight 120 pounds. I could if I stopped eating, but that’s ridiculous. That I don’t need to compare myself with my friends. It was a hard thing for me because I’m 5’9” and all my friends were 5’5” and under and little, petite. I felt like a gangly, overgrown ape half the time, bigger than them, taller than them. That was hard for me too. If somebody had said “So what. So you’re taller than them. What are the advantages of that? Don’t look at the negative, look at the advantages” I think that would have helped me. Those are the
kinds of things that I’m storing away for later years. Hopefully when I do develop a program or go into the schools, I’ll have more knowledge about eating disorders than the average individual in the school does. We’ve hit all these things I think.

S One girl that I know had anorexia. About a month ago she knew she had an eating disorder, but she’d never get help with it. She’s taking 50 laxatives a day and not eating and exercising massively. Now, she’s in Covenant hospital in the rehab center. She doesn’t know who she is, she doesn’t know anybody. All of her friends are nobody to her because she doesn’t know anything. Her heart stopped and she had a...it left her brain injured. It’s really sad.

I She might have a blood clot of aneurysm that affected her brain.

S They said that it was because her potassium dropped too low. That causes heart attacks. She had a heart attack and her heart stopped and she quit breathing and it damaged her brain. Another girl I knew was taking 90 laxatives a day, every day for periods of time.

I How do you take that many in one day? I can’t imagine taking that many.

S She took 15 in the morning and 40 at night. She died because all of her insides got completely destroyed. I think the prevention would be the best thing, before it gets out of hand. It takes your life. If you don’t want to beat it, then you won’t. It’ll take over forever.

I You have to find something in you somewhere....that control that you used to manipulate the food....you have to use it to manipulate the disorder.

S That’s where I’m at right now. I’m still going to group. I still have to do a lot of self talk. I’ve got it in my mind that I have the strength to take back the power. I know it’s always going to be there. If you give it the power, it’s going to take it. If you take your power, it’s there but it’s lifeless if you have the power. That’s basically what I’m working on, to get back my power.
It seems to me that you’re doing a great job. The fact that you’re here, willing to talk to me. That touches my heart. I appreciate it so much.

END
Transcription of Interview with Subject #3: Mary Henderson
(I-Interviewer; S-Subject)

S ??? I was 13 years old when everything started. I think first what happened was I was being abused and I was put to bed without ???. They would make me skip meals and not eat. That was something that happened. I guess I decided food is something bad.

I They were using it to punish you.

S I thought that food was bad. At school, I wouldn't eat. If I did eat, I'd make myself get sick. That happened for so many years. I'm 28 now. I think that's how it got started. Being without food. When I was going to school, they would give me food, but then I wouldn't really know what to do with it. I'd see other people eating. I always thought I was fat and I wanted to lose weight. I still think that I'm fat and I want to lose weight.

I Is it something that you still struggle with? Do you still struggle with trying to eat and trying to keep yourself from getting sick?

S Yes. That's real hard for me to eat and keep it down. I started trying to lose weight, but people told me I didn't need to. But I don't listen to them. I feel like I need to. I'm not going to be happy until I am really thin. Sometimes I'm so obsessed over it that I starve myself. I know that's not good. People get on me about it ???. What I've been doing lately is eating and getting rid of it. I really hate doing that. It's not a good feeling to do that. I wish I could make myself stop, but it feels like something I have to do to make me feel better. It is something that is really hard for me to handle. I hope that I will be able to lose weight and not become really sick.

I You want to do it healthy and be able to stop at some point?

S Yes. I go to support groups. We set goals and stuff. They're trying to get me to stop. It's like I have 2 people arguing inside my head saying "Do this, make yourself sick and then you'll feel better" and this other voice says "No, don't do it because it's wrong and you'll get in trouble. I don't want to mess up my teeth and all of that." But that other part always wins.

I Why do you think that is? Can you help me understand? When I was talking to Melanie, she said the same thing, that she felt like it was a demon possession, like someone is forcing you to do it and you feel like you're in control of what you're doing, but you're really not. Is that how you feel?

S Yes. It's something that is real hard. People have told me to stay away from my room
After meals. But it seems like a magnet pulling me to my sink. I haven't been able to deal with it.

I Do you think that you're progressing? Do you think that you're becoming stronger in fighting it, or do you feel like it's winning?

