Eating Disorders, The Killer Within

Social Pressures that drive this physical and mental sickness have aided in claiming the lives of 11 million Americans. Eating disorders have the highest mortality rate of all mental disorders.

Tag words: bulimia; Someday Melissa; anorexia nervosa

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Summary:
The largest problem surrounding eating disorders is the lack of support and awareness. The society we inhabit looks down upon the disorder with shame and most medical insurance companies do not completely cover the therapy needed to recover. Hope for recovery is only attainable if there are resources that can be attained without the risk of shame or financial burdens. Our solution to the negative attitude directed towards eating disorders is to provide an anonymous online resource full of positive information geared towards recovery. This resource will provide an anonymous community to encourage those encountering eating disorders to recognize they are not in isolation, to feel a sense of support, and to seek help. We also screened a documentary on Rutgers University campus that provided unmatched insight regarding the fatality of an untreated eating disorder. The screening of the award-winning documentary, Someday Melissa, was followed by intimate Q&A with Judy Avrin, producer of the film, and Dr. Patricia Wooden Weaver of Rutgers Counseling ADAP and Psychiatric Services (CAPS). (SK)

Video Link:
http://www.youtube.com/watch?v=nmaAdBDS_T4&list=UUts4_1WyqXMmVDfu9ZffstA&index=1&feature=plcp

Social Culture Influence on Eating Disorders

(SL) Since 2007, eating disorders have claimed the lives of 10 million women and 1 million men in the United States, yet there is a huge lack of awareness about the mortality rate, health risks and recovery opportunities ("National eating disorder," 2010). An eating disorder is an addiction – one that is not publicized as such – that claims the lives of men and women. This disorder not only consumes a person’s everyday nutritional habits, but also steers their overall perceptions and decisions, which encompass every moment of their waking lives. Eating disorders do not receive sufficient preventative attention or coverage by most insurance companies.

(SL) What it has come down to is that: eating disorders do not have a quick and easy cure. An eating disorder is not like having a cold; there is no instant gratification that someone can achieve in his or her fight against himself or herself. This is not just what can be classified as a disorder; an eating disorder is an addiction. The acknowledgement of this disorder in the public eye has not been an easy road. Even with newly found evidence and publicized events, everyday there are occurrences which show that there is still an overall lack of public acceptance.
People have not yet fully been able to associate those with these problems as people who need medical help. This lack of understanding leads to a reduction in awareness of treatment options and recovery outlook. There are, in fact, ways to cope with the ongoing struggles that can be used to help.

(SL) No one individual is the same. Every person has at one point seen that instant reaction of self-doubt. Even the most confident of people had to, at one point, see a flaw, a crack in their “perfect” exterior. Keeping in mind that everyone is different, this makes treatment of a disorder that is both psychological and physical extremely difficult. There is no guarantee someone will want to change his or her habits and behaviors. There are no magical remedies that will bring someone back into so-called “normal” eating behaviors. To get help, that person must want help and then must find the courage to ask for it.

The Need to be Accepted by Society

(SL) In today’s overreaching society skinny is beautiful, but in reality everyone’s idea of beautiful is different. The images plastered across magazines and advertisements are of women and men, who have the “ideal” body image that most people cannot achieve, and even the people who are pictured achieve these bodies through unhealthy means. Young children see these models and people embodied in these pictures, and think that they have to look like that to be beautiful. These images are becoming such common place in our society that this is becoming the so called social “norm,” and even we as adults who are aware of this unhealthy trend, find ourselves falling prey to accepting these repetitive images.

(SL) It is becoming evident that more and more people are becoming, and have become, body obsessed. There is a new subculture of people who work out religiously, and push their bodies to the max, whether it is through the use of excessive workouts, anabolic steroids or diet pills. The purpose of this paper is to expose the eating habits of those who are body obsessed, and how these eating habits can actually turn deadly. People have become so numb and withdrawn from what once was the realistic and healthy ideal of beautiful.

Societal Courting Rituals and the Objectification of the Body

(SL) In today’s society it has become the overwhelming majority to go “fast”. When people think of fast we think most often about, “acting, moving, or capable of acting or moving quickly”. We as a society have become obsessed with time, and how we need to do things more quickly, and within this ideal have brought about the change within courting rituals. It is socially acceptable to wear tight clothing and reveal your body in an effort to gain companionship. Provocative imagery has become the norm in advertisements on TV. The problems that occur in the marketing industry reflect onto the audience, who feels compelled to have to do more and show more to illicit a response from the now jaded members of society. That same audience is made to feel that their bodies need to morph into some perfect ideal of beautiful in order to fit into the societal mold (Buzzell, 2009).

