

How You Can Help Support Her Through Recovery

“Paula’s generosity of spirit is very special,” says her mother, Rita. “She’s bright, diligent, and resourceful. She’s always been an avid reader; even as a young child, she loved stories and was fascinated by rhyme. She chose a career in social work and is doing so well in it. I wish *she* knew how capable she is.”

Paula had first come to see us as a college freshman, when she was suffering from bulimia. At the time, her firm belief that she was “not good enough” was ruling her life, leading to unhealthy habits and making it difficult for her to pursue her studies and reside in her dormitory. Paula’s situation was not unusual. Most individuals with eating disorders also struggle with other mental health challenges, such as dark moods or anxiety. In this chapter, we will describe some of these difficulties, explore how they may be treated, and suggest ways you can assist your child in her journey. Rita and Paula, now 28, kindly offered to share their story with you.

“When Paula left for college, we were on good terms,” remembers her mother. “I phoned her in her dormitory every weekend or so. At the beginning of the academic year, she seemed herself; but

gradually, a cloud came over her, and she had very little to say. She answered my questions in one word. How are you? 'Fine.' How is freshman English? 'Okay.' How are your roommates? 'Good.' Sometimes her voice was monotone and other times snippy, as if she'd rather not talk to me. Every time I tried to reach out to her, she shut me out."

"I shut *everyone* out," acknowledges Paula. "When my family asked me what was going on, I always answered, 'Nothing,' which meant that I hadn't a clue. Back then, I didn't have the words to describe my inner experience. I felt that I wasn't good at anything. The kids in my dorm were good at hanging out and meeting new people; I thought I was terrible at that, always the awkward one. I went running three times a week on my own and wanted to get involved in college sports but felt I wasn't athletic enough. I'd played lacrosse in high school but always struggled with skills that other players seemed to grasp with ease. When I saw how 'good' my teammates were and how 'bad' I was, I freaked. I practiced the skills superhard on my own so that I could catch up with the others before they and the coach found out how clumsy I was.

"If I'd been particularly good at one thing in high school, I wouldn't have minded being second-rate at others. But that wasn't the case. When it came to hobbies and extracurricular interests, one kid in my class was a really good actor, another loved photography, and a third was musically talented. I envied a girl who had a special way with animals. I had a special way with nothing. It was similar with schoolwork. Some students were good in biology, some in math, others in history; I was mediocre across the board. The only reason I earned top grades in high school is that I spent my whole life studying, or so it seemed. If I hadn't worked so hard, my grades would have slipped and everyone would have discovered how stupid I really was.

"I couldn't get my bearings in college. I felt lost in an emotional whirlwind that never seemed to stop. I had no idea where that sensation came from or what to do about it. Once it gained momentum, it became so much a part of me that it seemed to have always been there. Somewhere within that tornado was my sense

of never being good enough. Looking back, I can say that my feelings and thoughts spun around so much that they seemed to cancel each other out and leave my mind blank.

“When I wasn’t in class, I wandered the campus aimlessly or hibernated in the library with my books. Although I was no longer interested in learning, in reading, or in the content of my courses, I needed good grades and felt safest in the quiet and anonymity of the library. What’s more, it seemed like I didn’t have anywhere else to go. It took everything I had to keep going without adding the hassles of interacting with other people. I wasn’t sure why, but many students seemed to enjoy being with others. I didn’t consider myself a candidate for friendship, much less for a romantic relationship. I wondered what was wrong with me that I wasn’t more like other students.

“Because my mind felt empty, it was hard to manage certain academic projects, especially those that required decision making or ‘out-of-the-box’ thinking. In freshman English, one assignment was to choose a poem and write a review of it. Selecting the poem felt like a tremendous ordeal. I found one I sort of liked but didn’t think would pass muster with the professor; so I went on to consider another and another, unable to make a decision for many hours. Once I finally settled on one, writing the review was equally hard. I felt thankful that I didn’t have to write a poem of my own. That would have bowled me over completely; I wouldn’t have been able to handle it.

