The program opens with the question, “What is beautiful?” Several young people offer their perspectives, including: “What makes a person beautiful is who they are inside.” “If they are a nice person and feel confident in what they look like.” “Beautiful means you have to have a good personality, you have to be nice; to be funny and smart.” “It’s the inside that counts.” However, the last two kids respond that for them, being beautiful means being thin.

Two young narrators appear next, addressing the topic of self-esteem. “Most people are worried about how they look, especially teenagers,” acknowledges the female narrator. The male narrator observes that people who don’t feel good about themselves focus too much on how they look, hoping that this will help them feel better. “Sometimes negative feelings become so strong that people may become obsessed with their weight and body. Their eating habits change to the point where they’re not getting proper nourishment, which causes their health and body to seriously deteriorate.” Next, the main title appears: *Understanding Anorexia & Bulimia.*

Various young people appear on camera to comment on the first major eating disorder, *anorexia nervosa.* The narrators characterize anorexia as a preoccupation with body size, body shape and weight so extreme that when you look in the mirror, you see a fat person when in reality you may be thin or even emaciated. It’s the refusal to maintain a normal body weight by restricting what you eat, despite your age, size or height. A person with anorexia drops at least 15 percent from his or her normal body weight. In girls, there is also the absence of a menstrual period for three months or longer. Anorexia can develop at any time—even in children as young as eight. However, teenagers are at the greatest risk.

At this point, viewers meet Mindi Rold, a recovering anorexic who relates her experience playing Dorothy in a children’s theater production of the Wizard of Oz. Her parents and doctor said that if she got the part, they would give her two months to put on weight so she wouldn’t have to go back in the hospital for treatment of her anorexia. However, as Mindi puts it, “I got the outside acclimated, but inside I knew I was basically dying. I couldn’t change.” After the performance, she was taken to the hospital for the second time.

The narrators explain the difference between anorexic thinking and the normal desire to be thin. People who feel good about themselves might want to lose a few pounds, but they know how to stop when they reach a sensible weight and do not let a few extra pounds seriously affect their well being, personal satisfaction or behavior. Anorexics, on the other hand, see themselves as overweight no matter what their body size is and begin to withdraw socially, feeling that they are too heavy to participate in activities. They might also feel jealous and competitive with other people’s body types to the point where they can’t let themselves feel good about their own bodies.

In the next segment, Mindi Rold recalls her childhood. She says she never felt comfortable in her body and remembers begging her mother to put her on a diet. Mindi’s mother paid for young Mindi to go on Weight Watchers and even rewarded her with money for the pounds
she lost. She feels the praise she got from adults fueled her anorexic thinking. Mindi always excelled at what she did, “…and dieting was something else I was going to succeed at.” Within six months, she remembers walking to school one morning, feeling guilty after arguing with her parents. She came running home, crying that she needed help. “I had no clue what was going on. I just knew I couldn’t stop.” At eight years old, Mindi was officially diagnosed with anorexia nervosa.

The topic then turns to the medical consequences of anorexia. The narrators state that lack of nutrition affects every organ system in the body—from the brain to the heart, kidneys, liver, bones and the immune system. Registered dietitian Margurette Edouard describes the nutritional deficits that occur with anorexia, including: dehydration; thin, dry, brittle hair; amenorrhea (missing three consecutive menstrual periods); and dry, scaly skin. As Ms. Edouard puts it, “Your picture of an anorexic is not really a beautiful person who looks healthy, but someone who is really like a dried-out prune.”

Mindi acknowledges that damage was done to her body and says she was lucky that she didn’t die as a result. Although she was near death, she admits that her thinking was worse than ever. “Someone with an eating disorder like Mindi,” interjects the narrator, “is ignoring the body’s basic nutritional needs to stay healthy.”

Next, Mindi talks about her family. She says that her father believed in her and insisted on getting her help. He told her he wouldn’t give up on her. According to the narrators, anorexia is a symptom of deeper underlying problems that can include family issues, conflicts between parents, alcoholism, divorce, depression, low self-esteem, never feeling good enough, needing to be perfect, feeling misunderstood or failing to meet the family’s expectations. In addition, eating disorders can develop in situations where there is rape, incest, physical abuse, emotional abuse or neglect.

The second major eating disorder is introduced: bulimia nervosa. Young people appear on camera to share their views on bulimia. The narrators define bulimia as eating food and then ridding the body of it, most commonly by making oneself vomit but also by abusing laxatives. Bulimia is also most common with teenagers.

The camera zooms in on a smiling 11-year-old boy in the front row of a class photo. Josh Harper, a recovering bulimic, explains that he was “the little fat kid that everybody makes fun of. There’s always one of them.” When Josh was in the sixth grade, he recalls, “It just got to me really bad.” He came home from school after being teased all day and ate some pizza from his parents’ restaurant. “I just freaked out. I couldn’t handle it. I felt incredibly guilty. I knew I had to get rid of it.” He bought a bottle of Ipecac syrup at a drugstore to force himself to throw up. Afterward, he felt great relief and was almost proud of himself. “After that first time throwing up, it was pretty obsessive,” he reveals.
One of the narrators comments on the psychological aspects of bulimia. “When someone with bulimia throws up, symbolically they are getting rid of negative feelings, issues they don’t want to deal with, problems and stresses.” The other narrator adds that there is physical relief, too. The body calms down after purging, so relief is not in the eating—it’s in the purging. The narrator emphasizes that bulimia is a repetitive pattern. “Someone who is throwing up their food or taking laxatives on a regular basis… that is bulimia.”

