

Dina F. Waxman. 'A Strenuous Game': The Portrayal of Eating Disorders in Young Adult Novels. A Master's Paper for the M.S. in L.S degree. March, 2007. 105 pages. Advisor: Brian W. Sturm.

This study uses content analysis to examine the portrayal of eating disorders in young adult novels published from 1981-2005. Fifteen books were evaluated to determine if the portrayal of eating disorders was accurate according to documented psychological profiles of the causes and risk factors for eating disorders. Additionally, the books were evaluated to see if the portrayal of eating disorders over time had changed to correspond with evolving information on eating disorders. This study concludes that while eating disorders are being portrayed accurately and realistically in young adult literature, there is no change in the portrayals over time to complement evolving research on the risk factors and causes of eating disorders.

#### Headings:

Young Adult Literature

Content Analysis – Young Adult Literature

Eating Disorders

Eating Disorders in Adolescence

‘A STRENUOUS GAME’:  
THE PORTRAYAL OF EATING DISORDERS IN YOUNG ADULT NOVELS

by  
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A Master's paper submitted to the faculty  
of the School of Information and Library Science  
of the University of North Carolina at Chapel Hill  
in partial fulfillment of the requirements  
for the degree of Master of Science in  
Library Science.

Chapel Hill, North Carolina

March, 2007

Approved by:

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## Introduction

In contemporary society, young adults are assaulted from every direction with expectations of what they should look like. Size-zero supermodels grace the pages of commercial magazines, skinny actresses are the focus of much media attention, and fashion follows trends that only the impossibly thin could possibly emulate. Not only are they over-exposed to all this negative imagery, but they are told through books, magazines, television, and other media that looking good is all-important, judging from the make-up, hair, and fashion tips that make up the bulk of what they see. Is it any wonder that eating disorders have become a rising problem among adolescents?

Currently in the United States, approximately 11 million people struggle with anorexia or bulimia, with millions more affected by binge-eating disorder (Crowther et al., 1992; Fairburn, Hay, and Welch, 1993; Gordon, 1990; Hoek, 1995; Shisslak et al., 1995). These eating disorders frequently develop during early to late adolescence, affecting both young women and young men. Though it wasn't until the 1970s that they emerged as a serious problem of society, they have rapidly become the focus of much research (Polivy and Herman, 2002).

The statistics on eating disorders are sobering enough, but even more frightening is the fact that eating disorder prevalence is on the rise, as well as broadening in demographics. Long-term studies reveal an upward trend in the incidence of anorexia nervosa since the 1950s, with the most substantial increase among 15-24 year old females and more recent studies also indicate that incidence and prevalence rates are increasing in

males (Lucas et al., 1999; Willi, Giacometti, and Limacher, 1990; Willi and Grossman, 1983; U.S. DHHS Office on Women's Health, 2000; Braun et al., 1999). The differences are not just by gender, however. Though in the past, as stated by Shaw et al. (2004), "...the sociocultural model of eating pathology predict[ed] that ethnic minority individuals should be at lower risk for eating disordered behaviors than Whites because the former putatively experience less cultural pressure to be thin..." their research suggests that "...ethnic minority status no longer confers a protective benefit for eating pathology because mainstream culture and values espoused by the media, family, and peers may reach all ethnic groups (12)." It seems that eating disorders are beginning to affect everyone in the Western world with no regard for gender or race.

Many young adult books, both fiction and non-fiction, have been written about eating disorders over the past thirty years, though non-fiction seems to outnumber fiction by about three to one (Oldis, 1986). As eating disorders become increasingly more prevalent, it is important that adolescents are exposed to books that portray these illnesses in a realistic and sensitive fashion. It is often difficult for young adults suffering from any sort of problem to ask for help; many may seek for advice or inspiration within the pages of a book. Therefore, we as librarians must be able to guide these troubled adolescents towards books that are both relevant and applicable to their unique situations, in the hopes that they will be persuaded to get help if necessary, or at the very least to realize that they are not alone in their problem.

Often, however, it is difficult for librarians to provide this guidance, if there are few materials available to suit the many gender, ethnic, and cultural differences that arise within the problem. It seems fairly obvious that young adults are best served by being

offered literature they can relate to personally...as long as that literature exists. As a part of this study, I explore what kinds of adolescents are being portrayed within young adult novels focusing on eating disorders, which is just as important a factor as how accurately the eating disorder victim is characterized, because these are the books libraries and schools have to offer to young adults. If there are few or no books for the rapidly-increasing minority of eating disorder victims, what implications could that have for their mental health? This is an issue that should be addressed by librarian, teachers, and even young adult authors, because eating disorders will likely never *not* be an issue. Hopefully as the problem of eating disorders increases, the literature will as well (Oldis, 1986).

Adolescent eating disorders have been studied extensively. Many of the studies of eating disorders have resulted in psychological profiles of the young adult eating disorder victim. These profiles contain different categories of documented risk factors, and though the statistics on eating disorders have changed over the years, the risk factors for eating disorders remain mostly the same. Most adolescents with eating disorders fit into at least one, but typically more than one of these categories. This study is a review of how young adult novels published between 1980 and 2005 portray adolescent victims of eating disorders. The study uses the documented psychological profiles of eating disorder victims to determine whether or not the portrayed victims fit into any of the categories of the profile. In addition, this study also seeks to determine whether or not the demographics of portrayed adolescent victims have changed over the past twenty-five years, and if there are any patterns in the types of profile categories depicted over this time period.

## Purpose of Study

The purpose of this study is to analyze fifteen young adult novels published between 1980 and 2005 that deal with eating disorders, to determine how adolescent eating disorders are being portrayed in YA literature over the past 25 years according to psychological profiles, and to determine whether or not portrayals have changed to reflect changing statistics of teens at risk.

## Literature Review

### Psychological Profile of the Adolescent at risk for an Eating Disorder

Eating disorders have been studied a great deal, and many of these studies have developed psychological profiles of the eating disorder victim (Striegel-Moore, 1997; Polivy & Herman, 2002; Manwaring et al., 2006; Steiner, Sanders, & Ryst, 1995; Agras et al., 2007; Dignon et al., 2006; Walters & Kendler, 1995). For the purpose of this study, I focused on the three main types of eating disorders as categorized by these studies: anorexia nervosa, bulimia nervosa, and binge-eating disorder. Polivy and Herman (2002) conducted the most comprehensive studies for risk factors and causes contributing to anorexia and bulimia, and the study conducted by Manwaring et al. (2006) was the most comprehensive for binge-eating disorder. Polivy and Herman's study points to three different categories of general risk factors and causes for eating disorders: sociocultural factors, familial influences, and individual risk factors. Manwaring et al.'s study identifies six risk categories: subject's mental health, subject's physical health, other

environmental experiences, family weight and eating concerns, quality of parenting, and parental psychopathology. Because the two studies' categories and respective risk factors overlap for the most part, for this paper I arranged and re-divided the risk factors into four categories that satisfy the scopes of both studies: biological factors, individual risk factors, familial influences, and sociocultural context. I will focus on the risk factors listed by both Polivy and Herman and Manwaring et al., and corroborate their findings with similar research from other studies.

### Operational Definitions

Anorexia nervosa (AN)—A mental disorder characterized by “...the refusal to maintain a minimum body weight, body-image disturbance (e.g., feeling fat even though emaciated; extreme fear of fatness), and, in females, amenorrhea (Striegel-Moore, 1997; American Psychiatric Association, 1994).

Bulimia nervosa (BN)—A mental disorder characterized by “...recurrent episodes of both binge eating (i.e., eating a larger amount of food than most people would eat in a similar time and circumstances, and a feeling of lack of control of one's eating during the episode) and compensatory behaviors (such as purging, exercising, or fasting) to prevent weight gain from the overeating. These behaviors must occur at least twice a week for a minimum of 3 months. In addition, self-evaluation is overly dependent on body weight and shape (Polivy & Herman, 2002; American Psychiatric Association, 1994).”



Binge-eating Disorder (BED)—A mental disorder “...characterized by recurrent binge eating without the regular compensatory weight-control methods found in bulimia nervosa (Hrabosky et al., 2007).” In addition, victims of BED suffer the same concerns with shape and weight as those with AN and BN (Hrabosky et al., 2007).

Binge-eating—A factor of BED, characterized by “...discrete episodes of eating during which the amount consumed is unusually large and there is a sense of loss of control over eating at the time (Cooper and Fairburn, 2003; Fairburn and Wilson, 1993).”

### Risk Factor Categories

Biological factors involve problems and conditions associated with the victim’s physical body. Both Polivy and Herman (2002) and Walters and Kendler (1995) report that genetics plays a factor in eating disorders, both of heritability of the disorder itself and of the related attitudes that usually accompany it. As eating disorders affect more and more adolescents, chances are that more and more of their siblings and other family members will be affected as well, or vice versa.

Individual risk factors are of two basic kinds-- attitudes and personality traits present within the individual eating disorder victim, and personal experiences that have had some obvious effect on the individual. Many different personality traits, including perfectionism and the presence of another mental disorder like depression, have been linked with the formation and continuation of eating disorders (Polivy and Herman, 2002). Interpersonal experiences are an integral part of adolescence, and frequently

negative interpersonal experiences such as teasing, abuse, or trauma have been associated with increased symptomatology (Polivy and Herman, 2002; Lunner et al. 2000).

Familial influences involve behaviors of the eating disorder victim's family that present an increased risk for eating disorders. Minuchin et al. (1978) implicate family dynamics in both the perpetuation of eating disorders and in their development. Young adults are often at odds with their families as they struggle to develop an identity and a role within the scope of their world. This friction can include increased pressure about weight and eating, or an increased need to model eating behavior after or different from the parents.

Sociocultural context involves the influences of society and culture on the eating disorder victim, including those of peers. Peer and social pressure about weight has been implicated in the formation of eating disorders by several studies (Striegel-Moore, 1997; Polivy and Herman, 2002; Levine et al. 1994; Shisslak et al. 1998; Stice 1998; Wertheim et al. 1997). As adolescents form their identities, they are highly influenced by the world around them, including by what they see in the media and in their peers. An emphasis on thinness or physical appearance can often lead to disordered eating in adolescents as they try to emulate what the world tells them is acceptable.

### Biological Factors

Eating disorders affect far more females than males: epidemiological studies estimate that for every ten cases of eating disorders among females, there is only one male case (Fairburn & Beglin, 1990, U.S. DHHS Office on Women's Health, 2000). A 2003 review of the literature by Hoek and van Hoeken suggested that 40% of all new

diagnoses of eating disorders occurred in girls 15-19 years old (as cited in NEDA, 2006, p.1). However, an estimated 5-20 percent of males exhibit behaviors consistent with eating disorders, and approximately 0.3 percent of males age 14-15 suffer from BN (O'Dea & Abraham, 1996; Wertheim et al., 1992; Worsley et al., 1990; Patton et al. 1999). Eating disorders typically begin during adolescence; research has reported the means of onset to be anywhere from age 14 to age 20 (Striegel-Moore, 1997; Woodside and Garfinkel, 1992). Race and ethnic differences in eating disorders have been discussed in a number of sources. Early literature suggests that eating disorders were much more common in Caucasian girls and women (Nevo, 1985; Gray, Ford, & Kelly, 1987; Striegel-Moore, 1997). Research found that African-American and Asian women tend to display lower levels of eating disordered behaviors than Caucasian women, and that African-American, Hispanic, and Asian women have lower body dissatisfaction than their Caucasian counterparts (Nevo, 1985, Gray, Ford, & Kelly, 1987; Lovejoy, 2001; Shaw, Ramirez, Trost, Randall, & Stice, 2004). More recent studies have shown that ethnic differences in eating disorders are growing smaller, and, in some cases, are non-existent (Roberts, 2002; Shaw, Ramirez, Trost, Randall, & Stice, 2004). However, Shaw, Ramirez, Trost, Randall, & Stice indicate that African-American and Hispanic women display far less internalization of the thin ideal than Whites or Asians (2004). Certain biological risk factors apply only to BN and BED, such as current or childhood obesity (Fairburn, 1994; Fairburn, et al., 1998; Manwaring et al., 2006). Another major contributing risk factor for eating disorders is genetics. Various studies indicate that relatives of eating disorder victims are at increased risk for developing an eating disorder (Striegel-Moore, 1997; Walters and Kendler, 1995; Strober, et al., 1990; Fairburn, 1994,

Klump, et al., 2000; Polivy and Herman, 2002). Polivy and Herman (2002) point out that “...not only the disorder itself but also the associated attitudes (concerns, fears, and preoccupations) are highly heritable (p. 103).” Lastly, early onset of menarche is indicated as a risk factor for both BN and BED (Fairburn, 1994; Fairburn, et al., 1998).

### Individual Factors

As with many mental illnesses, comorbid disorders such as depression or anxiety disorders can contribute to the development and continuation of eating disorders (Manwaring et al., 2006; Polivy and Herman, 2002, Fairburn, et al., 1998). Polivy and Herman (2002) state that “the co-occurrence of [eating disorders] and mood disorders (particularly depression) has been frequently noted and may reflect primary mood disturbance in [eating disorders], mood disorders secondary to [eating disorders], or common third variables (biological or psychosocial) leading to both, such as genetic or familial transmission (p. 197).” Mood disturbances and negative thought patterns in general create a fertile breeding ground for the development of eating disorders, especially in adolescents, who are still trying to fit into the world around them and sometimes have difficulty. Many experience low self-esteem as a result, which both Walters and Kendler (1995) and Fairburn (1994) cite as a risk factor for eating disorders. Perfectionism “...can easily be applied to eating, weight, and shape” and “...has long been thought to be involved in AN and, to a lesser extent, BN (Polivy and Herman, 2002, p. 200).” Adolescents experience a great deal of pressure to be perfect, especially in appearance, and this perfectionism can result in the belief that any “flaw,” such as a normal body is unacceptable. A high need for social approval often co-occurs with

perfectionism in the development of an eating disorder, especially where appearance is concerned (Striegel-Moore, 1997; Striegel-Moore, Silberstein, & Robin, 1986). All of these personality traits result in a need for emotional control, which many adolescents feel they lack. Striegel-Moore, Silberstein, and Rodin (1986) say that “when other aspects of life seem out of control, weight may appear to be one of the few areas that, allegedly, can be self-controlled.” “Gaining a sense of control and pride in one’s ability to control one’s eating combats the feeling of being taken over by thoughts of food or of lacking control of one’s thoughts, eating, and weight (Polivy and Herman, 2002, p. 196).”

Childhood sexual abuse has also been found to be a major risk factor in eating disorder development (Fairburn, 1993; Striegel-Moore, 1997; Fairburn, et al. 1998; Polivy and Herman, 2002). Any traumatic experience during childhood is likely to do some emotional damage; Polivy and Herman (2002) argue that, as “... abuse induces intolerable emotions and undermines identity,” eating disorders “...serve as desperate attempts to regulate overwhelming negative affect and to construct a coherent sense of self when internal structures are lacking (p. 196).” adolescents still establishing a sense of identity may not yet have the coping skills to deal with it, and, lacking more constructive methods, may resort to eating disorders as a coping skill (Polivy and Herman, 2002).

