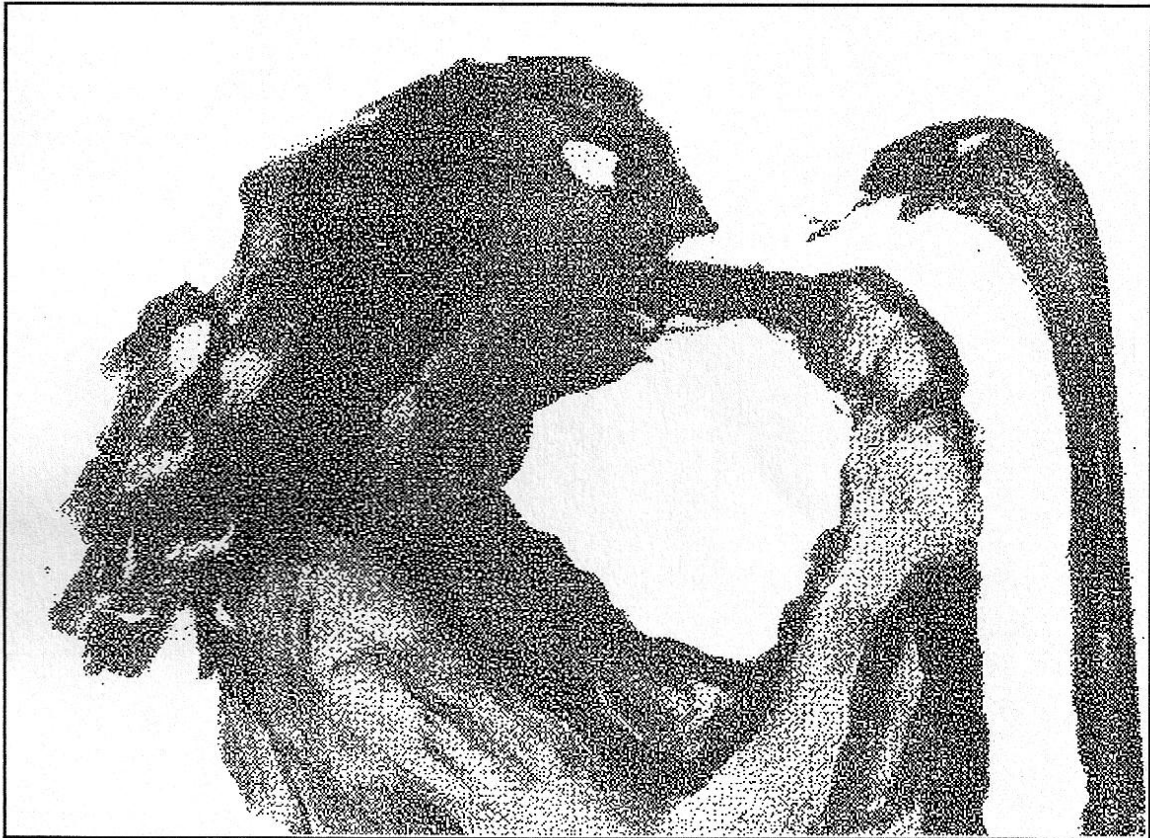


Eating Distress



*Perspectives from Personal
Experience.*

Edited by Louise Roxanne Pembroke

Published by *Survivors Speak Out*

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Perspectives from Personal Experience.

Edited by Louise Roxanne Pembroke

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This book is dedicated to Lynne who struggled courageously against neglect and misunderstanding, and to all the women and men who are fighting now.

Foreword

In September 1991 Survivors Speak Out held a conference on *Eating Distress*, organised by people who had been labelled as Eating Disordered. Male and female speakers gave accounts of their experiences and analyses of treatments and orthodox theories. A psychotherapist, clinical psychologist and social worker also made contributions.

The term *eating distress* was chosen for its non-medical emphasis which reflected the bias of the conference. This bias was considered crucial in order to give priority to the factors which are usually overlooked by the health services and popular literature. Factors such as the environmental, social, economic and political causations of eating distress.

The aims of the conference were: to give a platform to people who had not had the opportunity to speak before, and to bring together those with direct experience with those who had professional interests in order to share experiences and raise awareness within a non-medical model framework. Workshops during the day focused on self help, eating distress arising from taking major tranquillisers, and legal and ethical issues. Survivor-only workshops were held for people to share experiences and discuss starting a campaign to promote changes in attitude and treatments.

This book contains the speeches given by five people with personal experience. Those speeches are published in response to the many letters received after the conference expressing how pertinent they had been to participants.

The conference is an important landmark. Survivors of eating distress and treatment came together to speak in a way that is not usually heard. They set out the agenda, the problems and guidance for approaching this subject with a more politicised relevance.

This book is essential reading for anyone who has been through eating distress and those who work with them. It is relevant to anyone who has ever wanted to look beyond the passive image of the girl with the *slimmers disease*.

Louise Roxanne Pembroke
Chair, Survivors Speak Out.
November 1991.

Introduction

Louise Roxanne Pembroke

Good morning sisters and brothers. It gives me great pleasure to open the Survivors Speak Out conference Looking at *Eating Distress*. This is truly a national event with participants from as far as Newport, Wiltshire and the Midlands.

I welcome people with experience whether you have been formally labelled and treated as eating disordered or not. I hope that you will find today relevant and useful to you.

I welcome students and workers in the field, there is a broad cross section of psychologists, therapists, social workers, dieticians, and nurses here today.

I hope that we will leave this conference with an increased understanding and insight of the subject. This an opportunity to listen, learn and go away with new agendas for action. If anyone with experience is interested in starting a support group, help-line or developing ideas from today then there are plenty of people to exchange addresses with. Survivors Speak Out has lists of most of the mental health service users and ex-users groups across the country. Feel free to take one with you if you would like contact with a local group.

If workers are interested in having people with experience to train colleagues then again please take a list or contact Survivors Speak Out or MINDLINK. There are many trainers across the country.

This conference is different because it has been organised by people with experience. Most conferences on this subject tend to be organised by professionals for professionals giving predominantly a medical model viewpoint. Today you will not be hearing that point of view from the speakers. I would ask workers here to try and put aside any preconceived ideas that you may have. Current services and attitudes are going to be challenged.

I hope that we will leave here and take another look at what is going on in our own areas. Darwin discouraged women from academic pursuits as he believed this would deplete energy from reproduction. I sometimes wonder how much has changed since then.

The mental health services has different expectations for men, women, and people of different ethnicity. Services have tended to concentrate on distress being due to our inadequacies or biology. Recently in the British Journal of Psychiatry I saw a study on so called Anorexia: Outcome and Prognostic factors after 20 years. The criteria for evaluating outcome included body weight and menstruation - whether it was so-called normal or not. Attitudes to sexuality, marriage and childbearing also appeared to be of some importance. I quote, "Nine were reluctant to get married and three said that even if they were married they would not have any children". What conclusions can be drawn from this? No control group were asked questions about marital or child bearing intentions. So no standard was established. It is now more common for single women to be living alone - whether labelled as eating disordered or not.

The study ignored the long term effects of treatment, reasoning that when the patients were admitted during the 1960's. I quote "No effective long term treatments had been discovered", for example, family therapy. This conveniently put nearly 40 % of the group who after 20 years were still severely distressed or dead supposedly down to the serious nature of Anorexia when it had taken a chronic course. Well isn't that a good way of avoiding the serious effects of treatment and how it can make people chronic.

Through my own experience and contact with others I have seen ridiculous and cruel treatments employed. From force feeding to hormones, E.C.T., to sensory deprivation. Even brain surgery has been offered. Some people have entered psychiatric units without eating difficulties but have left with them. For example, being made to eat food forbidden by your religion or being given major tranquillisers which can increase weight dramatically.

