

An investigation into the lived experience of an eating disorder : Analysing a diary extract

Abstract

This was a qualitative review and thematic analysis of a diary extract which detailed the lived experiences of an eating disorder. The aim of this investigation was to a diary abstract and conduct a detailed amount of codes and themes through a thematic process, analysing every word and sentence. The diary detailed the difficult truths of living with an eating disorder through teenage years, strict routines and harmful resolutions. The importance of the extract is that it showcases the harmful impact the mental disorder can have on someones life. Findings through reviewing the abstract showcase having an eating disorder can control your life and have an impact on every aspect of it, especially with friends and relationships. Creating a false image of the 'perfect body' and 'perfect routine', restricting freedom and enjoyment as everything is sequenced and arranged in a certain way, every day, every week for months on end.

Introduction/Literature review

Eating disorders are on the rise, due to the verse amount of societal pressures living in the digital world, higher amounts of comparisons, idolised bodies and often portrayed perfect diet (Elliott, D. J.,2022). An eating disorder (ED) are classified by a continued interference of eating or related behaviours in which change the consumption of food leading to impairment of physical and psychosocial functioning (DSM-5, 2013). Due to the uniqueness and variety of eating disorders there are multiple diagnostic criteria, as some involve the undertaking of food and others such as Binge eating disorder (BED) involving eating large amounts of food in a small amount of time. With Anorexia Nervosa (AN), the reduction of food intake which leads to a significant low body weight, defined as less than normal for expected age, sex and developmental factors of an individual also involving the displacement of periods for females (DSM-5,2013). Bulimia Nervosa (BN) on the other hand involves a episodic recurrence of binge eating, the feeling of lack of control of eating or combined with repeated harmful actions to lower weight gain such as self-induced vomiting, using laxatives or diuretics as well as excessive exercise, usually influenced by self perception of body and weight.

Eating disorders are considered a psychiatric pathology with complex pathogenesis which are linked to several individual and relational factors (Erriu, M., Cimino, S., & Cerniglia, L. 2020). Most prevalent during Adolescence, affecting predominantly the female population of adolescent girls from 13 to 30 years old, with the male ratio of about 1 in 10. Adolescence is the time of mass hormonal changes within the body, maximising thoughts about self perception (Erriu, M., Cimino, S., & Cerniglia, L. 2020). According to Priory (2023) which is a healthcare facility for mental health support. Between 1.25 to 3.4 million people in the UK alone are affected by an eating disorder of some kind, 25% of those being male. Anorexia Nervosa is most prevalent with 16-17 year olds and bulimia nervosa being 18-19. However, there are findings of children as young as six years old to adults aged seventy having symptoms. Research from Polivy, J., & Herman, C. P. (2002) has suggested that body dissatisfaction, individual risk factors and cognitive functioning has an impact on an individual developing an eating disorder. Patching, J., & Lawler, J. (2009) showcased that the key feelings of coping with an eating disorder is the ability to 'control' your actions or not being able to at-all, as well as 'conflict' with a poor sense of self-acceptance and forceful behaviour. The International Journal of Neuropsychiatric Medicine, was one of many to hypothesise links between Body Dysmorphic Disorder (BDD) and Obsessive-Compulsive Disorder (OCD) to Eating Disorders. Linking to the compelling, delusional symptoms that arise. Body dysmorphic symptoms are very well known within an eating disorder with the individual is unaware or less conscious of the bodies reality and has increased likelihood to compare to others (Phillips, K. A., & Kaye, W. H.,2007). Collison, J., & Barnier, E. (2020) targeted body dysmorphic and eating disorder symptoms of 100 female models,

which are known to be ‘high-risk’ to these disorders due to the societal pressures of perfectionism, which were compared to 100 age-matched students. Ninety two of these models met criteria for an eating disorder and twenty six categories for BDD. Compared to fifty three students fitting criteria for an eating disorder and two BDD. Which was a dramatic difference, although still primarily high. Models also stated ‘greater body image disturbance, dysmorphic appearance concern, depression, stress and functional impairment’. Adolescence is the time of predominantly living with parents which meant, Erriu, M., Cimino, S., & Cerniglia, L. (2020) saw it an important point of investigation into the link of family functioning and behavioural and emotional wellbeing as well as the quality of those relationships by carrying out a review into the role of family relationship within eating disorders. A crucial point of the review was that family structure can influence individual behaviour over time, impacting a range of aspects in life such as the relationship the child has with weight and eating routines. Family system theories also identify the crucial role they have in the genesis and maintenance of EDs, with historical evidence of negative family dynamics leading to ED development. Someone who has an Eating Disorder also comes with a strong need of a routine. Such as a compulsive amount of exercise (Vitkova, T. L.,2023). Strict calorie counts and meal plans (Babicz-Zielinska, E., Wadolowska, L., & Tomaszewski, D.,2013).