### Familial Influences

Family is an enormous influence on adolescents, whether the influence is positive or negative. Therefore, any familial dysfunction can have negative effects on the adolescent’s mental health. Fairburn (1994) cites parental discord, such as arguments, separation/absence, and neglect as general risk factors, and high criticism as a risk factor

for bulimia. A parent with a mental illness, especially if it is an eating disorder, is a major risk factor according to research (Fairburn et al., 1998; Fairburn, 1993; Polivy and Herman, 2002). Mothers who have eating disorders often negatively influence their children's behaviors and attitudes about eating and weight; "these children exhibit greater negative affect than do the offspring of mothers without [eating disorders] and are at serious risk for the later development of an [eating disorder] (Polivy and Herman, 2002, p. 194)." Mothers can also have a negative effect on their children by overprotecting them or offering critical comments about their weight or eating (Striegel-Moore, 1997; Polivy and Herman, 2002; Vanfurth et al. 1996; Manwaring et al., 2006). They "...think that their daughters should lose more weight and describe them as less attractive than do comparison mothers or the girls themselves (Polivy and Herman, 2002, p. 194)." Conversely, Kendler et al. (1991) and Manwaring et al. (2006) reported that a lower level of paternal care was a risk factor for BN and BED. It appears that any sort of dysfunctional parental behavior is a risk factor for eating disorders. Family preoccupation with weight can lead an adolescent into disordered thought patterns about thinness and eating. Family pressure about weight and dieting, though not always a direct cause, can influence or exacerbate the development of an eating disorder (Striegel-Moore, 1997; Fairburn, 1994). "Mothers' critical comments prospectively predicted ED outcome for their daughters (Polivy and Herman, 2002, p. 194)." Families often encourage the slenderness of AN victims, and reinforce the destructive behavior even when the victim is emaciated (Polivy and Herman, 2002, p. 194). Family dieting often results in the formation of negative eating behaviors and is considered a risk factor (Striegel-Moore, 1997; Manwaring et al., 2006). Even if the adolescent's family is not preoccupied with

weight and dieting, tension at family meals can still lead to the formatting of negative associations with food (Fairburn, 1994; Manwaring et al., 2006).

### Sociocultural context

The Western world has long been known to have negative influences on the body satisfaction and body ideals of its inhabitants. Ruth Striegel-Moore (1997) states that “Western culture’s emphasis on beauty as a core feature of femininity and the emergence of an excessively thin beauty ideal have been widely accepted to have contributed to the increase in eating disorders in girls and women (p. 99).” The media is often blamed for projecting “idealized (slim) physiques” that drive people towards achieving these physiques by any means necessary, even starvation (Polivy and Herman, 2002, p. 192). Exposure to the distorted reality of both naturally and unnaturally slim “ideal” bodies has been criticized as a major cause of rising incidence of eating disorders, though, as Polivy and Herman state, “...idealized media images are at best a background cause of EDs (p. 192).” Adolescents are enormously influenced by the media, and many, when confronted with endless images of slim, “ideal” bodies, take it as a lesson in how their bodies should look. The Western ideal of beauty as thinness was, in early research, thought to be concentrated in the higher end of socioeconomic status, with high parental education and income posing a risk factor in the development of AN and other eating disorders (Garfinkel & Garner 1982; Striegel-Moore, Silberstein, & Rodin, 1986; Striegel-Moore, 1992). As Western media becomes more widely available, however, eating disorders and disordered attitudes about weight are becoming more prevalent throughout society (Polivy and Herman, 2002; Striegel-Moore, 1997). Though this media-driven need for

thinness is most often linked to females, males feel the pressure as well, though they often do not attract as much attention. Men tend to use exercise rather than dieting to control their weight and achieve the muscular, “ideal” male physique (Drummond, 2002), and as exercise is a socially accepted behavior, it is harder to detect disordered attitudes about weight and exercise (Yates, 1991; O’Dea & Yager, 2005). People who participate in social subcultures that emphasize thinness are far more likely to develop an eating disorder. Involvement in athletics, dance, beauty pageants, and other similar activities results in an increased rate of eating disorders (Striegel-Moore, 1997; Striegel-Moore, Silberstein, & Rodin, 1986). As adolescents seek to fit into the world around them, the opinion of their peers is one of the most important things in their lives. Peer influence is often cited as a contributor to the development of eating disorders, and some research suggests that it is even more of a factor than the media in the formation of disordered eating behaviors and attitudes (Polivy and Herman, 2002; Stice, 1998).



Table I. Risk factors for eating disorders

Risk Factors	Documented Study
<b>Biological</b>	
1. Gender	Hoek and van Hoeken p.388; Fairburn & Beglin, p.401
2. Age	Striegel-Moore, p.98; Woodside & Garfinkel, p. 35
3. Race	Striegel-Moore, p.100; Gray, Ford, & Kelly, p.734; Nevo, p.165
4. Childhood/current obesity	Fairburn et al., p.429; Manwaring et al., p.103
5. Family member with an ED	Polivy & Herman, p.103; Strober et al. p.249; Striegel-Moore, p.102
6. Early onset of menarche	Fairburn et al, p.429
<b>Individual</b>	
7. Perfectionism	Polivy & Herman, p.200, Striegel-Moore, p.102
8. Low self-esteem	Polivy & Herman, p.197; Striegel-Moore, p.102
9. Need for social approval	Striegel-Moore p.100; Striegel-Moore, Rodin, & Silberstein, p.249
10. Feeling of lack of control/need for control	Striegel-Moore, Rodin, & Silberstein, p.251; Polivy & Herman, p.196
11. Comorbid mental illness	Manwaring et al. p.103; Polivy & Herman p.197
12. History of child sexual abuse	Polivy & Herman, p.196; Fairburn et al, p.431
<b>Familial</b>	
13. Family dysfunction (parental discord, parental criticism, parental neglect, parental absence, parental psychopathology)	Polivy & Herman, p.194
14. Maternal overprotectiveness	Polivy & Herman, p.194; Striegel-Moore, p.102
15. Lower levels of paternal care	Kendler et al., p.1627; Manwaring et al., p.103
16. Family pressure about weight	Striegel-Moore, p.102; Polivy & Herman, p.194
17. Family dieting	Manwaring et al., p.103; Striegel-Moore, p.102
18. Tension at family meals	Manwaring et al., p.103
<b>Sociocultural</b>	
19. Western media	Polivy & Herman p.192
20. Social subculture where thinness is emphasized	Striegel-Moore, p.99; Striegel-Moore, Rodin, & Silberstein, p.257
21. High socioeconomic status	Striegel-Moore, p.102; Striegel-Moore, Rodin, & Silberstein, p.247
22. Peer pressure about weight	Polivy & Herman, p.192; Stice, p.640

## Methodology

Fifteen books were chosen to be analyzed in this study, three for each five-year interval in the twenty-five year period studied. The criteria for selection were that the book had to contain an eating disorder as a major theme within the plot, the character with the eating disorder had to be an adolescent between the ages of 12 and 18, and the book had to be published between 1981 and 2005. Prior to analysis I compiled a list of books fitting these criteria from a number of print sources, such as Sharon Spredemann Dryer's Bookfinder, under the subject headings, "Eating Disorders," "Anorexia Nervosa," and "Body Image." I also used online sources like Amazon.com, NoveList K-8, and Worldcat to search for potential book candidates, using the search terms, "eating disorder\* AND fiction," "anorexia AND fiction," "binge eat\* AND fiction," and "bulimia AND fiction." Many public libraries have composed bibliographies for teens based on subject matter; the Birmingham Library, the Plymouth Public Library, the Louisville Free Public Library, the Nassau Public Library, and the Mid-Continent Public Library all had extensive booklists in the topic of eating disorders and/or body image.

From these sources I amassed a list of approximately thirty-five books that fit my criteria. I attempted to categorize these books into five groups based on year of publication: 1981-1985, 1986-1990, 1991-1995, 1996-2000, and 2001-2005. Using a random integer generator (<http://www.random.org/nform.html>), I narrowed the candidates in each of the five groups down to three, except for the 1986-1990 group. Despite extensive searching, I was unable to locate more than two appropriate books

published between 1986 and 1990. I did, however, locate a book published in late 1985, and decided to include it in the 1986-1990 group for my analysis since it was clearly representative of the time period in question, even though its publication date was off by several months. I then used the resulting fifteen books in my analysis.

Content analysis, according to W. Neuman, is a technique for examining content by creating a system for recording specific themes within it (29). It "...produces a quantitative description of the symbolic content in a text (Neuman, 262)." Manifest content analysis examines what an author has definitely and concretely written. Latent content analysis looks for "...the underlying, implicit meaning in the content of the text (Neuman 264-265)." Latent content analysis was the method used to analyze the books. In latent content analysis, the researcher's coding system "...has general rules to guide [their] interpretation of the text and for determining whether themes or moods are present (Neuman 264-265)," and the researcher "...assigns documents...to classes or categories to quantify one or more of their characteristics" (Allen & Reser, 1990, p.253). Each book was read with attention to the psychological profile of causes and risk factors for eating disorders in adolescents, noting both the general demographic statistics (race, gender, age, and socioeconomic status) of the eating disorder victim if stated in the book, and any evidence of causes or risk factors for present eating disorders or eating disorders developed over the course of the book.

## List of books analyzed

- Hautzig, D. (1981). Second Star to the Right. New York : Greenwillow Books.
- Greenberg, J. (1982). The Pig-out Blues. New York : Farrar, Straus, Giroux.
- Willey, M. (1983). The Bigger Book of Lydia. New York : Harper & Row.
- Stren, P. (1985). I Was a 15-Year-Old Blimp. New York : Harper and Row.
- Terris, S. (1987). Nell's Quilt. New York : Farrar, Straus, Giroux.
- Baer, J. (1990). Fill My Empty Heart. Minneapolis : Bethany House.
- Newman, L. (1994). Fat Chance. New York : G.P. Putnam's Sons.
- Block, F. (1994). The Hanged Man. New York : Harper Collins.
- Frank, L. (1995). I Am an Artichoke. New York : Holiday House.
- Hanauer, C. (1996). My Sister's Bones. New York : Delacorte Press.
- Rees, E. (1998). Body Lines. New York : Aladdin Paperbacks.
- Skrypuch, M. (1999). The Hunger. Toronto : Dundurn Group.
- Tokio, M. (2003). More Than You Can Chew. Toronto : Tundra Books.
- Rosoff, M. (2004). How I Live Now. New York : Wendy Lamb Books.
- Friend, N. (2005). Perfect. Minneapolis : Milkweed Editions.

## Content Analysis of Books

### Book 1

Hautzig, D. (1981). Second Star to the Right. New York : Greenwillow Books.

Leslie Margolee Hiller has a loving, well-to-do family and a very close relationship with her mother. Leslie is protective of her mother but often is exasperated by her mother's refusal to be selfish and her own guilty feelings of selfishness. Leslie also feels slightly smothered by her mother, who wants to share in every facet of Leslie's life. She loses a few pounds after a bout with the flu and realizes that losing weight makes her feel "in control (p.42)." She resolves to keep losing weight, in order to be "thin" and "happy (p.42)."

Her diet continues and increases in intensity, with Leslie gradually eating less and less and developing an inner "dictator" voice that goads her into hours of exercise per day (p.43). Her mother notices that Leslie seems to be eating little food and grows wary, but allows Leslie to continue her diet. After losing ten pounds, Leslie gets praise from her peers and her parents on her appearance. Her parents and friend Cavett assume that when Leslie reaches this point she will stop dieting, but Leslie continues to eat less and less and exercise more and more, to the point where she lacks the energy to go out with Cavett. Her mother insists that Leslie eat, that she looks like a victim of a concentration camp—

an image of particular strength because Leslie's middle name, Margolee, is the name of one of her mother's cousins who died in the concentration camps—but Leslie refuses. Occasionally Leslie ponders Margolee's story which involved Margolee's refusal to leave her elderly mother, who was condemned to die in the gas chambers. Leslie wonders what she would have done if faced with the same decision, and what her mother would have expected her to do. Leslie reaches 76 pounds, and is realizing that being thin is not only *not* making her happy but evoking mental images of death and dying. She feels sick and the something is very wrong. Finally she reaches out for help by refusing to go to school one day, saying, "I don't think I could make it to the bus stop (p.93)," and her parents hospitalize her.

At the hospital, Leslie's doctors encourage her to eat just as an experiment, "Look, you can always go back—you know how to do it (p.144)." At first Leslie finds the hospital unpleasant; she is forced to eat and her doctors don't seem to know what to do with her. Leslie compares herself to a young leukemia patient she meets in the hospital and is horrified by the idea of such a young girl dying without any choice. This causes her to think seriously about her own illness.

Eventually she is transferred to a hospital specifically for eating disorder patients, where the rules are stricter but Leslie feels more comforted in the presence of others who share her problem. With her doctors, Leslie learns how to verbalize and express her feelings about her illness and about her mother. She realizes that she feels her mother is controlling her and that trying to be what her mother wants all the time leaves her feeling like she doesn't know who she is. She realizes that maybe Margolee went with her mother to the gas chambers simply because that is what her mother would have expected

her to do. Leslie decides she doesn't want to be what her mother wants her to be anymore, and wants instead to learn who she is. She is still unsure about giving up her eating disorder, but feels optimistic about the future.

## Risk Factors

### Factor 1, Gender

Leslie is female (p.1).

### Factor 2, Age

Leslie is fourteen (p.2).

### Factor 3, Race

Leslie is Caucasian, with "blue eyes" and "light brown hair." (p.12)

### Factor 7, Perfectionism

Leslie thinks, "If I were thin, my life would be perfect. It's the only flaw." (p.12)

When it starts to become obvious that Leslie's "diet" is a serious problem, Leslie argues with her parents. She refuses to show any strong emotion, thinking to herself, "Leslie never asks for things and Leslie never cries." (p.71)

### Factor 8, Low self-esteem:

Leslie is walking around her town thinking, 'I feel guilty and I don't know why... Like I've done something evil. It's been like that ever since I can remember; I'd suddenly be overcome with guilt and could never figure out why.'  
(p. 4)

'I'm not a European beauty. I'm a potato-face.' (p.32)

### Factor 9, Need for social approval

Leslie thinking about school: "...I found that in order to feel as though I belonged, I had to stop being me." (p.13)

Leslie goes to a dance with her friend Cavett and meets a boy. They go outside to look at the stars and the boy starts talking about astronomy. Leslie thinks, "I can't believe it. He's not even worried that I might be bored or think he's weird. I mean, I don't, but most people probably would. I just can't believe it." (p.34)

Leslie thinking to herself, 'If I were selfish, Mom wouldn't love me.' (p.100)

#### Factor 10, Feeling of lack of control/need for control

After Leslie loses weight from the flu: 'For the first time in my life, I felt in control. And I knew I wouldn't break. It was like something in me had finally erupted, you know? They don't believe me, but they'll see--I'm going to be thin. And happy.' (p.42)

Leslie's "dictator voice" pushing her to be strong:

Dictator voice: "Crying is against the rules, Hiller." (p.71)

Leslie talking with her psychologist:

Leslie: "This diet gave me a sense of—power."

Psychologist: "Power over what?"

Leslie: "Myself!"

#### Factor 13, Family dysfunction (parental absence, parental psychopathology)

Leslie describes her father's career, saying that he "teaches...at Juilliard, when he's not on concert tours." (p.6) He later goes on a concert tour and lecture series during the time when her family is becoming aware of Leslie's problem.

Leslie overhears her mother talking to her father about her own mental status,



saying, “Oh Max, am I crazy?...There’s just something not right.” (p.72)

Leslie makes a mental observation of her mother, thinking, “You’re not happy when you buy nice clothes or when people give you gifts. You won’t even take your iron-supply pills. Isn’t that a kind of starving? And don’t you get something out of it?” (p.73)

Leslie describes her mother as “neurotic” and “dependent.” (p.93-94)

#### Factor 14, Maternal overprotectiveness

Leslie starts to tell her psychologist about her feelings, saying, “When I used to throw up, it made me feel free, at least for a while—free of tension and fear, and free of her. But maybe all I’ve done is made more room for [Mom] inside me.” (p.90)

‘Mom pretends to be so selfless, yet manages to suck me dry till I don’t even feel like a person.’ (p.100)

When Leslie’s mom visits her in the hospital, she thinks, ‘Go away, Mom, you’re choking me.’ (p.109)

#### Factor 15, Lower levels of paternal care

When Leslie’s father expresses upset feelings over Leslie’s declining health, Leslie thinks to herself, “Gee Dad, I don’t see what the big deal is—you’re always leaving. I’m used to that. Aren’t you?” (p.68)

#### Factor 21, High socioeconomic status

Leslie’s father “teaches...at Julliard” and her mom is “in real estate.” (p.6) This implies tertiary education and at least a middle class income.

When Leslie is in the hospital, she and her mom discuss the financial side of Leslie's treatment. Leslie's mother says, "We're not poor. We won't starve."  
(p.108)

## Book 2

Greenberg, J. (1982). The Pig-out Blues. New York : Farrar, Straus, Giroux.

