

ISSUES:


21 DAYS TO SAVE HER LIFE

EATING DISORDERS CAN KILL. YET MOST HEALTH INSURANCE COMPANIES WILL ONLY PAY FOR *THREE WEEKS* OF TREATMENT TO HELP PATIENTS BATTLE THEIR ILLNESS. READ ON FOR THE STORY OF ONE COURAGEOUS GIRL TRYING TO BEAT THE CLOCK.

BY LAUREN BROWN
PHOTOGRAPH BY
LAUREN GREENFIELD

1 2 3 4 5 6 7 8 9 10 11 12





Shelly on her first day at Renfrew in June 2004, with a feeding tube in her stomach

Eating disorders have the highest mortality rate of any mental illness—up to 20 percent of ED patients die of their illness. Yet while experts say that, on average, it takes many months of intensive treatment for a patient to even understand her or his eating disorder, let alone begin the recovery process, most health care providers cover only 21 days of treatment. It's a policy that ED experts say is killing young women who can't afford to pay for treatment on their own. "There are so many external factors, it's really impossible to say, 'You have anorexia so you only need X amount of time to get better,'" says Sam Menaged, founder of the Renfrew Center, a nationwide residential eating disorder treatment program, and president of the Eating Disorders Coalition. "I could have two girls with anorexia check in, and one could take months to get better and one could take years." The bottom line is, many patients have to stop treatment before they're ready. And the result can be deadly.

Last fall, HBO aired a documentary called *Thin*, about four young women going through treatment at the Renfrew Center's Coconut Creek, Florida, facility. The world got to see their therapy sessions, their struggles at mealtimes, and the external stresses that played a huge part in their recovery (or relapse). We at CosmoGIRL! were so moved by the film that we decided to bring the message to you—and we found Jane* to help us. Raised in Florida, Jane, now 19, has a supportive family and great friends, got high grades in school, ran cross-country track, and was a competitive equestrian. But she'd been hiding her anorexia and bulimia from her friends and family for two years. Jane was planning on leaving Florida after graduation to go to college in Ohio. But during her senior year, her ED took over. She became really weak and couldn't do the things she loved, like run track. That's when she decided to fight her illness.

In July 2006, Jane checked in to the Renfrew Center. She agreed to keep a journal and share her writing with you. Her entries stop on her 21st day—the last day that most health insurance

*Name has been changed.

companies will cover—so you can see whether Jane seemed ready to go home at that point. We also asked two experts—Shelly Guillory, a recovering anorexic who was featured in the documentary *Thin* and is pictured at left, and Kim Johnson, Psy.D., a therapist at the Renfrew Center in Philadelphia—to analyze Jane's writings and shed some light on her recovery. Hopefully, this article will serve as a much-needed wake-up call that the required recovery time from an eating disorder *must* be measured on a case-by-case basis.

Millions of Americans are diagnosed with EDs every year—so millions of lives depend on this.

Learn what you can do to change the laws so ED patients get the help they need at eatingdisorderscoalition.org.

JANE'S JOURNAL

DAY 1 "MY BIGGEST ISSUE
JULY 18 BEFORE COMING HERE
WAS RESTRICTING MY
DIET. BUT WHEN I SAW THE PORTION
SIZES, THEY LOOKED DOABLE—AND
SO MY URGE TO RESTRICT AND
PURGE ISN'T THERE. TO BE COM-
PLETELY HONEST, WHAT TERRIFIES
ME THE MOST ABOUT THIS PLACE IS
HOW SICK THE OTHER GIRLS ARE.
I'VE NEVER SEEN GIRLS SO SICK, AND
NOW I'M BEING ASKED TO EAT NEXT
TO THEM. IT'S DIFFICULT, BUT I KNOW
THAT WITH MY SUPPORT SYSTEM I'LL
COME OUT A WINNER!"

■ **SHELLY:** I remember literally freaking out when I saw my meal plan on the first day. It was way too much food to be eating after all that time spent not eating much at all. What seemed doable to me was about *half* of what my nutritionist was recommending, if that. So I think she's in denial.