I find it equally worrying that last year an antidepressant drug was licensed for use on so called *Bulimia*. Its brand name is **Prozac**. Prozac has a similar effect on the brain to eating carbohydrates. People eat less while taking it. But what happens when you stop taking it? I'm equally concerned by expensive programmes which claim to do an awful lot in 10 weeks.

All these regimes have been designed by people without personal experience. So what is there for people who find these unhelpful? Well very little within the mental health services, so therefore we need to look at creating relevant services, addressing individual need rather than diagnostic descriptions.

Statistically, the Eating Disorders Association estimate that 1 in 200 women between the ages of 15 and 18 are eating distressed. That 1/3 get better without help, 1/3 get better with treatment and 1/3 don't get better with treatment. Is it right to treat the 2/3 who don't respond to treatment? It is impossible to calculate how many people do or don't respond. Many people are distressed and struggling alone, having never been labelled and treated. I think that the real number must be staggering.

We have come here with many questions so let's get a dialogue going. There will be many areas which we won't have time to look at in detail such as sexual abuse, racism and men's issues - may be they could be subjects for future conferences as they deserve special attention.

Caraline Neville-Lister.

My name is Caraline. I stand here now, after thirteen or so years of my life with symptoms of Anorexia and Bulimia. I don't think I was a **good** Anorexic, in fact, I felt a failure, because I didn't fit text book standards. At the height of my Anorexia, I was cramming excessive amounts of food.

I was overwhelmed in my need to become small and be out of harms reach, for I had been badly hurt, yet also I wanted to be cared for. In this manner I reached four stone, yet I still looked big. I wish there was a way to prove that these are not just words. Being large at four stone then, and being even larger now is the reality of my world.

Still there is occasion when I am overtaken by the abhorrence and disgust of my body, it is hard to come to terms with. My search for help was a long hard struggle, many times I felt let down by the system. I've realised that the health service has not got to grips with the real needs of people displaying eating distress, then, as patients, we are rarely given a voice.

Today, I still walk the recovery road. Besides coming to terms with my childhood past, in thinking about coming here today, I find I have to deal with the way I lived ten years in the mental health service. Things I saw done, things done to me, things heard and said, how bad it all felt. Stripped of my human rights, I was just a psychiatric patient. I would like to share some of my experiences with you. In September 1989 I left a psychiatric hospital after a stay of six months. It was a period fraught with tension and the usual games: messages never reached me, I was made to drink excessive amounts of a build-up substance ... the whole jug, later the staff were told that the jug was for the following day's consumption. Yet, in spite of the humiliation I stuck it out, thus for the first time in ten years I completed a hospital stay and was discharged officially by the consultant. I hadn't wanted to go into hospital, after spending ten years in and out of recovery units, hospitals and special units, I was totally disillusioned by the whole system. My self esteem was pretty low, doctors, nurses and those trendy books on Anorexia had told me who and what I was, and had decided why I was. In hospital for the first time, I was called a "bitch" by a male nurse - "scheming and difficult". I was told by the doctor I was an enigma and ethereal. But my problems were real - I had real life problems, family life had been a nightmare and I had developed my own coping mechanisms. In spite of being under a care order, the social workers left five brothers and a sister in my care, all of us struggling to survive.

Nothing would make them give us long term protection, in our own ways, each of us displayed the distress and called out for help. For me the call went unheeded until I was 16. In spite of being ethereal, my first hospital stay was a real life mess, a male nurse made strong advances to me and as the staff were more interested in my food intake and my weight, I had not built up any trust, there was no one to tell. Even in hospital I was a victim. In fact hospital turned into a concentrated version of real life, of degradation, humiliation and abuse. In a caring environment where no one seemed to care. Being put in a side ward alone, with a mattress on the floor was grim, but it had happened at home so it didn't hurt. When a nursing assistant befriended me, he was accused of being over friendly and told to back off, this did hurt, as all I wanted was someone to listen to me.

Inside, beneath the Anorexic/Bulimic I was full of pain, grief and torment, there was a great mixture of feelings, unexplored, unexpressed and unheard. But these were never addressed. Apparently when one's body weight is low, it is presumed that a person cannot think clearly, this though, is a universal presumption.

My experience of the treatment of Anorexia is by a singular method for all patients, the fact that we are individuals, each with our own issues seems totally ignored. We are promised that on reaching *target weights* someone will talk to us, only then at a fixed weight will we have earned the privilege of counselling. This promise was never kept. Beside which, it would seem logical that the trauma' of eating/gaining body fat would warrant some kind of support. The methodology and approaches to the treatment of Anorexia served only to compound my beliefs and fears of the adult world. There was no one to trust.

On hearing via my younger sister how I had been orally sexually abused by my dad, the consultant called me down to his office. I was in my nightclothes when he told me I would just have to get to eight stone and live with it. That was the sum total of counselling and support I received on that subject. It seemed that by ignoring my history, that which was the cause of my distress, the medical profession was, in fact, condoning it. They didn't seem to think that it mattered. This being the case I ran further away from real problems and deeper into my eating distress. My whole life was one of food, avoidance, consumption and elimination. Learning new techniques, learning about digestion, and new forms of exercise. My existence seemed to be one of hunger and denial, frustration and anger. I used non-prescriptive drugs to control my body, they kept me quiet when I wanted to scream out, I found ways of arresting my need to stuff, but all this caused damage , some that is still unresolved today.

The local G.P. was never sympathetic, her attitude meant leaving me until the end of surgery. Finally refusing to see me at all, just sending Valium to my home to calm me down. This when I had taken large doses of diuretics. I was talked into going into a London hospital with a specialised Eating Disorder unit. There I learnt of pathos. The sickness and despair in me, was now all around me, yet instead of uniting us, we were set against each other. Peer pressure was used to ensure that all food was eaten. In nightclothes, faced with endless courses of food, from the table to the bed with little stimulation, other than the witty and sarcastic responses constantly on tap from the nursing staff. Once again, there was no counselling, target weights were priority!!!

The registrar here wanted me to receive counselling for abuse, but the consultant refused. I was told by him that there was nothing that could be done, although I could try the re-feeding programme again. Declining his offer he said I would be dead before I reached thirty. Perversely I wanted to believe him, as it really seemed that there was nothing else that could be done. All that was on offer was food and re-feeding programmes, and I knew that I needed more than that, but I couldn't find it.

With eating food I needed reassurance, with my body and with my nightmares I needed to be cared for, I needed someone to share my experiences. Instead of taking my case history, then closing the file and talking about weight and height charts, I wanted someone to acknowledge and embrace my story and my distress. Without this consideration, my condition physically became worse. I knew that I was unwell, being doubly incontinent, overeating and vomiting and losing weight at a steady pace. I was petrified of my Bulimia, hospital had shown me large plates of food and insisted that I eat it all: I had not been taught about average

consumption – normal portions. Out of hospital I could eat the massive portions and then vomit them away.

I've heard it said that Bulimia is not as life threatening as Anorexia, I would dispute this strongly. I had done the rounds, as it were, seeking the help I knew, inside, that I needed. Of the doctors and health workers I saw some tried scare tactics, some got angry, all of them went away. This is a big problem: the lack of continuity. I was receiving help from one doctor, with whom I was able to combat my constant abuse of diuretics, but offered promotion she moved away leaving me with no support and no follow up. By now Anorexia/Bulimia was the most obvious symptom of my distress, so it was difficult to deal with the underlying problems, indeed I had come to a point, where like the medical profession I believe the sum total of the problem was food.