(SL) The human body has become an industry, a multibillion-dollar industry. There are newly emerging jobs, products, images, and marketing campaigns that are designated solely based around the human body, and the images of such to express new markets to make revenue.
This idea of the body as a profitable avenue of exploitation has created an unhealthy associated image. This newly found associated image has become the source of many people’s everyday grief within themselves. People have had their bodies commoditized, objectified, and socialized in such a way that our minds have become saturated with examples of what we should look like.

(SL) Body image will always differ. What’s beautiful to one person may not be beautiful to another. Perceptions of one’s body are all manufactured by that individual’s personal ideal of beauty, and all that beauty can encompass. However, people generally create their ideal body image based typically around what they see on a day-to-day basis within their culture. With today’s focus on the “perfect” body being thrown into the mix, it is safe to say that the number of people who are becoming aware of the image that they outwardly project has increased with the number of body focused images that are being thrust upon the public by the media. The way some people have attempted to create their perfect image is has passed into territory that teeters and may classify as an eating disorder. Many people are not aware that there are healthy ways to look like the models that are displayed to them in advertisements, because many of the models that are being projected do not have healthy methods to obtain their bodies that are in question. This lack of awareness about the healthy way to obtain the “perfect” body creates the issue at hand.

**Society’s Lack of Information Aggravates the Eating Disorder Issue**

(SL) Lack of awareness is the main issue that assists the onset of eating disorders. People are unaware, and the lack of information creates an environment lacking in empathy to the problems that become associated within that spectrum of the issue. Empathy tends to be associated with pity, and can be defined as, “identification with and understanding of another’s situation, feelings, and motives”. While those suffering from eating disorders do rely on understanding, their survival requires a more intense involvement. There needs to be proper intervention and rehabilitation available. Typically associated with eating disorders is personal hatred towards one’s self, as well as feeling paranoid, nervous, ashamed, and depressed. The immersion into a mindset of never being pleased with one’s self is a situation that takes hold over that individual.

(SL) Shame is a major culprit in cultivating these mindsets, as well as establishing issues that people do not ask questions about. When you do not ask questions you fall into the category of people who believe in “ignorance is bliss”, and this might be the case from some people, but to others it helps to cultivate life-threatening disorders. People fall prey to hear say, and socially accepted methods to achieve the “perfect” physique. For something to be socially accepted it does not require any facts, or substantiated evidence, just those people willing to believe it. The phenomena of a human “want” turning into a “need” to be accepted so intensely that they throw all of their own thoughts and personal ethics out the window is a grotesquely common occurrence. When the masses of society all fall prey to this insecure behavior, a gang mentality forms that shifts the “norm”. This type of situation is what has led to the generalization of beauty (Block, 2008).

(SL) Human beings want to be accepted through any means necessary. This phenomenon is not unfamiliar as most individuals have acted outside of their personality in order to seek acceptance from the majority. This phenomenon is a slippery slope, one that tends to lead down
a dangerous path if practiced religiously. In the case of eating disorders, people see what they want to look like and try and achieve what has become the socially acceptable look. When one person claims that something is attractive, chic, edgy, and all those target marketing words that draws others into the mindset that these adjectives are how it really is being displayed. Advertising and marketing campaigns have become the new means of news media in many cases, people have just become oblivious to the outside world and are willing to let what others think influence their fundamental life choices. The socially acceptable look may even be portrayed in a fashion that others would deem to be unattractive, but because of avid amount of social media enforcing this ideal image there tends to be a general consensus of compliance within people’s minds (Block, 2008).

The Current Reality of Managing an Eating Disorder

(KM) There are many resources available to people and families dealing with eating disorders. Treatment options are available but not necessarily obtainable for a majority of people. Clinics and therapists require a great deal of time, patience, and money to attend and receive the proper care needed. The only problem with this is that most insurance companies do not cover such things especially in regards to eating disorders, which deters and prevents a large majority of people suffering from receiving the help that they need. Also the focus of many clinics is on women since eating disorders are seen as a “women’s disease” which deters the large population of men suffering from eating disorders from seeking proper care. Also the shame factor comes largely into play as well as the ethical issues surrounding treatment of eating disorders. Since there is such a lack of awareness about this issue, the amount of shame associated with it is a huge part of why people who are suffering do not seek help or support because they feel like this disease is “taboo” or should not be discussed. There are also social injustices when it comes to these disorders especially when it comes to men who suffer from them.

