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TRANSCRIPT



Challenging media

RECOVERING BODIES

OVERCOMING EATING DISORDERS

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Overcoming Eating Disorders

Directors and Editors: **Katherine Sender & Sanjay Talreja**

Producer: **Katherine Sender**

Executive Producer: **Sut Jhally**

Featuring interviews with:

Robin Levine, Clinical Nutritionist

Ruth Kane-Levit, Clinical Psychologist

Diane Norman-Lentz, Nurse Practitioner

Pat Romney, Clinical Psychologist

Allie Pendleton

Heather Thompson

Joe Bartone

Melanie DeSilva

Melissa

Rachel Williams

Tad

Tam Pendleton (Allie's Mom)

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MEDIA EDUCATION FOUNDATION 60 Masonic St. | Northampton MA 01060 | TEL 413.584.8500 | info@mediaed.org | www.mediaed.org

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INTRODUCTION

[Music lyrics]... *I feel guilt. I feel guilt. Though I know I've done no wrong, I feel guilt. I feel guilt. I feel guilt. Though I ain't done nothing wrong I feel guilt.*

[Montage of diet and exercise advertisements]

THE STUDENT BODY – Pressures of Campus Life

DIANE NORMAN-LENTZ: First of all there's the separation from the family of origin for many of them for the first time. It's a stressful environment academically, athletically, socially for students. They have to navigate relationships with peers, with their academic professors and they also have to navigate their relationship with food. And for many of them to walk into a dining commons being told when they need to eat and being faced with a smorgasbord of different food choices can be very, very stressful.

ROBIN LEVINE: I started here about fifteen years ago, fourteen, fifteen years ago. At that time, I didn't even keep statistics on people with eating problems, so to speak or eating disorders and I would say that right now its probably close to about 75% or 80% of the people that I see.

PAT ROMNEY: Young women that I see are dealing with divorce, separation, sexual abuse, um, poverty, uh, so I think those are some of the factors that contribute to eating disorders.

ROBIN LEVINE: Muscle is simply a physiologic property, as is fat. OK. They are not about ugly. They are not about pretty. They are simply physiological substances, which we all have in our bodies. However, one gender, ok, has more of one of those than the other gender, and females have a lot more body fat biologically than do males. So the natural female body has more fat on it than the male body. I think this is about female – the notion that what is female is not good and what is male is good. And so women have been turned against their own biology in many ways. And the difference between whether its body fat or fat you eat it doesn't matter, we are fat phobic. We are female phobic.

RACHEL: I had eaten dinner in the dining hall and I wanted something sweet so I went and bought, I don't know, cookies or something somewhere, and I was eating them in my car, and I was driving around and for some reason I would not go, I wouldn't go back to my dorm. I wouldn't park my car. I just kept driving and driving and I went to another store, I went to another store, and this was the first I had ever, ever done that. And I didn't know what, I was talking to myself and I was like, what am I doing, why won't I just go back to my room? And it was like an hour later I was still in my car and I had eaten all this food.

[Text on screen]

There are an estimated 8 million people in the United States with eating disorders.

6% of people with eating disorders will die.

THE CONTROLLED BODY – Stories of Struggle

MELANIE: It's not about self-destruction. But it's about coping and surviving, whatever, and dealing with whatever, whatever is going on in this woman's life.

ALLIE: I've been anorexic, for I guess, I was trying to figure this out last night five years probably, since I was eighteen, and I've been in recovery for one year, thankfully. And my anorexia didn't start with body image issues or you know, deciding that I wanted to be thinner or anything like that. It was just really a mode of control for me. Since I had also always been a very perfection oriented child, growing up with a sister who was manic-depressive, I didn't know how to express any emotions around depression. Um, so I had to find some way to express it, and that was food. Food has always been an issue of control in our family. I have allergies, my sister had allergies so we, you know, rotated our diets and stuff like that. So it, looking back it seems like it was a very logical choice for me to choose to control food.

RACHEL: I got hurt playing basketball, so I couldn't run any more, I couldn't exercise, it was like, just like that, all I thought about was food. And, its like, I didn't want to gain weight – I was like, I had worked so hard to get down to this so I had this specific number in my head, I can't get past this weight and I would just not eat for like three days until I got there and then I would just eat.

