

Do These Jeans Make Me Look Fat?  
Adolescent Eating Disordered Behaviors and Body Image Dissatisfaction as Examined in  
Linda Daugherty's *Eat (It's Not About Food)*

by

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## Abstract

Western culture maintains an intense obsession with body image. The sheer volume of diet and performance-enhancing products, as well as weight loss and exercise plans, prove dizzying in an intensely mediated culture. Moreover, the equation of thinness as physical perfection permeates these mediated messages. Teenagers have a particular vulnerability to the concept of body image. Teenagers battle internal as well as external physical pressures surrounding the thin-ideal on a daily basis. Yet, too often these struggles remain unspoken, leading to the development of eating disorders such as anorexia and bulimia nervosa.

I propose that a theatrical experience which presents the dark and tortured world of body image and eating disorders provides the necessary spark for positive conversation as a means to challenge the mediated thin-ideal. Through analysis of Linda Daugherty's 2008 script, *Eat (It's Not About Food)*, alongside the medical literature, the potential for such conversations becomes evident. Considerations of eating disorders, body image as a construct and the mediated forces at work behind this notion provides a more thorough analysis of the production elements. Furthermore, the reflection on theatre as a methodology provides insight into ways to utilize dramatic procedures to assist those teenagers struggling with body image. I organize my analysis of Daugherty's illustrations of the side effects of anorexia and bulimia nervosa into five areas: psychological, mediated, behavioral, social, and physical. This allows the accuracy of the portrayals major focus. Also, the inclusions of a study guide and interactive forum designed for the production serve as conduits for deeper processing of the presented dramatic themes. Placing these topics in the theatrical space allows the pathway for fruitful conversation to unfold. In doing so, teenagers can confidently challenge the enforced thin-ideal and fearlessly claim their own distinctive characteristics.

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## Introduction

In 2004, the Dove Company launched its highly publicized “Campaign for Real Beauty.” The campaign seeks to challenge the stereotypical definition of “beauty” and what it means to feel attractive as a woman. Based on the 2004 study, “The Real Truth about Beauty: A Global Report,” the campaign strives to address the study’s proven hypothesis that “the definition of beauty had become limiting and unattainable” (Etcoff et al. 2004). The Dove Company’s campaign speaks to the larger issue of body image in this country. Palmer (2014) defines body image as the way someone perceives her body and assumes others perceive them. Moreover, family, friends, social pressure, and the media maintain a heavy influence on this notion. The construct of body image is an inherent identifier to the human race. Beyond this inborn awareness of one’s physical state of being, the notion of personal body image is easily influenced by society as well as the images one consumes. Moreover, perceived body image can drive an individual to engage in otherwise disordered behaviors. Whether an individual chooses to forgo a post-meal cookie or undergo unconventional surgical operations in the pursuit of a youthful appearance, we are all subject to this influence at different times.

In America’s body image obsessed culture, the sheer volume of products claiming to “make you look younger,” “perform faster,” and “lose five pounds in two days” is dizzying. In the US alone, the diet industry accrues sixty billion dollars annually (Williams 2013). Furthermore, more than a third of people who report engagement in “normal dieting” will eventually merge into pathological dieting. Additionally, roughly a quarter of these individuals will develop a partial or complete eating disorder (Geary 2014). Teenage youth possess a particular vulnerability to the concept of body image. Walk the halls of any American high school, and the onslaught of comments surrounding body image abound. According to The

National Association of Anorexia Nervosa and Associated Eating Disorders (“Stats”), over one half of teenage females and almost one third of teenage males participate in unhealthy weight control behaviors such as fasting, skipping meals, vomiting, and laxative use (Neumark-Sztainer 2005). The slope of conscious healthy decisions and disordered behaviors becomes quite slippery. Kristina Saffran, a research coordinator in the psychiatry department at Stanford University, battled anorexia nervosa throughout her secondary education. She claims her disorder maintained harmless enough beginnings. Having a high regard for herself aesthetically, Saffran engaged in a personal quest for perfection. She explains that her eating disorder never had “very much to do with a number or how I looked (as a few pounds is pretty insignificant). I just loved that I had set a goal and achieved it so quickly.” Unfortunately, Saffran’s story rings all too similar to that of other eating disorder victims within the high school experience. The internal and external pressures teenagers face today surrounding body image prove vast and damaging. Measures must be taken to reverse the equation of thinness as physical perfection.

As an individual in active recovery from bulimia nervosa, the impetus for my disorder has origins located within my own high school experience. Throughout my secondary education, I struggled with the idea that I was not “enough.” A classic “Type A” personality, I always strived for perfection. This was completely self-inflicted. Moreover, I am an introvert by nature. To recharge my batteries, I require time alone for rest and reflection. However, this also means that when unpleasant thoughts and emotions come my way, I tend to internalize them instead of giving voice to them within that moment. This, coupled with my constant fear of what would come to pass if I did not accomplish everything I thought I should, brought me to the source of my shame---the dark, ugly, isolating world of bulimia nervosa. From 2009 to 2014, bulimia was my preferred method of controlling the idea of simply not being “enough.” Whenever my

insecurities rose to the surface, it was my manner of temporarily silencing them. Sparing the ugly details, my life was an endless cycle of over-exercising, under-eating, bingeing, and purging. My self-worth was dictated by the number on the scale as well as the number of calories I ingested on any given day. True healing did not occur until I sought professional help.

Inspired to examine teenage experiences such as my own, playwright Linda Daugherty takes a hard look at the overreaching effects of body image on teenagers in her 2008 play *Eat (It's Not about Food)*. She specifically addresses the overwhelming desire to be classified as “thin.” She features characters struggling with anorexia nervosa, bulimia nervosa, and binge eating disorder. *Eat (It's Not about Food)* or *Eat* utilizes vignettes, ranging from realistic to expressionistic in genre, to question the psychological, mediated, social, behavioral, and physical forces at work within teens struggling with this epidemic. Dr. Elizabeth Hughes, Executive Director of The Elisa Project, explains the transformative power behind Daugherty’s play:

Daugherty writes with profound insight and compassion bringing to life the drive for perfection, the overwhelming loneliness and the self-loathing that are all too common for those who struggle with disordered eating. This exceptional play will forever change the way you look at the world of Eating Disorders and those who struggle to regain control of their lives (“Linda Daugherty”).

This thesis examines Linda Daugherty’s play *Eat (It's Not about Food)* as the impetus for positive conversation surrounding a teenage audience’s concept of body image. Sadly, only ten percent of individuals suffering with eating disorders will ever seek professional assistance (“Stats”). By mining these initial influences and bringing them to light, through the assistance of Daugherty’s play, other individuals could use the piece to effectively necessitate the vital conversations needed in order to prevent further instances of teenage eating disorders. As an



instructor of theatre for young people, I have experienced firsthand the vulnerability teenagers possess when discussing body image. Watching the hesitation build as they discuss their negative self-perceptions only makes the investigation of Daugherty's piece all the more essential.

Through Daugherty's utilization of live representations of teenage characters suffering with the daily struggles often associated with eating disorders and distorted body image, *Eat* could serve to reverse the "thin is in" ideal. While the scope of my study centers on the analysis of Daugherty's script on the page, I argue that her script excels in its dramatized portrayal of the lengths gone to for the sake of body image. Daugherty examines all facets of the forces behind eating disordered behaviors. She provides ample illustrations of the psychological, mediated, social, behavioral, and physical side effects that typically manifest. Moreover, such a piece as *Eat* requires extensive medical research and Daugherty dramatizes these concepts without lecturing her audience. She implores her audience to question the mediated thin-ideal construct against their own personal beliefs.

Chapter One includes a review of the literature on eating disorders and body image, as well as the mediated effects at work behind these constructs. Examination of the medical literature against Daugherty's work allows for a more thorough analysis of the production elements. The consideration of theatre as an actual methodology to utilize when encountering adolescents with eating disordered behaviors completes this section. This final contemplation reveals ways to employ dramatic strategies to assist adolescents struggling with eating disordered behaviors as well as negative body image constructs. Chapter Two features information detailing Daugherty and the play's dramatic actions. Description and analysis of the piece's featured psychological, mediated, social, behavioral, and physical side effects of anorexia and

bulimia nervosa take primary focus. Through thorough illustrations of the eating disorders' various side effects, Daugherty offers the material to inspire positive conversation that can ultimately foster a more affirmative body image construct within the teenage audience. Chapter Three offers the opportunity for educational as well as artistic exploration with the feature of a study guide as well as a post-production forum. The accompanying study guide and post-production forum serve as conduits for deeper processing of *Eat*'s presented topics following the production.

*Eat (It's Not about Food)* attempts to peel back the veil of secrecy that plagues the everyday life of a teenage eating disorder victim. Daugherty approaches the topic with the utmost of care and accuracy as her script works to reverse the destructive pressures teenagers face in reference to personal self-perception. Through such examination and analysis of this important script, the potential for positive conversations surrounding teenage body image be discovered.

## Chapter One: Eating Disorders, Body Image, and Theatre as Methodology

A more holistic understanding of anorexia and bulimia nervosa, the construct of body image, and the mediated structures that enforce the thin-ideal in contemporary society allows a thorough consideration of Daugherty's *Eat*. A side by side review of the literature against Daugherty's work reveals the extensive research behind the piece. The medical literature not only exposes the individuals most commonly affected by eating disordered behaviors but the diagnostic criteria and potential risk factors as well. A glimpse into the concept of body image provides a more comprehensive consideration of the fear associated with this notion and how it might influence eating disordered behaviors. Moreover, the literature addresses the mediated messages teenagers receive surrounding the thin-ideal as portrayed by Daugherty. Finally, the contemplation of theatre as a methodology exposes how one might utilize dramatic procedures to assist teenagers who struggle with eating disordered behaviors.

### **Eating Disorders: Anorexia and Bulimia Nervosa**

The prevalence of eating disorders among teenagers deserves considerable attention. Out of an estimated eight million Americans who struggle with either anorexia or bulimia nervosa, an estimated 240,000 adolescents ages thirteen to eighteen are diagnosed with these disorders that typically begin sometime prior to or shortly after puberty. However, nearly half of teenage eating disorder patients report onset between the ages of sixteen and twenty, and those aged seventeen through nineteen demonstrate the highest personal drive for thinness (Evans 258-63).

Anorexia nervosa is typically defined by three criteria: low body weight, fat phobia, and body image disturbance (Gray et al. 95). The presence of a normal weight primarily distinguishes bulimia nervosa from anorexia nervosa. However, bulimia nervosa presents certain diagnostic challenges including the stigma of shame, the patient's weight pattern, and relatively

subtle physical signs (Crow 105). Moreover, significantly less information exists surrounding the prevalence of bulimia nervosa as less time has passed since the disorder was introduced to the literature in 1979 (Keel and Forney 55). For this reason, anorexia nervosa is considered the third most chronic illness among adolescents (“Stats”).

Females are ten times more likely to meet the diagnostic criteria for anorexia nervosa than males. Adolescent females in the United States, in particular, are most at risk for this disorder with a reported lifetime prevalence of 0.3% up to age eighteen and 0.6% by the age of twenty. Adult females past this time have possibly achieved remission. The prevalence of bulimia nervosa affects 1.5% of women versus 0.5% of men in the United States with lifetime estimates ranging from 1% to 1.6% among adolescent females. *The Wiley Handbook of Eating Disorders* states that bulimia nervosa more commonly affects Latino and African-American populations (Keel and Forney 54-56).

As a psychological eating disorder that begins during the adolescent years, anorexia nervosa is commonly characterized by a resolute refusal to eat that often leads to complete starvation (Balch 202; Gray et al. 95). The disorder literally translates as the “loss of appetite due to emotional reasons” (Herrin and Matsumoto 14) that stem from an immense fear of gaining weight, as well as body perception distortion. The impetus for anorexia nervosa can originate in a traumatic incident, internal or external social pressures, or predispositions (Herrin and Matsumoto 15). The DSM-V diagnostic criteria for anorexia nervosa include the following:

- A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected

- B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight (American Psychiatric Association 338-339)

Anorexia nervosa is characterized by two widely accepted types. The restricting type involves a severe restriction of calories, while the binge eating/purging type is defined by a break in the cycle through the loss of control. During this type of episode, the individual has regularly engaged in binge-eating or purging behaviors including self-induced vomiting or the abuse of laxatives, diuretics, or enemas. Individuals battling anorexia nervosa will often experience a sense of pride with their ability to control what does (or does not) enter their digestive system. The longitudinal path of anorexia nervosa varies with certain patients achieving full remission, some experiencing chronic illness, and others reaching partial remission before relapse (Evans 260; Gray et al. 98).

As a similar psychological disorder, the primary tenets of bulimia nervosa include episodes of uncontrolled binge eating followed by one or more instances of purging behaviors. Like anorexia nervosa, the trigger for bulimia nervosa may involve a traumatic experience, extenuating social pressures, or genetic factors (Herrin and Matsumoto 18). A binge is defined by the intake of a large amount of selected foods very high in caloric value in a relatively short period of time. A purge includes any sort of compensatory behavior intended to counteract the binge, such as self-induced vomiting, laxative use, diuretics, enemas, excessive exercise, or fasting. The DSM-V diagnostic criteria for bulimia nervosa include the following:

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
- i. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
  - ii. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, or other medications; fasting; or excessive exercise
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months
- D. Self-evaluation is unduly influenced by body shape and weight
- E. The disturbance does not occur exclusively during episodes of anorexia nervosa  
(American Psychiatric Association 345)

Bulimia nervosa also features two subtypes: purging and non-purging. Each type features episodes of bingeing; however, the purging behavior varies. The purging type includes self-induced vomiting and laxative abuse, while the non-purging type features excessive exercise and fasting (Herrin and Matsumoto 18). Individuals suffering with bulimia nervosa may attempt to hide their behaviors, making emaciation difficult to detect unlike cases of anorexia nervosa. While anorexic individuals experience fears of eating, bulimia nervosa patients experience shame over their bingeing and purging habits due to their apparent lack of control.

While the primary focus here centers on anorexia and bulimia nervosa respectively, binge eating disorder deserves mention. The core clinical feature of binge eating disorder features recurrent binge episodes in the absence of inappropriate purging behaviors like self-induced vomiting, laxative use and abuse, excessive exercise, or fasting (Bodell and Striegel Weissman 115). Additionally, diagnosis requires the presence of at least three accompanying symptoms representing behavioral signs of lack of control over eating or feelings of shame about eating (Bodell and Striegel Weissman 115). The DSM-V diagnostic criteria for binge eating disorder include the following:

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - 1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances
  - 2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- B. The binge-eating episodes are associated with three (or more) of the following:
  - 1. Eating much more rapidly than normal
  - 2. Eating until feeling uncomfortably full
  - 3. Eating large amounts of food when not feeling physically hungry
  - 4. Eating alone because of feeling embarrassed by how much one is eating
  - 5. Feeling disgusted with oneself, depressed, or very guilty afterward
- C. Marked distress regarding binge eating is present
- D. The binge eating occurs, on average, at least once a week for 3 months

- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa (American Psychiatric Association 351)

Lifetime prevalence estimates for binge eating disorder are approximately three and a half percent among U.S. females, and prevalence does not differ amongst ethnic groups in the United States (Keel and Forney 57). Women are more likely to battle binge eating disorder than men (Keel and Forney 57).

### **Psychological Effects of Anorexia/Bulimia Nervosa**

A comprehensive assessment of patients with eating disorders requires not only the sequential evaluation of eating-related symptoms, but co-occurring psychiatric symptoms that can influence eating-symptom expression, medical care, course, and outcome (Coelho et al. 183). Often, the comorbidity between the eating disorder and a different mental illness occurs, further complicating identification and treatment. Comorbid mental symptoms may be secondary effects of malnutrition, which will improve over time as the eating disordered behavior stabilizes (Coelho et al. 184).