Analysis of the real distress, so deep rooted, takes a great deal of commitment and time, and it seems that there never was enough time. Doctors moved on regularly, just as a relationship of trust was building up. If I had been an infant I would have yelled and had a tantrum, but as it was, incapable of expressing such emotions I gobbled and stuffed my anger and then vomited up the mess. This would leave me subdued, drained - mentally and physically exhausted. Sometimes I'd go stand in the corner and just view the mess, it was pretty ugly, but at least I recognised it.

My reputation as a long term psychiatric patient was not one to be proud of. By 1988 I was declared sick but unless I'd put on weight I'd not be admitted and treated: I was scheming, difficult, manipulative, beyond help. Yet still no one listened to me. I gave up trying and settled down to pare away the flesh on my body, I likened it then to wiping away the sins of the fathers. It also kept my anger in check, working with weights allowed me to release the tension in my body. I was ready to die.

In 1989 I was offered a bed by a local consultant. I didn't want it, he talked of coroners courts and how he would have to say he let me die. The amateur attempts of treatment of eating distress had proved unsuccessful to date, the nurses were sick of seeing me, some of them had been at the first hospital I was in. Besides, convinced I was fat and so distressed by my life as a whole (my past and my Anorexic existence) I was not prepared to trust another doctor, who would ignore me and my pain and just feed me up. Yet a week later I was in hospital, weighing four stone and unable to stay conscious for long periods, the C.P.N. I had been allowed to see, took me to the county hospital, I didn't fight, somehow all the fight had gone. The consultant was on holiday, so on my transfer I was left at the mercy of the nursing staff.

I was put in a room alone and told to undress, that evening, all my belongings were ransacked and I was accused of vomiting. It should be remembered that I was still quite ill at this time .. The first few days were hell. It all sounded familiar. But the return of the consultant and CPN brought about big changes. Instead of being slapped down for moaning at the state of food, it was written in a care plan that meals had to be nicely presented, and I had choices as to what to eat. I could dress. Over a period of time I discussed my use of the toilet and bathroom.

Eventually I was ordering ingredients and making my own meals. I was heard, I could state my needs. There were many bad times, within two weeks I had put on one and a half stones and my legs were so swollen that I could not move. The duty doctor was called but after deciding it was not thrombosis, he left. My physical pain was all but ignored (complaint still meant I was being manipulative and difficult). After six weeks I had to be taken to the

general hospital where on sight they thought I was pregnant. X-rays showed six weeks of constipation, going into the stomach. I got little sympathy, just doses of laxatives. I was taunted badly by some of the nurses, they were furious at the lack of a proper re-feeding regime. I had my own TV in my room, I was not supposed to be restricted from having visitors, messages or mail. This is not how they had been taught to do it. What made it worse was that the C.P.N. was now formally visiting me for therapy sessions, this was deeply resented by the staff.

When I was in tears, after eating a huge meal and feeling very scared, the nurse asked me to be quiet: I was told that they are not trained to counsel and hear how and what I was feeling. Other patients asked what made me special, they too wanted someone to talk to. This last stay in hospital, in spite of its similarity to others, was somehow different for me emotionally. The nurses reckoned that all the special treatment was a waste of time, they instilled little *courage* in me, gave little support. Unbelievably, again my victim image gave me away, when a male nurse who supervised me began to behave oddly: culminating in him playing with himself behind the chair in my room. This was the third time, in three different hospitals, that this kind of thing, and worse, had happened. But this time I found the courage to tell the visiting CPN who reported it. Her believing in me made a difference. Her commitment has reinforced my own, time and time again, when things have been difficult. I am not afraid of my relationship and dependency on her, it saved my life once. Today it is healthy and has its boundaries.

Therapy is a painful process, demanding utmost honesty and commitment, which for me has been sorely tried at times. But sharing my pain has meant that healing can take place. With background support I have surpassed my own expectations, sitting on committees, passing courses, and gaining a place at university. My insight has increased and I feel more capable of challenging the distress and *dis-ease* that for so long has existed in me. I am strong enough to say that I was right in seeking the help that I felt I needed!

Each one of us has to be honest and seek to meet our true needs: challenging the system that has so far proved a pitiful failure. For once, we, the experienced, as human beings, should be heard. Being Anorexic/Bulimic should not mean that we are treated as lesser human beings. Our rights should not be diminished because we have been labelled. Being treated humanely and with respect makes a difference. I am fortunate to have had the opportunity to explore the depths of my personal distress without the fear of censorship and further labelling: fortunate to have found people prepared to make a commitment to me and care for me as a person. Daily I seek the courage to continue to grow and hold true to my commitment to a healthier life. It is not easy, but I know for me it is worth it...

Philip Hutchinson.

I've been asked to try to say something from a male perspective, as someone who went through it, meaning anorexia and bulimia **and** psychiatry.

Eating distress can be a nightmarish prison, and even as I've grown through life I retain habits of vomiting, which obviously are physically damaging. I also experienced hallucinations, and extreme paranoia, due to the deterioration of bodily functions. One psychiatrist's diagnosis of schizophrenia, may be another's diagnosis of anorexia.

The only way out of this prison was by somehow attaining relationships to life, and to people in particular, which came between, acted as a buffer to the damaging projections/images which I'd been part of - brought up with. As my trust in people had been severely undermined, this wasn't easy and the intervention of the statutory establishment services created new problems.

The family I was born into was an industrial working class one, in a steel and coal community. Much as I respect the generations of people before me, it is the expectation to conform to certain concepts of manhood and womanhood which were and still are problematic to me. The incentives to conform are that there seem to be vested interests in gender roles for men **and** women, and the need to feel part of a group. Sexism however transcends borders of class, race, and religion: it's a culture in itself. Sexism seems to work for some people but it's an assumption that we all accept it that brings me into conflict. I reserve the right to dissent.

What I'm talking about here is being caught up in an oppressed culture within which there is also oppression. When we repress our own real needs for whatever reason, we run the risk of oppressing others. If we free ourselves, then maybe we are freeing others a little bit too. The oppression is passed on. If you want to break the mould then you face conflict with the cultural values of those around you.

The traditions of sexist roles still hold strong. Many men feel chained to being the macho breadwinner, many women to being attractive and home-making. This sort of conditioned enslavement is an underlying cause of incalculable frustration, and countless outbreaks of violence. Men as a whole are not conditioned to channel their anger away from violence to others, but as an individual man I accept the responsibility to take a full part in caring for others.

I think it's up to men as individuals to assert their need to care, and be involved as closely as women in the bringing up of children, and this begins from contraception, to birth, and beyond.

It's far too easy for me as a man to conveniently use my sexist conditioning as an excuse for not even bothering to strive to care, and work intelligently with women, and other men. Individuals who consciously choose to be themselves are often given a bad time by their families, and peer groups, often leading into being pushed into being treated as a medical/psychiatric case. The family have then proved their point – you have been officially invalidated. Eating distress is just another symptom of the conflicts between the individual,

and a group which is reflecting cultural norms. The issue of being allowed to express oneself, to be oneself, is crucial to a person's sanity.

For many of us, these issues are linked to a conflict about gender roles, and sexuality. To me, people are fundamentally bisexual, and we carry attitudes and values that are called feminine and masculine, whether we're woman or man. It's the demand to inhibit parts of ourselves in a gender-role obsessed culture that leads many of us into unhappy, tormented lives.

Perhaps it seems unusual, and even suspicious, for a man to be saying this. Many men won't speak: out about how gender roles and rigid definitions of sexuality stop them from fulfilling themselves, probably because they reckon they've got a vested interest in not doing so; Won't speak out about the fact that strict stereotyping of what women do, and what men do, affect us all reaching out, growing throughout life, as individuals.

