

Families & Eating Disorders

Chapter 3 of 9: The work begins

Ian:

I suppose you've got to look at a particular medical model which is, its going to suit you and your family. Ultimately, you are the primary carers and it's not a, it's not an illness that you can try and get a quick fix with. It's not an illness that you cannot adjust a lot of family structure majorly to. There's a lot of amazing family adjustments that you need to put in place.

Carol:

The day I realised that's what she had was a day off my work. And I rang a number of places to find out what I needed to do. And read, a lot. And what became clear to me was it was going to take a lot of time, and a lot of energy, and I had to just keep going for as long as I needed to. So that next day at work I told my boss that I thought my daughter had an eating disorder and from what I had read, I wouldn't be able to sustain full-time work and I wasn't sure how long it was going to take.

Rosanne:

Well I did stop work when we brought, when I brought my daughter home. I really had to. She was so unwell and there wasn't a hospital bed for her. So I was very lucky that I could but there really wasn't a decision because she needed so much support at that stage.

Alex:

This year Sonya decided not to be involved in usual work, but this is her job now, to support her daughter. That's her job.

Veronica:

I think it's one of the most important things because I know without the support of my family; I wouldn't be here right now. Its just not possible. I can't do it on my own, I can't always recognise the disordered thinking, especially at the start.

Alex:

If we have some function we need to go to we need to say well, Sonya's got to be back because its dinner time or supper time or lunch time, so we make those times have to be observed. You've got to, it's like having a responsibility for a child.

Tracey:

Veronica will sit there some nights and say to me I've forgotten how much I have to eat. I don't know what's a normal amount to have on my plate, can you help me? And we'll say Ok, this is what you do, or I'll do your plate for you tonight, and then see if you can remember.

Lisa:

When you're in a busy lifestyle and we had ... Malcolm wasn't home and we had older girls working, I'd be in and out of town, we lived in and out of town, you can easily not pick up on, you think you leave tea for your kids to eat, but you ... so that probably is where they always talk about how important it is as a family to sit down, because you just don't know what people aren't eating sometimes.

Tracey:

We've always had a meal as a family. We've never had the 'Ok well tonight there is only two of us home, we'll just sit in front of the TV and eat'. We always sit down at the table and eat and I think that has really helped Veronica.

Veronica:

And even when I refused to eat anything I still had to sit at the table because it was unacceptable not to be there.

Alex:

Somehow it helps when you are there at meal times.

Sonya:

I think it's a relief.

Alex:

You've got an ally against this eating disorder. You're not just on your own battling it and trying to eat against its instructions. You've got your mother to say 'that'll be ok, just keep going'.

Veronica:

I couldn't recognise that I wasn't eating enough, or that I was sick and that I had to go to hospital. I just couldn't do any of that, and I needed someone there to do that for me. And I couldn't sit down and eat, I needed someone to say you know 'Come on, you're doing the right thing, you need this'.

Rosanne:

The meal times took up a lot of the day because for somebody who is struggling to eat, it take so long to get through a meal, and when there is three meals and there is three snacks, there's actually not much time in between to do anything else. So I did try to do other things with her, try and distract her. But, we were largely house-bound.

Tracey:

Distraction, at the meal table. Distraction is the key. Even afterwards we used to eat and then we would play board games because that took my mind off things.

Carol:

It's almost like she wanted to forget she had it and she would be quite compliant with the eating. But every time she was reminded, like she would be weighed, for her that was very difficult, because she, on some occasions, she was putting weight on and for her that was very difficult, so for those days, anorexia really raised its head. And those where the days were a meal could take a very long time and would be very, very difficult. And I found it very hard to maintain dishing up the amount I knew she needed to eat.

And of course because she was so depleted, they actually need to eat more than what ... she needed to eat more than what I really needed to eat. So, it was very hard for me to make sure that I dished up enough to be nutritionally ok for her and then by the time she had struggled through that to be very chirpy and say So would you like yoghurt and fruit or would you like ice-cream? and give her ... I used to try and give her a choice, but it was choices within what I knew she had to have and she would look at me and then she'd go Oh well ... fruit and yoghurt.

Alex:

I remember one day Sarah had a choice out of going bowling with her brother and sister or to a basketball function with the girls from basketball when she was a little bit better. And we had this big debate and it went on for about two hours. 'Sarah what would you like to do?'. 'I don't know, I don't know, I don't know'. And in the end I got really angry, and she said See you're angry with me now so I'll do whatever you want me to do'. So the uncertainty (of) anorexia crept into every part of Sarah's life so she became uncertain about everything, so we had to make decisions for her.

Sonya:

Of course, over eighteen she's now in charge so that has added difficulties in that you're not having the direct relationship with her plus practitioners. It's her and the practitioners. And of course I can't really get the information because she's over eighteen.

Ian:

We often had appointments made for my wife and I to find out about our daughter which might be two weeks apart so we were left waiting for long periods of time wondering what we should be doing and wondering what the answers would be between meetings.

Alex:

People like that doctor or the dietitian or the psychologist don't work with the parent, they work with the patient. So you are left there to try and control the, if you like, the cockpit of the aeroplane but you don't know where it going, you don't know you don't know where you are meant to land because everybody's keeping it from you for privacy reasons. You as a parent don't know and the only information you get is from the person that's unwell and what the person is prepared to tell you. So you don't know 'am I getting the full story or not' or are they telling me only what they want me to know.

Veronica:

Yeah there's no point in having a psychiatrist and a dietician and a doctor if none of them are talking and none of them knows what's going on because they are all specialists in their own fields and they can't deal with everything so you need the communication so that they know, so this is what's going on with the food, this is what's going on with the physical stuff.

Carol:

She didn't like the treatment which was basically just being weighed. She wanted all that to stop and that wasn't going to stop until she got to a certain weight but every time she put weight on she was actually failing because she was failing anorexia. So she was tortured, really.

Tracey:

Actually quite often we just laid down on my bed and I'd just hug her and say You need to calm down, you need to think about this, talk to me about what's going on in your head. Sometimes she will and sometimes we just lay there in total silence. It depends on if she's feeling trusting enough to talk to us.