AN EXPERIENTIAL CONSTRUCTIVIST EXPLORATION OF BULIMIA AND WOMEN’S RELATIONSHIPS

by Julia Rachel Lonoff

Research suggests that women with bulimia struggle interpersonally and have poor relationships. However, the nature of the connection between relationships and bulimia has not been investigated in depth. This study provides a rich, phenomenological account of how women with bulimia experience their relationships. Employing qualitative methods, I interviewed three women with bulimia and constructed performance texts to re-present their narratives. The narratives were analyzed for the ways that within Western culture relationships influence the development of bulimic symptoms and bulimic symptoms affect relationships. An Experiential Personal Construct Psychotherapy (EPCP) conceptualization of bulimia, where symptoms are understood as ways of distancing oneself in order to protect oneself from relational injuries, is elaborated and illustrated using participants’ experiences. I discuss implications for recovery, therapy, and parenting. Suggestions for future research on the relationships of women with bulimia are offered.
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An Experiential Constructivist Exploration of Bulimia and Women’s Relationships

Anorexia and bulimia affect approximately 5 million women in America (Stein & Corte, 2003) and some estimate that 10% of women in westernized countries will eventually suffer from a diagnosable eating disorder (Stice, Telch, & Rizvi, 2000). Bulimia rates have risen over the last 40 years (Grilo, 2006; Hoek & van Hoeken, 2003). At least 1-3% of American women will suffer from fully diagnosable bulimia at some point in their lives (American Psychiatric Association [APA], 2000; Hudson, Hiripi, Pope, & Kessler, 2007), 90% greater than the rate of bulimia for men (APA, 2000). It is estimated that an additional 5% of young women will suffer from subclinical bulimia (Hoek & van Hoeken, 2003), meaning that they have many of the symptoms of bulimia but do not meet full diagnostic criteria (e.g., bingeing or purging occurs less than twice per week) (le Grange et al., 2006).

Bulimia can cause serious physical complications and few women with bulimia seek treatment or receive mental health care (Hoek & van Hoeken, 2003; Hudson et al., 2007). While psychologists have developed several explanations for the development and maintenance of bulimia, no single model adequately captures the variety of factors that contribute to it (Grilo, 2006; Stice, 2001; Striegel-Moore & Bulik, 2007). Of those who seek and complete treatment, less than half make a full recovery, and among those who do not recover, a significant proportion still meet full criteria for bulimia (Thompson-Brenner, Glass, & Westen, 2003). With our current approaches to bulimia leaving such a large proportion of women suffering, we need new ways of understanding and treating the problem.

Striegel-Moore and Bulik (2007) emphasized the importance of culture in their recent review of risk factors for eating disorders. Increased rates of eating disorders correlate with Western culture (Gordon, 2000) and eating disorders predominantly affect women (Gordon, 2000; Striegel-Moore & Bulik, 2007). Incidence studies suggest that culture contributes to the development of eating disorders and affects prevalence (Gordon, 2000). Keel and Klump (2003) even suggested that bulimia is a culture bound syndrome, pointing out that no cases have developed independent of exposure to Western culture. In the United States, most of the people who suffer from bulimia are white women (Garfinkel & Dorian, 2001). However, not all white women in America or women exposed to Western culture develop eating disorders. Thus, the influence of culture seems to be a necessary but not sufficient condition for developing bulimia. Acknowledging the importance of culture in no way negates the importance of talking with women themselves. My focus on women’s experiences does not mean I intend to discount cultural influences and contributions to eating disorders. Kelly (1955) observed that theories have focuses of application. Personal construct psychology, maintaining its focus on people’s processes of constructing meaning, approaches culture and society by asking how both are seen through a person’s eyes (Epting, Prichard, Leitner, & Dunnett, 1996). Personal construct psychology recognizes both society’s power to define reality and the person’s power to reconstrue the reality society constructs (Epting et al., 1996; Leitner, Begley, & Faidley, 1996).

In the current study, I use experiential personal construct psychology ([ECP], Leitner, 1988) to understand women’s constructions of food and weight. Because ECP explicitly posits that symptoms are related to a person’s struggles with intimate relationships, I focus my study on the relationships between symptoms of bulimia and the nature and quality of participants’ relationships as they experience them. Before describing the specific study in more detail, I will offer the current predominant definition, model, and treatment for bulimia. Then I will review the research that focuses on bulimia and relationships. Next, I will provide an overview of
experiential personal construct psychology (EPCP), its theory of psychopathology, and its concept of ROLE relationships. After that, I will review constructivist research on eating disorders. Finally, I will offer my position as the researcher.

Bulimia: Predominant Conceptualization

**Diagnostic criteria.** The current *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., Text Revision; *DSM-IV-TR*; APA, 2000) has four main criteria for a diagnosis of bulimia nervosa. First, a person must have repeated episodes of binge eating, defined as “eating in a discrete period of time an amount of food that is definitely larger than most individuals would eat under similar circumstances” (APA, 2000, p. 589). The eating usually occurs in a time period generally under two hours and “is accompanied by a sense of lack of control” (APA, p. 590). Second, the person must show repeated “inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise” (APA, p. 594). For example, exercise qualifies as excessive “when it significantly interferes with important activities, when it occurs at inappropriate times or in inappropriate settings, or when the individual continues to exercise despite injury or other medical complications” (APA, pp. 590-591). Third, the frequency of both binges and compensatory behavior is, on average, at least twice a week for 3 months (APA, p. 594). The fourth criterion is that weight and shape “unduly [influence]” (APA, p. 594) the evaluation of self, meaning the person “[places] an excessive emphasis on body shape and weight in [her] self-evaluation, and these factors are typically the most important ones in determining self-esteem” (APA, p. 591).

**Cognitive behavioral model.** Commonly considered the leading model of bulimia (Fairburn, 2002a; Grilo, 2006), cognitive behavioral approaches view bulimia as stemming from a person basing her evaluation of self entirely or almost entirely on weight and body shape (Fairburn, 2002a; Shafran & de Silva, 2003). When the person overemphasizes the importance of weight, she then adopts a strict dieting regimen. Because the person tends to think in all-or-nothing terms, when the impossible to follow dieting rules are broken, binge eating usually follows. Negative moods precipitate the lapse in dieting, and the binge may temporarily improve the person’s mood. However, this mood improvement ends when the person becomes concerned about weight gain and resorts to unhealthy compensatory behaviors in order to purge the food. The binge-purge cycle develops because the person believes that purging neutralizes the possible weight-gain from binges, thus reinforcing the binge (Fairburn, 2002a; Shafran & de Silva, 2003).

**Preferred treatment.** Many psychologists (Fairburn, 2002a; Striegel-Moore & Smolak, 2001; Wilson, 2003) consider cognitive behavioral therapy (CBT) the preferred treatment for bulimia, although interpersonal therapy (IPT) is as effective in the long run (Fairburn, 2002b; Grilo, 2006; Shafran & de Silva, 2003; Thompson-Brenner et al., 2003). CBT for bulimia is a directive therapy that involves first educating clients about the treatment plan, their disorder, weight control and dieting, and then helping them regain control of their eating. After clients have regained control of their eating, the CBT therapist focuses on dieting and changing the importance of weight and shape using cognitive and behavioral techniques (Fairburn, 2002a).

IPT is a brief, focused therapy that helps clients identify and develop solutions to interpersonal problems. The IPT model is based on the theory that “interpersonal function is recognized to be a critical component of psychological adjustment and well being” (Wilfley, Stein, & Welch, 2003, p. 254). In terms of eating disorders, “IPT assumes that the development
of eating disorders occurs in a social and interpersonal context” and therefore maintenance and recovery are affected by the person’s significant relationships (Wilfley et al., 2003, p. 254). Symptoms will improve when interpersonal problems are solved. IPT treats bulimia in three phases: (1) identifying interpersonal problem areas and determining goals, (2) working on the goals, and (3) consolidating the work done and preparing clients to manage on their own (Apple, 1999; Wilfley, Dounchis, & Welch, 2000). In the first phase clients are introduced to the interpersonal model for eating disorders and identify areas where they struggle interpersonally (Apple, 1999). Therapists work with clients to thoroughly inventory clients’ current relationships in terms of quality, frequency of interactions, intimacy, reciprocity, satisfaction and disappointment (Fairburn, 1993, p.363). They then review the client’s history, looking for connections between “(i) significant life events, (ii) mood and self-esteem, (iii) interpersonal relationships, and (iv) changes in weight” (Apple, 1999, p. 716) to help clients see the relationship between their eating struggles and underlying interpersonal problems. After completing this “interpersonal inventory” (Apple, p. 716), therapists and clients select the interpersonal problems to focus on in treatment.

IPT divides interpersonal problems into four areas. The first area, “grief,” refers to extreme reactions to losing a person or relationship (Fairburn, 2002b; Wilfley et al., 2000). The second, “interpersonal role dispute,” occurs when a client and a significant other, such as a family member, close friend, or spouse, have conflicting expectations for their relationship (Weissman, Markowitz, & Klerman, 2000). One example is “the mother who expects her teenage daughter to confide in her fully the details of her friendships… while the teenage girl feels that to grow up she must figure some things out on her own” (Weissman et al., 2000, p. 75). “Role transitions,” the third area, include life changes such as leaving home, getting married, changing jobs, or becoming a parent (Fairburn, 2002b; Weissman et al., Wilfley et al., 2000). The fourth area, “interpersonal deficits,” refers to a lack of significant relationships (Fairburn, 2002b; Wilfley et al., 2000). All four of these areas relate to the EPCP hypothesis that symptoms are a sign that a person is struggling to connect meaningfully with other people. However, the IPT model “does not assume that interpersonal problems cause eating disorders, but that eating problems may have become and continue to serve as a maladaptive solution to interpersonal difficulties” (Wilfley, Dounchis, & Welch, 2000, p. 130). IPT “focuses on identifying and altering the interpersonal context in which the eating problem has been developed and maintained” (Wilfley et al., 2000, p. 130, emphasis in original). During the middle phase of treatment, therapy focuses on clients’ interpersonal interactions and how the client can change “maladaptive interpersonal patterns” (Wiessman, Markowitz, & Klerman, 2000, p. 319).

IPT, a therapy that focuses on the client’s difficulties in current relationships to the exclusion of behavioral modification, has been as effective as the favored CBT (Fairburn, 2002a; Fairburn, 2002b; Shafran & de Silva, 2003; Thompson-Brenner et al., 2003). CBT and IPT achieved full and lasting recovery (symptom elimination) in less than half of all cases (Fairburn, 2002a; Fairburn, 2002b; Shafran & de Silva, 2003), leaving a considerable number of people suffering. We do not know how these therapies produce their effects (Fairburn, 2002a; Fairburn 2002b). I would argue that leaving more than 50% of those with bulimia suffering is not acceptable and, therefore, we must continue looking for alternatives. While IPT recognizes interpersonal problems contribute to bulimia, it does not place interpersonal problems in a causal role (Apple, 1999). IPT, the current treatment for bulimia that includes relationships, is helpful for some people but leaves a great many suffering. Therefore, reconsidering the relational
purpose that struggles with eating serve and how they relate to interpersonal difficulties is a logical direction to pursue.

**Relationships and Bulimia**

Researchers have found associations between interpersonal problems and bulimia (Evans & Wertheim, 1998; Green, Scott, DeVilder, Zeiger, & Darr, 2006; Grilo, 2006; Hopwood, Clarke, & Perez, 2007; Pruitt, Kappius, & Gorman, 1992). Grilo (2006) indicated that social deficits or interpersonal relating difficulties are risk factors for bulimia. Van Buren and Williamson (1988) and Wasson (2003) reported that negative interpersonal experiences, interpersonal stress, or difficulties dealing with interpersonal relationships are common precipitants or triggers of bulimic symptoms. Persons struggling with bulimia often have relationships of poor quality (Pruitt et al., 1992) and many feel that bulimia interferes with their relationships (Keel, Mitchell, Miller, Davis, & Crow, 2000). Petterson and Rosenvinge (2002) found that patients believed that increased ability to be comfortable around others, emotional engagement in relationships, and good social functioning were important parts of recovery.

**Family.** Family studies of people with eating disorders consistently reported dysfunctional family environments (Laliberté, Boland, & Leichner, 1999; Meyer & Gillings, 2004; Strober & Humphrey, 1987). Studies consistently describe the family environment of people with bulimia as more conflicted (Armstrong & Roth, 1989; Kent & Clopton, 1992; Killian, 1994; Laliberté et al., 1999; Strober & Humphrey, 1987), disorganized (Armstrong & Roth, 1989; Strober & Humphrey, 1987), unsupportive or less supportive (Armstrong & Roth, 1989; Strober & Humphrey, 1987, isolating (Strober & Humphrey, 1987), disengaged (Strober & Humphrey, 1987), more hostile (Armstrong & Roth, 1989; Kent & Clopton, 1992; Strober & Humphrey, 1987), less nurturing (Armstrong & Roth, 1989; Strober & Humphrey, 1987), and less cohesive (Kent & Clopton, 1992; Killian, 1994; Laliberté et al., 1999; Strober & Humphrey, 1987) than the families of people without eating disorders. Attachment theory and relational theory, discussed below, both suggest that the nature of our earliest relational experiences affect subsequent relationships. The previous research summarized provides evidence for the basis of these two theories’ arguments; people with bulimia often come from dysfunctional families.

**Attachment theory.** Ward and Gowers (2003) reported that interest in attachment style and eating disorders has increased rapidly in the last 15 years. Bowlby’s (1958) attachment theory and Ainsworth’s (1978) attachment classification suggest that the quality and nature of children’s relationships to their caregivers may influence their later relationships (see Ward & Gowers, 2003). According to Birchall (1999), “there is some evidence that people with eating disorders have problems with interpersonal relationships, and both clinicians and patients themselves often identify this as an area of difficulty” (p. 316). Given the relational difficulties experienced by persons struggling with bulimia, researchers have argued that people with eating disorders probably form unhealthy attachments in childhood (Chassler, 1997). These unhealthy attachments would lead to unhealthy attachment styles as adults.

Based on interactions with early attachment figures, people develop internal “working models” (Bowlby, 1969/1982) that encompass beliefs and expectations about themselves, others, and relationships (Weinfield, Stroufe, Egeland, & Carlson, 1999). At the most basic level, attachment theorists divide attachment style into two categories: secure attachment and insecure or anxious attachment (O’Kearney, 1996; Weinfield et al., 1999). Insecure or anxious attachment is further divided into “dismissing” and “preoccupied” attachment (West & Sheldon-Keller,
All three previous reviews of attachment research on eating disorders (O’Kearney, 1996; Ward & Gowers, 2003; Ward, Ramsay, & Treasure, 2000) concluded that anxious, insecure attachment is associated with eating disorders in general and the most recent review (Ward & Gowers, 2003) went on to conclude that preoccupied attachment may be associated with bulimia. West and Sheldon-Keller (1994) explained that “individuals classified as preoccupied cannot free themselves from a preoccupying enmeshment with past attachment relationships” (p. 78) and they often have angry associations with attachment figures.

Armstrong and Roth (1989) explained that in Bowlby’s attachment theory the “attachment system” specifically refers to a:

- relationship (or element of a relationship) characterized by a person’s use of another individual as a source of security. When anxious or fearful, a person’s attachment system activates behaviors intended to secure proximity to the attachment figure, who can then function as a calming agent. (p.142)

Armstrong and Roth (1989) found that patients with eating disorders showed significantly more anxious attachments than a normal comparison group and argued that people with bulimia “tend to perceive themselves as being personally and/or socially deficient”, leading them to rely “upon the resources of significant others in order to feel safe and secure” (p. 145). Persons with anxious attachment styles have an “underlying sense of basic inadequacy and helplessness, coupled with insecure neediness” (Armstrong & Roth, 1989, p. 145). As previously mentioned, the families of women with bulimia are often chaotic and dysfunctional (Armstrong & Roth, 1989; Chassler, 1997). Armstrong and Roth explained that, as a result of growing up in an unpredictable environment where parents are unable to consistently provide for children’s needs and feelings of security, girls may resort to bingeing as a strategy for self-soothing in response to threat, instead of turning to attachment figures. Armstrong and Roth concluded:

- We suspect that for some individuals, restrictively dieting provides a means of sustaining an attachment, at a safe distance, without acknowledging this need. Bingeing may fill an emptiness for nurturance and may be a mechanism for self-soothing for individuals who cannot trust that an intimate relationship with significant others can meet these same needs. (p. 153)

Attachment theorists such as Armstrong and Roth provide useful theories about the purposes of unhealthy eating behaviors. However, they have not systematically explored how people with eating disorders actually experience connections between their struggles with eating and their relationships. While offering an answer to the question of why people initially seize on food and dieting in particular as possible solutions to attachment problems is beyond the scope of this study, in this study I explore the nature of the proposed link between eating behaviors and interpersonal connection. Listening to women who have bulimia describe their relationships helps increase our understanding of the ways that bulimia affects relationships.

The studies reviewed by Ward and Gowers (2000) used standardized questionnaires such as the Parental Attachment Questionnaire and Relationship Questionnaire, structured interviews such as the Attachment History Questionnaire, and semi-structured interviews such as the Adult Attachment Interview. Evans and Wertheim (1998) found that insecure attachment style and dissatisfaction with relationships were significantly correlated with eating problems, using several standardized questionnaires.

Cole-Detke and Kobak (1996) examined college women’s attachment strategies for dealing with distressing memories and suggested “attachment theory can also account for the relation between deactivating strategies and reports of eating disorder symptoms” (p. 288).
people experience attachment figures as “ignoring or rejecting attachment signals” (Cole-Detke & Kobak, 1996, p.282), they may respond by developing deactivating strategies that “[operate] so as to ward off experiences of distress and/or to preclude the activation of overt distress” (Magai, 1999, pp. 788-789). Cole-Detke & Kobak explain that humans are biologically inclined to seek out access to attachment figures, and so the deactivating strategy must work as a constant distracter, allowing the person to focus instead on obtaining some other more attainable goals. Thus “In the case of eating disorder, the focus on appearance may serve a diversionary function by redirecting attention from attachment to more attainable goals such as changing one’s appearance” (Cole-Detke & Kobak, 1996, p. 288).

The attachment research on eating disorders supports the connection between the quality of persons with eating disorders’ attachment style or the quality of their relationships, and their struggles with eating and weight. O’Kearney (1996) concludes that “although research provides evidence for the existence of attachment disturbances in eating disorders and their association with symptoms of eating disorders” we still do not understand “how, if at all, disturbances in the development of secure attachment relate to the subsequent manifestation of the symptoms of eating disorders” (pp. 124-125). Kobak (1999) writes that “most neglected is Bowlby’s claim that current attachment relationships continue to be the major factor in whether a child or adult is in a secure, anxious, or distressed state” (p. 40). Although my study is not framed from an attachment theory perspective, I investigate the connection between participants’ eating struggles and current relationships.

Relational theory. Relational theory, based on a psychology of women, suggests that women’s psychological health, well-being, growth and development require mutually empathic relationships (Maine, 2001; Miller & Stiver, 1993; Tantillo, 2000; Tantillo, Bitter, & Adams, 2001). In a mutually empathic relationship, both persons are active participants sharing, responding, and receiving; “it is a joining together based on the authentic thoughts and feelings of all the participants in a relationship” (Miller & Stiver, 1997, p. 29). The process of mutual relating entails “increased knowledge of oneself and the other, self-worth and validation, a sense of zest and vitality, the ability to act on behalf of oneself and others, and the desire for connection with others outside the immediate interaction” (Tantillo, 2000, p. 101).

Tantillo (2000) explained, “a relational understanding of the development of BN [bulimia nervosa] focuses on the role of disconnection in relationships as a significant predisposing, precipitating, and perpetuating factor for this illness” (p. 100). Disconnection is the painful experience of not understanding the other person or not being understood, resulting in feeling cut off from the relationship (Miller & Stiver, 1997). Tantillo (2000) argued “While disconnections are ubiquitous to all human relationships, serious or chronic disconnections from others due to emotional, physical, or sexual abuse or unresponsiveness in relationships increase a young woman’s vulnerability to developing BN [bulimia]” (p. 101). Women need mutually empathic relationships in order to grow psychologically and be healthy. A woman with bulimia often began experiencing disconnections in her family, such as uninvolved parents or an uncaring father (Tantillo, 2000). These disconnections lead her to develop negative “relational images” and expectations, limiting her ability to form mutual relationships in the future (Tantillo, 2000, p. 102). A relational image is a person’s mental image embodying the patterns of her relationship experiences and her expectations for future relationships (Miller & Stiver, 1997). Tantillo (2000) explained that:

in the absence of mutual relationships, a young woman is left with the yearning for mutual relationships but is less able to be open to the influence of others, to risk
emotional vulnerability, and to shift her patterns of responding to and affecting others. (p. 101)

Relational theory calls the experience, needing and desiring mutuality while simultaneously fearing and avoiding it, the “central relational paradox” (Miller & Stiver, 1997; Tantillo, 2000). Miller and Stiver (1997) explained that as a woman “builds increasingly restrictive relational images and meanings, she continues to seek connections but she can do so only by keeping more and more of her experience and her reactions to her experience out of these connections” (p. 81).

If she is holding significant parts of herself back from her relationships, then she cannot form the mutual relationships vital to her growth (Miller & Stiver, 1997). The parts of her self that remain outside of her relationships cannot be modified by new experiences (Miller & Stiver, 1997). Miller and Stiver (1997) explained, her continuous construction of a sense of herself and of others cannot be enlarged by the interchange within connections, which is precisely the source of the clarity and knowledge needed for the development of an increasingly accurate image of oneself and others. (p. 81)

In other words, her limited engagement in relationships would constrain her process of constantly constructing understandings of herself and others because these constructions are made and tested within mutual relationships. The images she forms of relational possibilities are based on her limited experiencing of relationships; she is not “learning from action within relationships” (Miller & Stiver, 1997, p. 81). Miller and Stiver (1997) suggested “this path away from mutual connection, and simultaneously away from the truth of one’s own experience, is the path to psychological problems” (p. 81).

Negative relational expectations cloud her ability to form new relational images from positive experiences, resulting in “disconnection regardless of the relational experience” (Tantillo, 2000, p. 101). After continually suffering from disconnections, the woman learned to cut herself off from her genuine experiencing of emotions and that she must do whatever she believes is necessary to maintain the relationship (Tantillo, 2000). Thus, when she feels more connected or desires connection, “she may use strategies of disconnection (e.g. eating disorder symptoms, silencing herself, isolating herself) to protect herself or to preserve the relationship that she fears will disappear” (Tantillo, 2000, p. 101).

Tantillo (2000), a relational theorist, explained bulimia as “both a consequence of and a solution to nonmutual relationships. The bulimic woman paradoxically resists disconnections from herself and others, by going underground with her self-knowledge and knowledge of relationships and focuses instead on thinness and food” (p. 102). Having suffered the pain of many disconnections, but still needing connections, a woman turns to bulimia as a way to limit her presence in relationships in order to preserve the nonmutual relationships she has. Tantillo (2000) concluded, “Bulimic behaviors can be viewed as paradoxical actions that simultaneously preserve a sense of self and connection with others, while they also incur great costs to the self and in relationships with others” (p. 102). Relational theory’s mutual relating corresponds to EPCP’s ROLE relating. Relational theory’s “central paradox” and understanding of symptoms as ways of limiting connection while preserving it are strikingly similar to the central tenets of EPCP.

*Experiential Personal Construct Psychology*
Experiential Personal Construct Psychology (EPCP) (Leitner, 1988), based on Kelly’s (1955) sociality corollary, suggests that as we understand another person’s way of making meaning out of his or her world, we are able to play a social role with that person. The deeper our understanding of the person’s construal process or meaning-making process is, the deeper our relationship is and the more significance it has in his or her life (Leitner, 1988). Deep, meaningful relationships, where our core meanings (or constructs) that are most central to our understanding of ourselves are shared and understood, are called ROLE relationships. EPCP uses the term “ROLE relationship” to distinguish these significant and meaningful relationships from the common meaning of “role relationship”, referring to a socially prescribed and superficial means of interacting with another (Leitner, 1985; Leitner, Faidley, & Celentana, 2000). When others affirm our deepest constructs, life becomes rich and meaningful. However, others also can invalidate our core constructs, leading to an element of risk and terror (Leitner, 1985; Leitner et al., 2005). Yet, the joy of having one’s core validated and the “awe” of validating another person’s core processes are what make ROLE relationships such powerful experiences that add essential depth, meaning, and richness to our lives (Leitner et al., 2000).

EPCP suggests that we all must struggle with risking the terror of intimate and meaningful connection or retreating from and limiting connection from them into a “safe” but empty, lonely, and meaningless existence. Symptoms are understood in EPCP as a person’s best attempt to balance the need for deep meaningful relationships with the need to withdraw from others to protect the self. They are self-communications about our retreats from and desires for meaningful connection (Leitner, 2007; Leitner et al., 2005). In other words, symptoms are interpersonal and intrapersonal communications about an interpersonal process (our desires for and retreats from relationships). For example, an EPCP psychologist could view the experience of depression as simultaneously protecting us from relational injury and telling us that we are too disconnected from relationships. A depressed person does not have the psychological energy to invest in relationships. Thus, he or she withdraws and is protected from invalidation. On the other hand, the depression communicates to us that something is wrong in our world and our need for connection is not being met.

An EPCP understanding of a woman who has received a DSM-IV diagnosis of bulimia focuses primarily on her relationships and how she struggles to connect with others. In EPCP, “pathology is conceptualized as an impoverishment in the meaningfulness of life caused by excessive retreating from ROLE relationships” (Leitner et al., 2005, p. 56). EPCP hypothesizes that some combination of relational injuries and invalidations lead her to retreat from relationships; eating and weight struggles may allow her to limit her connections with others. Therefore, her behaviors and beliefs, such as bingeing and vomiting or thinking that she must be thinner, are not considered pathological in and of themselves. They are pathological to the extent that they limit her ROLE relating.

Here are some examples of how symptoms associated with bulimia may be understood in EPCP terms as ways of limiting connections with others. To begin with, many women struggling with eating base their evaluations of themselves and their self-worth on their weight or shape (Grilo, 2006). These women’s expectations about other people may be shaped by their constructions of the importance of body size, leading to the common belief: “one cannot be loved if one is not thin” (Grilo, 2006, p. 115). Such a belief limits relational connection as it, in many ways, demeans the other. The woman is essentially saying that others only care for her if she meets superficial, external standards; they cannot care for her as an intelligent, caring, or interesting woman. Preemptively construing others in such a limited way often makes others
more likely to limit their connection with her, because they feel like they are not being given a chance and that she does not want to get to know them. The behaviors involved in bulimia, binging, purging, and exercising excessively, may lead to social isolation in two ways. First, by consuming large amounts of time, the behaviors leave little available for relationships. Second, the very nature of the behaviors requires secrecy and avoidance of other people in order to carry them out. It is hard for a woman to be involved in relationships when she physically and emotionally distances herself. Spending hours at the gym or running off to binge and purge in private creates a physical distance. When she is present, she remains emotionally disconnected, distracted by thoughts of food and weight. Such physical and psychological distancing is viewed as pathological within EPCP because it allows the woman to retreat from ROLE relationships, leading to “psychological numbing” (Leitner et al., 2000). A person’s ability to form ROLE relationships is central to EPCP. Therefore, avoiding the struggles of ROLE relating by distancing oneself and limiting connections with others, as the woman does using food and weight, is considered pathological.

EPCP is a phenomenological theory; it is constructed from experience and therefore is tested each time it is applied to additional experiences. It is based on a philosophy of science that gives credence to peoples’ experiences, as constructivism supports multiple realities constructed from each person’s perception. EPCP’s validity is determined by its ability to account for our observations. In response to new evidence the theory is expanded, extended, or, when new evidence conflicts with the current theory, modified as necessary in order to remain experientially valid.

To date no one has formally conceptualized bulimia from an EPCP perspective or tested EPCP against the experiences of people struggling with bulimia. However, research has established a connection between bulimia and interpersonal difficulties, and IPT, a therapy that focuses on interpersonal problems and not disordered eating behaviors, is one of the most effective treatments currently available for bulimia. The relational nature of bulimic struggles implies that conceptualizing eating disorders from an orientation that places relationality at the heart of its approach may further our understanding of the problem. While no one has researched eating disorders from a strict EPCP perspective, other constructivist scholars have studied women struggling with eating. In the following section, I will review the constructivist research related to eating disorders.

Personal Construct Psychology Research on Eating Disorders

Several researchers have studied eating disorders from a constructivist perspective (e.g. Button, 1985, 1987, 1993, 2005; Marsh & Stanley, 1995; Neimeyer & Khouzam, 1985). Button (2005) developed a personal construct conceptualization of eating disorders based on peoples’ negative constructions of self (or low self-esteem) and their difficulty in construing the construal processes of others. Button suggested that some people who have trouble interacting effectively with others may turn to weight loss as a means of adding control and predictability to their lives and interactions with others. When fixating on eating and weight does not improve their interpersonal struggles, they end up further isolated and entrenched in a narrow view of the world. Button emphasized the issue of control in eating disorders. Faced with invalidation of their attempts to accurately construe others, people with eating disorders use food and weight to feel more in control of their relationships.
Most personal construct research on eating disorders has employed some form of repertory grid. Kelly (1955) developed repertory grids as a technique for exploring how people apply given constructs to elements, such as themselves and others (Button, 1993; Marsh & Stanley, 1995). A repertory grid is a sorting device that can allow researchers to measure relationships between constructs (Fransella & Bannister, 1977). Despite Button recognizing the importance of relationships in eating disorders, to date no grid studies have focused on relationships. Instead, the studies have explored constructions of: selves (Button, 1993; Marsh & Stanley, 1995), other people (Button, 1993; Marsh & Stanley, 1995), self-image or self-esteem (Button, 1993; Button & Warren, 2002), body and or body parts (Ryle & Evans, 1991 cited by Button, 1993), and eating situations (Neimeyer & Khouzam, 1985). Button (1985) reports that “there is no doubt that young women with an eating problem do construe themselves more negatively” (p. 163). Button (1985) conducted two grid studies involving patients with anorexia that compared the relative meaningfulness of life at a normal weight to that of life at a very low weight. He found support for the “meaningfulness hypothesis”, where “the anorexic’s construction of a possible future as someone at a more normal weight is a far less certain matter than if she were to continue as an anorexic” (p. 160). Button concluded that constricted construing predicted poorer outcome in terms of patients maintaining weight gain. Button’s research connected limited flexibility in self-construal to continued struggles with food for people with anorexia. Similarly, Neimeyer and Khouzam (1985) suggest that restrained eaters, those who “exhibit attitudinal and behavioural [sic] concern about dieting” (p. 365), may struggle with imagining alternative relationships for themselves with food. They administered repertory grids and a measure of restrained eating to women and found that high restrainers had more negative views of themselves and that they had simpler constructions of themselves in different eating situations.

While Button implicates deficits in ability to construe others in his personal construct conceptualization of eating disorders (1985, 1987, 1993, 2005), and observes that people with eating disorders are frequently unable to form deeper relationships (1993, 2005), the ways people with eating disorders experience their relationships have not been explored in-depth. In the final chapter of his book Eating disorders: Personal construct therapy and change, Eric Button (1993) writes that there is:

a need for more research on the role of the construing of relationships in eating disorders. There is no doubt that as a group, people with eating disorders do not enjoy particularly good relationships with others and it seems likely that this plays a role in the development of these disorders. (p. 213)

He goes on to “propose that the key to recovery from eating disorders is the nature of the person’s relationships with others” (p. 217). In this final chapter, Button calls for additional research on the connection between relationships and eating disorders and presents two hypotheses: (1) poor relationships are involved in the development of eating disorders, and (2) relationships are a vital part of recovering from eating disorders. To date no one has responded to his call or explored these two powerful hypotheses proposed by the leading personal construct psychology researcher on eating disorders. In this study I attempt to do precisely that by expanding our understanding of how women with bulimia experience their relationships and offering some initial ideas about the role of relationships in the development of and recovery from bulimia. In the next section, I will contextualize my interest in eating disorders and my approach to understanding bulimia.
Positioning the Researcher

As the researcher, I was responsible for the final presentation of my interactions with the participants. The results are a co-creation of meaning between the participants and me. My involvement makes it important for me to clarify how I approached this project. I am a white woman in my twenties and I come from an upper-middle class suburb, a veritable breeding ground for eating disorders. Like most women I know, there have been times when I felt dissatisfied with my weight or part of my body. My interest in eating disorders began in high school when I became aware that one of my female friends was bulimic and had been for several years. Seeing her continue to struggle through college and beyond, in and out of numerous treatments, left me wondering why nothing seemed to help her for very long.