Symptoms of Anorexia Nervosa and Bulimia

(SK) So what defines an eating disorder? According to the National Eating Disorder Association, an eating disorder, “includes extreme emotions, attitudes, and behaviors surrounding weight and food issues,” that are, “serious emotional and physical problems that can have life-threatening consequences for females and males” ("National eating disorder," 2005). Eating disorders include anorexia, bulimia, binge eating, and other disorders that may not fit into the former categories precisely. Our specific focuses in regards to eating disorders are the categories of anorexia and bulimia - the two disorders that take root in an obsessive need to be thinner. The same drive to be thin is a common societal theme in the United States, which may lead to the reluctance of our society to voice these issues in the first place; in order to fight the unhealthy images presented in the media, this country must disown the media it currently condones. These disorders, while taking different forms, both include unhealthy behaviors that revolve around eating and an intense dissatisfaction with body size.

(SK) Anorexia nervosa is characterized by restrictive calorie intake in order to maintain a controlled weight; Those with anorexia nervosa often have a severely distorted body image, envisioning themselves fat, while they are visibly clinically underweight (National Institute of Mental Health, 2007). Ritualistic binging and purging characterize bulimia – purging can be in
the form of vomiting, overuse of laxatives, enemas, excessive exercise, or fasting (National Institute of Mental Health, 2007). It is typical for a bulimic to be a healthy body weight, yet this does not indicate a lack of health risks. On the contrary, bulimia can lead to a torn esophagus, pancreatitis, dehydration, and electrolyte imbalance; low potassium levels that could lead to heart failure or kidney failure (Smith & Segal, 2011). Likewise, anorexia nervosa has multiple health risks due to inadequate nutrition including reduced cognitive function, dizziness, low blood pressure, low heart rate, anemia, weak muscles, lanugo, osteoporosis, low electrolytes, hypothermia, and organ damage. Anorexia nervosa has the highest mortality rate of psychiatric illnesses, usually taking the form of starvation or suicide (Berkman, 2010).

Alarming Numbers: Amount of People Affected and Their Age Groups

(SK) With those complications in mind, one must now consider the rates of individuals affected: up to 24 million people in the United States suffer from an eating disorder ("Anorexia nervosa" 2012). In a country of about 300 million people, this statistic means that about 24 out of every 300 people are suffering with the inner turmoil that distinguishes eating disorders. All the more relevant to an audience at a college campus is the realization that 95% of those with an eating disorder are between the ages of 12 and 25.8 ("Anorexia Nervosa” 2012). While this disorder is often associated with an image of a distressed, waif-like female, up to 15% of those suffering from anorexia nervosa and bulimia are male. Such a high instance of affected individuals would induce an expectation that society advertises preventative actions much like it does for heart disease or diabetes, yet this is not the case. Resources are not made available to the public as they are for other life threatening diseases. Only 1 out of 10 people with eating disorders seek help – this point serves as no surprise when society shows a lack of compassion towards eating disorders. Aside from the apathetic attitude, an additional deterrent for those about to seek help is that the average cost of inpatient treatment is $30,000 a month. An obvious lack of support is felt both financially and symbolically (Magill, 2006).

Treating the Psychological Disturbance

(SK) Other than the most successful form of treatment, inpatient treatment, eating disorder treatment options include medication, psychotherapy, nutritional therapy, support groups, and outpatient treatment. While medications cannot cure eating disorders, they can ease the symptoms long enough to allow the body to heal in circumstances where the patient has lost severe weight. SSRI’s, commonly known as antidepressants, are useful in treating the anxiety, obsession, phobias, impulsiveness and depression, which are all common symptoms of bulimia and/or anorexia nervosa. Some antipsychotics, such as Zyprexa©, are used to reduce anxiety and obsessive behavior in anorexics. Fluoxetine©, an SSRI commonly referred to as Prozac©, in combination with cognitive behavioral therapy, has proved successful in short-term bulimia treatment. An unrelated drug has shown to be helpful in reducing the preoccupation with eating and binging behavior: Topiramate©. Topiramate© is a drug prescribed to prevent migraines and epileptic seizures by reducing abnormal brain excitement as an anticonvulsant. The side effect of weight loss in Topiramate© users is mainly used to treat binge-eating behavior thus is not applicable for anorexia nervosa ("Pubmed health," 2011).

Treatment Must be Long-Term to Have Lasting Results
With all of that stated, statistics show that long-term inpatient care is required for full recovery. “Shorter periods of treatment for eating disorders are associated with less successful outcomes,” a NEDA source warns (Maine, Margo, 2004). The recovery from an eating disorder is not as simple as beginning a routine medication. Psychological change must occur and, “time to recovery ranged from 57-74 months.” “Patients with anorexia nervosa who reached 98% of Ideal Body Weight (IBW) prior to discharge from inpatient are less likely to relapse than those who only achieved 83% IBW,” NEDA. Furthermore, “Patients with bulimia nervosa demonstrate a better recovery rate if they receive treatment early in their illness.” The point that recovery requires intensive, long-term care at the onset of illness could not be any clearer or stronger felt (Mickley, 2010).