S It's winning. I guess I'm letting it. Maybe it's because I'm wanting to lose weight. Growing up, it was something that I never had. Sometimes I get mixed up - should I eat or should I starve myself. I Since it was something that you learned so long ago, that would be very hard to learn over again.

S It's hard for me to deal with. I've been eating sometimes, just to get the staff off my case. They really nag at me.

I How do you feel when they do that?

S I really hate it.

I Even though you know that they're trying to do what's best for you?

S Yes. I just wish they would leave me alone and let me do my own thing. But I know that what I want to do is not good for me. I should make myself stop, but it's not that easy. It's really hard.

I How do you feel....there are so many people out there who don't have a clue what an Eating disorder is like. I've heard so many people say "Why don't they just eat? Why don't they just stop making themselves sick? Why don't they just stop?"

S I've had people, like the nurses here will say "You don't have an eating disorder. You Just choose....it's a behavior you're doing, it's not an eating disorder." I know that it is an eating disorder. I know that it's hard for me to overcome. They think it's attention-seeking behavior.

I How do you feel when they say that?

S I hate that. It makes me want to slap them. It's not true. If it was something that I was reaching out for attention, I wouldn't sneak around and do it.

I Right. You could probably find something else to get their attention.

S Yes.

I That would be hard. I can't imagine what that would feel like, to have something inside of you that you feel is controlling you and having someone else say "It's just you. You just want the attention."

S When I do get caught, they treat me like a little kid. That really bugs me. They say "This is your first warning." Then if they catch me doing it again, I get put on time-out for hour in my room and I can't do anything, watch tv or anything. I just have to sit in here and think about it. That really makes me mad.

I When you're in here sitting and thinking about it, what kinds of things are you
thinking about?

S I'm thinking about 'why can't I stop this? If I just wouldn't do that, then I wouldn't be sitting here.' I'm thinking 'You guys don't understand how I'm feeling and how hard this is.' I wish they would understand more about it. They've even told me that I'm the first one with an eating disorder that they've had live here so they don't know how to deal with it. They punish me and it feels like I'm being treated like a little kid.

I Right. It would be insulting. How long have you lived here?

S I've lived here for 5 years.

I When you were 13 and this started, were you living with your parents?

S I was living with my ???

I Melanie and I talked about families being a big part of this. Would you agree?

S It was when I was living with them. But now I don't even have contact with them because I was abused severely. They don't know where I live. I don't have any contact with them.

I Do you think that they were the cause...without them doing this to you, do you think you would have developed an eating disorder that young?

S I don't think so.

I A lot of times, a lot of things that I've read have said that a lot of people who have Eating disorders have been abused, or they're depressed. A lot of times these three things go together. You're not alone, I'm sure you know that. So many times, it has a lot to do with the families. It can be different ways. The first girl I talked to said that it had a lot to do with her family. She wasn't physically or sexually abused, but she felt so inferior to her older sister. That was how her family was dysfunctional in her eyes. She couldn't live up to what her older sister did. Her parents never reacted to her like she did to her sister. This was something that she could control, she was good at it, she was getting compliments on how good she looked. She said that for her it had a lot to do with her family. I know the family. It's just one of those things....they looked like a pretty normal family. It's amazing to me to learn how certain things can trigger an eating disorder. Melanie said to me yesterday "I think it's with you from the time you're born. At certain points in your life, things will happen to bring it out." I thought that was really interesting. It made a lot of sense to me. It makes me wonder if this is something that you're born with.
Then the abuse and the learning...I'm being punished with food or withholding of food...that would teach you so fast that food is a bad thing. You do something bad, you can't have food.

S When I noticed I had one was when I was 13. But when I was growing up, they were withholding food from me. I was put to be without supper. I guess when I would go to school, people would tell me that I looked really good and that made me feel good. I would eat and gain weight ???? Why should I eat if I'm going to gain weight? I'm going to gain weight, and then I'm going to look bad. Then people won't compliment me on how I look. People compliment me. They think I'm pretty. To me, I feel that I'm not because I feel like I weigh too much. Barb always told me "Weight is just a number." That bugs me. It's not. It's something that you want to get rid off, lose the pounds and become thin.

I Because you feel like you'll feel better about yourself. If you hit a certain weight or if you lose a certain amount. We talked about a lot of these things without looking at certain questions. When you were in school, did the individuals in your school do anything? Did they know that you had an eating disorder?

