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## The First Time I Helped a Woman With Anorexia

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The First Time I Helped a Woman With Anorexia

by Tess Cole

(English 102)

The Assignment: This assignment was a culmination of a quarter's worth of research, evaluation, and reflection. Its goal was not to report found information, but explain to readers how the author engaged with her learning process.

When I saw her I felt a wave of nausea strike me. I looked aside, seemingly preoccupied, but inside my mind was racing so fast. Could I muster enough courage to say something? Was I speaking out of turn, if I approached her about her thin appearance? Would I cope if I knew she knew about me, and she knew, I knew about her? I looked back and met her eyes, and somehow, awkwardly, I found myself telling her that I knew she wasn't eating. Poppink writes, "[t]he anorexic will not eat. There is no limit to her not eating"(1). I wondered, what would happen next? How would she get from where she was, in the place of adamant denial, to a treatment facility that was specialized to cater for the seriousness of this illness? And, what part could I play to help?

Just that month I had joined the Anorexia Nervosa and related disorders organization (ANAD), as a volunteer, and I had signed up to be available to support girls with this illness, and their families, in my area. Now here was my first opportunity. ANAD had generously mailed me some useful information, but in that moment, when I came face to face with her, I realized how unprepared I was. This was a life teetering near destruction. Suddenly, it was a priority for me to know what facilities and counseling services existed in my area, as a crisis of this kind is very stressful for the family. I thought that any way I could help may prove important to save this girl's life.

Her mother came to visit me that evening, and in a hushed voice indicated she wanted to go somewhere private to talk. Yes, I had met her daughter. Yes, I was a recovered Anorexic, and yes Eating Disorders is my course major for an Associate Degree. Did I think her daughter was very ill? What was it about? What could she do? How could she learn about it? In the back of my mind I felt the urgency to get busy and find some resources and information to help guide this mom to get professional care for her daughter. I also wanted to find some believable material to convince her of the seriousness of the situation.

I began to scour the internet sites, searching for treatment centers, and the rapists in DuPage County, and I followed up by contacting them and held phone interviews. I was given contacts by Professor McKinney, and discovered the resource of support groups. However, I was quite unprepared for what was about to happen inside of me.

An unhealed pocket of emotional pain triggered. This pain was on a subconscious level, and I believe it was more of the pain which was originally at the root of my past eating disordered behavior. Amy Medina, who has dedicated herself to bringing people to an understanding of Eating Disorders, repeatedly writes on her web site, that beneath the visible behavior and the issue with weight there is a person in deep emotional pain. Poppink writes, "She will starve herself to death in search of relief from her emotional pain." For me, "something deeper [was] going on inside" (Medina), which current stressors, brought to the outside. I began to experience severe daily levels of anxiety. The anxiety was covering my emotional pain, so I made a choice not to go down the path and relapse into eating disorder. In the past, in times of stress, I have experienced anxiety overcoming my world, and I believe it has its origins in my trying to suppress body memories of violence from my childhood. I also feared deeply that if I talked about it again I would be reprimanded by family, or invalidated by friends. I wondered what emotional pain this young girl was facing, and I was haunted by her gauntness. It was a vivid reminder of what I had done to myself. I was horrified.

I chose to seek out a therapist and do some work, so I didn't relapse by disconnecting from myself emotionally. I recognized the anxiety was a warning signal, but I didn't know what it was about.

Jennifer Campbell writing for ANAD states, “Anorexia and Bulimia are illnesses which disconnect an individual from his or her body”(5), and this prevents a person from processing what is really happening around their life. By finding a counselor I was able to be supported and work through my own issues while still being effective to help my neighbor. Professor Rosemary McKinney, while lecturing last quarter, spoke of how important it is for counselors to continue their own personal growth, be in counseling and have a supervisor themselves. In doing this I have experienced the wisdom of her words.

It was a couple of weeks before my neighbor visited me again and informed me that her daughter had gone to visit her doctor. During that visit, her doctor took blood tests, a pulse reading and blood pressure. She shared with me that the doctor wanted to talk about eating disorders, specifically Anorexia Nervosa. Through this set of circumstances I have come to agree with David Kaplan, et al. on the vital role played by the family doctor, to take the initial step in what becomes a chain of events. “Primary care physicians are in a unique position to detect the onset of eating disorders”(2) I was so relieved the day Nina came and told me her daughter had gone to her doctor, and yet somewhere inside me there was a nagging voice saying, “will he see the truth through her denials and bulky clothes?”