Questioning the values that were being handed on to me, re-defining myself led to me being seen as a suitable case for treatment. After an identity was forced on me as someone with an eating problem, I came to the point where I was persuaded to see a G.P. It was easy for the doctor to treat me physically - and thus perpetuate the whole problem as the symptom alone. It was easier, and far more distressing to me - further undermining my self esteem, to say "He refuses to grow up". In fact all I ever needed was the time to grow up at my own pace. I could have done this without statutory intervention, labelling, and invalidation of my core feelings, needs, and beliefs.

The G.P. sent a Community Psychiatric Nurse round who then referred me to a social services day centre, but it was family members who pushed me towards a hostel. The trouble was that I couldn't play their game because I didn't know or had thrown away the rules.

I didn't feel good about going along with things, so became more isolated. I didn't feel comfortable with either a gay or straight expression of myself. I felt that how I lived was in itself a political act; it was me expressing that I didn't fit in with how I saw the world, and I didn't care if the world was going to judge me useless.

The fact that I did care led me to a life that was overwhelmingly at odds with everything outside me. A matter of life and death, body and soul, not as others wanted it, about eating plenty of bacon and eggs. In groups which I became part of I saw a common theme of young people being put under pressure by older professionals to change their lives to fit in with the way the professionals saw life. All this seems to boil down to is an abuse of a young person's life by someone who is perhaps repressing a lot of feelings in their own selves.

Young women seem to suffer most in these situations, simply because most of the professionals are men. In this situation we get some professionals behaving with a sort of perverse intellectual sexual voyeurism; for instance one woman I know was asked if she was afraid of penetration; this seems to say more about the obsessions of the abusing professional than anything else, and it complicates miserably the life of the poor woman or man who's at the professionals mercy.

As a teenager trying to make relationships and failing, I decided that I needed as much time as I would allow myself. I was in control of my own life, no matter that I found the pressures to conform to the male image disabling to me as a person in his own right. No I didn't want to

mess a woman's life up, or my own by living down to media - and religious images - of your usual average couple.

Because I haven't gone along with it all I've certainly felt extreme distress, which psychiatry exacerbates because, in the main it's effect is about retaining present social orders. To feel outcast is to feel distressed. Outcast, because I rejected everything that was tied up with heterosexuality - the power, the values, and the myths that have been created, and linked in to man-to-woman relationships. The truth is, that I became so overwhelmed by what I saw as values impossible to attain that any desire for love was driven out of me. You just don't think of love or sex when you're half dead. The values I couldn't see as being of any real use to me tended to be in the way of love and sex linked to things you can buy as a happily married reader of the Sunday supplement, or a portrayal of a myth of male dominance via pornography. If this was *normal life*, I wanted out.

Not living a *normal life* which includes different, albeit self damaging habits is a political statement. It is someone saying "the world I see is an impossible world; is there anybody out there who thinks the same; how can we communicate; how can we live and love, in such a world?"

Sure we need help - the right sort of help - I was admitted to psychiatry, but it didn't stop my eating problems; the fact that I found one or two people who cared about me and I them, was life saving, but entirely co-incidental amidst those who wanted to treat me as a *food addict*, and those who wanted to make me a *real man*.

From my experience, the truth about psychiatrists is, no matter how liberal they are - is that they won't relinquish their status easily, and when they admit their mistakes, it is always after the damage has been done - "We acted in good faith" they say. With these sort of prevalent attitudes around, we obviously do need non-medical alternatives to find when we are in need, if only to prevent added distress. The truth is that I can put my point of view 'til I'm blue in the face, but the majority of people in the medical profession are too far into their status trip to offer anything much beyond tokenism. For those who I regard as decent people within those professions, and there are a few, one question I have for them is - "Why don't you get out of the profession, and work within a non-medical setting, alongside those who have been through the wretched system on the other side?"

The world of psychiatry seems to reflect the larger world - most of the people in it go along with values of homophobia, and established class and gender systems. There's a lot of fear of the other about. Fear that leads to objectifying common experiences, in order to preserve material status. As far as I'm concerned psychiatrists would be better employed in trying to do something about the mentalities of people in MI5 and The Ministry of Defence, as well as taking a cut in salary.

For me, **a man with an eating problem**, I was a weirdo for a start, probably a gay weirdo at that, an anorexic ("it's a disease you know") weirdo. When I hugged a man to show I cared about him, it was greeted with rather knowing looks from some of the ward staff. I was being my natural self, but the reactions I got made me feel unhappy, and afraid to show my own real feelings. A consultant told me that all men wanted sex, "that is, if you're like us" - he seemed to be saying in a coded way that he wanted to know whether I was gay or strictly hetero; maybe it was because I'd put my arm round him.

I got on well with people who were gay and lesbian, but the reactions of some of the staff were a reinforcement of the pathetically un-adult, trivialising attitudes which that mythological thing called straight society has towards anything different to its own experiences.

A social worker drove me to a hospital, on the last day of Christmas, 1987. They had failed in their efforts to stuff me like a turkey at the hostel's party, and had begun to get very uptight about me going outside. I didn't know they'd brought me to a bin, until I saw a sign saying "Psychiatric Unit". I was pretty scared. My mother had been given E.C.T. several times in the past, and I'd heard many horror stories of the behaviour modification approach to anorexia.

Most of the staff carried traditionally stupid attitudes to anorexia. I only had to get out of bed to have Registered Mental Nurses say that I was trying to lose weight. It must have taken them all of their three years training to work that one out. I didn't feel *Anorexic*; I just felt totally distressed with having to live in a society, which seems to pressure us to treat ourselves and each other like objects; - name, date of birth, national insurance number, colour, creed and how many CSE's - that kind of thing.

I was nearly 26, and I'd been feeling this way since my teens; I was nearly dead, and they ridiculed my life with daily weighings, and following me around with about the same subtlety as Inspector Clouseau. The first night I was in this centre of caring excellence, I was very thirsty. I went to the patients' kitchen. There were the usual things - piles of un-washed crockery, and no food; then I saw a glass of barley water. I drank it thankfully. It was washing up liquid. The night staff thought it was quite a funny thing to do, and kept me under close observation, as I collapsed several times, trying to reach the toilet, several times through the night, literally frothing at the mouth.

I was given a major tranquilliser, an anti-emetic, vitamins, iron, and potassium. I was a prize specimen. I was allowed out, after putting on four and a half stones in weight, to be the "normal weight for a man of my build". What more could I, or they want - Normality! So I was out, with all the same problems, that faced me before. I lived alone, in what was called Sheffield's worst high rise slum, I had no friends. One thing had changed though – my social status. I was no longer an anonymous person with a private life; I was a psychiatric case. This certainly has motivated me to compromise with social norms, yet I certainly have less chance of conventionally paid work.

I still believe that spiritual, and loving values are more important than material gain, but if you're really pushed by being poor, then survival is the first priority, which weighs heavily against caring, and being able to give love to others.

The profession of psychiatry has exploited our poverty - the poverty of a monetarist, consumerist culture. Those of us who become really distressed, are simply ostracised. The alternatives for those of us who have rejected the values of the mainstream society, which uses the profession of psychiatry to deal with us, is to care for each other; to help each other from being lost in the underworld, the underclass of the mental patient.

Thank you for listening.

Rosalind Caplin.

Aged 14, pressurised both from within and without (family and society) to conform to both religious and societal beliefs of becoming a *woman*, I felt forced, for my own survival, to take what at that time, was the only way out - the way of *Anorexia*. I felt isolated both at home and at school; religious dogma that had been forced down my throat had no real spiritual meaning for me and however hard I tried to *be like my friends*, there was an internal resistance that grew so great that it came to a point when I had to listen to its screaming voice.

I had never even heard of the word *Anorexia* when I first entered hospital several months later. I did not know what I was even doing in hospital, except that my father (a doctor) and my general practitioner had decided something was *wrong* with me. They appeared to feel that there must be something wrong with me because I was starting to take control of the one area of my life that I was able to, and that area was that of food. At the time I did not even faintly imagine that this would herald seven years of bitter hell, involving series of hospital admissions, with treatments that became increasingly frightening and damaging.