Clinically, anorexia and bulimia nervosa and obsessive compulsive disorder (OCD) display strong psychopathological similarities (Milos et al. 2002). Patients commonly demonstrate an expressed interest in cooking, hoard food, exhibit food rituals, constantly think about food, or engage in body checking (the constant checking of physical appearance) (Herrin and Matsumoto 16). Furthermore, anorexics and bulimics are more prone to suffer from anxiety disorders (Herrin and Matsumoto 20). Arguably, this occurs due to neuroendocrinological disturbances brought on by starvation (Touchette et al. 2011). Finally, major depression can



begin prior to or following the onset of the eating disorder, or the disorders may begin simultaneously (Walsh and Cameron 48).

Obsessive compulsive disorder (OCD) is a more common comorbidity among anorexia and bulimia nervosa patients. Accordingly, patients typically present with OCD prior to the onset of the eating disorder (Dennis and Sansone 746). Obsessive compulsive symptoms in an eating disorder patient can manifest as food-related obsessions and compulsions (Coelho et al. 188). Furthermore, a specific manifestation of OCD frequent in eating disorder patients is body checking. Body checking includes the repeated checking of one's body in various ways. Behaviors consist of the examination of certain body parts, the fit of clothing to judge shape or weight, frequent weighing, and studying oneself obsessively in the mirror (Mountford et al. 708). Often the reassurance the patient receives from this type of checking behavior is followed by increased anxiety and fear.

A second comorbid disorder among anorexia and bulimia nervosa patients is general anxiety disorder. Hallmark symptoms include incessant worry and fear as well as persistent anxious thoughts. These thoughts can translate into extremely negative self-talk. For instance, Rae, author of the blog *The Unglamorous World of Eating Disorders*, shares her own battles with anxiety and destructive self-talk. She candidly includes the minutiae of the unfortunate self-hate that can develop when an eating disorder patient restores a healthy body weight. Rae details, "I don't think I should weigh this much. I hate my body right now. . . Hate is a strong word but I mean it. I know logically I shouldn't hate it. But this pent up hatred is overwhelming. It consumes me. I try to ignore it and distract myself. I can't though. And I can't talk to anyone about it. I don't want their comforting words because to me, it's all lies." Rae is not able to

believe the reassuring words of her family and friends as her own mental chatter has too strict a hold.

Finally, depression appears to be the most common comorbid disorder across all eating disorder subtypes (Dennis and Sansone 743). However, it is unclear whether the eating disorder precedes the onset of depression or the depression precedes the eating disorder. Several theories exist: a depressive temperament can lead to the development of the eating disorder, both disorders may arise from a mutual foundation, or the eating disorder process might uncover genetic vulnerability for depression (Casper 96).

Susan Entriken, a contributor for *Eating Disorder Hope*, experienced depressive thoughts throughout the course of her anorexia nervosa. The shame and anxiety Entriken felt as a result of her disorder became so devastating that she often contemplated taking her own life. She explains that hope can be difficult to find when in the throes of an eating disorder. For Entriken, rock bottom came shortly after she was first married. She illuminates:

Anorexia pulled me down into a pit that I felt I was unable to get out of, because I felt I deserved it . . . I felt invisible- I mean, here, I was wasting away; how could those around me not see it? Was I just fading into the background? One night, unable to sleep because of both the physical and emotional pain, I found myself in our kitchen, contemplating the end of my life. Either I was going to have to have the courage to end it myself, or I was going to die from this eating disorder.

Entriken eventually recovered from her depression as well as her eating disorder.

### **Behavioral Effects of Anorexia/Bulimia Nervosa**

Anorexia or bulimia nervosa patients can manifest severe and potentially life-threatening behavioral side effects. Common behavioral side effects of anorexia nervosa include, but are not

limited to: excessive exercise; food restriction; overly sensitive to comments surrounding weight or appearance; obsessive interest in food or cooking; refusal to eat in the presence of others; aggressive when forced to eat “forbidden” foods; self-harm; substance abuse; and suicide attempts (“Behavioral Effects of Anorexia”). The behavioral side effects of bulimia nervosa include, but are not limited to: frequent trips to the bathroom (typically after eating); food avoidance; weight fluctuation; erratic behavior; and mood swings (“Behavioral Effects of Bulimia”). Around half (56%) of bulimic patients may practice self-induced vomiting at least once daily as a hallmark behavioral side effect (Fairburn and Cooper 1982). Given the substantial stigma and shame of this behavior, most patients engage in secretive behaviors to hide their disturbing symptoms (Crow 105).

Severe food restriction, or dieting, immediately increases the risk for future eating disorder symptoms as well as future onset of any eating disorder (Stice and Burger 313). When the patient does eat, it is often done so in strict isolation. Moreover, for many anorexia and bulimia nervosa patients, there is substantial embarrassment and shame linked to associated symptoms. This can lead to secrecy about, or minimization, of symptoms (Crow 108). Finally, self-induced vomiting as a means of weight control is recognized in the respective eating disorders.

Food restriction occurs during the course of dieting and intensifies at the onset of anorexia and bulimia nervosa. Furthermore, the chronic hunger typically experienced as a result of food restriction increases the risk of binge eating (Stice and Burger 312). Unfortunately, accounts of this sort of food restriction are emblematic among eating disorder patients. Rae shares her own experience with this type of restriction. While sharing a family meal at Olive Garden, she expounds, “I've been fretting over this all day. Should I get the low calorie soup-

minestrone 100 cal? Or the soup I want- chicken and gnocchi 250 cal? A breadstick 150 cal? I ended up feeling guilty after I told Ryan what I had eaten for the day (400cal). We really were soooo busy at work, I barely had time to eat. Still . . .” (Rae). While Rae’s nutrient intake would medically be considered too low, she experiences panic when considering food options outside of those low in caloric value.

Additionally, the patient may not eat until they are alone. Eating disorder patient and contributor for *Eating Disorder Hope*, Juliet Golden, refused to eat in the presence of others. Throughout the course of her disorder, she often took her meals alone. Upon her journey to recovery, Golden shares that she now enjoys “sharing a family meal around the table.” Food becomes an expression of love to be shared with those one cares about, rather than hurriedly consumed in isolation with fear. Moreover, eating disorder patients often display occasions of secrecy. Accordingly, anorexia and bulimia nervosa patients experience the greatest feelings of vulnerability, guilt, and shame when alone (Larson and Johnson 286). This time alone also results in significantly more time engaged in food-related behaviors (Larson and Johnson 281).

Electrolyte imbalances, reflux, volume depletion, dental erosion, and parotid hypertrophy are dangerous risk factors associated with self-induced vomiting. Most significant, the cessation of self-induced vomiting can create severe rebound edema, driving the patient back into their disorder as a means to combat weight gain and the anxiety-provoking experience of bloating (Gaudiani 720).

### **Social Effects of Anorexia/Bulimia Nervosa**

Influential peer relationships represent a sociocultural framework that exerts a dominant influence over one’s conceptions, beliefs, attitudes, and behaviors related to physical appearance. As children grow, peer relationships increase in personal importance. By middle childhood,

youth spend more than thirty percent of their time with their peers. During their adolescent years, teenagers value intimacy, conformity, and closeness, as they focus primarily on their social needs of acceptance, belonging, social status, and popularity. One distinct risk factor among this age group involves social appearance pressures. Teens vocalize their preoccupations with their physical appearances in the form of fat talk or joint dieting within their cohort groups (Lunde and Frisén 408-11). To be sure, peer subculture leads to vastly important developments of body satisfaction or dissatisfaction.

Additionally, isolation, secrecy, and peer group selection perpetuate severe effects on the daily lives of anorexia and bulimia nervosa patients. Secretiveness, hostility, intolerance, and irritability distinctly mark possible eating disorders (Walsh and Cameron 14). As patients experience emotional fears, anxiety, and shame, they frequently deny their disorders, leading to distinct isolation from loved ones. Sadly, should the patient enter into the recovery process, reintegration into a social network can prove difficult. Eating disorder patient, Violet, has maintained active recovery for approximately one year. She explains her own isolation and the difficulty of cultivating friendships:

When I was in the heart of my eating disorder and especially during treatment, I lost all of my friends and messed up my relationship with my family. Now that I am on the other side (so to speak), I am struggling with how to get my life back. I have a serious boyfriend, but he is getting tired of being the only person in my life and it puts a huge strain on our relationship for me to be so lonely. The thing is, it has been almost 10 years since I have had any friends, and I have spent so long just fighting my eating disorder, I feel like I lost that entire decade and don't have hobbies or a personality anymore. (violet981)

Commonly, patients surrender any outside contact if it begins to interfere with their eating disordered habits. Violet experienced years of isolation as a result of her disorder as well as extreme struggle with reintegration. She not only lost friends and family to her disorder, but pieces of herself as well.

While peer group selection holds intense sway over individuals' self-worth, girls tend to select friends similar to them based on body dissatisfaction and disordered eating behaviors (Rayner et al. 2013). Toni Tahoun, an anorexia and bulimia nervosa survivor, held a dangerous influence over her stepsister. Espinoza and her colleagues (2001) explain Tahoun shared "weight-loss tips with her 13-year-old stepsister Nina. Even after Nina moved to West Germany with husband, Dennis Clinton, an Army sergeant, she continued to follow Tahoun's advice. When they returned to the United States . . . Tahoun could see that Nina had learned the lessons too well. 'She was about 80 lbs. and 5'9"' . . . I knew she was in trouble and I knew I was in trouble'" (110). Unknowingly, Tahoun expressed her own insecurities surrounding her physical appearance with her stepsister. This eventually led to the sharing of weight loss tips that in all actuality were eating disordered habits.

### **Physical Effects of Anorexia/Bulimia Nervosa**

The numerous physical side effects of anorexia and bulimia nervosa depend upon the harsh severity of each disorder and the compromises of multiple body systems. Common physical side effects of anorexia nervosa include emaciation; extreme weakness; dizziness; amenorrhea; swelling of the neck; ulcers; esophageal erosion; tooth erosion; broken blood vessels in the face; low pulse rate and blood pressure; thyroid dysfunction; irregular heartbeat; irregularity in the secretion of growth hormones; and electrolyte imbalance leading to dehydration, muscle spasms, and cardiac arrest (Balch 203). Moreover, the physical side effects

of bulimia nervosa include anemia; depletion of fluid balance; electrolyte imbalance; erratic heartbeat; hypoglycemia; infertility; internal bleeding; kidney and liver damage; malnutrition; amenorrhea; mental fuzziness; loss of muscle and bone mass; low pulse rate and blood pressure; ruptured stomach or esophagus; stones in the salivary glands; tooth or gum erosion; ulcers; weakened immune system, cancer; cardiac arrest; swollen glands; erosion of tooth enamel; broken blood vessels in the face or eyes; constant sore throat; hiatal hernia; bowel damage; rectal bleeding; perpetual diarrhea; dehydration; muscle spasms; bad breath; cold hands and feet; excess facial and body hair; fainting; hair loss; muscle fatigue; dry skin; yellowish or grayish skin; extreme weakness; and premature wrinkles (Balch 269). Both disorders manifest certain physical side effects, such as swollen glands, fainting, amenorrhea, compromised heart rate, and hair loss. Typically, these symptoms occur as a direct result of weight loss and malnutrition. Sadly, six percent of individuals suffering from anorexia nervosa and one percent of individuals suffering from bulimia nervosa will die as a result of their disorders. The most common causes of death include electrolyte imbalance, cardiac arrest, and suicide (Harris et al. 24). If ignored, these unfortunate side effects can have both devastating and shocking results.

According to the online publication, *The Science of Eating Disorders*, “Patients with eating disorders commonly complain about . . . syncope (fainting) [as] . . . malnutrition leads to a decrease in muscle mass, including the heart muscle, [which] in turn leads to a decreased ability of the heart to contract and pump blood” (Tetyana). Cases of amenorrhea (cessation of menses) are typical among female teenage eating disorder patients. Furthermore, approximately one third of all exercising females will experience instances of amenorrhea (De Souza and Toombs 105).

Additionally, decreased bone density can appear as quickly as one year after the onset of anorexia and bulimia nervosa (Westmoreland et al. 33). Sudden cardiac death, as well as

suicide, comprises approximately sixty percent of deaths associated with eating disorders (Westmoreland et al. 33). Finally, anorexia nervosa results in the highest mortality rate of any psychiatric illness (“Stats”).

Often, with instances of fainting, it is not uncommon for the patient, or the patient’s loved ones, to dismiss the episode as “typical” or “minute.” This marked dismissal of this physical side effect is starkly accurate among anorexia nervosa patients. *WhyEat.net* is a popular online forum for individuals battling eating disorders. Here, members may post daily questions, frustrations, and antidotes. Aimed at providing a sense of community, *WhyEat*’s primary goal is providing a safe place where patients can share achievements, overcome fears, anxieties, and phobias. “Fainting Stories” is a popular thread for discussion among *WhyEat*’s member database. One member, Skinny MD, recalls an instance of fainting at her place of employment:

I fainted at work the first week of this month, and ironically it was in the emergency room. They made a huge scene out of it, and everyone gave me a look when they found out I didn't eat that day. This one doctor I work with now constantly asks me why I starve myself and if I've eaten that day. So freakin' annoying. I pass out at home a lot, but nobody will be around to notice.

The instances become so commonplace that concern comes to be misdirected.

Moreover, females with anorexia and bulimia nervosa typically develop amenorrhea as extremely low levels of follicle stimulating hormone (FST), as well as luteinizing hormone, are produced (Westmoreland et al. 33). FST is responsible for proper follicular growth within the ovum, while the luteinizing hormone assists in the regulation of the menstrual cycle as well as ovulation. Amenorrhea occurs when a female’s body fat percentage is simply not high enough to support proper hormone production. While recovery becomes possible once the proper body fat



percentage is restored, infertility can be a devastating result. Stephanie Greunke, a registered dietician, personal trainer, and holistic educator also experienced a compromising instance of amenorrhea. Greunke's past includes eating disordered behaviors indicative of anorexia nervosa. She posits she thought she was "invisible to any kind of health complications. I saw the scale showing lower numbers and since I was eating fat-free, low-cholesterol, vegetarian foods I HAD to be healthier than most people, right? Oh, was I ever wrong." Greunke's amenorrhea lasted two full years.

Bone health is directly influenced by starvation and may be eternally impaired over the course of either illness (Donaldson and Gordon 943). Like amenorrhea, malnutrition is commonly the leading culprit to such marked loss. While this side effect is compromising for any patient of these disorders, it is particularly risky for adolescents as the majority of overall skeletal growth occurs during the second ten years of life. Further, healthy bone establishment and attainment of peak bone mass calls for adequate, balanced nutritional intake during adolescence, the highest risk time for development of [anorexia and bulimia nervosa] (Donaldson and Gordon 945). Osteoporosis is extremely common in anorexia nervosa and occurs very early in the illness. Lowered bone density is apparent after only one year of the disease (Westmoreland et al. 33).

Furthermore, eating disorder patients often display a slowed heart rate due to possible arrhythmias secondary to electrolyte imbalances (Harris et al. 24). Similarly, bulimia nervosa presents heightened occurrences of dehydration, leading to significant arrhythmias resulting in syncope and palpitations, as repeated episodes of purging lead to the loss of electrolytes (Mehler and Rylander 3). Anorexia nervosa presents its own set of unique physical side effects which affect the heart. Severe cases can potentially alter cardiac structure (Westmoreland et al. 32).

Also, many patients present develop mitral valve prolapse. Nearly, ninety-five percent of anorexia nervosa patients display a resting heart rate below sixty beats per minute.

Finally, death is the most devastating physical side effect of anorexia and bulimia nervosa. Of the individuals currently battling these disorders, an estimated 50,000 will eventually die as a direct result. Anorexia nervosa is considered the deadliest of all psychiatric disorders. The estimated mortality rate is less than one percent per year, or over five percent each decade – approximately twelve times higher than the yearly death rate due to all causes of death among females ages fifteen to twenty-four across the population (Walsh and Cameron 9 – 10). Most deaths occur from complications such as starvation, suicide, or dangerously low potassium levels (Herrin and Matsumoto 17).