Based on my experiences, it seems difficult to be a woman in American society and not feel some pressure to watch and control one’s body. I have heard mothers snap at their adolescent daughters “Don’t eat that! You’re going to get fat.” I have seen emaciated women in the fitness center at college, their spindly legs a blur like spokes on a wheel, as they desperately pedaled away on elliptical machines. I have seen people cut out entire food groups and give up favorite foods in their zealous adherence to the new “miracle” diet. I have witnessed the incredible amount of time, energy, and money people devote to being thin, how much they are willing to give up, and the anxiety, frustration, and suffering that accompanies their efforts.

I entered graduate school asking “why?” It seemed to me that something must be missing from peoples’ lives in order to make eating and weight so important to them. It could not be just about the food. They must be lacking some significant, meaningful aspect in their lives. When I learned about EPCP, I found a theory that matched my sense of things. EPCP offered an answer to what was missing from peoples’ lives: deep and meaningful relationships. My goal in taking a qualitative approach and studying bulimia from an EPCP perspective was to gain new insights into how women perceive their struggles with food and weight, and to see if, in fact, relationships are the missing predisposing factor.

I also feel that it is important that I clarify my position on the use of DSM-IV diagnostic labels. I approach psychology from an EPCP perspective. As I previously explained, EPCP views symptoms as communications about relational struggles. I believe we should listen to symptoms and use them to guide us towards the ways we are limiting and retreating from relationships, instead of identifying them as the problem to be eliminated. Thus, the label “bulimia” tells me what sorts of symptoms a woman may have. It describes her struggles with eating, but it does not tell me how these symptoms are affecting her relationships.

While I try to avoid using the language of the DSM-IV as much as possible, I recognize that it dominates the field of psychology. I hope that, in the future, alternative ways of describing human suffering, such as those proposed by Leitner, Faidley, and Celentana (2000), will gain recognition. For now, I include the diagnostic language of the DSM-IV so that my research may find a space within the broader context of literature dedicated to people’s struggles with eating.

Summary and Goals

In spite of considerable research efforts over the past 40 years, our understanding of the development and treatment of eating disorders remains incomplete. Mainstream research and constructivist eating disorder research both associate interpersonal problems with bulimia. Previous research employed rating scales, grids, or narrow, structured or semi-structured
interviews to study the relationships of women who have bulimia. To date no one has extensively studied how women with bulimia experience their relationships using a method that allows for rich descriptions, contextualization, and personal meanings. The purpose of the present study was to explore deeply the relationships of women suffering from bulimia. The main research question was: what are the lived relational experiences of women with bulimia? By interviewing women with bulimia about their relationships I hoped to shed light on their lived relational experience and potentially address the following questions: How do women with bulimia experience their relationships? Is there a connection between women’s constructions of food and weight and both the quality of and their ability to form ROLE relationships? What sorts of relational injuries have women with bulimia experienced? What is the nature of their difficulties connecting with other people? As I explored these questions, I also hoped to make progress towards proposing what specific relational injuries, interacting with Western culture, may lead to bulimia. In the next section I will describe my approach to addressing these questions.

Method

Participants

The participants consisted of three women, two who identified themselves as currently struggling with bulimia and one who identified as recovered (see the Results section for specific demographic information). I recruited participants through flyers posted at the Miami University Psychology Clinic, at the Miami University Student Counseling Service and in the town where the university was located (See Appendix A). All participants had to be over the age of 18 because it is the age of majority in Ohio and allowed for participants to give consent without the need for parent or guardian consent (See appendix B for the consent form). Originally my other two criteria were that participants: (1) be fully symptomatic (meeting the DSM-IV criteria for bulimia), and (2) be in therapy for bulimia.

Even though I come from a perspective that emphasizes personal creation of meaning, I wanted to restrict my participants to those who were dealing with clinically significant eating disorders so that my research could speak to the current body of literature on bulimia. When I started meeting with the women who showed interest, I decided that as long as they had met diagnostic criteria at some point, their narrative could contribute to an understanding of the relationships of women with bulimia. One participant was fully symptomatic at the time of the interviews, one was not fully symptomatic, and one was recovered. I will provide specific details of participants’ symptoms in the Results section.

The reason that I wanted participants who were in therapy was because I was concerned that women who had never been in therapy might be in less of a position to reflect on their struggles with food. As it turned out, lack of therapy was not a problem. The Results section will show that the woman who had never been in therapy was just as insightful as the participants who had therapy.

Interviews

First interview. Interested women e-mailed me and we scheduled a time to meet for the first interview. I met with each potential participant at a mutually convenient time in my advisor’s lab space. I began by explaining the purpose of the study and what her participation
would entail, including: meeting with me twice to talk about her eating struggles and her relationships, and one follow-up meeting to go over my interpretations of the interviews. I discussed tape-recording the interviews, my plans to protect her confidentiality, and her right to end her participation at any time. We went over plans for handling any negative reactions or difficulties she may experience as a result of the deeply personal material brought up in the interviews (calling her therapist or other sources of support, for example). Complete details regarding participation can be found in the consent form (see Appendix B). After answering any questions and obtaining informed consent, I moved on to our discussion of her eating struggles and relationships. I now will generally describe the content I covered in the interviews and how I approached them.

I began the first interview with the open invitation, “Tell me the story of your struggles with eating.” The list of interview questions can be found in Appendix C. In an effort to keep the interview conversational and follow the participant’s lead, I varied the exact order and wording of questions. Depending on the direction each interview took, some questions were added and others omitted. Initially I asked the participant to describe her current and past struggles with eating and her relationships with family, friends, and romantic partners. After exploring these topics, I asked the participant for her views on how her struggles began or what she thinks caused her disordered eating and what she believes will help with her recovery. I also asked about religious beliefs. Discussions of religion and spirituality varied between participants, depending how important spirituality was for them. My goal was to gather rich descriptions of the participant’s struggles with eating and relationships, elaborating any connections between the two. Depending on the direction of the conversation and talking style of the participant, we did not cover some of these content areas until the second interview.

At the end of the first interview, I asked if the participant had any questions. We reviewed sources of support that she could turn to if she felt distressed in the days following the interview. At the end of the first interview, we scheduled a time for our second meeting, for within approximately one week.

Second interview. I interviewed each participant twice to ensure that we had enough time to cover all topics thoroughly and to allow the participant time to reflect on the questions between our interviews. One of the participants had more to say than two interviews allowed for, so we met for an additional interview.

I began the second interview by asking the participant if she had any additional thoughts about the things we talked about in our first interview. None of the participants offered additional thoughts, so if there were topics we had not yet discussed I started asking about those or I asked additional questions about topics we had previously explored. After the interview, I asked if the participant had any questions and we again reviewed sources of support she could turn to if she felt unsettled or upset in the next few days. I reminded her that I would be disguising her information when I wrote up my results and that she had the right to determine what material may be included. We discussed plans for scheduling a follow-up conversation.

Follow-up discussion. The follow-up discussions were held after I analyzed and wrote results for the participants. I sent each participant the narrative I constructed for her and we set up a time to discuss her reactions to it. I talked with Karen and Beth, but Kelly never responded and so I was unable to follow up with her. The follow-up conversations took place over the summer when participants were not on campus, so we conversed over the phone instead of in person. During the conversation I asked for the participant’s reactions and if there were any corrections or changes she thought I should make. See Appendix D for the list of follow-up
questions. I also asked about what food meant to each participant because I realized that I had not asked about this in the interviews. If there were parts of our interviews that I had questions about, I asked for clarifications. As part of the data, these conversations were tape-recorded and transcribed.

Data analysis

The interview recordings and their transcriptions were my primary data. In my initial readings I looked for answers to the main research question: what are the participant’s lived relational experiences, or, in other words, how does she experience her relationships? I listened for relational injuries and patterns. I also read through each participant’s interviews several times listening for the narrative of her struggles with eating. I looked for important experiences relating to eating struggles and the participant’s most meaningful relationships. I developed a list of relational themes and significant experiences that seemed important for a faithful re-presentation of the participant’s story as she told it to me. After I had a list of relational themes and significant experiences that seemed important to include, I started constructing the participant’s narrative.

This study was a co-creation of meaning between the participants and me. I viewed the interview process and final results as a collaborative endeavor. After analyzing and writing up the narratives, I shared each participant’s results with her and attempted to meet with her to discuss them. Some researchers describe the feedback process as member checking, assuming that there is one truth to be accurately captured and validated by participants. I viewed the eliciting of feedback from participants as part of my effort to create narratives that honored my participants’ experiences. Honoring is different than accurately capturing, which assumes that there is an objective reality “out there” to be captured and presented correctly. In accordance with Denzin’s suggestion that “Each writer produces a partially situated text that opens up a previously repressed, ignored, or over interpreted corner of cultural life” (1997, p. 220), I recognize that the narratives I co-created with my participants are a product of our unique standpoints.

Presentation of Results

The main goal of my study was to offer an answer to the question: What are the lived relational experiences of women with bulimia? Denzin explained that “the writer collects and reproduces the texts and stories that circulate in the subject’s world” which “become stand-ins for lived experience” (1997, p. 61). As performance texts I intended the narratives to “[open] another window into the world of lived experience” (Denzin, 1997, p. 61), engage readers and allow them to have their own unique encounter with my re-presentation of the lived relational experiences of women who struggle with eating.

The different style I used for each participant’s narrative reflected differences in the way I experienced her presentation of her story. I italicized the text whenever I included the exact words of the participants taken from the interviews in order to give the reader a clearer sense of what they said and what I added. I reserve my interpretations and commentary for the discussion section, preferring to offer readers extensive, uninterrupted narratives so that they can form their own impressions of each participant prior to hearing my conclusions.

I wrote Beth’s narrative first. I noticed that Beth shared several smaller stories, or scenes, as part of her larger story. I decided to fictionalize these scenes, animating and deepening them
as I imagined they could have happened based on my understanding of Beth in order to provide readers with a more compelling, evocative experience. I presented Beth’s words in stanzas when I wanted to highlight particularly powerful comments she made. The stanzas also allow for a more experiential presentation of not only Beth’s words but also the pauses and her style of speaking. Sometimes I set the stanzas off under their own headings and sometimes I used them to set the tone for a scene. My felt responsibility to honor Beth’s experience made me nervous about fictionalizing, but I trusted that if my interpretations stayed too far from her experiences as she remembered them, Beth would let me know in the follow-up discussion. Other than a few minor suggestions, Beth felt the narrative worked well. It was gratifying to hear her reactions to the format I chose:

I think the different sections just make sense in how it feels with like life has just been. Like scatters of memories. So most memories will be really clear from this certain time. And then it will be just a blurred section, and then another memory stands out. So the format just really works with the way my memory works, my thought process works.

I wrote Karen’s narrative second. I started out by playing with sections of her words from the interviews. I found myself struggling to identify scenes that stood out in the same way I had with Beth. I managed to fictionalize Karen’s interactions with the vice principal but then I shifted towards quilting segments of her own words together under headings. At that point I happened to run into Karen on campus. She asked how the writing was going and was interested to see what I had written for her. I shared with her the first section I was working on as well as the fictionalized scene. Karen politely told me that she was not comfortable with me fictionalizing her life and preferred that I stay with her own words. I readily deleted the one scene and focused exclusively on building collages of her words. I found it interesting that my natural inclination to work with editing Karen’s words ended up being what she wanted and I was glad to have had that additional feedback before I tried to write anymore scenes. I set selections of Karen’s words off from the rest of the text in stanzas at the beginning of some sections to highlight particularly powerful things she said that set the tone for the sections. When we had our follow-up discussion, Karen shared her reactions to the complete draft of her narrative: “I felt like it captured pretty much what we had talked about… I think it was just very good editing.” She said that considering the short length, she “felt like it was a good snapshot.”

I wrote Kelly’s narrative last. The structure is similar to Karen’s because again I did not hear many specific memories that lent themselves to being elaborated into fictionalized scenes. Again, I attempted to quilt her own words into a coherent narrative organized by sections focusing on particular aspects of her life. Kelly had a distinctive style of speaking and I balanced my editing of her text between streamlining for clarity words she repeated and preserving her style of speech for the reader’s experience. Unfortunately, Kelly never responded to my attempts to contact her for a follow-up discussion, so I did not have her reactions, suggestions, or clarifications to revise the narrative. I am hopeful that since both Karen and Beth were satisfied with their narratives, Kelly also would be satisfied.

Results

Beth

Beth was a 19 year old, heterosexual, Caucasian sophomore at Miami University originally from the South. Her parents were still married and she had a brother who was a few
years older than she. When she was most symptomatic, she met full DSM-IV diagnostic criteria for bulimia. Her weight and shape strongly influenced how she viewed herself. She experienced a loss of control when she binged on large quantities of food. On average per week: she binged six times, made herself vomit 14 times, fasted seven times, and engaged in excessive exercise once. When I met with her, her weight and shape still strongly influenced how she viewed herself. She was binging once per week, fasting 10 times per week, excessively exercising once per week, and had stopped vomiting when at Miami.

Alone.

I’ve just always felt sadder than other people in general. And I mean sometimes to me that is good. So I mean even as a little kid I kind of felt that it was okay that I was sad. Because you know I was feeling a lot of things. And I don’t know, there’s beauty in loneliness.

I was just a solitary person. You know? I didn’t make friends that easily, so I just played by myself a lot out in the backyard and in the creek.

And you know I said I had a lot of guy friends. So, I don’t know. You know? Once you get past eight years old or so you can’t spend the night at their house anymore.

I was active in my church youth group when I was younger from toddler until I think early high school or so but I didn’t know many of them very well. They were really cliquey, as most youth groups are.

And I was kind of outside of them all. So it was, it was just another fun isolating experience.

I mean they were all really nice. It was just, there would be eight of us there. And then seven would go and have a sleepover at this girl’s house and I’d go home.

And, I don’t know, I felt alone a lot when I was little. And I just, you know,
the best friends that I had,  
always had other friends that I didn’t really know about,  
so it was like “where are you going?"  
and it was, it was just a sense of  
feeling unimportant in people’s lives.

My best friends always felt cooler than me.  
So, I felt like, you know, they had,  
they hung out with me  
but then they had other people  
that they would kind of rather be with.  
So, I mean maybe I was inaccurate in my view of it then, but.

Sometimes, I, you know,  
I still feel that way about certain people.  
Where it’s,  
they’re really important to me,  
but I’m just kind of,  
dispensable.

My family.

I know them somewhat well.  
I know them in that I can judge  
what their reactions to things will be.  
And I know what they like to do,  
and what kind of music they like.  
So, I don’t know. I guess for them themselves,  
I know them as well as I know a casual friend, maybe.  
Someone I know the general interests of,  
but then, with their relationship to me  
I know how they’re going to react to things that I do or say.  
So then I guess, well I mean  
that’s closer than a casual friend.

I have a really large family.  
We have family reunions every year with 60 - 70 people,  
So we’re pretty close.  
But, I don’t know, just in general since  
I have kind of a hard time figuring out where I fit in, in places,  
I end up talking to adults a lot.  
Or I, you know, I did when I was younger

But, so, you know,  
I had a hard time fitting in with the cousins.  
So I’d be, I’d end up off alone again.
So I mean sometimes it’s isolating.

Afraid of selfishness. (Age seven)

I never asked for-
I tried really hard
to not need anything ever.
And to entertain myself always.
Like I didn’t want to take away from their lives at all.
I felt bad enough,
taking their water and their food
and living in their house.
I think it was just appreciation of what they’d given me
to an extreme.
And, I just felt horrible taking anything more.

Angry voices drifted up to my room. I could still hear my parents yelling at Greg.
“You can’t always have everything you want! We’re not just going to keep giving you an allowable and we’re certainly not increasing it if you don’t do your chores.”
“But it’s not fair! Why do I have to take out the garbage and do all this other stuff if Beth doesn’t?”
“Beth will have her own responsibilities when she is your age. Responsibilities and allowances increase as you get older. But you don’t just get an allowance for doing nothing.”
“What ever! You guys suck!”
Greg’s feet pounded on the stairs as he raced up to his room. Once inside he slammed the door. I knew it was coming, but I still flinched.
I could imagine what my parents would be saying. On several occasions I had opened the heating vent in my room so that I could hear my parents discuss the fight more clearly. It usually went something like:
“I can’t believe how selfish he is.”
“I know.”
“What has gotten into him? Where is this sense of entitlement coming from?”
That is if my dad was in town. He was often away on business for a week here or there.
Greg is a really selfish person, so he fought with my parents all the time. I hated it. As soon as I sensed a fight was brewing I slipped away and shut myself in my room. Tonight it was his allowance not being enough. Three days ago Greg had been screaming at my mom because she said I was entitled to be in the TV room so that I could work on my project for science class. I didn’t think it was fair for him to hog the TV room. But as usual he wanted to do what he wanted to do and didn’t care if someone else needed something else to be happening at the time. Greg didn’t take other people’s needs into consideration. But I’d rather leave him alone than cause a big fight. It seemed like we were physically fighting all the time.
I cried myself to sleep again that night thinking that I was going to be this horrible selfish person. I was always really really terrified of being selfish like he was. I would imagine myself being demanding and really mean to my parents, and it just upset me so much.

My brother.
It's one of those intuitive things, like when you're a little kid and you just feel that someone's a bad person, or like, just a mean person and you don't want to be around them. That's the sense I always got from my brother.

Now my brother and I we don't really talk. We stopped talking about in high school or so. We can get along. He drove me to the airport and it was mostly just quiet and we're like, “I don't know you.”

We'll probably be okay when we're older. Friends wise. Maybe we'll actually get to know each other and be able to joke around more.

The day I asked my mom to stop packing the dessert part. (7th grade; age 12)

On Monday morning I sidled into the kitchen slowly, trying to act all casual. My mom was standing at the counter with her back to me, making sandwiches for Greg and my lunches. Ever since elementary school we'd had the established lunch that she packed. It was four parts. There was a drink, a peanut butter and jelly sandwich, a snack that was like pretzels or goldfish, and then the dessert was like two Oreos, or a cookie, or a brownie. First she made the sandwiches. Then she gathered the drinks, snacks and desserts. After she divvied up the various components, she grabbed two brown paper bags, labeling one with a “B” and the other with a “G”. Greg and I would each grab our lunch on our way out the door to catch the school bus.

I'd begun dieting and whatnot but I wasn't comfortable with telling my mom about dieting. Because I guess I kind of knew that at my age it wasn't appropriate. So for the last three weeks I had been secretly giving away my food at lunch. It wasn't hard to find takers for the Oreos, cookies or brownies, so at least I wasn't throwing food out. But it was still a waste for my mom to continue spending money on desserts that I wouldn't be eating.

I was scared of my mom’s reaction. I didn't know if it was a big deal or not. I walked up to the counter and stood to the side, watching her make the sandwiches. Finally noticing my presence, my mom looked up and greeted me with a quick smile, saying, “Oh, hi Beth. Good morning! Didn’t see you there.”

“Hi Mom,” I replied.

She finished up the sandwiches and went to the fridge for the drinks. My heart began to pound as she crossed the kitchen to the cupboard where we kept the desserts. She had the bag of chocolate chip cookies open and was reaching her hand inside when I cleared my throat and said, “Oh Mom, you don’t need to pack me a dessert anymore. I never have enough time to eat it anyway.”
I held my breath and prayed she wouldn’t be suspicious. She glanced back to me and shrugged.
“Okay. Fine.”
Her hand emerged with only one cookie and I silently released the breath I’d been holding. I turned and started to head towards the kitchen door.
“It’s too bad they don’t give you enough time to eat”, she continued, giving a small shake of her head and turning her attention to the brown bags. I froze and spun around.
“But, I’m sure there’s more chatting than eating going on.”
She looked up again and gave me a knowing smile.
“You caught me,” I replied, indulging her with a smile while mentally rolling my eyes and thinking, “Yeah, sure Mom. Whatever.” I could never show it. The disrespectfulness just wouldn’t go over well. That would’ve set her off and we would’ve had to have a serious discussion about what’s going wrong in our relationship and why am I blowing off things. She would say something like, “Why are you annoyed with me? Why have I become the awful mom that you just can’t stand to be around?” When moms freak out about things like that, they’re like, “I thought I was the cool mom.” And you’re like, “But of course you are...” It just becomes a bigger deal than it’s worth. And it just gets annoying after hitting those conversations every few days.
“I’m going to go finish getting ready.”
As I was walking out of the kitchen towards the stairs she called after me, “Better hurry up- you don’t want to miss the bus!”
I was relieved that she was just normal about it. In the end it was easy.

The first time I purged. (Winter of freshman year of high school)

I stood in my bathroom at home, unable to move, my eyes fixed on the swirls of water as the toilet flushed. The toilet, now silent and still after carrying away my vomit went in and out of focus. I might have been standing there for 30 seconds, it may have been five minutes, I wasn’t really sure. I finally blinked and slowly turned to wash my hands.
As I mechanically rubbed my hands with soap and stared at myself in the mirror I tried to wrap my head around what had happened. I had just made myself vomit and I didn’t even know why I decided to try it. I definitely hadn’t eaten a lot. It was just water or something. It was just clear. What was wrong with me? I couldn’t believe that I’d actually done it. What was happening? I don’t want this to turn into bulimia. The reflection staring back from the mirror looked scared, like she was about to cry.
I dried my hands and took a deep breath to calm myself, but the panic wouldn’t go away. I ran back to my room and signed onto AOL instant messenger. Tim was online. He messaged me.
“Hey Beth, whassup?”
“Not much. You?”
“Just hanging out. Jeff is here too.”
“Hi Beth! [That was Jeff]”
“Hello Jeff.”
Tim and Jeff were good friends of mine. We’d hang out a lot at school. I wasn’t surprised that Jeff was at Tim’s house. I rarely saw them apart. We chatted for a while, complaining about the essay we had to write for English class and discussing movies we wanted to see.
After I while I typed, “So I puked a little while ago.”
Tim/Jeff replied, “Ugh, gross. That sucks. Are you sick?”
“No. I made myself puke.”
There was a pause, and then finally Tim/Jeff wrote back, “Okay, why did you do that?”
I didn’t really have a good explanation, so I just typed, “No reason.”
Another pause, then Tim/Jeff wrote, “ok...” “Well, we actually should get going.”
“Ok. Cool.”
“See you in school tomorrow.”
“Yup. See ya.”
And that was it. I guess I thought if I told people about it and talked about it that it would go away. I couldn’t turn it into an eating disorder and a hidden thing if it was already out in the open. But we never talked about it again and they never told anyone as far as I know.

How I lived life. (Spring of freshman year of high school)

I watched my semi-digested dinner disappear down my toilet. This was becoming just more of a routine. It was just how I lived life. I’d go to school, not eat, eat at dinner, throw that up. I was experimenting with throwing up for a while. Just once a month or something. But once I did it well, I had this realization - Oh! I can do this now. It became easier so I figured - why not?
I washed my hands, rinsed out my mouth and splashed some water on my face. Then I braced myself and stepped gingerly onto the scale. I chewed on my bottom lip waiting for the needle to settle down and deliver a verdict. 132. Ugh, that was one pound more than yesterday. I imagined the needle creeping up and up. At this rate I’d be 145 in less than a month! I shuddered at that thought. If I was 145, the world exploded. I’d kill myself or something.
I based that number partially off the BMI range. Eighteen is the bottom of the normal, so I was somewhere around, an 18 or a 19. And then 145 was like a 21 or 23, somewhere in there, which is in the middle of healthy. I felt that healthy was overweight I guess. I liked being in the low area.

My mom.

My mom is really really controlling.
She just, she worried a lot.

I went to Ohio to kind of escape our mom.
Because she likes to control,
and if we were anywhere close by, it would be
“Hey! I’m coming to see you randomly!”
and I’m like, “Ok Mom!”

It was always really important to me
to be as independent as possible, and, so
to have even a slightly controlling mother,
would’ve been bad.
But she was more than slight.
So, I didn’t mind her being involved. I appreciated, I did marching band, so she, you know, was on the band board and worked with that. And it was, I mean it’s nice to have her coming to the concerts and things. I mean, I appreciate that, but. You know. There were a lot of things that I wanted to be able to do, independently and didn’t want to have to see her all the time.

My mom doesn’t handle being sad well, So it’s just not something I could, be open about. It was, we always had to have a happy front for Mom. Like you can’t argue in front of Mom or else she gets upset.

So I mean, that was just the person I needed to be for her. Was a happy person. And so I was. And I continue to be.

Julie: If you were sad around her what would happen?

She gets really sad. She basically just matches pace with you and, tries to have a serious discussion about it. Which is not something I’ve ever been able to take seriously. I just look at everything kind of cynically. And, that’s not her sense of humor. So I’m, trying to talk to her seriously, but I just think it’s funny, which, you know, it is sarcastic but then she reads it as sarcastic and me trying to be, sarcastic and mean about it. And I’m like, “Sorry”.

The anti-suicide song. (Freshman year of high school)

Just the whole time it’s been kind of like I have to work around them to do whatever I’ve been doing, or to hide things or whatnot.

Because I’ve always been,
trying to not get in the way, 
and to impede things as little as possible.
So, once the eating disorder started, it was just, 
now I’m trying to stay out of the way 
and also stay unnoticed 
and keep this thing out of their eyes.

So they’re just kind of obstacles 
as I’m trying to live my life with the eating disorder.

I journaled a lot and I had a book of songs that I’d written. I’d recently written a song 
about suicide, but saying that it was dumb. It was an anti-suicide song because I thought that’s 
cool. Usually I hid my journals, because I didn’t trust my mom not to read them.

And then one day I was running late for school and my journal is out on the floor. And 
my bed at home is just a mattress on the floor, because I like it and my dog can just kind of jump up 
whenever she wants. So there’s the mattress on the floor and then there’s bookshelves here 
and there’s just a little corner of empty carpet that no one ever goes in because it’s just a corner of 
the room that’s kind of useless. And the journal was sitting there with a bunch of other stuff. 
And I was like, “Ok, I’m running late, I don’t have time to throw this in a hiding spot.” Why in 
the world would she come in here, and say, “Oh look, a journal! I’m going to read it!”? So, I 
made the mistake of trusting my mother.

I got home that day and she had read it and had gone to the most recent song, which 
mentioned suicide. So obviously I was suicidal even though it was about suicide being dumb! So, 
we went to a therapist guy. Just for one time. And it was weird. It was weird partially because, I 
just wanted to yell at her, “Thank you for proving my point in why I need to hide things from 
you!” But maybe it’s my fault for hiding them, and maybe if I were more normal about things, if 
I didn’t hide every single thing that was bad, she wouldn’t be so afraid when bad things came up 
because she’d realize that they happen in life. We were trying to protect each other.

I mean she tries, she’ll ask, but I’m really bad about talking about feelings and I didn’t 
want to tell her anything. Especially because at that time the eating disorder was going on. I’d 
just started vomiting regularly. So I thought to myself, “Great! Let’s go to a therapist because 
you think I’m suicidal! Guess what else is going on.”

I was constantly hiding things, just the depression or the cutting or the bulimia. It was 
just always, “I’m going to go hide in my room or go off to school. Not tell you anything.”

I think it’s really interesting the different life experiences that people can have in the 
same house. My parents have been going through one thing. Maybe they had a ton of marital 
problems that I had no idea of and their daughter was puking in the bathroom while they were 
fighting. just different things going on at once.

We kind of stopped hanging out. (Sophomore year of high school)

I really didn’t have many close friends in high school. 
I kind of just did my little solitary thing. 
And went through life. I was happy though. 
I liked it. 
I liked being alone.
“Hola Lucy! Como estas?”
Lucy launched herself onto my lap and started licking my face. She had waited impatiently, wagging her tail and staring up at me as I addressed her in Spanish. As soon as I paused as if to give her a chance to reply, she was all over me. I laughed and hoisted her warm furry body into the air. We stared at each other, Lucy panting.

“How about a movie tonight, just you and me Luce?” I asked. Lucy continued to pant.

“Okay, girl”, I said as I swung her onto my lap to pet her. I stared over at the movies on my bookshelf. On second thought, I decided to read instead. I settled onto my bed and picked up my book. Before I could open it to find my page, the phone rang. I paused, waiting for someone to answer it. It stopped ringing, so I opened the book.

My mom called out, “Beth! Phone!”
I groaned and reached for my phone.

“Hello?”

“Hey Beth! It’s Carrie!”

“Oh hi Carrie. What’s up?”

“Ashley and I wanted to make sure you’re still coming with us to grab dinner and a movie tonight. We talked about it in band- remember?”

I remembered. The three of us had been sitting by each other in band. When the director, Mrs. Peterson, stopped to work on something with the flutes, Carrie and Ashley turned to me and said that during lunch they’d made plans to get dinner at the mall and see a movie and asked if I would like to come. I would have heard about the plans at lunch, except that I had told them this morning that I had to study for a science test later that day and would therefore be spending lunchtime in the library. I had caught the glance they exchanged after I finished explaining about lunch.

The problem was, lunch with them had grown increasingly uncomfortable, with their concerned looks and raised eyebrows. They’d say things like, “You’re cold all the time,” or, “You don’t eat ever.” I was sick of dealing with them and I was running out of excuses to skip lunch. Basically, they started to get worried that I was anorexic and so we kind of stopped hanging out a lot.

I didn’t want to have to eat dinner with them and then sit through a movie. I was surprised that they’d even asked me to join them. Since I’d been avoiding them more at lunch and declining most of their invitations to hang out outside of school, they’d been including me in their plans less and less. But for whatever reason, they’d decided to ask me in band and I’d agreed to go, fully planning to back out later.

“Oh yeah, sorry. I should’ve called. I’ve got a headache and I’m not feeling that well. So I don’t think I can go.”

“Oh, that’s too bad”, Carrie replied, sounding a little suspicious. “Well, hope you feel better.”

“Thanks. Have fun tonight. Tell Ashley I’m sorry too.”


“Bye.”

I hung up the phone and grabbed my book. After an hour or so I headed downstairs to grab some food. I came back up, balancing a big bowl of cheerios in one hand, glass of water in the other, and the box of cheerios under my arm. I slid the cheerios over to me and continued reading.
A few hours later I put my book down and stretched. I looked at the clock- two-thirty a.m. My life was in the early morning. I’d stay awake until two or three, and sometimes I just wouldn’t sleep at all. There was usually one night a week when I didn’t sleep. I spent so much time up at night, in the weird hours of the day, thinking weird thoughts. It’s just so much time alone, when no one else is awake.

I picked up the box of cheerios and noticed that it was considerably lighter. Great. Typical. I’d just read and happen to eat a half box of cheerios. I thought to myself, “Well, it’s time for bed, so I’m going to puke.” I threw on my p.j.’s, and headed to the bathroom where it was time for the usual routine: brush my teeth, puke, use mouth wash, and then go to bed.

What causes eating disorders.

I’d say it probably varies a lot.
Between individuals.
Personally for me it’s probably a lot.
It’s probably bound into the selfishness thing
and the wanting to not need anything.

For a lot of people it’s probably to make themselves god-like or immortal.
But, for me,
I just, want to not,
get in anyone’s way

I don’t want to inconvenience anyone.
I don’t want to take anything away from them.
I want to service them,
make their lives better,
without taking anything away myself.

It’s the earth’s resources
and I’m using them up.
But I am, useless,
or a waste of space.

I should not be greedy
and taking it away from other people
or just wasting the resources on myself.

The puking? I don’t know!
That just, that feeds into
just more self hate.
Because then I’m just wasting it more.

It’s more just. I think the puking,
it’s just a self-punishment. So
I’m physically hurting my body and
I’m taking, like
I was knowingly isolating myself from my friends
by adding to the thing that was isolating.
Because I saw that the eating disorder was between everyone and myself.
So I purposefully, made it worse. Because
I deserved to not have friends.
And I deserved to be all alone and sad.

People couldn’t spend the night because,
I had to puke up dinner.
And, that’s awkward.
And just also, being able to know people.

I felt like without knowing the big influence,
they couldn’t know me very well.
Which, you know
is protective in a way, but.

Cause I mean, I was probably at the same time
scared of being close to people, and
afraid of letting them hurt me.
Cause I’d always been the one in charge of hurting me.

So, to give someone else that power
is a scary thing and
not letting them get close enough to do that,
keeps me safe.

Stains on the wallpaper. (Sophomore year of high school)

I came out of my room and headed downstairs for a snack. I plopped three heaping
scoops of ice cream into a bowl. I was enjoying the ice cream, halfway through my first bowl
when my mom slipped into the kitchen.

“Beth, when you have a minute, we need to talk.”
Those were the words I dreaded most from my mom. I wondered what it would be about
this time. I slowly looked up at her and met her gaze.

“Yeah, sure.”
“I’ll be in the living room reading if you want to come in when you’re done,” she called
on her way out of the kitchen.