**Ethical Issue - Insufficient Support Prevents Recovery Rates from Rising**

There is no federal mandate requiring insurance companies in the United States to cover inpatient treatment – the crucial care most often leading to recovery. Some insurance companies cover hospitalization for the disorder in order to restore a healthy weight, but this short-term care is not sufficient enough to lay the emotional groundwork for a full mind and body recovery. On the other hand, insurance companies cover the physical damages due to the eating disorders, such as a torn esophagus or heart attack, but treating these side effects does nothing to relieve the mental turmoil sparking it all. “Some insurers say that there is no treatment for physical illnesses that is equivalent to residential treatment for mental illnesses, and therefore residential treatment does not have to be paid for under parity laws,” (Pollack, 2011). It seems here that the much broader stigma towards mental illness is being applied. The insurance companies are only recognizing blood and gore as life threatening symbols, not the silent killer within.

NEDA’s (National Eating Disorder Association) executive director stated it best, “Most mental illnesses deal with the neck up… But eating disorders deal with the top of your head all the way down to the toes because they ravage your body,” (Dakss, 2009) Yet, insurance companies throughout the United States continue to deny the coverage to many facilities that may be the only hope for those suffering. A case made famous about this controversial topic is the Anna Westin case out of Minnesota. Anna Westin was denied the coverage to treat her anorexia due it being deemed “medically unnecessary”; following her death in February 17, 2001, her parents filed a winning suit that lead to improved access to treatment to those who are diagnosed with mental illnesses in the state of Minnesota. Clearly, if enough attention was brought to this deplorable lack of compassion, change can occur throughout the rest of the country ("National eating disorder," 2006).

**The Patient’s Decision – Crippling Debt vs. Starved Body and Tormented Mind**

To this day people suffering from eating disorders must not only deal with the mental and physical struggle of their diagnosis, but must also fear the financial burden that comes with seeking help. Picturing the amount of people who suffer in silence due to the fact that they cannot afford the price of recovery does not coincide with the image of America, ‘the land of equal rights and opportunity’. Not only is there a blatant shortage of coverage from
insurance companies, there is a shortage in research funding as well (Manning, 2011). According to the National Institute of Health reported in 2007, eating disorders with a prevalence of 10 million suffering received $12 million in research, Alzheimer’s with a prevalence of 4.5 million suffering received $647 million, and Schizophrenia with a prevalence of 2.2 million diagnosed received $350 million. With over 200% more cases, eating disorders received a mere 3.4% to 1.8% of the funds other mental illnesses received ("National eating disorder," 2006).

**Uncovered Information Due to Lack of Funding**

(SK) Insufficient research funding is a huge flaw in the overall eating disorder solution. There is much to uncover in regards to eating disorders – from the onset up until either recovery or death. What is known about eating disorders are some of the causes. As stated in the introduction, pressure from media imagery plays a huge role. If children are raised in an environment promoting that the audience seek one “perfect” body type, nearly every person in that audience is set up for failure in regards to a healthy self-image. Also promoting the onset of an eating disorder is a negative influence from one’s family, “One study found that 40% of 9- and 10-year-old girls trying to lose weight generally did so with the urging of their mothers. A maternal history of eating disorders can be a factor in development of eating disorders in young girls, while paternal criticism of weight can lead to bingeing and purging in young males.” ("University of Maryland," 2011). In addition, sexual abuse may be a factor due to the fact that 35% of women with bulimia suffered sexual abuse. Biological factors may play a role: there is belief that bulimia and anorexia are genetic; anorexia is 8 times more prevalent in those who have a relative with the disorder. Aside from genetics, hormones could also play a role: cortisol, serotonin, norepinephrine, dopamine, and reproductive hormones are all being investigated for their respective abnormalities in patients with eating disorders. There are many paths to take in initiating fruitful research, but the lack of financial support stunts the growth in knowledge that will aid in eating disorder recovery.

**The False Assumptions About Eating Disorders**

(KM) Although it is more common for women to develop eating disorders, more than one million boys and men suffer from them as well. What the public forgets is that these disorders do not discriminate, it can happen to anyone no matter their gender, body type, ethnicity, or age and that awareness needs to be in the forefront of helping to prevent these diseases. Society needs to be able to understand that since anyone can be affected by these disorders, that everyone needs to be informed of the warning signs and how to discuss these things with not only young girls and women, but young boys and men as well (Schiltz, T., 2005). The disgrace associated with having these disorders needs to be eliminated because, “There is a broad consensus, however, that eating disorders in males are clinically similar to, if not indistinguishable from, eating disorders in females.” Support needs to be more wide spread, more accessible and less categorized so that men feel more comfortable about seeking help. Research done by Dr. Arnold Anderson at Iowa University found that men are more likely to develop eating disorders than people previously believed. There are also some important differences between men and women when it comes to eating disorders that people need to be more aware of so that proper treatment can be provided. When it comes to osteoporosis, the consequences of men having an eating disorder can be more detrimental and severe for men as compared to women. Men tend to focus more on the shape of
their bodies as opposed to their body weight like women do. They seem to be less concerned with the lower bodies in comparison to their torso and arms ("Eating disorders," 2006).