Jodie Firestone lives with her mother, Vanessa, and their relationship is strained at best. Vanessa, who works hard to maintain her slim figure and is almost obsessed with physical appearance, constantly criticizes Jodie's "pleasantly plump" physique and other aspects of her life (p.9). She refuses to let Jodie decorate Jodie's room, telling her to get a job and earn the money to do so, but as she also refuses to let Jodie work any of the jobs locally available to a girl her age, Jodie's room remains bare. Jodie feels the urge to eat whenever Vanessa starts criticizing her and often does give in to it; the only two bright spots in her life are participation in the school drama club and her friend Heather, whose brother Jodie secretly has feelings for. Though Jodie is "not obese (p.9)," she is still teased by classmates about her weight; the drama teacher announces that their spring play will be Romeo and Juliet, and the president of the school drama club snidely tells Jodie that if she plans to try out for the lead, she had better lose some weight.

Jodie takes this to heart, especially considering that Heather's brother is planning to audition for Romeo. With the help of Vanessa (and Vanessa's many exercise and diet books), she starts on a diet and exercise regimen to lose weight for the play try-outs. "The only way to lose is starve and exercise," Vanessa tells her (p.20). The diet involves not nearly enough food to assuage Jodie's normal appetite, but Jodie bears the hunger pangs

as she begins to lose weight. The diet also temporarily improves her relationship with her mother, who offers bribes like a new wardrobe from the store she works for to encourage Jodie's weight loss. Finally Jodie has lost the weight she wanted to lose, but at the cost of her health; during the play try-outs, she passes out and regains consciousness to learn that the part of Juliet has been given to another girl. After this negative experience, after which her mother "screams" at her about not getting the part (p.50), Jodie gives up on her weight loss. She binges regularly, stealing money from Vanessa to do so, and gains all her weight back. The play, for which she is a stage manager, is turning out to be a disaster with the girl playing Juliet developing animosity towards Jodie and a general lack of enthusiasm on the part of the cast. Her relationship with Vanessa plummets, with constant arguments and near-physical fights, to the point where Jodie decides to get a job simply to have some independence and to get out of the house. She is offered a job at a health-food store and restaurant by a kindly man to whom she opens up about her eating problems. Jodie ponders just why she and her mother don't get along, and realizes that food is her only weapon against her mother's overpowering nature.

After a break-up with a boyfriend, Vanessa goes on a spur-of-the-moment trip to the Caribbean, leaving Jodie at her friend Heather's house. With a far less stressful environment and the healthy eating habits of Heather's family as an example, Jodie loses weight naturally and is pleased. She receives a letter from her mother in which Vanessa writes that the only reason she is so hard on Jodie is because she is worried that Jodie will make the same mistakes as Vanessa did and end up having an unhappy life like Vanessa's. This assuages some of Jodie's feelings about her mother, but she realizes that she is not willing to sacrifice her happiness to be what her mother wants her to be.

Vanessa returns from the Caribbean with the gift of a beautiful blanket for Jodie, and they decide to start decorating Jodie's room together.

#### Risk Factors

##### Factor 1, Gender

Jodie is female (p.8).

##### Factor 2, Age

Jodie is fifteen (p.8).

##### Factor 5, Family member with an eating disorder

Jodie describes her mother's eating habits by thinking, "Her idea of a snack is raw cucumber with lemon juice and parsley." (p.1)

Jodie's mother Vanessa is obsessed with physical appearance. She keeps pictures of ballerinas and Cheryl Tiegs on the refrigerator, and has many diet and exercise magazines. (p.7)

Jodie bemoans her mother's criticism of Jodie's weight by thinking, "What she wants me to be is some fashion plate starved to perfection. Her idea of Perfect!" (p.19)

##### Factor 8, Low self esteem

After Jodie is teased about her weight: "Suddenly I felt like a toadstool. Bloated and empty." (p.15)

##### Factor 9, Need for social approval

Jodie: 'I was determined to show him, my mother, and everyone else that Jodie Caroline Firestone could do whatever she set her mind to do.' (p.15)

Jodie: ‘Most boys make me uncomfortable. I’m sure they’re thinking, “There’s Jodie, the Firestone blimp.”’ (p.26)

Factor 10, Feeling of lack of control/need for control

Talking with her boss at the health-food store:

Jodie: “It’s horrible being a fat, ugly wad. I hate myself, too, but when my mother nags, I go on an eating binge just to spite her.”

Boss: “Eating is your only weapon against her. It’s natural to want to fight back if someone tries to overpower you...” (p.69)

This also overlaps with Jodie’s low self-esteem in Factor 8.

Factor 13, Family dysfunction (parental criticism, parental neglect, parental absence)

Jodie’s father was killed in Vietnam (p.6).

Jodie describes her relationship with her mother: “‘No one would describe you as an overachiever,” my mother once observed.’ (p.4)

Jodie fantasizes about what it would be like not to live with her mother: ‘Without Vanessa, I could...be free of the nagging, the shrieking harangues, that alternate with disapproving silence...On rare occasions [we] get along, but that’s always based on my performance level, mainly improving my grades or losing weight...’ (p.7)

Jodie: ‘What was wrong with me that nothing pleased her? When I was little, she wouldn’t let me out of her sight; yet now she couldn’t stand the sight of me. Still she wouldn’t let go, wouldn’t leave me alone.’ (p.60)

Factor 16, Family pressure about weight

“Jodie Firestone, your arms are as thick as tree trunks,” my mother said on her way to the icebox. (p.3)

Vanessa and Jodie talk about Jodie’s diet:

Vanessa: “You could be pretty if...”

Jodie: ‘There’s a line I’ve heard so often that now it stimulates an automatic response. Like Pavlov’s dog, I began to salivate.’ (p.19)

#### Factor 17, Family dieting

Vanessa and Jodie plan Jodie’s diet together using Vanessa’s calorie counting books and diet books. Mom uses diet books and exercise manuals as her “bibles.” (p.20)

#### Factor 18, Tension at family meals

At breakfast, Vanessa calls Jodie a “walrus.” (p.23) This is fairly typical of mealtimes.

#### Factor 19, Western media

Vanessa and her friend read Women’s Wear Daily magazine, and compare Jodie negatively to Caroline Kennedy. (p.18)

#### Factor 22, Peer pressure about weight

Jodie finds out about the tryouts for Romeo and Juliet, and has a conversation with the president of the drama club, in which he bellows, “Tryouts are in four weeks...If you’re interested, you’d better shed a few pounds.”

### Book 3

Willey, M. (1983). The Bigger Book of Lydia. New York : Harper & Row.

This novel follows two adolescent girls, each with their own body image issues.

Lydia Bitte has always been pre-occupied with being small; her father, a small man, died when she was young and she believed he had died as a result of his size. When she is a child, she creates a “Bigger Book,” a book filled with tips on how to get big. While the Bigger Book is lost and forgotten and Lydia becomes less obsessed with growing bigger, she finds that her size still manages to make her stand out. Her classmates call her “Little Bit,” a nickname she hates, and she worries about not being big enough to survive in her world. One day, Lydia’s mother’s best friend Claudine gets a letter from her brother, asking for help with his daughter Michelle. Michelle is anorexic, and has been in and out of hospitals for the disorder for three years. Michelle’s family wants to send her to an outpatient treatment program not far from where Lydia and her family live; as Claudine’s apartment is too small to host Michelle, Lydia’s family offers to board her. Neither Lydia nor the rest of her family have expected what they see when Michelle gets there—an emaciated girl Lydia’s age with odd clothing and a general appearance of sickness. Lydia is unsure what to do or how to act towards Michelle; Michelle is her own worst fear come to life, a person who actually wants to become smaller, and who looks like she could be crushed. Michelle spends most of her time in her room, not sleeping or eating. Lydia makes friendly overtures and the two gradually become friends. Michelle feels that Lydia understands her plight because of her own body issues, and Lydia finds Michelle fascinating. As they become closer, Lydia discovers some of Michelle’s background, including her hatred for her father, whom she calls “the surgeon (p.90),” and her love and admiration for her mother, a former fashion designer. Along the way, Lydia realizes that Michelle’s refusal to eat has triggered a

response in Lydia to eat more, and she has put on weight. She discusses this with Michelle, and they make a decision; Lydia will watch the amount she eats if Michelle will try to eat more. Special arrangements must be made for this to work; Michelle and Lydia begin eating separately from the others, and gradually Michelle begins to re-gain some weight. She and Lydia continue to discuss her eating disorder, including the horror Michelle felt at being in her father's hospital, where they forced her to get "bigger (p.106)." Michelle very much feels controlled by her father and resents this very much. Every attempt by Claudine to let Michelle's parents know how well she is doing is met with fear and threats to stop eating. A quarrel occurs between Lydia and Michelle over Lydia's mother's new boyfriend; Michelle assumes that Lydia is upset about it, and Lydia resents that Michelle is projecting her own issues onto Lydia. Meanwhile, Lydia has been having trouble in school, and decides, after an awful time, to drop out. This, as well as the prospect of having to go home, triggers something negative in Michelle, who stops eating again. One final quarrel between the two girls results in Claudine mediating a discussion, in which the girls talk about why they are upset. Michelle feels like it is her fault that Lydia is dropping out of school, and Lydia feels guilty over Michelle being forced to go home. Finally, Lydia agrees to go back to school if Michelle is brave and goes home without a fuss. The day Michelle leaves, Lydia happens upon her Bigger Book. Michelle is fascinated by it; Lydia lets Michelle keep the book to remember her by and to positively encourage Michelle in her own quest to become bigger.



## Risk Factors

### Factor 1, Gender

Michelle is female (p.70).

### Factor 2, Age

Michelle is fifteen—Claudine refers to a picture of Michelle “...from three years ago, when Michelle was twelve.” (p.70)

### Factor 3, Race

Michelle is Caucasian—her hair is blonde. (p.70)

### Factor 8, Low self-esteem

Michelle says to Claudine, in reference to her own looks, “I know I look...simply *dreadful*, as Mother would say.” (p.76)

Lydia watches Michelle over the first few days of living with her, observing that “Michelle’s wardrobe was indescribably strange. Lydia had never seen anyone dress with such a deliberate effort to create disharmony. Everything Michelle wore was too big, dramatizing the shock of her skeletal knees and elbows or her bony neck.” (p.84)

Michelle and Lydia are discussing why Michelle is no longer in school. Michelle says, “They took me out of school because I was sick...I mean really sick, Lydia. Crazy sick...You don’t know how bad I was before I came here. And you’re stronger than I’ll ever be.” (p.185)

### Factor 9, Need for social approval

Michelle meets the Bitte family for the first time, saying hello “in a formal voice.”

Michelle's "...huge forehead was damp with perspiration." When the Bitte family welcome her, with some surprise to her appearance, "Michelle lifted her head and looked up, smiling weakly." (p.80)

Later when Lydia goes to talk to Michelle in her room, Michelle '... smoked in gasps, as if trying to calm herself down. "Do I seem nervous?" she asked abruptly.' (p.81)

Michelle: "...I still can't stand to have anyone fussing over me. One of the reasons I like it here so much is there everybody leaves me alone. I don't feel like I'm always upsetting someone." (p.99)

Michelle's father calls and asks to speak to her; Lydia overhears the conversation. "'Hi, Daddy,'" she heard Michelle say in a forced, chatty voice Lydia had never heard before.' (p.167)

Later—"It was weird hearing you talk to him," Lydia confessed. "You sounded so different—not like yourself at all."

Michelle looked disturbed to hear this. "What do you mean?" she asked sharply. "I wasn't talking differently."

"Yes you were," Lydia insisted. "You sounded really—like you were pretending to be cheerful. I've never heard you sound like that." (p.173)

#### Factor 10, Feeling of lack of control/need for control

Michelle and Lydia discuss Michelle's past hospitalization. "'Look at me,'" [Michelle] said a little impatiently. "I had everyone scared to death! Anyway, I dream I'm back at that hospital. They fed me intravenously there...and they gave me drugs. And they *observed* me."

She shuddered as if this was the most horrible thing of all.

“...They look down at me with all their tubes and their needles. I’m trapped in the bed. I can’t get out...I got *bigger*,” Michelle explained. “From the forced feedings and all, how could I help it?” (p.106)

Michelle and Lydia discuss Lydia’s art. Michelle says, “You’re lucky to have something like this that you can turn to, to make you feel on top of things. The only thing I had was being able to survive without food. People don’t understand how exhilarating it was. How strong and powerful it made me feel—” (p.118)

Factor 13, Family dysfunction (parental discord, parental psychopathology)

Michelle tells Lydia about her eating disorder: “It was very hard for poor Mother. And she was neurotic to begin with. She’s had a drinking problem for years.” (p.119)

Michelle and Lydia discuss how Michelle is doing so much better, when she isn’t really doing anything constructive in the process. Michelle says, “[The surgeon] wouldn’t agree that I’m better at all. The surgeon thinks doing nothing is a sickness. That’s why Mother is always so nervous and driven.” (p.148)

Michelle: “...[Michelle’s psychologist] understood about the clothes and the food and why I cut off all my hair. She told me once that I was becoming on the outside what Mother had become on the inside. ..She knew just like that, that I was in mourning for my mother...Once when I was six, I heard [my parents] arguing late at night in their bedroom. My mother was crying because she was afraid my father was leaving. My father was accusing her of having had me just to spite him and complicate his life. He wanted only one child—my brother. Mother

was apologizing, saying she was sorry.” Michelle gave Lydia a long bitter look. “My own mother apologizing for my existence.” (p.187) This overlaps with the lower levels of paternal care in factor 15, and control in factor 10.

#### Factor 14, Maternal overprotectiveness

Claudine: “...I think that when Michelle first went overboard about her weight, she figured the one person who would understand was her mother. But of course, Gretchen was so horrified to see her little girl starving to death, she put up a terrible fuss and then went along with whatever [Michelle’s father] suggested...I think Gretchen must have felt like she was responsible...She’s the type who would. She would visit Michelle at the hospital and just go to pieces. Michelle wanted nothing to do with that—she wanted to starve in peace...” (p.111)

#### Factor 15, Lower levels of paternal care

Michelle’s mother, talking about why Michelle doesn’t do well at home: “When she’s here, she has these terrible fights with her father—with Harold. *Terrible fights.*” (p.73)

Michelle constantly refers to her father only as “the surgeon.” (p.90)

Michelle is afraid to go home, because she will have to confront her father. She says, “I wanted to be able to face him, you know. Really talk to him...” (p.187)

#### Factor 21, High socioeconomic status

Michelle’s father is a “prestigious surgeon” (p.69) and her mother was a designer (p.90), so the family is likely fairly wealthy.

Book 4

Stren, P. (1985). I Was a 15-Year-Old Blimp. New York : Harper and Row.

Gabby Finklestein overhears two of her classmates “rating” the girls at their school. They rate Gabby herself as a “fat zero” out of 10, which hurts Gabby’s feelings badly as she is already sensitive about her near-obesity (p.3). Her relationship with her mother is somewhat strained at best; Gabby feels like her mother is very controlling and critical, and the fact that her mother is also slender causes Gabby some pain. There is a school dance coming up; Gabby has a crush on a senior named Cal Armstrong, and she decides she needs to drop at least ten pounds in order for him to notice her. Gabby’s friend Nicole, a ballet dancer, gives her the outline for a crash diet guaranteed to help her lose the ten pounds, and tells her that sometimes she purges before a weigh-in at class, or uses laxatives. Gabby’s mother is firmly against crash diets, but Gabby persists. She eats her special diet lunch in the bathroom so as not to be tempted and is caught by some popular girls. They threaten to tell people that Gabby eats two lunches. Though this frightens her, Gabby eventually does lose the ten pounds. At the dance, however, some popular girls play a cruel trick on Gabby and a friend of her, Mel, and end up telling Cal Armstrong a secret about Gabby. Gabby is humiliated and, that evening, binges and purges for the first time. She enters a long cycle of purging to continue losing weight, hiding it from everyone including Nicole and Mel. Nicole reveals that she knows Gabby is purging and is very upset, but Gabby refuses to listen. Gabby continues purging until her little brother catches her at it and informs their parents. Gabby’s mother yells at her about it, and then Gabby’s parents decide that she has to go to Camp Blossom, a girls’

weight control camp. The chapter Gabby is at Camp Blossom is comprised entirely of letters detailing to various people the events that occur. Gabby hates it at first, especially her counselor Bunny, who is thin, but soon learns that many of the other campers and Bunny have had eating disorders as well. They discuss the issues they have with food and weight, and soon come to a better understanding of what caused these issues. Gabby's friend Mel, to whom she's been writing, obviously shows signs of a crush on Gabby, but Gabby is repelled thanks to her lingering desire to make Cal Armstrong like her. Camp Blossom competes against a boys' weight control camp in an athletic event, spurred on by several nasty comments made by the other camp about Camp Blossom's campers. In training for the event, Gabby gets into the best shape of her life and loses a lot of weight. She comes home to much praise by all the popular people at school. Her parents have planned a sweet sixteen party for her, and Gabby feels accepted and happy, though somewhat angry that this acceptance only came when she lost weight. She realizes that she has no real feelings for Cal when she sees how shallow he is, and knows that Mel, who has liked her all along even when she was fat, is the one for her.