I finished the ice cream, rinsed out the empty bowl, and deposited it in the sink. I took a
deep breath and headed into the living room. My mom was seated on the sofa, so I plopped
myself into a chair facing her.

“So what’s up Mom?”
She sat there, her back abnormally straight and her face drawn, looking at me. Then, in
the slow smooth voice she reserved for “serious” discussions she asked, “Beth, have you been
making yourself throw up?”
I laughed, “No. What are you talking about? Of course not.”
She pursed her lips and then continued, “I’ve noticed some stains on the wallpaper in your bathroom next to the toilet.”
I knew what she was talking about. Actually there were stains on the wallpaper in my bathroom next to the toilet- not from vomiting though. I don’t know where they came from, they were just watermarks. So I told her, “I don’t know where those came from.”
I waited to see if she believed me. I was telling her the truth about the stains on the wallpaper. She exhaled deeply, her face and body relaxing. She smiled a little and said, “Well that makes sense. I’m glad to have that straightened out.”
I asked, “So, are we done here?”
My mom nodded. I pushed myself out of the chair and made a beeline for my bedroom before she could say anything else.
I was surprised and relieved. That was so easy. There was some tension, either real or imagined after that. Just for a few months of me hiding it a lot better. But beyond that it was essentially dropped.

We’re concerned with your eating habits. (High school)

I was sitting at the kitchen table eating a bowl of cheerios and reading. As I finished a bowl, I absentmindedly reached for the box and dumped more cereal in. My reading and eating was only interrupted when I had to get up and go to the fridge for more milk. My mom, dad, and brother wandered through the kitchen while I was reading.
After a while my mom came in and sat down next to me at the table. I continued reading. She cleared her throat. I flicked my eyes up.
“Beth, Dad and I are concerned with your eating habits.”
“What’s wrong with what I eat?” I asked.
“Well, see you eat so much food. You’re going to gain weight.”
I laughed to myself thinking, “Nope! Actually I’m not going to gain weight.” But to my mom I replied, “Um, well it hasn’t seemed to affect me yet. I don’t see what the problem is.”
I know they watched my eating habits because I eat so much food in front of them. I’ll eat a lot of cheerios, like I was doing up until my mom started talking to me, or just something that’s not really healthy- something that was easy to vomit. So of course they were concerned with my eating habits because they thought that what I was eating was staying in rather than me puking it up as soon as I was done.
My mom paused as she considered my response. Then she said, “Sweetie, let me explain. We’re not worried that you’re going to get fat. It’s just, this isn’t healthy for you.”
Oh Mom, you don’t know what’s not healthy! I could tell that she meant well and was genuinely concerned. But it was so ridiculous to me because they had no idea what was really going on.

New Year’s Eve. (Senior year of high school)

“So, what should we do to celebrate?”
I turned my head away from the car’s open window to look at Felix. “I don’t know. Whatever. You know how I feel about New Year’s.”
He nodded and glanced over at me briefly before returning his eyes to the road. “Yeah, yeah. It’s a stupid holiday. I agree. But we have to do something to mark the passing of another year!”

That was what I liked about Felix. He was cynical like me, but he still managed to maintain a sense of merriment and his enthusiasm was infectious.

“You’re right. Let’s go somewhere. You pick.”

After replying I leaned my head back towards the open window and stuck my hand out. The cool soft air played with my hand, pushing it up or down as I changed the angle.

“Well then. Since you leave it up to me- again, we’re going to… drum roll please… Steak ‘n Shake!” announced Felix.

My stomach lurched. Great, Steak ‘n Shake- I knew there was nothing remotely healthy there. I didn’t want to have to throw up tonight. It occurred to me that I didn’t have to order anything. Buoyed by my solution, I replied, “Great! Sounds like a plan.”

My thoughts drifted as I stared out the window at the houses and strip malls passing by. Another year was over. I would be going off to college in the fall. Felix was a nice guy I knew from work. We were having a good time. I was really happy at that point. I thought to myself, “I’m done with this! Who cares who knows now, because I’m done with eating disorders!”

Felix parked. He walked and I skipped inside. At the counter a girl our age smiled and greeted us, “Welcome to Steak ‘n Shake! What can a get for you two this evening?”

Felix replied, “We’ll have a large chocolate milkshake, and…” He paused and turned to me, waiting for me to chime in.

“A water.”

Felix’s eyebrows drew together and he cocked his head at me quizzically. I smiled and nodded at him emphatically until he turned back to the cashier.

“So a large chocolate milkshake and a water?” the girl repeated back to him.

“Yep. I guess that’s all,” said Felix.

After Felix paid, we carried our drinks to the tables outside. As soon as we sat down, Felix joked, “So here we are Steak ‘n Shake, renowned the world over for its milkshakes, and you ordered a water.” Then in a more serious tone he asked, “What’s wrong?”

I smiled and blurted out, “Well, I’m bulimic!”

“Oh, ha ha ha. Very funny.” Felix rolled his eyes.

“Oh, nope! Really- it’s funny.” I continued smiling and nodding.


“Yeah!”

“Oh.” He looked down at the table, and leaned over to take a long pull from his milkshake.

Felix seemed uncomfortable. It was unusual for him to have nothing to say, so I finally said, “Look, it’s really not a big deal. Don’t worry about it.”

He looked back up at me, his mouth still on the straw. He raised is eyebrows as if to ask, “Are you sure?”

“Seriously- no biggie. So, did you hear the rumor about our manager?” I changed the subject and Felix seemed relieved.

Since I started with the bulimia there’ve been random people that I don’t know very well that I’ll just talk to about it, because I’ll think, “Oh you’re not going to affect my life at all, I won’t really see you that much, so whatever. We’ll chat about it right now.”

I thought he was going to be one of those random people that I could just kind
of have- he was a work friend. Because I only tell people when there won’t be any consequences later. When they can no longer influence my life.

Final fraternity rush party. (Freshman year of college)

I slid my chair closer to the table. Everyone was so serious tonight. After the pizza party and other two less formal getting to know you rush parties, this final one was intense.

We were seated five or six to a table, with one or two new rushees and three or four older members. I was glad that my friend Todd, who was also rushing, had ended up at my table. I caught his eye from across the table and raised my eyebrows as if to say- can you believe this? He responded with a quick grimace. We didn’t want the older members to see how nervous we were.

We were going around answering questions. The members asked us what our greatest regret is. Todd went first. As he rambled on about something I can’t even remember I started to panic. I couldn’t think of anything besides the eating disorder. What else could I say? What would they all think?

And then Todd stopped talking and all eyes turned to me.
“Beth?”
“Um, well. My biggest regret would have to be… I’d have to say it was my eating disorder.”

My heart was pounding. I was shaking, it was so bad.
“I regretted just the time that I had lost to it, and the friendships I’d lost to it over the past seven years.”
“Thanks for sharing that with us Beth.”

I nodded, unable to bring my gaze up from the table. The tension ran all the way from my hunched shoulders, through my rigid arms to my hands gripping the sides of my seat. I remained in that position, refusing to raise my head in case I made eye contact with someone, for the rest of the meeting.

After the evening’s conclusion, I finally got up to stretch and the blood flow returned to my hands. Todd drifted over to me and we headed off towards our dorms together.
“So what did you think of tonight?” Todd asked.
“Pretty intense. How about you?”
“Yeah. I felt the same way… So Beth, I had no idea that you had an eating disorder.”

I noticed that Todd had phrased his comment in the past tense, but I made no effort to correct him.
“Yeah. It was this whole thing. I really don’t tell people about it and my parents never knew.”

So we ended up talking about it and Todd talked about problems he has with eating. Todd is actually obese. So I just have this random obese friend that I talk to about the eating disorder. The whole thing is kind of funny. I just think it’s kind of ironic that we both have eating problems.

My parents don’t know.

So I started dating, a boy named Brian in October.
And I don’t know,
we’re still dating.
What’s weird is,
my parents don’t know about that.

They don’t know about Brian because, we’re actually,
we’re living together next year.
I know my parents would freak out.
They would remove me from the house.
And I have no idea where I would go,
but, they would make sure I was no longer living there.
Because they’re really paranoid about that.
I don’t know why, because,
we could be having sex or whatever they are afraid of
at any place, any time.
I don’t know.

My parents don’t know about a lot of things.
They don’t know I’m in a fraternity.
Mostly just because I decided it would be funny not to tell them.

A little bit.
It’s kind of a little evil.
because I’m just waiting until they find out.
And it’s. It parallels with the eating disorder for me.
So that when they find out about me being in the fraternity
it will be a little bit of them saying,
“Whoa, there’s this huge thing that you’ve never told us about?”
And I’ll be like,
“Yes there is!”
“Yes there is.”

I think originally, that wasn’t the plan,
I just happened to not mention it for a really long time.
And then I realized that I had never mentioned it
and I had gone through the entire semester of the process and gone active
and I was like, “Oh, this is kind of funny now.”

We only talk every week or two, here.
So, I’ll just tell them about class stuff. You know?
I’ll give them a general overview,
or I’ll go into great detail in one story,
and graze over everything else
that like, my life was actually the fraternity this week.
But this one thing happened Mom!
I mean we can still have a conversation, but.
The selfish parts.

Julie: What do you do with the parts of you that are selfish?

Generally just suppress them.
There are thoughts that I can’t finish,
in my head.
I just I cut them off.

And actually a lot of the time
my brain just seems to pop out with things.
like just thoughts that I disagree with.
But I mean
maybe they’re things I do think
and just don’t want to think.

And I, it almost feels sometimes like
my brain is just deciding to be mean to me today.
Or something, because it’s, you know
it’s making these little thoughts come up,
that I’m like –
no, I don’t think that.
They’re just things that make me really uncomfortable.

In high school
I think I went through a period where
I had a lot of selfish thoughts just interjecting,
into my head. And, I just,
I felt like I was constantly rejecting my own thoughts.
And it was weird, to experience.

I’m not sure if it counts as selfish Julie, but,
there’s a lot of things based on appearance.
It’s things that are really uncomfortable to talk about
because they’re just so repulsive, to me.
Like, “Oh I can get someone to do something because I’m pretty.”
And then I was like, “But I’m not.”
And you know, like I disagree with that.
I disagree that I’m pretty and
I disagree that people should do things
because a certain person is pretty and, you know?

So it’s just, ideas,
that I completely don’t believe in,
would come up.
It’s uncomfortable and it’s,
just it’s weird,
cause then you wonder, you know,
well do I actually feel that way?
Am I actually the person I hate?

Release. (This year)

_Sometimes if I tried to stop purging for a while
I would start needing to cut.
I would start having that urge
because I just needed a release somewhere._

Brian gave me a peck on the lips. “I’ll see you tomorrow. Good luck with your paper. I know you can do it!”

“Yeah, we’ll see.” I gave Brian a half smile and waved as he walked down the steps in front of my house. I sighed, shut the front door and turned to go up the stairs. I took the steps slowly, dreading the ten-page paper that lay waiting for me in my room.

When I got to my room, I slid into my desk chair, opened up a new document, and stared at the screen. My thoughts turned to Brian and our earlier conversation.

_Brian is super sensitive. So he’s always asking me, “Are you okay? No really, you promise, you’re okay? Like, what’s wrong with you?” And it’s weird to have someone actually care enough, to keep bugging me about it when he knows when I’m not okay. But the problem is I can’t really describe it most of the time._ Like before he left today, we were hanging out and he kept asking what was wrong. And I didn’t really know. I guess I was feeling down. So I just said, “Oh I’m general sad right now.” I mean, I have no reason to be. I chalked it all up to stressing about the paper I had to write.

_We’d been dating for a few months, and things were going well. We’re such good friends, that it’s more we’re friends who happen to be dating._ Brian is such a great guy. In addition to being sensitive, Brian is caring and attractive. It’s too bad his muscles are starting to fade…

_I shivered. Where did that thought about the muscles come from? I’m not normally into muscular guys or anything. I think that’s pretty gross. But Brian used to be a wrestler, so he’s built- or he was. I hated it when this happened. Every once in a while my brain would come up with something about his muscles, like- wouldn’t it be nice if he still had them? And that’s gross to me. I think, “No, that’s kind of nasty.” These thoughts just appear in my head, but they don’t belong here._

_I shook my head, trying to clear it. I took a deep breath and placed my hands on the keyboard. I stared at the screen. Nothing. I had to write this ten-page paper by tomorrow at noon. It was worth 35% of my grade. I couldn’t concentrate. I didn’t know what to do. I started to panic._

_I got up from my chair and paced around my room. My heart was racing. My brain was entirely scattered. The scissors sitting on my bookshelf caught my eye. I crossed my room in two steps, locked my door and before I knew what I was doing, I found myself hunched over on my bed, scraping the skin off of my right inner arm. My eyes went in and out of focus as I concentrated on the blade carving my skin. The burning pain soothed my mind and my heart rate slowed._
I started cutting sporadically in ninth grade, and *that grew with the eating disorder. I just generally self-harmed a lot. So that’s why sometimes I refer to the eating disorder as just another way to hurt myself.* Then sophomore year cutting became something I did regularly, up until senior year of high school, when it *kind of tapered off again.* When I was cutting regularly, I’d cut my legs in the shower a lot. I’d just take scissors and kind of whack around. But they were tiny cuts that hardly left scars *except maybe like tiny little slit things.* The things that left scars, like the carving I was in the process of doing, were much less frequent.

After maybe twenty minutes of pulling my skin away, I was done. I slowly rose from my bed. I calmly drew a tissue from the box and wiped down the scissors. I inspected my arm. It was *an open wound but not the bleeding everywhere kind.* It wasn’t *anything deep.* It barely drew *blood because it was more just carving than cutting.*

I inhaled deeply. I felt lighter. My mind was clear. After concentrating on the cutting, I could focus again.

*What’s that?*. (Winter break this year)

_So, they were punishments, kind of._

_And then I’d punish myself by making more obvious cuts._

_Like if I did worse things_

_then I’d cut myself in a place where people could see_

_so that I’d be forced to lie about it._

_So I mean that was just more mind games._

I leaned across the dining room table, laying out plates. My dad was on the other side of the table, watching me because he was waiting for the plates so that he could put the napkins and silverware around them. Instead of arranging the silverware and napkins he placed them on the table in a pile and reached for my right arm.

“What’s that?” he asked, pointing at a scar.

Crap! I had hoped it wasn’t that noticeable.

“Oh, I was moving chairs in the band room. I got pinched.”

I tried to sound nonchalant. *Please don’t notice the other ones,* I silently prayed.

“Hmmm.” His brows furrowed as he continued looking at it.

He released my arm and smiled at me. “Looks like those are some dangerous chairs. You should be more careful or you might lose a finger!”

I pulled my arm back and smiled weakly, “Thanks Dad. I’ll try to remember that next time.”

_Call before you vomit.* (Winter break this year)

_I’m trying to get more in touch with my feelings,_

_and I’m trying to be more okay with accepting help._

_It’s hard for me to accept,_

_that anyone cares about me._

_Because I don’t think that it’s worth their time essentially._
I stared at the phone. Should I call Brian or should I just puke now? I was anxious to get the puking over with but I didn’t want to have to come up with an excuse later for why I hadn’t called. Why was he still making me do this?

Before we left for Thanksgiving break, he had made me promise to call him before vomiting. He said, “I just want to know. You can do it, just, I want to know when it’s happening.”

I told him, “That’s really weird. But whatever.”

For the first two days I was home at Thanksgiving I hadn’t vomited because I didn’t want to call him. But on the third night the urge was too strong. That was the first time I called him before puking.

After fifteen minutes of debating whether or not to call, I had flipped open my phone, scrolled to his number and hit send. I thought, “Please don’t pick up!”

Brian answered, “Hello?”

“I’m gonna puke now!” I announced before slamming my phone shut. I almost dropped my phone, my hands were shaking so badly. Immediately my phone started to trill. “Incoming Call – Brian” I gritted my teeth and flipped the phone open.

“That is NOT how the rules work!”

Brian had not sounded happy. We talked for a few more tortuous minutes before I was able to hang up again and go puke.

I hated calling him and I hated lying to him. So that made it hard for a long time. I felt like I was having to choose between my friendship with him and the eating disorder. And the eating disorder is huge-a really important part of my life. I’d find different excuses for why I couldn’t call before I was puking. I said things like, “Oh, I knew you were sleeping. You hadn’t slept the night before.” I knew that the eating disorder would eventually win, and he would eventually get tired of me lying. But actually, so far that hasn’t happened.

Calling before I purged wasn’t an issue when we were back at school, because other than when I went home for Thanksgiving break, I hadn’t been purging this year. The house I was living in was old and the plumbing just couldn’t handle me vomiting. It seemed weird to me that I could just stop because of the plumbing. But it had been ok. Next year could be interesting with Brian and I and three other friends moving into a different house. Brian has actually said, “The plumbing had better suck in the house next year. If you vomit in our house next year, I will kill you. That is disgusting.” It’ll be weird. For the first couple weeks he’s going to be really paranoid that I’m just vomiting in the bathroom.

Since I’d been home for winter break, things had gotten better. Break was almost over and so far there were only two times when I’d skipped calling him and made excuses. Brian’s plan to curb my purging was semi-successful. Sometimes I’d call and he’d get me to talk long enough that, there would be no point in puking anymore, so I wouldn’t. Other times, I’d call and tell him, “No. I’m really going to go vomit now. Bye.”

I didn’t know why I was having such a hard time calling Brian tonight. I sighed. I really didn’t want to call. But I also really didn’t want to lie. I finally picked up the phone. I could still puke afterwards if I wanted to.

(Not) deserving to have friends.

I mean that’s all just, wrapped up in the fun toy of self hate. I’ve always been really really aware of things going on.
Like when I started bulimia
I knew it was bad but,
so everything is kind of a mind game
and works on a ton of different levels.

So, for self-hate, and not deserving
or for not deserving to have friends
it’s just another,
self torture type thing.
Where it’s, you know
I’m not, a good person
so I slight myself
so that I don’t influence other people’s lives because, I mean
I may take things from them.

So I don’t deserve to have friends who care,
that I could possibly drain. And, yeah, I mean
that’s just, going along with
I don’t deserve anything ever.

You know, I shouldn’t have needs
so I shouldn’t need to have friends.
That I might act those needs on.

So you know you’re supposed to, have a support system,
but, I feel bad.
Julie: You feel bad putting weight on your support system.
Yeah, which goes back to the eating disorder.
It was just kind of a pun.
Cause, you know, you try to be lighter.
You try to minimize the self.

And, as far as the deserving to have friends.
That’s just, something I’m trying to ignore. You know?
I don’t want to hate myself that much.

Relationships at college.

It’s strange, always.
To have people who talk about things,
just because that’s never been,
the way I’ve handled friends. You know?
If I had friends in high school it was just,
oh we run around the neighborhood
we have fun little adventures
and then we go home.
And, you know.
To have everyone in college
is discovering themselves,
so there’s a lot of,
deep conversation that will randomly pop up.

And it’s strange to have people willing to talk about things
that affect them deeply.
And those aren’t relationships I’ve had before.
So it’s, it’s just been different.

Why I deserve to be punished.

It goes back to the selfishness.
I’d, used something,
or I’d hurt someone in some way
maybe purposefully as a kid,
or accidentally or inadvertently as an older person.
Or I hadn’t done my duties as the band treasurer well enough,
I hadn’t made something on time.
Or I knew I was neglecting it in some way,
or I hadn’t practiced for band enough.
Just, you know, silly things, but it was,
I just wasn’t a good enough person.

The “good person”.

It’s not something I’ve ever defined.
It’s probably just,
not having needs.

I know that’s not possible, but, so
not having needs,
being what people need,
just supply what other people need.
Without...
It’s giving without ever requiring anything in return.

Arrogance and trying to be a good person.

There’s a constant underlying worry
that maybe I’m actually really egotistical.
Like you know, maybe I don’t think my brother’s good
because maybe I think I’m better than him
or maybe I don’t think I should need things
because I think I’m above that or something.

So, there’s, like in trying to be a good person, there’s the fear that, I’m completely the opposite of everything that I want to be. And that I just am everything I hate and I’m, you know, blind to it because I’m trying so hard to be the other thing. and, it’s just essentially it’s weird, it’s, have you ever read the book “Wasted”?

There’s a section in there. It’s something about how it’s strange that, a person can at the same time be starving themselves, and absolutely hating themselves and also be thinking that, it’s awesome that they’re doing this and like that they are, awesome because they are doing it. Just the arrogance, of that. So I guess I’m afraid that that arrogant side exists.

Julie: So, no part of you can be arrogant?

Arrogant has such a bad connotation, that, yes, to be a good person, no part of you can be arrogant. You know in the, godly standards, and just, again with the impossible standards.

I was just saying there’s irony in being the most humble.

We don’t know you. (Recently)

Julie: Do you do you feel like you’ve found places where you belong or you fit in?

Yes. With the close group of friends. I fit in very well with them. Essentially just because they’re very safe.

“I was thinking today, I don’t know you at all. Can we do that? Can we get to know each other?”

I didn’t really know how to respond to that. “Um, sure. I guess. What do you mean?”

“Well, I had this weird dream last night, and you were in it. And it made me realize that even though we’re close friends, I really don’t know you that well.”

I was sort of surprised that this was coming from Mike, but actually in the past couple weeks I had a couple friends that are considered close randomly come up to me and say things like, “We don’t know you. At all.”

I say “considered close” because there’s close and then there’re people who actually know me in a way. I consider Mike and those people close friends but they still don’t know basically how depressed I’ve been. So they don’t know about the hurting half of me. But we’re able to talk freely about other things and know each other’s personalities very well. They just don’t know much about my history with depression or bulimia, things along those lines. So it’s kind of close friendship minus the sad things. We just kick those out. Well, I keep my sad things out, but I know about theirs.

There are people that I share the sad things with, random friends that will come along, and usually stay for somewhere under a year or so and then just fade in and out. I’ll randomly get really really close to someone. And then, either distance or situations remove that person. So that person doesn’t always exist. Right now Brian and Felix are those people.

I’m a pretty private person when it comes to the sad things. There’s not a good reason for me to be personal, or private about those things, but I like to be able to control who knows and who doesn’t. And control how people see me. And it all relates to me wanting to be what people need. I try to take care of them. I try to see what people need and give that to them- not to make their lives so simple and easy, but just give them what they need emotionally from a person. I try to change myself for them. Not change who I am, but to provide these things when this person is around. So to some people I can admit weaknesses. But to others, I know that they don’t need those problems in their lives. They’ve got enough to deal with as they are, so they need someone to be strong for them, so I can do that for them. I can’t share my struggles with eating with them because if they know that I have this problem going on, they’re going to possibly try to help me or try to add strain to their own lives, and that would be my fault. So I’m trying to be a strong solid person for them, because that’s what I feel they need. Hopefully I’m accurate.

Right now the goal is for my life to be more dynamic- to have actual ups and downs, rather than just coasting along. And to be able to exchange with the giving and receiving rather than just trying to force it to be only one way- instead of me just giving and refusing to take. I keep getting the idea of a country trying to diversify its crops and have a healthy flow of imports and exports. Right now it’s all exports, which isn’t good because eventually I will run out of resources.

So I’m working on being able to talk to people about things. I’m not really good normally about talking about feelings or anything like that because I just ignored them for so long that I stopped recognizing when they existed. I’m just trying to let my friends know when I’m sad or when I’m angry about something. Some people are a little weirded out, but mostly it has been positive.

Having Mike and these other friends tell me how they feel like they don’t know me felt almost kind of vindicative, it felt good, because no- they really don’t know me. The eating disorder is isolating in a way because none of them know about it. I have this huge thing that is
controlling a large part of my life and they don’t know about it. So I feel like they can’t really know me because they don’t know this massive influence.

I always think I’m going to tell my friends, but then it just never seems convenient. I could tell my housemates now. But I’ll be living with two of them next year. So if I do end up purging next year, are they going to know then? Are they going to find some stain that I missed or something and confront me about it? And I’ll have to lie to them then, or tell the truth to them then. So it’s just what makes life easiest I guess.

My fingers tapped out my reply to Mike, “Oh. Ok. Well, yeah. I don’t know what you want to know. But I guess we can get to know each other.”

“Great! Cool. Well, let’s hang out later. I’ve gotta’ run to class now.”

“Later.”

“Peace.”

Allowing people to have effects on me.

I don’t really dwell on things.
If someone does something that upsets me,
I’m over it really really quickly
because I don’t let it in,
I don’t let it affect me.
I’m just-
“Okay that’s done,
whatever consequences come,
we’ll deal with them.
Not a big deal.”

And so that makes life easier,
on the surface
but eventually it kind of catches up with you
and it’s kind of doing that now
where I’m realizing,
Oh I’ve just kind of been skimming over life
and haven’t really been living in depth at all.

And so allowing people,
to have effects on me,
is just scary
because it hasn’t happened before.
And when’s someone’s upset
I care
but I’m not, I’m just not deeply affected by it.
I can block it out.

Julie: if you let in and let it start to affect you then?

Then maybe I will be some emotional uncontrollable, person.
The whole people being hysterical thing, has just never made sense to me because there’s so many different ways to look at things.

When people are angry they don’t think about all the different consequences of their current actions or the different perspectives of how it could actually be an okay thing that’s happening.

But you know, just, I don’t know. I can’t ever stop changing perspectives.

Julie: So you can’t hold onto a perspective long enough to feel angry without sort of taking another perspective and, maybe justifying it or seeing the other person’s perspective?

Yes. So I mean, maybe I change so much that I basically lose my own perspective. So I don’t know, it’s kind of a, maybe a kaleidoscope type thing. Where it’s just, there are angles everywhere, and I’m not really there’s no real centered, base.

Julie: Which one is your perspective? If you can take all of them so fluidly?

Well I mean, that’s the problem. That’s why it’s difficult to be upset about anything or angry about anything is because, I can say “Oh, well from this other view, it’s kind of okay and it’s not such a big deal, so why make this into a huge problem, when if I just change my perspective, it’s not something that’s such an issue?”

So maybe I’m not worried about losing my perspective, I’m scared to have one, because that will involve emotions being permanently attached.

Religion.
I’m Christian. I’m Baptist actually. Not Southern Baptist, even though I’m in the south but. We’ve always gone to church regularly. It’s kind of gotten more scattered as my brother and I have gotten older. I guess my parents feel like they’ve done their job to instill that we should be going regularly.

I don’t go here. I’ve been to mass a couple times. But that’s really weird. I mean Catholics are creepy. It bugs me that they go through the same routine. You go to mass and you sing the same song, and then they have maybe a reading and then the actual sermon is 5 to 15 minutes of talking about one reading. It’s a ritual, I guess. It’s a ritual rather than a lesson. I go home and I’m like, “I’ve learned nothing about Jesus today!” Rather than the Methodist or the Baptist way where you have an hour of lesson on a certain topic.

Julie: So you’ll continue to go to church, you think?

Yes

Visiting Brian’s family. (Spring break this year)

Julie: If you ate breakfast and lunch at Brian’s place would they have thought you were greedy or selfish?

I think it’s more of a worry of them subconsciously thinking about it. So not that they’re thinking, “Beth is selfish”, but maybe they are recognizing me on some level as a person who needs and takes. Yeah.

Julie: And, how do you want them to see you?

I guess, just, the opposite. Someone who doesn’t need and who only gives, but that’s you know, impossible.

“Beth, would you like more potatoes?” Brian’s mom smiled at me expectantly. “Oh, no thanks Mrs. Miller. Everything was really good. But I’m stuffed!” I smiled back and patted my stomach.
Okay then. Well, hopefully you’ll have room for dessert later. Brian? Potatoes?”
“No thanks Mom. I’m full too.”
“Is everyone full?”
All heads nodded.
“Well, then I guess I’ll start clearing the table.”
“May I help?”
“No, no Beth. You sit and relax. Sara and I have it.”
I was definitely full. I made sure to clean my plate but also to not eat more than Brian’s
mom or his sister Sara did. When it was just Brian and me, I didn’t eat much of anything.

I felt bad. Because I was taking their water, and their tissues because I got sick, and their
electricity because I used my laptop to study. So I was just seeing all these things that I was
taking from them. And I felt bad taking food. And food is something I can definitely minimize.

So, we had dinner with the family every night. And that was it, one meal a day all week. I
was really hungry most of the time. Brian would ask, “Are you hungry?” but I would always say
“No. No I’m fine.” It was hard for me to take food at other times because his mom knows about
the eating disorder.

He and his mom are really close and so a while ago he had mentioned that he had a
friend who had an eating disorder because, at that time I was a friend. His mom and I had met, a
couple times, and I spent the night at their house once, back in November. And so she knew, or
she had gotten the idea that I was a really shy, self-conscious person. A month or two ago she
just asked him, “Is it Beth?” And he admitted, “Well, yeah.”

After she figured it out, Brian came and told me. He was terrified that I was going to be
really angry at him for telling his mom. But it actually was not a big deal. Partially because I
just don’t get angry. I mean, I was maybe disappointed initially, because I felt like - oh I trusted
you with this, and you’ve told your mom. But I really really like his mom. So I figured, if he is
going to tell anyone, ever, that is the best person to have told. So it was okay. And I can’t blame
anyone for doing the textbook ‘tell a trusted adult thing’ - right?

So she knew, so that’s why I ate with the family. Because I wanted her to see me eat. By
eating in front of her it felt like I was showing, “I’m fine!” not in an effort to hide it from her,
but just so that she felt comfortable. I didn’t want her to worry or be uncomfortable. Whenever
we made eye contact during dinner I thought, “I’m eating and I promise I’m not throwing up in
your bathroom.”

After Brian’s mom and Sara finished clearing the table, his mom clapped her hands
together and asked, “So! Who is ready for dessert?”

My chest tightened at those dreaded words. I looked over at Brian for help but he was
deliberately looking away. I don’t know why I looked to him. He wouldn’t help me get out of it.
He’ll make me deal with it- not in a mean way, but in a tough love, friend kind of way.

“I could definitely use some dessert,” said Brian.

“Great! We’ve got two different kinds of ice cream. Cookies and cream and chocolate,”
said his Mom. “What would you like Beth?”

I relaxed a little, there was an easy way out of this one.
“Uh, well actually I’m lactose intolerant. So none for me thanks!” I replied.

Brian cleared his throat dramatically as he shifted in his chair and elbowed me. He knew
I was lying. I shot him a warning look. Luckily no one else seemed to notice our exchange.
His mom said, “Oh Beth, I’m so sorry. Now that I know, I’ll make sure to get some cookies or something else that you can eat.” She turned to Brian, “Why didn’t you tell me that Beth was lactose intolerant?”

He flashed me a mischievous smile and then turned to his mom. With mock innocence that only I detected he replied, “I’m sorry, I don’t know how I could’ve missed that.”

Kelly

Kelly was an 18-year-old heterosexual, Caucasian freshman at Miami University. She was originally from the Midwest. Her parents were still married and she had a 13-year-old younger brother and a 21-year-old older sister. When I met with Kelly, she met full DSM-IV diagnostic criteria for bulimia. Her weight and shape strongly influenced how she viewed herself. She experienced a loss of control when she binged on large quantities of food. On average per week: she binged four times, made herself vomit nine times, fasted once, and used laxatives three times. She was seeing a therapist at the Student Counseling Service who she had been seeing for a few months and she had seen a therapist for about a year and a half starting in her junior year of high school. She also had been taking Zoloft for a year, prior to which she had been on Prozac and Lexapro.

My story.

Okay, so I think it started when I was in eighth grade and my friend and I decided we were going to work out and not eat as much for Lent. And then once Lent was over we just kinda’ went overboard and ate whole bags of Oreos and stuff like that. We were fine, but over the years it became more of a habit. Eating became more of a social thing, like you go out to eat with your friends or you get together and you’re like, “Let’s snack on food.” It wasn’t our whole socializing, but it was part of it.

And then I want to say the summer before my freshman year of high school I went to France. I wanted to be in shape for that. So the week or so before I worked out and I only ate trail mix and celery and stuff like that. I remember when I was there we’d eat a lot. And I’d always be like, “Oh my God- I’m so fat,” but really you lose weight because you walk so much even though you eat a lot. So I could kinda’ see stuff there.

My sophomore year I was going to do dance again. And so I was working out for that. I was pretty skinny then because I did swimming too. And I remember I’d go to swimming and then I’d have dry land work out, and then I’d have jazz class. I did swimming just to do it, so I wasn’t really trying that hard. Then after jazz I would go home and I’d be like, “Mom I have to run.” So after working out all day I would come home and I’d run. Towards the end of the swim season I started to gain some weight. For a while I’d teeter up and down, yo-yoing.