Routines are seen in patients with Bulimia, as they eat large quantities or eat food they see as “a treat” followed by puking to decrease calorie and fat intake as well as involving secrecy in their actions by hiding proof of consumption quickly (NHS,2023). Richmond, T. K., et al (2020) states the recovery from an eating disorder can be very difficult due to its likelihood to relapse, there is also a lack of information on recovery process of eating disorders due to their complexity and variety, which makes the approach of treatment difficult. For example, with anorexia nervosa (AN) recovery rates range from 57% to 94% depending on which recovery definition was used. In a similar study, found rates of recovery from AN ranging from 8% to 88% followed by 0 to 92% (Ciao, A. C., Accurso, E. C., & Wonderlich, S. A.,2016). The rationale of this report is to critically analyse a diary extract of someone with an eating disorder through a thematic analysis. Detailing the harmful difficulties which arose and its importance to highlight the lived reality. Carried out through a qualitative analysis, which allows questions to be asked and to understand human behaviour in more depth unlike quantitative research (Cleland JA.,2017). To conclude, the aim of this study is to investigate this one persons lived experiences with an eating disorder.

Method/Methodology

Design

A non experimental qualitative approach was taken using a thematic analyse of a diary extract detailing someone suffering from an eating disorder. This was not testing for any differences.

Participants

Name of the participant is Amanda Green.

Lives in a small home with possibly her father.

Age of the participant now is not known, but refers to being 15 at the beginning of the extract and 32 towards the end.

Time of publication of the extract is not stated. However, there is mention of 1990.

The data was analysed using thematic analysis by a level 5 applied psychology student.

Materials

A computer, Internet access, A A4, three paged diary extract which is not dated, displaying details of someone suffering from an eating disorder.

See appendix 1 for diary extract (clean).

See appendix 2 for diary extract (edited with codes).

See appendix 3 for detailed code list.

Procedure

See appendix 4 for procedure.

Ethical considerations

No ethical approval was needed before reading this abstract as it was an article in the public domain meaning it entailed autonomy. However, Own risks had to be considered involving data protection, and this extract has the capability of being a trigger for some people of past experiences of eating disorders by being a subject of sensitive nature, it is also a diary extract that needs high respect due to its personal story.

Results/Discussion

My initial views upon reading the abstract was that it was a very dangerous spiral routine Amanda was stuck in, with strict limits on everything possible. It made me feel uneasy reading what she had been through, to the extreme in which she had taken herself. Firstly I thought Amanda was 15 but later states looking back to the age of 32, suggesting she is older. I noticed little mention of a Mum figure with a lot of emphasise on her Dad, going shopping with him and him having to explain to her everything about growing up. There was also verse body dysmorphic symptoms as well as a lot of forceful behaviour to not eat or eat as fast as possible. I saw a lot of bulimic features also showcased when she was self inducing vomiting and eating a lot near a bin to possibly lose the evidence and stay away from any view of people. There was mention of boys and memories possibly initiating a bad past that she had dealt with. She also kept routines a secret which may initiate not a strong family bond but was stronger with friends.

Table 1 - Summary Table

A summary table of themes, keywords and page numbers as supportive evidence

Theme	Quote Keywords	Page/Line number
1.Body dysmorphia and Comparisons	" I didn't see my skinny frame or my strained face,just the bulge in my tummy"	Page 1, Line 5
	"My friend at the time, a skinny, pretty girl called Marcia was thinner than me. I felt fat. "	Page 2, Line 11
	"I had my head in all kinds of diet plans and books and wrote down in a little pocket book everything that passed my lips. I stared at the list, dissatisfied "	Page 1, Line 13-15
2.Emotions	" the decrease in pounds of my bodyweight pleased me"	Page 1,Line 16
	" laxatives were good because they pushed the food through quicker and the calories and fat were less absorbed"	Page 1, Line 17
	"in the form of little chocolate pieces...."	Page 1, Line 19
	"Those little miracle pieces of chocolate worked a treat "	Page 1, Line 20
	"I was an emotional wreck; nervous,inward,lacking confidence,dressing down in baggy clothes"	Page 3, Line 21

3. Poor family Function	“ It was Dad who had to explain..”	Page 1, Line 2
and Secretive	" We didn't have regular meals being cooked in my house, so I was able to keep my little diet to myself "	Page 2, Line 14
	“ by the bin , I would munch my way through packets of food”	Page 2, line 18
	“Keeping the puking a secret ”	Page 2, Line 28
	“ My parents knew nothing about my diet and my secret routines”	Page 2, Line 44
4. Routine and	“ Usually I would meet with my friends for lunch....”	Page 1, Line 26
Disordered	“But, I’d go home instead as part of my new routine ”.	Page 1, Line 30
Eating	“Starting the six day process all over again”	Page 2, Line 25
	"Dieting for days on end, binging and throwing up, and exercising for hours a day”	Page 2, Line 41
	“My close friends had become increasingly worried about me loosing my periods ”	Page 3, Line 4