### **Body Image**

Body image refers to the ways an individual perceives and personally experiences her own body and generally assumes others perceive them. As teenagers combat this trying issue on a daily basis, their self-perceptions of their own and others' bodies directly influence their personal self-worth. Direct influences on one's body image from external pressures can include family, friends, acquaintances, teachers, and the mass media (Palmer 2014). Should an individual exhibit a positive body image concept, she nurtures and cares for her behaviors. However, when she holds a negative body image, disordered eating habits are more likely to occur. While no one individual ever experiences a completely positive or completely negative personal body image, a constant awareness surrounding the personally unpleasant physical aspects of one's body may drive certain individuals to engage in eating disordered habits.

The concept of body image includes four different areas: perceptual, affective, cognitive, and behavioral. Perceptual body image refers to the way a person views her physical body--its

looks, weight, shape, and body parts--that may or may not represent her actual appearance (“Fact Sheet”). Affective body image includes the way a person feels about her personal appearance by levels of satisfaction or dissatisfaction. Cognitive body image encapsulates both one’s thoughts and beliefs one holds about her body. For instance, a person may demonstrate higher self-esteem if she maintains a slim physique. Finally, behavioral body image revolves around the activities an individual engages in as a result of her cognitive body image (“Fact Sheet”). While all four areas may be negatively skewed, only one area taken out of context can lead to eating disordered behaviors.

The attainment of a positive body image includes the active development of specific characteristics. Four qualities that suggest a positive body image include encouraging opinions of the body, general body acceptance, respect for the body by taking care and engaging in healthy activities, and protecting the body from the dismissal of unrealistic ideal body images portrayed in the media (Avalos et al. 2005). Wood-Barcalow (2010) and her colleagues further define a positive body image as:

an overarching love and respect for the body that allows individuals to (a) appreciate the unique beauty of their body and the functions that it performs for them; (b) accept and even admire their body, including those aspects that are inconsistent with idealized images; (c) feel beautiful, comfortable, confident, and happy with their body, which is often reflected as an outer radiance, or a “glow;” (d) emphasize their body’s assets rather than dwell on their imperfections; (e) have a mindful connection with their body’s needs; and (f) interpret incoming information in a body-protective manner whereby most positive information is internalized and most negative information is rejected or reframed. (112)

Thus, the positive body image construct does not merely include the absence of negative body image.

A negative body image also exhibits a unique set of characteristics, along with a commonly experienced or internal feeling of inadequacy and subjective feelings of body dissatisfaction (Wood et al. 1996). Moreover, appearance obsessed environments or negative comments surrounding the physical body increase an individual's risk of body image dissatisfaction ("Fact Sheet"). Factors that make certain individuals more likely to develop a negative body image construct include one's age, gender, low self-esteem and/or depression, teasing, personality traits such as perfectionism, friends and family who diet and express body image concerns, and body size ("Fact Sheet"). Symptoms of negative body image include: obsessive personal scrutiny in mirrors, thinking disparaging thoughts about the body, frequent comparison of personal size and shape to others, and body envy of friends, acquaintances, celebrities, or individuals in the media ("Weight"). Clearly, the negative body image concept is influenced by internal as well as external factors.

While personal perceptions of body images, attractiveness, health, acceptability, and functionality begin to form in early childhood, body image dissatisfaction especially troubles adolescents ("Weight"). Arguably, a high level of self-esteem assists in combating negative body image within this specific age group. For instance, in a sample of 180 students ages twelve to eighteen, Mahmoodi and his colleagues (2014) reported that low self-esteem reduces self-worth and increases social anxiety. In turn, high social anxiety inadvertently increases the level of fear associated with body image from such external forces as media, arguably the greatest contributor to this particular anxiety.

## **Media Effects**

Media and technology maintain a direct and substantial effect on personal perceptions of body image for those battling anorexia and bulimia nervosa. Messages surrounding weight, appearance, and sex appeal saturate the media. These mediated messages may pose a significant, environmental risk factor for those individuals who feel disturbed and dissatisfied with their bodies by perceiving they have too much body fat.

In their 2008 review of media studies on eating disorders and body image, Harrison and Hefner argue how and why media creates a central, social arena that standardizes dieting and extreme thinness, while encouraging adolescents to assess their bodies repeatedly in comparison to mediated bodies (382). As a noteworthy point, they distinguish between eating disorders as patterns of behavior that emerge over time, while body image may be directly influenced in a measurable fashion by stimuli in the immediate environment. To this end, they explore what they term “thin-ideal media” to describe media that glamorize the slim body construct. Several content analyses of both general-audience and child-audience electronic and print media reveal portrayals of thinness as a positive characteristic and obesity as negative trait. For example, fat characters portrayed on television often direct humor at themselves as a defense mechanism with accompanying laugh tracks, resulting in messages that ridicule fatness (385-88).

Based on a variety of research approaches, studies consistently find that increased and prolonged exposure to thin-ideal media portrayals is linked with a greater level of body dissatisfaction, a higher motivation for thinness, and the implementation of increasingly disordered eating behaviors (392). For instance, in a sample of 136 eleven- to sixteen-year-old girls, exposure to extremely thin or average-size magazine models lowers body satisfaction and ultimately self-esteem (Clay et al. 2005). As Harrison and Hefner posit, “The underlying

assumption is that the viewer or reader engages with the body-relevant content in a way that involves observations about characters' and models' bodies and, subsequently, about the viewer's or reader's own body, resulting in changes in his or her body image or eating/exercise habits or both" (392). Small to moderate correlations and effects may be explained by cognitive, behavioral, and emotional processes (393-95). Cognitive processes include cultivation (i.e., frequent exposure to media influences viewers' beliefs of the world), social comparison (i.e., people are driven to personal assessment by comparison of others, especially those perceived as similar to the self), and thin-ideal internalization (i.e., the extent to which a person accepts the slim societal standard of beauty as a personal standard and performs behaviors to meet this standard). Behavioral processes include social learning and modeling frequently portrayed aspirational roles with incentives that increase motivation to execute modeled behaviors. Finally, emotional processes include the activation of self-discrepant vulnerability which predisposes some adolescents to react more strongly than others to ideal-body media. These three sets of theories all contribute toward answering how media exposure harms body image and increases disordered eating behaviors.

Gender, age, and race/ethnicity are among several moderating characteristics that make someone more vulnerable to ideal-body media than another individual. As discussed in the section above, females appear more susceptible to the effects of exposure to thin-ideal media, while media that focuses on a muscular male body ideal can trigger distinct male uncertainties. High school students are as vulnerable as college students, but more studies are needed with prepubescent samples to better understand the role of media exposure in burgeoning perceptions of self and body. A meta-analysis reported that the average experimental effect size for college students was  $d=.34$ , whereas for adolescents it was  $d=.36$  (397). These values suggest that

adolescents display a greater sensitivity to thin-ideal messages than college-age students. Furthermore, media exposure does predict disordered eating and/or the idealization of thinness for girls and boys as young as five (397). Given common depictions of white, thin-ideal females, individuals from other gender and racial groups have fewer opportunities to be affected in a self-relevant fashion (397). While Black and Latina girls can be affected by media messages, it would seem this depends on whether they identify with White and/or respective racial/ethnic depictions (397). In addition to these identity factors, evaluations of one's own body are fortified by exposure to particular genres (e.g., advertising, reality TV programs) that emphasize the shape and size of others' bodies. Individuals who are dissatisfied with their bodies before a thin-ideal media experience tend to be more negatively affected by images of the thin ideal (397). Moreover, early exposure predicts the development of body image disturbance, which increases vulnerability to thin-ideal media images (397). However, social support provides the opportunity to decrease such negative effects. Adolescent girls who received a subscription to a teen fashion magazine known for depicting the thin body ideal were unaffected by the subscription only if they reported receiving a relatively high level of social support from parents and friends (398).

Harrison and Hefner call attention to three remaining theoretical problems or questions regarding social, maturational, and technological factors (398-99). Adolescents who report not being directly influenced by medial ideals are pressured socially to meet them regardless, as they believe their friends value these ideals. Furthermore, maturational factors reveal media-induced dieting might be completed in the service of the body type the adolescent desires to have once adulthood is reached even if it does not influence the type of body she idealizes currently. Finally, technological factors involve the consideration of the awareness of stimuli as not real.

For example, PhotoShop can enhance muscle mass or alter one's middle section to appear slimmer.

To mitigate the adverse effects of thin-ideal media, Harrison and Hefner suggest increasing youth exposure to healthy-body media, such as sports programming. Media literacy programs are also suggested as a means to help individuals process messages transmitted in media by teaching them to critically analyze those messages. They also propose that children play with normal-weight dolls or cut back media exposure altogether (401).

Moreover, a recent survey (2015) published by the Center on Media and Human Development at Northwestern University emphasizes the necessity for greater healthy-body media. Within this survey, Wartella and her colleagues address teen uses as well as effects of the Internet. The research team paneled 1,156 U.S. teens ages thirteen to eighteen. The survey reveals the Internet as the primary source of health information for teenagers (Wartella et al. 2). Moreover, not only did teens report a change in behavior as a result of online health information, but they are more likely to use the Internet for health promotion as well as preventative health (Wartella et al. 2). Furthermore, many teens commonly encounter negative health information online. Among those surveyed, seventeen percent reported encounters with websites explaining how to be anorexic or bulimic (Wartella et al. 5). Additionally, Tiggeman and Slater (2013) address the objectification of women in media and how adolescent girls view themselves. The pair questioned 204 adolescent females between the ages of eleven and thirteen about daily activities as well as personal reflections on their physical bodies. The research revealed that exposure to images in the media and on the Internet predicted self-objectification associated with dieting, body shame, and depression.



In sum, research on media effects presents three distinct findings. First, portrayals of the thin body ideal are universal in western media, and the idealization of thinness is communicated through depictions of thinness as a positive characteristic and fatness as a negative characteristic. Second, exposure to thin-ideal media creates deficits in body satisfaction and other measures of body image disturbance both immediately and progressively. Furthermore, adolescents utilize the Internet as their primary source for health information. Finally, direct media exposure predicts a modest but marked increase in disordered eating for males and especially females through adolescence and beyond (401).

### **Theatre as Methodology**

Theatre possesses an innate potential to inspire the conversations necessary for positive change, whether it be personal, social, or political. The driving force of any given piece may range from initiating conversations to advocacy of a particular topic. Arguably, theatre's potential to achieve such endeavors outweighs that of its mediated counterparts (i.e., television, print, or the internet). First, an energy exchange occurs between the actors onstage and the individuals in the audience. The presence of the actors in the same space invites the audience to enter into the world of the play, freeing the audience to creatively explore the recesses of the mind. Furthermore, the theatre space carries with it a safe and sacred experience unlike watching a television program or surfing the web. The theatrical space becomes a safe environment where the audience may consider various contemplations without criticism or judgment. Moreover, Pendzik (1994) distinguishes a space as sacred by breaking the infinite expanse into significant and nonsignificant areas. As any theatrical space is deemed significant, anything that appears on it immediately becomes noteworthy (28). Moreover, sacred spaces are

inherently therapeutic (29). Thus, the theatre not only possesses therapeutic qualities but carries with it inherent opportunities for personal exploration in a safe environment.

Theatre acts as a methodology when participants actively engage in dramatic processes for the purposes of telling their story, communicating intimate emotions, or solving problems. Theatre for Young Audiences (TYA) may address such health education issues as eating disorders, substance abuse, and HIV/AIDS to allow the audience to question personal contemplations in a publically acceptable forum. In contrast, Applied Theatre audience members may undergo transformations from simple viewers to active participants. Here, dramatic processes, such as role play, allow individuals to mine unarticulated feelings into comprehensive thoughts. Producers employing both methods may intend to effect change in young audiences.

TYA reception studies reveal the potential impact a production can have over an adolescent audience. This is not to say that an adolescent with body image issues, upon viewing a production which addresses the topic, will experience instantaneous healing. The potential lies in the opportunities for heightened awareness. Rather than changing spectators' views directly, a particular play could bring attention to issues they have not previously considered (e.g., middle school youth response to Y York's *Getting Near to Baby*) (Omasta 2011). The result is not an immediate, more positive state of being, but the avenue for heightened consideration is fostered. Thus, the opportunity for progressive conversation that could lead to improvement is created. Cassidy and Watts (2000) refer to what they term as the "stone in the pond" analogy. This illustrates that when a stone pierces water's surface, it is analogous to the role of a play acting as a catalyst for increasing awareness of the presented topic or issue (224). The after-effects of a production are thought of as concentric circles, with extremely small beginnings that eventually blossom into true effective change. While a production alone will not result in immediate

transformation, a post-performance forum could lead to the initial inspiration necessary for positive change.

Playwright Laurie Brooks explains the purpose behind the inclusion of what she terms “Interactive Forums” which typically follow her productions:

[W]e gave young people an opportunity to process what they had seen, giving them a chance to hear lots of opinions in a communal space. What we learned is that with an audience of young people in the space, what I call “back door teaching” was happening. Audiences would listen to what others were saying, hearing different points of view from people they may never have spoken to before, even though they might be in the same school or the same family.

Amazing what happens when you ignite a spark and then encourage people to share their opinions. (Kappes)

Interactive forums provide participants opportunities to explore life options, develop communication skills, and connect with the surrounding community. While TYA productions do not typically include some form of a forum workshop, they may take place prior to viewing a theatrical production or afterwards as a means to respond to a specific therapeutic topic. Forums designed for adolescent audiences provide ample opportunities for awareness as well as education.

Brooks was first inspired to create the Interactive Forum in 1995. She cites Augusto Boal’s Theatre of the Oppressed as well as Dorothy Heathcote as her primary muses (Kappes). Boal’s Theatre of the Oppressed includes a protagonist failing to achieve what she desires. Audience members stop the dramatic action when they feel she has an option she is not exercising. The audience then may physically replace the protagonist and improvise their

alternative action (Schutzman and Cohen-Cruz 2). Boal aside, Heathcote utilized the method of the teacher in role as an approach to education. Brooks blends the two techniques by employing her actors, in character, to facilitate discussion with the audience. She also often queries the audience to indicate their desired path for the unfolding of the dramatic action (Kappes).

Over the past two decades, theatre practitioners have used a variety of participatory methods under the umbrella term Applied Theatre. The title of Applied Theatre implies just that – various applications to such contexts as schools, prisons, and other communities. The proverbial tie that binds these environments together is that the audience is given participatory agency. Landy and Montgomery explain that “At the heart of the experience of Applied Theatre is a simple idea – this is a theatre for change that exists to question and challenge the given order” (130). Arguably, applied theatre focuses on social change, while also incorporating “intervention, communication, development, empowerment and expression when working with individuals for specific communities” (Landy and Montgomery 131). Intervention, or transformation, is the initial goal; transformation which is inspired by the theatre event. Clearly, applied theatre utilizes theatrical forms to arrive at some form of change in the world (Prentki and Preston 10).

Within applied theatre, health education commonly utilizes dramatic role play and improvisational as well as sensory awareness exercises. Examples of applied theatre which address health education provide a deeper understanding of how theatre advances medical awareness. Sensitive topics including safe sex, HIV/AIDS, and poor health are primary issues often addressed in this type of applied theatre. Moreover, this form of health education proves particularly beneficial for adolescents. In a study conducted by Douglas and his colleagues (2000), the research team utilized evaluation workshops, as well as peer interviews. Case studies

of nineteen young people, aged thirteen to nineteen revealed an increase in confidence levels as well as new ways of relating. The youth participated in seventeen three-hour drama sessions that led to rehearsals and devising a performance addressing topics including drug abuse as well as eating disorders. More intensive rehearsals occurred in later stages and a primary staff of three facilitators was supported by sessional workers possessing special skills (e.g., dance or music). The songs, script, and events devised were based on improvisations developed by the young people during the workshops. The work occurred in a holistic and welcoming manner, which provided the young people opportunities for social and personal development. As the subject matter was personally inspired, the work remained relevant for the involved youth. Furthermore, another study (Gruer 1996) reveals that attitudinal change is also possible in adolescents.