■ **DR. JOHNSON:** Girls are competitive when it comes to their eating disorders. They feel like they can do something others can't—deny themselves sustenance. Also, when they come in to treatment, they start comparing themselves with other patients. Their distorted body image and their competitive urges then lead to the thought that they're not "sick enough" to warrant or deserve treatment. →

**DAY 2
JULY 19** "THIS MORNING I HAD ART THERAPY, AND I LOVED IT! I MOLDED A HORSE OUT OF CLAY. YAY! HE WAS CUTE! GOING INTO LUNCH, I WAS FULL. BUT THE MEAL WASN'T BIG AND I COULD HANDLE IT NO PROBLEM! DINNER WAS REALLY GOOD FOR ME TOO—I HAD VEGETABLE PAELLA AND I DIDN'T FEEL GUILTY ABOUT IT. TOMORROW'S ANOTHER DAY, AND I'M REALLY NERVOUS. BUT I'M ON THE RIGHT TRACK, AND I CAN DO IT!"

■ **SHELLY:** No one in treatment would ever admit that a food was good, because it means giving up another little piece of your disorder. It takes many ED patients years to be able to do that. I think she's writing what she thinks you guys want to hear.

■ **DR. JOHNSON:** She may be trying to protect herself from certain feelings that are beginning to arise, such as nervousness. Denial and the tendency to minimize how difficult recovery actually can be may be taking over where her eating disorder left off.

**DAY 5
JULY 22** "BREAKFAST WAS REALLY GOOD TODAY. I LOVE THE YOGURT—IT'S PLAIN VANILLA. THEN I HAD GROUP FAMILY THERAPY, WHICH WENT SUPER WELL. BUT LUNCH WAS HARD. I RATIONED OUT THE CHICKEN FAJITA, CHEESE, AND CHICKEN. IT WAS TOUGH."

■ **SHELLY:** Lunch very well could have been hard because of her parents' visit. It might have reminded her of her role in the family as the ED patient and reminded her that she's the one in the family who's supposed to be the skinniest. That can throw you into conflict with yourself—do I want to get better or do I want to stay sick?

■ **DR. JOHNSON:** I don't know what she means by the "rationing." It could be a food ritual, which many patients use to alleviate anxiety and guilt associated with eating. Patients often use eating disorder symptoms like restriction to try to numb any negative feelings. So this could be related to her parents' visit.

**DAY 7
JULY 24** "TODAY HAS BEEN GOOD SO FAR! I MET WITH MY AFTERCARE PLANNER, AND IT WENT WELL. I KNOW WHEN I LEAVE HERE I WILL BE AWARE OF PEOPLE CLOSE TO MY HOME WHO CAN HELP ME WHEN I FEEL MYSELF SLIPPING."

■ **SHELLY:** It's not unusual that she'd be afraid of slipping when she gets out. When you're in treatment, you have to plan ahead to make sure you have people in your life who will be helpful to you when you get out.

■ **DR. JOHNSON:** We start planning for a patient's aftercare as early as possible to ensure that they don't "slip through the cracks" after their treatment here ends. Since recovery from an eating disorder is an ongoing process, establishing adequate aftercare is vital. Her fear of slipping may mean that she's starting to acknowledge the difficulty entailed in the recovery process and break through her denial, which is a good thing.

**DAY 8
JULY 25** "BREAKFAST WAS KIND OF HARD TODAY. I DIDN'T REALLY ENJOY MY YOGURT—THAT'S A FIRST. BUT I'M STARTING TO GET FULL QUICKER, AND IT'S STARTING TO SCARE ME!"

■ **SHELLY:** When you're in treatment, even if you're full you still have to eat everything on your meal plan. It sucks. I remember being full from day one because my stomach had been so small from not eating much for so long. Feeling full always makes you more aware of your body. So of course it's hard to eat, and of course you don't like it.

■ **DR. JOHNSON:** At this stage of recovery, the fact that she says she feels full fast may mean that she's struggling with meal plan increases that are part of the "refeeding" stage of her treatment. But it may also be that she's "full of emotions." If patients haven't yet begun to talk about their feelings in treatment, they often think they feel full of food when they're really not full at all.