“In mid-October, I went on a diet. I’d never been heavy but feared that I would be if I weren’t careful. The women who struck me as well liked, accomplished, and happy looked thin. Now I realize that the thinness-equals-perfection assumption is false, but back then I bought into it. At first, I lost weight. The problem with my diet was that I’d become famished toward the end of every day. I picked up the habit of downing a huge amount of food frantically, unable to stop. After eating, I’d feel disgusted with myself. My stomach hurt. I cried and reminded myself to keep my habits secret. The pressure of the waistband of my jeans against my stomach kept reminding me that I was fat and bad; that feeling was

unbearable. I wanted to crawl out of my skin. I'd panic that the food I'd just ingested would pile on the pounds. To get rid of the unwelcome calories and calm down, I'd make myself vomit. So began a cycle that I didn't like but had to continue because something inside expected me to.

“Although concealing my bingeing and vomiting was of major importance, I also had something else to hide. Now and then I'd get a powerful urge to cut myself and feel driven to act on that impulse, as if I had no choice. After ensuring my privacy, I'd use a razor blade to carve small cuts on the inside of my wrist. I'd wince at the sting but, at the same time, accept it as punishment. The piercing of my skin produced slight bleeding and a release of indefinable emotional pressures. Afterward, I'd feel at peace. I realized that if other people were to find out about my cutting, they'd insist I never do it again; what's more, they'd think I was crazy. And they might misinterpret my cutting as a suicide attempt. I wasn't trying to kill myself. But I had to do something to calm myself, and since cutting created that effect, it was well-worth repeating, as long as I could keep it secret; that's why I always wore long sleeves. Though the calm following each cutting episode proved short-lived, it was better than none. And at that point, I was willing to take whatever emotional peace I could get.”

In everyday functioning, it is not only whether and to what degree a person feels she isn't good enough that matters, but also how she manages that feeling. Some ways of dealing with such perceptions are healthier than others. Productive approaches include efforts to recognize and talk about negative inner experiences and to devise short- and long-term strategies aimed at feeling better. Binge eating is a counterproductive way of dealing with emotions. So are cutting, stealing, excessive sexual activity, suicide gestures, and misuse of alcohol or drugs. Cigarette smoking, which people use to relieve anxiety, assist with weight control, or feel “cool,” is a form of substance abuse and is addictive. All these behaviors carry serious health risks. It is not unusual for someone with an eating disorder also to suffer from one or more of these other self-

defeating habits, as Paula did, in an effort to manage tumultuous and painful emotions.

People with eating disorders come from a range of early life experiences. While some patients describe their childhoods in positive terms, others report trauma. Past physical, emotional, or sexual abuse is not unusual among those with eating disorders. The impact of early trauma can follow a person into her teenage years and beyond, increasing her vulnerability to a host of emotional problems, including eating disorders, depression, or anxiety. For the individual with a history of abuse, recovery from an eating disorder tends to be particularly arduous. Ties between her trauma and her eating disorder often depend on a number of factors, including the following: the kind of abuse, how old she was at the time, how frequently it occurred, the nature of her relationship with the abuser, and what consequences were threatened if she told anyone about it. The eating disordered individual who has suffered abuse is prone to developing one or more additional self-defeating habits in attempts to cope with intense negative emotions arising from the trauma.

The paths that lead to “I’m not good enough” differ from one person to another. Furthermore, an individual’s negative feelings about herself can come from a combination of many places. Some people have a tendency to defer to the outside world for reassurance that they are good enough. Lacking an internal sense of “I’m good,” they gauge their worth based on feedback from others. Paula describes a childhood free of trauma and speaks of how “I’m bad” can snowball. “When it first occurred to me that I was inept, I began to avoid athletic and social activities that might have challenged that belief and helped me to feel better about myself. Ultimately ‘I’m bad’ became a fixture in my mind. But as a college freshman, I was unaware of how my perceptions of myself were shaping and coloring my experiences. Back then, each day felt like a struggle for survival.”