Among thirty-five young people between the ages of twelve and eighteen, those exposed to a health education discussion session following the observation of a production about HIV/AIDS were more willing to adopt safer sex practices. Whether adolescents engage in dramatic workshops or individual work sessions, the educational and attitudinal benefits abound.

Various intentions in the field of health education with adolescents include the distribution of research, awareness surrounding medical conditions, or the utilization of dramatic processes as a type of therapy. Positive potential results of drama therapy with adolescents include greater self-esteem, increased communication skills, the flourishing of an alternative peer culture, and the surfacing of unconscious issues (Cossa 1992). Pellicciari and colleagues (2013) discovered drama therapy workshops as the ideal environment for positive change for eating disorder patients. Through theatre workshops designed for young, hospitalized patients, principles of drama therapy as well as psychodrama were applied. The exercises and devised plays were patient-focused and took place away from the hospital – either in a special classroom

or outdoors. A typical workshop session consisted of a warm-up, reflection on choice of character, development of chosen character, and a performance which embodied the patient's progress (609). Of the fifteen patients studied, ranging in age from fourteen to nineteen, results of the drama workshops included an increase in self-confidence, a more peaceful attitude toward life, a reduction of anhedony (the inability to experience pleasure), renewed interest in everyday life, and an increase in spontaneity (611).

To be sure, applied theatre promises the employment of theatrical forms intended to inspire social, political, or personal change. The specific field of health education within applied theatre aims to bridge the gap between theatrical tenets and medical research. Specific drama methods such as role play, improvisation and sensory awareness exercises, and public performance opportunities assist adolescents in the development of greater self-esteem and self-worth. In this respect, adolescents obtain creative agency, selecting personally relevant topics to enhance dramatic, as well as therapeutic, exploration. *Eat* intends to inspire positive change for teenagers battling eating disordered behaviors and body image dissatisfaction. Finally, Daugherty's marriage of extensive medical research with her chosen dramatic structure bridges the aforementioned gap between the two fields.

## Chapter Two: Critical Analysis of *Eat*

Daugherty's initial inspirations and storyline deserve review in order to arrive at the accuracy of her illustrations of eating disordered behaviors and the thin-ideal construct. Moreover, through thorough depictions of the eating disorders' various side effects, Daugherty provides the material to inspire positive conversation that can ultimately lead to a more affirmative body image construct within the teenage audience. Finally, analysis of the dramatized side effects offers insight into the artistically, as well as educationally, enlightening aspects of the production.

### **The Play, Playwright, and Productions**

*Eat (It's Not About Food)* or *Eat*, by Linda Daugherty, places an investigative lens on the dark and tortured world of eating disorders. With the inundation of societal and media-related body image strictures, specifically aimed at younger people, *Eat* imparts messages of caution as well as acceptance. Daugherty not only presents dynamic accounts of teens struggling with anorexia, bulimia, and bingeing disorders but also takes a grave look at the dangers of dieting and unhealthy eating. *Eat* inspires young people to evaluate where they locate their sense of self-worth and the dangers of placing it on appearances. Moreover, Daugherty not only presents the eating disordered behavior of girls and women but also presents the possible implications of athletic pressures placed on young men in a riveting light.

*Eat* examines the frightening and dangerous world of eating disorders in teenagers. The play investigates potential causes and warnings, while also scrutinizing the influences of society and media. Daugherty emphasizes cases of anorexia nervosa and bulimia nervosa. *Eat's* protagonist, Amy, suffers from anorexia nervosa which leads to her eventual hospitalization. Ultimately, Amy makes a full physical recovery but reveals the stark truth that the mental inclination which accompanies any eating disorder is never truly "silent." Furthermore, vignettes

ranging from the realistic to humorous feature other teens' body-image related struggles. While she includes dramatizations of binge eating disorder, they are minimal compared to the illustrations of anorexia and bulimia nervosa. For the purposes of my study, I will focus primarily on Daugherty's portrayals of anorexia and bulimia nervosa, while briefly addressing the instance of binge eating disorder.

It should be noted here that while Daugherty's methodologies align with other TYA playwrights, specifically her use of direct address, her play is the only full-length TYA production to solely focus on eating disordered behaviors in adolescents. While other productions such as Daugherty's *The Secret Life of Girls*, as well as one-act productions like Lindsay Price's *Body Body*, briefly address the implications of body image dissatisfaction, the illustrations in *Eat* prove more thorough and detailed. Moreover, the utilization of direct address breaks the fourth wall, initiating conversation with the audience. In this manner, Daugherty's audience becomes another character in the piece, vital to the advancement of the dramatic energy.

*Eat* also stands apart from other TYA productions in its dramatic structure. Commonly, a piece features a primary storyline, complete with an inciting incident, climax, crisis, and resolution. While this may be true of Daugherty's storyline surrounding Amy, Daugherty diverges by utilizing various vignettes throughout the piece. Reminiscent of Brecht's episodic theatre, characters like Young Woman in Mirror, If Girl, and Calorie Woman appear to urge the audience to reflect and question personal constructs of body image. Rather than add to the dramatic action of the central storyline, these characters inspire contemplation.

Educational awareness is commonly expressed throughout the piece. Both Daugherty's research and creative processes proved lengthy and thorough. Over the course of a year, she read



a plethora of books, including medical literature as well as individuals' personal accounts of life battling an eating disorder. Through determination and extensive research, *Eat* inspires self-reflection and contemplation. Since 2008, this production has been produced over seventy-two times in the U.S., Canada, and Germany.

Daugherty currently serves as Education Director and as an award-winning playwright-in-residence at the Dallas Children's Theater in Dallas, Texas. Her other plays include *The Secret Life of Girls*, *dont u lov me?*, *hard 2 spel dad*, *African Tales of Earth and Sky*, and *Coyote Tales* (Daugherty). She has also dramatized three books by distinguished children's author and illustrator, Steven Kellogg. In addition to premieres of more than twenty-five of her plays at the Dallas Children's Theater, Daugherty's work has been produced nationally and internationally at professional TYA companies, as well as community theatres, schools and universities, such as New York University's Department of Educational Theater. Professional companies include The Kennedy Center; Stage One, The Louisville Children's Theatre; Baltimore's Children's Theater Association; Atlanta's Alliance Theatre; Kansas City's Theatre for Young America; Richmond's Theatre IV; Portland's Northwest Children's Theatre; The Children's Museum of Indianapolis; Fort Worth's Casa Mañana Theatre; and The Children's Theatre of Charlotte. National touring productions of her plays have been presented in more than 150 cities in forty-one states across the United States. Internationally, her plays have been produced in Finland, Scotland (at the Edinburgh Festival), and Savonlinna, Finland (at the City Theatre). For her playwriting efforts, she has received the Southwest Theatre Association's Playwright Award for Best New Children's Script, the Orlin Corey Outstanding Playwright Award, and five Dallas Theatre League nominations for Outstanding New Play.

Among her other accomplishments, Daugherty has served as a consultant to the San

Antonio Independent School District's "Learning about Learning" creative arts program. Finally, as an actress, she has appeared on Broadway, at The Manhattan Theater Club, and in regional theaters including the Ivanhoe Theater in Chicago (where she received a Jefferson Award nomination), Seattle Repertory Theater, Dallas Theater Center, Indiana Repertory Theater, Casa Mañana Theater in Ft. Worth, and the Dallas Children's Theater ("Linda Daugherty").

Daugherty's ample career history solidifies her as a vital theatre artist both nationally and internationally.

At *Eat*'s rise, a young waitress greets the audience. She muses on people's idiosyncrasies surrounding food. Upon her welcome to the space, several actors enter, each illustrating a different eating disordered behavior. A teenage boy frantically runs on a treadmill, a woman repeatedly weighs herself removing an article of clothing each time, a teenage girl checks her mirror image, a young girl scrutinizes the nutritional content of a yogurt container, a teenage boy uncontrollably shoves ice cream into his mouth, a teenage girl reads the latest diet book, and a man and woman symbolize the before and after images for various dieting products. Finally, the actors freeze, and the waitress explains the production's title, "*Eat*. It's not about food" (13). The audience is then transported to the hospital where Amy receives care for fainting at school. Dr. Ellison informs Amy's mother of her worrisome anorexia nervosa symptoms. Amy's mother experiences shock at the news. The lights crossfade as Coach addresses the audience in a manner similar to a health education class. He reads the definitions of anorexia and bulimia nervosa from a textbook. Sounds of a video game interrupt Coach to feature Joey, mindlessly eating junk food as he punches the controller. Upon his mother's interruption from offstage, he hurriedly hides the food with his hoodie. The lights change, and he recalls running on a treadmill as his friends accuse him of vomiting following a binge. He then calls Dominos to

order three large pizzas.

At Joey's exit, a Generic TV Actress enters. She implores the audience that if you look tall and thin like her, "everything will fall into place" (20). Then, in a flashback, Amy enters with her friends who admire Amy's summer weight loss efforts. Amy discloses her diet of lettuce sandwiches and fat-free yogurt. Lights cross, and Young Woman in Mirror details her intense need of the physical affirmation delivered by her mirror image. The audience then hears a lecture from Coach, who details the mediated influences on eating disorders. Meanwhile, Emily, Terri, and Amanda pore over the latest *Seventeen* magazine. Amanda admonishes Emily for wanting a one hundred calorie popsicle. Generic TV Actress claims that in order to maintain her size zero shape, she ingests only bottled water. Following, Amy secretly enters disposing of a meal her mother lovingly prepared. She lies to her mother, telling her she loved the meatloaf and potatoes. At Amy's exit, If Girl contemplates the physical attributes she wishes she could change. The lights cross-fade, and three male teenage wrestlers enter the space. One complains of his inability to make weight, and the other advises him to vomit. Upon his refusal, the other wrestler offers laxatives. The Wrestler takes them, and the pair goes for a long run. As the lights crossfade, Competition Mom contemplates high school's competitive nature. She asks the audience if her daughter "purges a little, is that so terrible?" (32).

As Competition Mom jogs off, several teenagers dressed in robes and pajamas enter the space. Daugherty dramatizes the internal and external ache, depression, and need for acceptance that accompanies anorexia and bulimia nervosa. The audience then views Amy's family at her father's birthday celebration. When it is time to eat cake, Amy refuses and exits to her bedroom where she jogs in place. Meanwhile, Calorie Woman details her compulsion to constantly count calories as a means to control her outside world. Joey then experiences a binge of epic

proportions by engaging in four binge/purge cycles within three hours. Generic TV Actress enters and claims she does not need to be smart, only beautiful and thin. Following, a nameless Person divulges the countless reasons that drive him to mindlessly eat.

Then, Coach lectures on the hazards of dieting. Emily, Terri, and Amanda simultaneously listen to their mothers' conversation surrounding the diets they try and eventually fail. Meanwhile, Amy becomes enraged at her friends' concern for her dwindling weight. She claims they are "Jealous! Jealous! Jealous," all the while scratching her arm with a pencil (45). On Amy's exit, Sign Girl and Sign Guy hold signs for the audience and read them one by one. The signs detail all of the things lost to their eating disorder, finishing with "myself" (47). Sign Girl rips the last sign in half as hospital sounds envelope the space. Amy's mom and dad find themselves completing the hospital entrance forms yet again. Amy's mother wonders if Amy will ever be okay as they cling to one another. Enter The Dancers' Dancer, moving painfully and slowly with a walker. She reminisces of her days as a prima ballerina and warns of the brittle bones that develop as a result of anorexia nervosa.

The closing scene features a flashback of Amy's hospitalization. Upon her preparation for college, she recalls her first group therapy session. She informs the groups that she does not want to be present. The lights crossfade as Amy rushes to her new friend and fellow patient, Lisa. The pair talks conspiratorially about how to obtain a healthy weight check without eating. The audience then sees the patients again at group therapy. The therapist instructs the group to draw themselves in their own personal view. A single light focuses on Amy, and her own distorted, recorded voice plays as she draws. Her voice tells her to draw a fat pig for eating all of her lunch. The voice torments her claiming that she used to have control over herself, but now she is "fat ... a cow... nothing!" (56). Upon the therapist's questioning of Amy's portrait,

Amy's voice becomes gradually menacing in nature. Eventually, Amy experiences a complete breakdown in front of the group. The lights crossfade as Amy searches for Lisa who enters, laid on a hospital gurney. Dazed, she tells Amy that she is so cold. Amy removes her sweatshirt and places it over Lisa as Lisa slowly passes away. During Amy's final therapy session, her therapist pleads that she eats her food. The therapist warns Amy that she does not want her parents to feel the way Lisa's parents must feel.

The therapist then rolls on a small table with a bowl of food. Amy takes her place at the table. With her therapist and parents behind her for support, Amy slowly begins to eat the food. As she makes the choice to eat, underscoring music becomes increasingly hopeful. Amy explains that the fog of her eating disorder slowly dissipated, but warns of the troll under the bridge that never truly goes away. Amy becomes optimistic as she leaves for college. Finally, the Young Waitress enters the space as the rest of the cast enter, one after the other. They implore the audience to never wait to seek help, practice self-love and care, and above all, eat. All exit, acknowledging one another, except for Emily. As she watches them leave, she spies a fashion magazine and picks it up. In a pool of light, she sits and opens the magazine as the lights fade. A sign reading "EAT" shines in the darkness.

*Eat* features sixty-two characters. The script utilizes double-casting, which requires one man, three women, four teenage girls, three teenage boys, and three young girls. However, Daugherty indicates that roles may be doubled differently by the producing theatre. The primary characters of the piece include Amy, Amy's mom and dad, Joey, and Coach. Notably, the script indicates the importance that actors' weight is not a factor in the casting process. The casting should reflect that eating disorders affect all "ethnic and socioeconomic groups" (8).

Simplistic in design, the set features a neon sign reading "EAT" above the space.

Upstage center is a doctor's scale, and upstage left is a treadmill. A refrigerator is upstage right with the front slightly angled toward the audience. A trashcan sits on the downstage side of the refrigerator. Benches are placed stage right and left and may be moved as needed. While the original production utilized proscenium seating, *Eat* is adaptable and would easily adjust to a thrust arrangement. The approximate running time of *Eat* is one hour. However, Daugherty specifies the scene order may be reorganized. Certain scenes may even be omitted to suit the space and audience.

Additionally, in the Dallas Children's Theater original production, the "EAT" sign was designed to look neon. The sides of the sign were painted white, with red gels. The box's exterior was aged covered with silver metal. Also, the treadmill was never turned on as the actors mimed running on it. The refrigerator was gray and featured a work light. Cross-fades were utilized as a means to keep the dramatic action flowing. Popular and abstract instrumental music underscored various scenes and transitions. Furthermore, real and fake food was used. All actors had a base costume consisting of modern day apparel (i.e., jeans, t-shirts, sneakers, workout attire) and changed costume by adding or subtracting pieces. Special costume pieces included a fat suit, two shirts that read "Wrestling," and a wearable rectangular board with a female form depicted on the front for the Generic TV Actress.

Not only does *Eat* dramatize anorexia and bulimia nervosa as well as binge eating disorder, but Daugherty also provides depictions of the respective side effects. Most specifically, she addresses the psychological, mediated, behavioral, social, and physical effects associated with these disorders. Through describing and mining these side effects, *Eat's* artistic and educational values become apparent.

## The Psychological Side Effects

*Eat* depicts the three most comorbid mental disorders associated with anorexia and bulimia nervosa; that is, obsessive compulsive disorder (OCD), general anxiety disorder, and depression. Throughout the production, Amy struggles with instances of OCD as well as general anxiety disorder. Other characters illustrate examples of all three mental disorders through vignettes separate from the primary storyline.