S No, they didn't know. I hid it from a lot of people. Nobody knew I had one, not even my parents. Not even my sisters or brothers. I was good at hiding it until I told ??? I got married at about 22. My husband thought that I might have one. I kept telling him no. He would always wonder why I wouldn't eat. I would tell him that I ate somewhere else. I always had to think of something really quick. When I moved here, nobody knew for ....a year ago is when they discovered that I had one. They would catch me being sick. Every time I ate something. I would sometimes starve myself. ??? They didn't know what to do. That's why they got ahold of Barb. That's why I had to go to the hospital every day and stay there and eat there. It was an out patient thing. I had to go there at 7:00 in the morning until 6:30 at night. I hated that. They would make me order a lot of food and expect me to eat all that. I don't see how people can expect a person with an eating disorder to eat so much when they're not used to eating a lot and keep it down. When I eat, I get an upset stomach. I think it's not right and I get rid of it, then I feel fine. Barb would tell me "You can eat it and you can keep it down." I was getting a little bit better and then I went to camp and completely stopped eating again. I thought I was getting better.

I When you had that structure of being there and the help at the hospital. But when you left and the support went away, you went back to your behavior.

S Now I'm back to the start. I'm having a real hard time with that.
I Do you think that the group is helping?
S I think it helps knowing that I'm not the only one out there dealing with this. Barb
   Really understands. She doesn't really push so hard. She can honestly tell you
   that she understands. She doesn't think it's just a behavior thing.
I She knows that you're not just trying to get attention. It helps when there are people
   out there who at least understand somewhat. I don't know if Barb has had an
   eating disorder herself, but dealing with individuals who have, she knows. That's
   my whole reason for doing what I'm doing and why I'm hear. I got to a point
   when I was eating Jolly Ranchers pretty much. That was it. A little cereal maybe
   and working out and working out.
S That's my problem. I can't work out like I want to. I get depressed a lot. That's part
   of why I get depressed, because I can't bum off energy like most people can
   because I'm paralyzed from the waist down. I can't walk, so it makes it even
   harder losing the weight.
I So you see this as your fastest and most effective option.
S Right.
I I can see why you'd feel that way. A lot of my friends that I've known have had
   disorder eating. They're in the same boat that I was. Never really developed an
   eating disorder, but it became pretty close. I know I did it and I know my friends
   have done it. I know there are a lot of people who do what I did and are this close
   to needing to be in a treatment program. They're close to losing the control. I
   don't know how many girls in high school and middle school....the sad part
   is that even in elementary school now....there are so many people on diets. It
   scares me.
S They start out real young. I started awful young.
I They have some crazy statistic that 40% of elementary kids are on diets. That makes
   me sick to my stomach. I just think that kids are in school all day. If we could
   help somehow to prevent it, then we should. I've read so much about eating
   disorders and I've talked to individuals who have been there and understand. The
   progression of the disorder is such that you really don't ever get better. It's not
   something you are cured of. I've dealt with people who don't understand. They
   say "Why don't they just eat?" and I would say "Why doesn't an alcoholic just
   stop drinking?" It's the same thing. It's something that controls you. It's
   something that you're going to live with for the rest of your life. I really believe
   in prevention. What I need to know from you is that you think that prevention is
   worth it. Do you think that me wanting to get a program for schools
- do you think it's a worthy cause?
S  Yes.
I  Do you have any ideas about when you should start dealing with this issue with kids?
   What should a program consist of?
S  I'm not sure. Maybe just talk about it. If you know anybody that has an eating
disorder, let someone else know and try to help them before it gets out of hand.
   Just help them early. Try to catch it early.
I  There is an organization called Eating Disorders Awareness and Prevention (EDAP).
   They have developed a series of programs for schools that they implemented last
   year in a couple of schools. They were going to analyze and see if they were
effective in preventing disorders, were they effective in helping kids develop
healthy body images and healthy weight loss practices and healthy work outs.
   One of them was for elementary students. It was a puppet program. They
   started talking about it. They might not have specifically said 'eating disorders'
   but they could have said 'so and so decided she's going to stop eating for a week
   so that she can lose 5 pounds' and get kids thinking about how it's not right. You
   can lose weight if you want to, just do it healthy. I believe that it's not a bad thing
   to start in elementary school. Kids learn so fast. They hear two teachers talking
   in the hallway about the diet that they're on and how they lost 5 pounds.
   That little kid could have thought that both the teachers looked really nice, but
   then when they talk about losing weight, then the kid learns that maybe what they
   thought looked good wasn't. It's scary how fast kids pick up on things. We have
   to be careful in schools and everywhere to put the right kinds of things in their
   head about eating and losing weight.
S  Especially in magazines. You see a lot of skinny people and wish that you were like
   that.
I  I've noticed lately that they do have more news articles on eating disorders. There's
   just no media coverage on it. It doesn't seem to be something....it's kind of hush
   hush. Nobody wants to talk about it. People magazine had an article. Emmy, the
   model that's size 14-she does Revlon commercials and she has her own fashion
   show. She looks fantastic. That makes me really happy that we don't have to
   have a size -4 that weighs 90 pounds. It scares me that girls look at those
   magazines or watch tv. I'm guilty of it too. I watch tv on Thursday nights. I see
   the girls on Friends who weigh 100 pounds. I think they look good, then I found
   out that they weigh 100 pounds and I thought 'no, that's not right.' But yet I've
   said to myself that I wished I looked like them. The high school program that
EDAP had out was directly tied with what we're talking about now. It was counteracting media images of thinness and what's attractive. They were going to work with magazine articles and TV ads and show how it's not healthy. When your collar bone sticks out and your hip bones stick out, it's not healthy. I'm excited to see if it was effective. They were going to analyze the results and I want to get back in touch with them to see if it was effective. I really hope that it was. If it was, then I would be more than happy to take that program. When I go out into the schools say "Let's do this. Let's implement this. I'll run it." It's not something we can ignore.