MELISSA: Well I just remember one time not eating for a few days and coming home and making a sandwich, and then being so starving that I made five sandwiches and ate all five. And that, that I wouldn't even consider, well that would be a lot of food at that time, but that wasn't even a binge. Sometimes when I lost control then, you know, I would eat everything in the house. And my mom used to have to hide around the house all the foods that I would eat. Because she would always go to get them and they would be gone, or they would be half eaten, I'd put 'em back in the box and cover them up (laughs)

TAD: There was this group, this whole crowd of us, maybe fifteen of us who would show up 4:45, exactly when the dining hall opened. None of us would sit together, we weren't friends, but we all knew why we were there. And um, fill up on bread and water then eat whatever else I thought might taste good, and uh, check my clock fifteen minutes passed, take myself to the bathroom, do my thing, have my toothbrush at all times – never left home without it – and come back to the table, quarter past five, people started showing up, you know, my friends who were meeting me there for dinner and I would just get a salad and play with it. You know, just move like three leafs of lettuce around the plate so it actually looked like I had eaten something.

MELANIE: I just started to vomit up my food and it was very frightening for me to do that but I felt very out of control, I felt like I didn't have a choice in the matter. And it was one of those things where a lot of women feel like they did it because

they wanted to feel in control, or it felt very much about a control issue. But for me it may have been about me trying to gain control, but I would always fail. And um, was doing it, oh goodness, at the height maybe ten, twelve times a day, maybe more than that.

HEATHER: When I was in high school I was raped by a teacher of mine. And dealt with it a little bit in high school, and then left to go to college and didn't deal with it at all my first couple of years of college, and then – and hadn't remembered a good portion of it until my junior year. And somewhere I guess in the fall of my junior year I started taking laxatives in order to lose weight. That was my whole idea behind it. And it was a very conscious decision and a very conscious decision made in the context of knowing exactly how dumb it was. And um, all the problems associated with it. But I went ahead and did it anyway. And it soon started reeling out of control.

JOE: Whenever I'm faced with stress or anxiety, um, trigger points that cause stress or anxiety would be, or I guess the feeling of being under stress causes me a reaction and that reaction I've always balanced off with eating, even when I'm not hungry. I've actually been in situations many times where I felt completely full and because I was experiencing a great amount of stress or anxiety I looked toward food for a kind of comfort.

DIANE NORMAN-LENTZ: Usually what would happen was I would stop off at one or two different 7-11 stores, convenient stores and start to, you know inconspicuously buy donuts and pretzels, and you know, plenty of liquid I could wash it down with and maybe, you know, a whole thing of ice cream sandwiches, twelve ice cream sandwiches, and then I'd get to wherever it was I was living and I would begin to eat. And there was a frenzy that went along with the eating. There was really a sense of urgency. I couldn't wait to sit down and begin. And you know I would say probably the first four or five minutes of any binge was incredibly satisfying both to my tongue and to my insides, just to be shoving food into my mouth like that. And then over time it became sedating. So this went on at my worst, you know, ten times a day. And I share that candidly because I really want to impress upon, upon all of us, just how much time and energy it really takes to maintain this behavior.

RUTH KANE-LEVIT: By and large I think eating disorders can be looked at as a way to get away from distressing feelings, um, whatever they may be, whether its anger, sadness, or guilt, or shame. The eating disorder tends to focus somebody's attention more on their body.

[TV ad] All the classes, all the equipment. Just call 1-800-FITNESS.

THE PUNISHED BODY – Symptoms & Side Effects

[Text on screen] Signs: Rapidly changing weight, obsessing about food, purging, feeling depressed, compulsive exercising, abusing laxatives, binge eating, eating in secret.

HEATHER: I didn't lose any weight at all and in fact, I mean, my eating patterns – the more I abused the laxatives the more my eating patterns got out of control as well.

JOE: I was in my 200s in junior high school. By the time I graduated high school, I was up to 315, 320.

DIANE NORMAN-LENTZ If a person is extremely overweight, then they have complications to you know, stress fractures, also complications to their heart, and you know the taxing on the body of having to carry around that weight.