Daugherty's character, Young Woman in Mirror, depicts obsessive compulsive disorder by informing the audience of her incessant obsession with mirrors:

I can't help it. If I pass by a mirror I have to check myself. And what I think I look like really can make my day. Have you ever been to Marshalls? You know the mega store at Preston and Northwest Highway? There's a great mirror there in the women's department. I shop there just because of the mirror. (22)

Here, the young woman displays a tell-tale symptom of body checking. She travels out of her way to shop at a certain department store solely for the store's types of mirrors. She craves the immediate reassurance of those mirrors versus the image of herself she receives from other mirrors. Additionally, signature symptoms of this compulsion are depicted through the character's actions. Amy often engages in body checking, scrutinizing her stomach and thighs (52). As Amy's anorexia nervosa develops throughout the piece, her impulse to check body parts, like her stomach and thighs, intensifies. A third illustration of body checking features Teen Girl #1 examining her mirror image. She repeatedly turns checks her thighs, hips, stomach, waist, arms and wrists and grows increasingly agitated (11). As the girl stands in front of the mirror, inspecting her reflection, her self-disgust only multiplies. Each compulsive check of a

body part only breeds the desire for an altered physical image. However, the desire is never achieved, and the girl spirals down into a pit of self-contempt.

The compulsive actions of Young Woman in Mirror, Amy, and Teen Girl resonate strongly with my own eating disordered behaviors. My own compulsive body checking had a strong hold on me throughout the course of my disorder. Young Woman in Mirror prefers the image of herself she receives from one type of mirror and trusts that specific mirror alone. Before leaving my house in the morning, I would often return several times to check my image in my full-length mirror. Upon leaving the house, if a mirror was present in a room, I would go out of my way to steal a glance (sometimes multiple glances) to ensure that my physical shape had not suddenly altered. Moreover, Amy frequently feels different body parts to ensure they have not suddenly altered. I, too, compulsively held my arms around my middle section as a reminder of my physical state. I would avoid wearing items of clothing that fit too snugly across my middle section as I feared others would consider me grossly overweight. The rate at which I engaged in these body checking compulsions typically intensified my feelings of anxiety surrounding my outward appearance. Shame would rise to the surface, and eventually a binge/purge cycle would take place as a way to work through my anxieties. While I never traveled out of my way to check myself in a particular set of mirrors, Young Woman in Mirror, Amy, Teen Girl, and I displayed primary symptoms of this form of OCD.

Moreover, OCD is further illustrated at the beginning of the storyline. A nameless Woman #1 enters the space and approaches a scale to weigh herself. She weighs several times, removing a different clothing item each time. She becomes more despondent with each check of her weight (11). The woman weighs herself repeatedly with the hope that with each weigh-in, the number will be considerably lower than before. When the desired results are not attained, her



agitation grows in intensity. She is convinced that if she removes one more clothing item, her weight will magically decrease. As her results are not desirable, the compulsion to remove clothing items and check her weight again gains momentum. The character of Calorie Woman also exhibits primary indications of OCD. Admittedly, she possesses an obsession with counting calories. She confesses, “I’ve got this calculator in my head. I mean I know how many calories are in *everything*. I know exactly how many calories are in this grande, non-fat, no-whip, sugar-free, cinnamon dolce latte. I know because I looked it up on the Internet before I ever had one. Would you like to know? Two hundred and sixty-three. (*Tapping her head.*) The calculator never stops” (36). Calorie Woman later confides that her counting began after the September 11, 2001, terrorist attack on the World Trade Centers in New York City. She exercises control over her calorie intake in a world that makes her feel an utter lack of control. Like the other mentioned compulsions, her compulsion provides comfort and reassurance.

Daugherty masterfully depicts general anxiety disorder as extremely negative self-talk that often precedes the development of the eating disorder (Coelho et al. 188). The initial illustration occurs when Amy’s mental chatter distracts her during a group therapy exercise. Amy is instructed to draw a self-portrait. While surreal sounds underscore the moment, a single light focuses on Amy, and her distorted voice plays as she draws:

AMY’S VOICE. You know what to draw. You know what you are. You’re a fat pig! You ate lunch. You ate everything they gave you. (*AMY looks up, reacting to “VOICE” in her head.*) You know what these people here do. Their business is to make you *fat*. When you get out, you can just forget your new jeans. (*AMY starts to draw frantically.*) Nothing will fit! You used to have control over yourself! You’re fat! You’re a cow! You’re *nothing!* (56)

During group therapy, Amy expounds on her own mental anxieties surrounding her eating disorder. As she details her personal drive for thinness, her recorded voice plays simultaneously:

AMY.

I – I just wanted to be thin. Everybody said I looked so great. I could control every bite. And if I lost control I could just throw up. And then it changed. It started talking. Always talking

AMY’S VOICE.

You ate all your lunch, pig. You have not control. Salad dressing – one hundred and fifty calories, meatloaf – three hundred, potatoes – one hundred and fifty. That’s six hundred calories. Green beans – eighty (57)

Amy’s negative mental chatter delivers a relentless source of stress and anxiety throughout the course of her anorexia nervosa. If Girl also exhibits indications of anxiety. She describes her contentment with her physical form; given the exceptions of her many slight imperfections. She incessantly evaluates herself, riddled with insecurity and nervousness (29). Her slight imperfections create the inability to rest mentally. She persistently wishes for marginally altered aspects of her physical appearance. The inability to achieve these alterations makes her uneasy and unconfident.

Exemplary instances of depression occur throughout *Eat*. As a means to address the universality of anorexia and bulimia nervosa in teenagers, Daugherty includes a vignette that features characters with the names Someone #1, Someone #2, Someone #3, and so on. The characters explain thoughts that often creep in during the late night hours. Someone #4 claims, “I don’t deserve the space I take” (33). Furthermore, during the vignette that features a listing of the things the teenagers have lost to their eating disorder, a pair of teenagers explains they have

lost hope and happiness (47). Any trace of optimism has vanished as the cases of depression continue to intensify along with the accompanying eating disorders. Daugherty's teenagers exhibit shame at the mere thought of their existence. The associated eating disorders result in a total loss of hope and happiness, leaving depression and thoughts of suicide in their wake.

Depression is further understood through Amy's parents. While Amy's mom and dad do not suffer from an eating disorder, they are directly influenced by Amy's anorexia nervosa. They experience a new low upon Amy's final admission to the hospital. Amy's Mom is particularly despondent:

AMY'S MOM. She's not okay. They didn't make her well last time. And now we're back. (*Breaking down.*) We can't lose Amy. She can't die (48).

The roller coaster that is Amy's eating disorder has left her parents emotionally drained. As Amy spirals further down into her anorexia nervosa, so too do her parents. They never imagined this sort of situation for their daughter and are devastated by their harsh reality.

Finally, Daugherty's Person divulges the deep depression associated with binge eating disorder. Person addresses the audience while adorned in a fat suit, and explains "I eat because my house is empty... I eat because I'm angry... I eat because I'm lonely... I eat to make the pain go away" (39). For Person, food acts as the numbing agent to both joyful and painful experiences. In times of trial, food allows Person the opportunity to disengage with his emotions and push his depression aside.

Clearly, Daugherty's characters illustrate the most comorbid mental disorders associated with anorexia and bulimia nervosa. Ample illustrations of OCD, general anxiety disorder, and depression are depicted throughout the production. To be sure, Daugherty's portrayals of OCD and body checking, general anxiety disorder, and depression reveal the mental exhaustion

associated with anorexia nervosa, bulimia nervosa, and binge eating disorder. Specifically, Daugherty pinpoints the ability body checking has to completely shatter an individual's frame of mind. If Girl and Amy provide the teenage audience a glimpse into this endless compulsion with the notion that a physical check can build a patient up to the highest of highs, or tear them down to the lowest of lows. Additionally, the inclusion of Amy's thoughts playing simultaneously with Amy previews the self-hate and negative mental chatter of an eating disorder patient. These instances depict the constant battle between what a patient may logically know to be fact (i.e., green beans are a nutritious food and eating a large amount will not cause immense weight gain) versus what a patient believes about herself (i.e., eating an entire portion of green beans means a patient is going to gain an immense amount of weight, thus self-control must be lacking making the patient completely worthless). Furthermore, the use of playing Amy's thoughts simultaneously addresses the tenet that mental chatter is often experienced as a being separate from one's self. The patient does not wish to think such berating thoughts, but is helpless to make them stop. However, Daugherty merely intimates the depression that frequently sets in as a patient spirals deeper into their respective eating disorder. While she certainly includes illustrations of teenagers admitting their depressed state as a result of their eating disordered habits, she fails to portray the exhaustion and lifeless state of being associated with depression. The depression is simply stated rather than physicalized.

### **The Mediated Side Effects**

Daugherty also includes instances of the media's influence on eating disordered behaviors as well as body image. Teenagers specifically face numerous depictions of the thin-ideal whether it is delivered through television, print, or the internet. For the teenager who possesses a relatively healthy body image construct, such messages can negatively affect self-

esteem. However, for the teenager who struggles with eating disordered behaviors or body image, these mediated messages can indeed prove harmful. Daugherty provides illustrations of the way television advertising and print can pose as significant risk factors for teenagers and adolescents surrounding eating disordered behaviors and body image constructs.

Within *Eat*, portrayals of how television advertisements enforce the thin-ideal occur. The initial illustration takes place as Man and Woman #2 enter the space and address the audience as if in television diet commercials. Man wears extremely large “before” clothing, and Woman #2 wears a glamorous dress and jewelry. They speak simultaneously:

MAN.	WOMAN #2.
I used to weigh three hundred and fifteen pounds and look at me now!	If you have only five or ten pounds to lose, Medi-Slim is not for you.
And I lost it all with the Nutri-Cal System! Week after week watch the pounds just melt away!	Medi-Slim is a product for those with twenty, thirty, fifty pounds and even more to lose. (13)

This vignette is placed moments before the title of the show is announced to the audience. It serves to enforce the pervasiveness of the mediated messages the consumer receives focused on the thin-ideal construct.

Furthermore, various scenes feature the Generic TV Actress. She wears a rectangular board with an illustration of a thin, beautiful female television star with holes for the actress’ head and arms. She delivers pointed messages addressing the need to acquire physical perfection to appear on television. She exclaims she is “perfect. If you can look like me – tall and thin – everything will fall into place” (20). Later, she acts as though the audience startles her as she

opens the refrigerator door. She explains, “I’m so busy I really don’t have time to eat. (*She closes refrigerator.*) And if you want to be a size *zero* like me, you can’t! Just kidding! But I am really careful about what I put in my body. Only *bottled* water for me. Eat a donut? Oh, yeah, sure. (*Slapping her cardboard thighs.*) You might as well just tape it on” (27). Lastly, she claims she doesn’t “have to be smart. I’m a beautiful and thin generic TV actress!” (39). Her messages mine the saturation of thin actresses similar in physical appearance. The requirements to attain her level of “success” include thinness, eating very little, and no education. Daugherty includes this character as a statement surrounding the type of female commonly portrayed on television.

Daugherty additionally showcases the mediated messages delivered through print. During a speech delivered by Coach addressing the western media’s ideal female form, Emily enters with her Barbie doll and a teen fashion magazine (24). The Coach points out that if Barbie were an actual human female, the average woman would need to “grow eight inches in height, lose twelve inches from her waist, add three inches to her chest, shrink five dress sizes and lose forty-four pounds” (24). Yet, Emily idolizes her doll as well as the thin models featured in her fashion magazine. Following Coach’s speech, Emily’s two friends visit her home and notice her fashion magazine:

AMANDA. Oh, cool, I love *Seventeen*! (25)

The thin models displayed in the magazine drive the girls to believe they, too, must attain similar physical forms to be considered beautiful. Then, the girls collectively page through the magazine:

TERRI (*pointing to page in magazine*). Oh, look, guys! How cute is that?!

AMANDA. Oh, I love that outfit!

TERRI (*holding up magazine for EMILY to see*). Look, Em, is that so cute?! Oh, it looks so good on her.

AMANDA. Well, duh, she's a model. (26)

The girls receive mediated messages that depict the thin-ideal as the most desirable physical form.

Throughout the storyline, Emily silently observes the characters' myriad eating disordered struggles related to the media as well as various other side effects. During the final moments of the piece, Emily ultimately falls prey to the glamorization of the thin-ideal depicted on the glossy pages of the fashion magazine. As the characters exit the space, she silently watches them leave and proceeds to pick up the fashion magazine. As music plays, she sits with the magazine in a pool of light. As she turns the pages, the 'EAT' sign illuminates the darkening space (63).

While Daugherty demonstrates the messages teenagers receive surrounding the thin-ideal as it is portrayed in television and print, she fails to portray the direct results of these messages. Daugherty's ample instances, such as Generic TV Actress's claims, television advertisements, and teen fashion magazines, speak directly to the portrayal of the thin-body ideal, but do not feature a character that suffers from an eating disorder as a direct result of these messages. Nor does Daugherty address thin-ideal messages received via the Internet. Perhaps this side effect would hold greater weight with the inclusion of such an illustration. For example, the inclusion of a teenager battling bulimia nervosa inspired by a pro-mia website (a website which promotes behaviors related to bulimia nervosa) would hold far greater weight than the mere mention of a pro-mia website. Clearly, she emphasizes the saturation of the thin-ideal within television and

print, but fails to include instances of this tenet received electronically, as well as actual victimization as a direct result.

### **The Behavioral Side Effects**

Daugherty investigates four behavioral side effects of anorexia and bulimia nervosa throughout the course of the production: food restriction, the refusal to eat in the presence of others, secretive behaviors, and self-induced vomiting. Specifically, Amy exhibits illustrations of food restriction, refusal to eat in the presence of her parents, and secrecy. Conversely, Mom #1, Teen Girl #3, and Joey demonstrate food restriction, refusal to eat in the presence of others, secrecy, and self-induced vomiting.

The initial instance of food restriction occurs when Teen Girl #3 removes various food items from a salad. As the stage directions indicate, she quickly enters with a grocery bag. With a frightened air, she removes cheese, ham, turkey, and the plastic package of salad dressing from a chef's salad. Upon the items' removal, she breathes a relieved sigh and eats the remaining lettuce (12). The young girl refuses to eat the salad until all calorie-dense foods are removed. Amy also engages in illustrations of severe food restriction. Upon her friends' compliments surrounding her outward appearance, they ask what she eats to look so physically pleasing. Amy queries:

AMY. Have you ever had a lettuce sandwich with mustard?

TEEN GIRL #4. Disgusting!

AMY. Well, it works. And you gotta cut out all fats. I eat half a carton of fat-free yogurt for breakfast and the other half for lunch. (22)

Amy adamantly eliminates all nutrient-dense foods from her diet for the sake of her physique. A teenager's mother delivers a final example of severe food restriction. She exercises her frustrations with recent overindulgences at a local restaurant when she claims, "I am so mad at



myself. I have been so good – only Slim Fast for two weeks. So some clients took us to the Palm last night – I was just starving! I ate so much. I hate myself!” (41). Here, the mother exhibits classic symptomology of the binge/purge cycle brought on by extreme food restriction whereby she maintains a rigorously low level of fuel intake, eventually leading to complete loss of control.

The comforts experienced through low calorie food items resonate with my own behaviors. Similar to Amy’s lettuce sandwiches and fat-free yogurt, I often subsisted on food items extremely low in caloric value. Mainstays of my daily diet included lettuce wraps which contained minimal protein and veggies as well as eighty calorie yogurts. I distinctly recall a moment of pure panic when presented with food items outside of my usually light fare. Two evenings before my wedding, my brother prepared a delicious meal of baked chicken and potatoes. However, the mere thought of ingesting the potatoes that were cooked in oil presented me with enough anxiety that I experienced a mild panic attack. To eat such a food item higher in caloric value, yet admittedly heart healthy, would instantly deem me unable to fit into my wedding dress.