**Sexual Bias in Diagnosing Eating Disorders**

(KM) When it comes to the diagnosis of eating disorders in regards to men, the criteria that were developed were female oriented. The DMS-IV lists some of the primary symptoms for anorexia as irregularity in the menstrual cycle and an intense fear of gaining weight. Seeing as men do not have a menstrual cycle and do not obsess about their weight when they do develop an eating disorder these two main criteria do not apply making it seem that men cannot be diagnosed with an eating disorder. Even in the cases of homosexual men dealing with eating disorders they still miss the mark when it comes to the irregularity of a menstrual cycle, although they do tend to focus more on being a certain weight.

**Sexual Bias Prevents Men From Seeking Help**

Treating men is currently more difficult than it is to treat women. Since eating disorders in men do not fit the social norms or perceptions, men who suffer have a more difficult time recognizing their problems. As hard as it is for women to admit that they are suffering, it is somewhat more difficult for men because of the stronger social stigma surrounding males with eating disorders. Also, one of the major issues with males getting treated is the lack of inpatient treatment programs available to males. These types of programs are rare. In addition to the lack of treatment opportunities, men being able to find male-only group therapy and rehab activities are extremely difficult. Since it has been found that treatment tends to work best in same sex settings, this is crucial for men to get the support that they need. Since the emotional issues that accompany eating disorders tend to be gender specific men may feel extremely uncomfortable talking about their concerns and problems in front of women. Even though these disorders are not fully understood new criteria, treatments, and facilities are being worked on to help meet the needs of men with these disorders; it is just a very slow moving process.

**The Ethics Involved in Treating Eating Disorders**

**Is it Ethical to Intervene if Someone is Harming Themselves?**

(KM) Just like dealing with any other mental illness or disease, there are ethical concerns surrounding the issue of eating disorders and how to approach and deal with them. Since eating disorders revolve heavily around autonomy and a person’s choice to treat their body how they see fit, treating a person with these disorders becomes an ethical issue when deciding to essentially take away a person’s autonomy. The thing about autonomy is that once the person becomes a harm to themselves and to others is when autonomy can and should be challenged. “In general terms, the principle of autonomy recognizes that an individual who is competent has the right to make an informed choice about medical treatment” (Faith, 2008). Since eating disorders are considered a mental illness, it is questionable whether it is acceptable to provide involuntary treatment if on their own they resist treatment. This comes heavily into play especially when the illness threatens the person’s survival. Not only is respect for autonomy a difficult thing for healthcare providers, but for parents as well, especially if it involves a minor.
Even though the parents are legally responsible for their child, knowing what to do that is best for them is still difficult. Since these disorders affect mental capabilities so much you have to consider the affect that this has on their reasoning. Also, if someone has an eating disorder and their peers start adapting some of their unhealthy behaviors, such as calorie counting and going on unhealthy diets, this in itself becomes an ethical issue. Not only is the person now harming themselves they are now beginning to harm others and aren’t even aware of the harm because they don’t see the harm to themselves.

The Unequal Treatment Society Gives to Various Diseases is Unethical

(KM) Although there are solutions and avenues of support people can seek out, most people do not have the means to receive proper treatment. This is not only and ethical issue, but a social injustice and harmful to those who suffer from eating disorders. Also, a lot of people are unaware of the signs associated with eating disorders and can go around thinking that just because someone is thin they have an eating disorder. One solution that is in place but needs to be at the forefront of this issue is awareness. This is what our main focus is as a solution. If more people become aware about what an eating disorder is, the genetics behind it and ways to prevent it, more people can be saved from this disease. Once people begin to understand what eating disorders are really about, they may become less shameful and the norm may become to get help instead of to hide and suffer. Like any disease, research is the biggest weapon to slowing down and decreasing the amount of those who suffer from eating disorders. There is some research being done on the issue, but not nearly enough to understand how it starts, why it starts and if there is a “cure” opposed to just dealing with the mental part of the disease. Research has shown that this disease is genetic and tends to run in families. This is an extremely important fact that the general public should be more aware of. If more people were aware of the genetic component behind eating disorders they would be better prepared to help or recognize when a family member is suffering from an eating disorder.