Discussion

1.Body Dysmorphia and Comparisons

Amanda Green showcased in page 1, line 5 that she was not aware of the reality of her body “I didn’t see my skinny frame or my stained face, just the bulge in my tummy”. As mentioned by (Phillips, K. A., & Kaye, W. H.,2007) Dysmorphic view of not perceiving the body as to what it is or seeing something else. In this case, Green thought she was overweight. She also showcased low self-esteem when with friends, with the likelihood to compare herself to them, “My friend at the time, a skinny, pretty girl called Marcia was thinner then me. I felt fat”.

2.Emotions

Patching, J., & Lawler, J. (2009) stated that the ability to control your actions was big within an eating disorder. Amanda showcased depth research to which food consumption “I had my head in all kinds of diet plans and books” however, she was later “dissatisfied” if there was too many calories in the food, but was “pleased” to see the “decrease in pounds” in her body when she was able to control food consumption. Another way Amanda was able to control food was by taking laxatives and naming them “little chocolate pieces” to ignore the fact they could potentially cause harm but instead “they worked a treat” when speeding up digestion. Amanda states being “an emotional wreck, inward, lacking confidence, dressing down in baggy clothes” Similarly Collison, J., & Barnier, E. (2020) saw models reporting ‘greater body image disturbance,dysmorphic appearance concern,depression,stress and functional impairment’.

3.Poor Family Function and Secretive

Throughout the diary extract there is little mention of Amanda’s mum, and more emphasis on her Dad “It was Dad who had to explain..” possibly suggesting a not very close knit family function. Erriu, M., Cimino, S., & Cerniglia, L. (2020) suggested the importance of the family functioning and the influence it can have on well-being. Amanda also stated that “we didn’t have regular meals at the house, so I was able to keep my little diet to myself” and that “my parents knew nothing about my diet and my routines” showcasing it was all a secret that she did not have a close relationship, indicating independence. Amanda showcased she had more support from friends compared to family. As well as secrecy being a big impact in eating disorders by displacing evidence of consumption quickly (NHS,2023) "by the bin, I would munch my way through packets of food” Amanda may be feeling guilty to eating by standing by the bin, to hide any evidence of wrappers.

4.Routine and Disordered Eating

Amanda displayed having a “six day process” and no longer going to see her friends as her “new routine” was more important. Babicz-Zielinska, E., Wadolowska, L., & Tomaszewski, D.,2013 stated the repeating cycle of strict calorie counts and meal plans “Dieting for days on end,binging and throwing up and exercising for hours a day” Vitkova, T. L.,2023 showcased excessive exercise within an eating disorder routine. Amanda also states “losing her period”and that her “friends had become increasingly worried about her” allowing for the assumption that she was closer to her friends compared to her family.

Implications, Limitations and Future research

The implications of this analysis was that the recovery process of an eating disorder is difficult due to their complexity and likelihood to relapse (Richmond, T. K., et al.,2020) however with earlier interventions this lessens the chance of recovery which was shown within this abstract. There is a need for further research into recovery of eating disorders as there isn't only one solution also that societal and relational factors play a role (Erriu, M., Cimino, S., & Cerniglia, L.,2020). There was also similar emotions stated from research to the diary extract and a vicious state of routine over six days which is known to show higher prominence in eating disorders. Another implication is that there was no clear solution to Amandas eating disorder, she attends a doctors meeting but was not diagnosed and continued to suffer for seventeen years from what is said. If not diagnosed and treated early, eating disorders can be associated with a wide range of health issues, including malnutrition, heart issues as well as gastrointestinal problems (Feng, B., et al.,2023). This was shown by Amanda by needing to get teeth extracted and developing severe IBS, which is a life long condition with no known treatment. Amanda mentioned being fifteen and thirty two years old, age at present is not stated.

Limitations include having no chance of further questioning as it was done to outline a personal time within Amandas life, and there was only one participant which is not very broad and little information. The seventeen year gap is also skipped, what happened between those years to Amanda is unknown. In aid of future research, improved treatment methods will be important which are less complex and more efficient. Further more, with more research individuals struggling with eating disorders will gain the support they need.