Daugherty also explores the classic behavioral side effect of the resolute refusal to eat a marked amount of food higher in caloric value in the presence of others and fears of being “caught in the act” of imbibing in such fare. Within Daugherty’s stage directions, a nameless young girl enters with trepidation, ensuring she is isolated. As she sits, she guiltily removes a candy bar from her pocket. Begrudgingly, she removes the wrapper and eats the sinful treat (12). The girl does not consider herself safe to indulge in the candy bar until she is completely isolated. A further illustration includes Amy’s refusal to eat a piece of her father’s birthday cake in the presence of her parents. Her father implores:

AMY'S DAD. Well, what are you waiting for? Let's eat it!

AMY. I can't wait to see how you like it. You two go ahead. I'm stuffed from dinner.

AMY'S DAD. Amy, you can't be full. You hardly ate anything at the restaurant.

AMY. Yeah, I did. I ate a lot.

AMY'S DAD. No, you didn't Amy.

AMY. I did. I'm just not hungry. And you know chocolate gives me zits.

Listen, I've really got to study. Tell me how you like it, Dad. (35)

Amy searches for any excuse to avoid eating in the presence of her parents.

Daugherty also showcases secretive behaviors through Joey, a high school wrestler. One evening, Joey plays video games in his basement surrounded by a liter of Pepsi, a package of Oreos, two bags of Doritos, his cell phone, and hoodie sweatshirt. While playing, he eats from the Doritos bag. His mother calls to him from offstage:

JOEY'S MOM (offstage). Joey, you in there?

JOEY. Uh, yeah, Mom. (*He quickly throws hoodie over food, hiding it.*) (18)

Joey does not wish his mother to discover his binge eating behaviors.

Like Joey, Amy also exhibits occasions of secrecy. She pleads to her mother that her eating habits are healthy. Her mother claims:

"You've been lying to us. *Every day* . . . for the last three months. I know why you started wearing a sweatshirt to dinner.

AMY. I was cold.

AMY'S MOM. You put the food up your sleeve. And when we'd go out to eat you'd hide it in your napkin or drop it on the floor. I saw. I saw it all. . . . And I

found the Pam. Every day you'd throw away little pats of butter. I found them in the trash. And the empty fat-free dressing you switched with the regular. The air freshener in the bathroom. I knew. (53 – 54)

A further depiction of Amy's secrecy revolves around her exercise habits. She often tells her parents she studies in her room while she actually spends hours jogging in place. Upon her father's birthday celebration, she leaves her parents to her father's cake claiming she is going to her room to study. Daugherty's stage directions indicate Amy studies in her room, while she actually frantically jogs in place (35). Just as Joey fears his mother's discovery of his disorder, Amy attempts to keep her disorder secret as well.

The aforementioned illustrations of secrecy call to mind the veil of secrecy on which my own disorder thrived. One does not discuss laxative abuse bulimia openly. I was ashamed. I was horrified of anyone discovering my disordered habits, yet I clung to the relief it brought me post-binge. To be perfectly candid, I went to extreme lengths in order to keep this behavior secret. Just as Amy refused to eat butter, I avoided this food item vehemently often carrying butter spray in my purse should I find myself dining in public. Permanent fixtures of my daily routine included shredding receipts that included castor oil, hiding castor oil in my overnight bag, and wiping down the toilet after every purge. Shame and the fear of anyone observing my imperfections drove the metaphorical vehicle of my disorder. Like Joey and Amy, I attempted various tactics to keep my disorder a secret.

Lastly, Daugherty includes illustrations of self-induced vomiting throughout the piece. Her initial illustration of this behavioral side effect occurs as Joey's fellow wrestlers approach. One asks what he is doing on the treadmill, to which another boy replies:

TEEN BOY #1. Hey, he's working off that double cheeseburger and fries.

TEEN BOY #3. And the Chicken McNugget Happy Meal.

TEEN BOY #1. You mean, you're gonna burn it off? No more puking in the stall? (*JOEY looks shocked.*) Come on, Joey, everybody knows you hurl every day after lunch. (*Waving hand before nose.*) Nasty, dude! (19).

Joey repeatedly engages in self-induced vomiting off-stage as a way to control his weight so he may continue to participate on the wrestling team. A further instance of self-induced vomiting among the wrestling team features social influence. When an unnamed wrestler finds himself three pounds overweight, he experiences mild panic. He explains to his friend that he just “get[s] so hungry” (30). His friend relates that he also experiences extreme hunger. However, instead of starving, eating is possible. All the boy must do is “throw it up” (30). Here, the teenage boy chooses to inflict harm on himself and friend by engaging in self-induced vomiting. Rather than wrestle at a more appropriate weight class, the boys resort to this dangerous eating disordered behavior. Daugherty's characters resort to self-induced vomiting as a relatively easy form of weight control and disregard the behavioral side effect's potential dangers.

Thus, Daugherty portrays truthful instances of food restriction, the refusal to eat in the presence of others, secrecy, and self-induced vomiting which are indicative of anorexia and bulimia nervosa. The depictions of food restriction communicate the severe behaviors enacted to maintain a low caloric intake. Daugherty's characters refuse to eat heartier food items like cheese, meat, and full-fat salad dressing, alternatively choosing to subsist on lettuce and yogurt. Daugherty's teenage audience directly views the blatant removal of such food items as well as the nervous temperament associated with more nutrient dense food items. Furthermore, Amy's resolute refusal to eat chocolate cake in the presence of her parents strongly depicts this side

effect. Daugherty's inclusion of secrecy provides ample understanding of the behaviors associated with this side effect. The hiding of food items and instances of lying speak directly to the daily activities of an eating disorder patient. Yet, Daugherty does not include actual instances of self-induced vomiting. While she implies that The Wrestler engages in this behavior, his friends hint at this side effect. To be sure, this side effect is comparatively less appealing than the others. Perhaps the inclusion of this act would prove too intense for some audience members. Conversely, such an illustration could be the spark necessary to spur some teenagers to engage in necessary conversation.

### **The Social Side Effects**

Daugherty further depicts illustrations of isolation, secrecy, and peer group selection as social side effects that are continually perpetuated in the daily lives of anorexia and bulimia nervosa patients. Patients can become so enraptured with their disorder they begin to push out friends and family and voluntarily isolate themselves as a means to continue the eating disordered behaviors. For these individuals, food-related behaviors almost always take place in isolation that ultimately results in a shroud of secrecy surrounding patients' daily behaviors. Patients dispense false truths to keep the eating disorder undisclosed. In addition, teenage eating disorder patients display particular vulnerability to the influence of their peers. As peer selection processes mirror those of peer socialization, teenagers may become friends with those who share similar beliefs and behaviors. Over time, they become even more alike due to socialization processes that occur within friendships (Lunde and Frisé 409). Young girls specifically tend to select friends who are similar to themselves regarding body dissatisfaction as well as eating disordered behaviors (Rayner et al. 93). Thus, eating disordered habits may converge with body

image concerns through friendships. Arguably, teenagers tend to control their friendship selections as a vitally important concern when disordered eating habits emerge.

Throughout *Eat*, instances of isolation among the teenage characters transpire. A classic occurrence features Angry Teen, lost in the throes of her eating disorder. She self-selectively isolates herself by wearing earbuds connected to her iPod. Annoyed, she addresses the audience:

ANGRY TEEN. What?! . . . What is it?! (*As if answering a question.*) Of course I had breakfast! I ate my Cheerio! (40).

The young girl's earbuds serve as the mechanism for her to voluntarily close herself off to surrounding individuals. She chooses not to engage to avoid persistent questioning of her eating disordered habits. Amy also exhibits extreme occasions of voluntary isolation. Following a heated argument with a friend, Amy leaves her friend and wraps herself in an oversized jacket. She sits and frantically writes in her spiral notebook (44). Upon the expression of her friend's concern about her dwindling weight, Amy becomes enraged and selectively isolates herself. Like Angry Teen, Amy's notebook provides the opportunity to disengage socially. The teenagers self-isolate as means to remain captive to their eating disorders.

Daugherty further explores occasions of secrecy within the eating disorders of her teenage characters' worlds. Rarely discussed, secrecy carries a certain stigma among anorexia and bulimia nervosa patients. Often, the patient fears the accompanying shame and guilt that transpires upon public reveal of their disordered behaviors. Secretive measures ensure these behaviors will not be disclosed. Amy participates in several instances of secrecy as a means to hide her anorexia nervosa. One such illustration depicts Amy secretively disposing food prepared by her mother. Expressionless, Amy wraps the food in newspaper and drops it in the trash. She proceeds to add crumpled up newspaper on top of the discarded food to ensure it will

not be discovered (27-28). Amy does not desire to ingest the food her mother lovingly prepared, yet she does not wish to hurt her mother emotionally by not eating the food. She secretly disposes of the meal as a way to indulge her disorder and protect her mother. Amy displays further secretive behaviors upon her hospitalization. Her roommate instructs her on how to avoid eating yet obtain a “healthy” weight check:

LISA. Just don't go to the bathroom – no number two and drink a lot of water before we weigh.

AMY. But you know they won't let you drink anything an hour before vitals.

LISA. Drink in the shower. That's what I do. Drink a lot. And then just hold it.

AMY. Ugh. I don't think I can.

LISA. You wanna go home? (*AMY shrugs.*) Then listen to me. I know all the tricks. (54-55)

Lisa instructs Amy on how to obtain a false weight without the surrounding doctors and nurses discovering their actions. Amy realizes tactics to aid their secretive behaviors. She fears the inability to make a healthy weight check during her hospitalization. Again, the girls engage in disordered behaviors in attempts to mask the truth of their health conditions from outside individuals.

Finally, Daugherty explores the influence of peer group selection on eating disordered habits throughout the production. Teenagers are more inclined to become friends when similar beliefs and behaviors are shared. Over time, the cohort group may become even more similar in personality and behaviors. Thus, if a group of teenage females includes one female who engages in eating disordered habits, the stronger the likelihood of the other females performing such behaviors. Amy's group of friends illustrates this type of social selection. Amy's mother hints

at Amy's peer group influence to the doctor. She explains that Amy "and her girlfriends are always on a diet – always worried about eating healthy" (15). Furthermore, on the first day of school, the girls illustrate their disordered habits further:

TEEN GIRL #2. I hate the first day of school.

TEEN GIRL #4. Everybody's like checking everyone out.

TEEN GIRL #3. I promised myself I'd lose ten pounds before school started but then we went on vacation and I totally blew it. I am getting so fat. I feel like a pig.

TEEN GIRL #4 (*wiggling her behind to GIRLS' laughter*). You? Check *this* out. Just call me wide load.

TEEN GIRL #3. Shut up, you don't even have a butt! (21)

Here, the girls engage in "fat talk" as a way to comfort the other for not achieving desired weight loss. The characters Emily, Amanda, and Terri exhibit a similar instance of this sort of peer group influence. Upon their arrival at her house, Emily asks Terri and Amanda if they would like a popsicle. Amanda replies:

AMANDA. No. I can eat anything I want. But those have like a hundred calories.

TERRI. So?

AMANDA. A hundred calories! Come on.

EMILY. Sorry. My mom won't buy the fake stuff. You know, stuff with aspartame.

AMANDA. So do Splenda. I mean, a hundred? That's a lotta calories.

EMILY. Yeah, I guess. (*EMILY goes to refrigerator.*)



TERRI. Hey, Emily, that's okay. I don't really want one. (25 – 26)

A final depiction of peer group influence takes place between the high school wrestlers:

THE WRESTLER'S FRIEND. Okay, okay, relax! Then it'll have to be the other end. (*He takes out a package of laxatives from side pocket in team bag.*) Here, take these. Laxatives. Ex-lax chocolate, just chew it. Here, take some more.

(*THE WRESTLER chews a mouthful.*)

THE WRESTLER'S FRIEND (*cont'd. Unzipping his team bag.*) Come on, we're gonna go for a long run. (*He hands THE WRESTLER plastic pants and top.*) Put these on.

(*THE WRESTLER puts on plastic pants and top while scene continues.*) (31)

Within the production's described instances, Daugherty demonstrates the social pressures surrounding teenagers to achieve a particularly slim figure. While she includes instances of self-selected isolation, she does not depict the isolation often experienced as a result of the eating disorder. For example, Amy chooses to separate herself from her friends, but the piece does not include a character who attempts to make a human connection while in the throes of their disorder. Furthermore, while Daugherty certainly illustrates secrecy, she does little to emphasize the stigma of shame associated with this side effect. Often, the patient experiences a marked level of shame or guilt associated with their eating disordered behaviors. For example, a behavior such as self-induced vomiting or disposing of a meal prepared by a loved one can create feelings of humiliation. While Daugherty's characters perform these types of secretive acts, they fail to vocalize the accompanying disgrace. Finally, the group of teenage girls, Emily's friends, and the wrestlers depict various instances of peer influence.

## The Physical Side Effects

Daugherty presents accurate portrayals of several physical side effects of anorexia and bulimia nervosa within *Eat*. She expertly hones in on cases of fainting, amenorrhea, decreased bone density, cardiac health, and ultimately death, as discussed in Chapter 1. Each depicted instance provides an opportunity to inspire positive change in the lives of teenage viewers.

Throughout the piece, Daugherty depicts several instances of syncope. Amy faints during the course of a school day, and she is immediately rushed to the intensive care unit at the hospital. Amy's mother, upon her arrival, does not understand the reason for her daughter's hospitalization. She questions, "[W]hy intensive care? They – they called me from school. I mean, she just fainted. She probably didn't eat her lunch. Sometimes Amy just won't – I mean, she just fainted" (15). For Amy's mother, her daughter's fainting episodes are not an obvious warning sign. They are a part of daily life. When Amy's mother questions the doctor surrounding the reason for intended hospitalization, the doctor explains that Amy "hasn't had her period for three months" (16). Her eating disorder created severe cases of syncope as well as amenorrhea. Moreover, The Wrestler experiences a case of syncope upon his team's routine weight check. As he engaged in the use of diuretics, laxatives, fasting, and vomiting in order to reach the necessary weight, his self-satisfaction with his weight results is palpable. As he celebrates with his friend, he clutches his stomach and collapses (43 – 44). While The Wrestler achieved his desired weight loss, the lack of necessary nutrients brutally compromised his health.

Daugherty further explores illustrations of decreased bone density. She portrays an older character, Ballerina, who starved herself during her younger years, to demonstrate the risks associated with bone health among teenage eating disorder victims. Ballerina enjoyed tremendous success as a dancer, claiming she was "the toast of New York, Paris, London" and

that she was “the dancers’ dancer of [her] generation” (49). Sadly, starvation was her chosen form of physical upkeep, which ultimately led to her development of osteoporosis. She further expounds, “Now I struggle to cross the street, clinging to my rolling bars of metal. I dare not touch my toes. Bones can snap like twigs. I turn now only to shun my reflection in a shop’s window... I am fifty-two years old. Everything has a price. Now I know...it was too high a price to pay” (50). During another vignette that features a listing of the various things the teenagers have lost to their eating disorders, a nameless teenager explains that she has “lost strong teeth and bones” (47). Amy also experiences compromised bone health as a result of her disorder. Upon her eventual departure for college, Amy’s mother insists she bring her necessary nutritional supplement. She exclaims, “Amy, you forgot your calcium! You need to take this every day” (61). While Amy’s anorexia nervosa did not span a lifetime, like *The Ballerina*, it ultimately caused a calcium deficiency, damaging her bone health.

Daugherty additionally portrays cardiac complications with the character of Lisa, a patient receiving treatment at the recovery facility where Amy receives treatment. Upon Amy’s arrival, Lisa explains she had to return to the treatment facility five separate times. She informs Amy that her “heart valves are totally wrecked” and inquires whether Amy wants “to be like [her]?” (52). Later, Lisa endures further cardiac complications. Fellow patient Joey explains to Amy that the doctors are “sending Lisa to the cardiology floor. Irregular heartbeat” (58). Lisa’s former health issues perpetually haunt her, despite the frequency of her hospitalizations. Like Lisa, Amy eventually suffers heart issues from her anorexia nervosa. Upon Amy’s initial hospitalization, the doctor informs Amy’s mother that “Amy’s heart rate is dangerously low” (16). However, one brush with this physical side effect is not enough to convince Amy to cease her eating disorder. Amy’s therapist later explains to Amy that her “parents admitted you again

because you've lost weight and your heart rate is way down" (53). Should Amy continue her eating disordered behaviors, she will ultimately experience similar cardiac complications as Lisa. Finally, during the vignette that features the various things lost to eating disorders, one teenager expounds "There's a sinking in my chest, heart pounding" (33). Dissimilar to Lisa and Amy, this teenager battles an accelerated heart rate from their eating disorder.