RACHEL: When I started thinking about food first thing in the morning, or thinking about you know, all right let me write down how much I'm gonna exercise today, and weighing myself. I mean, I'd weigh myself so many times a day. It wasn't until this summer that I threw out my scale. And even now I'll go to the gym and weigh myself. But I mean, I would drink a glass of water, weigh myself. Go to the bathroom, weigh myself. I mean, eat, and weigh myself. Just everything, and that would decide what I wore, how I felt, everything.

MELISSA: Well I was just always exhausted health wise, I blew out a blood vessel in my eye that was still – you know I still have this red spot next to my eyeball that um, from throwing up.

DIANE NORMAN-LENTZ: For many of them the constant purging, through, lets say through vomiting can put them at high risk for esophageal rupture or bleeding, stomach rupture during binges, there's an enormous amount of food that can be consumed and the stomach can expand so much it can rupture. For women who abuse laxatives of one of their forms, or as their primary form of purging, they can end up where the little hair-like cilia in the intestines, lose their motility, lose their ability to move food along, and then they can end up having chronic digestive problems, where they can't have bowel movements on their own and they end up having to have abdominal surgery.

TAD: I had worn on the enamel off my teeth, teeth through vomiting. And basically what happened was I had to have them re-bonded four times. You're not supposed to have your teeth bonded more than once in a lifetime and I was going back and having this done. And I became really anemic because of it; I'm also partially diabetic.

HEATHER: I had this off-white rug in my room that I can't tell you how many stains I had to clean off because I just simply couldn't get out of bed into the bathroom in time. And, you know I always had to make sure I was close to a bathroom because I had no idea when these things were going to start taking effect.

DIANE NORMAN-LENTZ: Well with anorexia, one of the most primary side effects is weight loss and as a result of weight loss, the body is always trying to find some state of balance or homeostasis and so what we tend to see is many times women who are anorexic are dizzy when they stand up, they get headaches from not having eaten all day. Many of them will lose their hair or their hair will start to become thinner. Um, low body – think of everything slowing down. Many of them are chilly, they have low body temperature. As a result of real extreme anorexia we will actually compensate by growing very small downy hairs on other parts of our body where we don't ordinarily have hair. And one of the most primary symptoms is loss of menstrual cycle, which is called secondary amenorrhea.

ALLIE: I've been amenorrhea for four or five years and as a result I still don't know if I'll have children, I still don't know if I'll get that back and that's really frightening. My bone density is probably the worst thing. I had my bone age done last year when I was inpatient and it was between sixty and sixty-five years old, which means I have the bones of a sixty-five year old woman.

[TV ad: Slimfast]

-- Hi, what uh, do you got there?
 -- This, this is my Slim Fast shake. Try some?
 -- Yeah, I love chocolate.
 -- I often have it for lunch. It's low in fat, and only 220 calories.
 -- Wow!

[Text on screen] Symptoms: Stress fractures, stomach rupture, depression, digestive problems, social isolation, loss of menstrual cycle, damaged teeth, sensitivity to cold.

THE RECOVERING BODY

DIANE NORMAN-LENTZ: Recovery looks as different on each individual as the person themselves looks different. Basically you know, there are certain aspects of recovery that can be the same and that are essentially important. I think getting nutritional support or counseling. Certain behavior changes that a person would need to institute in order to change their eating behaviors and their relationship to food, and therapy. Getting emotional support, beginning to discover and uncover what is really underneath.

Taking Notice

ROBIN LEVINE: Someone with an eating disorder is like someone who is drowning and they are holding on to a life raft and that life raft has a leak in it and they know it has a leak in it but they also know its keeping them alive, and keeping them from drowning so it is what they're using to keep themselves alive and that life raft is like the eating disorder. The problem is that all of a sudden sort of a helicopter comes by, and lets say we as the helping professionals are in the helicopter. And we shout down to this person, hey, throw us your life raft and we'll throw you one that really works. Well, if I were drowning, and I knew, I didn't know these people who came by and they're telling me, wait let go of what's keeping me afloat, let go of what's keeping me to survive, what's helping me to survive, and they're gonna give me something that I don't even know what it is – why should I let go of this? Why should I trust these people? So it really makes a lot of sense to me why it's so hard for so many people to give up in a sense their eating disorder and when they seek treatment that's what we're asking.

MELISSA: As sad as it is, nobody could have helped me before I was ready. Although, well I guess that's not true. I would have liked it had people noticed, and let me know that it wasn't ok, or I didn't have to do that even though I wouldn't have listened to them and I would have gotten angry probably just hearing that over and over, would have probably reinforced it eventually.