S A lot of people might not want to hear it. They might think that you're just ???, because that's the way I feel sometimes. When Barb starts to lecture me about my eating, that just really bugs me. I think 'Why can't you just stop it? I'm doing this because it's happening to me and it's hard for me to stop and it's hard for me to overcome it.' I know I need the help, but sometimes too much help can make it worse.

I You feel like it's something that, when it comes down to it, you really have to do it on your own?

S Yes.

I I think that's why so many times you see people who have to be hospitalized because they weigh 60 pounds. And yet they can come out of the hospital and weigh a little more, but they're no better because they didn't do it themselves. What happened was somebody forced them. That's good because it probably saved their life at that time, but treatment....I don't know.

S You just fall back on it.

I So it has to be something that empowers the person to believe that they can do it, they can beat that voice inside of them. It's a tough thing. I certainly don't hold a secret key. I wish I did. I was one of the people who was on pace to becoming that way so I know how easy it is to get it going. Then you hear a compliment. That's what you feed off of. You don't feed off of food, you feed off of somebody's compliment and then you just keep doing what you're doing and your mind thinks you're getting thinner and thinner and you look good. It's scary when it hits you that you're doing something that you shouldn't be doing, but you can't stop it.

S Some people used to stare at me. Bigger people - you know how you stare at them. That's why I thought they were staring at me because I was big. I just want to be so many different people... and how I look and stuff. I honestly do think I'll feel
better about myself if I don't lose a lot of weight. People tell me that I'll still want to lose weight until I get down to a certain number.

I  It's always 5 more pounds. My mom started yelling at me "No more." I thought just 5 More pounds. "Don't worry about it" I would say. She was worried about it. I've learned slowly that I wanted to get down to a certain number. I did. Now I look at myself in those pictures and I think that I shouldn't have been at that number. I would have been healthy about 15 pounds heavier than that. It had just gone too far. Yet, I remember clear as day saying "Oh, just 5 more." I don't know why. Usually people say a lightbulb goes off over your head. Mine was a slow dim. Like somebody slowly turned on the light. What the heck was I doing working out that often? Eating Jolly Ranchers and cereal. It was crazy. Yet at the time people were telling me I looked good. But I wasn't really happy. I realize now that I've gained 20 pounds since then. I look at myself now and I really can't see what I look like. I can't look at somebody else and say that we have about the same body. I can't do that. I'm pretty happy with myself right now. Like I told you when I came in, maybe 10 pounds. But it's a nice feeling to know that I'd be happy with 10 pounds. But I am scared. I'm working out and trying to be sane about it and be in control.