#### Risk Factors

##### Factor 1, Gender

Gabby is female (p.1).

##### Factor 2, Age

Gabby is fifteen, as it says in the title.

##### Factor 3, Race

Race is not mentioned specifically, but with Gabby's last name being "Finklestein," a name with Jewish origins, it's safe to assume she's Caucasian.

#### Factor 4, Childhood/current obesity

Gabby: 'Really, it was as if I was seeing myself for the first time. I couldn't kid myself anymore into believing that all I had was a little baby fat around the gills or that I was just big-boned or that I had a thyroid problem. Uh-uh. The reason Peter and Doug called me "a ton of fun" was because...that's exactly what I was. A fifteen-year-old blimp.' (p.9)

Gabby is 150 lbs. at 5'0." (p.19)

#### Factor 8, Low self-esteem

Gabby: 'Look, I may be able to impress a guy's grandmother with my beautiful complexion, my lovely personality, my good grades. But to a guy, a girl with good grades, a good complexion, and a lovely personality spells only one thing. D-O-G. And when I realized that was exactly what I thought of myself, I felt even more terrible.' (p.9)

Gabby, after the dance: "You're fat. You're not pretty. And you're a joke," I said out loud for myself to hear. I had never felt so bad. I needed something.

Something to make all the hurting go away. (p.84) This overlaps with the need for control in factor 10.

#### Factor 9, Need for social approval

Gabby: 'All year long I've had a crush on a guy...His name is Cal Armstrong—so far he doesn't exactly know I'm alive. But Nic says after she helps me pick out a new outfit for the dance and she does my makeup...it's a "definite" he'll notice

me. But I know better. If I'm going to get Cal to notice me, I've got to drop at least ten pounds.' (p.15)

Gabby, talking to Mel after the dance: "You just don't understand, do you?" I shouted, and pushed [Mel's] arms off me. "Everyone I wanted to impress laughed at me tonight. Laughed and treated *us* like one big joke. I've never felt so humiliated in all my life, and you have the *nerve* to say I'm going to look back at all this and laugh!" (p.81)

Factor 10, Feeling of lack of control/need for control

Gabby, after taking laxatives for the first time: 'I felt dizzy, but for once in my life I felt like *I was in control*. Like maybe I could really lose weight. But when I thought about the way I'd dropped the weight, I got really scared. If I got hooked on Ex-Lax so easily, would I end up vomiting like Nicole? But then I switched gears. I stopped feeling guilty. After all, I wasn't vomiting like Nic, and it wasn't like I was going to use Ex-Lax all the time. I was just using it for the dance. Yeah, maybe I'd take a couple more once or twice tomorrow. Then I'd feel safe, then I'd be in control of myself. Then I'd go back on a real diet.' (p.60)

Factor 14, Maternal overprotectiveness

Gabby: I keep hoping that [Mom] will understand. That she'll just leave me alone and trust me to make my own mistakes. But she's always butting in. (p.22)

Mom screams at Gabby because of her bulimia, telling her the new strict rules for Gabby's eating and diet.

Gabby's dad: "Don't you know that the only reason your mother screamed at you is because she loves you so much? She's scared she could lose you."



Gabby: “Well she has an awfully funny way of showing me how she loves me.”

(p.112)

Factor 18, Tension at family meals

Gabby’s mom criticizes her at the dinner table: “[Piano teacher] says you’re the worst student she ever had in all her twenty-five year of piano tutoring. She says your attitude has to change or she’s going to have a nervous breakdown.” (p.6)

Gabby, describing her family’s reaction to her crash diet: ‘All during Sunday dinner they just wouldn’t let up. First Toto made a wisecrack about all the water I was drinking and how I was now “living in the john.” I just smirked back at him. I was counting on Maude bopping him one for mentioning the word john at the dinner table. But instead, she passed the brat more sour cream for his baked potato and glared at me across the table...

I should have known better than to push Maude to her limit. Suddenly she stood up and suggested (actually, it sounded more like a command to me) that I clear the table and do everyone’s dishes and that I “refrain from sarcasm at the dinner table from now on.”” (p.27)

Factor 21, High socioeconomic status

Gabby’s mom is a research scientist and teacher (p.4) and her father is in advertising (p.21). This combination of higher education puts the family in approximately middle-class status.

Factor 22, Peer pressure about weight

Gabby, overhearing her classmates: ‘I was afraid to hear anymore. Part of me wanted to run and part of me wanted to stay. I knew I wasn’t exactly going to get Miss America ratings.

“Gabby Finklestein,” said Doug.

“You mean Flabby Gabby—*the ton of fun?*” said Peter with a laugh. “Well, let’s see, I’d give her a fat zero. Get it? *A fat zero!*” (p.3)

Popular girl: “One lunch isn’t enough for you? Huh, Finklestein? I get it, first you pack it away in the cafeteria and then you come here and pig out on your own stash!”

I felt so humiliated that I just nodded and looked down. (p.32)

And then when I heard Cal laughing right along with everyone else [about the popular girl telling Gabby’s crush about her eating two lunches], it was as if something broke inside me. My lips started trembling and the tears welled up in my eyes. Everyone was a blur. God, I wanted to die. (p.75)

### Book 5

Terris, S. (1987). Nell’s Quilt. New York : Farrar, Straus, Giroux.

This book is written mostly in first-person diary format, about Nell Edmonds, an eighteen-year-old girl of the 19<sup>th</sup> century, until a point where the diary format becomes third person.

Nell’s parents want her to marry Anson Tanner, a widower shoe store manager with a daughter. Nell struggles with the idea of marrying him, as well as with her own

pipe dreams of going to Smith College and leading a life like her spirited grandmother, whom she adored. Nell's family struggles to make ends meet on their farm; Nell herself is the "dependable one," "unselfishly" helping her mother and making up for her seventeen-year-old sister Eliza, who is fragile and does not work much (p.3). Nell realizes that marrying Anson would mean her parents had one less mouth to feed, and that by unselfishly sacrificing her dreams, she could perhaps allow her mother to hire a cleaning woman. She agrees to marry Anson, but her father tells her that there would never be enough money to hire help and that he might even need to borrow money from Anson to stay afloat. Nell realizes that she is simply "collateral for her father's loan (p.57)." Gradually Nell retreats into herself and the crazy quilt she is making from her grandmother's old fabric scraps. She creates strict rules for herself in eating, finding the control her life lacks otherwise in refusing food, and pleasure in imagining the dresses her quilt scraps must have come from.

One day, Nell's friend Rob, who is vehemently against Nell's marriage to Anson, announces that he is leaving to join the merchant marines. At this point the diary becomes third person as Nell no longer identifies as herself. Nell, in despair, cuts off her long hair and refuses to marry Anson. By this point she is quite ill, diagnosed with "melancholia," and though the news that she doesn't have to marry Anson is a relief, Nell still does not relinquish control of her eating (p.73). She becomes obsessed with her quilt, embroidering and re-embroidering the fabric, and sinks into malnutrition. She refuses to eat anything other than white or pale yellow foods, saying her stomach "won't tolerate anything with color," though she throws most of the food away (p.94). Gradually, Nell declines, feeling like a prisoner; one day she finds out that the fabric scraps she's been

using were not from her grandmother's old dresses but were instead a sample pack from a department store. This shock leaves Nell with no defenses; she stops caring about her quilt, one day dying it black to represent what she has become. Her days have become fragmented, "as crazily and haphazardly patterned as the bits and pieces of [her] quilt (p.129)," and one day she lies down, having overheard that Eliza is to marry Anson Tanner in her place, and with the knowledge that she is dying. The book reverts back to first-person as Nell realizes that she does not want to die, that the prison she feels she is locked inside is only in her own mind.

#### Risk Factors

##### Factor 1, Gender

Nell is female (p.2).

##### Factor 2, Age

Nell is eighteen (p.2).

##### Factor 3, Race

Nell is Caucasian (p.2).

##### Factor 4, Childhood/current obesity

Nell and Anson's daughter, Jewel, are discussing a pregnant woman who lives on the Edmonds' property. Jewel is confused about the woman's body and says, "No, there's something else. She's fat. Granny Tanner's fat, and you're fat, but HER fat is all in one place." (p.19)

##### Factor 8, Low self-esteem

Nell, looking in the mirror at herself: ‘Oh no, that was all wrong. I could not be coy and saucy like Eliza. My hair was straight, not softly wavy like my sister’s. It was darker, too. And my face—I’d been mistaken—was round as ever with its unattractive chipmunk cheeks.’ (p.13)

Factor 9, Need for social approval

Nell comes up with a plan to become Anson’s housekeeper instead of his wife. She thinks, ‘Rob would make fun of the idea and mock me. It was better, I decided, to speak with my mother.’ (p.23)

Nell: ‘I had been avoiding him—ever since my betrothal...had been announced. Rob was appalled by my decision, and I couldn’t bear to have him badger me.’ (p.38)

Factor 10, Feeling of lack of control/need for control

Nell, describing her parents: ‘Instead with furrowed brows, they watched me push food around my plate. I was glad to see they were alarmed. I wanted them to suffer.’ (p.8)

Nell: ‘I couldn’t mind Jewel and go to college. The whole notion had been a childish soap bubble. If I chose not to marry Anson Tanner, I didn’t have any other options.’ (p.27)

Nell, after hearing her father tell her he may need to borrow money from Anson: ‘I didn’t want to hear anymore. I was sacrificing my life without improving Mama’s. But I had no choice. My parents needed me. Badly. Because I was the collateral for Papa’s loan.’ (p.57)

Nell, entering her decline: ‘And though she yearned to lift into the air...she was earthbound. ...She was in some cage or prison, a place she herself had fashioned. Sometimes it seemed safe, but at others it was horrific, dangerous, and she longed for escape.’ (p.138)

Factor 11, Comorbid mental illness (depression)

Nell: ‘Despite my persistent moodiness, I’ve attempted to be as obedient as possible.’ (p.66)

Nell, describing some young ladies: ‘They looked young and happy, when I felt old and discontented.’ (p.74)

Nell: ‘...everywhere Nell looked, she saw woe.’ (p.160)

Factor 18, Tension at family meals

Anson Tanner’s mother constantly corrects Jewel’s speech and behavior, and people avoid looking at Nell. (p.114-115)

Book 6

Baer, J. (1990). Fill My Empty Heart. Minneapolis : Bethany House.

Anna Marie is one of Lexi Leighton’s classmates at school; Anna Marie has always been overweight, but Lexi notices that recently she has begun to lose some weight, probably spurred on by the teasing of the other students. Lexi, who tries to be nice to everyone, makes friends with Anna Marie. She finds out Anna Marie has developed a crush on the new gym teacher; the first day of gym class, the gym teacher draws attention to Anna Marie’s weight, humiliating her. Lexi feels awful for her friend, and goes home with her one day. She learns that Anna Marie lets herself be used by others, and that

Anna Marie has always felt resentful of her thin older sister. Over time, Lexi realizes that Anna Marie no longer seems to be eating much at lunch or at home, and that she is becoming depressed and withdrawn, except when she is complaining about the mixed messages sent by magazines about food and eating. During a trip to the mall, Lexi notices that Anna Marie is too thin, though Anna Marie believes her body is “horrible (p.71).” Anna Marie’s problem comes to the forefront when she collapses during a sleepover. She is later diagnosed with anorexia. She and Lexi discuss the problems and thought patterns that led her to her eating disorder, and she confesses that it’s been difficult for her to believe that people would ever like her if she wasn’t thin; “Now that everyone seems to want me to gain weight again, it’s really confusing (p.113).”

#### Risk Factors

##### Factor 1, Gender

Anna Marie is female (p.12).

##### Factor 2, Age

Though Anna Marie’s exact age is never mentioned, she is in high school, which means she is an adolescent, anywhere from around age 14 to age 18. (p.10).

##### Factor 3, Race

Anna Marie is Caucasian (p.12).

##### Factor 4, Current/childhood obesity

Anna Marie: “My family looks like a bunch of bowling balls, and I’m the roundest of all. My face is moon-shaped, and my arms and legs stick straight out from my clothes, because they’re so fat.” (p.110)

## Factor 8, Low self-esteem

Lexi: “What are you doing? Aren’t you going to try anything on?”

Anna Marie: “Oh, I’m just looking at this horrible body.” (p.61)

Anna Marie, talking about the new coach: “I was so stupid, Lexi. I had such a crush on him. I thought he was the most handsome man I’d ever seen in my whole life. For some dumb reason, I thought maybe he’d like me, too. Then when I made a fool of myself in that game, and he called everyone’s attention to it, I realized that I wasn’t pretty or smart or attractive. I was just fat and dumpy. Even the little dieting I’d already started wasn’t helping. I was still Banana Anna. Nobody else.” (p.95)

## Factor 9, Need for social approval

Anna Marie: “I just seem to...agree to things. Mary Beth asked me. She said she didn’t have time to do it herself, and I just said I would.”

Lexi: “Is she paying you?” Lexi asked.

Anna Marie: “No, she never does.”

Lexi: “Then I don’t understand...”

Anna Marie: “I like to make people happy, that’s all. Mary Beth is always really nice to me when I type for her...I know you think I’m stupid to do it. I realize it’s probably silly, but I can’t help it. I guess maybe I think it’ll make people like me if I do things for them.” (p.29)

## Factor 10, Feeling of lack of control/need for control

Anna Marie: “I guess deep down inside, I thought I could show everyone who teased me—Mr. Cartwright, Minda, everyone—that there was really a thin person



inside of me.” Anna Marie shifted uneasily beneath the thick blanket. “I just wanted to be in control for once, that’s all. Can you understand that?” (p.96)

Factor 11, Comorbid mental illness (depression)

[Anna Marie] nodded, and Lexi noted how tired she looked. Anna Marie never seemed particularly happy, but lately, she seemed depressed. (p.59)

Factor 16, Family pressure about weight

Discussing families’ attitudes towards food:

Anna Marie: “Every time I go to my Aunt Josie’s, she gets her feelings hurt if everyone doesn’t clean their plate.”

Binky, Lexi’s friend: “Yeah, my grandma’s like that,” Binky said.

Anna Marie: “But does your grandma greet you at the door with ‘My, my, aren’t you gaining a little weight? Are you going to be chubby like your mother?’ ...What does she want from me? To clean my plate or starve to avoid being like my mother?” (p.71-72)

Factor 19, Western media

Anna Marie held up the cover of the magazine which pictured a huge piece of strawberry shortcake. “Look at this mess.”

“Looks great to me,” Binky said. “I love strawberries and cream.”

“What’s wrong with it?” Lexi asked.

“Well, they depict this huge, fattening dessert on the cover, and then look at the titles of the articles inside.” Anna Marie ran her finger down the list of contents.

“‘Walk you way to thinness,’ ‘The Glamour Diet,’ ‘How to Lose Weight While

Dining in the World's Finest Restaurants.' And look at this one! 'Is your Puppy Obese?' Don't you see what I mean?"

Lexi and Binky shrugged. "It's pretty normal, I guess," Lexi acknowledged.

