

**MEDIA EDUCATION**  
**FOUNDATION**  
**STUDY GUIDE**

**RECOVERING BODIES:**

OVERCOMING EATING DISORDERS

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## DEFINITIONS

People with **Anorexia Nervosa** may refuse food altogether; vomit or use laxatives to purge food; and/or exercise to excess. Signs include: rapid or extreme weight loss; strange eating rituals; depression and social isolation; and secretiveness and lying - especially about food.

People with **Bulimia** often ingest large quantities of food then attempt to rid themselves of it through vomiting, abusing laxatives, and/or over-exercising. Signs include: disappearing to the bathroom after eating; obsessively exercising; eating large amounts of food; stealing food from roommates; feeling depressed.

People who **Compulsively Overeat** are typically overweight due to their habit of eating excessive amounts of food, even when they may feel uncomfortably full. This condition is marked by a compulsive need to eat due to feeling out of control around food, and is not characteristic of all overweight people.

**Please Note:** The Media Education Foundation cannot take responsibility for the advice or treatment received through the contacts offered in this resource and discussion guide.

## RESOURCES

### Print

#### For General Introductions

- A Hunger So Wide and So Deep: American Women Speak Out on Eating Problems by Becky Thompson.
- The Body Betrayed: Women, Eating Disorders and Treatment by Kathryn Zerbe.
- Feminist Perspectives on Eating Disorders by Fallon, Katzman & Wooley.

#### For Self-Help and Recovery

- Feeding the Hungry Heart; When Food is Love; and Why Weight? A Guide to Compulsive Overeating all by Geneen Roth.
- French Toast for Breakfast: Declaring Peace with Emotional Eating by Mary Anne Cohen.
- Overcoming Overeating by Hirschmann and Munter.

#### Advice to Loved Ones

- Reviving Ophelia by Mary Pipher.
- Surviving an Eating Disorder: Strategies for Families and Friends by Siegal, Brisman and Wienshel.

#### Responses to Fat Oppression

- Big Fat Lies by Glenn Gaesser.
- Fat is Not a Four-Letter Word by Charles Roy Schroeder.
- Self-Esteem Comes in all Shapes and Sizes: How to be Happy and Healthy at Your Natural Weight by Carol A. Johnson.

#### On Societal Pressures to be Thin

- Backlash: The Undeclared War Against American Women by Susan Faludi.
- Beauty Secrets: Women and the Politics of Appearance by Wendy Chapkis.
- The Hungry Self: Women, Eating and Identity by Kim Chernin.
- Where the Girls Are: Growing Up Female with the Mass Media by Susan Douglas.
- The Beauty Myth by Naomi Wolf.

Also, check out the extensive offerings from Gurze Books, who specialize in books and videos on eating disorders.

Call: 1-800-756-7533 or write: P.O. Box 2238, Carlsbad, CA 92018.

## **Internet**

Web pages are known to come and go, but you could try searching with keywords "eating disorders," "anorexia," "bulimia," "overeating," and related terms. Useful web sites we found were:

Mental Health Net: <http://mentalhelp.net/>

National Association to Advance Fat Acceptance <http://NAAFA.org>

## **Help Lines**

For advice, support, local resources and contacts:

ANAD: (847) 831-3438

AABA: (212) 278-0697

ANRED: (541) 344-1144

MEDA: (617) 738-6332

The National Center for Overcoming Overeating: (212) 875-0442

NEDO: (918) 481-4044

Overeaters Anonymous: Look in White Pages for the OA nearest you.

## **Local**

Other places you might search to find local treatment, support and guidance are university and college health services (even if you are not a student they can refer you); your local health services; the library; and the Yellow Pages. Try to find out as much as possible about the organization or practitioner before you commit yourself to a course of therapy or treatment.

## DISCUSSION GUIDE

It is important to establish that anything participants discuss is confidential. Be prepared for the possibility that someone in the group may disclose - maybe for the first time - that s/he has an eating disorder. Have a list of local resources on hand.

Below are some questions you might introduce to start people talking, as well as some suggested responses in case you get stuck.

- **Was there anything in the video that struck you as interesting, disturbing or surprising?**
- **What challenges face people during their time at college which may make them more vulnerable to an eating disorder?** Possibilities may include: academic and/or athletic pressures; separation from family; new social situations; issues of sexuality; dining commons and lack of control over food. Do not let the conversation deteriorate into a moan about how bad the dining commons food is!
- **What factors might protect people from eating disorders?** Consider the following: people's cultural backgrounds (since not all ethnic groups endorse the dominant, white view of the ideal body); the family's approach to food and body size; people's coping mechanisms for stress; access to resources and support so that anxieties don't get transferred to the body.
- **Why might women contribute such a large percentage of people with eating disorders?** Possibilities might be: cultural pressures to be thin; family's anxieties about daughter's weight; unhealthy dieting behavior which establishes a distorted relationship to food. If people address the issue of why gay men might have a higher likelihood than other men of developing an eating disorder, ask them to consider the high body-consciousness of gay men's culture. Secondly, when men are subjected to starvation diets, they too resort to compulsive behavior around food.
- **Knowing that people's recovery from eating disorders are highly individual, what strategies might help?** Consider behavioral, nutritional, therapeutic, and social approaches.
- **How would you approach someone whom you believe has an eating disorder?** Suggestions: consider whether you are the best person to approach the person; be willing to deal with their anger and defensiveness (if it arises); be specific about what concerns you have; use "I" statements, as in "I feel worried when I see you losing so much weight"; recognize that recovery is a slow and often frustrating process.