ALLIE: I think the first thing is there is nothing wrong with talking about the fact that you have an eating disorder. And somebody's got to say it first. Everybody around you knows, and they're not gonna say anything so you may as well stand up and say it and get it off of everybody's chest.

DIANE NORMAN-LENTZ: I already lived with a dichotomy with going into nurse practitioner which is a health care field and knowing that I was doing this to my body and feeling a lot of shame and guilt about that. We were in class and we were discussing lo and behold eating disorders, and I was extremely anxious through the entire class and I couldn't wait for our break and sure enough our break came and I was sitting in the back of the school crying, basically and a

very close friend of mine came out and she looked at me and I looked at her and I knew that she knew and I took off, basically very dramatically started to run, like, get away. And she ran after me, and basically tackled me to the ground and looked at me in the eye and said, you're bulimic, aren't you? And it was the first time that anyone had ever used the word out loud and looked me in the face and said it, and needless to say I was sobbing and I said, yes, and she took me by the hand and walked me to the counseling center and the person was busy, I remember her saying to the secretary we are not leaving until she sees somebody right now. And sure enough I saw someone for ten minutes. And that began what would be a very prolonged and long voyage.

HEATHER: I think that in some ways when I stopped the laxatives I really started making distinct choices about my own self and um, so even though I felt still out of control, the stopping the laxatives was the first move in a reclaiming of my person.

Making Changes

ROBIN LEVINE: I have seen people with anorexia not be able to eat another thing but be able to drink things that can be helpful. Like different kinds of nutritional formulas whether they be Instant Breakfast or something like Ensure and not really change other things but that can be enough to re-nourish them enough so that they can think a little bit more clearly.

ALLIE: You know, I'm eating enough protein for a person twice my size and taking calcium and doing weight varying activity and stuff like that, but just also my mindset I think has been really important because I really believed, until people started telling me that I shouldn't expect a huge change, that I could expect a huge change. I really believed that it was gonna be that improved.

MELISSA: I can make connections that when I feel exhausted all day or when I don't have the energy to walk around then I can say, oh well have you eaten today? Have you eaten enough today?

ROBIN LEVINE: I have seen people who have bulimia, stop purging first but continue bingeing and slowly the binges, because now that you can't purge them, become less frequent and become smaller in size.

JOE: One way I avoid problem now is I go out and purchase a lot of dried fruits or fruits and just have them around my room so that when I do feel a situation where I feel stressed and I can't really control the urge to eat, I'm eating more dried fruits and things.

RUTH KANE-LEVIT: I might work with them to help them figure out what else they can do besides eating, if they're feeling for instance lonely, or they're feeling

upset about something or they're angry. What else could they do, could they take a nice warm bath, could they go out for a walk, could they call a friend, so I work with them around particular strategies.

ROBIN LEVINE: I had someone else that I worked with who actually just simply decreased the number of binges and purges, she set goals for herself each week, and sometimes it was the same from week to week but it was kind of baseline level of number of binges and purges that she was allowed and she stayed with that and then slowly decreased it over the few years, she was a graduate student, over the few years that I saw her, she actually got it down to none.

Giving Voice

TAM: My first piece of advice would be to understand that what an eating disorder is, is a way to express something that that person has not been able to express in any other way. And that the first thing they have to do which is incredibly difficult, is get past the eating disorder and find out what it is they're really trying to say.

TAD: We had like a really big pivotal meeting, group therapy session with my parents, and my father really lost his shit, started screaming about how Skidmore was costing him \$30,000 a year and he was sure that fifteen grand of it had been puked up at some point in time. At which point I really had to stand up and really take a stand for myself about what had happened.

PAT ROMNEY: Developing a voice, learning how to speak about their issues, so that the issues aren't played out on the terrain of the body, but really get voiced and externalized, and particularly in journal writing, they're externalized and written in such a way that people can go back and re-look at what they've been thinking, what they were feeling and use that as a way of healing.

Finding Support

MELISSA: When I started, I started going to a peer support group for eating disorders, and I think that's when things started to turn around more because I was finally with other people that were anorexic and bulimic, and we all became really close and we'd do stuff a few times a week and talk to each other all the time, and just being around other people that were trying to get better and who wouldn't think it was cool if I hadn't eaten and wouldn't support me for exercising as much as I did. That helped a lot.