The Clear Need for Progression in Eating Disorder Understanding

(KM) Awareness really is key especially when trying to prevent onset at an early age. A large number of young adults do battle with low self-esteem and body image issues, which then lead to eating disorders. “Not only are eating disorders as prevalent as previously thought, but they are also highly related to significant co morbidity, functional impairment, suicidal tendencies, and health service usage. Given the young age of onset, early intervention and prevention is crucial. Furthermore, it appears the gender and ethnicity gap is closing in disordered eating, and prevention programs should also incorporate educational strategies targeting these often underrepresented populations in eating disorder research and treatment” (“National eating disorder,” 2010). Society needs to move away from the negative stigma that eating disorders carry, they are diseases just like any other and need to be treated as such. These diseases are just as fatal as any other, with death being caused by starvation, suicide, substance abuse as well as an increased rate from natural causes such as cancer. This is extremely concerning and with the lack of awareness people do not realize how serious this issue really is. This is why our main focus is to emphasize the importance of awareness and show people what to look for and the affect these diseases have on not only the person suffering but also all of the people in their lives. In the end, eating disorders take over the person’s life and they end up
pushing away those who love and care about them the most. This also prevents people from receiving treatment because there is no one in their life to push them to receive help that they need.

**We Need to Change Society’s Perceptions about Eating Disorders Through Information and Compassion**

(SK) Support and knowledge are the critical measures needed to improve the eating disorder issue. We cannot escape what has become the norm in the society we live in, we cannot change our genetics, and we cannot change our life experiences or traumas that provide us with our personal perspectives and outlooks. The one successful motion we can make to aid in reducing a problem such as eating disorders is to promote honest knowledge and sincere support. Families and friends need to be aware of signs and triggers – because often times, these are the only people that will intervene at the onset of an eating disorder, the most crucial time for intervention. Doctors, coaches, and teachers need to understand the fragile creatures they are dealing with, and that a single criticism could trigger an obsessive thought. Mothers, fathers and role models need to be made aware of the power their words have, and to resist encouraging their children to strive to conform to “norms”. The country needs to be made aware of the high rate of occurrence – 24 million people in the United States are living with this physical and mental demon – so that research funding, public service announcements, and insurance coverage will increase. All of these factors can happen, with honest and effective exposure and promotion. As a small group of three undergrad students, we are making a humble approach to increase this exposure through film and social media in hopes to spark a much larger flame of evolution.

**Unleashing the Information to Society:**

(SL) Through our own personal efforts we are trying to combat the lack of awareness, and understanding that is being offered to the masses. Though there may be a lack of compassion from the majority we have decided to dedicate our time, and the time of those willing to help through an awareness event. At this event there will be a documentary shown illustrating how an eating disorder can devour every waking moment of a person’s life, how it can affect loved ones, and how it is a serious condition that can even claim a life. This documentary will be sponsored by the Women’s Coalition center, where the mother of the Melissa Avrin will be speaking. The documentary *Someday Melissa* was made in an effort to make people aware of how serious of a condition eating disorders are, and a way to help others understand. The event is only the beginning to what we have in store. There will also be a website dedicated to this issue that will have resources, images, and areas for those who suffer from this disorder feel accepted, while being able to express themselves openly without shame. Our goal is to create a safe, welcoming, and understanding environment where people can come, learn, and seek help for them or loved ones who are not helping themselves.

**Bringing awareness to the Issue Here and Now: Screening of Someday Melissa and Development of Social Media Website**
The main solution in regards to the wide spread issue of eating disorders is to promote awareness. Since there is no medical cure as of now - no drug or prescription that a person can take that heals or cures eating disorders - promoting public awareness and trying to prevent this disease from occurring, as well as providing as much support as possible for those who do suffer, is as much as we can do. With that being said, our solution is to try and bring about more public awareness.

The Screening of Someday Melissa

On Tuesday March 20th, in the G. H. Cook room in the Cook Campus Center, we screened the documentary Someday Melissa. This documentary is based on a young girl, Melissa Avrin, and her struggle with Bulimia and how in the end it took her life. Suzanne, one of the authors of this paper, went to high school with Melissa and reached out to her mother Judy Avrin who agreed to help us run the event by coming and speaking at the screening of the documentary and providing us with all the necessary materials needed to run the screening. Sara also reached out to the Women’s Coalition at Rutgers and they agreed to provide us with funds to help run the event, after Sara became a volunteer with the coalition. To promote the event we sent out emails to different heads of departments at the University. We had the event details posted in the weekly emails distributed to Cook Campus Students. Sara posted flyers at the Douglass Campus Center and the Cook Campus Center. We also set up a Facebook event to inform everyone of the event. Dr. Patricia Woodin-Weaver, a Counseling Psychologist here at Rutgers, also provided support for running the event by being a professional source for anyone who may have required professional help during the event as well as giving some brief information about CAPS.