The doctor must have been alert, and “screening questions about eating patterns and satisfaction with body image” must have been asked “as part of routine medical care,” because Nina informed me her daughter would have to return to the doctor to get the results of her blood tests (Kaplan et al. ). Kaplan states that following initial questions, it is “[r]ecommended that initial laboratory assessment be performed and that this includes complete blood count, electrolyte measurement, liver function tests, urinalysis and thyroid stimulating hormone test”(3). According to Kaplan, the pediatrician who is confident can also carry out the initial “psychosocial assessment”(4). This assessment “should include the degree of obsession with food and weight,” a patient’s social ability and functioning in their environment, and a “determination of other psychiatric diagnosis (such as depression, anxiety or obsessive compulsive disorder)”(Kaplan, et al 4). Within a day my friend’s daughter was hospitalized. Her pulse rate had been 45 beats per minute, the doctor had been unable to find her blood pressure, and her weight had dropped by another marked amount.

“Historically hospitalization has been advocated both to allow the physician to control the situation and to separate the patient from her parents”(Kaplan et al. 19). On dear Nina’s face I saw a look of temporary relief, when she told me that her daughter was in a safe place, and that our guesses about her problem had been accurate. However, before therapy can begin, the anorexic sufferer must first be fed to attain a better status nutritionally, and have an adequate weight gain(Kaplan, et al 5), because “correction of malnutrition is required for the mental health aspects of care to be effective”(Kaplan, et al 5). In the case of my friend’s daughter, she was hospitalized, and since she was willing to eat, her pediatrician was not required to “provide nutrition via a nasogastric tube or...intravenously...”(Kaplan, et al 6). After five days of observation, stabilization, recorded meals, and some gains in vital statistics, my young friend was released from the Public Hospital, and was cared for by her parents. Nina’s pain was visible when she came by to discuss the professional care options for her daughter’s next step in recovery.

In our immediate area, I discovered that there were three hospitals providing partial day care programs, and numerous private counselors who linked up with nutrition and psychiatric specialists to care for these patients. A Partial Day Care Program is the recommended avenue of treatment for a patient on release from hospital. It would be up to this family to choose between care facilities, and factors such as insurance coverage and proximity would turn out to most effect the choice. I spoke with Ann Marie Belmonte, a Doctoral Intern in Clinical Psychology, about the treatment provided at Alexian Brothers Hospital. This hospital runs a partial day program from 8 am – 3 pm. Patients entering the program can expect a 20 day stay, and the cost is between \$400-\$500 per day. Amy, a spokesperson for Meier, an Outpatient, Day program and Intensive Outpatient Facility in Wheaton, told me about what they offer. Their day program runs from 8 am – 4:30 pm. Each day starts with Christian devotions. Following this individuals meet with their own therapist, and nutritionalist, along with also taking part in an educational component. Most patients stay for three weeks at a cost of \$9,900, however, with this hospital, insurance payout was only \$50 per day, making this an unreachable option for my neighbor. This was her preferred day hospital for her daughter, but since her daughter’s insurance covered for eighty percent, at the Linden

Oak's Day program, she went there.

After completing a day program a girl is encouraged to join a support group. I was able to give my neighbor information about the group which is run right here on College of DuPage campus. According to Cheryl Cleveland who, along with Maggie Paris, host the ANAD Support Group for Eating Disorder sufferers at College of DuPage, a therapy group is a weekly place where people at any level of recovery come to learn and be encouraged. It is a "safe place" where girls or guys "want to come," and a place to, "not feel alone." They stipulate that if girls are "not wanting to recover," they are "refused entry"(Cleveland).

A group session lasts for one a half hours, and it is a closed meeting except for six times a year when family members may visit. It is a free service for sufferers run by volunteers. The midweek evening meeting takes the form of discussion, and it is intended to educate, but may also address "myths and facts" or challenge eating disorder thought patterns as the leaders' probe. Questions such as "What's really happening to the food?"(Cleveland), or "What are the consequences of laxative use"(Cleveland), may lead to a relevant discussion.