"They tell you it's unhealthy to be fat, that you shouldn't eat too much, and then on the next page they give you're a recipe for the rich dessert on the cover." Anna Marie whined. (p.71)

#### Factor 22, Peer pressure about weight

Lexi and her friends discussing Anna Marie's relationship with classmates:

Todd: "For a long time, Anna Marie was the butt of a lot of rotten tricks and jokes.

A lot of the kids used to call her names."

Binky: "Yeah, I remember 'Flap-Flap Thighs.'"

Jennifer: "And 'Thunder-Thighs.'"

...

Jennifer: "Kids would steal her lunch and refuse to tell her where they'd hid it.

Sometimes Anna Marie would spend the whole noon hour looking around the school yard for her sandwich."

Lexi: "Why would they do that?"

Egg: "Oh, they'd tell her that she didn't need lunch because she already had one too many lunches stored on her already."

#### Book 7

Newman, L. (1994). Fat Chance. New York : G.P. Putnam's Sons.

This book is written in first-person diary format and is about Judi Lobieski, a thirteen-year-old girl who has to keep a diary for one of her school classes. The diary rapidly becomes all about Judi's weight issues, including observations on the thin popular girl, Nancy Pratt, and Richard Weiss, the boy Judi has a crush on. Judi's father died when she was a baby, and her mom has become somewhat overprotective as a result. Many of Judi's problems with food stem from the fact that she lacks control when she eats; she has a tendency to binge, and when her mother cooks "fattening" meals, she expects Judi to clean her plate (p.29). Judi also has some trouble with a classmate teasing her about her weight. Judi very much wants to diet, but her mother insists that she is a growing girl and doesn't need to. One day, Judi comes across Nancy Pratt purging in the bathroom. Nancy, by a combination of rapport and threats, recruits Judi to help her keep her bulimia undercover. Judi, meanwhile, tries out purging and finds that it gives her a sense of control; if she binges, she can always purge. Judi loses some weight, and she and her friend Monica, who is slender and pretty, plan an outfit to wear to a school party, in the hopes that Judi can gain some attention from Richard Weiss. Unfortunately, Monica herself ends up getting the attention, and Judi, feeling betrayed and miserable, goes deeper into her own binging and purging cycle. One day, she is guarding the bathroom so Nancy Pratt can purge, when she realizes Nancy has passed out. Judi alerts a teacher and Nancy is hospitalized. Judi visits Nancy in the hospital and Nancy tries again to threaten Judi into helping her keep up her eating disorder by making Judi sneak her some laxatives and drinking her weight-gain milkshakes. This frightens Judi, both the threats and the fact that Nancy might actually die as a result. One day, the school has a speaker in to discuss eating disorders with the students. Guiltily, Judi confesses to her teacher all

about Nancy's laxatives, and allows her mother to read her diary as a way of asking for help. Judi's classmate apologizes for teasing her, and Judi's mother finds her a psychologist to talk to. In the end, Judi is optimistic about feeling better about herself.

### Risk Factors

#### Factor 1, Gender

Judi is female (p.2).

#### Factor 2, Age

Judi is thirteen (p.2).

#### Factor 3, Race

Judi is Caucasian, "pale and dumpy-looking." (p.2)

#### Factor 8, Low self-esteem

Judi: 'Sometimes I wish I could just wear a big bag around my body and hide the whole thing.' (p.10)

Judi: 'I am so disgusted with myself. I weigh 129 pounds and I look like an elephant. I swear, if I wore a gray pair of pants and a gray top, they would definitely put me in the zoo.' (p.16)

#### Factor 9, Need for social approval

Judi: 'I wish I had enough nerve to plop my tray down right next to Richard Weiss and eat lunch with him. But knowing my luck, I'd probably dribble yogurt down the front of my shirt and look like an idiot.' (p.20)

#### Factor 10, Feeling of lack of control/need for control

Judi, on eating: 'I have absolutely no willpower. I don't understand it. I'm pretty good during the day, but at night I just can't seem to control myself. I'm like Dr. Jekyll and Mr. Hyde, or should I say Ms. Hyde?' (p.17)

'I'm okay if I don't eat anything, but as soon as I start, I just can't stop.' (p.25)

#### Factor 13, Family dysfunction (parental absence)

Judi's mother is a single parent. (p.2)

Judi's father was killed by a drunk-driver when she was a baby. (p.35)

#### Factor 14, Maternal overprotectiveness

Judi's mother is very afraid of people thinking they're poor; she won't let Judi wear the same dress to the second day of synagogue. She makes Judi buy some clothes and supervises Judi's picking out of clothes. Judy writes, 'Diary, I'm almost fourteen years old, you'd think I'd be allowed to pick out my own clothes already.' (p.26)

Judi's mother: "You shouldn't be going to sleep with wet hair anyway, Judi, you'll catch a cold...And you shouldn't exercise right after supper, either, you could get a cramp." (p.109)

#### Factor 18, Tension at family meals

Judi doesn't like that her mother cooks fattening foods and wants to be allowed to diet. Mom insists that Judi is a growing girl and doesn't need to diet. Judi insists that she is fat. (p.29)

#### Factor 19, Western media

Judy: ‘Sometimes I think I want to be a fashion designer because I know a lot about what makes a person look good from reading Seventeen magazine all the time.’ (p.6)

Judy: ‘Some of the girls in the magazine are so skinny, they’re even thinner than Nancy Pratt! They all have beautiful hair and perfect smiles, and it’s really depressing to know I’ll never be pretty like that.’ (p.11)

Factor 22, Peer pressure about weight

After a classmate mocks another girl:

Judi: “Oh Tommy, why don’t you just be quiet?”

Tommy: “What’s the matter, Miss Piggy, defending one of your own kind?...”  
(p.93)

Judy: ‘...At lunch, Tommy Aristo walked by me and Monica’s table and pointed to my diet Pepsi and said, “Why, Ms. Piggy, is that all you’re having for lunch?” and he oinked away. (p.93)

### Book 8

Block, F. (1994). The Hanged Man. New York : Harper Collins.

Laurel’s father passes away from cancer, and that night she meets Jack, a strange demonic man with whom she feels an odd attraction. Laurel has been having eating problems most of the time her father was ill; she wants to be “thin and pure (p.14),” and is somewhat frightened by her mother, who reacts to her husband’s death by becoming obsessed with cooking and making sure her ingredients are “untainted (p.93).” In

flashback passages, Laurel describes her family life in past years, including her parents' relationship, her conflicting feelings for her father, her one sexual experience with a peer that led to pregnancy and an abortion, and her own emotion-driven telekinetic powers. Now, Laurel is starving herself, living on cigarettes and black coffee, and she has stopped menstruating.

Laurel meets Jack every so often, and every time they meet is emotionally-charged and sexual in nature. Jack coaxes out more of Laurel's secret thoughts each time, including the fact that she no longer menstruates and that she is growing more and more emaciated. Laurel becomes increasingly preoccupied with death, sex, and love mingled, further complicating Laurel's problem is her best friend, Claudia, who is being negatively influenced by a new lover into taking heroin and acting sexually promiscuous. Laurel wants to save her friend, but finds herself pulled more into obsession with Jack. Jack gradually persuades Laurel to put some food into her body, which awakes in Laurel uneasy and frightening memories of her father. Laurel sinks deeper into worry about her mother and Claudia, and one night, Jack coaxes out the last, horrible memory—that Laurel's father molested her as a child, and that her mother let it happen. Laurel releases all her rage, fear, and guilt about this experience, and she finds that Jack has disappeared. She confronts her mother, who apologizes at last for her inaction, and Laurel finds that she has started to menstruate again.

## Risk Factors

### Factor 1, Gender

Laurel is female, thirteen when she gets “blood for the first time [menstrual blood].” (p.47)

Factor 2, Age

Laurel is seventeen (p.14).

Factor 3, Race

Laurel is Caucasian, “all pale bone and bone-pale flesh and pale hair...” (p.95)

Factor 10, Feeling of lack of control/need for control

Laurel, thinking about her telekinetic powers and the things she breaks accidentally with them: ‘My mother kept a list. She told me, ‘This has got to stop. We will have to eat off the table.’ I said ‘It’s not me.’ But once I threw an empty wine bottle to the floor as hard as I could. It broke into green pieces. They were like the cold, hard, gritty fragments I imagine lodged in my throat sometimes. I wanted to know what it felt like to break something—with my hands instead.’ (p.10-11)

Laurel: ‘My eyes choke on the darkness and my stomach is like a live thing—a separate creature that I have imprisoned, that is under my power. It is a little painted demon howling inside me. I imagine that the reason I don’t bleed anymore is because this demon, this lie-baby, is sucking up all the blood to feed itself, to keep itself alive...But I feel beautiful, perfect. I am all pale bone and bone-pale flesh and pale hair and I am light...I could drift up and away from here. I am so light. Bound by nothing. Not even time. And I am pure now.’ (p.96)

Factor 11, Comorbid mental illness (Post-traumatic stress disorder, anxiety)



Laurel: ‘On the news they said there is some killer in the hills who’s been breaking in through windows at night and raping women and cutting their throats so I lock my windows but I don’t sleep well now. When I do sleep, I have all these dreams. Mostly, I dream about a man...It isn’t just dreams though. I was taking a shower one night and the door was closed. I always lock my doors. Slipping soapy fingers over my body, it was like someone was there, like someone was touching me. And when I got out of the shower, the door was open.’ (p.14-15)

Factor 12, History of child sexual abuse

Laurel, talking to Jack: “Remember the story about King Midas? He touched everything and made it gold. Including his daughter and then he had her forever and ever...My father told me that story. He stroked my hair and he said I had hair like Midas’ daughter and wasn’t he lucky that he had a gold child like King Midas? And what if my whole body were gold like that?” (p.17)

Jack: “He touched you, didn’t he?...Your father.”

Laurel thinks, ‘My father. After the first time, there wasn’t blood anymore. It didn’t hurt so much. And once there were little pulses of pleasure. That must have been the time—the spasms drawing his sperm back up into me. One of those seeds had made me. I never came anymore after that with anyone. What kind of baby would we have made? Twice born.’ (p.124)

Factor 13, Family dysfunction (parental discord, parental neglect, parental psychopathology):

Laurel: 'My mother is cooking and cooking...sometimes she doesn't sleep; she stays up all night cooking and she won't listen to me when I tell her to sleep.'

(p.12-13)

Laurel: 'Some nights I heard my mother and father through the walls. She gasped and gasped; her voice sounded far away. Sometimes I heard his voice biting back the words. I did not hear what he said but he sounded angry. I lay awake, afraid, reassured by my mother's gasp, also terrified by them.' (p.40)

Laurel: 'My mother keeps salt-rubbed, sun-cured crystals in her kitchen to make sure all her ingredients are pure. "Untainted" my mother says....She follows me around with a broom and a mop. My mother is afraid of the disease that killed my father.' (p.93-94)

Laurel, thinking about her mother: 'I wonder what you would say if I told you. Would you cry like a little girl or look hard and tell me I was imagining things again? Or would you laugh hysterically, mumbling about white moths? Maybe you would say it was my fault: "You are a witch. I knew you were a witch. Born to seduce him with your sex. To make him sick."' (p.131)

Laurel confronting her mother about the abuse:

Mom: "I am trying, Laurel."

Laurel: "You let it happen."

Mom: "I never wanted anything to hurt you."

Laurel: "You let it happen."

She covers her face with her hands and rocks back and forth, back and forth.

"Forgive me." (p.133)

Book 9

Frank, L. (1995). I Am an Artichoke. New York : Holiday House.

Fifteen-year-old Sarah interviews for a summer position as a mother's helper, and thus meets Florence Friedman and twelve-year-old Emily, Florence's daughter. Sarah is confused at first as to why Florence even needs a mother's helper, since Emily is old enough to care for herself, but Florence, a somewhat controlling and exuberant woman, does not explain. Sarah warily accepts the job. Right away, Sarah notices that Emily doesn't eat very much, is strangely obsessive about aspects of her appearance, and uses her exercise bike constantly. Emily also acts strangely whenever Florence yells at Emily's father, Florence's ex-husband Elliot, over the phone. Emily and Sarah become friends of sorts, and one day Emily tells Sarah that she has to eat or her parents will put her in a hospital. This way Sarah finds out that Emily has an eating disorder. Sarah is upset, since this is not the job she signed up for, and in the meantime Florence is planning a birthday party that takes up a great deal of time and energy for everyone. Sarah attempts to confront Florence about Emily's disorder, but Florence hotly denies there is one. Florence starts cracking down on Emily's behaviors; she takes away Emily's exercise bike, which upsets Emily, and forces Emily to get her hair cut. On the night of the party, Florence and Emily get into a huge fight when Emily finds out Florence has read her diary, and Emily runs away. Florence continues with the party, trying to pass everything off as normal, which makes Sarah very angry. Sarah calls Elliott to warn him about Emily's running away and goes looking for her. She finds Emily and takes her to

her own home. The next morning, Florence and Elliott rush over to pick Emily up, and Sarah realizes that Emily has been trying to manipulate her parents with her eating disorder, both to get Florence to stop smothering her and to attempt to get them back together. They all have a long discussion and apologize for what they have done to each other, and Emily accepts at last that her parents' marriage is over. Emily spends the rest of the weekend at Sarah's house, and remarks that the mirrors there don't make her look as fat, which gives Sarah great optimism for Emily's recovery.

### Risk Factors

#### Factor 1, Gender

Emily is female (p.10).

#### Factor 2, Age

Emily is twelve (p.10).

#### Factor 3, Race

Emily is Caucasian (p.10).

#### Factor 5, Family member with an eating disorder (binge-eating disorder)

"My mother is so greedy," Emily said. "She has, like, no restraint whatsoever.

When she gets going, she'll eat anything that can't run away... Trust me. It's true.

She admits it. That's why she looks the way she does. It made my dad totally

disgusted, how obese she got." (p.42)

#### Factor 7, Perfectionism

Sarah: 'It turned out Emily had a thing about being clean. She changed her clothes at least three times a day, which I didn't notice at first since she always wore white running shorts and a white t-shirt.' (p.33)

Factor 8, Low self-esteem

[Emily] picked up another tester and put her nose to it. "Oh, here's one that's perfect for me. It smells like skunk." (p.56)

Factor 10, Feeling of lack of control/need for control

Florence has taken away Emily's exercise bike, and Sarah observes: 'Emily started to cry. She stood there with her arms around herself, staring at Florence and crying. It was so awful seeing her like that—her face so angry, hopeless and contorted...' (p.82)

Sarah and Angel, a friend, are discussing Emily:

Sarah: "...That's the thing. You think, here this poor pathetic kid. All you want to do is help her get better. And you try and you try and she says, 'Up yours!'"

Angel: "I see what you're saying. Like a power thing." (p.133)

Florence and Elliott are at Sarah's house to get Emily after Emily and Sarah have gone there and spent the night. They're fighting, and Sarah observes: 'That's when I really looked at Emily carefully and realized something. I mean, Florence looked at least ten years older than she did the day before. Elliott looked like if he didn't cry, he'd burst. But Emily's eyes were bright, and I don't mean with tears. I suddenly remembered what I'd figured out with Angel: this was a power thing.

And Emily had all the power. Here I'd been thinking, poor Emily, bullied by

these awful people, cowering in the bed. But these people were scared out of their minds. Emily had them totally tied in knots.’ (p.177)

Factor 13, Family dysfunction (parental discord)

Florence and Elliott speak on the phone and shout at each other about Emily and each other, in front of Sarah, whom Florence has just met:

Florence: “Well, that little unpleasantness is out of the way... That was Emily’s father.”

Sarah, observing: As if I hadn’t guessed. (p.18)

Sarah: ‘I said I didn’t drink coffee, but [Florence] said that was the only thing her husband ever did that she still missed, making her coffee in the morning. I saw a look flash across Emily’s face when Florence said that—anger, sadness, I wasn’t sure what it was—but for the instant it lasted, it was really strong. (p.28)

Sarah and Emily are discussing Florence and Elliott’s divorce, and Emily mentions that it was all her fault. Sarah tells her ‘it was dumb and that was not why parents got divorced.’