(KM) The event itself went very well. We all pitched in to provide food and drinks for the event, which everyone who came did enjoy. Roughly 25 people did attend the event, which made us very happy for a Tuesday evening. We served the food first and let everyone have time to eat before we began the documentary. Suzanne, Sara and myself then spoke about why we chose this topic and what would be happening during the event. We then introduced Dr. Woodin-Weaver who gave a brief yet very informative introduction to eating disorders and some services that the CAPS program here at Rutgers provides for its students.

(KM) We then introduced Judy Avrin who gave some background information on herself and family and about what we would be seeing in the documentary. After we showed the documentary Judy Avrin spoke a little bit more about her family’s struggle with this terrible disease. She then went into a Q&A session where those who attended could ask her anything that came to mind.

(SK) The event was successful. Many people attended and not all of these attendees were friends simply present for support – there were people there who had sincerely came for information for themselves or someone they care about. This point alone serves as a symbol of our success: we had increased support and knowledge surrounding eating disorders for at least one life. We had provided a warm, welcoming atmosphere for an individual to feel comfortable enough to attend a public event in order to learn more about eating disorders.
Before the screening began, a local reporter who expressed her desire to help construct another screening next semester at Rutgers University approached our group. She asked for our information in order to contact us in the summer to plan – Suzanne will be graduating in May and thus will not be available on campus next semester. She had hoped that with her voice as a local reporter and our abilities to coordinate such an event, that next year we could do another screening with a larger audience. Unfortunately, this reporter left before we had the chance to get her information. Regardless, the annual screening of *Someday Melissa* is an honorable task worth achieving in order to continue on our mission to increase awareness, and thus will be completed.

**Social Media Resource: Tumblr**

(KM) The second part of our service project is a Tumblr created for awareness. It is a website for people who are suffering or know someone that is suffering from an eating disorder to go to get information and helpful resources. The link to the Tumblr is: [http://ru-aware.tumblr.com/](http://ru-aware.tumblr.com/). The Tumblr consists of links to sites such as NEDA and the Someday Melissa Organization’s website. There are also motivational pictures and quotes, things to grab attention and provide honest reasons to seek help.

(KM) The Tumblr is set up so that people can post things they feel might help or things that they find that would be appropriate as well as to be able to ask questions they might have. Reaching out to people, trying to bring about more awareness, and removing the negative stigma that has been placed on this disease are the main focuses of our project. Since this site can be accessed anonymously, people can feel better about accessing it and receiving the information and asking questions. We chose to design a Tumblr, rather than a Myspace or Facebook, because you can personalize the design and you can continuously add to it whenever you find something that fits or is relevant.

(SK) The goal in designing our Tumblr was to reach an audience we did not reach with our public event. This is the audience that is not quite ready to publicly display their interest in learning more about eating disorders and their treatments. This is the audience who is covertly searching on their computer, looking for a sign that they are not alone and that there is hope for recovery. For those who are crippled by the secrets they may be hiding, this is the type of resource can be accessed from the privacy of their own home and may give them the bit of hope or courage they need to take the next step towards treatment. There is a stigma attached to psychological disorders that often prevents people from publically seeking help – the Tumblr may serve as a middle ground for those who are still too ashamed to voice their issues. The Tumblr may have an article, image, quotation, or anecdote that speaks to a person so significantly that they finally seek treatment or finally confront a friend who needs treatment. It is our sincere hope that this Tumblr will be a positive resource for those seeking more information.

(SK) Families, friends, teachers, peers, and those affected with eating disorders all require better resources. Those affected indirectly or directly need better resources regarding preventative information, risk factors, genetic/hormonal predispositions, warning signs, statistical data, true life stories, treatment options, prognosis and emotional support. Those
looking to treat/cure or uncover medical details about eating disorders require more financial support for research and patient therapy. The only factor preventing these resources from reaching abundance is the current lack of discussion – society needs to discuss this issue without hesitation. Our society must address eating disorders as complex diseases and treat them as such with sufficient support. As a, albeit small, portion of society, we have started the discussion; we have initiated an unbiased consideration of eating disorders among those at Rutgers University. This consideration has potential that ranges from sparking a revolution, to reaching many people, down to reaching just one person. The prospect of benefitting just one life cannot be viewed by anything but a huge success, thus looking back on this effort is humbling and inspiring.