Conclusion

In conclusion, eating disorders are severe mental conditions that can have a verse affect on an individuals physical and mental health. The current research apposed for them is diverse and treatment is dependent on the person. Amanda did not gain clear treatment and was not diagnosed from what is stated in the abstract, instead she had to experience further long-term issues. Through doing this thematic analyse, it allowed questions and assumptions and further questioning for the future. Current discoveries on eating disorders suggest the need for continued research into the underlying causes, risk factors and effective treatments.

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Appendices

Appendix 1

Diary extract clean version

My eating disorder – an excerpt from my memoir 'My Alien Self: My Journey Back to Me'

When I was fifteen I looked in the mirror and saw someone else.

I was growing up. It was Dad who had to explain about periods and buy me my first sanitary towels. Imagine that?

But it wasn't just that.

In the mirror, it wasn't those changes I saw. And I didn't see my skinny frame or my strained face, just the bulge in my tummy.

I resolved I had to do something about it and made a plan that would hopefully obliterate it forever. It had to be flat, end of.

I had been working quite hard on the project over the previous few months, but had found nothing that fixed the tummy issue. I'd lay on my bed with my knees propped up in my little private pink room, surrounded by posters of the Bros boys, Nick Kamen, James Dean and fluffy kittens, avidly revising the calorie counts of every type of food or drink that I might consume at some point or another. I had my head in all kinds of diet plans and books, and wrote down in a little pocket book everything that passed my lips. I stared at the list, dissatisfied. Always one too many boiled sweets or a banana, which was a whopping ninety calories.

I weighed myself a few times a day and the decrease in pounds of my bodyweight pleased me.

I had read somewhere that laxatives were good because they pushed the food through quicker and the calories and fat were less absorbed, leading to weight loss. Great idea! Off to the chemist, I bought Ex-Lax laxatives off the counter – in the form of little chocolate pieces in a cardboard packet, got home and shoved some in my mouth. Those little miracle pieces of chocolate worked a treat when I was having my 'one day of eating'. If food entered my body, it had to exit as fast as possible, so I had an answer for everything.

Sitting on the toilet a few hours later, emptying the contents of my bowel in fast succession was such a relief – I loved diarrhoea. I'd also found Limmits lunch bars by then – a low calorie 'meal in a bar' – and would just eat those apart from an occasional dinner. But soon it interfered with school.

Usually I would meet my friends for lunch. We'd eat our packed lunch and either hang out in the school grounds, bantering about something, or we'd rush over the school field to the public playground, where all the boys went. They loved to excite us by spinning us round fast on the merry-go-round. We'd laugh our heads off, until we thought we'd fly off it. Boys could be bad, of course.

But, I'd go home instead as part of my new routine. Each trip was nearly a mile, so I'd walk nearly four miles a day, just going to and from school and spent more time on my own with my new diet obsession.

Before long, I found myself running most nights after school. I felt free as I ran round the back roads of my town to the fields beyond. My trainers pounding the track, I taught myself how to deal with a stitch in my side – breathe all the time methodically and slowly as I ran, and the air didn't get caught. Every step freedom, every step my body felt better, every step I pounded out the thoughts in my head – memories, events, boys, shit! All shit! Get it out. Writing my diary every day helped to erase the day, but running really pushed it all away into the recesses of my mind.

Midway through the three-mile jog, I had half a cigarette – rationed exactly. The other half would be put back in my box for another time. I enjoyed it. Being in full control of my actions, to overcome my

grumbling belly and hunger, was an achievement. After two days of eating nothing, the hunger subsided, my stomach felt empty and I was full of energy to exercise even more. What a wonderful feeling, feeling so light, and to see that flat tummy in the mirror – it was worth all the effort. It was about taking control. If I couldn't control others, I could control myself.

But rain stopped me jogging.

If a downpour came, typically British climate, I'd put some music on in my room and do star jumps, running on the spot or dancing, watching how every bit of my body moved intently in the mirror on my chest of drawers. I particularly liked Diana Ross' Upside down and I loved dancing – it made me feel free. I couldn't do much as I had around four foot by two foot floor space, but I managed a sweat and I just had to do it for longer to achieve results, then straight in the shower.

My friend at the time, a skinny, pretty girl called Marcia was thinner than me. I felt fat. When it came to boys, she got most of the attention. Eventually, I had a strict routine going, which entailed no food for three days, except for three boiled sweets.

We didn't have regular meals being cooked in my house, so I was able to keep my little diet to myself. Following the three day period of starvation, I would binge, stuffing sausage rolls, cream cakes and other naughty foods in my mouth, always waiting until the house was empty. When out shopping with Dad every Friday, I would choose all these treats myself so they would be waiting in the fridge for the right moment. Standing at the end of our narrow kitchen, by the bin, I would munch my way through packets of food ravenously. I would then do one of two things. I might chew the food, spit it out into the kitchen sink and dispose of it down the plug hole so it didn't enter my stomach. Or, if I felt like a treat, I would scoff them as fast as I could, go upstairs and stick my fingers down my throat and puke the whole lot up, repeatedly purging until there was nothing left in my gut to come up or the retching and acids caused too much pain in my stomach or throat.