Emily: “It can be if the kid is bad enough.” (p.44)

Factor 14, Maternal overprotectiveness

Florence has read Emily’s journal. Sarah observes: ‘One minute [Florence] was arguing; the next she was practically pleading. “You don’t talk to me. You don’t tell me anything anymore. I only did it because I care so much. I only wanted to know what’s going on in your mind.” (p.131)

Sarah, talking to Emily about Florence: “...I told her she doesn’t know the first thing about you. I told her she doesn’t see you at all. She’s never seen you. She

just sees herself. She goes on and on about how Emily's so good and so perfect, and that's fine, as long as you're what she wants, which is that you have to be just like her—a total Florence clone—or if you're not like her, then you have to be Her Creation. It's that or else you're nothing. She's a total bully, but in this sneaky way, where you're never sure. She like, gets you confused, like how she wants you to eat but she's obsessed with being fat..." (p.157)

#### Factor 17, Family dieting

Florence expresses the desire to lose some weight. (p.15)

Florence has a lot of snack foods stashed in her shelf. Sarah observes: 'She'd actually drawn a picture of a Hershey bar with a slash through it, like a No Smoking sign, and written, Florence: Fortitude! Don't do anything you'll regret tomorrow!' (p.38)

#### Factor 21, High socioeconomic status

Florence is a writer (p.12) and Elliott is a lawyer (p.62). Sarah describes Florence's apartment as having big windows, high ceilings, a fireplace, and "really nice furniture." (p.11)

### Book 10

Hanauer, C. (1996). My Sister's Bones. New York : Delacorte Press.

Billie's eighteen-year-old sister Cassie has just gone off to Cornell for her freshman year of college. Cassie had always been a perfectionist, but also strong and beautiful. Billie gets a phone call from Cassie one day, in which Cassie says that her

roommate went home without telling her, and that Cassie has given away all of her clothing to a clothing drive. She cries, and Billie is worried about her. When Cassie comes home for Thanksgiving, Billie notices that her sister is very thin under the sweatshirts and baggy clothing she wears. Cassie writes Billie a letter in which she complains about her grades being “beyond pathetic (p.33),” and Billie observes to their mother that Cassie probably thinks their father would disown her if she got less than an A. Their father does pressure them both about grades and intellect; he criticized Cassandra about her lower SAT scores and insists that Billie study for hours for the SATs. One day, the family gets a call from Cassie’s dorm manager, informing them that they are worried about Cassie and her eating. Cassie’s parents come to take her home for the Christmas holiday, and Cassie insists nothing is wrong. She cuts off her hair at a family gathering after their grandmother focuses on her appearance, but continues to insist she is fine. She is proven wrong when she faints during an outing with Billie, and her parents hospitalize her. The family visits Cassie in the hospital, and their father still tries to take control over her doctors; Cassie is not doing much better, health-wise. Billie can’t understand her sister’s problem, until she realizes that her sister is trying to regain some sense of control from what their father has taken away from them, after her father forces her to drive through a red light and yells at her a great deal. Cassie comes home at the end of the book, and though neither she nor Billie know if she will recover, Billie is left with a new understanding of her sister.

Risk factors

Factor 1, Gender



Cassie is female (p.1)

Factor 2, Age

Cassie is eighteen and a freshman in college. (p.20)

Factor 3, Race

Cassie is Caucasian, with a “long gold ponytail” (p.13).

Factor 7, Perfectionism

Billie: ‘I get nervous just being around my sister sometimes, the way everything has to be perfect. In her notebooks, she reserves one page for doodling, and there’s so much scribbling on that page it’s like the color of the paper is black lead, but the rest of the pages are white and perfect, every line used, both front and back....With Cassie, if a page gets messy, she’ll copy it over. On the rare chance she ever slips.’ (p.8)

Factor 8, Low self-esteem

Cassie, in a letter to Billie: ‘Even with all the studying I do, I still fuck up constantly here. It’s weird, how you think you’re sort of smart in high school, and then later realize you didn’t have a clue. I got back two tests last week. I’ll spare you my grades. Let’s just say they’re beyond pathetic.

Sometimes I get so scared, thinking this is how it’s gonna be from now on—working my butt off all the time, and then screwing up anyway.’ (p.33)

Factor 9, Need for social approval

[Cassie] sits up quickly. “Where are you going?”

Billie: “I don’t know. Tiffany’s, maybe. I’m so *bored*.”

[Cassie’s] eyes fill up with tears. “Sorry.”

Billie: “Why are *you* sorry, Cass? I’m not leaving because of you.”

But I am, and she knows it, and the worst part of all is that she actually cares.

(p.115)

Factor 10, Feeling of lack of control/need for control

Billie, on losing her virginity: ‘For a second I wonder if this is what Cassie feels like when she refuses to eat: the power of being in control dulls the pain. But I still feel it, the pain, and I know she must, too.’ (p.204)

Factor 11, Comorbid mental illness

Billie, talking to her father: ‘I tell him that Cassie’s sadder than anyone I’ve ever known—that it’s like she’s put on a pair of thick glasses that tint everything with sadness. I tell him that she can’t stop thinking, that her mind is relentless as a clock. That she paces the room, scrawls in her journal, stares out the window frowning. That she can’t read, can’t concentrate. That she hates everybody.’

(p.139)

Factor 13, Family dysfunction (parental criticism)

Dad is yelling at Billie for not studying for the SATs, which are in three months, and tells her he is making her take those several times. He talks about how he let Cassandra wait to take hers and that she hardly had time to improve her scores.

(p.32)

Billie discusses Cassie’s letter with their mother:

Billie: “All she talked about was her grades. She’s freaked out because she did bad on two tests.”

Mother: “Badly...What did she get?”

Billie: “She didn’t say. Probably A-minus or something. She probably thinks Dad will disown her if she gets a B.” (p.34)

Billie, reminiscing: ‘Cassie ate quietly, avoiding anyone’s eyes. My father glanced at the scores and swallowed a mouthful. “What are these?” he said. He looked at my sister. “These scores can’t be RIGHT, Cassandra. Can they?” He stared at her. “CAN they?”

Cassie shrugged miserably. She bit her top lip hard, showing her crooked bottom teeth.

...

“You’ve had straight As for two years, Cassandra. What happened here?” His voice was rising; his face was red. “Did you read the practice booklet? Were you sick the day of the test? A CRETIN would do better than this.”

(p.128) This also overlaps with tension at family meals in factor 18

#### Factor 18, Tension at family meals

When Cassie comes home for Thanksgiving, she sits down at the breakfast table, and the two family dogs suddenly begin to fight each other. The family is frightened by their vehemence, having to wrestle them away from each other.

Their mother insists on taking the dogs to the veterinarian. (p.15)

#### Factor 21, High socioeconomic status

Dad is a cardiac surgeon (p.18) and Mom is an elementary school teacher (p.23), so the family is probably fairly wealthy.

Book 11

Rees, E. (1998). Body Lines. New York : Aladdin Paperbacks.

Daly Flanagan is an advanced student at a ballet school formerly called Ballet Academy. The school had been struggling financially recently, and has now merged with a ballroom dance school to become Dance Tech. It has a lot of debts to settle, however, and the scholarships the school offers its more talented students are probably going to be cut back. Daly is on scholarship herself, and she is a very good dancer, but she worries that her weight is holding her back from being better after her teacher makes a comment about her “filling out (p.38).” One day she finds out that her mom is pregnant and her dad has lost his job as a manager at a local factory, which means their large family must put themselves under tight budget constraints to have enough money for everything they need. Hearing the news, Daly feels she must lose weight, because she needs her scholarship to continue dancing, and she fears her weight might keep her from being good enough to stay on scholarship. Daly puts herself on a strict diet regimen and takes up smoking to lose weight. At first, she gets praised for her appearance by her teacher, but soon her boyfriend Ray and friend Sophy are worried about her, especially when they notice the smoking. More stress occurs in Daly’s life when her mom has a complication with the pregnancy, and a girl who is unaffiliated with the school gets one of the few scholarships available. Ray confronts Daly about her smoking and eating behavior, and they have a big fight. In class, Daly finds she’s almost too weak to dance. The dance school does a presentation at a local hospice, and Ray shows Daly a lung cancer patient as a means of getting her to stop smoking. Daly is very angry and runs away; she has pretty much given

up on winning a scholarship and decides to binge at a local restaurant. This makes her very ill, and she hardly makes it home. Later she has a talk with Ray and Sophy about her obvious problem and promises to seriously think about it, and at least to quit smoking. She flushes the cigarettes down the toilet, but then she faints in class. Resting at home the next day, Sophy comes to see her, to discuss Daly's problem and to give her the good news: Daly has won a scholarship after all, and her teacher apologizes to her for pressuring her about her weight.

#### Risk Factors

##### Factor 1, Gender

Daly is female (p.1).

##### Factor 2, Age

Daly is sixteen (p.1).

##### Factor 3, Race

Daly is Caucasian, "blonde." (p.1)

##### Factor 7, Perfectionism

Daly is resolving to lose weight: 'By her calculations she had a little over three weeks to get her act together. To impress Jan and Peter MacGregor with her talent. To work herself to the bone. More to the point, to become a bone. To pare herself down to Sophy's size—to that one hundred pounds that would make her the perfect 5'5" ballerina.' (p.43)

Daly is not feeling well during her diet: ‘She felt like crawling off in a cave or hiding somewhere like a little mole. But she couldn’t afford to hide. She had to keep on playing the perfect upbeat Flanagan.’ (p.118)

Factor 8, Low self-esteem

Daly is discouraged after failing to find a part-time job: “Face it Flanagan, no one wants you.” (p.118)

Factor 20, Social subculture where thinness is emphasized

‘Either she could eat what she wanted and gradually blow up into a happy but lead-footed blimp, or she could not eat and hope that someday her dream of being a ballerina would come true.’ (p.8)

Factor 22, Peer pressure about weight

Daly is worrying about her weight affecting her dance. ‘And then Jan MacGregor had made some comment about Daly really ‘filling out’—translation, ‘getting fat.’ Everyone at the Academy knew that girls who filled out didn’t get asked back.’ (p.38)

Book 12

Skrypuch, M. (1999). The Hunger. Toronto : Dundurn Group.

Paula Romaniuk is a perfectionist, inundated with Western culture and wanting to be thin (expecting life to be happier and “perfection” when she is thin and beautiful) (p.15). Her parents expect a great deal out of their children, and her mother is always dieting. Paula finds herself becoming repulsed by food and watching others eat. She gets an assignment on immigration to Canada and decides to investigate her grandmother’s

emigration from Armenia; in the process. One day Paula loses control and binges, and immediately purges for the first time. She begins to do it regularly. She goes to see the doctor for a strained muscle, and Paula's doctor realizes that she has an eating disorder and threatens to tell her parents. He insists she return for weekly weigh-ins. Paula tricks him with water-loading and weights, but this only works for a while. As her food problems intensify, she finds out horrible things about the Armenians (there were massacres in Armenia during World War II and before) and her grandmother's past. Then the doctor tells her parents about her bulimia, and Paula soon has to be hospitalized. She resists her treatment, refusing to eat. She visits home for Christmas and is forced to eat. Having an idea to exercise the food off, she goes for a walk and has a cardiac arrest. Paula goes into a coma where she dreams she is her grandmother's aunt/adoptive mother, an Armenian who lives through massacres and hard travel and persecution. Paula wakes up with the desire to live, as her dream-self lived through all the horrors. She tells herself that food is medicine and, in a new hospital, over the course of months gradually puts herself on the road to recovery.

#### Risk Factors

##### Factor 1, Gender

Paula is female.

##### Factor 2, Age

Paul is in 10<sup>th</sup> grade and is fifteen (p.15)

##### Factor 3, Race

Paula is Caucasian, of Armenian descent (p.15).

### Factor 7, Perfectionism

After so much trying, [Paula] was finally on her way to almost complete perfection. Her Grade 9 final report card couldn't have been better; now she looked slim and athletic—she was the envy of all.” (p.15)

While other students would put off their big assignment until a day or two before it was due and then pull a few all-nighters, Paula had more discipline than that. She was an A+ student not because she was brilliant, but because she was organized.” (p.16)

### Factor 8, Low self-esteem

During gym class: ‘Why did she have to be so big and awkward?’ (p.9)

After her first purge, Paula tells herself, “You are so disgusting.” (p.46)

### Factor 10, Feeling of lack of control/need for control

After a purge:

“Never again,” she swore to herself. “Never again will I lose control like that!” (p.47)

### Factor 13, Family dysfunction (parental neglect, parental criticism)

Paula’s mother is a workaholic.

“Sometimes it felt like she lived and breathed her job.” (p.23)

Thinking about grades:

‘Even when she brought home her usual 90s, her father would ask jokingly, “What happened to the other 10 percent?” She didn’t want to even think of his reaction if her marks suffered.’ (p.52)

When her psychologist wonders about her family situation:



‘While sometimes she felt her parents had very high expectations of her, and that sometimes they were a bit too controlling, that was it.’ (p.88)

#### Factor 17, Family dieting

Paula’s mom only eats Lean cuisine meals and other diet food:

Mr. Romaniuk grimaced with frustration. “Emily, why are you eating that crap again?”

“You know I have to watch my weight,” replied Mrs. Romaniuk.” (p.24)

Paula’s father speared a piece of steak and popped it into his mouth, chewing thoughtfully. “You could help, Emily, if you were a better role model for your daughter.”

“What is that supposed to mean?” answered Mrs. Romaniuk.

“Stop eating all that diet food. What do you think gave her the idea in the first place?” (p.73)

#### Factor 18, Tension at family meals

Paula’s mother and father argue about Mrs. Romaniuk’s dieting; Paula’s father uses Paula as an example of how exercise and simply cutting back on fattening foods works just as well. (p.24)

#### Factor 20, Western media

Paula was five-foot ten and her goal was to weigh one hundred and ten pounds and be just as beautiful as her favorite supermodel, Kate Moss. (p.36)

Paula’s choice [of posters] leaned towards photos of ballerinas, Calvin Klein models, and figure skaters...Her favorite poster was one of Calista Flockhart,

sitting gamine-like on a park bench in a t-shirt and jeans. Paula figured she looked almost as good as Calista. (p.48-49)

Factor 22, Peer pressure about weight

After Paula falls during gym class:

‘The pain she could handle. Far worse was Janet laughing at her. “Paula, it’s a good thing you’ve got so much padding, otherwise you could’ve hurt yourself!”

Paula curled into a fetal position and hid her face in her knees.’ (p.11)

### Book 13

Tokio, M. (2003). More Than You Can Chew. Toronto : Tundra Books.

Marty is in an eating disorder unit in a mental hospital. She’s a violent, loud person intent on shoving everyone away from her. We learn that she’s got some major issues with her parents—that her mother was an out-of-control alcoholic and her father was a workaholic who didn’t seem to want her to live with him-- and that her boyfriend Zack was the catalyst to her eating disorder. At the beginning of the book, Zack finds out Marty isn’t a virgin and reacts badly, calling her “thunder thighs” and other names (p.7). While Marty is on the ward, an eight-year-old girl named Lily joins them, and Marty seems to take her under her wing. Somehow Lily’s presence seems to make Marty more receptive to the idea of letting people in; with her psychologist, she begins to explore all her issues with food and her parents. We learn that Marty’s mother is coming into the hospital twice a week for a support group for the parents of children with eating disorders, and that her dad is also making an effort to be there. Marty’s father takes her out to eat,

and Marty finds that in his presence she is nothing but a little girl without power. For Christmas, her mom takes her home, and as a surprise, her dad is staying there with them. The visit starts out well, but soon the tension is too much—they all argue, Marty’s father goes back to his hotel, and Marty’s mother is snide and sarcastic to her. Marty’s father wants Marty to visit him at his hotel, but after seeing him in the distance flirting with several women, Marty decides to just go home. Marty’s mom is annoyed with her for this, writing her a note that says Marty’s father was upset with her. Marty, upset, calls the eating disorder unit and asks to speak to Lily, but she is told that Lily has died. In despair, Marty attempts suicide. Marty wakes up in the hospital, in the “real” mental ward. She develops a severe ear infection, which a kind nurse helps her through. Eventually she starts to feel like people actually do care about her when she learns her mom has fought for her to go back to the gentler eating disorder ward so she won’t go crazy. Marty soon realizes that people love her and, with her psychologist, explores her own guilt over Lily’s death. She eventually recovers from her eating disorder, going out with her old best friend Cherri, and leaves the hospital, repairing relationships with her family. One day, she visits Lily’s grave and relinquishes the last feelings of guilt.