References:


Letters to the Editor:

Suzanne Lepselter

There are those moments that change you. I remember being in high school, watching everyone struggle to find who they are, and part of that is figuring out what you want to look like. It is not the easiest thing in the world to come to grips with that fact that you must define yourself, and you may encounter feeling like you are not all your cracked up to be.

Nobody can escape thoughts of what if. What if I was better looking? What if I were skinnier? What if I were different? Sometimes what ifs consume your life, and even claim it.

Melissa Avrin went to my high school, and suffered from bulimia. Her addiction took her life, and out of the tragedy of her death, was a movie Someday Melissa. As a service project my group members and I held a screening and an event where her mother and producer of the movie, Judy Avrin, spoke. Her story and mother touched my life. I hope others will watch and learn some of what I did. There is little you can do to change the past, but there are ways to change the future.

3/14/2012

To Whom It May Concern,

My name is Kayleigh Maher and I am a Junior Transfer student at Rutgers University. For my Ethics in Science class this semester I was asked to address an issue that bothers me. Two
classmates and myself decided to focus our project on eating disorders and who is effected and what can be done to prevent it. Along with doing research for this project and writing a ten page paper we are required to do some sort of service project that pertains to our topic. We have decided to host an event on campus open to anyone and everyone, and at this event we will be showing the documentary “Someday Melissa” which is about a girl and her struggle with Bulimia. In the end Melissa Avrin does lose her battle against this awful disease. Melissa’s mother will be coming to the event to speak about the issue and do a Question/Answer after the movie. We will also hopefully be able to raise some money for the Someday Melissa foundation that was founded by her mother after her passing. This organization is a part of NEDA the National Eating Disorder Association.

I am writing to you to inform you of what we are doing because it is so extremely important for not only young girls and women but young boys and men as well to be aware of eating disorders. Your magazine reaches so many men ranging in all different ages including my own father. My main focus in this project was the lack of help available for men who do suffer from eating disorders. More men suffer from eating disorders than people realize since it is seen as a “women's disease” about 10% of those who suffer from eating disorders are males. Since there is a lack of awareness especially for males our event is focused on raising awareness. If people become aware of the signs and everything that can happen to a person who suffers from an eating disorder we can be better prepared to prevent it or to save someone who can not save themselves. There is so much shame associated with eating disorders which makes it taboo and embarrassing to discuss and it should not be this way. It is much harder for men to become diagnosed and seek treatment because of the female stigma placed on eating disorders. Most clinics focus on women and men deal with eating disorders differently and develop them for different reasons and it is harder for them to discuss these reasons in front of women. This needs to change so that everyone can receive the help that they deserve. Below I have put the links to both the Someday Melissa Organization as well as NEDA in case you are interested in what we are trying to do.

http://www.somedaymelissa.com/about/the-organization/
http://www.nationaleatingdisorders.org/

Thank you so much for taking the time to read this and I hope that your magazine will help in the promotion of awareness to help save millions of men suffering from eating disorders as well as to help break the barrier and shameful feeling associated with this disease.

Sincerely,
Kayleigh Maher

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Dear Editor,

I am writing you to voice my concern regarding the lack of awareness and support for those who have eating disorders. Over 24 million people in the U.S. suffer from this disorder, yet there is little in the media covering the preventative actions, warning signs, or recovery options. The little coverage that is available to the public conveys these disorders in such an overly dramatic way that the public has been encouraged to refrain from taking eating disorders seriously. There is a stigma surrounding these disorders, there is shame associated with having this disease. It needs to be understood and accepted that having this disease is not simply a lifestyle choice- it is a haunting mental turmoil that leads to physical deterioration. There is no
reason insurance companies should prevent people from seeking help due to the lack of coverage for the specific treatment crucial for full recovery. Families and friends need to be made aware that they need to supportively intervene if this serious illness develops. This is not a taboo topic. There is no hesitation in discussing diabetes, cancer, depression, or anxiety disorder, thus shying away from discussing eating disorders is an injustice to those who need the information and support.

I feel so passionately about this topic that I have organized an event, with the help of group members and the Women’s Coalition Center of Rutgers, to screen the documentary Someday Melissa. This film depicts the life of a young woman who suffered from bulimia up until it took her life at the age of 19. Her mother, Judy Avrin, Rutgers Alumn, will be speaking at this event. The date is March 20th from 6p.m.-9p.m. in the G.H. Cook room at the Cook Campus Center. I am hoping that holding a public event in an open, positive atmosphere will encourage our peers to approach this topic with an open mind and acquire knowledge that may aid in future eating disorder preventions. Please consider encouraging the public to attend this event, or consider publishing information about this topic.

Thank you for your time.

Sincerely,
Sara Kazlauskas.