DIANE NORMAN-LENTZ: I feel that individual therapy is really important however there is more and more research saying that group therapy or peer support can be really pivotal especially with bulimia and compulsive overeaters. What happens there is to be able to sit in circle with other people who are going through or have gone through what you're experiencing, demystifies it, puts perspective on your own life. Sometimes people can say, oh, my family wasn't that bad or that dysfunctional, or, and you can plain old get support.

ALLIE: I've been on crew team for eight years. And being on a crew team going through recovery has been just amazing for me. My coach is so understanding and so helpful. And my teammates are. I know that they're always gonna be there and they're always gonna be supportive.

Forging Links

PAT ROMNEY: It's a subtle tension that you have to work with which is on the one hand, needing to recognize and validate that every person's experience, every woman's experience is her own experience. Not to be described or named, or not experienced by anyone else in exactly the same way. So the person has to be able to say, this is me, this is what I went through, this is what I feel. And at the same time, be able to recognize that this is what women are put through, if you will, this is what all women in contemporary society have to face.

MELANIE: And one of the things for me was that when I discovered feminism and when I started reading *The Beauty Myth* by Naomi Wolf, I became so angry I was so angry, and I said, the first thing I thought of, was that this was being done to me. I thought, this is not an individual problem, this is being done to me, and I felt so angry at a society that would have taught me to waste so much of my creative energy thinking about food and what I should put in my body.

[TV ad: Weight Watchers] (*French music and food*)

BEYOND THE BODY – Looking Forward

TAM: I think the biggest thing we needed to be here for is to make her feel valued, and loved and supported and remind her that she's worthwhile and she deserves to eat.

MELANIE: Since I've you know, really gone through this transformative process of learning to love my body, I mean, personally, as far as my relationships, sexually, as far as my relationships, and being intimate with people, that has become a much easier and more comfortable process, because I've been more, become more comfortable with my body.

TAD: You know, being gay, I'll go to a gay bar, and I have so many friends – I used to work at like, a large one in Boston – so many friends who think of themselves in context of their looks. And that's when you become bulimic, and you worry about everything – you're gauging yourself by your looks and I just realized that I'm more important than that. You know, nobody is worth puking over. (laughs)

JOE: The thing I had to learn is that my body type, my weight problem is like my feet. My feet are big, my body is big, my hands are big, my head is big. I'm gonna be a big guy. Accepting that and then deciding for myself, what are my goals in relation to my body, what do I need to achieve to maintain health? I need to maintain a level of oxygen in my system. I need to maintain muscle mass and exercise for that, so I concentrate on those points.

HEATHER: In the first year of grad school, I started lifting weights. And doing it – I mean, I had done it off and on – but doing it really seriously and really regularly and it was a humongous turning point for me in so many ways. It just did something for my body that no other exercise had ever been able to do. And all of a sudden I was looking at my body and going, hey, this is ok, and I like the way I look in this.

RACHEL: I still wake up, like, kinda nervous maybe, like what am I gonna eat today? And I still feel very much at risk; like that any moment I could just start it up again.

DIANE NORMAN-LENTZ: I consider recovery an ongoing lifelong process. To this day there are always instances when I will notice oh this is a time when I could or would have binged and purged but yes, I'm recovered to the degree that I make other choices. The feelings come up, the old patterns could be there, there's times when I clearly overeat, but you know, I make the choice to not purge.

MELISSA: I never believed that I could go for hours without obsessing about food. I mean, if someone had told me that I would not have believed that. I couldn't even comprehend that. But it happens.

ALLIE: I think to just understand that its not gonna go away right away. You know, I thought, hey, a month inpatient and I'll be all better, I'll be normal! And its not going – you're not going to be normal, but you're gonna be a much more whole person and that is so worth it, that you should go forward and you should do the work, but that it's a long road. You know, its gonna be there forever. I think I'll always be a recovering anorexic, but its much better to be a recovering anorexic than to be an anorexic.

[Text on screen] *It is possible to recover from disordered eating. Taking early action improves the chances of recovery. If you or anyone close to you may be struggling with food, contact your local health services or call ANAD at (847) 831-3438.*