S  It's real easy to get out of control.

I  It is and people don't understand that. People say "How can you do that? How can you work out that much? How can you not eat?" It's a lot easier once you've done it, to get back to it.

S  My friends always tell me "How can you pass up chocolate or candy and desserts?" I just say "It's really easy."

I  You convince yourself of it after long enough. You believe it. It starts off being hard, but it gets easier.

S  I just wish that I was better and in control. I'm not in control with it yet.

Sometimes it really scares me why I want to lose so much weight. I saw a tv show where this girl only weighed 70 pounds. I thought to myself that she looked good and she could eat anything she wanted to and not gain a pound. That's the way I want to be. When I eat something, I gain weight. That really ticks me off. I sometimes hate skinny people. How did they get there? What did she do to get like that? Did you have to starve yourself? I wonder how they did it. I have trouble dealing with it. I wish I was thin. I cry about it.

I  It's gotta be hard. I hear you telling me two things that you wish for. One, you said
you wish you were better. At the same time, you're telling me you wish you were thin. That's like the ultimate dream, to not have to struggle with an eating disorder, but to be thin. That struggle has to be like what's going on in your head.

S: It really is hard. These people here punish me. What's the point in eating?

I: Do you think there are any real important things that aren't written on there that I should know? As someone who's going into the schools that really wants to be able to help. What do you think are the main things I should know and communicate to other people?

S: It's hard to pick out somebody that has an eating disorder. You can look at anybody. If you never met me, you probably wouldn't know that I had an eating disorder. If you do have a class on it, the people that do have one might not listen. It would be hard to listen to it.

I: You said earlier that if you know anyone... do you think it would be important to educate everyone about it so that if they saw things in their friends or family members that they could say something? Do you think that's important to do?

S: Yes. Talk to everybody about it. There is a lot of people who don't have one, but have a friend who has one. Sometimes we can stop them before they get out of control. I know somebody that was on their way, but they stopped before it got too out of control.

I: That's my goal. That's a really good point. Maybe you don't want to come forward yourself, but if you know somebody who might be engaging in some dangerous behaviors, tell them to come forward. It's important for them to know that the progression of these disorders is such that if you keep it up, you're going to die. They need to be aware of that. Do you think that having individuals who struggle with it on a daily basis... if they would be willing to come in and talk... do you think that would be a good thing to do?

S: Yes.

I: Sometimes they do that with people who have AIDS. In my counseling class, we had a girl come in who's considered highly at risk for certain things because of where she was from and her family life. She talked about the kind of behaviors that she had engaged in when she was younger, drugs and everything. She talked to us and we were all graduate students in a counseling class and we learned so much. Anytime you can get someone to come in and talk and say "Listen, here's what it's like" I think that would be a good thing.

S: Some people talk about it. Like me. I'm willing to talk about it. I know that I have
the problem. I talk to people just trying to help myself to get over it. But then every day I have people telling me "You don't have an eating disorder. It's just a behavior you have." That's not true. If I didn't have an eating disorder, I sure wouldn't be throwing up and, not eat.

I It's not the best thing to choose to do to get attention. You could probably do some different things.

S I can get attention by doing other things. I'm not seeking attention for this. I'm seeking help. Help me get over it. When I do talk to people, I'm thinking how am I going to do this. Then when they say "Go home. When you eat, just don't throw up." It's like telling somebody after you eat, don't have a cigarette. It's really hard to get over it.

I Are there things that I haven't brought up that you think I should know? Can you think of anything?

S I don't think so. People like me...it's bad to say, but I'm getting more sneaky in making myself throw up. That's pretty bad. People who have an eating disorder get really good at hiding it.

I They win the game. I don't want to say it like it's a game, something fun. But the first person I talked to said "You're not going to beat me at my game." That's really powerful. She said "You're not going to. I'm good at it. I'll find a way to win." They had her in the hospital and she was still trying to exercise. I hear you saying the same things. People with eating disorders will find a way to get what they want.

S Especially out at the mall and I'm with somebody and they want to eat. There's no where to get rid of it, so I don't eat. I'll say that I ate before I came. I can think of something.

I So if I were to talk with kids at school about this, I could tell them these kinds of things. People with eating disorders might use a lot of excuses. They might say "I already ate. I'm not hungry. Don't worry about me. I'll be alright."

END