Lastly, Daugherty features illustrations of the most unfortunate physical side effect, death. Within the vignette that addresses the various things lost to eating disorders, one teenager claims she has "lost a normal life expectancy" (47). The life expectancy of an eating disorder patient immediately declines as the myriad physical side effects multiply. In addition, the death of Lisa, while intimated, features Lisa laid out on a gurney admitting physical defeat. Amy and Lisa spent time together as roommates within the treatment facility and developed an intense friendship. Prior to Lisa's death, Amy pleads with Lisa to fight for her life:

AMY Lisa, listen, you – you've gotta do what the doctors tell you. This time you've really got to. If you just do it, you can get out of here. *We* can get out of here. We can have so much fun. You and me. We can go home. You don't want them to give you a feeding tube again. Hey, Lisa, you've got to . . . you've really got to . . . *eat*.

LISA I, I . . . can't. I . . . can't . . .

*(ORDERLY #1 and THERAPIST #1 push LISA off. AMY stands frozen. . . .)* (59)

Daugherty's inclusion of Lisa's death sensitively portrays the most devastating physical side effect of anorexia and bulimia nervosa.

Certainly Daugherty thoroughly addresses the vast physical side effects within anorexia and bulimia nervosa. Yet, the actual embodiment of these side effects leaves something to be

desired. She only includes a physical dramatization of syncope throughout the course of the production. As mentioned above, Joey collapses into the arms of his friend. Amenorrhea, bone density complications, cardiac health issues, and death are completely intimated. While dramatizations of amenorrhea would need to possess a certain level of sensitivity, such inclusions could potentially reach a female audience member experiencing similar symptomology. Also, the physical illustration of bone density, as well as cardiac issues, would serve to add weight to the severity of these side effects. Identification would only increase with the inclusion a teenage character that experiences the break of a bone or heart complications as a result of a slowed heart rate. Instead, Daugherty merely states that the Ballerina now suffers from osteoporosis and Amy from a slow heart rate. Finally, Daugherty addresses the physical side effect of death by sensitively hinting at Lisa's death. While her death on stage could potentially add to the heightened dramatization of this side effect, death may not be received with a similar attitude among audience members. Such a physical portrayal could inspire one teenage audience member to conversation while utterly alienating another. Thus, Daugherty's illustration addresses the severity of the side effect, but in a gentle manner.

### **Analysis and Evaluation of Play and Production Values**

To be sure, Daugherty aims to educate and inspire her youthful audience to question the mediated thin-ideal structure against their own inner questions and monologues. Given the medical research necessary to create a piece such as *Eat*, she manages to dramatize these main concepts rather than explain them to her audience. Through her character Coach, she provides a wealth of medical research. Extensively researched, the information is thorough and accurate. Coach reads from a text book, as during a health class, to inform his students (the audience) about eating disorders. While a character merely reading from a pamphlet on eating disorders to

the audience would appear to do little to drive the dramatic action, Coach also enforces the stereotypes of which he addresses. For example, Coach provides the statistics of what Barbie would look like physically were she an actual human. He explains the average female would need to grow eight inches, lose twelve inches from her middle, add three inches to her bust, shrink five dress sizes and lose forty-four pounds. Following this explanation, he apologizes: “No offense, ladies, but the female population would look pretty good if that happened” (24). This admission drives the dramatic action by enforcing the modern-day unrealistic standard of beauty, thereby reinforcing sexist attitudes as well as the pressure to diet.

More importantly, the audience never observes certain critical dramatic actions, such as Joey purging or Lisa dying, onstage. These moments are intimated and occur offstage. Not only are these moments highly sensitive in nature, but stand to be the most emotionally charged. Perhaps Daugherty desired to leave room for the audience to intimately visualize these moments. Rather than risk alienating audience members by portraying such charged moments, she addresses purging and death without being forceful.

Daugherty utilizes vignettes, fully able to stand alone, paired with the primary storyline of Amy’s battle with anorexia nervosa. She fully supports the rearrangement or complete omission of scenes to fit the producing company’s artistic needs. I believe Daugherty’s intention behind this possible rearrangement to be two-fold. First, she desires to educate her teenage audience and raise awareness surrounding the culturally perceived thin-ideal. With the recognition that all audiences bring a myriad of life experiences to their respective viewing experiences, she indicates rearrangement or omission of certain vignettes as advisable. For example, should a company wish to present the production with a stronger focus on anorexia nervosa, the omission of vignettes featuring *The Wrestler*, *Joey*, and *Person* would allow this

storyline primary focus. By crafting the piece to the needs of the audience, the opportunity for artistic and educational enlightenment increases. Secondly, as the piece was originally produced with the Dallas Children's Theater, rearrangement would meet the requirements often associated with one-act festivals and competitions common throughout the state of Texas.

Moreover, Daugherty frequently employs the use of direct address throughout the script. The characters speak directly to the audience, divulging personally intimate information. Such a device allows the audience to feel as though they are part of a larger conversation surrounding eating disordered behaviors and body image. Daugherty's removal of the fourth wall permits her audience to fully engage with the subject matter, bringing their own questions and contemplations to the table. Additionally, her use of teen slang throughout the script acts as a mechanism to pull her teenage audience into a relationship of reciprocity. Arguably, some would mention that an adult playwright writing from a teenage viewpoint poses certain ethical issues. Some would deem an adult playwright incapable of authentically capturing the current teenage experience as she is not a teenager herself. Moreover, her own experience of the teenage years is remembered, leaving room for faulty memories. However, she simply desires to present the world of teenage youth for teenage youth.

Daugherty addresses double-casting as the typical choice in order to portray *Eat's* sixty-two characters. I fully support this production element from both a logistical and educational perspective. First, sixty-two actors would prove trying when considering spatial as well as financial resources. The employment of double-casting eliminates the specific constraints presented by such a massive amount of people. Second, provided the production is produced in an educational setting, double-casting allows the actors a more thorough learning experience. For example, the boy cast to portray *The Wrestler* not only has the opportunity to explore the

mindset of an athlete, but also the life of a morbidly obese individual as Person. However, age-appropriate casting becomes vital when considering the casting needs of this production. The actress cast to portray Amy should indeed be a female in her teenage years or early twenties. The primary aim of the production calls for the teenage audience to see themselves reflected in Daugherty's characters. The teenage audience should feel as though Coach could be their own coach from gym class. A teenage boy cast in this particular role would fail to achieve the believability of an adult male actor. Additionally, Daugherty indicates the ages of the young girls in the script as between eight and twelve (8). This is imperative as eating disordered symptoms and pressures surrounding the thin-ideal begin prior to the onset of puberty. The majority of TYA companies provide K-12 educational programs from which they cast the younger roles in productions, while a community theatre would need to cast from a local middle or high school.

Notably, Daugherty indicates actors' weight should not be a primary factor within the casting process (8). While I believe casting an eating disorder patient in this production to be unnecessary and potentially harmful to the actor and audience, casting an obese individual would also present certain ethical issues. Not only does the believability of an obese person battling anorexia nervosa come into question, but the diagnostic criterion also becomes debatable.

The original production utilized real and fake food throughout. However, the use of fake food items within a piece that revolves around eating disordered behaviors somehow seems disingenuous. The continuity provided by using all real food not only omits potential questioning, but adds a heightened level of awareness. While the actors' health would always require primary concern, fruit and vegetables could be utilized for all food items throughout the rehearsal process. The called for food items such as a chef's salad, popsicles, Twinkies, and



Doritos would only need to be consumed a week prior to the production's opening as well as the run of the production.

The scenographic elements within the production prove symbolic and reinforce Daugherty's dramatic themes. The contemporary costume pieces required offer the necessary amount of realism for the production. Baggy clothing can be employed as a means to indicate the presence of an eating disorder. The generic board depicting a glamorous actress for the Generic TV Actress becomes imperative as it speaks to the pervasiveness of the thin-ideal portrayed through modern-day television. Minimal use of scenic items allows *Eat's* central questioning of the thin-ideal to assume crucial focus. The required treadmill and refrigerator emphasize the heavy influence these items have over eating disordered behaviors. The treadmill symbolizes the propensity of excessive exercise, while the refrigerator enforces the obsessions and rituals surrounding food. The lighting utilizes the cross-fade technique rather than ever fading to complete black. To do so would only create unwarranted breaks in the storyline.

Lastly, the production includes musical underscoring throughout various moments. While selected musical pieces played during times of transition seem warranted, I find the use of underscoring slightly distracting. For example, underscoring plays when Amy's Voice plays initially. This is the first moment the audience hears Amy's negative mental chatter. This moment delivers such an impact dramatically, that underscoring detracts from its potential power. Furthermore, employment of underscoring has the potentiality of telling the audience how to feel as opposed to allow them to experience their reactions organically. In today's technological age, adolescents expect to hear music as a means to heighten the moods or emotions they desire to experience. Underscoring only enforces this expectation.

Daugherty further indicates that the treadmill was never actually turned on in the original production and that the actors mimed running on it (67). It was never operated throughout the course of the production. As mentioned above, the treadmill appears as a symbol of the extreme habits adopted by eating disorder patients. Excessive exercise is a typical behavioral side effect among eating disorder patients. The treadmill's constant presence enforces the almost religious nature exercise often assumes for these individuals. To actually operate the device during the production would only detract from its symbolic meaning. The audience would observe a person running on a treadmill rather than interpret its representation of exercise in any form. Furthermore, running the treadmill during the performance could pose a liability to the actors' physical well-being.

The use of brand names also appears throughout the script. Clearly, the use of names, such as Doritos and McDonald's Happy Meal, serve to emphasize the saturation of advertisements within contemporary modern-day culture. Enticing images of food items appear on television, in magazines, on the Internet, and plastered highway billboards. The customer not only purchases the food item itself, but the accompanying promise to feel happy, cool, or popular. Daugherty draws attention to the items individuals culturally buy into and their potential dangers. This is not to say that an isolated purchase of one of these items will result in an eating disorder. However, society remains inundated to these types of advertisements, making temptation constant and inescapable.

*Eat (It's Not About Food)* delivers important messages not only for its intended teenage audience, but adult audience as well. While the world of eating disorders is one of secrets and exhausting mental calisthenics, Daugherty's play demands vital attention and awareness to these

misunderstood diseases. In a society where the physical ideal of beauty is extremely skewed, this piece possesses the potential to challenge that forever intangible ideal.

## Chapter Three: Extensions

### **The Study Guide**

Within the TYA field, study guides commonly accompany the audience's experience of a given production. The study guide may contain material intended to introduce topics to the audience prior to the actual viewing experience, or serve as the conduit for deeper educational exploration into presented topics after the production. Teachers, parents, or guardians receive specific information surrounding the play's dramatic action, themes, and exercises for further education. A study guide designed particularly for Daugherty's *Eat* details the serious nature of the storyline while also defining key terms and concepts (i.e., anorexia nervosa, bulimia nervosa, binge eating disorder, binge, and purge). Furthermore, the study guide includes exercises with health and physical education curricular connections, information about the playwright, and resources detailing where a person may seek help should she struggle with eating disordered behaviors.

Lynne B. Silverstein, Senior Consultant for the Kennedy Center Education Department, and her staff conducted a three-year research project that assessed the validity of education materials. The results included recommended guidelines for delivery of content within performance materials. First, the main text must be easily understood and written in an objective, unbiased attitude. Second, sidebars should be utilized to provide additional material or elaborate on ideas. Lastly, visuals must pull the reader's attention to the text (Hovasse 13).

Additionally, Community Engagement Director at Orlando Repertory Theatre, Emily Freeman, offers four considerations when creating a study guide in her essay "The Resource Guide: Tool or Ticket?" (2016). Freeman advises to focus on depth of content versus breadth, invite interactive dialogue on digital platforms, acknowledge the guide's multiple functions as a

marketing tool and ticket, and listen to the specific audience (39). Through more intense exploration, students obtain a more comprehensive grasp on presented topics. Additionally, digital platforms offer students the opportunity for engagement beyond activities completed within the classroom. Digital forums, such as Facebook or Instagram, could advocate positive body image constructs by providing the space for teenagers to share empowering messages about self-acceptance and healthy lifestyles. Should the guide provide such relevant outlets, as well as stimulating visual imagery, interest is then fostered in the actual production, which ideally boosts revenue in ticket sales.

To be sure, Freeman and Hovasse value the notion of depth versus breadth. Hovasse's use of sidebars allows for further information on presented themes and topics. While *Eat* features illustrations of anorexia nervosa, bulimia nervosa, and binge eating disorder, the accompanying study guide focuses on the concepts of body image and healthy choices. Students engage in activities which promote deep exploration of the two concepts rather than receive a mere introduction to the aforementioned eating disorders. Furthermore, visuals also receive specific mention. However, Hovasse ascertains that visuals serve to emphasize the text, while Freeman posits they inspire the student to attend the production. The visuals within the accompanying study guide reinforce the material, drawing the student into further exploration and contemplation.

The choice to begin the study guide with a brief synopsis of the production allows for an introduction to the more serious topics within the piece. The brief synopsis intrigues the adolescent audience without divulging too much of the dramatic action. Moreover, curricular connections to health and physical education place the relevant material in a positive light. This way, students explore choices that encourage a positive body image construct rather than what

can create a negative self-concept. The provided definitions of major terms both explain and clarify the major conditions within the production. Therefore, upon viewing the play, students will understand the terms and no education is necessary. Additionally, the use of sidebars informs the students of the severity as well as commonality of body image issues. Lastly, the inclusion of further resources offers the at-risk adolescent an avenue to reach out without divulging personally sensitive information.

My accompanying study guide for *Eat* presents text specifically written for grades nine through twelve. Sidebars include informative statistics surrounding eating disordered behaviors. Accompanying visuals draw the reader's attention to the material without detracting from the presented information. This guide provides thought-provoking exercises without detracting from the primary dramatic themes. The guide provides stimulating visuals as well. While the accompanying guide does not feature a digital platform or include an opportunity for feedback, this could easily be incorporated if a producing theatre decided to utilize the guide. As mentioned above, Facebook or Instagram platforms would provide the teenage audience a relevant opportunity for engagement. The study guide not only provides the reader a more holistic educational experience, but offers the resources for empowerment in order to seek assistance, if needed. Moreover, ample background information and summary intrigue the audience without detracting from the viewing experience. While an adolescent struggling with body image issues may not voice concerns prior to viewing the production alone, the use of the study guide could serve as the impetus for positive conversation.

Linda Daugherty's

A Study Guide

Grades 9-12

# **Eat**

## **(It's Not About Food)**

### **Synopsis**

*Eat (It's Not About Food)*, by Linda Daugherty, is a moving and all too realistic glimpse into the dark and tortured world of eating disorders. With the inundation of societal and media-related strictures, specifically aimed at younger people, about what it means to be physically pleasing, *Eat (It's Not About Food)* is an extremely important piece of theatre. Daugherty not only presents dynamic accounts of teens struggling with anorexia, bulimia, and binge disorders but also takes a grave look at the dangers of "dieting." *Eat (It's Not About Food)* forces young people to evaluate where they locate their sense of self-worth and the dangers of placing it on their physical appearance. Moreover, Daugherty not only presents the disordered behaviors of girls and women, but presents the possible implications of athletic pressures placed on young men in a riveting light.

Several teenagers, including Amy (suffering from anorexia), wrestle with body image and societal influences as they spiral down into the dark world of eating disorders. Ultimately, Amy makes a full physical recovery but reveals the stark truth that the negative self-talk that accompanies any eating disorder is never truly "silent."