Next, I would eat as normally as possible for two days, everything calorie counted and logged, using ExLax to push it through, then back to starving – starting the six day process all over again.

I remember continuously bashing my hip bone on everything and I loved to see the bones on my chest and ribs poking through my skin. I was never, thank God, at death's door. This six stone person was fantastic at covering her body, keeping the puking a secret, and dodging all possibilities of getting caught or stopped and it lasted for several months. Although I have to confess, I still had issues with food for years afterwards.

At school, I began taking the cross country and long distance running seriously in P.E, and in our last Sports day I came second in the 1500 metre race, coming second only to a competitor for our county – a professional. Finally, the need to succeed overcame my self consciousness.

Looking at the numerous photos of myself taken a couple of years after this period, I can see that it worked and I did have a flat tummy, but there are no photos of the time of my 'diet' – an unusual gap in my life history of photos.

Dieting for days on end, bingeing and throwing up, and exercising for hours a day, took its toll and my body started giving up and my periods stopped by the summertime. I reckoned this was great, but my friends did not. I hated periods – the pain, the blood, bad, erratic moods – everything about them. I got them pretty bad. I didn't want them anymore, so this was another achievement. I suffered lots of stomach cramps two years later, which turned into severe IBS when I tried eating properly again, for which I self prescribed hot chocolate and smoking weed. It was a three-day stay in hospital that led to my diagnosis for my chronic pain, constipation and diarrhoea.

My parents knew nothing about my diet and my secret routines. By the time I was thirty-two, I had had three teeth extracted and lots of root canal treatment and I think it was connected to this early abuse of my body – acids rot teeth and upset the gut, and lack of nutrition make teeth weak .

It was 1990; the start of a new decade. Maybe what I needed after what happened with Vinnie and then the saddest Christmas I could remember.

But it wasn't the best of starts.

My close friends had become increasingly worried about me losing my periods for what was now five months, so Jane had offered to come with me. Sitting in the waiting room, my nerves were frayed, my thoughts filled with horror, and I got more and more restless as each minute passed. I was just short of bursting into tears when the doctor called me in. I told Doctor Griffiths everything, five months, I've had no periods. He gave me a form to send to the local hospital for a referral.

Finally the hospital appointment came. I had the day off school to go and managed to get Mum to go with me, although she didn't like hospitals. The letter the specialist sent to my GP said...

This lady has secondary amenorrhoea, I am sure because she lost two stone in weight in three months last year and though she has gained some weight she is still only 7st 4lbs clothed at a height of 5ft 3 ins. She actually knew the reason and has spent some time dissuading some of her friends from dieting this year. I have told her that she has to be well over 7 ½ stone and I think she will probably achieve this. I don't think she is in a particularly anorectoid state. I have arranged to see her again.

A great start to the year that was. I was always good at dealing with these things with my happy, positive 'persona'. I temporarily didn't care about how I looked anymore and had my hair cut into a crop – back to my natural dark mousy blonde colour. I didn't want to look pretty anymore or attract any boys or men, although I did have a boyfriend of sorts, but I didn't really like him. I wanted to end that Amanda Green; take all her armour away. I didn't care. I felt shit. I wanted to be a child again and couldn't stop crying. I was an emotional wreck; nervous, inward, lacking confidence, dressing down in baggy clothes and had a real need for drink... So, it was no surprise when I went on my skiing trip in February that I had a few problems...

Appendix 2

Diary extract after analyse with codes

disordered eating > behaviours aimed at weight control.

My eating disorder – an excerpt from my memoir 'My Alien Self: My Journey Back to Me'

What was life like before she was fifteen?

When I was fifteen I looked in the mirror and saw someone else.

I was growing up. It was Dad who had to explain about periods and buy me my first sanitary towels. Imagine that? Sadness, embarrassment, no good rolemodels? family function?

But it wasn't just that.

In the mirror, it wasn't those changes I saw. And I didn't see my skinny frame or my strained face, just the bulge in my tummy.

why? → I resolved I had to do something about it and made a plan that would hopefully obliterate it forever. It had to be flat, end of.

where was the focus from.

I had been working quite hard on the project over the previous few months, but had found nothing that fixed the tummy issue. I'd lay on my bed with my knees propped up in my little private pink room, surrounded by posters of the Bros boys, Nick Kamen, James Dean and fluffy kittens, avidly revising the calorie counts of every type of food or drink that I might consume at some point or another. I had my head in all kinds of diet plans and books, and wrote down in a little pocket book everything that passed my lips. I stared at the list, dissatisfied. Always one too many boiled sweets or a banana, which was a whopping ninety calories.

laxatives = chocolate.