That August before my junior year was when I started eating super healthy, like fruits and vegetables. And I’d be running everyday. I couldn’t miss a day of running because then the day would be lost. It’s like, go big or go home type thing. If you mess up once, if I don’t run today, what if I don’t run the next day and the next day? And then it’s all messed up. It’s definitely like that whole perfectionism type thing. But really it’s like having no control because you feel trapped by it. So I was doing that. And then I stopped working out, so I stopped eating. I was pretty tiny but I wasn’t below anything really.
And then, I don’t know. My junior year I must have been stressed by things, and I just started eating a lot. That’s when I gained like 20 pounds in a month and a half or so. Part of it was probably school and my relationship that wasn’t very good. And then my mom had been running for judge. It was just that they were never around, and it was kinda’ a stressful time.

So that December I finally talked to my mom. I was binging then and I told her about that. And that December I went to the counselor and they were like, “Well we think you’re depressed.” And my parents are like, “Yeah, you’re always sleeping and laying down.” But that’s because I would eat a lot and I felt like crap. I felt fat and stuff, so I’m like, “I don’t want to go do anything.”

At first I had decided that I couldn’t be bulimic. I wasn’t willing to do it, and then I couldn’t figure out how to make myself throw up. Because I had tried to throw up before, but I really couldn’t do it. But then that summer before my senior year I was desperate enough that I finally figured out how to make it work.

Of course I didn’t tell my parents right away. But eventually it began to worry me because I’m a hypochondriac as it is. I’m just like, “I don’t want to die here!” So then I told them and we talked about that in therapy. And I went to the doctor to get medical monitoring.

Last January the bulimia and stuff was really bad. It was becoming throwing up more times a day and stuff like that. It was just really obstructive with schoolwork and life in general. My mom was like, “Well if you don’t get better, I don’t know if I can let you go to school in the fall.” Then this summer when I was going to go to school they were like, “Well do you want to get a counselor?” They were kinda’ pushing a counselor here. And I was like, “I don’t really want to do that. I’m eighteen. I can decide.” Eventually they were like, “Ok fine. We’re not going to make you do it if you don’t want to do it. It’s your decision.” But as it turned out the stress here eventually caught up with me.

When I first got here I was working out a lot. I stopped purging for a little bit, a couple months maybe. I had been eating more and I was like, “Oh I’m probably gaining weight.” But then I went home in September and I’d lost a couple pounds, and I was like, “Oh ok.” And then I came back. I’ve always been a procrastinator and that eventually caught up with me and I wasn’t as willing or motivated to do things. I usually procrastinate, but then I’m just like, “Oh I’ve got to do it.” And I do fine. It’s always worked for me. But I kind of started eating a lot again and binging. And eventually the whole bulimia thing started and I was like, “Oh I need to come see a counselor down here.”

So I started seeing a counselor down here and I kinda’ got it under control. But then I went home for winter break and I was taking less of my medicine and I was really anxious. At home I feel like I’m around food more. Here I don’t keep food in my room because I know I’ll just eat it all and I can be like, “Oh I’m not going to the dining hall.” But at home the kitchen is right there. So the whole bulimia thing was a daily thing over break. I’m like, “Oh I just need to go back to school.”

We come back from winter break and I was ok for a week. Then my current boyfriend was going to pledge, and I think I had a lot going on with that. I also have to figure out my major by the end of the semester. I don’t know. I think I was just stressed by everything, so I started eating again. And it became bad again. It was getting to be throwing up three times a day, and for me that’s bad. I know it’s bad when that’s going on. If you do it once maybe you can come back from it or whatever. But once you’re doing it everyday and you’ve had little episodes three times a day, it’s kinda’ like, “Ok, what’s going on here?”

And then I’ve been ok for a few weeks now. But that’s pretty much it I guess! The history.
My family.

My first counselor would ask me about my family and stuff. Like if my dad being a doctor, being busy, bothered me. But I mean, we’re pretty independent, I’m pretty independent anyway. So it doesn’t really bother me because my parents are still there and stuff like that. I was never mad at my dad for not being there at a certain time or something like that. I never really cared if they went to my events. When I was in swimming, they would come to some of my stuff. But it wasn’t a big deal. I knew they were busy. I guess some people are like, “Why weren’t you there?” But I guess it just didn’t matter to me. Just the fact that they were letting me do it was enough. It was okay. But with my brother, they definitely go to his stuff. And my dad is really involved with my brother in Boy Scouts and stuff like that. Now that I think about it, they’re way more involved with him, but it never really bothered me.

My parents are supportive and stuff like that. A lot of people are like, “Oh do they want you to become a doctor or something because they’re in the medical field?” And I’m like, “No, they don’t push me towards anything, they just want me to be happy.” They’ve always been there. We weren’t the lovey-type family. We hug and we say, “I love you”, but I guess we’re not all like – I don’t know. We’re sensitive, but we’re not... I don’t really know how to explain it.

We always ate together and stuff like that. It was an important thing. When I was in high school my mom would get takeout meals a lot. We’d always try to at least eat on Sundays together. But my sister and I didn’t need that structure. We have our own stuff to do. My mom was like, “I feel like with you and your sister, we did okay.” But with my brother, he’s a little deviant or something. She feels like he needs more structure. He’s still only 13.

I felt like we had structure. I was never like, “Oh you’re never around,” or anything like that. Only during the time when my mom was running for judge because I had all this stuff going on and I needed to talk to them about it but they weren’t really around. But that wasn’t a 24/7 thing 365.

My brother and sister and I got along. All I can really remember though is once my sister went to college, we’ve been really good. We’re really good friends. I can’t tell her everything I would tell a friend. I mean I know I could if I really needed to, but there are just some things I wouldn’t tell her. Just cause she has different values and stuff like that, and I just know she wouldn’t approve.

But my brother, I think I really did not like him when I was younger. Because he acted out so much. He had such a temper and would throw things. He would just hit me. He’s very aggressive. And it would be very disruptive. My brother has always kind of picked on me. Even if he’s mad at my sister, it’d be me that gets the picking on. I think it’s ‘cause she’ll be mean and fight back. But I’m the passive one. And I remember telling my counselor, “Yeah, I hate him pretty much.” It was that bad. I knew I still loved him in the brotherly sense, but I was just like, “Yeah I really don’t like him.” But I think we’re good. Just for a while there, there was that little animosity.

My parents didn’t really know how to handle my brother and stuff like that. My sister and I would always be like, “Okay, way to be the parents. Last time we remember, he wasn’t our child.” They’d be gone or something and we’d have to deal with it.

I remember, one time I was watching my brother and I went in my room and he hit my door with his tennis racquet. And it left this big gash in the door. I’m just like, “I cannot believe he did that.” And then, I remember one time I had to take my brother to basketball camp and he
did not want to go. He didn’t want to do the running. And I was like, “Okay, well we’re going to sit here in the parking lot. I don’t care if you go in or not, but we’re going to sit here so all your friends can come out and see that at least you were here.” He was like, “Okay, fine.” He was just screaming and throwing a tantrum. We waited and then finally he was like, “Okay, they’re probably done running now. I’ll go.” And I’m like, “Okay, fine.” I called my mom and I was like, “Okay, well I took care of your son for you.” So sometimes it was left on us. My sister and I felt like we took on the responsibility. After my sister left for college, I remember I would always be like, “Once I leave too, they’re going to realize how much we actually do.”

I think my mom blames herself for a lot of things because she has the depression and it comes from her side of the family. We’re aware of it. Obviously. She sleeps a lot. She gets a lot of headaches. But she also has a really stressful job. She’s busy, but sometimes we need her to be awake and stuff like that. I think it worsened and became more of an issue with her as we got older, and so we became more aware of it.

Religion.

I went to a Catholic school. When we were younger, we’d go to church every Sunday. But we’re not really churchgoers and stuff. My dad is Methodist. I don’t know where he really is on religion, I don’t know if he’s that big on it. But he’s the one that usually was like, “Oh, we should go to church.” Or, “Oh, we haven’t been to church in a while.” And he’s not the Catholic one. And we were just like, “Okay.” We don’t really go to mass anymore. Maybe we’ll say a prayer at Thanksgiving, or something like that. But we’re not really that big religious people. But it’s there.

I’m more of a loose Catholic, while my sister’s probably more strict. Just like, different morals. Maybe I’m more open to sex or something like that. And she’s just like, “No, you’re going to hell” type thing. She just judges me if I say anything about it. So I don’t.

My mom feels like she’s a bad Catholic. She prays these novenas, which are prayers that you pray every day. It’s like the same prayer you pray for however long, and it’s a weird thing. I see her doing that. And I remember talking to my dad about stuff once. And he was like, “Well I mean I think it’s a nice idea, but.” I just don’t think he really knows. He’s kind of unsure about it. I don’t think he prays and stuff like that.

I know that my brother sometimes would be like, “I hate God because, why would I have all this stuff if He liked me?” He had a bedwetting problem and stuff like that. I know that when I was younger it really bothered me that my brother would say that. I was like, “Why would you hate God?!” And stuff like that. I would like them to have something. But I don’t know really where they’re at with things I guess.

I definitely believe in God and stuff like that. I’m not one that goes to church and stuff. I think I used to be more involved than I am now. In terms of being a loose Catholic, there’s some stuff I agree with, but some stuff I don’t. I’m kind of really tolerant of all other religions and stuff like that, cause I feel like as long as you have something, that’s what’s important. I guess I don’t really understand the whole atheism thing. But whatever. I don’t judge. But I definitely believe in God. I just, I don’t know.

I had an Overeaters Anonymous book. It was kind of based off the 12-step program of Alcoholic’s Anonymous. It had that whole higher power thing- you know, finding that. I can see how that would give someone hope to do better, and stuff like that. That’s why I kind of don’t understand the whole atheism thing. Because how could you not have that in your life?
My first boyfriend – Chris. (End of freshman year of high school through end of junior year)

I still keep in touch with my two best friends from home pretty much. I was friends with the one in second grade and the other one in fourth grade, and then all three of us together started hanging out in eighth grade maybe. So we were friends for a really long time. I’ve always been with them.

In the beginning of my relationship with Chris I was like, “I don’t know. I kind of want to be friends.” We were going to date but then I was like, “Wait, I just want to be friends.” And then he’s like, “Well I really like you, and I want to date.” We’d talk about it, and I’d be like, “Okay.” So we were going to date. It was the end of my freshman year and his senior year. He’s my first boyfriend, so we’d spend all the time together. That summer I didn’t get to see my friends as much, and my two friends started hanging out together a lot more. So when I would hang out with them, they had all these inside things. And I’d be like, “Uh, okay…”

Then Chris went to college and I was sad. I was like, “Oh great now I have no one,” because I didn’t hang out with my friends all summer and he’s at school now. But my friends and I worked through that. We kinda’ came back together when he went to school, so we were still good. We weren’t back 100%. And I was going through my depression and eating stuff so I was still kinda’ off with them because of that stuff too.

We continued dating and he knew about my eating and stuff like that. I was glad that he was supportive of me. But in a way I think he kind of enabled it, because I knew that he wasn’t going to be like, “No.” He wouldn’t rat me out. He would’ve been one of those people that would hold my hair back when I threw up, if I wanted him to. He was never like, “Oh you have to be skinny,” or something like that. But just didn’t really prevent me from doing it.

He was away in school and we’d talk a lot. He wouldn’t go out with his friends. He’d stay in and talk to me. I’d be like, “Well why don’t you go do this?” He’s like, “Well I don’t want to drink.” I’m just like, “Okay.” We were together all the time when he came back.

I think my parents really thought he was going to be around forever. But I was kind of like, “I don’t know. I don’t know if this is working out.” But he would never break up with me. I know that’s really conceited to say! And my mom would always be like, “You know, Chris might find some other girl at school.” And I’m like, “No Mom, I don’t think that’s going to happen. I’ve thought about it and I just don’t think that’s going to happen.” She’d try to console me and I was like, “If it did happen, I’m pretty sure I’d be okay, but I don’t think that’s going to happen.”

So during the whole time I was depressed and stuff, I think that had something to do with it. My one friend would always be like, “You’re not the same anymore.” Stuff like that. And clearly I knew that, but what was I going to do? I didn’t know what to say. I was just like, “I’m fine.” She was calling me out on it, and clearly I’m having a hard time with it. Now I have a better understanding of my depression and the whole eating thing. But this is in the beginning. I could tell I wasn’t the same, but I wasn’t going to be like, “Yeah, I know my life sucks right now,” because I didn’t talk about my relationship as much. I knew that there were problems with it, and if things were okay, if they did turn out okay with me and Chris, I didn’t want them to question it.

I remember Chris would come back and he would go to my counseling and stuff with me. In the beginning I did not talk at all in therapy. I think that part of it was him, like our relationship. I think it fueled it and I wouldn’t want to talk about our relationship because I
didn’t want anybody to say anything negative about it. Because I knew it was so problematic but I guess I just didn’t want it to be. My counselor would call him my interpreter because he would say stuff for me, and say what was going on.

Chris would get mad if I wanted to do something with someone else. He would be like, “Oh but I had something that I wanted to do on this day.” And it’s like, “Well you didn’t before I said anything. I didn’t know about this before I made plans.” He’d be like, “Oh it was supposed to be a surprise.” I think there was a control aspect. And if I was worried about something, he was always like, “Oh it’s just your anxiety or your OCD type stuff.” And I’d be like, “Oh okay. Yeah, you’re right. It probably is.”

I’d think about us, and I’d be like, “Oh my gosh we’re just going to be together.” I always told him, “We’ll have to take a break eventually. Even if we were to stay together, we’d have to. We’re still growing. We need to experience other things.” I was with him all throughout high school. So that’s all I really knew. I was still growing but he was there, so I kinda’ took on some of the stuff that he was. That’s just natural.

It was probably after a year and a half or so that I really felt trapped in the relationship. I wanted to be independent but he wasn’t letting me. I wasn’t going to break up with him, but there were times when I was like, “I just don’t really feel like I like him anymore.” I really wouldn’t want to kiss him. But I was like, “Oh no, it’s probably just my anxiety or something.” It’s kinda’ hard because he was like a best friend too. So if we broke up then I wouldn’t have my best friend. I definitely was dependent on him, and that wasn’t good. It was just our life. It wasn’t his life and my life - it was together.

Eventually I talked to my friends about everything that I was thinking about, the relationship and how I didn’t like it. And I was just like, “All this is going on,” and they were all like, “Oh wow. Well you never really said anything about this before.” And I’m just like, “Yeah…” My one friend would break up with her boyfriends and I’d kinda’ be jealous. I’d be like, “Oh God, I wish I could be single.” But I just couldn’t do it. It was really hard because we were together for so long, he was a part of the natural routine.

It got to the point where I just started being a bitch with him. I’m just thinking like, “Please just break up.” I couldn’t do it. I couldn’t break up with him. I would tell him, “I don’t know if I feel the same.” And he’d be like, “Oh, it’s just your anxiety or depression or whatever.” And I’d be like, “Yeah, do you think that has anything to do with it?”

So I was trying to be bitchy, and it just was not going anywhere. So eventually I broke up with him. I told my mom and she was like, “No you didn’t.” She did not believe me. And I’m like, “No, I did.”

After we broke up, I was flooded. I flooded my counselor with all this stuff about how our relationship probably just made things worse and stuff like that. And then my friends and I would talk about it and that one friend was like, “I could tell you were unhappy. It wasn’t good.” I’m like, “I know.”

My second boyfriend – Keith. (Summer before college to October of this year)

In the beginning we just had a physical relationship but then it turned into something. We weren’t really expecting anything to come from it, but we just got along really well. It was the month before I came here.

I remember one day I was hanging out with him and I was like, “Oh, can we go get ice cream? I just really want to get ice cream.” And he’s like, “Yeah, well don’t you want to eat
something else first?” I’m like, “No, I just want ice cream.” And he’s just like, “No, I’ll make this pizza”. So we had pizza. And he’s like “See, wasn’t that good?” I’m just like, “Yeah. Can we go get ice cream now?” And he’s like, “Yeah.” It was like that. You kinda’ pick up on little things there.

I think I brought up the bulimia stuff. I was just like, “Yeah I have all this stuff,” and he’s like, “Oh, okay.” We kinda’ talked about it a little bit. I don’t really remember what we said, but we just talked about it. And things were fine because it wasn’t something that I was really doing right then. It was kind of an incubating period where I was fine.

Then after I’d been here for a bit my bulimia was starting to get bad, and the stressors of school and stuff like that were adding to it. So we’d talk about it more, and he would kinda’ get mad. He tried to be supportive of me. He was glad that I was going to the counselor and I was getting that. He was trying. He was like, “I want to help you.” I was like, “I know, and I don’t want it to be part of our relationship. I know that our relationship can’t work if this is a part of it.” It is a secretive behavior and it does take up so much time and stuff like that. I know it’s not going to be able to work just because it’s so intrusive. I can’t not take care of myself and be in this thing. Physically and mentally, I can’t neglect that. I can’t be so unstable, and then try to be in the relationship and be okay.

I know the behavior isn’t healthy. I can only expect him to be supportive so much. I didn’t want it to become a part of things, because I didn’t want it to be his problem. I needed to deal with it, and I didn’t want it to interfere with things or affect things, because it does change how I feel about myself. He knew that, so we would just talk about it. He’s like, “You know, I just wanna’ help you.” But he was kind of harsh about it sometimes. He’d be like, “Well you need to stop. You need to not do it anymore. You say you don’t want to do it, and you need to not do it.” I understood that, but it was kind of like an all or nothing thing he had where I’m like, “So if I slip up once, then that’s it? Like, oh you’re never going to get over it?” I think what he was saying though, was in terms of you can’t be like, “Oh I’m just going to mess up.” You can’t look at it like, “Okay I’m going to try not to do it. I’m not going to do it, but I’m probably going to just mess up anyway.” You can’t set it up for failure I guess. He just wanted me to be healthy. He was supportive for someone outside looking in. He still had his bias, but he was still there for me I guess.

But then it just wasn’t working out. I think it was just the timing. I was starting school. The eating stuff was interfering with my grades, and there was other things going on with the relationship. I knew that there was stuff up with it and issues going on in it. And I was like, “I’m not going to hold it. I’m not going to do that again, wait and be like, ‘No - it’ll be okay.’” I was stressed all the time. And he’s a lot older than I am, so we’re at different places right now. We broke up in October. But we hung out over Christmas break and we were really good. We get along and we can talk about stuff. Right now we’re just friends, but I can confide in him. But I wonder, would I talk to him as much if I could actually talk to my current boyfriend?

My therapist. (Present)

I’ve been in therapy a lot. I know all this stuff about my disorder. Right now it’s just like we’re just going around in circles. I know what I need to do. I don’t know why I don’t just do it. If there was a cure all, if I knew what it was, I would fix it.

For a while in therapy we were talking about the whole bulimia thing. And then my counselor said something to me a couple weeks ago about how, “You need to think about what
you want to accomplish in here.” She’s like, “I feel like I’m prying. I feel like we get towards something and there’s this brick wall. You always redirect the conversation somewhere else.”

I can tell when she’s getting at certain things, and I’ll direct it towards something else because I’m like, “No, no that’s not it.” But what if she’s trying to reveal something, but I’m kind of being like “no” about it? Maybe that’s inhibiting my therapy. I don’t know. I try to be open because I know it’s for me. I don’t try to withhold information.

My counselor’s like, “I feel like I’m trying to get in, but you’re not just not budging. I don’t know what to do.” And I’m just like, “Well, I don’t want to waste your time. I’m not trying to be difficult. I know this is for me. I’m paying to be here, so, whatever.” And so then she’s like, “Well what do you want to do?” And I was like, “Well, maybe we should just focus on other things that are stressing me out, daily things, and we can come back to the whole bulimia topic if we need to.” For two weeks after that we didn’t talk about it at all. The whole bulimia thing was kind of off limits. We would talk about my boyfriend, or a rough time I was having with one of my friends. Those situations probably add on to the stress that leads to bingeing or whatever anyways, so that helps. But I talked about the bulimia in my last session, because it is really bad lately. And she’s just like, “I kind of felt like that was off limits.”

I felt like she had given up on me. I wanted to be like, “Let’s give up on me. Yay!” I mean I know that there’s that patient-client relationship thing. And I know that she has other cases and stuff like that, and you don’t get attached, but I just feel like she does not care. She’s thinking of me in general and not caring about my personal case. I feel like she just gave up on me.

I’m starting to think that no one can help me. My mom has asked me if I need to get a new counselor. And I’m like “No, I don’t think that has anything to do with it. I don’t think that would change anything.” I thought my counselor was really good for me because she’d call me out on things. If I’d be like, “But, yeah…”, then my counselor would be like, “Well what do you mean by this? What do you mean?” And I’d be like, “Okay. Crap. Now I have to explain this.” So I thought she was doing pretty good, but I guess she just felt like she wasn’t getting anywhere with it. It just made me upset.

It’s my problem and obviously I know what I need to do. But I can’t do it. I think I’m just going to die - not that I’m really going to die, but I don’t know. I don’t know what I’m going to do.

My friend Carrie. (Present)

I recently had this huge falling out with Carrie, and I talked to my counselor about it. Just about her being here, and being around so much. She lives right next door, so it’s really hard. She’s always there. And I just can’t get away. I was like, “Maybe I should move, because I like our friendship, it just can’t be that much.” My counselor’s like, “Well can you talk to her?” And I’m like, “Well we talked before, and it hasn’t really done anything.” So one day I told Carrie that I needed some space.

I told Carrie I wasn’t mad at her and stuff like that because she asked me. But it just seemed that way to her, and I understood how it could seem that way. So we talked about it and she’d understood how I needed my space that day. She was like, “No I understand, and I want our friendship to work too.” I just don’t want it to get to the point where it goes back to normal again and we’re just in the same spot, because I need my space other days too.

But then I was hanging out with some of my other friends at times, and Carrie would see that and she’d be like, “Well, obviously you can hang out with people- just not me.” But it’s like,
my other friends are not around me 100% of the time. They don’t come to my room every waking minute of the day. I go see them when I’m okay. And then I’ll hang out with them for a bit and then I’ll leave.

With the depression and stuff she’ll be like, “Yeah, you’re acting like you’re kind of depressed lately.” I wanna’ be like, “Yeah I’m depressed. I know I’m depressed. I go to counseling. I have problems, and I’m trying to move through them. I don’t need you to tell me that I’m depressed. You saying that I’m depressed does not help me at all!” I try to deal with it. Sometimes I just need to be alone in my room. I tried to stay away from it, and it’s not prevalent. It’s not like I’m around her and depressed, it’s like I’m away and depressed. And she’s just like, “Oh. Well you’re not around me and you’re being depressed,” and stuff like that. It’s just like, “Well I’m trying not to force it on you. It’s not your problem, it’s my problem.”

Carrie’s the only one here besides my boyfriend that knows and I really regret her knowing about my bulimia and stuff because I feel like she tries, so she makes it her problem too. She tries to help me, and I just wanna’ be like, “I’m an adult. This is my problem. I told you about it because I trusted you, but I don’t need you to tell me what to do. I’m working on it. Only I can do this. I mean I appreciate your support, but you can’t do it for me. You just need to let me be.” And when I am binging and stuff and I need to purge, it’s that much more stress because I know she knows about it. She picks up on things with it, so I feel like it’s that much more secretive and it’s more stress on me to do that.

One time Carrie was asking me, “Have you ever thrown up here?” I’m like, “No,” but I had. And she’s like “Oh really? I feel like that’d be a really good place to do it.” And I’m like, “Oh yeah. I never really thought of it.” But if I had and it was a good place, I’m not going to be like, “Yeah! I throw up in there!” so every time I go there she’s going to be like, “Oh what’s Kelly doing?” and stuff like that. I can’t give away all my stuff. And my counselor is just like, “I think there’s a part of you that doesn’t want to give it up, that’s okay with it.” I mean, yeah- it’s a sense of security. If I do binge again, then I wanna’ know that there’s a way I can compensate for it. And it’s like, if I didn’t binge, I wouldn’t purge. One goes with the other.

My current boyfriend – Brad. (November through present)

I was already friends with my current boyfriend, Brad, when I was still with my ex. Brad and I started hanging out after Keith and I broke up.

When Brad and I had only been together for like a month I was just trying be really careful with things, because I really like him and I wanted it to work. I didn’t want my problems, like my depression and stuff, to be a part of the relationship really. I just kind of wanted to keep that separate because it just complicates things and I didn’t want it to be an issue. And I feel like it’s more of an issue for me personally. It’s more like, well if I bring this up and it’s not really prevalent right now, it becomes more prevalent. I don’t know, I think that maybe if I say it, like talk about how it is, it’s just more real, and I don’t want it to be associated with me because I’m not proud of it. I don’t want it to be like, “Oh you’re bulimic,” because sometimes I’m not.

One night Brad was telling me about his friends back home telling him these legit problems. Like about abuse, sexual abuse and stuff like that. And he’d be like, “I don’t know. I knew them all this time and then I didn’t even know this about them. They’re just telling me about it. Am I supposed to know this, or not supposed to know this about my friends?” and stuff like that. And I was thinking like, “Oh man maybe I should tell him about my bulimia.” I was going to say something, but then with how he was saying, “Oh I don’t know if I should know that
about people,” I was thinking like, “I don’t know, maybe this isn’t a good time to say it. I’ll just hold off.”

But then I kind of told him that I was really anxious and that I take medicine for that. And one day I told him I went to the doctor, and he’s like, “Oh really? For what?” I was just like, “Oh, my psychiatrist.” And he’s like, “Oh, I didn’t know you saw a psychiatrist.” And I’m just like, “Yeah, he handles my meds and stuff like that.” And he said something, and I’m like, “No, he’s not a counselor just my psychiatrist.” But I didn’t tell him about the counselor or anything yet, I was just like, no- another time. So that was that.

But then Brad decided that he was going to pledge, so he’s really really busy and I never see him anymore. It was at the beginning of our relationship, and I was doing really bad with my depression and my bulimia, but he didn’t really know about it. So that was bad and it was on top of the fact that I didn’t see him or get to talk to him or anything. We have a class together, so I’d see him but I’d be kind of stand-offish, and he’d be like, “Well, what’s wrong?” I’d be like, “Oh nothing.” It’s not like when I’m walking to my next class I’m going to spill out this whole life story about like, “Oh I’m depressed and all this stuff is going on.” So I’d be like, “Oh I’m fine.” He was kind of getting mad at me because I wasn’t telling him what was going on. But it’s like, you’re so busy that I can’t just sit down and tell you. I’m not going to tell you on the phone or something that.

So we kind of had this big talk about how I don’t see him and we don’t talk, and stuff like that. And he’s just like, “Well I told you it’s going to be like this.” But I wanted him to know that it wasn’t completely because of pledging. That it wasn’t so much animosity towards pledging, it’s because I had all this other stuff that was going on with me, and I needed to talk about it. I wish he was more there- that he could’ve been more there for me.

One night I was just sitting there thinking about my majors and stuff I had going on with my friend. And I kinda’ wanted to talk about it. But I always talk about how I’m mad at her or something like that. So how do you distinguish that it’s like, “No, I really need to talk about this. It’s not like other times when I’m mad at her. I’m really upset about this”? I’m not very assertive; so I don’t really make that known, or communicate that well. So I’m sitting there, Brad’s doing his homework, and I’m just like, “Do I annoy you when I bring stuff up or something? Something’s up. I don’t know, sometimes I just feel like you’re not really receptive or when I want to talk about something important, you just kinda’ blow it off.” And he’s just like, “No. Maybe I don’t know when something’s important.” I was just like, “Okay,” and I just didn’t talk about it. He was so exhausted from pledge and everything that he pretty much passed out. And I was just like, “Okay, I’ll just leave it alone.”

I wanted to tell him. There was always this thing where it’s like, I can say something in the beginning, but I don’t want to scare him away. But I’m afraid. It’s like, how long do you wait before it gets to the point where he’s like, “Well why didn’t I know this about you? Why couldn’t you tell me this?” I felt like I had to say something just to explain everything. It’s not how I wanted to go about doing it, but I was just like, “We need to talk.” So he came over, and I kind of just told him about it, about my bulimia and everything. I was like, “I don’t want to make it a big deal. I didn’t want it to be a part of me or a part of us. I just feel like you need to know about it because it is something that’s going on and it is affecting things.”

I don’t know. He just didn’t say anything about my bulimia. I was relieved he didn’t, but I was also kind of like, “Well, do you have any questions?” And he’s like “No.” And I’m just like, “Okay.” So it’s just kinda… you know, because that is a big thing. Like if someone told me that I’d be like… I don’t know. I don’t know if he didn’t care, or maybe he didn’t think it was a
big issue. I guess I was trying to downplay it when it really is a big issue, so I don’t think he knows. He was probably also being considerate of how I was like, “I don’t want to make it a big deal.” We never really talked about it again.

Okay backtrack a little bit. A few days before I told him about the bulimia stuff I had gone over to his place and we had talked. And he brought out all this stuff because he had pretty strong feelings for me at that point. But I was just really trying to take it slow. He’s like, “You know, I’m falling for you.” And I’m like, “Awww, you’re so cute,” because I felt the same but once you bring out all the love and stuff like that it just takes it to a whole other level. And I’m like, things are good right now, they can stay like this. I was hesitant and I hadn’t brought out the bulimia stuff and stuff like that.

So when I told him about the bulimia and stuff he was like, “You know, I said that stuff about how I’m falling for you, and then you told me about your stuff and I was just like, ‘Oh my God, maybe I don’t know you.’ And I told you all this stuff.” His dad has alcoholism problems, and he had told me that stuff early on, which was really weird because we knew each other, but we didn’t know each other that well. He was telling me all that stuff, and I trusted him, I just wasn’t ready or didn’t want to share. So I’m just like, “Well, you know, you have to think about me and how it’s hard for me, and how I don’t want that.” He’s like, “Yeah, but you know, it is something that you deal with,” and I was like, “Yeah, but I don’t want it to be a part of me. It’s not something that I’m proud of. You have to understand it from my perspective.” He’s just like, “I know. I just felt like, you know how I told you all this stuff and especially even after what I told you about my friends, why wouldn’t you tell me?” And I was just like, “I don’t know.” I think he felt kind of betrayed.

Sometimes I’ll bring it up. I’ll be like, “I don’t know, like I’m dying man.” I just say, “Like I’m dying.” But when I’m saying that, I’m throwing up a lot. It makes me so tired, and I physically get sick. Whether it’s laxative use or something, I just feel like ugh! Or I’ll be like, “I’m sick. I don’t feel good today.” But I don’t think he knows that it’s because of my eating disorder. Sometimes I think he just thinks it’s lack of sleep and stress, but I tried to hint. Like I’ll be like, “Oh my bulimia’s bad,” and he’ll be like “Yeah,” and we don’t talk about it. The thing is, I want to talk about it because I don’t want to talk about it to my friend Carrie who’s always around because I don’t want to let her in with that anymore. I kind of want to back away from that.

And so I tried to bring stuff up, but it just was not happening. I’m just like, “We need to talk.” But whenever it gets to the point of actually talking, I’m just like, “Eh, why bother? It’s not a big deal.” I’m not very assertive with things.

Even with my counseling I’m not very assertive. Like you’re supposed to go in there and just bring out this stuff. I’m just kinda’ like, “Yeah, you know, I’m fine,” and then I’ll kind of ease into something. But if something the night before is really bothering me, or something is going on in between sessions that I’m just like, “Oh God, I need to talk about this,” I’ll kind of think it through. It’ll be like my own little self-therapy, and then the next day I’ll be okay. I mean I’ll be okay for the time being but I know it will probably come up again. But when I go to my counseling it’s not a prevalent issue, so I’m not going to bother bringing it up. I’m just like, “Ah whatever.” But it still needs to be talked about.

So I’m kind of like, “Oh you know how my bulimia is bad,” but he doesn’t really say anything about it. I don’t know how to get into it. I can bring up, but I don’t know how to expand on it. Because sometimes I just want to be like, “Okay, this is what I do. This is what it is. I don’t know if you understand exactly how much of an issue this is.” I don’t think he knows that it’s an
everyday type thing, because he’ll always be like, “Oh I’m busy with pledging,” and stuff like that. And I mean, yeah I’m not pledging and stuff like that, but you know I have all this eating stuff going on. And that does take up a lot of time and adds more stress so it’s almost like... I don’t know. Then I’m like, I don’t know what to say because I don’t want to add more stress on him. He is already so stressed with his stuff that I don’t want to put my stuff out there.

So my boyfriend and I haven’t been talking about the eating. But I’ll talk to him about some things. It’s so messed up. I’m like, “Why can’t I talk to my boyfriend?” We don’t even have a relationship as far as I’m concerned. And actually right now I talk to my last boyfriend more than I talk to him. I just know that my ex will be receptive of it and I know that he understands things because he already experienced it. But with my current boyfriend, it’s like he’s not here to experience it.