Typically a sufferer attends the group for an average of one year, and by then they have acquired enough "skills" and they are "ready to move on"(Cleveland). Cassell and Gleaves write affirming the power of these groups. In their view, "[g]roup therapy can be useful to motivated anorexics allowing them to feel less alone with their symptoms, get feedback from peers, and build social skills"(19).

My friend's crisis was resolving and her daughter was in care, but as yet, I was not over my distress. From my place of discomfort I was about to make a very important personal discovery, and a personal decision. My anxiety levels were reaching what I consider to be dangerous levels. Something was not right in me. Anxiety is a sign from the body telling you to get ready for something that may or may not happen. Eating Disordered persons have an exaggerated response to this natural signal, for them it spells disaster is near, and they conclude it will be too much for them to bear emotionally(Cassell and Gleaves, 25). For the anorexic, "What the patient dreads is facing herself at a normal weight"(Cassell and Gleaves 19), and what I had begun to fear was of being accused of still having an eating disorder, and told to gain weight. These ideas of mine, in the typical nature of thoughts that can result in psychological problems, were unrealistic. Recognizing that I suddenly felt much better.

During stressful times in my past, I have been prone to relapse into restrictive habits, rather than address the underlying problem. I can really understand why some patients, when they are initially engaged in therapy, find it so difficult that they retreat and flee(Cassell and Gleaves 20). Cassell and Gleaves encourage me to "heed" rather than "react" to the anxiety. Heeding this bout of anxiety has meant learning a new way of behaving in the midst of an anxiety attack, and making some lifestyle changes in my world to care for myself. Poppink supports this concept of the importance of the anorexic learning personal care and writes, "...someday that trustworthy, respectful, steadfast and competent caretaker she needs so badly can be herself"(4). By persevering, I have experienced a reduction in the fear I had during an attack, a new inner surety that I can make it through these symptoms, along with objective evidence that the anxiety will stop. "If you can 'ride out' the bodily symptoms of panic without fighting them, or telling yourself how horrible they are, they will tend to subside within a short period of time"(Bourne 31).

To achieve this, I talked with my Behavior Modification lecturer, and since he required a self change project for his class, I decided to learn a deep progressive relaxation. I began to practice it daily, teaching myself to relax by tensing and relaxing each set of body muscles, beginning at the feet and working up. I followed this by doing pushups and then some deep abdomen breathing. The routine is fifteen minutes long and by doing all these exercises at the initial cue of stress, I was able to trip my body into the relaxation response. This counteracted the fight or flight reaction, (a description of panic attributed to Walter Cannon), which was a result of adrenalin arousal, and lowered my pulse rate from the racing elevation. Soon after I did the relaxation, I felt feelings of ease and warmth

I found that what I had stumbled on, in my desperation to remain in good enough health to complete college this quarter, was similar to the basis of a technique in Cassell and Gleaves work. They write that the process of "biofeedback" is "a technique that seeks to control certain emotional states such

as anxiety and depression by modifying...involuntary body functions such as blood pressure and heart beat.” In this same paragraph they wrote, “[t]his technique has been experimented with in the treatment of anorexia nervosa, but is not yet widely used”(37). For myself learning and mastering a technique of deep body relaxation has helped me learn to listen to my body and to my inner voice, and it’s been glorious to be able to induce relaxation. Cassell and Gleaves support “[t]he teaching of relaxation techniques to counteract the typically high activity level of anorexics, who tend to deny fatigue and are unable to relax”(37). I want to add that even as a recovered anorexic I have a tendency to not know the meaning of enough. Poppink writes, “[s]he knows nothing of the experience of enough. She couldn’t say, ‘enough,’ to an invader of her boundaries, and she can’t say it to herself. The concept of enough has no meaning to her.”

Once I was more relaxed, I began to get in touch with some underlying thought patterns which were the cause of my internal alarm going off, and I experienced a catharsis of emotion. Gina Taffi, a licensed clinical psychologist who specializes in extreme anxiety, writes to a reader of the importance of “address[ing] the underlying cognitions (i.e. “threat thoughts”) that perpetuate the ‘arousal/alarm response.’” This is exactly the same type of deep personal work an anorexic must engage in to recover, and the private nature of the work is the very reason why choosing the right therapist is so vitally important. Unless the patient feels she can trust the therapist with all the pieces of her personal puzzle, and is in a totally empathic and caring environment, recovery is unlikely to happen. Janice writes, “It’s important that you can be honest with the person caring for you so they can help you to the best of their ability.”