My whole life became one governed by fear. There was the fear of becoming a woman, becoming a woman in the sense of conforming to the two dimensional values and role models placed upon women in our society, but equally I was terrified that if I gave up this control over my life, I would have failed, and failed so badly that a part of me, my individuality, would die. No-one had seemed to even notice my unhappiness and loneliness when I was acting, to all intents *normally*, but as soon as I made the determined decision to begin taking responsibility for my life and for my identity, it was seized upon as something that had to be changed at all costs. So I was marched off to a psychiatrist.

I was often accused with "why don't you admit you are ill and need help", as if by owning a label that had been stamped upon me for the ease of the psychiatrist would be the ultimate confession. But what was there to admit? I did not feel that by taking some control over my body and my life that there was anything wrong, and nor was I *ill*. I was involved in working through my own internal struggle - so Let Me Be.

I was then further taunted with being a "manipulative and spoilt child" and told to "snap out of it". Some staff even tried to lay guilt trips on me by saying "look at patient x, now they really cannot help their condition, at least you can", which in effect was indicating that I was wasting their time.

Eventually however, I was packaged up and sentenced to a number of years in hospitals, and there every attempt possible was made to rid me of my *control* over my life, in order to have me conform to a normality, that in the real world never exists anyway. I was often imprisoned in a tiny room, resembling a cell that had no access to daylight. I was robbed of basic human rights, such as using the lavatory or having a bath. Instead I was forced to use bedpans and any washing depended upon the time and discretion of the nursing staff. I was psychologically as well as physically strait-jacketed, controlled in every sense of the word. It seemed to me bizarre that although my only problem was considered to be that I *refused* to eat, I was stuck on a psychiatric and not a general ward, for the treatment I received was heavily food oriented.

Unfortunately the nursing staff seemed to have no concept of the fact that I was not wilfully refusing to eat, but that my whole body was screaming silently **NO**. Any efforts to force me to eat were threatening to rob me of the only identity I had found for myself, the only real achievement I was making as an individual in my own right. Though my stomach had shrunk with lack of food I was presented with dinner plates piled high with stodgy potato, tough lumps of over-cooked liver and boiled cabbage.

When I just could not - would not eat, I was force fed. It became the norm that every mealtime I would be held down by two members of staff, one pinning my arms behind the chair whilst the other mechanically shovelled food into my mouth. The more this occurred the more I struggled until each meal became a literal battleground, and I was left at the end with scratches all around my mouth and face and bruises upon my arms. On one occasion I fell off the chair, and still struggling a third nurse came in, held me to the floor and held my nose, whilst simultaneously continuing to force whole chips down my throat. I could not breathe, the food went into my windpipe and my fighting became one for lack of oxygen.

Some crazy system of rewards and punishments were put into operation. If I gained x amount of weight I might be allowed certain so called *privileges*, things that for any other person would be basic human rights and taken for granted, such as using the lavatory - alone, having a bath in privacy and having visitors.

I became determined from early on that whatever they did to me, however much they abused me, physically and emotionally I would continue to fight for my own survival. For what I felt was right, even though by doing so would mean that I suffered the greater. I was clear in that I would not, at any cost, give up my beliefs to them. I was not going to let them win over me (as at the time it did seem a case of you win/I lose) and so I battled on. Any anger I felt towards the violent treatment I was receiving, together with my enforced isolation, was considered a symptom of my *mental illness* and I was promptly prescribed large doses of tranquillisers to make the task of feeding me easier for the nursing staff.

I had to suppress my anger when I was a child, it was never allowed expression in my family (except for my father, the only male member, who was forever angry), and ironically even in a psychiatric ward expressing justified anger was not acceptable – and was even considered part of the *illness*. At one point there just seemed no way out at all, the world was a cruel and painful one, when I tried to express my desperate feelings they were not heard. As a last resort I was forced to turn my anger against myself, cutting my arms in attempts to release the silenced screams of my struggling spirit. The results of such *attention-seeking* actions were to further increase my dosage of Largactil, to the extent that I had to be woken up each time for my next dose!

If emotions cannot be expressed in words there comes a time when they have to be given some form of expression, and if even this outlet is denied (it is not socially acceptable for women in our society to display anger) - other ways of dealing with it have to be found. Some women may begin to eat compulsively, trying desperately to ram their emotions down their throats, forcing food down in order to silence the rage beneath. They may start to gain weight, perhaps becoming larger than our society's model of perfection, thus defying the so called *norm*. Other women may swing from periods of starvation to huge and frightening binges that may all but consume the individual. This may then provoke so much self-disgust and guilt that they then have to *purge themselves of the poison*. Other women deal with this by deciding they can no longer take in any more of what the outside world is feeding them -

they cannot collude any longer - and they have to stop eating - something deep within them screams NO.

But these statements are rarely understood by those who are caring for and working with such women. Our society has created a rigid *normality* programme, composed of three meals a day, and weight charts and scales. How many of us stick so rigidly to a so-called *normal* pattern of eating – and why is it that because some of us, for our own reasons may choose to strongly defy that norm, that we are thus define as *disordered*. We suddenly become *conditions* instead of people and labelled accordingly and told that we are *ill*.

I never did consider myself *ill*, except perhaps during my final hospital admission when I had an infection. My physical apparatus was pretty sound and there was certainly nothing *wrong* with my mind (though I was continually being coerced into believing otherwise). It is all these myths surrounding the so-called *eating disorders* that need to be clarified and understood from the sufferers/survivors viewpoints, before real help and support can be attained.

It is all too easy for people, through their training, through lack of resources or time, or even through fear, to label and typecast such manifestations of emotional and psychic distress as *disorders*. *Disorders* can then be thought of as symptoms of an *illness*, which then enables the medical profession to attempt to *cure* the individual, such *cures* being a range of treatments including drugs and even E.C.T.; and if one system does not work (i.e. the women starts nicely eating her three meals a day, wearing make-up and showing greater interest in the opposite sex) then another treatment will be tried. All these are attempts to suppress symptoms of a distress that is only there because there is a cause **for that** distress. It is not in human nature to inflict suffering upon oneself unless there is a sound reason for this to be.

In some ways, and I speak for myself here, in a paradoxical way, starving myself was the only thing that was keeping me alive - my search for my Self, even though I nearly destroyed myself in the quest. Much of that search was a looking within, trying to locate an identity for myself, something that was particular to me only, a woman within society, but equally one with her own standing.

There was a great fear that if I gave up my struggles I would be sucked into the collective, I would be forced to conform to the *norm* of womanhood. Like the two faces of Eve, I would be forced to play both femme fatale and the housewife and child rearer – all smiles and sweetness, never expressing any of my feelings of anger, desperation or fully realising my power. If I became sucked into that, for me it would be synonymous with death, indeed it would be death of the self, and of my spirit. I would have failed my higher self, the part who knew there was more to life than role-play; and such a thought was almost more terrifying than starving.

Many medical staff, so indoctrinated by years of study see only the weighing scales and prescription cards. They often fail to see the woman or man in front of them, perhaps it poses too much threat, and so by labelling a condition, it thus gives them more power and authority and more distance, whilst simultaneously further disempowering the person they are seeking to *treat*. Why is it that so few people do take the symptoms of eating distress seriously enough to look beyond, at the wholeness of the individual? Statistics show an alarmingly high percentage of people who either have to be re-admitted, or continue with varying degrees of eating problems subsequent to discharge.

There is no magic potion, miracle pill or surgical intervention that can cure a person from the symptoms of their distress, and it is often a long and lonely journey - for some people ending in their death ...