I’m not blaming him for my disorder or anything like that. But if I got to spend more time with him, I don’t think I would engage in the habit as often. If we did get to hang out and stuff like that, then I wouldn’t do it. Seeing him fills that void and makes things less stressful. But it also does fill the time. It’s like, well I’m not going to binge or whatever because I want to enjoy that time with him. So I don’t want to have to worry about eating stuff. Being with him does fill the time void. It takes time away from the possibility to binge and stuff like that. But it also helps with stress. It makes what I’m going through less stressful. If I have a lot of homework but we’re hanging out, it helps. It eases things so then maybe I’m not as stressed, and I won’t go and binge or something like that. It does help with that. But, I don’t know. I don’t know! I don’t know how to talk about the bulimia stuff more in depth with him. Because as much as I don’t want it to be a part of it, it is so much my life right now that it is affecting things. I don’t want it to, but it is. And I really don’t want to talk to anybody else about it.

I thought I could talk to Brad. And I really wanted to because he knows about the bulimia and stuff. There have been times when I could have talked to my friend Carrie, but I don’t want to talk to her because she’s right there. It’s just kinda’ tricky. She’s just going to worry about it and be up in my business more. It’s just better if I don’t go to her. I’ll talk to my mom about it, but it’s kinda’ like the same response. She’s just trying and I don’t want to worry her anymore. I talked to her about what my counselor said about the putting up walls and stuff like that, and my mom’s like, “Well do you need a new counselor?” I’m like, “I don’t think that’s the problem.” And she’s just like, “Why can’t you stop? Do you need to come home?” And I’m like, “No.” And she’s like, “Well do you need someone to tell you when it’s time to come home? Or would it be different if you were at a different university?” I’m just like, “Oh I don’t know.”

I kind of want to talk to my ex, Keith, about it. But shouldn’t I be able to talk to my boyfriend about it!? That’s like, emotional cheating! I don’t know. With my ex, I know he’ll tell me it like it is. I’m really glad that my boyfriend doesn’t judge me and stuff, but I think that the lack of judgment kind of comes across as like he doesn’t care about what we’re talking about or he’s not as interested in it. But I know that my ex will be like, “Well, this isn’t good.” He’ll tell me, whether it’s good or bad. And it’s not like me talking to my friend Carrie about it because Keith’s not here, so obviously and he’s not going to try and be influential and try to interfere with it. I can talk to him and it’s wouldn’t be me just venting or something like that. He’ll tell me. But Carrie would probably be like, “Oh you shouldn’t eat that.” Or try to be there 24/7 and monitor me. He won’t do that either.

Brad and I kinda’ broke up for a little, not even a full day. It was just because of how we never see each other. I’m like, “You do not make an effort. I don’t care how busy you are, you can make time to see me at least an hour, like on a Friday.” And he’s like, “Do you really think I
“don’t try?” And I’m just like, “Yeah, I kind of do.” I know his friends might not have as busy a schedule as him, but I know that they have time to do other things. And I’m just like, “How can they have time and you don’t?” He’s like, “You can’t be my girlfriend just when I need you to be?” And I’m just like, “Yeah, I can’t just whenever it’s convenient for you because I’m here trying to make an effort and you’re not doing anything.” But then we were just kind of like, “Okay fine.” Right now Brad and I are just waiting to see if it’s going to be okay again once pledging is over, because before pledging started everything was really good with our relationship and stuff like that.

When I told Brad about the bulimia I was like, I don’t want it to be who I am. It’s definitely a part of me, but I really don’t like that it is. So I don’t want to talk about it. But as much as I don’t want that, it really is a part of my life. And I want to talk about it. And I feel like if he’s going to know about it, then he should know how much of a big deal it is. It isn’t just like, “Oh I’m bulimic. It’s on the side.” It really consumes me. If he’s going to know about it, then he should be able to talk about it. But I can’t talk to him because he’s so busy. I think that would bother me more and I think that the stress that I don’t see him would lead to more bingeing and stuff like that on top of everything else. To this day we still have not talked about it in depth. I’ve tried to, but he just doesn’t have time.

My friends.

Everything has to be okay with my friends. I have to just be like, “Everything’s okay,” so my friends aren’t worried. I’m pretty good at being like, “Oh everything’s okay,” and stuff like that. I’m insecure but I can act like nothing is bothering me. And I put up with a lot. I kind of have that thing, where everything’s okay and then I have that breaking point where it’s just like - oh my God, everything is just there.

I get stressed about friends and I just let everything build up I guess. Even if something’s not my fault, I kinda’ put the blame on me because I don’t want the other person to be mad at me or something like that. And I worry about every little thing said. Like, “Oh, well what if this means this, or this means this?” or something like that. I don’t always talk about things too. So it gets to the point where it just builds up and then it’s like, “Ok, what are you going to do now?” I’m not very assertive. So if something is bothering me, when it gets down to it, I’m not going to bring it up. And so I think that stuff kinda’ just fester in me until eventually I have all this stuff and it sounds like I’ve been so mad for so long because I never cleared it up in the beginning.

My friends and the bulimia.

I do talk about the bulimia stuff, but it doesn’t make anything better. I mean just talking about it makes it better, but it really doesn’t fix anything. Sometimes I just don’t want to talk about it because, what is anyone else going to do except for worry about it? I mean I’ll talk to my counselor about it. But my friends or my parents? I tell them about it, but there’s really nothing they can do. So I think that just kinda’ stresses me out.

My two friends from home know about it. My one friend Meghan would get mad at me and she would be like, “Why do you do that?” And I wouldn’t know how to explain it to her. Sometimes I just wanted to talk to her about it but I couldn’t because she’d always be like, “Well, why do you have to do that?” Or they were just mad, like, “I don’t understand that.”
So we would go out to eat and I’d go to the bathroom. I go to the bathroom a bunch anyway. And Meghan was like, “Earlier when you went to the bathroom, did you, you know, do anything?” And I was like, “Meghan, the waiter didn’t even bring our food yet. There would have been nothing for me to throw up.” That’s what I hate. That’s why I’m wary about telling people, because they’re always assuming everything. I do go to the bathroom a lot normally, I’m not always... And I have to be like. “No, I would never. I don’t throw up in public places.”

When I’m bingeing or bulimic or whatever, that’s usually the time when I’m gaining weight. Because really I’m not throwing up to lose weight, it’s just to compensate for the bingeing. I just want to stay the same. Obviously I can purge all I want and I’m not going to get everything out that I wanted to. Then with the weight gain - I usually feel crappier anyway and I’m preoccupied with that. Then it’s just like a whole cycle. My friends just get frustrated anyway and I’m not more ready to do things with them. I kinda’ just want to sit in my room or something like that. They want me to come hang out and I want to hang out with them too. So I want to stop doing it so I can hang out with them and have a good time. Because if I’m hanging out with them, then I’m not eating and stuff like that. So that’s a plus too. It works both ways I guess.

Sometimes I purposely try not to binge because I notice my friends getting frustrated with me and I want to hang out with them. I want to be able to have a good time with them. And if I’m doing this, then I can’t do that. With the bulimia and stuff, when I am bingeing and purging, it does take a lot of time. If I did binge, then I’ll feel uncomfortable and I’ll be trying to figure out ways that I can purge. But if my friends are there, then it’s kinda like I have to figure out how I can get away. And if I binge, I’m uncomfortable because I’m like, “Oh I just ate all this stuff and I just don’t feel good doing things” and stuff like that. Then if I have to do something with my friend I’m like, “ehhh.” It makes me not want to engage with them because I’m so worried and distracted. I’m so hung up on that, and thinking that I need to do that or something like that. So I’ll really try not to binge so I can have fun with my friends and stuff like that. So it’s a nuisance. I think maintaining relationships will be a lot better when I’m recovered because there’s a lot of avoidance and stuff because you’re so preoccupied with the eating and stuff like that.

Recovery.

I’m not sure what I need to recover. People are always like, “Well, you stopped before, why can’t you stop again?” And it’s like - ok it’s easier said than done. Even if I do stop it’ll probably happen again eventually, and then...

We always talk about this in therapy - there’s obviously something that it does for you, otherwise you’d be willing to let it go. And as much as I accept that and as much as I don’t want it anymore, there’s still a part of me that finds it useful. If I do binge again, I want to know that I’m going to be able to purge. I think it’s just that I do need to control that. Eating, not bulimia, is probably always going to be an issue. I’m probably always going to have to watch for my habits.

I’ve been given lots of tools, like read a book or call a friend or something like that when you feel like you are about to binge. I know that I can just be like – no, I’m not going to do it. I think it’s just whether I make the final decision in the end to actually do it, to binge or not. I think it’s just really about my control and stuff like that.

Karen
Karen was a 25 year old, heterosexual, Caucasian graduate student at Miami University originally from California. Her father passed away when she was nine and her mother remarried when she was in college. When I interviewed Karen, her younger sister, Alicia, was 17 years old. When Karen was most symptomatic, she did not meet full DSM-IV diagnostic criteria for bulimia. Her weight and shape strongly influenced how she viewed herself. She did not experience a loss of control when she binged and her binges were not objectively large. However, she was unable to prevent herself from engaging in her subjective binges and then purging by making herself vomit. On average per week: she binged six to seven times and made herself vomit six to seven times. When I met with her, she had not binged and purged for over two years.

**Childhood.**

Growing up things were pretty idyllic until my father got sick and passed away. We lived in a really nice neighborhood. My father was one of those people where when my mom suggested that they make a budget at one point he said, “Why would we do that when we can just go out and make more money?” They both worked in real estate, so they made their own schedules. The whole nine to five concept never really existed in our family. They both worked from home, although it required them to be at various sites.

It was very flexible. They just traded off. My dad took me to school and picked me up from school. He was usually the one. My mom used to joke that she worked so that he could play. He was one of those people who would have a million dollar deal, and then not work for six months. And then the next million dollar deal, and then not work for six months. She seemed to be working all the time, and yet made less money. So she was gone a lot more. And she sort of worked more consistently and she’d come home late for dinners and things like that.

I had a really great childhood until about eight. When I was eight years old, my little sister was born. My father was diagnosed with terminal cancer while my mom was pregnant. So that’s a really difficult thing. And Alicia was ten months old when he passed away. That sort of was the beginning of the end. He didn’t have health insurance because he was just one of those people that thought, “I’ll just live forever.” By the time I was three he was clean and sober, but he was a recovered alcoholic and drug addict. You can get rid of the behavior but the personality of that kind of risk-seeking kind of person is always there. And that’s just, that was just his thing. His cancer was directly related to the difficulties he put his body through.

So he died at 45, which was hard on everybody obviously. It was hard to see my father die and to go through that process. He was too young. But it was sort of doubly hard because we lost him, and we lost our whole life. Because we lost our house, we lost the cars, we lost our vacation homes, we lost our boat, we lost- we had this really yuppie upscale kind of typical 80’s Reagonomics lifestyle. And it all sort of fell out, the bottom fell out. Because between the costs of his medical care, which lasted about a year- thank God. I mean it’s terrible to say, but thank God it only lasted a year. Because there are people who fight for three years and die and then we would’ve been completely in debt. So he was ill for about a year and very quickly declined. And then we sort of lost everything.

*After my father died.*
My mom is going through some stuff with my younger sister now.

It’s very funny.

She sort of says to me,

“You were never like this. You never did this.”

And I always want to say things like,

Yes I did.

You just weren’t there.

My mom insists,

“This was never so awkward with you.”

“You never needed this.”

“You never came to me.”

Well, yeah.

Because I took care of myself.

Because you weren’t there.

When my father died, we all sort of moved up the ladder. It was like Mom became Dad, I became Mom, Alicia became kid. Alicia sort of became my responsibility. So from the time I was about nine to the time I was about fifteen, it was really sort of like crisis mode. Constantly moving, trying to juggle a single parenthood situation. I didn’t have a very tumultuous relationship with my mother.

We always had an odd relationship though, because I was never really sure what it was. My mother and I were really close. We weren’t close like some TV movie close. She was not my best friend. But we didn’t argue very much or have the sort of typical, mother-daughter relationship. I never thought of my mom the way a lot of my friends thought of their moms, which was like this creature from another planet. Like- “Oh my God, they have a sex life! Freak out!” or these kinds of things. I saw her as a person from very early on, with all that that goes with.

And so we weren’t close, but we had sort of an atypical relationship that looked like closeness, or that later would foster closeness is the best way to put it.

I had responsibilities and I thought about things that other kids my age didn’t necessarily think about. But at the same time it wasn’t something that I would’ve necessarily changed. I looked at my friends who didn’t have siblings to care for, who didn’t have things around the house that were required of them, or had things around the house that were required of them. And that was the thing, I didn’t have things that were required of me, it was just what you do. You just do it. You do your laundry. Nobody has to make a chore list or give you gold stars; you just do your laundry. So I was, as you psychologists would say, the parentified child.

But the situation had called for a sort of radical self-sufficiency at a time when that necessarily might not of happened if it was different. And so that changed our relationship slightly. In some ways our relationship was always a little odd because of that. What are we? But at the same time, she was always there. She was a great mom. She always occupied that mom role really well. She was always really nurturing. She was always really kind.

I sort of think back, and we were like these three people trying to cling to each other in the midst of a really difficult period of time. And she did a pretty amazing job. We filed for bankruptcy, we lost everything, but we went to world-class schools. We never left the fancy neighborhood. Not that I think that would have been important to me in the end. And we never really felt poor. I never felt that growing up. I never felt deprived of anything. I felt this sort of looming anxiety about finances, but it was a weird kind of disembodied looming anxiety that
didn’t have any material correlate. It was just sort of this big scary thing that was there. But it never was like I didn’t have anything that I needed.

At the same time, it did keep me from asking for things when I needed them. Stupid things, like I’m growing up, starting to hit puberty, I needed deodorant. And my mom was very busy. And so she didn’t clue in that this was happening, and that she might want to take me to the store and get deodorant and maybe razors and whatever else. She just didn’t do that. So I walked to the store, which was like an hour and a half away. I got my first period and didn’t tell her for three months. And I only did because we had to go camping. I just said, “Oh by the way, this is happening.”

But she was just really busy. She was busy. She was gone a lot. And she had to be, because she was trying to put food on the table and keep up the standard of living that she felt was important for our sanity. And maybe it was- I don’t know.

My grandmother and I had more of the close, I guess what you might consider a more typical, mother-daughter relationship. Not that my mother and I didn’t have a good relationship. But she just was more nurturing. My mother is very nurturing but she was just so busy.

Up until my grandma died when I was fourteen, every year my grandma and my grandpa would come out and hang out with us for a couple of months. And they were sort of this multi-generational household that was really great. My grandfather loved kids, loved playing with kids, loved being around kids. Once you hit puberty, he really didn’t know what to do with you. But God, that time period between two and twelve, that was just great. He’ll play hide and seek with you all day long. That was just his favorite thing to do. He would pick me up from school and he would take me to my various lessons, all those sorts of things. My grandmother was always in the house and she was always cooking. So they were these built in babysitters, and we were pretty close. Because once you hit puberty he doesn’t really know what to do with you. My grandfather and I never really discussed anything, like heart to heart conversations or anything. But he was the guy that always supplied the sugar and took you to the movies and took you to the park and schlepped you around.

I just kept getting thinner.

I get a little resentful from time to time, because my little sister will say things like, “I hate that they’re all on top of me all the time!”

I tell her,

“You don’t get to complain!”

“They’re engaged!”

“This is important!”

I think I first started to worry about food and be conscious of feeling bigger when I was about ten, eleven. I always feel like girls fall into one of two categories- either they’re little knees and elbows and skinny tiny little things, or they’re kind of like chubs - not heavy, but little cherub, teddy bear types. And I sort of fell into that category. And that was something I felt really isolated about. So for some reason I just felt uncomfortable with it even at that age before puberty.

I don’t remember actually the first time I ever binged and purged or any of that. It just sorted of started to happen when I was around twelve. And I don’t remember exactly that time
period. That was a really tumultuous time when all this was going on and so I don’t really remember how exactly it became habitual, but it did. And it remained that way throughout high school.

It was like between seventh and eighth grade. I remember being convinced that because I had lost weight: my grades got better, I got more popular, the teachers liked me more, and I did better in school. I remember thinking, this is all because of the weight. It’s because I lost the weight. It was very clear for me. I lost the weight and everything fell into place, and everything was great.

Then in high school I started restricting more, and I got very thin. I was like 98 pounds and I’m 5’7”, so I was really thin. And my mom was a single mom at the time. She was scared, but we just never really talked about it. It’s really odd; we’re a very open family in the sense that we give hugs to people when they walk in the door and not handshakes. And we walk around naked. We don’t have a lot of those buttoned up kinds of things. I don’t walk around naked, but from when my father died to when I was in college and my step-father came into the picture we lived with all women so if you walked around in your bra, it was no big deal. But she didn’t really approach me about it very much. And we never really talked about it. I just kept getting thinner. And she was trying to keep her head above water financially, so I think that was hard.

My mom was really busy growing up. She was trying to put food on the table and trying to make sure that we could pay the car payments, that kind of thing. So it was hard to get accolades. I mean that’s not really true, but I guess maybe it was harder than I wanted it to be to get accolades from her, even though she was always generous with her praise. It was just sometimes she just couldn’t maintain a constant focus on my life, of course, because she was really busy. I guess I needed more attention. But I feel like every single parent is guilty of that just because of their situation. You know?

So I needed to get a lot of accolades from school, from my academic work, from my theatre work and from peers and from boys, and different things like that. I needed to feel not just loved, I needed to feel more than loved. It wasn’t enough to be liked, I needed to be really liked. And it wasn’t enough to be thought of well. I needed to be thought of as the best student in the school. That was an expectation that maybe I put on myself but then was very quickly rewarded by school, parents, peers, friends’ parents, everyone. But that’s exhausting. And that takes a lot out of you.

And I feel like what my eating disorder represented was this very neat and very discrete little box where I was fucked up. And that was how I did it. I really thought of my eating disorder as a do-over, my get-out-of-jail-free card. Everybody else had to watch their weight. Everybody else had to be careful. If they had an extra cookie they had to go to the gym. Everybody else was on the vanguard against weight gain too, but they didn’t have an ace up their sleeve. I had an ace up my sleeve.

I never worried about whether or not my mom would know about my eating disorder. I had friends who would fail a test and go, “Oh my God! What are my parents going to think?” And I’m like, “What do you mean what are your parents going to think? Just don’t tell them. Like, they ask?” It’s that kind of thing. My mom didn’t ask. If something was taken care of or something was taking care of itself, it was left alone. She had enough on her plate. She took a very hands-off kind of approach to a lot of stuff. I had the sense that our relationship might have been different than other people’s relationship with their parents. It wasn’t very parental.

It was fine then. It was what it was. I was happy to be sort of left alone with my stuff. I would do things, like I’d find she’d checked out books from the library on eating disorders. And
so there was this secrecy, like - I know she knows now. And there was this added stress, and this thing between us. I wish she had sort of come out and said, “I know. Stop hiding.” I don’t know what I would have done. I spent a lot of energy trying to hide. If she just would have said, “Look, I know what’s going on. Let’s deal with it,” or “Let’s talk about it,” maybe I wouldn’t have spent so much energy. But maybe not, maybe I would have just denied it and said it’s not happening.

So, it was fine really. The thing was that she was busy. She was so busy, and there was my little sister to care for too. Once I got to high school I was busy. So I didn’t spend a lot of time with her in high school. I wish that there hadn’t been secrecy.

Growing up, my sister and I never talked about it. I didn’t talk about it when I was in college. And so I’m sure she must have known. You can’t have something go unsaid in the house and have people not know. It’s just, generally that’s not the experience that I’ve had. People know. But we didn’t really talk about it until the last couple of years.

Someone says something.

I was 96 pounds before anyone noticed.
That doesn’t feel good.
At the time it didn’t feel, bad.
At the time I wanted it.
It was my own secret little thing.
I didn’t really want anyone to know, even though it was clearly something that people were paying attention to.

My high school did this thing where every year each class would go on a trip for a week, and go camping or something. It was always something outdoorsy, and you do bonding exercises in the woods. I went every year and it’s fun. It was a really small class so these are all of your really good friends. I mean it’s great.

My sophomore year I was told I couldn’t go. I got pulled into this office by this very insensitive vice principal. He was the disciplinarian. He’s the person that you get sent to if you screw up or you don’t show up. And he said, “You’re going to have to either gain some weight or we’re going to have to consider your standing at the school.” Out of nowhere.

I’ll never forget, he said, “This is like pregnancy- it’s contagious. If you start doing this, other girls are going to start doing this.” So not only are you bad, but you’re going to hurt people. No concern for me. So he said, “You can’t go on this trip until you gain some weight.” And I said, “I really want to go.” I really wanted to go.

So my mom came in and she said, “She wants to go. What can I do?” And he said, “Well, it’s a legal issue. It’s not really up to me. She’s too frail. If something happens to her, I can’t be responsible for her medical state.” My mom said, “Well ok that’s bullshit. Obviously you’re just uncomfortable with the situation.” And so they had me do this physical. I had to go to the hospital and get a physical to prove that I was capable of going hiking.

I went to the physical. This doctor came in and she said, “Uh, well I’ve reviewed your chart and you’re underweight.” I thought, “Yeah, no shit Sherlock! Thank you, I’m throwing up everyday. Did you not know that?” I didn’t tell them. My mother told them. I mean obviously she
knew. You don't just become 96 pounds. And she assumed. I guess I was bad at covering my tracks so she knew.

So the doctor says, “Well, you're underweight.” And I’ll never forget, she wrote me a prescription for a milkshake. She said, “I want you to go to this place, they have these really great milkshakes like peanut butter and chocolate ones. And I think you should have one every day, for the next couple of months.” The place that she recommended is called “Fat Burger”. And I thought to myself- “Really? Do you really think that I’m capable of walking into a place called Fat Burger??!”

My mom and I looked at each other as we were leaving and we just started laughing. It was the only time we ever really laughed about it because, it was just so absurd. It was like this complete lack of understanding for what is going on. That moment was the first time I ever thought it was really funny and found the irony of it.

I wish she had decided to come to therapy with me, rather than sending me like it’s this problem. We’re all a part of this system. You all live under the same roof. It’s not her fault. I take responsibility for my own stuff. But the system gave rise to something—we have to fix the system. It wasn’t really her fault.

But those experiences made me realize that something needed to change. That it had stopped being useful to be restricting because it was getting in the way of living the life I wanted to live. So I sort of joke that, that’s when I learned how to lie- because I didn’t get better. I just looked like I got better. I just put on a little bit more weight. I stopped restricting in a really visible and extreme kind of way. What I find interesting is that’s when everybody thought I got better. I got all these accolades for getting better. So I just went with it. It was easier to. But I was still purging.

And it was still always in my head— “What’s this? How many calories are in this? Can I eat this? If I eat this, what am I going to have to do to burn that off?” And doing this sort of constant mathematics of what’s going on. That constant planning became so routine. After ten years of doing this, you don’t even think about. You just constantly plan. And so, did it distract from relationships? Yeah. But I’d never had relationships where I wasn’t doing that. So it didn’t really feel weird in any way. It just was what it was. You’re just constantly planning. You’re constantly planning with everyone. You’re constantly planning when you’re doing everything else. So your relationships don’t seem more empty than other things. You’re not more distracted doing that than you are studying or in the shower or whatever else. You’re just always thinking about this. It’s just always there. That was just the reality.

I think that because my eating disorder spanned the period of time when you really go through a lot of developmental stuff I never understood normal. This really started when I was about thirteen and didn’t end until I was way out of adolescence. So what’s normal? That was it. That was part of my adolescent experience. It wasn’t it in its entirety. But that was part of my adolescent experience.

And I had friends who had all kinds of other things. I almost had this self-righteousness about it when I would feel judged. I remember my mother would say things like, “We have to get this under control”, or something like that. And I, in my annoying teenage place, would say things like, “Look, I don’t know why you’re so disappointed. I am sixteen, I have straight A’s. I’m not pregnant. What are you complaining about? What am I doing wrong?” That was a theme that ran through a lot of that time period, and even recently. This notion of: “I did everything I was expected to do. Leave me alone. I have followed all of your rules. And I managed to do everything you expected because of this. And that was the thing. I felt like you set
up these impossible standards for me to meet. I find a mechanism that allows me to meet them. I find a mechanism that allows me to have the perfect body, to be the straight A student, to get the leads in the plays, to be this, to be that, to be the top of the top on every other level. And I did all of that, and now you’re pissed that I have this thing that made it all possible? Would you have been happy if I just would have been mediocre? And not sick? No. Because then you would’ve been pissed that I wasn’t doing all these other things!"

I felt that it was my Faustian deal. This was the exchange I made, the deal with the devil that I made. In my mind the price I paid was this dark little secret. It was almost like I was cheating and I had this secret. And so in that way, that made it feel possible. It made it feel like, “Okay, I can do this.” I can be everything to everyone. I can be the best academically in the school. I can also get all the leads in all the plays. I can be the most popular. I can have the boyfriend I want. I can be the best older sister and the caretaker, and the best friend and the person who’s always there. I can be all those things, the best at everything because I have a secret that nobody else has. I have an ace up my sleeve. That’s what it felt like.

That doesn’t make a whole lot of sense. But my eating disorder and my grades and my getting the leads in the plays felt very connected. Everything felt connected to this thing. It felt like the eating disorder made everything possible. It wasn’t just being thin. It almost felt like a super power, if that makes any sense. It felt like, “I can do something no one else can do. That’s how I get it all done.” What’s kind of weird is that this is a disease that is rooted in a lack of self-esteem, but I felt like it gave the most confidence in a way that nothing else has ever done.

Even now I sort of struggle with this a little bit. Not beating myself up but at least rebuking myself for being so self-indulgent. This idea of like – really? That was the best choice? Everything was going difficultly. It was really hard. It was a difficult time for everyone. We were worried about finances. My sister was only 10 months old when my father died. And I felt like – “ugh, good choice Karen. Add to the burden and make yourself sick.” Because I’m sure in her weakest moments my mom was thinking, “I don’t need this right now.” And she didn’t. She didn’t need that. She had a lot on her plate, and it’s not something that I could’ve really done anything about. I was a kid. I recognize that intellectually, but I can’t help but feel a little guilty. I wish I could’ve dealt with that in a more constructive way, so that I didn’t have to put them all through that kind of worry. So that’s something that I still struggle with, forgiving myself for doing that.

Therapy.

I felt like
my eating disorder was something that was
inconvenient.
That really nobody had time for.
And they shouldn’t have time for it.

My first experience with therapy was in a group for children who’d lost their parents. I was nine. I remember we had to go around the room and say the parents that were lost and how they died. The kid that went before me had lost both of his parents and his little sister in a fire. Honestly at nine years old I thought - I have to follow that!? I don’t deserve to be here. He has real problems. I may have lost my dad, but at least I got a chance to say goodbye. It wasn’t a
fire. It wasn’t all these other things. And so that was the first experience with therapy and I didn’t want to go back after that.

Then I went to a therapist when I was in, maybe middle school. It might have been high school. I think it must have been like eighth grade or ninth or something like that. I don’t remember her name. I didn’t like her very much.

Maybe it was me being a really self-important kid, but I got the sense very early on that I was smarter than most of my therapists and that I could outsmart them. I probably wasn’t smarter than them. But I got the sense that I was. I felt like that was a problem. And I don’t think it was actually them, I think it was maybe them relating to me as a person. I didn’t want to be talked to like a kid. I wanted to be taken seriously. So that was why I didn’t go well with that particular therapist.

I didn’t want to be there. I hated it. Hated it. Hated the therapists. I didn’t want to go because it was working for me. I didn’t have a problem. Even if intellectually I was able to recognize that I was doing something destructive, that other people don’t do, that was disordered, or whatever it was, I didn’t want to change it.

I lied to the therapists. Not about anything really important but I just wouldn’t talk about anything that actually mattered. I talked about my day. Or they’d say, “Have you stopped?” And I said, ”Yes.” That’s the thing I’d lie about.

My mother wanted me there. She was saying, “You have to go,” and I was like- I don’t want to go. Working to stop something that you don’t want to stop is a waste of time and money. There was a time when it was sort of like- alright, I was aware of how much therapy was costing, and I knew that it was a waste of money at the time. So I had this sort of guilt about it. I thought, “I don’t want to go. You don’t want me to go because I’m not going to get better and you’re just going to throw away your money and I know there isn’t enough to throw away.”

And eventually I actually said to my mother, “This is a waste of money. I know how expensive this is and we should really just stop.” And so she did. Then my mom said that the therapists weren’t really working, and that was kind of true. So she said maybe we should take a different approach and go to a nutritionist.

We went to the nutritionist and that didn’t really work either. But I liked her better because she wasn’t trying to probe. She was just trying to make a diet plan and talk to me about the properties of various foods and things like that. She wasn’t like- let’s talk about your childhood. It wasn’t like that, which I appreciated because I didn’t want to talk about my childhood. So I liked her a lot better and she gave me the tools to eat again, but not to stop purging, and not to stop doing any of the behaviors used to deal with anything.

Friendships.

I’ve never been one of those people that have a million friends. I’ve always had like one or two. That’s just how it always seems to be. And that’s both good and bad because my friendships have always been very deep, but when I lose a friend to moving away, or whatever, it’s very hard. It’s like your whole world disappears. So you don’t have a lot of back up.

When I got to high school I had some great friends- a group of five of us and we were sort of this little clique. We were precocious. We were all very pretty. It was sort of this joke that they were the prettiest, the smartest, and the most adult looking. And that’s sort of what we all were. They looked like 21 at 16 and so did I. We were sexually active earlier than most people. We dated early, 14, 15 years old. I didn’t. That was the kind of thing. I was able to sort of live in
their glory and not participate because they had set up this sort of clique system, such that I was that bookish, responsible, mature one that was there to take care of them. And that was fine. Because that was exactly how it was.

We had a lot in common. We studied really hard and we played really hard. We all dated boys in college. And we all were sort of equally screwed up in our various ways. They all had their own stuff too. I had my eating disorder. One of my friends would sleep with anything that moved, and that caused a lot of trauma for her. I had other friends within that group who were cutters, and friends that were using drugs. What’s so weird is that we were not a bad crowd. We were the members of the National Honor Society, and we were top five of the graduating class. But we all had problems. And that was kind of standard.

I think it was cultural. We were in a high-pressure place. It was a very competitive, very nurturing, and very good school. But it was a college prep school that really prided itself on the achievement of its students. We were all high achieving kids with big plans and parents that validated that and saw that as a source of pride. We do that with kids. We tell them they should dream big dreams, and do this and do that. I don’t think that’s necessarily bad, but it’s not necessarily good either. We sort of assume that it’s good and I think that that was part of it. When you’re constantly sent the message that achievement is good and something to be proud of, then what do you do when you fall short? What do you do when you’re not interested? What do you do when you don’t want to be, when it’s not worth it to work so hard to be number one? You feel lazy. You feel like a disappointment. You feel worthless.

And I think that we all had problems because we were all being held up to an impossible standard of perfection and it needed an outlet somewhere. We were able to be an outlet for the lack of perfection for each other. But then we would also reinforce cultural standards of perfectionism.

They knew that I had an eating disorder and that I would restrict food, and that I would binge and purge. I’m not entirely sure they knew the frequency and all that kind of thing. It wasn’t something I talked about openly. But they knew because it was a small school and I was 96 pounds. So they figured it out. And I think they wanted to talk about it, but I didn’t want to talk about it. And so nobody really talked about it.

I knew they knew because occasionally they’d make jokes. I didn’t interpret that as mean spirited at all. It was just sort of like, something you did because you’d have to. We were so close. We’d make jokes about Lindsay’s cutting, because some occasion would come up and you’d just have to laugh at these things, because we didn’t know what else to do. We were in therapies, we were on medication, we were all these other things. But we couldn’t help but occasionally make a joke. It wasn’t something that was an object of ridicule, but occasionally it was this sort of joke.

And so I knew they knew from those kinds of things, and I knew that they didn’t really care. That was nice. They weren’t going to try and fix it, because they had their own stuff. So it was like, from whence will you summon the nerve to point out my problems?

And then when I went to college, I lost touch with a lot of them. Obviously they were in their own experiences. My college social life was really disjointed and odd. Because I transferred into U Penn, I feel like I missed a little bit of what people normally do. Which is that freshman experience where you sort of make your friends and you hold onto them. And then you get dorms together. I never did that. I always ended up in the random lottery pool.

I never had a core group of friends. My junior year I found a core group of two girls I was really friends with. They were very sweet. But they were friends before I sort of joined their
group. So there was always that sort of dynamic. And then they went off in their various places and that was basically it. I was a year ahead of them and so I left. I had other friends but none of my friends were friends with each other, so it was a little disjointed. And I was in a relationship. So I felt like I had that.