The main type of therapy used for the treatment of eating disorders is CBT. This stands for Cognitive Behavior Therapy (Santucci 3). Patricia Santucci writes that this therapy “has been used successfully”(3). “(T)he cognitive model...states that our thoughts and feelings drive behavior.” Anorexics experience “problematic thoughts,” “fear foods” (Santucci 3), and “distorted and rigid thinking”(Cassell and Gleaves 19) which all fuel their dieting behavior.

I know very well the long, hard haul that my friend’s daughter has in front of her to erase her distorted food and body image messages, and to replace them with more appropriate ones. Progress is slow, and it took me years to overcome the mind set that eating every day would make me fat. The people I interviewed were reluctant to put a time frame around recovery. Dianne Budeck says, it is “slow progress.” Some say the girls are significantly better in “eight to nine months,” while for others it “may take as long as six to seven years” to recover. For me, 23 years have past since my crisis, and even after eight years of therapy and many other occasions of Christian ministry, I have still had issues resurface this quarter, as I have broken my silence and allowed my story to help Nina and Sandra. I believe this is evidence of the depth of the emotional wounds that my Anorexia covered, and shows that, for me, reaching out to someone, in Christian love, has been a part of my own unblocking, by allowing some deeper healing to take place in me.

My thoughts return to Nina. I realize that three weeks have gone by and I haven’t heard from her, nor has she come to tell me about how her daughter is doing. I haven’t even seen her in our street. Is no news, good news? Do I go to see her and inquire? Or shall I wait for her to contact me? I decide wait for her time to visit me, and in the meantime I pray for them, hope and trust in the abilities of the professionals around her daughter’s life. I recall to mind the title of an article by Marlen Garcia. She writes about a brilliant young athlete, “She’s back on the right path, Victoria Jackson had an Eating Disorder. Fortunately, she sought help before her illness could become fatal.” I have a hunch that my friend Nina got her daughter to the appropriate help before it was too late, and I believe her daughter Sandra will recover too.

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Works Cited

- Budeck, Dianne. Telephone interview, 15 April 2003.
- Belmonte, Ann Marie. Telephone interview, 24 April 2003.
- Bourne, Edmund J. "The Anxiety and Phobia Workbook." 1990. Oakland, 1995.
- Campbell, Jennifer. "Massage and Eating Disorders." ANAD Working Together, Winter 2002:5.
- Cassell, Dana and David Gleaves. "Treatment," Recovery," "Anxiety." The Encyclopedia of Obesity and Eating Disorders, New York: 2<sup>nd</sup> ed. 1994.
- Cleveland, Cheryl. Telephone interview. 24 April 2003.
- Garcia Marlen. "She's back on the right path Victoria Jackson had an Eating Disorder. Fortunately she sought help before her illness could become fatal." Chicago Tribune. 30 Oct. 2000. N Edition Chicago Sports Final. Expanded Academic Index. Proquest. DuPage College Library. 14 Apr. 2003 <<http://main.cod.edu:2058>>.
- Janice. "Eating Disorder Recovery." Support and Resources for Eating Disorders 15 April 2003 <<http://www.eating-disorder.org/recover.html>>.
- Kaplan, David et al. "Identifying and Treating Eating Disorders." EBSCO Pediatrics. Jan. 2003. Vol. 111.1 p. 204-212. DuPage College Library. 15 April 2003.
- Medina, Any. "Who we Are." Something Fishy – Website on Eating Disorders. 16 April 2003 <<http://www.something-fishy.org>>.
- Poppink, Joanna. "Number One Reason for Developing an Eating Disorder," 15 April 2003 <<http://www.healthyplace.com>>.
- Santucci, Patricia. "From the Therapists Chair" ANAD Working Together Fall 2002 p 3.
- Taffi, Gina M. "High Anxiety," Letters to the Editor. Elle, Feb 2003 p. 48.
- Wiener, Amy. Telephone Interview. 5 May 2003.
- Wilson, Terence G. & W. Stewart Agras. "Practice Guidelines for Eating Disorders." Behavior Therapy 32 (2001):219-234.
- Author's note: The names of my neighbor and her daughter have been changed to protect her privacy.