My own turning point came when I was admitted to hospital with a collapsed lung weighing three and a half stone. Even then I did not think of death, until I was forced to. Initially I was placed on a general ward. My consultant at once shocked and frustrated me by refusing to listen to my ramblings about weight and food (my sole topic of conversation). He wanted to hear about the books I had read, and my interests. I suddenly realised that for so many years I had buried - deeply suppressed a large part of myself beneath the cold grey blanket of my despair, in effect I had become a ghost-like apparition of my *Anorexic* label. At a desperate point I was made to rest in bed, but promised that I would not be given any drugs so long as I eat the small amounts of food that I chose with the ward dietician. I trusted my consultant (I have to say here that he was not a psychiatrist), and he kept to his word. I never had to be force fed or drugged, I did not need it. Gradually I started writing, drawing and dancing again and when I eventually left the hospital one year later, I was working full time as a sales assistant. Though still frail I at least had a positive, although bony framework upon which I could begin to build up my life.

The first few years after discharge were not easy, I had grown institutionalised through so many years in hospitals, and had very little support, initially, outside the coldly comforting hospital walls. I felt isolated through my experiences from my peer group and my family still continued to treat me as an *Anorexic specimen*. I had become tightly locked into a victim's role, inwardly blaming myself for those years, that what had happened was *all my fault*.

My *Anorexic* label had stuck long after I had stopped starving myself. I had become squeezed behind this two dimensional walking model of my *condition*. It had, in some ways, become me, or I had become It. I held onto this label because as yet I had too little other sense of self to feel able to relinquish it, and it did serve me some *special-ness* some *different-ness* – and there was nothing else at the time to replace it.

I thus kept those memories suppressed under a bleak facade of OK-ness, living continually in the fear that sometime they would come out of the closet and force me to admit my guilt. I felt society would ostracise me, criticise me, accuse, avoid or worse still, pity me - or even drag me back into hospital again. Haunted by my shadow, it was also draining my strength.

It was only when I began to grow a greater sense of identity and **purpose for living** that I no longer needed such false security.

I began to start integrating the emotional and spiritual abuse I suffered into my whole life and into my integrity as a person. I trained and qualified as a herbalist, became involved in counselling and am now in the process of writing a book. By opening to those experiences, I am now seeing what they have taught me and what perhaps I can teach others. Through learning to value those experiences, and using my creativity, and I am now owning my power as a survivor and as a woman.

Jan Wallcraft.

Although I have never been labelled or diagnosed as having eating problems my life has been dominated by anxiety about body size and eating. My experience of psychiatric treatment was six months in a loony bin after a suicide attempt when I was 22. Having failed to die from an overdose of aspirin, I decided to starve myself to death, and lost nearly a stone in three weeks. My depression was *treated* with drugs and E.C.T., following which my psychiatrist persuaded me that the best therapy for me would be to sleep with him. Needless to say, I have done my best to avoid psychiatric assistance since then.

Most of my experiences with food have been of compulsive eating, constant failed attempts to diet and spells of bulimia, though I've been through two further anorexic spells when my work became very stressful in the last two or three years.

I think I probably lost my ability to control my eating from an early age. I have always had a feeling of panic and desperation when I am hungry, as if I am afraid I am going to starve, which may be the result of the advice to mothers of the 1940's and 1950's to leave their babies to cry if it wasn't time for the four hourly feed.

I think poverty was another cause of my eating problems. My father had a low paid job and his wages never seemed to last the whole week. By mid-week there wasn't much to eat, so when pay day came, my sister and I would binge on fish and chips, sweets and fruit. Eating was comforting, pleasurable, an attempt to make up for everything I didn't have. The worse things became for me out in the world, the more I ate for comfort, or to tranquillise myself, and the more I ate, the more the other children called me Fatty and the more freakish and rejected I felt. It was a vicious circle that took me over thirty years to begin to break.

For so many years I felt that it was entirely my fault that I was such a mess. I desperately wanted to be thin, but could never achieve it. I would diet and lose half a stone, but I hated being hungry so much that I was soon stuffing down packets of biscuits and chocolate again. I knew that being thin wouldn't solve all my problems, as I had been thin for a few brief years at the secondary school, and still had been lonely and rejected. So many years of being the class reject had left me little ability to communicate. I was no good at sports, whether fat or thin, I had nothing to say in a group. My self-esteem was at rock bottom. Part of me is still back there - on bad days I still feel like the pits, the bottom of the heap, the one everyone else looks down on from their security as part of a group.

School was a hell which I emerged from badly damaged, with "O" levels all I had to show for it. Little changed when I went to work in an office. I was afraid to speak in a group even a small group of three or four. I ate and dieted, worried about my stomach, my hair and my teeth, and was pathetically grateful when any man paid me attention. Sex became the only way I knew to get any human contact, and drinking too much the only way to let go my self consciousness a little.

After my father died when I was 18, we moved to another town with my mother's new husband, and for two or three years I emerged a little from my shyness with the help of alcohol. Almost every week I started a new diet. I read diet books and tried out new diets from the women's magazines. I was always dieting. Whenever I was depressed, which was

most of the time, I would buy chocolate, cakes, peanuts and biscuits and have a binge. I discovered that I could make myself sick if I felt too bloated and uncomfortable, and get rid of some of the unwanted calories. My weight went up and down - at the very lowest I could reach 9 stone, but at times went up to nearly 11 stone.

I longed to look like the models in the magazines or the princesses in the fairy tales. I could never let go of the conviction that no-one would love me unless I could be beautiful, and that I couldn't look good until I was slim. I think that women in our society are constantly bombarded with this message, and it is almost impossible not to be affected by it.

I hated myself for my failure to be a proper woman. I had come to realise that I was less cultured and sophisticated than the middle-class girls I mixed with at school and work, while not ever feeling I belonged to the working-class either. I struggled to make sense of the world by getting involved in left-wing politics and campaigning for the homeless in Britain and the starving in Third World countries. I went to teacher training college so that I could join V.S.O. and be a teacher in India. At college, once again I felt alone and friendless, food and alcohol became my only friends. During the day I ate bags of salted peanuts and Stilton cheese, and in the evening I went through my landlady's cake tins. I drank so much on my 21st birthday I thought I was dying.

By the time I was 22, I had dropped out of college, attempted suicide and was in the psychiatric hospital. I pulled myself out of the worst of my depression eventually and by 24 was married, and felt that I could now safely fit in with the world. My experiences with psychiatry had convinced me I was not strong enough to challenge the world and that I had better just keep quiet and do what a woman is supposed to do.

As a wife, and eventually a mother, I cooked for others, did little office jobs, forgot all my wild dreams and consoled myself by eating everything in the house on my bad days. It was just a fact of life that I could not keep a packet of biscuits, cakes, nuts, or even fruit in the house without nibbling at them all day. My husband and kids were often very cross to find all the goodies had disappeared when they wanted some. If there was nothing else to nibble I would eat bowls of cereal or start on the raisins and sultanas.

I read Susie Orbach's book, "Fat is a Feminist Issue" when I was about 32. I found it very exciting to realise that there were many good reasons why I had got trapped in the binge, vomit, diet scenario. I had taken the first step towards forgiving myself and learning to take care of myself instead of hating myself for my failure. The book gave me hope that there could be other women out there who might understand and be able to help me, or at least to share their experiences with me. I began to reach out to other women and try to work on my past through therapy.

Psychotherapy was a mixed experience for me. My childhood, teens and twenties had been so awful that I wanted to go back to the beginning and start again - my fantasy was to have a new experience of being loved and mothered so that I could love myself – but therapy didn't work that way for me. I became totally vulnerable and needy in therapy, longing for a real human response - a hug, some reassurance and love, but often found myself faced with cold interpretations that I was in too much pain to even comprehend. It was like the four hourly feeds all over again. I was often quite clear about what I needed from therapy. I wanted to be heard uncritically and loved unconditionally. This was interpreted negatively as my wanting to control the sessions.