I had one friend, a roommate in college, who put two and two together, and left a note on my bed about my eating disorder. And I never spoke to her again. That was it. It was the end of the semester. She left the note on my bed and I never spoke to her again. And we were friends. We were good friends. But I couldn’t handle it. I couldn’t handle the fact that she knew. I just didn’t want to face that.

Dating.

I dated in high school. I had boyfriends. My senior year my best guy friend who I had known since I was eleven years old said that he wanted to be more than friends. I told him no. He kept persisting. And I said, “I’m leaving. I’m not just going to start something with you and then bail.” He said, “I don’t care.” So when I graduated from high school, we started dating.

It was great. Fell in love. It was someone you know so well that it worked out really well. Then I went away to Philadelphia and we stayed together sort of long distance. And then he came to U Penn as well. He didn’t follow me, he intended to go between there and USC, and he chose U Penn because I was there. Turned out great for him. It was fine. It was great. We had this really great relationship.

It ended in my junior, no, maybe my senior year of college. It just wasn’t right anymore. I’m someone who takes care of other people and there were moments where he was just like a little kid. He was spoiled. He came from a wealthy family. He’d go and gamble, and then call me in the middle of the night and say, “I need you to send me $2000.” It was this kind of thing.

Or he just started to get really into material stuff. He stopped being this musician, this artistic type that I loved, and he started taking business classes. And he joined a fraternity. They were all business majors, and they were all about getting these investment banking jobs after they graduated and making a shit-load of money. It was so not my priorities. He turned into someone that I didn’t want. It wasn’t someone bad. It just wasn’t someone I wanted to be with.

So we just kind of grew apart and eventually decided that if we were going to stay together we were going to stay together. We were going to get married. And I had to ask myself, “Do I want to be an investment banker’s wife?” And the answer was unequivocally no. I said, “Sorry. Are you willing to maybe reconsider your priorities?” He said no. And I said, “Ok that means we’re done.” He said ok. And so that was kind of it. We were still really good friends.

Then I started dating someone else. That was a very bad choice. I was in a very dark kind of place. I was feeling down. I was feeling purposeless. I knew I was heading into California. And we again did long distance. I’ve now decided never to do long distance again. But I was in Philadelphia a lot during that year, because I got a job that put me there almost two times a month. That’s part of the reason I took the job. So I split my time between the Philadelphia office and the San Diego office. He lived in Philadelphia, so I just stayed with him when I was working there. Two weeks out of every month we were almost like living together, but then I’d leave.

He wasn’t very nice to me. He would tease me and put me down. And I was in a place where I was inclined to believe him. And he later on said that he was intimidated by my education. He’d gone to a state college and he was an educated guy. But I majored in English
and I loved to sit and talk about it. And I don’t do it to be like- look at me, I’m fancy. It’s just something that I like to do. And invariably it became this sort of a joke that I would say, “Oh it was like that thing in that book, have you read it?” And he’d always have to say no. It wasn’t something I did to make him feel bad.

So sort of in making up for that, he would put me down. And he really reinforced my body image stuff. He would make comments, not about me that would make me feel bad, but almost sort of like in reverse. He would say that he loved how thin I was. How he liked skinny women, and how thin I was. And he found that to be one of my most attractive qualities. He would say things like that.

He never made me feel bad about my body. But he made it clear that gaining weight was not an option. It wasn’t. He would never have said that, but it was clear. And nothing I ever did was enough. Nothing I ever did was good enough. I mean everything, from the bedroom to whatever. It was never enough. It was never good enough. He was constantly disappointed. And I would say, “I think your expectations of me are a little too excessive.” I didn’t understand his disappointment, because I was used to being someone who achieved. I was used to people saying, “Oh, you’re so articulate” or “You’re so smart.” They’d say nice things. I didn’t have the experience of disappointing people a lot because I made myself sick trying not to do that.

It was a very odd place to be. So I assumed that it had to be me. And so I would go out of my way and do things I didn’t want to do. From having sex when I didn’t feel like it to going out and doing things I didn’t want to do.

I don’t know why I didn’t just end it. Because I kept thinking, “I just want to end it. I just want to end it.” And I just didn’t. I think it was just because I was depressed and had low self-esteem and I didn’t want to get rid of something that was at least there, even if it sucked. It’s like that saying, some people would rather make sure they’re miserable than risk being happy. And that was sort of where I was. I needed to make sure I was with him, because then at least I knew what was coming, rather than risking being happy.

When I accepted the offer and knew I was coming here, I said, “I’m moving to Ohio, and I’m not moving back to Philadelphia.” He got really upset. And actually we sort of made up and he said he was going to help me drive out here. He reneged on his promise. Then he flew back here to help me hang the drapes and stuff like that. But at that point we weren’t happy or together. It was basically like he just said he would do this, so he was doing it.

So it took some healing from that to get to the point where I liked doing some things again, where I liked going out. Because he always wanted to go out and do something. And I didn’t always want to do that. He didn’t stop to listen that I had just been on a plane for six hours, that I was exhausted and that I didn’t want to go out and drink and be with people. But it seemed like his arguments made sense: “These are fun things. You should want them. You should want to go out. You should want to go to the newest coolest club. You should want to go to this.” So I just internalized all of this, and I felt like- Oh, I’m antisocial. Oh, I’m this.

I don’t think I really recognized how much of a toll I allowed him to take on me until I realized that I was not doing things that I wanted to do. Because I thought I didn’t like them or I thought I didn’t want them, when I did want them- just not all the time. When I got here, I had to sort of retrain myself. I like going out. I like sex. I don’t like it all the time. I like these things, when I like them. It was just that kind of thing. But then I met Tom. He’s a good guy. I lucked out.

Recovery: First unraveling and then interweaving.

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Now I look back and go- how was I so limited, to not see that of course this would affect the rest of my life? You never start an eating disorder just because you’re afraid you’re going to get fat. That’s not why you do it. Yeah, you start throwing up because you’re afraid you’re going to get fat. And if you get fat nobody will love you. And if nobody will love you, you’ll be alone. Once you start to unravel that, you don’t just lose the behavior, you then have to figure out why you felt that way and all these other things. So it becomes this reverberation that needs to affect your whole life. Because the way of getting in is never as simple as- it’s about the behavior, it’s about the food. So the way of getting out is never going to be that either. I didn’t know that it was a quest for meaning when I went in to therapy. But it became that really quickly. So, all these different quests for meaning got interwoven.

When I moved here, I said, “Ok, enough is enough. You’ve been doing this almost everyday for 12 years. I’m in grown up life now. I’m in graduate school. I have my apartment. I just signed my first lease. I’m in charge of another living being, my dog. It’s grown up time.” And I asked myself, “Am I really going to be doing this? If it doesn’t stop now when is it going to stop? Am I going to be throwing up my wedding cake? Am I going to be purging on my honeymoon? Am I going to be doing this with my kids? If not now, then when?” So I went to the counseling center.

I met my boyfriend Tom when I started this process. Our relationship progressed relatively quickly. We were living together within two to three months, in part because his apartment was horrible. I think that logistical constraints had a big part in me stopping. Tom was there all the time. He was in my apartment, so there wasn’t a lot of ability to do the things I would normally do, like eat a bunch of food and throw up. That wasn’t an option because he was there.

I had had significant relationships. I’d been with people for two, three years at a time and no one ever knew. I never told them. If they knew, they knew without me ever telling them. If you don’t live with someone, it’s pretty easy to hide. This was the first time I’d ever told a boyfriend. I had to tell him. I had to explain where I was going on Tuesday nights and so there was no choice but to tell him. And I just really felt like I didn’t want to lie to him, which is really bizarre because I didn’t really have any problem lying to everybody else. So that was kind of strange. I guess what it was is that I sensed that there was something there. Like there’s something here and if I start lying to him about this, I know I’m going to have to tell him eventually and then I’m going to have to tell him that I’ve been lying to him for six months. And that’s going to fuck it up. So it was this real desire to start clean.

And I did relapse. I did throw up a couple times during the early part of our relationship, but I told him. Which was weird because it’s not like he required that I be accountable to him. But somehow I felt really compelled. It was almost like being unfaithful. I couldn’t not tell him. It would feel like a lie, a sin of omission kind of thing.

I really think it helped our relationship because it was this immediate thing. He was able to be there for me. He sort of walked me through all the ups and downs that came with that first year. Tom stayed with me through all of that. He was great.

I went to the group at the counseling center. It was great. It was a really great experience. It was nothing like any of the therapies I’d been through before. It was with Jennifer Browne, who’s brilliant and really sort of the perfect therapist. It’s like this passage in the Tao Te Ching that says the great leaders are great because after it’s all done the people say, “We did
it ourselves.” I feel that that’s just the perfect therapist; you turn around and say, “Look what I did.”

I saw the group. That was really helpful. Then some really crappy stuff started happening with my sister so I decided I should do individual therapy too. I didn’t intend to see Jen about the eating stuff, but really more to talk about and deal with stuff that wasn’t necessarily appropriate to bring to group because it was my family crap. It wasn’t really related to eating. So I started seeing her really more for that and then I was doing both individual and group.

Previous therapy sent the message that this eating disorder was something that was dysfunctional, that you did, that was terrible and you should really knock it off. The idea that this had served a purpose wasn’t really talked about. I never heard that kind of language before. This is doing something for me. It has a good side. It’s doing something. It’s a coping mechanism. What is it doing? But I never was able to sort of uncover what purpose this is serving. And now it feels so far away. Now I can’t even imagine going back to that way of thinking. I can’t really put a finger on what made it better, what made it go away, what made it functional.

I do know that when I decided not to do this anymore, the behavior, the purging was the easiest thing to go. It was almost like just growing out of your old shoes or something. It just doesn’t fit anymore. It just doesn’t do what it needed to do. Which was odd because this was thing that I had struggled to stop. It was something that I could never have let go of during those other time periods. I tried. There were days where it was like, I’m just going to get through the day. Get through the day, one day. I couldn’t do it. So it was really odd and surprising that it just fell away.

I remember being surprised because I remember thinking, “Well if I do this, then I’ll have solved my problem.” Then what I realized was that the eating disorder represented this thing that I could point to. It was one sort of very neat thing. It was discrete; it was one specific thing that could be described easily. And I could point to it and say, “That’s my neurosis. That’s how I’m screwed up, and everything else is fine.”

When I stopped purging, it was like I opened the box and now the shit’s all over the room. I remember talking to Jennifer at one point, and I said, “You didn’t tell me this would happen!” I was like, ‘Wait! Wait! Wait! You didn’t warn me. I thought it was just about getting rid of this eating disorder, and ok now the eating disorder is gone. But now the shit’s all over the room! And now I have to deal with it. You lied!”

Even if she had told me what to expect, it wouldn’t have made a difference. It wasn’t until I got there that I realized what it was, because I didn’t think there was a problem. I thought I had a problem with food. Then it was like- no, no I didn’t have a problem with food, I had a problem with senses of accomplishment, and needing to be approved of, and needing to occupy a space that is well regarded and these kinds of things. And letting go of those ideas are a lot harder than just stopping eating bags of potato chips and throwing them up again.

One of the underlying issues was probably that I didn’t know how to relate to food and to the power that I knew it had in our culture and our family. Other than that it was just achievement and accomplishment and dealing with all of that stuff. A lot of it had to do obviously with self-esteem and feeling like my self-worth was contingent upon my accomplishments and what other people thought of me, even though intellectually I was able to know that that’s not true. I would never have said that out loud.

There were days where I had to say to Tom, “I need you to tell me three times today, ‘I will love you if you gain 400 pounds. And I will love you if you are a size 22. I will love you. I will be here, I will not leave.’” He would say, “There’s no way you could. You’re genetically
predisposed, you could never be a size 22.” And I told him, “I don’t need to hear that. That’s not what I need to hear. What I need to hear is for you tell me...” And so he did.

Having dealt with the eating stuff, now I’m able to look at it and see that this thing that I thought was a disease in and of itself, was really just a symptom of this larger problem that our culture reinforces. So many people suffer with this need to achieve. I had to ask myself, “What will happen if I graduate number two in the class? What if I graduate number eight in the class? Am I not a good person? Is my self worth going to change?” There was a time when the answer was yes. Now it’s kind of like- um, not really. And it was the same thing with eating. I was able to really recognize this idea that I did believe: that if I gained a bunch of weight, everyone would leave. I would be alone. Nobody would love me. When you really believe that’s no longer true, then it feels so far away. Then it feels like, how did I do this to myself? Once I realized that I didn’t want any of this perfectionism anymore, what was the purpose of the bingeing and purging? It was sort of like, wait, why am I doing this anymore?

When I dealt with my eating stuff, I was able to look at my career and say, “Oh my God. Yes I love what I study, but I do this because I get accolades from it. I do this because I like the feeling of being approved of. I like this accomplishment.” And so when I realized that that’s a big reason of why I was doing what I was doing for a living, it made what I did for living feel really small and really empty and really useless, and sort of go- I don’t want that anymore. I don’t want to live like that anymore, that’s not my priority anymore. I didn’t want to do it anymore. It’s sort of that joke: you finally become who you’re going to be but it’s not you. You look around and you’re like, “Ok, I have everything that I had decided five years ago I was supposed to have and at that point I would be happy. Why am I not happy?” I got there and said, “I’m on a path that has to keep going like this. Do I want to keep going like this? No, I don’t want to keep going like. Ok new path.” So it was really interesting that dealing with the eating stuff ended up changing my career path and all this other stuff.

So I feel like first you have to have this experience of relearning the behavior, thinking about why you were doing the behavior. Then you have to have behavior substitutes. You have to go for a walk. You have to read a book. You have to do something else in the place of that. Essentially I did the same thing every day for twelve years. It was always at night. I ate an evening meal and I threw it up; that was how it worked. It was always the same ritualized kind of thing. So when you do that every day, for ten to twelve years, you have to substitute something else out. You have to do something else. I don’t think it’s coincidental that my recovery coincided with my getting serious about my religious life. So that probably helped to fill the space.

But that’s where I feel like sometimes recovery in therapy or recovery talked about more broadly stops. And that’s such a mistake. The real questions are not, “How do you get to stop the behavior? How do you uncover the issues of why you were doing the behavior?” It’s more looking at not just your personal life, but also all the cultural things that were influencing you and asking, “What is it about this behavior that fit exactly in line with everything that you’ve been taught to do?” A lot of the time I really felt like I’m some freakish sick person. I wondered, “How come everyone else has this functional life? I have this dark secret and everyone else can be functional.”

Bulimia is complete madness. But when you’re so steeped in that madness and you come out of that, you’re able to look at some of these other cultural things and say, “This is the same.” When I looked at it, there’s no valuable difference between going out, buying a bag of potato chips, eating it, and throwing it up and going out, buying a sweater, wearing it four times, and
never wearing it again. This is the same thing. This culture of consumption, consumer culture, is a sort of bulimic culture. Acquire, acquire, acquire, and then freak out because you have way too much fucking stuff. Consumer is a word that necessarily implies eating. To consume implies unnecessary eating, that unvalued eating.

When I was able to see how disordered so much of our cultural thinking is, I was able to say, “Oh, I’m not sick. I’m just like everyone else.” Making yourself throw up is kind of gross and more visceral. But just because my behavior was more gross and less socially acceptable than whipping out a plastic and racking up debt, it doesn’t mean that it was any more sick than lots of other things. I’ve realized that the person who racks up $400 on their credit card they can’t afford is just as, not sick, but just as confused, and lost as I was. It’s all trying to fill a need. Trying to fill a hunger. Trying to fill an emptiness.

Once I made the decision to really commit to recovery, then I ended up facing other questions like, “What else is getting in the way of me living the life that I really want to be living?” Recognizing that I’d been wanting to explore Judaism and possibly convert for a long time, I finally made the decision to just do that- call synagogues and talk to Rabbi’s and make appointments and whatever else.

I had not been a religious person because I had this kind of something that I thought didn’t fit into a traditional religious construct. Because I didn’t believe then and I don’t believe now, that I am capable of faith, of that concept. I’ve done enough work on it to know, what it exactly constitutes, and how it’s a myriad of definitions. I knew that I didn’t have and that I would never have that, blind or otherwise.

What I had was something very different. The only words for it, and why I say that must have some relationship to my eating stuff, was a kind of hunger. A hunger was very different, because faith can be tested. It can be lost. This is sort of how I conceived of it. You can’t make hunger go away. Even when you want to make it go away, you can’t make it go away. Faith is irrational, whereas hunger is pre-rational. Hunger doesn’t defy reason, but it exists without it and before it and after it. It’s basic need. I had to come to the conclusion that even when I was convinced that there was no God out there, I still hungered for God. I was pissed there was no God out there.

When I looked at all these other religions even though I wasn’t even looking as a seeker, I looked at how they approached converts and other people. What I saw was people trying to say, “Oh, I have what feeds your hunger.” Or, “Oh, you’re hungry? You’re hungry for Christ. Here you go.” “I have what feeds your hunger. Here it is in this nice neat little package.” Maybe it’s sort of masochistic of me, but I was never interested in religion because so much of it seemed so easy. I always believed that it should be hard. But what I found in Judaism was I went in and I said, “I’m hungry,” and they said, “So are we.” And that was it.

So my conversion sort of coincided at the same time as my recovery. I think it was part of the process and then it ended up helping the process a lot, in a way that maybe other religions wouldn’t. Judaism especially is so home-based. There’s a lot of home-based ritual. There’s the blessing of the food and the wine. And food is a very central and sacred component. It’s just part of Jewish culture and Jewish legacy. You have to embrace it or else you miss a lot. And so it makes you rethink food in a way that was consistent with how I wanted to be thinking about it in my recovery.

Something important that I feel needed to get said, was this notion about the therapies that had worked and the therapies that hadn’t. The thing that I kept butting my head up against a lot of times was the therapies that weren’t working. And one of them was this notion that you
relate to food as fuel to de-power or to strip your relationship with food of its power. That’s one of the methods people go about doing this, and it’s bullshit. I was always taught in these therapy sessions that: “Thinking that food is love is dysfunctional. That’s dysfunctional thinking and you’re supposed stop giving food so much power. Think about food as fuel for your body.” And it’s not. It’s just not. It’s not these things. Not in our culture. It is love, and it is family, and it’s memories and it’s all those things.

People who have this kind of stuff know how powerful food is. We know it more than anyone else! And if you don’t recognize that, if you say, “That’s just disorganized thinking. That’s disordered eating. That’s a bad method of thinking about it. You have to think about it this way.” That isn’t really helpful. We can’t change our method of thinking about it. We can change what we do about it.

What I was able to do is shift the locus of power. The power was still there. Food has this incredible power in my life. But it went from something that dismantled my life to something that is enriching.

And so rather than as something to be worried about or something that could make me fat, or get in the way of me living- being accepted and loved and whatever, rather as something that’s sacred and that is nourishing and that feeds not just the body but the soul and the spirit. I think that is Judaism in particular. I made a joke once with my therapist that you can’t throw up the food you’ve blessed. And I also think it tied into my new approach to food, which was to not think about it as disposable.

When I started to think about what are these foods that I eat when I binge, I realized that they all were disposable foods- processed, packaged, inexpensive. When you don’t have to buy the potatoes, cut the potatoes, fry the potatoes, and then clean up the mess, bingeing and purging is an easy thing to do. It becomes very simple. If I were to cut the potatoes, cover them with salt, fry the potatoes and clean up the mess, I wouldn’t be throwing up those potato chips. That was what I realized. It was time commitment, and that is why I fell in love with cooking. When you take time and you invest time and effort into making something from scratch, it becomes more valuable. That is the alchemy of the kitchen.

When you invest your time, and then you throw it up, you’ve just wasted all that time. And for whatever reason, the time is more valuable to us than the $3.50 that we paid for the potato chips. Or it was to me. So in that way religion, and particularly Judaism’s approach to food, makes you slow down. It ritualizes meals. It makes you be thankful for the food and stop and look at the food. It’s a mitzvah to make something beautiful. You’re supposed to do that. It gives everything meaning. And it also makes it so that you don’t have to think about the calories and things like. It just somehow feels inappropriate to count calories on food you prepare lovingly for a particular event. It’s sort of like every day you say, “Oh it’s a holiday, I’m not going to worry about it today.” It makes that part of every day. I think that religion helps in that way.

I’m happier when I keep the Sabbath. I am more centered. And that’s what I mean when I say that the rituals aren’t for God, they’re for us. It’s letting go a little bit of your control to say maybe these ancient ideas actually have some wisdom to them. Maybe God knows better than I do about how I should live my life. Creating limits in order to create fields of freedom within those limits is the value of accountability in religion. That’s something that a lot of my family doesn’t really get. In their minds religion is something that’s supposed to make your life better. I’m not saying that it isn’t. But sometimes you have to make it harder in order to make it better.
I’ve noticed that this translates into so many other things in your life. Food is the same way. We live in a culture where we can have anything we want all the time, and sometimes for relatively little money. I would actually probably have found it more rewarding to make the potato chips and eat one or two of them and really enjoy them, rather than to have this bizarre exercise of consumption and then vomiting.

I can’t help but think that there’s a coincidence that you don’t have eating disorders and a lot of other obsessive behaviors in non-Western, non-consumer based cultures. I think these two things are absolutely connected. What my religious experience has allowed me to see is that when you take a break from that, even just for a day, and when you put your priorities on something else, something that demands sacrifice from you, then you notice that you’re happier, that you have purpose, and that you have meaning and significance. And the actions that you do have meaning and significance that translates to eating and everything else.

So I think that in a direct way my religious life did influence my eating in terms of blessing of the food and things like that. But it’s more in how the lessons I’ve learned from this process have influenced and kept reinforcing the values of why I’m not sick anymore. So that it’s not a matter of abstaining from bulimia, like— I’m not going to do this anymore, I’m not going to do this behavior. It’s relearning why I would never want to do that behavior anymore because it would coincide with a worldview and a value system that I’m not interested in.

I think also having someone else to cook for makes a huge difference. Once Tom started moving in, he was here all the time. I couldn’t get away with just having a salad or a piece of pita bread and hummus for dinner. No, it’s an event. We’re going to sit down and we’re going to eat it. It’s got to have a protein and a carb, and whatever else. So I think that’s part of it too; having companionship makes a big difference.

So it’s really hard to tell what made the leap since all these things really happened at the same time. I got involved in this relationship that progressed relatively quickly, and beginning the conversion process, which takes about a year-and-a-half, and going through recovery. All these things were happening at the same time. It’s really hard to tell what was religious life and what was relationship, and what was this or that. In that way it’s hard. But in terms of actually aiding the recovery, I think it’s just this sort of intense focus on the home and taking joy in food.

But I thought when I walked into that therapy group that I was trying to get rid of a behavior. That’s what I thought. And it’s like— no. What I actually was doing was so much more. At times I got pissed and I would say to my therapist, “You lied! Why didn’t you tell me that this was going to affect the rest of my fucking life? I thought I just was going to get my evenings back!” What was hard then is actually really great now, which is that I was able to open up all these other questions and all these other doors, and reshape all these other values, until my life looked exactly like I never even imagined it could look- content and happy and having everything I need without making myself nuts.

I feel like when I woke up, I woke up gradually in a lot of different ways. And I’m still waking up. I think that’s why it’s hard for me to sort of tear this apart, is because my religious life and also my sort of career awakening—deciding what’s important and what’s not, are all part of this constantly unfolding process. And I’m still constantly reexamining things that I hold to be true. I ask, “Why am I doing this? Why are we doing this?” And it makes it a little hard to live in the world sometimes. But it’s worth it, to sort of feel free.

When I started to see my religious values get interwoven with my cultural values, get interwoven with my food values, this life emerged. And it was the life I wanted to live. It requires
discipline. But it's not hard anymore, because they're my values. I wouldn't want to go against them.

Discussion

After reflecting on method changes and summarizing the results, I will present an EPCP conceptualization of bulimia, systematically comparing my preliminary conceptualization to my results. Following that I will discuss the unanticipated relational patterns and injuries I observed, extending and elaborating my preliminary EPCP conceptualization of bulimia. I will offer some speculations about recovery based on Karen’s narrative. Finally I will discuss implications for therapy and parenting as well as future directions for research.

Reflections on Methods

At this point, I will discuss changes I made to my methods of re-presenting narratives, reflect on participants’ roles in creating the narratives, and discuss methodological implications for future research. I set out to co-create narratives with my participants. At the same time, I was planning to re-present their narratives in order to evoke experiences for the reader. While my initial approach was to fictionalize with all of my participants, when Karen indicated that she was not comfortable with me fictionalizing her narrative, I chose to respect her wishes. Had I strongly felt that her narrative would best be represented in fictionalized stories, I would have had to choose between my standpoint and the participant’s. Fortunately, honoring her request was in line with my own inclinations for representing her narrative.

When I fictionalized with Beth, I was able to use my knowledge of the experiences of those with eating disorders from reading other biographies, speaking with the three participants, and accounts given by clients. Based on these descriptions of the experience of having an eating disorder, I created details and context for events that Beth briefly discussed. I created stories that presented what I imagined what she might have been thinking, feeling, and experiencing. I could have constructed Beth’s narrative by quilting her own words as I did with Karen and Kelly. However, I felt that Beth communicated more from her experiences, whereas Karen and Kelly spoke more about their experiences. Perhaps this difference is related to Karen and Kelly having been in therapy and learning ways of talking about themselves from a removed perspective. I wanted Beth’s narrative to include vivid experiences rather than present an organized account.

Kelly never gave me feedback on her narrative. Her narrative was the least collaborative because her involvement ended after she shared her experiences with me. I had to create a narrative for her based on my impressions of what she said without her further input from her. My experience with modifying my method of representation highlights an important issue that qualitative researchers dedicated to collaborating with participants contend with: handling disagreements with participants. Researchers should identify for themselves what they are willing to modify. If researchers are not willing to honor participants’ requests and respond to their input, then they should not seek participants’ feedback. Researchers also should have a frank and open discussion with participants informing them of this stance as well as participants’ rights to withdraw from the project. Researchers should be clear with participants about what they are looking for feedback on, especially if the method is more rigid. I welcome participant suggestions on representation. The more that I can encourage participants to voice their opinions on the project and increase their role, the more that their voices will come through as co-creators.
In future narrative studies similar to this one, I plan on formally discussing plans for representation with participants upfront, encouraging them to share preferences and ideas.

Summary of Results

At this point I will briefly summarize what I have learned from my participant’s narratives, providing an overview of what I will focus on in the discussion. First of all, I found support for my initial EPCP conceptualization of bulimia. Participants’ beliefs, thoughts and behaviors related to food and body size limited their relationships. Beliefs such as Karen’s, that everyone would leave her if she gained weight, demeaned others by communicating that she viewed them as shallow and unable to value her apart from her appearance. The self-harming nature of purging, and Beth’s cutting in particular, generally indicated a belief shared by the participants that they were not worthy of being taken care of, making it difficult for them to validate other’s attempts to revere them. Kelly recognized the difficulties of trying to be in a romantic relationship when she was taking such poor care of herself and how her previous boyfriend became frustrated as he watched her continue to struggle with eating. Without the ability to accept others’ reverence, there can be no ROLE relating.

The alone time required in order to purge made it difficult for participants to spend time with friends. Beth avoided the issue of making excuses to get away and purge by not spending time with friends. Kelly did not feel like socializing after she binged, leading to isolation. When she spent time with her friends after binging, she was preoccupied with her physical discomfort and thinking about how she could get away to purge. Kelly and Karen both indicated that the constant thinking about food and calories was an ongoing distraction from relationships or whatever else they were doing.

Keeping the purging a secret lead to distancing and the loss of relationships. Kelly regretted telling a friend about her struggles with eating because afterwards it was much more difficult to purge without raising her friend’s suspicions. Kelly ended up pulling away from this friend and lying to her in order to hide her purging. When Beth’s friends became suspicious or when Karen’s roommate figured it out and wrote her a note, Beth and Karen’s reactions were to cut off contact with them.

Thus far I have been summarizing how the results supported my initial EPCP conceptualization of bulimia, illustrating how participants’ beliefs, thoughts and behaviors limit ROLE relationships. I did not anticipate the ways that secrecy and silence (silence meaning either not acknowledging and talking about the signs that participants were struggling with eating or not continuing to discuss the eating struggles after a participant told someone about it) would limit relationships. I mentioned secrecy when discussing how behaviors limit relationships. Physical distance and avoidance were required in order to keep the behaviors a secret. The participants showed me that secrecy goes beyond hiding behaviors. In general, participants felt the secrecy of their eating struggles was a barrier between themselves and others. People who did not know about this significant part of their lives could not get to know them well. Kelly’s boyfriend wondered if he knew her when she finally told him about her struggles with eating. Beth talked about how the secret kept people from knowing her. Beth echoed the central tenets of EPCP when she explained that keeping people at a distance keeps her safe because they cannot affect her and therefore cannot hurt her. She described experiencing her life as shallow and limited, which is what EPCP would expect for someone who has retreated globally from ROLE relating.
Another consequence of participants keeping their struggles with eating a secret was that, without knowing that they were suffering, others could not try to help them. Kelly and Beth did not tell others because they did not want them getting involved. When Kelly and Beth withheld their pain, they denied their friends the opportunity to be there for them. Their friends are not going to share their pain with Beth and Kelly if the sharing will not be reciprocated. Without mutuality and reciprocity, ROLE relating is limited.

Participants were ambivalent about the secrecy and silence. They worked hard to keep their struggles a secret and said that they did not want to talk about them. As I mentioned before, Kelly and Karen avoided friends who figured out that they were struggling with their eating. At the same time, silence (when people who were aware of the eating struggles did not speak about them) hurt and frustrated participants. Karen’s mother knew about Karen’s struggles and Karen knew that her mother knew, but her mother did not say anything. Kelly was frustrated because after the first time she talked to her boyfriend about her struggles with eating, she felt unable to reengage him on the subject again. Kelly also encouraged silence by telling her boyfriend not to make a big deal out of her struggles with eating and by telling her therapist that she did not want to talk about her bulimia. Regardless, silence came between participants and others, limiting relationships.

A final theme that came through each narrative was felt injury and powerlessness. Losing a parent, either literally through death or experientially through a significant change in the relationship, injures a child. Each participant experienced the loss of a parent in her own way. Karen’s father died and then her mother was too busy being a single parent to be around much for Karen. Kelly’s parents neglected their roles as parents and were not there for her when she needed them the most. Beth’s mother was invasive and discouraged Beth from showing negative affect, leaving Beth to manage boundaries and hide her pain from her mother. Participants’ reactions to these losses and the injuries that resulted from silence seemed to indicate a lack of felt power in relationships. EPCP defines power as “the ability to act as validating agents for others (i.e., the ability to influence the construction processes of others)” (Leitner, Begley & Faidley, 1996, p. 330). Thus, participants’ lack of felt power refers to their perceived inability to influence their parents’ construing processes. When participants felt injured by their parents, they did not feel that they had the power to challenge (i.e. invalidate) the ways their parents were invalidating them.

Comparison of Results with Preliminary EPCP Conceptualization of Bulimia

I constructed a preliminary EPCP conceptualization of bulimia before I met with my participants. EPCP hypothesizes that relational injuries may lead people to retreat from ROLE relationships in order to prevent further invalidations. Thus, I expected to find a history of felt relational injuries and limited ROLE relating. Based on EPCP’s understanding of all symptoms as signals of our struggles with ROLE relating, I thought that the beliefs and behaviors commonly associated with bulimia would serve the purpose of limiting a woman’s connections with others. I offered several possible examples. A woman’s belief that another person’s love and affection for her is contingent upon being thin demeans the other, limiting the potential for connection. Also, thinking about food and weight may distract her from the people around her, limiting her ability to be fully present. Finally, bingeing, purging, and exercising as well as the need to keep these behaviors a secret limit the amount of time and energy a woman has available for her relationships.
Overall, the participants’ experiences supported my EPCP conceptualization. Some aspects of bulimia interfered with ROLE relating more than others. I will discuss the impact that beliefs about body image, thoughts about eating and weight, and secret behaviors had on participants’ relationships, offering specific examples. Thoughts and behaviors are grouped together because I conceptualized thinking about food and body as a behavior. I separated my discussion of beliefs from thoughts and behaviors to help elucidate these concepts. However, some of the examples in each section could just as easily fall under the other section because behaviors may communicate beliefs and beliefs inform behaviors.

**Beliefs.** In terms of eating struggles, beliefs limited ROLE relating in several ways. Beliefs about needing your body to look a certain way in order for others to like you both lend urgency to fears of gaining weight and demean others. Karen spoke directly about beliefs regarding body size or weight affecting her relationships with others. Karen explained that, in recovery, “I was able to really recognize this idea that I did believe: that if I gained a bunch of weight, everyone would leave. I would be alone. Nobody would love me.” Maintaining ROLE relationships or relationships of any kind understandably would be difficult if you believe that something so superficial can jeopardize feelings of intimate connection. It makes sense to retreat and limit your relationships, rather than live in constant fear of the loss and pain of someone rejecting your deepest self. From an EPCP perspective, the terror around gaining a few pounds is quite understandable because it feels like your chance for intimate connection hangs in the balance.