I weighed myself a few times a day and the decrease in pounds of my bodyweight pleased me.

I had read somewhere that laxatives were good because they pushed the food through quicker and the calories and fat were less absorbed, leading to weight loss. Great idea! Off to the chemist, I bought Ex-Lax laxatives off the counter – in the form of little chocolate pieces in a cardboard packet, got home and shoved some in my mouth. Those little miracle pieces of chocolate worked a treat when I was having my 'one day of eating'. If food entered my body, it had to exit as fast as possible, so I had an answer for everything.

Sitting on the toilet a few hours later, emptying the contents of my bowel in fast succession was such a relief – I loved diarrhoea. I'd also found Limmits lunch bars by then – a low calorie 'meal in a bar' – and would just eat those apart from an occasional dinner. But soon it interfered with school.

Usually I would meet my friends for lunch. We'd eat our packed lunch and either hang out in the school grounds, bantering about something, or we'd rush over the school field to the public playground, where all the boys went. They loved to excite us by spinning us round fast on the merry-go-round. We'd laugh our heads off, until we thought we'd fly off it. Boys could be bad, of course.

But, I'd go home instead as part of my new routine. Each trip was nearly a mile, so I'd walk nearly four miles a day, just going to and from school and spent more time on my own with my new diet obsession.

4 miles a day to and from school running after school

Before long, I found myself running most nights after school. I felt free as I ran round the back roads of my town to the fields beyond. My trainers pounding the track, I taught myself how to deal with a stitch in my side – breathe all the time methodically and slowly as I ran, and the air didn't get caught. Every step freedom, every step my body felt better, every step I pounded out the thoughts in my head – memories, events, boys, shit! All shit! Get it out. Writing my diary every day helped to erase the day, but running really pushed it all away into the recesses of my mind. diary helped suppress running got rid.

Shit situations

Midway through the three-mile jog, I had half a cigarette – rationed exactly. The other half would be put back in my box for another time. I enjoyed it. Being in full control of my actions, to overcome my

rationed food

lack of support from family but support from friends.

fifteen straight female, no mention of transgender or LGBTQ+ references

no mum figure?

body dysmorphia

private? why?

Dysaesthesia

to get used to body not having blood

typical weather how she has to exercise indoors? upside down based upon a boy

why where was her dad? what's money situation? world situation by the bin, so all packets are gone quickly.

female.

friends saw the impact. I needed chocolate and drugs.

dental treatment.

grumbling belly and hunger, was an achievement. After two days of eating nothing, the hunger subsided, my stomach felt empty and I was full of energy to exercise even more. What a wonderful feeling, feeling so light, and to see that flat tummy in the mirror - it was worth all the effort. It was about taking control. If I couldn't control others, I could control myself.

But rain stopped me jogging. something happened out of her control?

If a downpour came, typically British climate, I'd put some music on in my room and do star jumps, running on the spot or dancing, watching how every bit of my body moved intently in the mirror on my chest of drawers. I particularly liked Diana Ross' 'Upside down' and I loved dancing - it made me feel free. I couldn't do much as I had around four foot by two foot floor space, but I managed a sweat and I just had to do it for longer to achieve results, then straight in the shower.

Focuses on appearance of others. I felt fat. When it came to boys, she got most of the attention. Eventually, I had a strict routine going, which entailed no food for three days, except for three boiled sweets. - wanted boys attention? Jealously causing strict routine.

We didn't have regular meals being cooked in my house, so I was able to keep my little diet to myself. Following the three day period of starvation, I would binge, stuffing sausage rolls, cream cakes and other naughty foods in my mouth, always waiting until the house was empty. When out shopping with Dad every Friday, I would choose all these treats myself so they would be waiting in the fridge for the right moment. Standing at the end of our narrow kitchen by the bin, I would munch my way through packets of food ravenously. I would then do one of two things. I might chew the food, spit it out into the kitchen sink and purging until there was nothing left in my gut to come up or the retching and acids caused too much pain in my stomach or throat.

Next, I would eat as normally as possible for two days, everything calorie counted and logged, using ExLax to push it through, then back to starving - starting the six day process all over again.

I remember continuously bashing my hip bone on everything and I loved to see the bones on my chest and ribs poking through my skin. I was never, thank God, at death's door. This six stone person was fantastic at covering her body, keeping the piking a secret, and dodging all possibilities of getting caught or stopped and it lasted for several months. Although I have to confess, I still had issues with food for years afterwards.