**DAY 12
JULY 29** "MY TWO BEST FRIENDS CAME TO VISIT TODAY—THEY ARE SO AWESOME AND STRONG. LUNCH WAS DIFFICULT. IT WAS REALLY BIG AND HEAVY, SO IT JUST SAT IN MY STOMACH. DINNER WAS ACTUALLY PRETTY YUMMY CONSIDERING I WASN'T IN THE MOOD TO EAT. THEN WE HAD CINEMA THERAPY AND IT WAS FUNNY. WE WATCHED TO WONG FOO—IT WAS HILARIOUS!"

■ **SHELLY:** She seems to admire her friends for being strong. Maybe she wants to be more like that. But she might actually like being seen as the weaker, skinny one among her friends. I know that's how I was.

■ **DR. JOHNSON:** I'm not sure that saying her friends are strong means that she feels weak. It may just be that her friends are being more supportive than she ever expected them to be. Hopefully, this is the case.

**DAY 17
AUGUST 3** "FOR LUNCH I HAD SCRAMBLED EGGS, WHICH WAS SORT OF ONE OF MY 'FEAR FOODS.' BUT HERE, I NEED TO CHALLENGE MYSELF BECAUSE THE REAL WORLD WILL HAVE TONS OF MY FEAR FOODS. I'M GOING HOME IN A WEEK, AND WHILE I'VE COME A LONG WAY, I KNOW THE ROAD TO RECOVERY WON'T BE EASY. BUT I'M WILLING TO WORK HARD!"

■ **SHELLY:** A fear food is one you don't usually eat because it would just put you over the edge and make you want to purge. I was scared to death to go home. I felt like everyone would be watching me to see if I did things right. It's a lot of pressure to try to live up to everyone's expectations. Trying to be perfect for everyone definitely can make recovery more difficult for someone with an eating disorder.

■ **DR. JOHNSON:** It's good for patients to have some anxiety about transitioning into the "real world," because it's a reality. But she sounds more than a little anxious. We try to expose patients to a number of their fear foods to show them that the world doesn't come to an end when they eat them.

Some journal entries have been edited for clarity and space.

1 2 3 4 5 6 7 8 9 10 11 12

DAY 18 AUGUST 4

"MANY PEOPLE WERE DISCHARGED TODAY,

AND I'M HAPPY FOR THEM. BUT I'M SUPPOSED TO BE TRYING TO CHANGE MY LIFESTYLE, AND IT'S HARD FOR ME TO DO THAT WHEN I'M CONSTANTLY MEETING NEW PEOPLE—CHANGE IS DIFFICULT FOR ME. BUT I'M DOING VERY WELL. SITTING WITH THE 'FULL' FEELING GETS EASIER EVERY DAY, AND I'M ON THE HOME STRETCH. I'M EAGER TO GET HOME. I SEE A PROMISING FUTURE."

■ **SHELLY:** It's not surprising that she's feeling overwhelmed by change. Eating disorders are all about control. I couldn't control everything around me, so I controlled my eating. And when I couldn't control friends coming in and out of my life, I felt so out of control. Plus, it's hard coming out of a treatment center and trying to adapt after you've been told what to eat, when to eat it, when to sleep, and when to be here or there. It can be overwhelming to come out and not have that kind of structure.

■ **DR. JOHNSON:** Patients do have difficulty when others they've bonded with leave treatment before they do. They may be used to dealing with feelings like sadness or loss through their eating disorders. And trying to deal with things without it can be really hard.

DAY 19 AUGUST 5

"I'M SO TIRED TODAY—I DIDN'T SLEEP WELL AT ALL LAST NIGHT. BREAKFAST WAS REALLY DIFFICULT. I WASN'T HUNGRY AND I FELT SICK, BUT I HAD TO EAT."

■ **SHELLY:** She's just going through the usual good days and bad days. One day you feel like you can do it and you're ready for recovery, and the next day you just want to pull the covers over your head and die. Recovery is hard and is definitely a roller coaster ride.