#### Risk Factors

##### Factor 1, Gender

Marty is female.

##### Factor 2, Age

Marty is seventeen. (p.77)

##### Factor 3, Race

Marty is Caucasian

Factor 7, Perfectionism

Marty talking with her psychologist:

Psychologist: "...You expect yourself and everyone around you to be perfect."

Marty: "You want to know why? I'll tell you. My parents prefer picture-perfect. No mess. No fuss. Just get the job done." (p.124)

Factor 8, Low self-esteem

Marty, after eating some of her breakfast: "What kind of anorexic was I? I had failed even at that." (p.32)

Marty, talking to her psychologist, blames herself for her parents' problems because they had to get married due to her conception:

Psychologist: "...I know your mother's situation. She just doesn't want you to make the same mistake she feels she made."

Marty: "That mistake being me. And if she hadn't had me, maybe she wouldn't have become an alcoholic." (p.147)

Factor 10, Feeling of lack of control/need for control

Marty's father lives far away, in New York (p11) and refuses to even entertain Marty's desire to live with him. "That was the day Dad said no. Mom quit drinking. And I stopped eating." (p.12)

Marty: "The only time I say no to my father is when he asks me if I want something to eat. And every time I step on the scale and another pound evaporates, I say go to hell." (p.51)

Marty, referring to her destruction of the two-way speaker in her hospital room: ‘I thought I must be going soft because the first time I’d messed with the speaker I’d broken one of the rules—ALWAYS DO YOUR DAMAGE AND HIDING ON THE INSIDE, SO ON THE OUTSIDE EVERYTHING LOOKS PERFECT.’

(p.98) This overlaps with perfectionism in factor 7.

Factor 13, Family dysfunction (parental discord, parental criticism, parental psychopathology)

Marty’s mom’s an alcoholic, and Marty observes: ‘Mom is lying in her gutter of crushed velvet. The cushions have crusty spots from spilled rye and Cokes...She tried to open her eyes, but Smirnoff the sandman pulls them shut.’ (p.9-10)

Marty, to her Mom: “I’m calling Dad. I’ll go live with him. I don’t care what you do anymore. You can drink yourself to death if you want to, but I’m not going to stick around and watch.” (p.11)

Marty, thinking about a possible family counseling session: ‘I don’t remember being a nuclear family. Only the fallout... It won’t go well. [Mom]’ll drink. And it’ll be my fault. (p.47)

Marty: “The last time I saw my dad cry, he went away. I was three. He was leaving me. I didn’t know that then. All I knew was that daddies didn’t cry. I don’t want him to leave. I...I need him.” (p.69)

Marty’s Mom, referring to a black sweat-suit Marty’s chosen for a Christmas present: ‘From her mouth, words dripped like venom. “Why are you being so difficult? Do you know how much money has been spent on you already this

Christmas? And you want black. Well, that's just perfect. Only bad girls wear black. Bad, dirty girls.” (p.154)

Factor 15, Lower levels of paternal care

Marty and her psychologist talking about a counseling session with Marty's father:  
 “Your father isn't coming,” she says. Jackie isn't stupid enough to say, so how do you feel about that?

Marty: “Well, Jackie, my father not showing up for our big FAMILY SESSION—that's a FUCKIN' SURPRISE.” (p.50)

Marty's father, referring to her hospitalization: “It's not about money; I can always make money. I can't make you. And I can't love you like this. Once survival is assured, I can afford to invest.”

Marty: ‘So now I'm a stock option that has to prove itself before he'll buy in.’  
 (p.80)

Factor 21, High socioeconomic status

Mom is “real estate salesperson of the year,” (p.24) and Dad has is a businessman with “contractors” (p11); together they can afford to keep Marty hospitalized. This combination of education and money puts the family in at least upper middle-class status.

Factor 22, Peer pressure about weight

Marty's boyfriend Zack calls her “thunder thighs.” (p.7)

Book 14

Rosoff, M. (2004). How I Live Now. New York : Wendy Lamb Books.

This book is comprised of two parts, one referring to Daisy's experience just prior to and during a war, and the second referring to her experiences after the war. The style is stream-of-consciousness, without proper dialogue format, and all in Daisy's head.

Fifteen-year-old Daisy, whose father has remarried and whose stepmother Davina she detests, is sent to England to live with her aunt and cousins, Edmond, Isaac, Piper, and Oliver. Daisy, who has always felt like an outcast among her own family, finds herself loving her new home. It is revealed that Daisy has stopped eating partly to annoy her stepmother and have control over her father, and partly out of a half-fantastical idea that Davina is trying to poison her. Away from Davina's influence, Daisy finds herself relaxing somewhat, enough to open up to her cousins, especially Edmond, with whom she finds love. Though she and her cousins have lived an idyllic life, suddenly war breaks out, and Daisy and her cousins are split up to go live in refugee camps. Though Daisy tries to maintain her control over eating, the physical labor and the fact that food is becoming more and more scarce makes her rethink her stance. Daisy realizes that she can no longer be apathetic, especially now that she must be responsible for Piper. Daisy and Piper run away in search of Isaac and Edmond, hoping to meet up back at their home. Along the way Daisy realizes that it is stupid to starve herself when people around her are dying for lack of food, and begins to eat normally again. She and Piper make it home, just in time for Daisy's father to force her to come back to the United States, thereby destroying all of Daisy's new-found adulthood. After several years and the resolution of strife in England, Daisy, who has abandoned her eating disorder and found herself, returns to England, to help care for Edmond, who has been traumatized during the war.

Her acceptance of self allows her to be successful in getting Edmond to open up to her, and she is optimistic for the future.

#### Risk factors

##### Factor 1, Gender

Daisy is female (p.5).

##### Factor 2, Age

Daisy is fifteen (p.5).

##### Factor 3, Race

Daisy is Caucasian (p.5).

##### Factor 8, Low self-esteem

Daisy, referring to her appearance: ‘...but what I turned out like is plain, not much there to notice.’ (p.1)

Daisy’s aunt has just told her “You look just like your mother,” to which Daisy thinks, ‘...obviously a gross exaggeration since she was beautiful and I’m not.’ (p.13)

Referring to her mother’s death at her birth:

“It’s a shame, starting out your first day on the planet as a murderer, but there you go, I didn’t have much choice at the time. Still, I could live quite happily without the labels I picked up because of it. Murderer or Poor Motherless Lamb.” (p.19)

##### Factor 9, Need for social approval

Referring to Edmond’s smoking: “I don’t say anything in case it’s a well-known fact that the smoking age in England is something like twelve and by making a



big thing about it I'll end up looking like an idiot when I've barely been here five minutes." (p.3)

Daisy doesn't want to say anything to her cousins: "...because I didn't want them to think that kids from New York City are not at least as cool as English kids..." (p.6)

Factor 10, Feeling of lack of control/need for control

"But it's easier said than done to convince yourself that god has smiled on you when the actual fact is that you're living with strangers due to the evil workings of your wicked stepmother not to mention your official next of kin." (p.33)

Daisy, on talking to Piper: "...I really tried to explain about at first not wanting to get poisoned by my stepmother and how much it annoyed her and how after a while I discovered I liked the feeling of being hungry and the fact that it drive everyone stark raving mad and cost my father a fortune in shrinks and also it was something I was good at." (p.43)

Daisy, referring to picking fruit during the war: 'It was such hard work that at first I thought I wouldn't be able to stand it...But I did it because pushing myself farther and farther past what was possible made me feel calm, which is hard to explain but something I was good at.' (p.101)

Factor 13, Family dysfunction (parental discord, parental psychopathology)

Daisy hates her stepmother because: "...in the end she got me sent off to live with a bunch of cousins I'd never met a few thousand miles away while she and Dad and the devil's spawn went on their merry way." (p.11)

Referring to her mother's death: "Dad was one of those Never Mention Her Name Again type of fathers which if you ask me was extremely unpsychologically correct of him." (p.19)

Father is described as not quite neglectful, but absent a lot. (p.25)

Factor 15, Lower levels of paternal care

In a letter to Daisy: "Dad yammered on a lot about Davina the D and how she was feeling what with the pregnancy and all, like it was preying on my mind... There was a little something stuck on at the end of the letter about missing me..." (p.32)

Referring to some war workers, who: "...asked lots of questions about Dad and what was he doing sending his only daughter away from home at a time like this and I said Well don't think that question hasn't occurred to me too." (p.39)

Factor 21, High socioeconomic status

Daisy's family is middle class (p.5), and they can afford to put her into therapy and mental hospitals. (p.170)

Book 15

Friend, N. (2005). Perfect. Minneapolis : Milkweed Editions.

Thirteen-year-old Isabelle Lee, or "Belly," is being forced by her mother to attend an eating disorder support group after her little sister catches her purging her meals. Belly is resentful, especially that her mother doesn't understand her need to be thin, but is shocked to find out a pretty, popular girl, Ashley Barnum, is also a member of the group. Belly has been fascinated by Ashley for some time, wanting to be her "since fourth grade

(p.17).” Belly’s eating problem, however, started when her father died two years ago; her mother is depressed, not eating much and crying most of the time. Belly absorbs herself in becoming friends with Ashley, who welcomes the presence of another bulimic with whom she can share bingeing and purging. We learn Ashley’s home life belies her attractive exterior; Ashley’s parents are getting a divorce, her mother probably has an eating disorder of her own, and Ashley herself has a strong need for social approval. Belly is startled to realize that her perception of Ashley is so far wrong, especially when she starts sitting at the “popular” table at lunch, and realizing that the popular girls are not what she wants to be at all. Belly’s mom reaches a low point in her depression, not even getting out of bed, and finally Belly must ask for help from her aunt. They get her mom to go to therapy, and Belly finally opens up at her support group, explaining how sad her family is since her father died, and how all of them have had difficulty coping. Belly finally feels like things are improving, when her mom can finally talk about her dad without crying, and Belly can go a long time without wanting to purge.

#### Risk Factors

##### Factor 1, Gender

Belly and Ashley are female.

##### Factor 2, Age

Belly and Ashley are both thirteen.

##### Factor 3, Race

Belly is Caucasian, and Jewish; Ashley is Caucasian, with “blonde” hair.

##### Factor 6, Early onset of menarche

Belly gets her first period at age eleven, the year her father dies (p.39). “It’s supposed to be this big deal, like you’re all of a sudden a woman the minute it happens...Trust me, when you get it, it’s not all that magical. You don’t feel more grown-up or anything. Just crampy. And fat.” (p.36)

Factor 8, Low self-esteem

Belly referring to Ashley not acknowledging her presence at school: ‘Quite possibly, Ashley Barnum was ignoring me on purpose. And could I blame her? Get caught talking to a loser like me, and the popularity rug could be yanked out from under you like that.’ (p.28)

Factor 9, Need for social approval

Belly sits with the popular girls at lunch, feels like a five year old, and is afraid to eat any of the snacks for fear they’ll see her “stuffing her face like a pig.” She doesn’t say anything out of fear of rejection. One of the girls asks if she’s new, that she’d never noticed Belly before. Belly replies that she’s been here all her life. (p.87-88)

Belly, referring to a mean joke Ashley’s friends play on a classmate: ‘I looked over at Ashley. She didn’t look like she thought it was very funny, but she was laughing anyway, a fake laugh...I couldn’t believe even more that Ashley wasn’t doing anything about it. She’s always so nice to Brian in class, but when it comes to being nice to him in front of her friends, she doesn’t have the guts.’ (p.89)

Factor 10, Feeling of lack of control/need for control

Belly, referring to the first time she ever binged and purged:

‘The first time it happened was the day of Daddy’s funeral. Or house was full of strangers, all of them patting my head, talking in whispers. Every so often my mother would come over to me and April and squeeze the breath out of us with her hugs. “Don’t cry,” she kept saying. “We will none of us cry.” Finally some lady I didn’t know came up to me with a plate and said, “Here you go, honey. Try to eat a little something.” So I did. I ate cold cuts and salads and fancy cookies. I ate a whole pile of brownies. Whatever I wanted, I ate. I ate until it hurt to stand up. Finally I went into the bathroom and puked three times.” “But I didn’t cry. Not once.’ (p.25) This overlaps with the general family dysfunction in factor 13.

Factor 13, Family dysfunction (parental discord, parental neglect, parental absence, parental psychopathology)

Belly: ‘My mother had about six peas on her plate, and a piece of chicken the size of her thumb. This is how much she eats. Before Daddy, she ate real people’s meals. Now she eats doll meals.’ (p.18)

Belly: ‘My mother looks like she just rolled out of bed and put on the first thing she could find, usually sweatpants. It didn’t used to be that way. Mom used to dress cool, with nice slacks and funky jewelry. Not any more though. These days she doesn’t even care if she matches.’ (p.35)

Belly, seeing her Mom in bed: ‘I wanted to pull the covers off her. I wanted to say, Why are you so tired? Huh? But I knew she wouldn’t tell me the truth. Not in a million years would she say it: she can’t sleep at night because she can’t stop missing him.’ (p.91)

Ashley's dad is cheating on her mom, and they're going to get a divorce. He leaves the house:

"So," Ashley said finally, after she'd blown her nose for the thousandth time.

"That's why I wasn't in school today. I was helping my father pack. He's, like...gone." (p.151)

Belly, in support group:

"Okay," I said finally. "It's a hard time of year in my house because...because my dad isn't here with us anymore. Because he died. And we all miss him so much we want to explode." (p.168)

#### Factor 16, Family pressure about weight

Belly's cousin, a gymnast, makes comment about weight. "We were standing around in our underwear like we'd done a million times before, since we were two years old. No big deal. And then, she said it: "Wow, Isabelle. You're getting *big*." (p.37)

After binging:

Ashley: "If my mother saw me right now she'd kill me." (p.124)

#### Factor 17, Family dieting

Belly asks Ashley why Ashley's mother would kill her for eating fattening foods:

Ashley: "Are you kidding me? Have you seen my mother eat? It's nothing but celery sticks and cottage cheese all day."

Belly: 'What I was thinking was, How could I see you mother eat? Your mother's never home.' (p.124) This overlaps with parental neglect in factor 13.

Factor 21, High socioeconomic status

Belly's mother is a full college professor (p.19) and they own a house (p.19), so it can be assumed that the family is at least middle class. Ashley's family is described as 'rich,' (p.12) and they have a cook (p.65).

Table II. Results of Content Analysis

	1981-1985			1986-1990			1991-1995			1996-2000			2001-2005		
Books by Year	1981	1982	1983	1985	1987	1990	1994 (Newman)	1994 (Block)	1995	1996	1998	1999	2003	2004	2005
<b>Risk Factors</b>															
<b>Biological</b>															
1. Gender	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
2. Age	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
3. Race	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
4. Childhood/ current obesity				x	x	x									
5. Family member with an ED		x							x						x
6. Early onset of menarche															x
<b>Individual</b>															
7. Perfectionism	x								x	x	x	x	x		
8. Low self-esteem	x	x	x	x	x	x	x		x	x	x	x	x	x	x
9. Need for social approval	x	x	x	x	x	x	x			x				x	x
10. Feeling of lack of control/need for control	x	x	x	x	x	x	x	x	x	x		x	x	x	x
11. Comorbid mental illness					x	x		x		x					
12. History of child sexual abuse								x							
<b>Familial</b>															
13. Family dysfunction	x	x	x				x	x	x	x		x	x	x	x
14. Maternal overprotectiveness	x		x	x			x		x						
15. Lower levels of paternal care	x		x										x	x	
16. Family pressure about weight		x				x									x
17. Family dieting		x							x			x			x
18. Tension at family meals		x		x	x		x		x		x				
<b>Sociocultural</b>															
19. Western media						x	x					x			
20. Weight- conscious social subculture											x				
21. High SES	x		x	x					x	x			x	x	x
22. Peer pressure about weight		x		x		x	x				x	x	x		



## Discussion

All fifteen of the books analyzed for documented psychological risks and causes demonstrated multiple risk factors. Two books had seven risk factors represented, two had nine risk factors, two had ten risk factors, seven had eleven risk factors, and two had twelve risk factors. All of the twenty-two risk factors were represented by at least one of the fifteen books. Within the novels, ten of the eating disorder victims suffered from AN, one from BED, and five suffered from BN.