My issues about feeling oppressed as a working class woman were never addressed seriously in therapy. Neither was my distress when, on the way to a session eating a chocolate bar, two women passed me and one said, "Fat people shouldn't eat in the street". This remark took me straight back to the hell I had been through as the fat girl at school, but when I told my therapist she said, "It must be something about the way you present yourself - that sort of thing doesn't happen to most people" .

My experience is that therapists have actually learned not to listen to their clients, but to filter everything they hear through a theoretical model. The client wants love and support, while the therapist is looking for signs of pathology and neurosis. In the end, in order to get the therapist's love, the client tends to produce the required symptoms - Freudian, Jungian, Kleinian symptoms according to the therapist's orientation. Perhaps I was lucky in that both my therapy relationships broke up prematurely because the therapist left – one for a new job, the second to have a baby, otherwise I might still have been locked in the same interminable situation.

What I did gain from therapy was a feeling that I deserved some time and attention, and the encouragement to go back to college. I also joined women's self-help groups, learned co-counselling and helped to set up the Islington Women and Mental Health project. I now work at MIND, co-ordinating the consumer network, MIND LINK. However, at home alone, I still have to struggle with my compulsiveness around food. I still can't keep food in the house without eating it all at once, especially if it is one of my addictive foods. I have learned never to buy biscuits, cakes or chocolate, though occasionally, especially when I am pre-menstrual, the temptation for chocolate gets too much. A binge at Christmas can set me back for weeks. I believe that by now I have developed a physical addiction and an intolerance to certain foods, so that it is important for me to avoid them.

I no longer feel that eating problems are the main focus of my life, though I am not sure that I will ever feel completely comfortable around food and body size. What has helped me is a number of different things. My self-confidence has improved over the past eight years because of the things I have achieved. I don't any longer feel that my life has been a complete waste. I'm not isolated any more, I have a lot of friends that I love very much. I have learned a lot about nutrition and health, and what to avoid if I want to keep my physical and emotional balance. I'm mainly vegetarian and try to avoid alcohol, caffeine and sugar. Sharing my experiences with others has helped me to feel that although I've been through some hellish times, those experiences have a value. Alone I felt weak and useless, but together we really change the world.

Louise Roxanne Pembroke.

I am a survivor of psychiatric treatment. My life was reduced to numerous lists of symptoms and treated accordingly. Every negative feeling that I had ever had about myself was confirmed for me in glorious Technicolor. The oppression and discrimination that I became aware of around me were not only reflected within the mental health services, but actively practised. This by individuals whom I was led to believe had better value systems and greater insight than I. Expertise which I should have received gratefully. My world view and experience of living were unimportant. My distress was only acknowledged within a medical framework which is not my explanatory framework. My differences in perception are dismissed as *hallucinations*. The spiritual activity in my life is written off as *delusional*. My need to physically self-harm is reduced to *attention seeking*. My difficulties around eating are pronounced a disorder.

Whatever way I expressed my distress or dissent it was declared invalid, stupid or sick. The so-called *eating disorder* label is an inadequate explanation of the very complex reactions and feelings I experience. Indeed for me it is a damaging simplification of an expression of distress which clearly demonstrates the need for cultural and social change. I do not view any particular expression of distress as a pathological or in itself a psychological phenomena. I feel that people labelled as *mentally ill* experience and express feelings the majority do not allow or open themselves to. This would mean acknowledging things that are taboo.

I don't fit the rigid definition and *personality type* of an eating disorder as defined by psychiatry. I'm not middle-class, as yet not a high academic achiever. I don't wish to be treated like a little girl and I'm not afraid of my sexuality or men. Neither am I terrified of being an adult nor do I hate my mother! What I am is a woman who discovered at an early age that a woman's worth in our society is based upon her appearance. That the expressions of anger or assertion is not easily tolerated. That my place low in the pecking order has nothing to do with me as a person but more to do with maintaining an existing hierarchy of white male dominance.

I discovered that for women and men the **control** of our feelings, perceptions and bodies was something that society valued. To be nice, neat and not too explosive emotionally was something to be admired. I found the official version of reality so distressing that I resorted to extreme methods of self imposed social control that we all learn to a varying degree. I had to hurt myself in order to keep myself quiet. To have expressed my distress the way it felt could have at times resulted in annihilation. So I merely used the nearest available target - my body. I could not cope with the square hole that I was meant to fit. I was not a square peg. I tried hard to squeeze myself into it, accepting my pre-prepared role as a woman, accepting global oppressions, and convincing myself that my new and different perceptions were not real. It didn't work.

I became more distressed denying what I felt. I gave up ownership of my experiences. I had lost the right to self determination. My self respect was stolen from me. Ownership went to the blue file from the filing cabinet. Everything became categorised in pigeon holes;

That behaviour was *eating disorder*.

This behaviour was *schizophrenic*.

That behaviour was *personality disorder*.

This prevented me from seeing how everything interacted. I do not necessarily experience the categorised distresses in isolation. I don't have a *Bulimic* day or a *Schizophrenic* day. This definition and separation of the facets of my distress is not helpful. The rigid frameworks psychiatry, psychology **and** therapy employ serve only to fragment and objectify people. They turn a break-up into a breakdown: It was hardly surprising then that some workers found my behaviour difficult to relate to. Being exorcised didn't quite fit in with self induced vomiting. Cutting up didn't quite fit in with hearing voices whilst starving. Not unless the voices had told me to do it. Only certain combinations of behaviour were *understandable*, if they slotted neatly into symptoms 1-6, paragraph 8.

During my psychiatrisation I tried hard to behave in the way that was expected. At first I lived up to professional expectations beautifully.

On my first admission under the label of *eating disorder* the doctor was confused that I had no objections to her examining my breasts whilst refusing her access to my abdomen. I was meant to hate female bodily contours. My refusal to eat and drink initially on all admissions were seen as part of the *eating problem*. In fact it was my desperate attempt to keep the *experts* at arms length as I felt that they would contaminate me. Holding a rag doll to my body for 24 hours a day was far from so called *regressing*. It was my pathetic attempt to protect myself from them as I couldn't say "go away".

I learnt to live up to the repressed sexuality theory that was uniformly stamped across anyone with an eating disorder label. My legitimate reservations about sexuality as a teenager and having gone through my first sexual assault were perfect fodder. The opening remark by a psychiatrist who I had never met before was; "I know what's wrong with you - you're terrified of growing up sexually". I also witnessed people labelled as eating disordered being sexually taunted. I'm not sure whether this was supposed to be part of the *treatment* or not.

My experience of a behaviour modification regime was of ceremonial degradation. The psychological damage it wreaked has long outlived even the pain of forced and coerced drugging. Peer pressure, similar to techniques used in concentration camps are an immensely powerful tool. Punishment and reward programmes are merely brain-washing. Punitive tortures which left me with no outlet for my distress. For six hours a day we would sit at the table eating. The individuals labelled as *Anorexic* were often in great physical pain through being fed ridiculous amounts of food which made no medical or humane sense. It felt like dietary rape. People would start to invent games which nobody could win. Chips would be cut into two then four then six. These would only develop **after** admission.

Having to use a bed pan and *earn* the *privilege* of using the toilet at specified times reinforced the total loss of power in one's life. People labelled as *eating disordered* are often accused of being devious and secretive, indeed this forms part of the symptomatology. Yet some hospitals will secretly add vast quantities of calories, sugar and complan to food and drinks. Hypocrisy is never easy to swallow.