Karen’s belief that other’s affection for her is contingent upon her weight also limits relationships by demeaning others. Her belief implies that others are shallow, that they cannot look past her physical appearance in order to form a relationship with her. Karen’s beliefs did not arise in a vacuum. They echo our culture’s messages that women should be thin. Lelwica observed, “fear of fat is the other side of the dominant cultural adoration of female slenderness” (1999, p. 56). Women come to believe that their likeability and acceptability depend on their appearance. Karen explained how her second boyfriend reinforced her culturally imbued expectations:

And he really reinforced my body image stuff. He would make comments, not about me that would make me feel bad, but almost sort of like in reverse. He would say that he loved how thin I was. How he liked skinny women, and how thin I was. And he found that to be one of my most attractive qualities. He would say things like that. He never made me feel bad about my body. But he made it clear that gaining weight was not an option. It wasn’t. He would never have said that, but it was clear.

From an EPCP perspective, it makes sense that gaining weight would be terrifying and unacceptable, because Karen believed her relationships were at risk. As long as Karen held onto the belief that everyone will leave her if she gains weight, the potential consequences of gaining weight were too costly. When it came to Tom, Karen was able to be honest about her fears. One of the ways Tom helped with Karen’s recovery was offering her reassurance as she learned to trust that his affection for her was not based upon her body size. Karen said:

There were days where I had to say to Tom, “I need you to tell me three times today, ‘I will love you if you gain 400 pounds. And I will love you if you are a size 22. I will love you. I will be here, I will not leave.’”… And so he did.

Tom stood by her and supported her through recovery (and 15 pound weight gain). Karen was able to learn to trust that their relationship was not contingent upon the size of her body. Tom rewarded Karen taking the risk of engaging in ROLE-relating with him. Having
experienced Tom’s confirmation of her self may have helped Karen reconstrue her belief that others would not love her if she gained weight. Tom also was willing to stay in relationship with Karen despite the demeaning implications her beliefs had for him. Karen’s need for Tom to repeat that he will love her regardless of her size showed her mistrust of his ability to love her for reasons not related to her appearance. Karen’s questioning of his love could have hurt or offended Tom. I do not know whether Tom felt demeaned in the early stages of their relationship (before Karen learned to trust him) because I did not speak with Tom. Future research might look at the partner’s relational experiences to see how a woman’s struggles with bulimia affect her partner.

We know that Tom stayed with Karen and saw her through her doubts. We cannot know what would have happened had she not learned to trust and believe him. I expect that her beliefs would have strained their relationship because by maintaining the belief that her partner cannot love her if she is not thin, she would be refusing to reconstrue him as a person who is not superficial. If nothing that he says or does changes her view of him, then there is no way for her to know him better, limiting their relationship.

A similar limiting of relationships happens when others’ constructions of the self as a person of value who deserves to be taken care of and cared for are invalidated. Leitner and Faidley (1995) explained, “The reciprocal nature of ROLE relationships implies that I must be receptive to your experience of reverence of me” (p. 305). When a woman holds onto beliefs that she is worthless, she invalidate others’ experiences of revering her, limiting ROLE relating. Beth said, “I don’t deserve to have friends who care, that I could possibly drain… I don’t deserve anything ever.”

Bingeing and purging is a way of harming the self and communicates a lack of esteem for the self. Beth illustrated this point particularly clearly because in addition to harming herself by purging, she engaged in cutting. The self-punishing nature of Beth’s purging and cutting was consistent with her belief that she is a worthless person who deserves to be hurt and does not deserve to have people care about her or know her. Beth talked about her cutting as a way of punishing herself: “I’d punish myself by making more obvious cuts. If I did worse things, then I’d cut myself in a place where people could see so that I’d be forced to lie about it. So I mean that was just more mind games.”

Treating herself so harshly makes it difficult for Beth to confirm other’s attempts to get to know her and express care for her because their constructions of her as a person of value conflict with her hurting and punishing herself. Beth said, “It’s hard for me to accept that anyone cares about me because I don’t think that it’s worth their time essentially.” How can she accept others’ constructions of her as a person of worth, communicated by their care and interest in knowing her, when she is harming herself and believes that she is worthless? As I said before about Tom possibly feeling demeaned by Karen, without speaking with Beth’s friends, we cannot know how they were affected by her self-harming behaviors. Based on EPCP theory, I am conjecturing that Beth’s difficulties receiving others’ reverence for her limits her ROLE relating. Future research might look at friends’ experiences of being in relationship with a woman struggling with bulimia to see how they feel the relationship is affected and specifically whether they feel she is able to accept their reverence for her.

Beth’s example was more extreme because, in addition to bingeing and purging, which are self-harming to begin with, she also cut herself. In general, the negative constructions of self that are necessary for a woman to struggle with eating make it difficult for others to form caring
relationships with her. Kelly described the strain her eating struggles caused in her relationship with her second boyfriend, Keith:

I know [the relationship]’s not going to be able to work just because [the bulimia]’s so intrusive. I can’t not take care of myself and be in this thing. Physically and mentally, I can’t neglect that. I can’t be so unstable, and then try to be in the relationship and be okay.

Kelly’s physical and mental neglect of herself indicates her belief that she does not deserve to take care of herself. Such a negative self-construal invalidates her boyfriend’s construction of her as someone worthy of caring for, communicated by his affection, concern and attempts to help her. Kelly recognized that she could not take poor care of herself and be in a caring relationship. Kelly said, “I know the behavior isn’t healthy. I can only expect him to be supportive so much…He just wanted me to be healthy. He was supportive for someone outside looking in.” Keith tried to be supportive, but eventually he resorted to telling Kelly that she just needed to stop purging. Kelly saw that he could only be understanding of her need to hurt herself for so long, because really he could not understand why she was hurting herself. The relationship is limited because he is unable to construe her construing of herself and she cannot accept and validate his reverence for her.

Thoughts and behaviors. All three of the participants indicated that the bingeing and purging interfered with relationships because, quite simply, they required time alone. Having friends around, in particular close friends who pay attention, would make it difficult to slip away and purge. Beth said, “People couldn’t spend the night because I had to puke up dinner. And that’s awkward.” It was awkward to try and figure out a way to excuse herself, especially without arousing suspicions. Not spending time with friends, or avoiding eating meals with others was simpler and easier. However, when we consider how much socializing revolves around eating, we realize how limiting and isolating Beth’s strategy is.

Kelly’s preoccupation with her weight interfered with her friendships. She said, “then with the weight gain - I usually feel crappier anyway and I’m preoccupied with that. Then it’s just like a whole cycle. My friends just get frustrated because I’m not more ready to do things with them.” When Kelly feels bad about her weight, she does not want to be around her friends, leading her to isolate herself.

Kelly recognized other ways her struggles with eating affected her relationships:

Sometimes I purposely try not to binge because I notice my friends getting frustrated with me and I want to hang out with them. I want to be able to have a good time with them. And if I’m doing this, then I can’t do that. With the bulimia and stuff, when I am bingeing and purging, it does take a lot of time.

However, there are times when Kelly will socialize despite bingeing:

If I did binge, then I’ll feel uncomfortable and I’ll be trying to figure out ways that I can purge. But if my friends are there, then it’s kinda’ like I have to figure out how I can get away. And if I binge, I’m uncomfortable because I’m like, “Oh I just ate all this stuff and I just don’t feel good doing things” and stuff like that… It makes me not want to engage with them because I’m so worried and distracted.

When Kelly does not physically isolate herself, she is distracted and unable to enjoy spending time with her friends because she is feeling uncomfortable from bingeing or is thinking about ways to purge. Kelly mused, “I think maintaining relationships will be a lot better when I’m recovered because there’s a lot of avoidance and stuff because you’re so preoccupied with the eating and stuff like that.”
When I asked Karen if thinking about food and calories distracted her when she was with others she answered:

Yeah… You’re constantly planning with everyone. You’re constantly planning when you’re doing everything else. So your relationships don’t seem more empty than other things. You’re not more distracted doing that than you are studying or in the shower or whatever else. You’re just always thinking about this. It’s just always there.

Participants also had to hide the purging from the people around them. In several instances, when people surmised that a participant was struggling with eating and shared their concerns with the participant, she cut them from her life. Beth was blunt when she explained what happened when two of her high school friends started asking her questions: “They started to get worried that I was anorexic and so we kind of stopped hanging out a lot.” Karen shared a similar story:

I had one friend, a roommate in college, who put two and two together, and left a note on my bed about my eating disorder. And I never spoke to her again. That was it. It was the end of the semester. She left the note on my bed and I never spoke to her again. And we were friends. We were good friends. But I couldn’t handle it. I couldn’t handle the fact that she knew. I just didn’t want to face that.

The desire to keep the purging secret makes it difficult to share their struggles with the people they spend time with because, when people know, it makes it that much harder to hide it. The participants say explicitly that they do not want people worrying about them or trying to interfere. Kelly talked about her decision to tell her friend Carrie, who also goes to Miami University, about her struggles with eating and depression:

I really regret her knowing about my bulimia and stuff because I feel like she tries, so she makes it her problem too… And when I am bingeing and stuff and I need to purge, it’s that much more stress because I know she knows about it. She picks up on things with it, so I feel like it’s that much more secretive and it’s more stress on me to do that.

Kelly is ambivalent about telling people. She wants to share herself and her struggles with others, but she is not ready to relinquish the possibility of retreating and continuing to purge. Kelly explained:

One time Carrie was asking me, “Have you ever thrown up here?” I’m like, “No,” but I had. And she’s like “Oh really? I feel like that’d be a really good place to do it.” And I’m like, “Oh yeah. I never really thought of it.” But if I had and it was a good place, I’m not going to be like, “Yeah! I throw up in there!” so every time I go there she’s going to be like, “Oh what’s Kelly doing?” and stuff like that. I can’t give away all my stuff. And my counselor is just like, “I think there’s a part of you that doesn’t want to give it up, that’s okay with it.” I mean, yeah- it’s a sense of security. If I do binge again, then I wanna’ know that there’s a way I can compensate for it.

Once Carrie knew, Kelly either could continue to be honest about what she was doing and when, or she would have to lie. Continuing the bingeing and purging in secrecy around people who know requires lying, and lying undermines relationships. I will return to the issues of ambivalence and lying later in my discussions of secrecy and recovery. For now I will note that one interesting difference for Karen as she entered recovery, was her decision to share her struggles honestly with Tom and not resort to lying to hide her behaviors.

Implications for future research. My results supported my initial EPCP conceptualization of bulimia and EPCP’s general understanding of symptoms as signals about our relational struggles. The symptoms of bulimia protect a woman from relational injury by distancing her
both physically and emotionally from others and limiting her ability to connect. EPCP hypothesizes that previous relational injuries are what lead us to feel the need to retreat and protect ourselves. While I will offer some tentative ideas about injuries that my participants suffered, namely loss of parents, my study leaves open the question of why for some women losing a parent leads to struggles with eating, and for others it does not. I cannot say why my participants retreated using eating and body image rather than other symptoms (e.g., depression). In fact, in addition to bulimia Kelly also struggled with depressive and anxious symptoms and Beth engaged in self-injury. Bulimia is commonly comorbid with anxiety (Swinbourne & Touyz, 2007), depression (O’Brien & Vincent, 2003), and self-injury (Favoro & Santonastaso, 2002; Treasure & Schmidt, 2003). Future research should address the question of which relational injuries tend to lead to struggles with eating in particular. As an example, women with bulimia are more likely to have experienced sexual assault and childhood sexual abuse than women who do not struggle with eating (Allen, 2001, pp. 212-213), however none of my participants, as far as I know, were sexually abused.

Culture is another particularly important factor in bulimia. All of my participants grew up and continue to live in the United States. Western culture’s emphasis on thinness is a ubiquitous and unavoidable presence in all of our lives. However, not every woman who grows up in Western culture struggles with eating. I will say more about culture when I discuss recovery. From an EPCP perspective it will be important to understand which relational injuries and what it is about the particular relational injuries that leads women in Western cultures to struggle with eating.

Extending the EPCP Conceptualization of Bulimia

Participants’ narratives supported my preliminary EPCP conceptualization of bulimia and suggested additional ways that struggles with eating limit relationships. In this section I extend and elaborate the EPCP conceptualization to include secrecy, silence, felt injury and powerlessness.

Secrecy and silence. I included secrecy in my initial conceptualization, but I had only thought about it in behavioral terms: a woman needing to physically remove herself and hide from others in order to binge and purge. I did not consider how keeping the eating struggles a secret or how others’ complicity in avoiding discussing the eating struggles (silence) would limit ROLE relationships. What became clear about secrecy was that without knowing about a participant’s struggles with eating, a major aspect of her life, people could not know her.

Kelly waited to tell her boyfriend, Brad, about her struggles with bulimia, depression, and anxiety because: “There was always this thing where it’s like, I can say something in the beginning, but I don’t want to scare him away.” She was weighing her concern with scaring Brad off with her concern that when she did tell Brad, he would be upset that she had not told him sooner: “But I’m afraid. It’s like, how long do you wait before it gets to the point where he’s like, ‘Well why didn’t I know this about you? Why couldn’t you tell me this?’” Kelly eventually told Brad about the bulimia, “because it is so much my life right now that it is affecting things,” and Brad’s response was, “Oh my God, maybe I don’t know you.” Brad had already shared that he had strong feelings for Kelly as well as some of his own struggles with his family, assuming there was mutuality and trust. Brad said to her, “I just felt like, you know how I told you all this stuff and especially even after what I told you about my friends, why wouldn’t you tell me?”
Realizing that there were major aspects of Kelly’s life that she was not sharing lead him to call into question his previous constructions of their relationship.

When Beth was explaining what function her struggles with eating served she said, “I was knowingly isolating myself from my friends by adding to the thing that was isolating. Because I saw that the eating disorder was between everyone and myself.” When Beth was explaining why “the eating disorder was between everyone and myself”, she said, “I felt like, without knowing the big influence, they couldn’t know me very well.” Beth felt how her struggles with eating came between herself and others both because, as discussed previously, she was physically distancing herself when she spent hours alone eating and purging, and because, by keeping it a secret, she was preventing them from knowing her. Beth talked about current friends recognizing that they do not know her very well:

actually in the past couple weeks I had a couple friends that are considered close randomly come up to me and say things like, “We don’t know you. At all.”… Having Mike and these other friends tell me how they feel like they don’t know me felt…good, because no- they really don’t know me. The eating disorder is isolating in a way because none of them know about it. I have this huge thing that is controlling a large part of my life and they don’t know about it. So I feel like they can’t really know me because they don’t know this massive influence.

Keeping secrets, or limiting the parts of your life that you share, limits the depth of your relationships. Beth said, “I only tell people when there won’t be any consequences later. When they can no longer influence my life.” Beth’s strategy for telling people indicates her desire to keep others at a distance. She only shares her eating struggles with people and allows them to get closer when she already knows that they will be leaving her life. She offers more of herself as people are leaving, ensuring that these people cannot affect her. She limits the depth of her ongoing relationships by keeping the significant part of her life that is focused on eating and purging out of her relationships.

Beth recognized that she was preventing people from knowing her by keeping the eating struggles a secret and that without knowing her, people could not get close enough to hurt her: without knowing the big influence, they couldn’t know me very well. Which, you know is protective in a way. Cause I mean, I was probably at the same time scared of being close to people, and afraid of letting them hurt me. Cause I’d always been the one in charge of hurting me. So, to give someone else that power is a scary thing and not letting them get close enough to do that keeps me safe.

Beth’s experience is consistent with EPCP’s theory of relationships: intimacy is terrifying and retreat offers safety. The way she describes her quality of life is also consistent with what EPCP would expect for someone who limits all of her relationships:

I don’t really dwell on things. If someone does something that upsets me, I’m over it really really quickly because I don’t let it in, I don’t let it affect me. I’m just- “Okay that’s done, whatever consequences come, we’ll deal with them. Not a big deal.” And so that makes life easier on the surface. But eventually it kind of catches up with you and it’s kind of doing that now where I’m realizing, oh I’ve just kind of been skimming over life and haven’t really been living in depth at all. And so allowing people to have effects on me is just scary because it hasn’t happened before. And when’s someone’s upset, I care, but I’m not, I’m just not deeply affected by it. I can block it out.

When a woman decides that she wants to keep her struggles with eating a secret, then other people become liabilities; they complicate things. It is easier to keep a secret if you avoid
spending time with people and do not allow them to know what is going on in your life. From an early age Beth worried about being a burden to her parents. She said, “I’ve always been trying to not get in the way, and to impede things as little as possible.” Her desire to not be a burden lead her to try and take care of herself and hide as much of her life from her parents so that they would not try to take care of her. Beth’s eating struggles became another thing to hide. She explained, “So, once the eating disorder started it was just, now I’m trying to stay out of the way and also stay unnoticed and keep this thing out of their eyes.” She came to see her family as “obstacles as I’m trying to live my life with the eating disorder.”

Participants talked about wanting to keep their struggles a secret because they did not want people to worry or to try to help them. Kelly said, “Everything has to be okay with my friends. I have to just be like, ‘Everything’s okay,’ so my friends aren’t worried.” Beth explained, “I can’t share my struggles with eating with [my friends] because if they know that I have this problem going on, they’re going to possibly try to help me or try to add strain to their own lives.” The issue with keeping pain a secret is that it does not allow others to help us. They cannot support us because they do not know that there is a problem. Even if Beth and Kelly are able to support their friends, there is no mutuality because their friends do not have the opportunity to reciprocate. Beth reflected:

So you know you’re supposed to have a support system, but I feel bad. [Julie: You feel bad putting weight on your support system?] Yeah, which goes back to the eating disorder. It was just kind of a pun. Cause, you know, you try to be lighter. You try to minimize the self.

In contrast to how many people, like Beth, view sharing one’s struggles and vulnerabilities with others as a burden, in EPCP it is seen as a gift to allow others to see one’s vulnerability. Beth knows that her friends are there to support her, but she feels guilty having needs and allowing others to meet those needs. The images of women provided by the patriarchal Western culture we live in send the message that women should only give in relationships and not make demands on others (Jack, 1991; Lelwica, 1999). Thus it seems likely that culture has something to do with their concerns about burdening others.

When the eating struggles were a secret, that secret came between the participant and others. However, simply telling someone about the struggles or someone figuring it out did not necessarily lead to greater connection. While participants were ambivalent about telling others, they also were injured by the silence of parents or significant others who knew but did not say anything.

In Karen’s case, her mother figured out that Karen had problems with eating but did not say anything:

In high school I started restricting more, and I got very thin. I was like 98 pounds and I’m 5’ 7”, so I was really thin. And my mom was a single mom at the time. She was scared, but we just never really talked about it. It’s really odd; we’re a very open family in the sense that we give hugs to people when they walk in the door and not handshakes. And we walk around naked. We don’t have a lot of those buttoned up kinds of things... But she didn’t really approach me about it very much. And we never really talked about it. I just kept getting thinner… It was fine then. It was what it was. I was happy to be sort of left alone with my stuff. I would do things, like I’d find she’d checked out books from the library on eating disorders. And so there was this secrecy, like - I know she knows now. And there was this added stress, and this thing between us. I wish she had sort of come out and said, “I know. Stop hiding.” I don’t know what I would have done. I spent a lot of
energy trying to hide. If she just would have said, “Look, I know what’s going on. Let’s deal with it,” or “Let’s talk about it,” maybe I wouldn’t have spent so much energy. But maybe not, maybe I would have just denied it and said it’s not happening.

Karen’s unhealthily thin body was a sign that could not be missed. And yet her mother did not confront Karen about it. It got to a point where Karen knew her mother knew, but still there was no communication. In order for them to function as a family without acknowledging Karen’s eating struggles, Karen had to pretend: (1) that nothing was wrong with her and (2) that she did not know that her mother knew. Each level of pretense and denial injured Karen. To begin with, it was obvious that there was something wrong with Karen. Her friends and her school noticed, yet Karen pretended nothing was wrong. It was as if Karen did not deserve to have difficulties and had to deny her pain. Reflecting on her struggles with eating, Karen said: “And I felt like – ‘ugh, good choice Karen. Add to the burden and make yourself sick.’ Because I’m sure in her weakest moments my mom was thinking, ‘I don’t need this right now.’ And she didn’t.” Karen deserved to have a mother who made her feel secure and that it was okay to struggle. Second, if Karen knew that her mother knew but her mother was not doing anything, then Karen would have to deal with the painful question of why her mother was not doing anything. If Karen’s mother knew, she should have said something. It was her responsibility as a mother to confront Karen about how she was hurting herself and to get Karen help. Karen wished that her mother had spoken up. Karen talked about the eating disorder and realizing her mother knew as “this added stress, and this thing between us.” The struggles with eating came between them because, as previously discussed with Beth, there was a significant part of Karen’s life that Karen did not talk to her mother about. Karen’s mother could not know her without knowing how the eating struggles affected her life. In addition there was the “added stress” from not talking about something that should have been talked about. The levels of denial and secrecy all relate to the felt injury of not having a mother who gave Karen what she needed.

Karen acknowledged that she wishes her mother had handled things differently, “I wish that there hadn’t been secrecy.” However, Karen could not talk about how the neglect injured her without qualification: “So, it was fine really. The thing was that [my mom] was busy. She was so busy, and there was my little sister to care for too.” Although Karen overtly tried to hide her eating struggles and keep them a secret, she was hurt that her mother did not intervene:

I was 96 pounds before anyone noticed. That doesn’t feel good. At the time it didn’t feel, bad. At the time I wanted it. It was my own secret little thing. I didn’t really want anyone to know, even though it was clearly something that people were paying attention to.

Even when she talked about how the silence “doesn’t feel good”, Karen emphasized her own responsibility and ambivalence about the silence. Throughout Karen’s narrative there are similar examples of her emphasizing her own responsibility for the silence and explaining how busy her mother is. Seeing the silence as something that happened as a result of her own actions and the single parent situation allows Karen to continue seeing her mother as a mother who did not fail her. The fact that Karen’s mother was a single mother left Karen in a place of felt powerlessness, where she did not have a right to make demands on her mother: “I felt like my eating disorder was something that was inconvenient. That really nobody had time for. And they shouldn’t have time for it.”

Kelly’s reluctance to talk about her eating in therapy came to feel like a barrier to her therapist. Kelly came into therapy for help with her bulimia, but then she would avoid talking about her eating at times. Kelly said that she thought her therapist was helpful because she would challenge Kelly to explain and elaborate what she was saying. Then several months into therapy,
Kelly’s therapist said to her, “I feel like I’m trying to get in, but you’re not just not budging. I don’t know what to do.” Kelly was upset and replied, “Well, I don’t want to waste your time. I’m not trying to be difficult. I know this is for me. I’m paying to be here, so, whatever.” The therapist asked Kelly what she wanted to do, and Kelly said, “Well, maybe we should just focus on other things that are stressing me out, daily things, and we can come back to the whole bulimia topic if we need to.” Kelly explained, “For two weeks after that we didn’t talk about it at all. The whole bulimia thing was kind of off limits.” When confronted about keeping her eating out of therapy, Kelly made it clear that she was not willing to talk about her eating.

Kelly explained that a few sessions later, when she brought up the eating again, her therapist remarked, “I kind of felt like that was off limits.” Kelly told me, “I felt like she had given up on me.” It seems that Kelly was upset by her therapist’s response, which is surprising considering that the therapist was following Kelly’s plan to not discuss eating. Kelly’s dismay speaks to her ambivalence about sharing her eating struggles with her therapist. On the one hand, Kelly was the one who tried to avoid talking about her eating and suggested that they not talk about it. One the other hand, when her therapist goes along with her plan, Kelly feels like the therapist is giving up on her. Kelly’s ambivalence about bringing her eating into therapy both limits her therapist’s ability to know Kelly and binds the therapist, who is left with the choice of disregarding Kelly’s explicit wishes or allowing Kelly to erect barriers. Kelly wound up feeling abandoned when her therapist acknowledged the barrier.

Kelly created a similar situation when she shared her struggles with her current boyfriend Brad:

I was like, “I don’t want to make it a big deal. I didn’t want it to be a part of me or a part of us. I just feel like you need to know about it because it is something that’s going on and it is affecting things.” He just didn’t say anything about my bulimia. I was relieved he didn’t, but I was also kind of like, “Well, do you have any questions?” And he’s like “No.” And I’m just like, “Okay.” So it’s just kinda… you know, because that is a big thing. Like if someone told me that I’d be like… I don’t know. I don’t know if he didn’t care, or maybe he didn’t think it was a big issue. I guess I was trying to downplay it when it really is a big issue, so I don’t think he knows. He was probably also being considerate of how I was like, “I don’t want to make it a big deal.” We never really talked about it again.

Again we see the ambivalence. Kelly told Brad she did not want to dwell on her struggles or bring them into their relationship, but then she is hurt that he does not ask questions. She is able to see how Brad’s lack of follow-up may not indicate that he is not interested or does not care but instead that he is simply respecting her expressed wish to not “make it a big deal.” Yet she continued to feel frustrated that he did not follow up or fully understand the true impact her eating struggles have on her life. She put Brad in a bind that he may not even be aware of because while she wants to tell him, “Okay, this is what I do. This is what it is. I don’t know if you understand exactly how much of an issue this is,” she only goes so far as to “hint,” saying things like: “I’m sick. I don’t feel good today.” When she passively mentions her bulimia being “bad”, Brad does not say anything because she told him not to say anything. Kelly’s ambivalence about fully sharing her struggles with eating leave her feeling neglected and powerless to change their relationship:

It’s definitely a part of me, but I really don’t like that it is. So I don’t want to talk about it. But as much as I don’t want that, it really is a part of my life. And I want to talk about it... If he’s going to know about it, then he should be able to talk about it. But I can’t talk
to him because he’s so busy. I think that would bother me more and I think that the stress that I don’t see him would lead to more bingeing and stuff like that on top of everything else.

The lack of communication around her eating struggles hurts Kelly and leaves her feeling as though she lacks voice in her relationship. She is unable to see how her ambivalence landed her in this situation she now feels trapped in. Feeling no agency to change her situation, Kelly focuses on areas she can control: bingeing and purging.

_Felt injury and powerlessness._ Parents play a pivotal role in our lives. When we are young, our very existence depends upon their care for us. As children, our fundamental ways of making meaning out of our world are built upon our relationships with our parents. When we experience the loss of a parent at a young age, we lose a part of our world and our main way of approaching the world is damaged. Such invalidations of our core construal processes leave us feeling injured (Leitner & Thomas, 2006).

Felt injury was a theme that ran through the narratives. Prior to their struggles with eating, all three participants felt the injury from losing a parent to some degree, in particular their mothers. Kelly and Karen experienced additional injuries while they were bingeing and purging, depending on how others who found out responded. As we will see, death is not the only way children lose parents. A significant change in the parent-child relationship, whether it results from a parent being too busy, depressed, or intrusive, can feel like a loss as well because we no longer have that parent in our lives in the way we did before. Losing a parent in this sense can be more confusing because we feel a loss even though the parent has not gone anywhere. Leitner and Faidley (1995) discussed the injuries caused by these sorts of invalidations:

- in some ways, the most devastating invalidations are those that are difficult for others (or ourselves) to recognize. In such situations, we not only reel from the effect of the invalidation of our basic processes, we may also come to believe that we are experiencing invalidation because our process of encountering the world is flawed. In other words, we not only doubt the content of the invalidated constructs, we also doubt our basic construing process. Since the violence is not readily recognizable, we call such major invalidations _subtle violence._ (p. 300, emphasis in the original)

Kelly’s description of her family included feeling loved and supported by her parents, as well as several ways that they let her down. They often let the responsibility for their angry, aggressive youngest child fall on Kelly and her sister:

- My parents didn’t really know how to handle my brother and stuff like that. My sister and I would always be like, “Okay, way to be the parents. Last time we remember, he wasn’t our child.” They’d be gone or something and we’d have to deal with it.

Kelly’s sarcasm and final comment, “After my sister left for college, I remember I would always be like, ‘Once I leave too, they’re going to realize how much we actually do,’” communicated her resentment and anger at her parents for not doing their job as parents. Yet Kelly said that she did not mind that her parents were busy and were less involved with her than they are with her brother:

- I was never mad at my dad for not being there at a certain time or something like that. I never really cared if they went to my events…they would come to some of my stuff. But it wasn’t a big deal. I knew they were busy. I guess some people are like, “Why weren’t you there?!” But I guess it just didn’t matter to me. … But with my brother, they definitely go to his stuff…Now that I think about it, they’re way more involved with him, but it never really bothered me.
Kelly explained the differences: “My sister and I didn’t need that structure. We have our own stuff to do. My mom was like, ‘I feel like with you and your sister, we did okay.’ But with my brother, he’s a little deviant or something.” Kelly agreed with her mother’s suggestion that she and her sister were doing well on their own and did not need the same attention as her brother. It seemed like Kelly’s parents were content with assuming Kelly and her sister could take care of themselves. We will see a similar parenting dynamic when we discuss Karen’s mother. Whether it was their demanding careers or their less involved approach, Kelly’s parents missed warning signs. Kelly described a workout regimen that should have raised concerns:

I remember I’d go to swimming and then I’d have dry land work out, and then I’d have jazz class… Then after jazz I would go home and I’d be like, “Mom I have to run.” So after working out all day I would come home and I’d run.

However, Kelly’s mother did not even question her about the exercising. Kelly’s mother’s struggles with depression also might be a reason that she was not paying as close attention to Kelly as Kelly needed. Kelly explained about her mother’s depression: “We’re aware of it. Obviously. She sleeps a lot. She gets a lot of headaches. But she also has a really stressful job. She’s busy, but sometimes we need her to be awake and stuff like that.” Again, Kelly understands her mother’s limitations, but that does not change the fact that sometimes when Kelly really needs her mother, her mother is not there for her. However, for Kelly, her mother’s depression becomes a reason not to feel angry or disappointed with her mother for not meeting her needs. How can Kelly blame her mother for being depressed? She cannot, and so Kelly becomes powerless in the relationship because she cannot be angry with her mother. Their relationship is limited because genuine communication limited; there is no room to voice these feelings of anger, resentment, and abandonment.

At this point I feel it is important to clarify: I am not suggesting that we blame mothers. I am trying to point out how legitimate losses, such as Kelly’s, can lead to additional injury because she feels that she does not have the right to say or do anything about her loss. There are many unfortunate situations that make it difficult for a mother to meet her daughter’s needs: Kelly’s mother was depressed, Karen’s was a single parent supporting the family. Yet their daughters still needed them. When the reasons for a mother being unavailable shut down any discussion of the impact that her unavailability has on her daughter, tragic situations become more tragic. For not only does the daughter experience the loss of her mother due to the circumstances, she also experiences the loss of genuine relationship with her mother.

Kelly was quick to defend her parents; it sounded like most of the time she felt like she did not need them, and so it was less of a problem that they were busy:

I was never like, “Oh you’re never around,” or anything like that. Only during the time when my mom was running for judge because I had all this stuff going on and I needed to talk to them about it but they weren’t really around.

Leitner and Faidley (1995) gave an example of a husband being “‘too busy’ with his career to have time for his wife, implicitly saying that her experience is less meaningful than the next business opportunity” (p. 301), which is quite similar to messages Kelly got from her busy parents. Kelly would not go into much detail about the “stuff going on” her junior year, but when she actually needed her parents, they were unavailable:

My junior year I must have been stressed by things, and I just started eating a lot. That’s when I gained like 20 pounds in a month and a half or so. Part of it was probably school and my relationship that wasn’t very good. And then my mom had been running for judge. It was just that they were never around, and it was kinda’ a stressful time.
Kelly was very matter-of-fact when she talked about this time in her life. As with her mother’s depression, Kelly did not feel like she was in a position to be angry or resentful that her parents were not there for her when she needed them most. After all, they had reasons for being unavailable; they were busy with their careers. From an EPCP perspective, anger indicates that a person has been injured and that she feels a sense of power related to that injury. Leitner and Thomas (2006) explained, “Power in anger communicates intolerance for and a rejection of the injury- it says, ‘I will not be hurt again’” (p. 67). Thus, Kelly’s overt lack of anger suggests that she lacked felt power in relationship to her parents. She did not feel that she had the agency to do anything to change her relationship with her parents or that she had a right to expect her parents to be there for her.