The play investigates potential causes and warnings, while exploring the influences of society and media. The piece features several teenagers suffering with cases of Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder. Primarily featured is Amy, whose alarming battle with Anorexia leads to her eventual hospitalization. Also interwoven are vignettes ranging from the realistic to humorous that feature other teens' body-image related struggles.

## Curricular Connections

### The Health and Physical Education of *Eat*

**\*\*Interpret and reflect on the concept of body image and how this notion varies for different individuals.\*\***

- Why are body image and self-esteem important? The teenagers featured in *Eat* severely struggle with their own personal conceptions of body image. Both concepts affect and influence our own unique self-perceptions. The construct of body image is an obvious identifier to the human race. Beyond this awareness of one's physical state of being, the idea of personal body image is easily influenced by loved ones as well as the images one consumes. Moreover, perceived body image can drive an individual to engage in otherwise ridiculous actions. Whether an individual chooses to forgo a post-meal cookie or undergo unconventional surgical operations in the pursuit of a youthful appearance, we are all subject to this influence at different times.

Discuss these concepts and reflect on personal constructions of body image. Create personal body-image collages using images from magazines or another medium.

#### Did You Know?

Out of eight million Americans struggling with anorexia or bulimia nervosa, an estimated 240,000 are between the ages of thirteen and eighteen.

- What factors can affect a person's personal concept of body image?
- What are the specific influences Amy and others come under in reference to body image and self-esteem?
- In the play, Coach instructs his students on "The Hazards of Dieting." How might dieting positively or negatively affect one's self concept of body image?
- Amy's voice, or her own self-esteem, talks to her throughout the play in a demeaning manner. How might someone work to lessen negative self-talk and improve self-esteem?



## Curricular Connections Continued

**\*\*Identify and interpret the importance of vitamins and nutrients within the many human systems.\*\***

- The eating disorders featured in *Eat* can often lead to vitamin and nutritional deficiencies. Have the students work in pairs. Each pair will select a vitamin or nutrient essential to the human system and create a short presentation addressing what the vitamin or nutrient does and why is it important.

- Calorie Woman knows the exact calorie count for each item she ingests. How might consuming too little lead to a deficiency?
- The characters in the play discuss the many things they have lost to their eating disorder. These include hair, sleep, and weight—symptoms often associated with a deficiency. What are the health measures necessary to reverse such a deficiency?

**\*\*Identify and interpret healthy food choices to create a well-balanced menu.\*\***

- The characters in *Eat* often make nutritionally unsound meal selections. Have the students create a menu for either breakfast, lunch, or dinner that features healthy and whole foods.

- Why is it important to ensure your daily food intake includes a vast variety of food choices?



## Terms and Definitions



**Anorexia Nervosa:** a serious and sometimes life-threatening disorder characterized by extreme weight loss and starvation. Symptoms include little to no food intake, intense fear of weight gain, refusal to eat certain types of food, denial of hunger, food rituals, rigid exercise routine, and withdrawal from peer groups and activities (“Anorexia Nervosa”).

**Bulimia Nervosa:** a serious and sometimes life-threatening disorder characterized by a cycle of bingeing and purging. Symptoms include frequent ingestion of large amounts of food followed by behavior intended to rid the body of the food (i.e. excessive exercise, vomiting, and laxative use), feeling out of control during the bingeing process, rigid exercise routine, swelling of cheeks or jaw, discoloration of the teeth, withdrawal from peer groups and activities, and irregular bowel movements or chronic constipation (“Bulimia Nervosa”).

**Binge Eating Disorder (BED):** a serious disorder characterized by ingesting large amounts of food, shame or distress following the binge, and not regularly engaging in purging behaviors following the binge. Symptoms include eating an extreme amount in a short timeframe, eating until uncomfortable, eating alone, secretive food behaviors, and a strong need for control (“Binge Eating Disorder”).

**Binge:** a period of time, usually brief in length, of excessive indulgence like eating and drinking (“Binge”).

**Purge:** to rid of whatever one feels to be impure or undesirable (“Purge”).

## About the Playwright and the Play

Produced nationally and internationally, Linda Daugherty's work has appeared in professional as well as community theatres, schools and universities. She is a winning playwright in-residence at The Dallas Children's Theater in Dallas, Texas. Her other plays include *The Secret Life of Girls*, *dont u lov me?*, *hard 2 spel dad*, *African Tales of Earth and Sky*, and *Coyote Tales* (Daugherty).

*Eat (It's Not About Food)* premiered at The Dallas Children's Theater on April 11, 2008.

## Other Resources

If you or anyone you know is struggling with an eating disorder, please seek help. The following resources may prove a helpful starting point.

- National Eating Disorders Association: [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
- National Association of Anorexia Nervosa and Associated Disorders: [www.anad.org](http://www.anad.org)
- National Institute of Mental Health: [www.nimh.gov](http://www.nimh.gov)
- Insight Counseling, LLC: 8400 West 110th Street, Suite 610—Overland Park, KS 66210—Telephone: 913-631-3800
- Eating Disorder Center of Kansas City: 8500 Shawnee Mission Parkway, Suite L1—Merriam, KS 66202—Telephone: 844-845-3922



## The Forum

In addition to study guides, TYA productions may feature a post-show discussion as a means for the audience to further process the various themes presented. Playwright Laurie Brooks expands on this notion and often includes an interactive forum after her productions which occur following the primary piece. Brook's interactive forum differs from a discussion as she desires to engage the audience, taking them deeper into the dramatic action viewed in the play (Kappes). Brooks provides the seven tenets behind the forum model in her essay. They include:

1. Keeping the actors in role, usually scripted or partially scripted, not improvised.
2. Creating dynamic, theatrical visuals and action with the actors in role.
3. Non-judgmental sharing of audience values and opinions – there is no “correct” answer.
4. Careful structuring to keep actors and audience safe – i.e., no one is “called on” to speak.
5. No planned outcome. Exploration is the goal.
6. Distancing. The forum is about the characters and their actions and choices in the play.
7. “Back Door Education” – no didacticism, but as young people respond with conflicting ideas, they inform each other. This is a completely democratic process (32-33).

Moreover, Brooks distinguishes the three steps necessary to creating a forum of this nature in her essay “Valuing Young Audiences Beyond the Role of Spectator” (2016). The initial step of the forum features five to eight statements about the play's characters and dramatic

action. The audience chooses to stand if they agree with the given statement, or remain seated if they disagree (33). Step two includes a reflection portion. Drama techniques like image theatre may be utilized. Image theatre features participants arranging their own and others bodies' into static images that portray a feeling, issue, or moment in time. This way the forum transforms into a staged event (34). Lastly, the forum's closure features the audience commonly offering advice or counsel for a specific character. Typically, the facilitator invites the audience to manage this portion independently, without raising their hands. Instead, they stand and wait for their turn to speak (34).

The accompanying forum aims to inspire empathy and vulnerability in the teenage audience. Laurie Brooks' tenets offer *Eat*'s audience a more in-depth exploration of the insecurities and anxieties teenagers often share. Amy and Emily join the forum to represent those affected by eating disordered behaviors and those influenced by the messages received surrounding the thin-ideal. They continue the theatricality, but also create a reciprocal relationship with the audience. While the script suggests dialogue for the characters, as indicated by Brooks, the audience should feel as though they are in dialogue with the characters as well as one another. Brooks also instructs that the audience remains safe and is never "called on" to speak. The accompanying forum fosters such a non-threatening environment by abiding by this tenet. Through specific use of Dorothy Heathcote's "mantle of the expert" approach, the audience shares advice with Amy, acting as her counselors. In this light, the audience is placed at the center of the dramatic exercise. They are given the option to share their insights and knowledge with Amy, should they choose to do so. Forcing a teenager to share contemplations on such sensitive subject matter would immediately betray this notion. Conversely, audience members are encouraged to stand in agreement, remain seated in disagreement, or offer thoughts

of counsel in a completely non-judgmental atmosphere. Distancing occurs as the forum focuses on the dramatic actions and choices of Daugherty's characters. This way, teenagers are able to assess their own personal experiences with body image and/or disordered eating habits without personal exposure. Finally, as audience members voice similar and opposing viewpoints, they do so in a democratic manner. Shared vulnerability thus occurs by demonstration of mutual respect and collaboration among participants.

### **Post-Production Forum**

\*\* It is advisable to have community-based healthcare professionals that specialize in eating disorders present at the time of the forum. This way they are present for questions that may arise. If utilizing the forum, it will take place immediately following the production's final moments without a curtain call. The play may be performed with or without the forum. It is also recommended to have eating disorder and body image literature available for the audience should they desire such materials. The character of Coach may serve as facilitator. Throughout the piece, he provides the medical literature surrounding eating disorders as if he were in a classroom. His function as facilitator extends his dramatic purpose within the piece. \*\*

**Facilitator:** Thank you for attending our production of *Eat (It's Not About Food)*. We would like to invite you to stay for a brief post-production theatre forum. Today, we have the opportunity to explore several issues presented throughout the production you just viewed. Please remember that this is a safe space. Please, exercise appropriate language and treat each other with respect and kindness.

#### **Part I. Agree and Disagree Statements**

**Facilitator:** I'm going to read a series of statements about some of the actions and events in the play. Please feel free to stand in support if you agree with the statement or remain seated if you disagree.

Facilitator thanks the audience for their responses following each statement.

1. If you know a friend or loved one who struggles with eating disordered habits, you should ignore his or her eating habits.
2. Amy's recovery from anorexia nervosa at the end of the play is temporary, and she will experience relapse.

3. Images of male and female bodies in the media are representative of contemporary society.
4. Amy could have stopped her eating disordered behaviors whenever she wanted; she was just acting that way for attention.
5. The pressure that The Wrestler and The Wrestler's Friend experience to perform at a specific weight was self-inflicted.
6. Emily will eventually engage in eating disordered behaviors to achieve the physical form of the models in the magazine she thumbs through at the end of the play.

## **Part II. Reflection**

The Facilitator provides the audience the following guidelines:

1. Treat yourself and others with kindness and respect. No name-calling.
2. Employ "I" messages. "You" too quickly becomes accusatory.
3. No use of foul language.

Facilitator invites Amy to join the proceedings. She speaks directly to the audience, asking them why she should not have felt pressured to strive for the physical ideal of thinness. "I like to exercise and eat healthy. How could it be unhealthy for me to make sure I don't become fat?"

In this light, Amy asks the audience to function as her personal counselors.

## **Part III. Closure**

The Facilitator asks Emily to join Amy on stage. Emily asks the audience, "What can I do to make sure I am not affected by the messages I receive, telling me I need to be thinner?"

Audience members are asked to share positive affirmations, advice, or counsel with Emily. The audience members stand, offer their insights, and sit. After hearing the audience's suggestions,



Emily chooses one hopeful response and states, “Okay, I’ll try that.” This way, the audience has solved the issue at hand, closing on a hopeful note.

The Facilitator ends the forum.

**Facilitator:** Thank you again for joining us for this production of *Eat (It’s Not About Food)*.

Please remember, if you are battling an eating disorder, seek help. If you have any questions about eating disorders or body image, health care specialists are available to talk to you as you leave today. Recovery is possible, and you do not have to fight this alone. Remember, exist to be happy, not to impress. Thank you.

The choice to begin the forum with Brook's agree/disagree statements allows the audience to personally assess their individual beliefs surrounding body image. Through the device of standing in agreement or sitting in disagreement, the students are not "called on" to voice their opinion. Rather, the opportunity for safe exploration of the character's actions in the play is provided. As Brooks distinguishes, there is no correct answer.

Moreover, the use of Heathcote's "mantle of the expert" theory proves particularly beneficial. The theory encourages empowerment by providing the audience the opportunity to take on a role of responsibility by offering Amy personal insights. Additionally, this particular type of exercise increases engagement as well as confidence among its participants. This is noteworthy as a group of adolescents, specifically vulnerable to the construct of body image; stand to make considerable gains concerning confidence. Moreover, the element of fiction introduced in the forum (the actors portraying Coach, Amy, and Emily facilitating) affords the learning to take on the attitude of being playful and serious as well as pretend and realistic. The adolescent audience suffers no actual consequences for their actions, but acquires real-world knowledge.

Surely, tensions may arise throughout the course of the forum. However, Heathcote promotes the presence of tension within her theory. Accordingly, all effective drama relies on tension (Aitken 51). When the audience works through these tensions, students understand that tension is a part of life. Furthermore, the presence of tension promotes continued interest in the forum. Finally, the audience learns that "grappling" necessitates deeper learning (Aitken 52). So, while Daugherty's audience may certainly possess varying opinions surrounding Amy's plight, the facilitators can effectively assist the audience in grappling with these presented tensions. As a direct result, a more holistic learning experience emerges.

Finally, closing with shared contemplations regarding Emily's future personal experience of body image allows for necessary reflection. Accordingly, the dual realities that operate within the forum make the learning context both explicit and a distanced relationship, which enhances reflection on what is learned (Aitken 52 – 53). Through this democratic reflection, students respectively offer conclusions surrounding the material discussed within the forum.

## Conclusion

Though anecdotal, the inclusion of my own eating disorder experience emphasizes the serious nature of eating disorder among teenagers. As previously mentioned, the impetus of my disorder was deeply rooted in my high school experience. Unfortunately, I am a very small fraction of the nearly fifty percent of teenage females and thirty-three percent of teenage males engaged in eating disordered behaviors (“Stats”). The western body image obsession, enforced through media, only concretizes the drive to obtain the “thin-ideal.” Teenagers become particularly sensitive to this as they strive to achieve acceptance within various peer social groups.

As reviewed in Chapter One, clearly, the world of eating disorders is shrouded in shame, secrets, and exhausting mental calisthenics. While adults comprise the majority of those suffering from anorexia and bulimia nervosa, eating disordered behaviors typically begin prior to the onset of puberty. Additionally, the comorbidity of the eating disorder and a different mental illness occurs, adding to the severity of the patient’s overall condition. Perhaps most life-threatening are the behavioral side effects that manifest as a result of the eating disorder. Furthermore, peer relationships exert a particular influence over an individual’s body image concept, which potentially leads to disordered eating habits. The physical side effects of eating disorders pose the greatest threat as they include syncope, amenorrhea, bone as well as cardiac issues, and ultimately death. Also, body image dissatisfaction further compounds the presence of eating disordered behaviors. This outright dissatisfaction may be inspired by the mediated messages received surrounding the thin-ideal. Finally, the employment of theatre as a specific methodology assists adolescents in the development of greater self-esteem and self-worth.

While my analysis of *Eat (It's Not About Food)* is limited to the script on the page, Daugherty delivers an engaging piece of theatre for her teenage audience. Her production sparks the necessary conversations among teenagers struggling with eating disordered behaviors and body image dissatisfaction. Daugherty's cogent portrayal of the physical, mediated, psychological, behavioral, and social side effects mines the inner workings associated with eating disordered behaviors. Moreover, the teenage audience views other teenagers battling similarly relevant issues concerning personal insecurities. Analysis of the production elements further mines the potentiality of sparking positive conversation. While the expectation of immediate healing proves unrealistic, it is not impractical to anticipate discussion where there may have previously been resistance.

The inclusion of a study guide, as well as a post-performance forum, serves to further inspire positive conversations. As the conduit for deeper exploration, a teen struggling with body image issues, upon hearing of another teen battling similar issues, could feel safe to share in such a communal environment. Thus, shared experience breeds vulnerability. Furthermore, the atmosphere of these opportunities, specifically a post-production forum, is completely non-judgmental. The dramatic experience of the production acts as the inciting incident for positive conversation, while the study guide or forum allows for intense consideration and reflection.

The advocacy of teenage eating disordered behaviors as well as body dissatisfaction has never been more vital than today. The removal of the stigma of shame and secrecy surrounding eating disordered behaviors, as well as intangible body image constructs, proves absolutely necessary in this contemporary society. By placing this topic in the theatrical space, the pathway for fruitful conversation unfolds. In doing so, teenagers can confidently challenge the enforced thin-ideal and fearlessly claim their own unique attributes.

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