In magazines we can see advertisements for "15 ways to diet without anyone knowing". So the discretion we are taught in the outside world becomes *deviousness* in the bin. I would go

through numerous Sainsburys carrier bags during the night after taking quantities of laxatives in fear of being scolded for using the toilet. My secrecy was borne out of fear of punishment. I still sometimes feel anxious about using the toilet.

On having every aspect of my life controlled I was left with no outlet to express myself. I felt totally oppressed and very angry at my oppressors. Like caged animals we would sometimes turn on each other. I witnessed one inmate being force-fed by the other inmates while the nurse watched on. As everybody had to stay at the table until all had finished, refusal meant that all suffered. It felt like being a Jew having to push your friends into the gas chamber in order to save your own skin. The only other available target left to scream out my anger to was myself. So I learnt to scream quietly. Self mutilation came easy to me. It was the only way to cope with and to express my pain. There seemed to be no other avenue.

There would be many arguments and confusion. Someone crying in the corner as the clinicians weren't sure whether she was so called *Anorexic* or *Bulimic*, Did the professor think that so called *Anorexia* was worse than so called *Bulimia*? Where did compulsive eating come in? Some women felt that their physical health didn't matter as long as they didn't look thin or ill. Some felt that they were only taken seriously when drastically physically ill. Some became institutionalised into the regime going back every few months for years. Others would *normalise*, forcing themselves to fit into other people's criteria of what they viewed as *normal* and healthy at great cost. I tried to behave accordingly whilst trying to make sense of everything.

Sexist and heterosexist attitudes were common from the predominantly male white middle class psychiatrists. Care with make-up and hair style were seen to be clear indications of *getting better*. Likewise wanting marriage and children were viewed by some as part of recovery. I know of individuals who have been told that their problems would get easier if they acquired a boyfriend. Automatically assuming heterosexuality. *Cure* and eradication of the aberrant behaviour were the goals. But it felt like my soul would be the price.

On leaving hospital the realisation that I could not fit in outside nor be what the so called experts wanted of me was devastating. I could not be a good patient or a *normal* person.

Society presents conflicting messages about food. Chocolate adverts show thin women eating their chocolate in a secretive and sexual manner. One particular advert grabbed my attention last Christmas; a little girl dressed as an angel running around the Christmas feast with commentary saying, "she may look like an angel but she can eat like a horse". What is this saying? That little girls could really be horrible gorging pigs and how terrible that would be? Remember the "can you pinch an inch" adverts? You would have to have no body fat or muscle at all to not be able to "pinch an inch". The women advertising diet meals are always thin. Anyone can get appetite suppressants from slimming clinics. There is a huge market in diet foods - low fat milk becomes Diet milk. Dangerously low calorie diets are euphemistically called Micro diets. Scales increasingly appear in health food shops. Shops like Hennes continue to ignore women and men's complaints about their advertising. A laxative company only withdrew its claim that its product aided slimming after a centre consistently campaigned for its withdrawal.

Fatism surrounds us compounding the problem. The media's portrayal of eating distress hardly helps to enlighten with sensationalised articles accompanied by the before and after photographs.

The very language that is used to describe our bodies and what we could do to them is alarming. We are told that we can "burn" the fat, this sounds like taking a blowtorch to your thighs. Or we can "fight the flab" followed by two rounds with Frank Bruno. Promises of seven pounds in seven days and living happily ever after. Prizes for the people who lose several stones in a few months.

So what can we do? We can all monitor and protest at advertising. I would like to see the barbaric behaviour modification regimes practised in hospital stopped. Force feeding or force dieting people into an image of perceived *normality* may only relieve the observers concern. A Charter of rights and legal protection is needed for people receiving psychiatric treatment. With or without the Mental Health Act 1983 it is clear that civil liberties are being violated. Mental health workers are disabled by their training and need detraining.

Our knowledge and skills for training should be put to use here. Workers need to be assisted in examining their attitudes and prejudices. Telephone help-lines and mutual support groups are of obvious value. As would non-medical asylum. There is also a need for accessible information and medical assistance to be available for physical complications without the fear of condemnation and judgement.

Since surviving psychiatry by sharing and validating my experiences with other survivors I have had the opportunity to express anger. To develop my own language, meaning and coping strategies. I do not pursue the twin Gods of *cure and normality* any more. I embrace my distress, continue to experience it, learn from it and often find it life enriching as well as painful. I'm empowered because I've taken the right to self determination for myself. No one can ever take that away from me again. No one can take my madness away from me either. It belongs to me and only I can work through it with support that I define as appropriate.

No one has the right to tell me what so called *normal* meals, body weight, feelings or perceptions should be. Difficulties around nutrition are not merely questions of shape and weight. Like differences in perception these are metaphors for other things which have a wider meaning. It is also a very complex form of self harm. It is my belief that eating distress is part of a struggle against socio-political gender oppression. A painful but sane response particularly in western culture. But in Japan eating distress is on the increase. They see more western made movies than Japanese and view western physiques as the *ideal*. This is a terrible conflict in a country where uniformity of thought and image is important.

I think it has a lot more to do with women's and men's roles in society than our mental states. Eating distress has unpleasant links with sexual abuse, sexism, and heterosexism. Many shop dummies are a size 8. The average female clothes size is certainly not size 8. So what is this tall adolescent looking figure in revealing clothing saying to women and men? The message to men could be that they should fancy childlike bodies. The message to women and girls could be try your hardest to retain a childlike body. The number of children being treated for eating difficulties has drastically increased.

Rather than addressing the problem, current treatments and social attitudes spread this form of social dissent further through the population. Nothing stands as a greater indictment of current practices. Eating distress and self harm thrives when people are stripped of control over their lives and yet expected to behave in a *controlled* manner. It is a sane response when people are gagged in order to maintain the social order.

I have screamed against being gagged. Revolutions occur when people who are defined as the problem achieve the power to **re-define** the problem. When we get together and change how we view ourselves and fight against injustice then liberation is ours.

Thank you for listening.

Contact Points.

Survivors Speak Out.

A self advocacy organization for people who have experienced the psychiatric services. Offers contact, information and a quarterly newsletter.

Chair: David Crepaz-Keay

Secretary: Louise Pembroke

Information Worker: Gloria Gifford

34 Osnaburgh Street

London NW1 3ND

Information Network: 071 9166991

Office: 071 9165472

Anorexia and Bulimia Nervosa Association (A.B.N.A.)

Provides a counselling help-line on Wednesday evenings run by women who have experience of eating problems, an information resource, and a Link-up scheme establishing local contact between women in need. Has information sheets and a book list, plus quarterly newsletter.

Tottenham Women and Health Centre

Annexe C

Tottenham Town Hall

Tottenham

London N15 4R8

Tel: 081 8853936 (Wednesdays only between 6 and 9pm)

Spare Tyre

Advice and help given to women wishing to set up self-help groups. Also run problem-solving workshops for women in existing groups.

86-88 Holmleigh Road

London N16

Tel: 081 8009099 (answer-phone)

Women's Therapy Centre

Runs courses and workshops, which often lead to the formation of self-help groups. For prospectus of courses send S.A.E. They have also produced information booklets on bulimia and compulsive eating.

6 Manor Gardens

London N7

Tel: 071 263 6200 (answer-phone).

Urgent calls speak after tone or if you want to speak to somebody at the centre ring back 1.30 - 4.00 Monday - Friday.

Eating Disorders Association

Aims to support and advise sufferers of anorexia and bulimia and also their family and friends. They offer a network of self-help groups and contact addresses. They issue a two monthly newsletter and have a book list and mailing service.

Sackville Place

44-48 Magdalene Street

Norwich

Norfolk NR3 IJE

Help-line: 0603 621414, open 9am - 6.30pm, out of hours answer-phone service.