Karen’s losses began with the death of her father when she was nine. From her descriptions of her childhood it seemed that even before her father died, leaving her mother as the sole provider, her mother was around less:

My dad took me to school and picked me up from school… My mom used to joke that she worked so that he could play. He was one of those people who would have a million dollar deal, and then not work for six months… She seemed to be working all the time, and yet made less money. So she was gone a lot more. And she sort of worked more consistently and she’d come home late for dinners and things like that.

Karen spent more time with her father because he was around more than her mother was. When her father died, Karen lost the parent she spent the most time with, her father, and her remaining parent was even less available because her mother was working even harder to support the family while also caring for Karen’s one-year-old younger sister, Alicia. Karen stepped in to help with family responsibilities: “When my father died, we all sort of moved up the ladder. It was like Mom became Dad, I became Mom, Alicia became kid.” While Karen understood that her mother was busy and stressed with their difficult situation, Karen still needed a parent. But Karen’s mother needed her to help with Alicia. Karen’s mother did not have the time or energy to allow for Karen to have demands of her own. Abandoned by her mother, Karen took care of herself:

My mom didn’t ask. If something was taken care of or something was taking care of itself, it was left alone. She had enough on her plate. She took a very hands-off kind of approach to a lot of stuff. I had the sense that our relationship might have been different than other people’s relationship with their parents. It wasn’t very parental.

Karen recognized that her mother was not very involved in her life, but she was not able to express anger or sadness over the loss. Now that her mother is remarried, things have relaxed. Karen said, “I get a little resentful from time to time because my little sister will say things like, ‘I hate that they’re all on top of me all the time!’ I tell her, ‘You don’t get to complain! They’re engaged! This is important!’” Karen summed up her relationship with her mother: “We weren’t close, but we had sort of an atypical relationship that looked like closeness, or that later would foster closeness is the best way to put it.” In other words, the family appeared close and the household ran smoothly, but there was little actual relating going on.

A few years after her father died, Karen lost her grandparents. Each year her grandparents came and lived with her family for a few months. Karen said that she and her grandmother “had more of the close, I guess what you might consider a more typical, mother-daughter relationship.” Karen’s grandmother died when Karen was 14. Karen’s relationship with her grandfather changed when she hit puberty. Karen explained, “My grandfather loved kids, loved playing with kids, loved being around kids. Once you hit puberty, he really didn’t know what to
do with you. But God, that time period between two and twelve, that was just great.” Between the ages of 9 and 14, Karen lost or was abandoned by the four most important adults in her life.

Beth’s loss of her mother happened in different ways than Kelly’s and Karen’s. It is a mother’s responsibility to take care of her child. Part of this responsibility includes respecting boundaries and creating space for the child to express positive and negative emotions. When a mother is unable to respect boundaries or tolerate her child’s pain, she is not fulfilling her role as caretaker. The child loses a vital source of support and instead ends up taking care of the mother’s needs at his or her own expense.

Beth described her mother as “really really controlling.” She said, “Usually I hid my journals, because I didn’t trust my mom not to read them.” Beth experienced her mother as invasive, someone she had to hide from. The responsibility for maintaining boundaries and protecting privacy fell on Beth and she retreated from her family: “I was constantly hiding things, just the depression or the cutting or the bulimia. It was just always, ‘I’m going to go hide in my room or go off to school. Not tell you anything.”

In addition to violating boundaries, Beth’s mother seemed to have little tolerance for conflict or negative emotions. Beth explained:

- My mom doesn’t handle being sad well, so it’s just not something I could be open about.
- It was, we always had to have a happy front for Mom. Like you can’t argue in front of Mom or else she gets upset. So I mean, that was just the person I needed to be for her.
- Was a happy person. And so I was. And I continue to be.

Beth explained that if she was sad, her mother “Gets really sad. She basically just matches pace with you and tries to have a serious discussion about it. Which is not something I’ve ever been able to take seriously.” Beth’s mother was uncomfortable with Beth expressing sadness and so she would overreact and push Beth to talk about what was going on. Beth’s mother’s behavior could be seen as conveying to Beth the message that her feelings were not acceptable. Subtle violence occurred as Beth’s process of engaging with the world was being invalidated (Leitner & Faidley, 1995).

To add to Beth’s confusion, her mother’s invalidating behavior was motivated by her care and concern for Beth. However, the “serious discussions” seemed to be more for the mother’s benefit than for Beth’s. Beth was encouraged to talk and so she would try to be honest: “I’m trying to talk to her seriously, but I just think it’s funny, which...is sarcastic but then she reads it as sarcastic and me trying to be sarcastic and mean about it. And I’m like, ‘Sorry’.” Beth ends up apologizing for having feelings and reactions that make her mother uncomfortable. Beth decided that it is easier for her to put up a false front and hide her real feelings from her mother than have to worry about upsetting her mother:

- I could never show it. The disrespectfulness just wouldn’t go over well. That would’ve set her off and we would’ve had to have a serious discussion about what’s going wrong in our relationship and why am I blowing off things. She would say something like, “Why are you annoyed with me? Why have I become the awful mom that you just can’t stand to be around?” When moms freak out about things like that, they’re like, “I thought I was the cool mom.” And you’re like, “But of course you are...” It just becomes a bigger deal than it’s worth. And it just gets annoying after hitting those conversations every few days.

Beth learned to censor her reactions and emotions. Instead of going to her mother for support when she was upset, Beth worked hard to hide her struggles. Beth has taken on the role of protecting and reassuring her mother, when it is her mother who should be the one protecting and reassuring Beth. Beth still has a mother, but her mother does not know her.
Karen’s mother and Kelly’s parents were too busy for them, sending the message that their experiences were not as meaningful as their parents’ jobs. Beth’s mother’s discomfort with Beth’s sadness communicated to Beth that her sadness was not acceptable. Her mother also was intrusive, showing Beth that her experiences were not respected. In these ways, each participant’s process of meaning making was invalidated. It may seem surprising that such “subtle” invalidations could be devastating, but the problem with subtle violence is that it is so subtle. Leitner and Faidley pointed out that, “while clearly worse in many ways, obvious violence at least has the advantage that the person can clearly see the other’s contribution to the devastation” (1995, p. 301). It may also feel surprising that the parents seem fairly normal and loving. Leitner and Faidley explained, “All of these process invalidations can be felt in the context of a relationship that looks quite adequate to the outside observer” (1995, p. 301, emphasis in the original). I indicated how the participants minimized or denied any pain or anger associated with these invalidations, which “leads to the awful experience of major invalidations without being able to acknowledge the depth of the injuries” (Leitner & Faidley, 1995, p. 301).

I am not surprised to find that the participants minimized and denied anger. According to Western culture, anger and aggression are not acceptable in women. By denying women’s aggressive tendencies, cultural definitions of femininity and what it means to be a woman may impose a disordered relationship with aggression. For women who have been injured, speaking out and acting aggressively to protect the self from further injury goes against cultural expectations, requiring power they do not feel and aggression they are not supposed to show. Women with bulimia bury their anger and become secretive. When we look at the acts of bulimia, the tearing and rending involved in eating and then the violence of purging, it seems plausible that bulimia is connected to anger and aggression. As previously discussed, holding the belief that others cannot love you if you are not thin demeans others. Demeaning others is subtly aggressive. Thus, women express anger indirectly when they demean others in this way. When women keep secrets and hide their selves from others, they are setting and maintaining boundaries in a non-aggressive, and therefore culturally acceptable, way.

One of my original goals was to begin to identify what sorts of relational injuries might lead women to struggle with eating. While it is too soon to draw any conclusions, all of the participants experienced the loss of a parent to some degree and subtle violence from their mothers in particular. Researchers should work on identifying the relational injuries that tend to lead to bulimia by focusing on women’s relationships prior to the onset of bulimia. We should also explore women’s narratives of early childhood relationships because if we find similar patterns of invasion, abandonment, secrecy and hiding, then it may be that, in our culture, girls are learning that secrecy and hiding are necessary for intimate relationships and the subsequent development of bulimia is one manifestation of a cultural message.

Recovery

I initially proposed interviewing women who were still struggling with eating. However, when Karen offered to share her story with me, I decided that having the added perspective of a woman who had recovered could provide additional insights. In this section, I discuss the factors, or “quests for meaning” as Karen termed them, important to her recovery. Karen aptly said, “it’s really hard to tell what made the leap since all these things really happened at the same time. I got involved in this relationship that progressed relatively quickly, and beginning the conversion process…and going through recovery.” Beginning with Karen’s relationship with Tom, I then
Karen started dating Tom around the same time she started therapy. Their relationship progressed quickly and within three months, Tom had moved in. Karen had been in significant relationships before, but this one was different: “I never told them. If they knew, they knew without me ever telling them…This was the first time I’d ever told a boyfriend.” Karen reflected on what was different:

I just really felt like I didn’t want to lie to him, which is really bizarre because I didn’t really have any problem lying to everybody else…I guess what it was is that I sensed that there was something there. Like there’s something here and if I start lying to him about this, I know I’m going to have to tell him eventually and then I’m going to have to tell him that I’ve been lying to him for six months. And that’s going to fuck it up. So it was this real desire to start clean.

Karen felt the potential for her relationship with Tom to be deep and meaningful and so she felt it was important for her to be honest with him. She recognized the impact that lying would have on their relationship when Tom eventually found out. Even though Tom never asked her to, Karen told him each time she relapsed: “I felt really compelled. It was almost like being unfaithful. I couldn’t not tell him, it would feel like a lie, a sin of omission kind of thing.” While Karen can never tell Tom everything about herself, for “no matter how close we may get to another and come to know his or her construal processes, we can never know the other person completely” (Adame & Leitner, 2009, p. 256), she did not hide her struggles with eating as she had in previous relationships. Therefore, secrecy, in terms of the deliberate withholding of information, was not a part of their relationship. She said, “I really think it helped our relationship because it was this immediate thing. He was able to be there for me.”

Karen chose not to hide from Tom. Her struggles with eating were a part of their relationship and it brought them closer together. In contrast, Kelly waited to tell her boyfriend. Karen’s honesty and openness lead to deeper connection, whereas Kelly’s “sin of omission”, as Karen would call it, lead to distancing with Kelly. As I previously discussed, Kelly waited to tell her current boyfriend about her struggles with eating and when she finally told him, he felt betrayed that she had kept this information from him for so long. Karen was able to engage in a ROLE relationship with Tom because she allowed him to know her and she accepted his reverence for her. If she had continued to binge and purge and kept this a secret, she could not have continued to deepen her relationship with Tom.

Karen indicated that changes in her relationship with food were an important factor in her recovery. When asked what food means to her, Karen replied: “it is love, and it is family, and it’s memories.” Unsurprisingly, previous attempts at recovery, where Karen was encouraged to “relate to food as fuel to de-power or to strip your relationship with food of its power,” failed. Karen described how she renegotiated a healthier relationship with food: “What I was able to do is shift the locus of power. The power was still there. Food has this incredible power in my life. But it went from something that dismantled my life to something that is enriching.”

One way that Karen’s relationship with food changed was through her interest in cooking. She realized, “When you take time and you invest time and effort into making something from scratch, it becomes more valuable. That is the alchemy of the kitchen.”

Karen’s newfound honoring of and reverence for food complemented her new religion’s approach to food:
Judaism’s approach to food makes you slow down. It ritualizes meals. It makes you be thankful for the food and stop and look at the food. It’s a mitzvah to make something beautiful. You’re supposed to do that. It gives everything meaning. And it also makes it so that you don’t have to think about the calories and things like. It just somehow feels inappropriate to count calories on food you prepare lovingly for a particular event.

Karen said that she joked to her therapist, “You can’t throw up the food you’ve blessed.” Karen may have been speaking in jest, but what she said was true. Taking the time to cook and then bless food gave the food more meaning and importance. Karen was forming a more meaningful relationship to food through Judaism and her love of cooking: “My new approach to food… was to not think about it as disposable. When I started to think about what are these foods that I eat when I binge, I realized that they all were disposable foods.” There was a difference between spending a little money on food that was “disposable” and seemingly meaningless and spending her time cooking the food: “I would actually probably have found it more rewarding to make the potato chips and eat one or two of them and really enjoy them, rather than to have this bizarre exercise of consumption and then vomiting.” The changes in how she related to and valued food lead to a reexamination of her relationship to the culture in which she first learned how to relate to food:

When I looked at it, there’s no valuable difference between going out, buying a bag of potato chips, eating it, and throwing it up and going out, buying a sweater, wearing it four times, and never wearing it again. This is the same thing. This culture of consumption, consumer culture, is a sort of bulimic culture. Acquire, acquire, acquire, and then freak out because you have way too much fucking stuff. Consumer is a word that necessarily implies eating. To consume implies unnecessary eating, that unvalued eating.

Karen viewed her struggles with eating as one among many ways of “consuming” in order to satisfy an underlying hunger. Lelwica (1999) described this consumer culture as “a culture of numbness”, and said, “the numbing of this society is both cause and consequence of the unacknowledged pain and loss of meaning that eating disorders embody” (p.122). Karen observed, “The person who racks up $400 on their credit card they can’t afford is just as… confused, and lost as I was. It’s all trying to fill a need. Trying to fill a hunger. Trying to fill an emptiness.” The hunger and emptiness that Karen attempted to fill with binging and purging ended up being a spiritual hunger, a hunger for meaning. Karen described her spiritual needs:

I knew that I didn’t have and that I would never have [faith], blind or otherwise. What I had was something very different. The only words for it, and why I say that must have some relationship to my eating stuff, was a kind of hunger. A hunger was very different, because faith can be tested. It can be lost. This is sort of how I conceived of it. You can’t make hunger go away. Even when you want to make it go away, you can’t make it go away…It’s basic need. I had to come to the conclusion that even when I was convinced that there was no God out there, I still hungered for God. I was pissed there was no God out there.

The hunger that Karen described echoes Lelwica’s (1999) suggestion that “eating problems point to spiritual hungers- desires for a sense of meaning and wholeness” (p.7). Lelwica used a spiritual lens to conceptualize eating disorders as a response to “the potentially lethal shallowness of the dominant cultural ideas, beliefs, and practices that are used to feed girls’ and women’s creative spirits” (1999, p. 14). Many women, like Karen, who are unable to find meaning and purpose in traditional, patriarchal Christianity turn to the “salvation myth of female slenderness,” a myth built upon culture’s message that women attain worth and
significance by achieving the ideal (thin) body (Lelwica, 1999). Lelwica explained, “Though the social applause that accompanies weight loss may temporarily ease the pain … it does so by reinstating the narrowly defined standards of womanhood that keep women starved for a broader, more integrative experience of meaning” (1999, p. 81).

As Lelwica would have predicted, neither the reassurances of Christianity nor the empty promises of consumer culture and its salvation myth of slenderness satisfied Karen. Karen had always come away from Christianity feeling like their answers were too simple and easy:
What I saw was people trying to say, “Oh, I have what feeds your hunger.” Or, “Oh, you’re hungry? You’re hungry for Christ. Here you go.” … I was never interested in religion because so much of it seemed so easy. I always believed that it should be hard. But what I found in Judaism was I went in and I said, “I’m hungry,” and they said, “So are we.” And that was it.

In Judaism, Karen found a home for her hunger, a place where she could feed her hunger with the expectation that it would never go away. She found a community that validated her constructions of spirituality and her process of making meaning out of religion. In addition to the rituals and values of Judaism reinforcing Karen’s reverence for food, Judaism imbued other aspects of Karen’s life with meaning as well:
What my religious experience has allowed me to see is that when you take a break from [Western, consumer-based culture], even just for a day, and when you put your priorities on something else, something that demands sacrifice from you, then you notice that you’re happier, that you have purpose, and that you have meaning and significance. And the actions that you do have meaning and significance that translates to eating and everything else.
Karen found meaning and purpose when she eschewed disposable consumer culture in favor of slowing down and taking pleasure in the rituals of daily life. Judaism affirmed her new values and added to her sense of purpose. Karen summed up her recovery saying: “When I started to see my religious values get interwoven with my cultural values, get interwoven with my food values, this life emerged. And it was the life I wanted to live.”

There were several differences between Karen and the two participants who had not recovered. I have already discussed the importance of Karen’s relationship with Tom. The commitment to honesty differentiated her relationship with him from her relationships with previous boyfriends and from Kelly’s and Beth’s relationships with their boyfriends. I have previously discussed the problems the eating struggles caused with Kelly and her boyfriend. Beth’s struggles with eating came between her and her boyfriend Brian when he wanted her to call him before purging when she was at home over winter break:
I felt like I was having to choose between my friendship with him and the eating disorder. And the eating disorder is huge- a really important part of my life. I’d find different excuses for why I couldn’t call before I was puking… I knew that the eating disorder would eventually win, and he would eventually get tired of me lying.

Since moving into a house with weak plumbing, Beth has been able to control her purging. However, next year Beth, Brian, and three friends will be moving into a different house. Beth anticipated some tension, saying, “For the first couple weeks he’s going to be really paranoid that I’m just vomiting in the bathroom.”

Before moving on to discuss constructions of food, I would like to point out that while Beth attributed her cessation of purging at school this year to weak plumbing, she also has been trying to change her relationships. Beth said, “I’m working on being able to talk to people about
things. I’m not really good normally about talking about feelings or anything like that because I just ignored them for so long that I stopped recognizing when they existed.” Beth explained:

Right now the goal is for my life to be more dynamic- to have actual ups and downs, rather than just coasting along. And to be able to exchange with the giving and receiving rather than just trying to force it to be only one way.

From what she described, Beth has the right idea and new opportunities to connect: “It’s strange to have people willing to talk about things that affect them deeply. And those aren’t relationships I’ve had before. So it’s just been different.” While I hope that Beth is successful, I suspect that she has further work to do before she feels ready to bring her struggles with eating into her relationships:

I always think I’m going to tell my friends, but then it just never seems convenient. I could tell my housemates now. But I’ll be living with two of them next year. So if I do end up purging next year, are they going to know then? Are they going to find some stain that I missed or something and confront me about it? And I’ll have to lie to them then, or tell the truth to them then. So it’s just what makes life easiest I guess.

At this point I will compare Karen’s constructions of food with Beth’s. Whereas Karen saw food as “love, family, and memories”, Beth saw food as “resources.” So when Beth eats, she feels she is “using them up” and “wasting the resources on myself.” There is a sense of transpersonal reverence in Beth’s concern for others and conserving the earth’s resources. However, without first revering herself and experiencing interpersonal reverence, Beth’s self-sacrificing concern for others comes from a desire to feel deserving of reverence (Leitner & Faidley, 1995). Karen relates to food by revering it and her religious rituals for honoring it add meaning to her life. Beth begrudgingly accepts that she needs to “use” food to live. Beth’s relationship with food is one of necessity, not reverence because we cannot revere things that we “use”. While I was unable to ask Kelly about her constructions of food because we never had a follow-up discussion, her relationship with food is probably also lacking reverence. Kelly’s references to food focused on its effects on her weight. Before Karen’s relationship with food was reverential, it was adversarial, like Kelly’s. Karen went from thinking about food “as something to be worried about or something that could make me fat” to “something that’s sacred and that is nourishing and that feeds not just the body but the soul and the spirit.”

In terms of spirituality, Beth and Kelly were both raised going to church and, while they currently do not attend services regularly, they still identify with their religion and plan to attend in the future. Whereas Karen chose Judaism and wove it into her daily life, Beth and Kelly were born into their religions and now that they are away from their families, do not practice. Beth explained: “We’ve always gone to church regularly. It’s kind of gotten more scattered as my brother and I have gotten older. I guess my parents feel like they’ve done their job to instill that we should be going regularly.” Kelly’s upbringing was similar: “When we were younger, we’d go to church every Sunday. But we’re not really churchgoers and stuff. We don’t really go to mass anymore. Maybe we’ll say a prayer at Thanksgiving…But we’re not really that big religious people.” For Beth and Kelly, religion is something that you “should” have. They both believe in God and I imagine they will attend church more regularly when they have children.

Unlike Karen, religion does not seem to be a meaningful part of their daily lives. They had little to say about their spirituality and they were both unconcerned with their decreased involvement in the church as they grew older.

I cannot specify what made the difference in Karen’s recovery. As she said, “it’s really hard to tell what made the leap since all these things really happened at the same time…It’s
really hard to tell what was religious life and what was relationship.” It seems that Karen’s formation of meaningful relationships with Tom, food, and Judaism all contributed to her recovery and that these relationships are different from the ones that Beth and Kelly have with boyfriends, food and religion. EPCP would describe Karen’s new connections with food and Judaism as developing “transpersonal reverence,” meaning a “sense of connection with the world and the many others (human and nonhuman) in it” (Thomas & Schlutzmeyer, 2004, p. 313). Adame and Leitner explained, “transpersonal reverence entails a calling toward a purpose in life greater than simply living for the betterment or fulfillment of the self” (2009, p. 263). The sacrifices of time and effort that Judaism and its rituals regarding food demanded from Karen gave her a connection to something larger and more meaningful.

Considering the importance of spirituality and finding a sense of meaning for Karen’s recovery, Lelwica’s perspective also fits well:

> Insofar as women’s struggles with food and their bodies bespeak a profound loss of faith, some kind of spiritual vision and practice is essential to the process of getting better. Such practice and vision can serve as tools for converting a sense of emptiness and violation into nourishment for struggles that are life-enriching. The spiritual belief in something greater than the individual self can help inspire a woman’s movement beyond the quarantine of food and body, enabling her to break the walls of silence that separate her from others, to begin creating and telling and hearing another story of salvation within which to grow and flourish. (1999, p. 137)

Each woman’s narrative is unique, and if I talked with other women who have recovered from bulimia I would expect to find other paths to recovery and transpersonal reverence where meaning is found through relationship with the spiritual as well as “relationships with the natural world, social institutions, cultural traditions, aesthetic sensibilities and the imaginal realm” (Adame & Leitner, 2009, p. 258). Given the limited scope of my study, the previous conjectures on recovery are preliminary ideas. Future research involving additional narratives from women who have recovered from bulimia could support, elaborate, extend, or change these ideas, leading us to richer, more experientially near understandings of recovery.

**Implications and Directions for Future Research**

*Implications.* My study helped expand our understanding of the connection between bulimia and poor relationships. The concepts of secrecy and silence help us understand how the symptoms of bulimia contribute to maintaining distance. As therapists, identifying secrecy and silence as ways that bulimia distances women from others offers ideas of areas to explore with clients and to encourage them to experiment with.

As a therapist I could imagine spending time with bulimic clients focusing on what it is like to reveal their eating struggles to me and what that means for our relationship. It would be interesting to see if exploring feelings around secrecy and inviting clients to consider sharing their eating struggles with others leads to deeper relationships outside of the therapy room and eventually a reduction in symptoms as they no longer feel the need to hide. I would watch for the silence of people in the client’s life as a potential injury, paying attention to the client’s reports of how others are reacting when the client shares her struggles with them as well as signs that important people in the client’s life are ignoring indications of her struggles. I also would be sensitive to client ambivalence about secrecy and silence. I would address double binds that clients may try to set up when they come to therapy indicating that they want to work on eating
struggles but then refuse to talk about them. In order to avoid falling into the trap of being just another silent bystander, I would attempt to engage her by confronting her more aggressively. My data suggest that clients may avoid talking about eating disorders. Therefore, therapists should be proactive when assessing for eating disorders with adolescent and adult women.

In addition to informing therapeutic work with bulimic clients, this study has implications for parenting in Western culture. Both ignoring children’s pain and being overly invasive lead to disconnection. Parents must find a balance when attending to their children’s experiences and discussing their experiences with them. They need to be open to knowing what is actually going on, whether positive or negative. Knowing will come from information shared by the children as well as from critical observation. Parents must confront their own propensities to avoid or deny, because remaining silent leads to injury and feelings of abandonment. As Western culture tends toward individualistic conceptualizations of people as being separate and bounded, they must also respect their children’s needs for autonomy and privacy. Parents violate boundaries when they demand that their children share everything, forcing children to withdraw and hide in order to protect themselves. Essentially, parents need to be present, active, and open, but not invasive.

**Next steps.** Throughout the discussion, I suggested future research including interviewing family, friends, and partners of women with bulimia; exploring what specific injuries lead to bulimia; studying narratives of recovery; and observing whether focusing on secrecy in therapy leads to deeper connections outside of therapy and a reduction in symptoms. For my next project, I would like to pursue the first suggestion: an exploration of the effect of bulimia on women’s relationships from the perspective of those in relationship with the women who struggle with bulimia. I would recruit women who are currently struggling with bulimia and are willing to have me contact significant people in their lives. I would first meet with the woman to talk about her experiences with bulimia, listening for significant relationships. I would speak with these significant people, most likely parents, siblings, close friends, and partners, about the narrative of their relationship with the woman struggling with bulimia. I would ask about how they make sense of and feel about her symptoms. I would be able to test two EPCP hypotheses about women with bulimia against the narratives: women with bulimia’s beliefs about others not being able to accept them unless they look a certain way distance themselves by demeaning others and their refusal to confirm others reverence for them leads to distancing.

The current study contributed to our understanding of how bulimia affects women’s relationships from the bulimic women’s perspective. This future study would contribute the perspective of others. Having both the women’s and others’ accounts of their relationships also might offer additional ideas about the nature of the relationships preceding the development of bulimia and relational injuries that contributed to the development of bulimia. If, for example, there are early familial patterns of hiding and secrecy, then perhaps bulimia is just another manifestation of this pattern where intimacy is avoided using hiding and secrecy.
References


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Bulimia and Women’s Relationships

Are you a woman over the age of 18 currently receiving treatment for bulimia? If so, I’d like to talk with you about your struggles with bulimia and your relationships. I am hoping to improve our understanding of the role relationships play in the development of and recovery from bulimia.

Participation in this study will include:
- Completing an initial questionnaire. Depending on your responses, you may or may not be asked to participate in the interviews.
- Two interviews (up to 2 hours each) focusing on your struggles with bulimia and your relationships.
- One half-hour follow-up meeting where we will check my understanding of your experiences.

All information is kept confidential.

If you think you might be interested, please contact me:
Julie Lonoff
lonoffjr@muohio.edu

This study has been approved by the Departmental Review Board (protocol #08-036).
Appendix B

INFORMED CONSENT FOR PARTICIPANTS

STUDY TITLE: Bulimia and Women’s Relationships (working title)

PRIMARY RESEARCHER: Julia R. Lonoff
FACULTY ADVISOR: Larry Leitner, Ph.D.

Description of Research
This project is intended to serve as culminating research for a M.A. thesis in Clinical Psychology. It will be conducted under the supervision of Larry Leitner, Ph.D. (leitnelm@muohio.edu).

This research is intended to explore the relational experiences of women with bulimia.

You are being asked to participate in this research study because you are a woman receiving treatment for bulimia. Your participation in this study is strictly voluntary and does not affect the services you will receive from your therapist either now or in the future.

Research Process
If you choose to participate, you will fill out an initial questionnaire. Your responses to the questionnaire will determine if you qualify for the study. If you qualify, you will engage in a series of 3 private, confidential interviews, the first two of 90-120 minutes duration each and the third of 30 minutes duration. All interviews will be audio-taped. If at any time during the interview you would like the interviewer to turn off the recording device, you are free to do so. The interviews will be audio-taped and transcribed so that the information shared can be used by the principal investigator.
You will be asked questions about your eating disorder symptoms, your relationships, and your opinions regarding possible connections between the two. The final interview will include a presentation of the researcher’s work with your interview material for your review, critique, and possible corrections/additions.

Respect for Participants’ Rights and Well-being
Participation is strictly voluntary and you may decline to participate in any interview at any time during this study. There will be no penalty for discontinuing participation. The services you receive at Miami University Student Counseling Service or Miami University Psychology Clinic will not be affected in any way if you decide to discontinue participation in this research. In fact, because your participation in this study will be confidential, your therapist will never know that you participated at all. There are no foreseeable risks for participating in this study, although talking about certain experiences may be upsetting to some people. If you experience distress, you are encouraged to contact your therapist and/or any of the following free or low-cost resources:
- Community Counseling and Crisis Center (24-hour, free crisis hotline, referrals for services in Butler County, and low-cost counseling): 513-523-4146
• Miami University Psychology Clinic (low-cost psychotherapy in the clinical psychology graduate student training clinic): 513-529-2423

There is no deception involved in this study.

Your confidentiality will be protected. Only the primary investigator and her faculty advisor will have access to your name and contact information. Except your signed consent form, all other material from your interviews, including digital audio recordings and transcripts will be coded with a pseudonym. Your name will not be associated with this information at any point in the research process and any identifying information that you mention will be removed. The only people who may have access to the coded materials will be the principal investigator, her faculty advisors and/or select few clinical graduate or undergraduate student research assistants involved in this project. Audio recordings and transcripts will be kept in a locked cabinet for the duration of the study, after which they will be destroyed. Moreover, your signed consent form will always be stored separately from the audio recording and transcript. All information will remain confidential unless there is a risk of harm to yourself and/or others.

If there are any questions regarding this study, please contact Julia Lonoff at lonoffjr@muohio.edu or her faculty advisor, Larry Leitner at 513-529-2410 or leitnelm@muohio.edu. If there are any questions regarding your rights as a research participant, contact the Miami University Office for the Advancement of Research and Scholarship at 513-529-3600.

I acknowledge that I am 18 years or older. I have read the preceding statements and I agree to participate.

I give my permission for the researcher to quote from my interview responses I contribute, verbatim, in part or in whole in any reports of this research (including papers presented at professional conferences, articles in professional journals, or book chapters). Prior to completion of the MA thesis or publication of any related articles, I am free to withdraw this consent for any reason. There is no penalty associated with withdrawing this consent.

________________________________________
Signature of participant
Date

________________________________________
Signature of primary researcher
Date
Appendix C

Interview Topics

Struggles with Food, Weight, and Body Shape
Tell me the story of your struggles with eating.
  • Tell me about how it began.
    o What was going on in your life at the time?
  • Where do you think your struggles come from? What causes eating disorders?
  • How are things for you now in terms of eating and your body? (How have things changed since your difficulties first began?)
    o How do you understand your relationship with food?
    o How do you feel about your body shape? Weight?
    o How do your weight and shape factor into how you feel about yourself as a person?

Therapy/Recovery
  • What do you think it will take for you to recover?
  • How long have you been in therapy?
    o What has that been like?
    o What does your therapist say about relationships?
  • How would you describe your healing process?
  • What might be helpful for you in terms of recovery? What isn’t working now? How could it be different?
  • What do you think will be different when you’re recovered?
  • How would you define “the good life” for yourself?

Relationships
Tell me about your relationships.
  • Tell me about your family.
    o What was it like for you growing up in your family?
    o Tell me about your relationship with your mother/ father/ siblings.
    o How does your family feel about food, weight, shape, dieting, and exercise?
      ▪ What was it like growing up?
      ▪ What were family meals like? How often did you eat together?
    o What do your parents and/or siblings know about your struggles with food?
      ▪ When and how did they find out? What was their reaction?
      ▪ (If she chose to disclose) How did you decide to tell them?
    o How have your struggles with eating affected your relationship with them?
  • Tell me about your friendships.
    o How would you describe the current relationships you have with your friends?
      ▪ How long have you been friends?
      ▪ How do your friends feel about food, weight, shape, dieting, and exercise?
    o Do your friends know about your struggles with food?
      ▪ What did they know and when?
      ▪ How did they find out? What was their reaction?
      ▪ (If she chose to disclose) How did you decide to tell them?
      ▪ Does them knowing have any affect on your relationship?
• How have your struggles with eating affected your relationships with them?
• What things are important for friendships?
• Tell me about your friendships growing up.
  ▪ What were your friendships like in middle school? High school?
• Are there differences between your current friendships and previous ones?
• Tell me about your dating history
  o When did you start dating?
  o Tell me about the significant romantic relationships you’ve had. Are you seeing anyone now?
    ▪ How long did it last? Why did it end?
    ▪ How did your relationship with him/her affect your friendships?
    ▪ How did he/she feel about food, weight, shape, body, dieting, and exercise?
    ▪ What did he/she know about your struggles with food and when?
    ▪ How did he/she find out? What was his/her reaction?
    ▪ (If she chose to disclose) How did you decide to tell him/her?
    ▪ How did him/her knowing/not knowing affect your relationship?
  o How have your struggles with eating affected your relationship with him/her?

Religion
• Tell me about your religious beliefs.
  o Did you always feel this way?
  o How were you raised?

Process
• What has it been like talking with me about these things?
• What haven’t I asked that I should have?
Appendix D

Follow-up Questions

The purpose of our conversation is to give you a chance to provide feedback as to how you think what you read captured your experience. Let’s start with an overview.

• What was it like to read this?
• What sorts of things did it capture very well?
• What sorts of things did it miss?
• If it missed that, how could it be worded so that it would capture it?

Food can symbolize all sorts of things to different people. What it means to each one of us can vary. What does it mean to you?