Given Paula’s wall of silence, Rita could not have known the extent of her turmoil. “My daughter’s curt telephone manner told

me *something* was wrong,” she says, “but I had no idea what that was. Back then, the possibility that she had an eating disorder never occurred to me. Sure, she’d dieted at home—so had her 15-year-old sister and most of their friends. Neither of my daughters had been fanatic about losing weight. Paula’s diets had been very brief; within a few days she’d tire of them and stop.

“I so wanted Paula to be happy in college that it was very hard to see signs that she wasn’t. Both she and my younger daughter were prone to occasional sullenness. Weren’t most teenagers? Paula had always been so sensible. I didn’t want to be overprotective or intrusive or annoy her with repeated ‘Are you okay’ calls. On the other hand, she was barely 18 years old and away at college for the first time. And she certainly wasn’t herself. If she’d talked to me, I might not have been quite so worried, but she hadn’t, and my uncertainty about her welfare was hard to handle. I’d met Paula’s residence adviser at the freshman orientation reception and remembered her warm smile. I let Paula know that I’d be calling the R.A. and then went ahead with it.”

Chances are you can relate to this mom’s angst as she wrestled with the possibility that her daughter was hurting. Rita’s wish not to overreact was totally understandable; many freshmen have difficulty adjusting to college and come through it fine. Though the judgment call that Rita faced was harrowing, her intuition that her daughter needed help was right on target, as was her decision to intervene. Although Rita was aware that interceding would anger Paula and risk further alienation, she put safety first, which was more helpful to her daughter than either of them knew at the time.

“When Mom told me that she was about to call the R.A., one part of me felt defeated and the other wanted to run away,” admits Paula. “I told the R.A., Cheryl, about my eating problem but not about my cutting, and she informed me that the college health center operated a confidential telephone hotline for students who were down, frightened, or having negative thoughts and feelings about their bodies. I dialed the hotline once, but the second someone answered, I hung up. When Mom arrived at school, she insisted I go to the health center for a checkup; both she and Cheryl came

with me. After the medical exam, another doctor talked with me and then scheduled two follow-up appointments with me for later that week. In the midst of all this, there were phone calls between Mom and the student health center. The doctors recommended that I take a leave of absence from college to get treatment in order to improve my health. I tried to make them think I wanted to stay at school, but that wasn't altogether true.

“With the tumult of leaving college, my feelings were sometimes a jumble and sometimes ‘nonexistent.’ I sensed that I'd been kicked out, even though I'd been assured that wasn't the case. The dean said my grades were impressive and that I had ‘strong potential’ but that she was concerned about my health. She promised I could return when I was well. As ashamed as I was about leaving college and returning home, part of me was relieved that certain pressures were off. I'd no longer have to roam the campus feeling homeless or ‘camp out’ in the library. Furthermore, I'd be free of roommate hassles. And I'd been struggling day and night with my English term paper; now I could let that go.

“But living at home came with its own set of problems. The first night, I lay awake worrying and putting myself down. How would I binge and vomit now that Mom knew about my eating disorder? What kind of wimp was I that I couldn't hack college? I was such a loser! Without my classes, what would I do all day? How would I explain to my sister what had happened? I'd have to be very careful to keep my cutting a secret. It looked like life at home would be different from that at college but equally hard, and if that turned out to be the case, I wasn't sure how long I could keep going. I didn't want to die, but I certainly didn't want the life I'd led over the past few months.”