At school, I began taking the cross country and long distance running seriously in P.E. and in our last Sports day I came second in the 1500 metre race, coming second only to a competitor for our county - a professional. Finally, the need to succeed overcame my self consciousness. improvement?

Looking at the numerous photos of myself taken a couple of years after this period, I can see that it worked and I did have a flat tummy, but there are no photos of the time of my 'diet' - an unusual gap in my life history of photos. - no photo evidence of this stage. Self conscious? insecure? ashamed?

Dieting for days on end, bingeing and throwing up, and exercising for hours a day, took its toll and my body started giving up and my periods stopped by the summertime. I reckoned this was great, but my friends did not. I hated periods - the pain, the blood, bad, erratic moods - everything about them. I got them pretty bad. I didn't want them anymore, so this was another achievement. I suffered lots of stomach cramps two years later, which turned into severe IBS when I tried eating properly again, for which I self prescribed hot chocolate and smoking weed. It was a three-day stay in hospital that led to my diagnosis for my chronic pain, constipation and diarrhoea - chronic pain. IBS. 22.

My parents knew nothing about my diet and my secret routines. By the time I was thirty-two, I had had three teeth extracted and lots of root canal treatment and I think it was connected to this early abuse of my body - acids rot teeth and upset the gut, and lack of nutrition make teeth weak.

enjoyed dancing everything is planned. confined spaces.

didn't tell family about diet or bingeing was always aware.

routine for what happens with she ears.

routine of 3 day starvation followed by 2 days a normal binge day then 2 days normal. what's on day 7?

periods stopped.

body got used to no food causing IBS.

It was 1990; the start of a new decade. Maybe what I needed after what happened with Vinnie and then the saddest Christmas I could remember. — what happened.

But it wasn't the best of starts.

My close friends had become increasingly worried about me losing my periods for what was now five... months, so Jane had offered to come with me. Sitting in the waiting room, my nerves were frayed, my thoughts filled with horror, and I got more and more restless as each minute passed. I was just short of bursting into tears when the doctor called me in. I told Doctor Griffiths everything, five months, I've had no periods. He gave me a form to send to the local hospital for a referral.

Finally the hospital appointment came. I had the day off school to go and managed to get Mum to go with me, although she didn't like hospitals. The letter the specialist sent to my GP said...

This lady has secondary amenorrhoea, I am sure because she lost two stone in weight in three months last year and though she has gained some weight she is still only 7st 4lbs clothed at a height of 5ft 3 ins. She actually knew the reason and has spent some time dissuading some of her friends from dieting this year. I have told her that she has to be well over 7 1/2 stone and I think she will probably achieve this. I don't think she is in a particularly anorectoid state. I have arranged to see her again.

A great start to the year that was. I was always good at dealing with these things with my happy, positive persona, I temporarily didn't care about how I looked anymore and had my hair cut into a crop — back to my natural dark mousy blonde colour. I didn't want to look pretty anymore or attract any boys or men, although I did have a boyfriend of sorts, but I didn't really like him. I wanted to end that Amanda Green, take all her amour away. I didn't care. I felt she. I wanted to be a child again and couldn't stop crying. I was an emotional wreck; nervous, inward, lacking confidence, dressing down in baggy clothes and had a real need for drink... So, it was no surprise when I went on my skiing trip in February that I had a few problems...

why?
is she bad too? what's her past? similar maybe

have cover up cover up.

emotions felt.

who is vinnie.

getting help

persuading her friends not to die

speaking mistakes

Amanda Green her name?

drawn a lot. lead to other issues?

she felt like she had to have a boyfriend? didn't really like him.

withdrawal symptoms.

improvement but relapsed?

Appendix 3

Extract references and codes

Key extract reference	Codes
Page 1	
1. “when I was fifteen I looked in the mirror and saw someone else.”	1. Body dysmorphia?
2. “It was Dad who had to explain about periods”	2, Embarrassment? poor family function No mum figure?
3. “I didn’t see my skinny frame or my strained face, just the bulge in my tummy”	point 3 and 4 linking into body dysmorphia
4. “It had to be flat, end of.”	
5. “in my little private pink room”	5. Why was it private? Hiding?
6. “avidly revising the calorie counts of every type of food or drink”	6 + 7 Where did she get the books?
7. “head in all kinds of diet plans and books”	
8. “I weighed myself a few times a day and the decrease in pounds of my bodyweight pleased me”	8. Constant body conscious?
9. “laxatives were good”	9. Using laxatives to loose weight
10. “in the form of little chocolate pieces in a cardboard packet.	10. Naming them as food
11. “If food entered my body, it had to exit as fast as possible, so I had an answer for everything.	
12. “a low calorie ‘meal in a bar’ “	12. Substitutes?
13. “an occasional dinner”	13. Had to be independent?
14. “Usually I would meet my friends for lunch.”	14- 16. choosing her diet over friends
15. “But,I’d go home instead as part of my new routine”	
16. “spent more time on my own with my new diet obsession”	
17. “I taught myself how to deal with a stitch in my side”	17. Forcing through pain
18. “memories, boys,shit! All shit! Get it out. Writing my diary every day helped to erase the day, but running really pushed it all away”	
19. “I had half a cigarette –rationed exactly.”	19. Was rationing everything possible
Key Extract reference	Codes
Page 2	