The novels' dates of publication spanned from 1980 through 2005, and several patterns were noted in the portrayals of eating disorder victims. All of the victims were female and all were Caucasian. Very few clues within the novels revealed the date of publication. All of the victims fell within the age range of 12-18 as that was one of my criteria for choosing the books, but several, novels written in 1981, 1994, 1995 and 2003, contained victims below the age of thirteen. One novel, published in 2003, contained an eight-year-old victim. This somewhat invalidates Striegel-Moore and Woodward and Garfinkel's claims that age of onset is reported as anywhere from age 14 to age 20, though it does seem to agree with the many assertions that eating disorder prevalence is on the rise and broadening in demographics. Only one of the books, Tokio's More Than You Can Chew, even mentioned a male eating disorder patient in periphery (p.112). This definitely agrees with Hoek and van Hoeken's assessment that eating disorders favor females. It is worth noting that Tokio's More Than You Can Chew, a more recent novel written in 2003, contained two atypical examples of eating disorder victims, which

suggests that at least some authors are noting the minority of eating disorder victims.

The books I read proved to be accurate in their various depictions of eating disorder victims, according to Polivy and Herman's study, Manwaring et al.'s study, and all of the rest reviewed. In the biological category, all risk factors were represented. All of the victims represented the Caucasian adolescent female model at highest risk of developing an eating disorder by the gender, age, and race categories. Three victims were obese at the time of the novel; this is listed as a risk factor for BN and not AN, but only one of the three victims was bulimic. Three of the books contained eating disordered members of the victims' families. In each of the three cases, the family member with an eating disorder or disordered behaviors was their mother, and had a strong negative influence on the victim. This may have suggested several things; that the adolescent's eating disorder stemmed primarily from the negative associations or the relationship with their family member, that the adolescent interpreted that if an eating disorder was acceptable behavior for their mother, then it was acceptable for them too, or that eating disorders and subsequent behaviors are heritable by genetics or environment. Only one of the victims experienced an early menarche, at age eleven. It is hard to say if the menarche itself contributed to the eating disorder, as the victim also experienced a traumatic event in her father's death that same year. She did express that her menarche made her feel "fat," so perhaps it was at least a mild contributing factor, but I suspect it was less of one than her father's death. Several of the victims, though not experiencing an early menarche, did have traumatic experiences with their first periods; one of the victims in particular experienced trauma, and it is worth noting that this victim was the only one in any of the fifteen books who suffered childhood sexual abuse.

In the individual risk factor category, all of the factors were represented in each of the fifteen books. The most common factors noted were low self-esteem and a feeling of lack of control/need for control, each of which were exhibited in fourteen of the fifteen novels. This seems to be a common theme in eating disorder victims, who dislike themselves and feel a lack of control to fix this, and use eating disorders as a means of solving both problems. The next most common factor was a need for social approval, appearing in ten of the novels, and five of the novels displayed signs of perfectionism in their respective victims. Four victims showed signs of other mental illnesses, mostly depression. One of the victims showed obvious signs of anxiety disorder or Post-Traumatic Stress Disorder in her obsession with the idea of sex and love mingling with death, and her nightmares about men breaking into her bedroom at night. This victim was also the only victim of childhood sexual abuse; her disorder shows signs of being more as a result of the trauma she suffered than any pre-existing personality traits cited as ones that could lead to disordered eating behaviors. All of these factors are related to the adolescent's struggle to find a place in their world, to "fit in" and to establish relationships with their peers. Some adolescents are less successful than others, and may find it hard to cope with this feeling of not being accepted. Those who are less able to cope in a positive manner often find their frustration vented in self-destructive behaviors, such as eating disorders, or resulting in another mental illness, such as depression. In some cases, such as with childhood sexual abuse, the experience of trauma is what catalyzes the negative feelings, and thus the negative coping skills of an eating disorder. The factors within this category are some of the most commonly cited risk factors for

eating disorders; they should be the most obvious to observe by family and friends, especially once the eating disorder behaviors have begun.

In the familial influence category, family dysfunction and its more specific variations were the most commonly displayed risk factor, in eleven of the fifteen books. Three of the books contained parents with a non-eating disorder-related mental illness. In five of the books, one of the parental figures was absent due to death, though in only three of them did the parent's death seem to have any relationship with the eating disorder. In each of the three books, the death seemed to cause trauma, which resulted in a much more vulnerable frame of mind for each of the victims. There was also trauma caused by parental discord, such as excessive arguing, divorce, or violence, in five of the books. High parental criticism was a factor in at least six of the books, with the parents being particularly demanding or critical about issues unrelated to the victim's eating. Lower levels of paternal care were noted in four of the books. Family is a major influential factor in the life of an adolescent, as cited by the literature. Any dysfunction or neglect can result in the shattering of an adolescent's world, and high criticism and demands can drive an adolescent into a frantic scramble to please. Either causes the need for coping skills they may not yet possess. Conversely, too much affection and attention can also be a problem. Five of the novels contained an overprotective mother, all of whom were also demanding or highly critical. The literature suggests that the criticism of a mother can be one of the most powerful risks for eating disorder development; perhaps this is because adolescents, as well as all humans, have an intrinsic need for love, and may see the love of their mother as conditional on other factors, including weight. Family pressure about weight was documented in three books, and family dieting and tension at

family meals in five books. These signs were probably difficult for anyone, including the victim, to see, as often no one knows what they're doing wrong until the damage is done. In one of the books, the victim comments on the mixed messages of her grandmother, who insists on the victim cleaning her dinner plate, but also makes comments on the victim's weight. Perhaps many family members view these sorts of comments as merely caring, or that their "mild" criticism is only for the victim's good; I suspect many would be horrified to know that their comments contributed to an actual disorder.

In the sociocultural context category, nine of the eating disorder victims' families had a high socioeconomic status—that is, they were economically at least middle-class. Largely they were well-educated, as well. The literature claims that high socioeconomic status was a risk factor because these people can afford to pay more attention to and attempt to achieve the Western ideal of beauty, especially in a culture of abundance. However, three of the books showed signs of Western media's influence being a risk factor, and none of these three overlapped with those in the high SES factor. This suggests what later research claims is true, that Western media's influence is becoming more widely available and is thus inducing eating disorders in a more socioeconomically-diverse population. The signs of Western media's influence on these three victims should have been obvious to parents—one of the victims had posters of dancers, athletes, and actresses all over her room. One of the books showed a social subculture in which thinness is emphasized—dance. The literature says that participation in subcultures like this is a strong risk factor, especially for adolescents, since in many cases these subcultures are only for the young. This victim had been dancing since a young age and wanted nothing more than to be a dancer; her eating disorder came as a result of pressure

to lose weight in order for her to keep dancing. I was surprised that there were not more examples of social subcultures represented in the novels; sports is a common occupation of adolescents, and their emphasis on thinness is commented upon as a risk factor in many of the studies I reviewed. Last, seven of the victims experienced peer pressure over their weight, with most of them being teased and called names. As adolescents seek to fit in with their peers, those who are different in any way are often shunned. This may make them more determined to fit in, whatever the cost. Adult figures should make themselves aware of possible problems between adolescents; peer pressure can lead to many of the personality factors contributing to the formation of the eating disorder, such as a low self-esteem, perfectionism, or a strong need for social approval.

As far as plot structure goes, the novels seemed to go one of two ways. One way involved the eating disorder victim not yet showing direct symptoms of their eating disorders at the beginning of the novel. All of them had some problems with body image or the desire to diet, but the actual eating disorder did not usually “begin” until a traumatic or notable event. In some of the novels, this event was the teasing of a classmate; in others, it was a financial difficulty or the encouragement of a peer with an eating disorder. The novel describes the victim’s gradual descent into their disorder until a second traumatic or notable event, such as a family member discovering the disorder, occurs. The victim then gradually examines the reasons for their problem, often with help from a mental health professional, and reaches some positive resolution. The second way involved the eating disorder victim already having a well-established disorder by the time the reader is introduced. The novel involves the victim’s examination of the causes and underlying factors for their disorder and ends in some resolution for the victim, either

through complete recovery or optimism towards recovery. In all but one of the novels, the victim's family and friends are able to mend any problems with their relationship with the victim and go on with their lives.

I find that these two plot structures are the usual paths a writer would take when writing about a mental illness, especially for a young adult. For the most part, all fifteen of the novels ended with the eating disorder victim either recovered or on the road to recovery; though in each of the books the recovery was portrayed as being difficult. I felt this to be a positive trend, as it shows that the victims of eating disorders can recover, though it takes a lot of work. This can be helpful to readers, who may themselves be victims or the friends and family of victims, and looking for hope and encouragement in their respective situations. I suspect that most authors writing about mental illnesses do so in order to provide bibliotherapy for potential victims of the mental illness, to provide a positive influence for recovery as well as a well-developed picture of the mental illness in question to allow the potential victim a way to relate to it.

In analyzing Table II, I found that most authors predominantly chose to use factors in the biological, personality, and familial influence categories to describe the adolescent victim of an eating disorder. The biological factors most commonly used were gender and age, by virtue of the fact that simply being an adolescent girl puts one more at risk for an eating disorder. Gender and age were the most prominently cited risk factors for eating disorders in the literature, as well. The individual factors category was the second most commonly used; the most frequently-used factors within it were low self-esteem, need for social approval, and a feeling of lack of control/need for control. In the familial influence category, family dysfunction was the most prominent factor and

represented in the majority of the novels. All of these most commonly-used factors are related to the problems adolescents have in finding their place in today's society, which fixates on appearance, conformity, and peer/family relationships, and were some of the most easily observable factors. The fact that they were so easily observable may serve as a warning to readers needing to know what risk factors to look for in themselves or in peers.

In comparing the factors used within the books, I noticed several trends which may or may not have any significance, but were nevertheless intriguing. In every book containing a portrayal of a family member with an eating disorder, there were also occurrences of family dieting, and some family dysfunction in evidence. Perhaps this pattern implies that what Polivy and Herman claimed is correct—that both the behavior and attitudes present in eating disorders are extremely heritable. It is worth noting that in every case of a family member with an eating disorder, that family member was a mother; maternal influence has commonly been noted in the literature as being a risk for eating disorders.

Another pattern was the coexistence of a comorbid mental illness and three of the most commonly-portrayed individual risk factors: perfectionism, low self-esteem, and need for social approval. Only one book out of the four in which the character had a comorbid mental illness did not contain depression as the second mental illness. The character in this book had clear signs of anxiety disorder and/or Post-Traumatic Stress Disorder in addition to her AN, and had experienced childhood sexual abuse prior to the onset of either disorder. This seems to imply that both the eating disorder and the comorbid mental illnesses in this book were a direct result of the sexual abuse, whereas



the depression portrayed in the other books containing comorbid mental illnesses was possibly a direct result of the eating disorder or vice versa. Though childhood sexual abuse is cited as a risk factor in much of the literature, it is also under debate as to whether or not abuse is a direct cause of eating disorders, or merely a catalyst towards individual thought patterns that may lead to such self-destructive behavior. The fact that the books involving depression also involved three of the commonly-used individual personality traits seems obvious; depression itself is also caused by a myriad of negative attitudes and thought patterns, including low self-esteem, perfectionism, and need for social approval, and often the risk factors for depression and eating disorders overlap. Whether the adolescents portrayed in these novel developed depression as a result of the eating disorder or the eating disorder as a result of the depression cannot be determined, but it is worth noting that the two often co-exist according to the literature.

There seemed to be no other noticeable trends throughout the books. As I noted earlier, none of the books seemed to indicate any particular time period in their portrayals of eating disorders. I expected there to be an upswing in the influence of Western media as the books grew more recent, because of the simple fact that it has become far more widespread in recent years, but there was none. In fact, there was very little sign in all but three of the books that Western media had any influence at all. It seems that many of the authors decided to portray the stereotypical adolescent eating disorder victim as not the hapless pawn of society, but more as the casualty of familial or individual problems.

Regardless, the factors portrayed in each of the novels show the enormous influence of their world on the adolescent. The victims all displayed an almost obsessive need to be approved in some way, by friends, by love interests, or by family members.

They all wanted to be accepted, whether in a peer group or as an acceptable love interest or offspring, and when they are denied this acceptance, the humiliation and sadness forces them into the only means of coping they can find. It's as if none of the victims has any alternate channels of release, though many have loving families or caring friends undoubtedly willing to listen.

In addition to adolescents' extreme need to be accepted, there is also an extreme need for independence. Adolescents in today's Western society often take on many adult responsibilities with age; they are often forced to grow up by their families, their peers, and, ultimately, societal expectations. It is possible that many adolescent eating disorder victims feel that to share their problems is a sign of weakness; certainly many feel that "losing control" is the worst that can happen to them. Perhaps some of these victims have been forced to grow up too soon, before they have developed the coping skills necessary to handle life's problems. Perhaps, also, many victims' families fight against the adolescent's need for independence, by being controlling, critical, or demanding, forcing the adolescent to seek their control in some other way.

Society as an influencing factor has not changed much over the past twenty five years, in its emphasis on appearance and acceptance by others; neither, for that matter, have adolescents. There is, perhaps, more pressure in recent years than in the past, due to the wider availability of media thanks to the internet and other technology rapidly decreasing in price. Teenagers can network with more people *not* directly in their locality, and find themselves subject to more varied rules of appearance and acceptance. An increasing amount of stores, businesses, and societies place an emphasis on clothing, make-up, physical fitness, and physical activities. It is practically impossible nowadays

for teens to escape it; though many have enough positive influences in their lives to be able to develop healthy ideals about food and body image, a growing number do not. Many adolescents are left to themselves and their peers to figure out what is acceptable and what isn't. Given everything they are exposed to nowadays, it is hard to imagine how anyone would not come to the conclusion that "thin and pretty" is right, and "fat and ugly" are wrong.

Each eating disorder victim was obviously created by the author's own research into the risk factors for adolescent eating disorders, and placed within a realistic, "real life" situation. These risk factors commonly occur within every adolescent's daily life, and the literature confirms each of them as being a major influence. However, it is important to note that only a limited demographic of victims was represented in the novels; the literature also confirms that as media becomes more and more widely available, the previously-cited "minority" victims of eating disorders—males, non-Caucasians, and the less wealthy—are becoming less of a minority. Hopefully as this fact becomes well-known in the mental health community and beyond, young adult authors will address this one deficiency.

Eating disorders are caused by a rich tapestry of harmful thought patterns, attitudes, and traumatic experiences, all of which feed on each other to form a need for escape and absolution that is often characterized by the one thing the adolescent can control: their body. As these disorders become more and more prevalent, parents and adolescents should be taught the risk factors of eating disorders in the hopes that they can avoid the pain and (often) tragedy they involve, simply by the knowledge of the dangers within society's mixed messages and the willingness to intervene.

## Conclusion

Though authors seem to be doing an excellent job portraying adolescent eating disorders both accurately and effectively, it is important that they also address the needs of eating disorder victims not of the stereotypical representation. As the prevalence of eating disorders rises among all demographics, hopefully authors will note these trends and respond in kind with books that apply to a more diverse group of young adults.

Though eating disorders are an often-unpleasant topic to consider, the sheer numbers of victims and those at risk make it necessary. Young adults, feeling the need for acceptance from others as well as a sense of independence, may find it easier to use fiction as a source of information on their problems.

In this paper I have examined the way young adult authors have used documented profiles of risk factors for eating disorders as a means of accurately portraying the problems and struggles of adolescent eating disorder victims. These risk factors are often difficult to determine, and are unfortunately not often enough made known. We as librarians can help in the battle for awareness of a serious social problem by making young adults aware of the risk factors and causes of eating disorders, and by providing them with relevant novels that address these risk factors. Hopefully in reading in these novels, adolescents at risk will be able to recognize if they or any of their peers have a problem that needs addressing, and be able to get the help they need.

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