Like Paula, many people with eating disorders feel down, though some suffer more intense, prolonged, or recurrent lows than others. Oppressive moods can make an eating disorder worse and vice versa. Some patients who struggle with both an eating disorder and depression go to school or work, whereas others feel overwhelmed or overburdened to the point where even personal hygiene feels close to impossible. For some people, emotional

darkness (or turmoil) precedes their eating disorder; for some, it's the other way around; and for others, both conditions begin at roughly the same time. "That first week home from college, I stayed in my bedroom most of the time, crying, exercising, or staring at the wall," recalls Paula. "I lashed out at Mom a few times and afterward felt guilty. What I didn't realize was that I could, and would, be helped."

Building on Her Strengths

Paula and most of our patients are talented, hardworking individuals who ache inside. When a patient's problems interfere with various aspects of her life, it becomes all the more difficult for her to recognize her strengths. For many, recovery is a journey of growth and self-discovery in which family members can play an important and rewarding role. Rita and her daughter elaborate here on what went well and not-so-well during treatment.

"The treatment team told me that individuals with eating disorders are very reluctant to give up their behaviors and that the first step in therapy would be to establish an alliance with Paula as a foundation for addressing change," states Rita. "Actually, I'd been hoping that the professionals would have a ready-made solution to her angry outbursts. That expectation was unrealistic, but I was so blinded by my need to restore peace to the household that I tended to lose perspective. Here I was doing my best to help Paula, and all she seemed to do was get mad at me. While I didn't like hearing that her behavior change would take time, receiving that information up front helped me in the difficult months that followed."

Paula raised the subject of privacy. "It was helpful that Mom didn't pressure me to tell her what I talked about during individual therapy. During the first few sessions, I said next to nothing to my therapists. When I finally broke my silence, I told them that it was hard to fall asleep at night and that I wasn't sure what to do with myself now that I'd been 'kicked out' of college. That led to discussions about my way of life on campus and about the diet that had somehow gone awry.

“My doctors explained that restricting one’s food intake can result in a binge and that stress and unhealthy beliefs about the body and weight can also serve as triggers. One of my homework projects for therapy was to start a journal for tracking the connections between my thoughts, my feelings, and my binges. Another assignment involved noting what activities I might use instead of eating when feeling angry, nervous, or not good enough. Putting these alternatives into practice was harder than it sounded. An episode of overeating would make me think I’d flunked bulimia treatment and therefore might as well stop trying. That was one of the assumptions I tried to reframe in a positive way; thus, instead of concluding “I’ve failed,” I worked hard at telling myself that goofs are part of the recovery process and that I could now get back on track.

“In therapy, I learned about a tool called a time delay. It meant that when I felt the urge to binge, I’d give myself permission to go ahead with it, but only if I waited 15 minutes. Meanwhile, I was to focus on anything that might distract me from eating. I found crossword puzzles helpful for this purpose. If the urge to gorge was present at the 15-minute mark, I again told myself that I could do it if I waited 15 minutes. The idea was to keep procrastinating until the drive to binge faded. That strategy proved somewhat helpful for cutting as well as for bingeing.

“‘Not good enough’ was a topic my therapists and I visited often. Through my eyes, I was so glaringly ‘bad’ that it was very hard to peek outside that box. Drawing from my personal experiences, I offered one example after another in evidence of my defectiveness, with particular detail to my stupidity. Since I wanted to return to college, one of my hopes was to develop the ability to study for a reasonable length of time instead of to an extreme. That was an ambitious goal, and although I was able to set some limits on my overworking before heading back to college, I continued to push myself hard.

“A few months after I entered therapy, my team suggested that I start an antidepressant medication known as an SSRI [selective serotonin reuptake inhibitor]. I didn’t like that idea. Was I really so

sick that I had to be on psychiatric medication? Had Mom pressured me to take an antidepressant, I would have refused. I never admitted it at the time, but the medication helped. While it wasn't a magic bullet, it lifted my spirits and helped me move around more freely, without having to exert what felt like a superhuman effort. I didn't have any side effects. The combination of medication and therapy helped me cut back on my bingeing and my cutting, though I didn't overcome the habits completely for quite some time."