■ **DR. JOHNSON:** Many people in treatment begin to regress—struggle more and even take a few steps backward—as discharge becomes a reality. It sounds like that's what is going on with her at this point.


DAY 21 AUGUST 7

"WELL, TODAY IS MY 21ST DAY—I SURVIVED! LOL. I MISS EVERYONE AT HOME AND CAN'T WAIT TO BE THERE. BREAKFAST WAS GOOD, BUT MY STOMACH WAS A BIT UPSET. I'M BECOMING MORE AWARE OF MY WEIGHT GAIN, BUT I'M BECOMING OKAY WITH THAT. LUNCH WAS GOOD—I HAD A CHEESEBURGER! ALL IN ALL, I FEEL READY TO GO HOME."

■ **SHELLY:** Here's what I get from this entry: "I can't wait until I'm done with all this and can go back to what I was doing before." I can't imagine anyone with an ED eating a cheeseburger and liking it after only three weeks of treatment. She says some pretty positive things at times, but then she contradicts herself, which makes me wonder how much truth is in this journal.

■ **DR. JOHNSON:** Reading through her whole journal, what's most striking to me is how food-focused she continues to be throughout her stay. There's very little reference to her emotions or how they may be connected to food. There's this seemingly false positivity throughout that you'd expect to see less of by the end. It doesn't appear to me that she's ready to go home.

UPDATE: OCTOBER 19

"I've been out of Renfrew for two and a half months now. I just 'graduated' from seeing my primary therapist, but I still see my nutritionist and apply everything I've learned in therapy to my life every day. It hasn't been an easy recovery by any means; I still struggle with body image. But I look at myself realistically now, seeing my weight as only a number and not who I am. I decided not to go out of state for college. Instead, I'm a freshman at a college in Florida. This way, I'm near my family and doctors for support—plus, I'm riding in the equestrian nationals and wanted to be home to train. My eating disorder will be one of the toughest battles I'll ever fight, but I have high hopes for the future." 

LIFE AFTER THIN

The truth about how Shelly and the other girls from *Thin* are today:



SHELLY

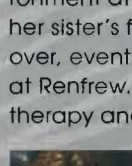
After treatment, Shelly went back to restricting and purging—and ended up with a feeding tube

in her nose. After nearly two years of therapy, she had the tube removed in September 2006. Now married to her high school sweetheart and working part time as a nurse, Shelly says she's finally ready to beat her eating disorder: "I see an end to all of this now. I finally feel like I deserve it."



ALISA

Two days after Alisa left Renfrew, a hurricane hit her home in Florida. She went from the controlled environment at Renfrew to sleeping on her sister's floor—and her ED took over, eventually landing her back at Renfrew. Today, Alisa is in regular therapy and works as a teacher.



POLLY

When Polly left Renfrew, she moved in with a long-lost aunt (who had once struggled with anorexia) in Tennessee. In the past two years, Polly has relapsed three times, most recently in September 2006. But with weekly therapy and nutrition sessions, the rock-climbing instructor is trying hard to get healthy again.



BRITTANY

HBO lost touch with Brittany after *Thin* wrapped and has no information on her recovery.

HBO lost touch with Brittany after *Thin* wrapped and has no information on her recovery.

BRITTANY

HBO lost touch with Brittany after *Thin* wrapped and has no information on her recovery.



◀ *THIN* DIRECTOR LAUREN GREENFIELD PUT TOGETHER THIS EYE-OPENING PHOTO ESSAY BOOK WHILE SHOOTING THE DOCUMENTARY. CHECK IT OUT (CHRONICLE BOOKS, 2006).

PHOTOS OF SHELLY, ALISA, AND POLLY, FROM *THIN*, AN HBO DOCUMENTARY FILMS PRODUCTION, DIRECTED BY LAUREN GREENFIELD. © LAUREN GREENFIELD. VII. SPECIAL THANKS TO RACHEL AMMON AT THE RENFREW CENTER, AND NEW YORK CITY PSYCHOLOGIST MADA HAPWORTH, M.D.