1. "If I couldn't control others, I could control myself" 1. What happened?
 2. "typically British climate"
 3. "couldn't do much as I had around four foot floor space" 3. Lived in a small house?
 4. "My friend at the time, a skinny, pretty girl called Marcia was Thinner than me. I felt fat" 4. Comparing herself to others?
 5. "I had a strict routine going" 5. Strict food routine,
 6. "We didn't have regular meals being cooked in my house,
so I was able to keep my little diet to myself." 6. Links to poor family function
She had to be independent from a young age?
 7. "always waiting until the house was empty" 7. Secrecy?
 8. "When out with shopping with Dad every Friday, I would choose
all these treats myself"
 9. "by the bin, I would munch my way through packets of food" 9. Hiding evidence of wrappers?
 10. "repeatedly purging until there was nothing left in my gut to
come up or the retching and acids caused too much pain in my stomach" 10. Causing pain
 11. "starting the six day process all over again" 11. linking to (5) was a strict process
 12. "I loved to see the bones on my chest and ribs poking through my skin."
 13. "This six stone person was fantastic at covering her body, keeping
the puking a secret and dodging all possibilities of getting caught"
 14. "lasted for several months."
 15. "I still had issues with food for years afterwards."
 16. "Finally, the need to succeed overcame my self consciousness"
 17. "my periods stopped by the summertime"
 18. "I suffered lots of stomach cramps two years later,
which turned into severe IBS, when I tried eating properly again,
for which I self prescribed hot chocolate and smoking weed" 12- 19. Caused long term issues
 19. "My parents knew nothing about my diet and my secret routines.
By the time I was thirty-two, I had three teeth extracted"
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Extract reference	Codes
Page 3	
1. "the saddest christmas I could remember"	1. What happened?
2. "My close friends had become increasingly worried about me losing my periods for what was now five months"	2. Disordered eating symptom
3. "Finally the hospital appointment came, I had a day off school To go and managed to get Mum to go with me, although she didn't like hospitals"	3. Mum is mentioned and she goes to hospital why didn't mum like hospital? Her past?
4. "This lady has secondary amenorrhoea"	4. Wasn't diagnosed, periods were main concern
5. "I don't think she is in a particular anorectoid state"	5. not in an anorexic state at that time?
6. "positive 'persona', I temporarily didn't care about how I looked"	6.Improvement?
7. "I did have a boyfriend of sorts, but I didn't really like him"	7.Pressure to have one?
8. "I wanted to end that Amanda Green; take all her armour away."	8. Hiding?
9. "I was an emotional wreck; nervous, inward, lacking confidence, dressing down in baggy clothes and had a real need for a drink..."	9. Emotions
10. "So, it was no surprise when I went on my skiing Trip in February that I had a few problems..."	10. Relapse?

Appendix 4 - Procedure

To begin, I printed out my chosen diary abstract out of a choice of.. abstracts. My chosen diary extract was 'Eating Disorder', and I then started my familiarisation phase of thematic analyse. This was done through reading the extract 4 times before making any notes on the extract. Once I was familiar with the contents of my chosen extract, I made notes alongside both sides of the paper and under words, highlighting key sentences as I went along with the analyse. This continued me to conduct my relevant codes by identifying patterns in the text and labelling relevant features, this involved deep engagement with the abstract and showcased by semantic and latent codes, just showcasing what the person has said and then challenging those to develop underlying ideas, this stage took a lot of time and I frequently went back and reviewed my codes 3 times. Progressing from getting my codes, I was able to start searching for my themes (also known as stage 3 in thematic analyse) which was also a stage that took a long time as it was needed to be thorough. This was done by combining relevant codes and promoted those that were more complex, making sure that those themes captured the data needed. After my themes were chosen after checking them 3 times also, I then went ahead to phase 4 by reviewing the themes and making sure that they work well with my codes and if they made sense together and most importantly that they addressed my research question, which took 4 attempts to accomplish as it was a crucial step within this thematic analyse. Once the themes were set, the stage of defining and naming them began and the beginning of inputting them into a table which clearly showcases the theme, the definition and relevant evidence. Finally, completed with the write up of the report.