The next scene cuts to a family photo. Stephanie Watt says of her youngest daughter, “Kristen would have been 17 now.” She tells how Kristen, one of the taller and bigger kids in her class, was always self-conscious about her weight. Kristen’s father, Mike Watt, comments, “I knew she took teasing in school. I always thought she had a strong enough personality to carry it.” One Christmas they began to notice that Kristen wasn’t eating much. After Kristen dropped 50 pounds in about four months, they realized what the problem was. But soon there was a change and she started eating again. The family was relieved until they noticed that she was spending a great deal of time in the bathroom.

Some people who are bulimic have been anorexic in the past, says the narrator. Bulimia tends to be more hidden than anorexia since bulimics are of more normal weight, making it harder to detect. In addition, there are often more feelings of shame associated with bulimia.

We return to Kristen Watt’s mother. Kristen didn’t look so thin that she would cause concern, but she showed typical symptoms of an eating disorder, such as feeling cold and suffering from severe stomach aches. Next, the narrators list many of the health problems that bulimics can suffer as a result of purging. These include esophagus tears, mouth irritation, tooth erosion, sinus problems, rupture of the stomach lining and heart palpitations. Bulimia, viewers learn from the male narrator, is not an effective way to lose weight. He explains that people do not actually purge all they have eaten. And laxatives do not control weight because they take effect after the body has absorbed the calories from the food. Laxatives cause a person to lose fluids and minerals that are vital for a heart to remain working normally. In fact, laxative abuse can cause death from a heart attack.

Kristen Watt’s mother and father then relate the events that led to their daughter’s death. After two years of treatment in and out of hospitals, Kristen was allowed to go to a summer camp. Her father thought that it would be a good time for her. She had been checked by a pediatrician shortly before going, but “She was actually calling home screaming for help and we didn’t interpret it... She didn’t have the tools there to deal with her disorder.” Her father breaks down in tears as he recounts the last time he saw his daughter. She came home from camp and argued with her sister. After her dad had a talk with her, he gave her a kiss and they danced. “Off she went to bed. That’s the last time I saw her.” The next morning her parents heard her get up and then return to bed. But actually she had collapsed. They never found a positive cause of death, only a probable cause: cardiac disrhythmia, which is essentially a heart attack.
A graphic introduces the next segment: “What about guys?” One of the narrators says, “When you think of eating disorders, you might automatically think of girls, but the truth is that more and more guys are being diagnosed with anorexia and bulimia.” Statistics indicate that about ten percent of all people with eating disorders are male. Often males who develop eating disorders go undetected by family, physicians, teachers and friends—especially if the boy is an athlete. The other narrator maintains that people who exercise three to five hours a day are often viewed as dedicated to their sport, whereas this can actually be a symptom of exercise bulimia. Symptoms are listed: exercising to routinely burn off calories just eaten; exercising to exhaustion; inability to take a break despite feeling tired, ill or injured; and scheduling your life around exercise.

The next segment opens with a wrestling scene. Wrestling gear supplier John Bologna says that a compulsion to lose weight has been going on in wrestling, weight lifting, judo and boxing, just as it has been going on in society. Addressing the pressure to keep his weight down, a young wrestler named Kyle says that if he doesn’t make his weight, he doesn’t get to wrestle and someone else fills the position. Thomas Ryan, head wrestling coach at Hofstra University, doesn’t approve of weight cutting at this level. He advises, “Don’t sacrifice your health in order to make a certain weight.” Kyle concludes the segment by telling viewers how he runs five miles every night. “You’ve got to have willpower to be in this sport. If you don’t have the willpower, it’s not the sport for you.”

The narrator then asks, “Why do we feel this pressure to look a certain way?” She points out that pictures in magazines or on television can lead people to feel badly about themselves and obsess about their bodies. Several young people appear on camera to discuss the effects of media images on how kids feel about themselves. One girl says that seeing really skinny girls and guys with big muscles in magazines and on television can make you feel worthless. A boy claims that since models shown in magazines are never overweight, we feel pressured to look like these people. A girl comments, “It’s not cool that they promote skinny people all the time because in real life we all come in different shapes and sizes.”

In the final segment, the narrators urge viewers, “If you think that you might have an eating disorder or if you think you might be developing an eating disorder, the best thing you can do is talk to someone. And if you know someone who has an eating disorder, encourage that person to get help!”

Mike Watt, Kristen’s father, offers his advice: “Don’t be embarrassed or keep it in the closet. It’s such a huge load to carry. It’s something that is virtually impossible for you to get over by yourself. Don’t be afraid to go for help.” Mindi Rold suggests reaching out to a close friend or adult, such as a parent or a teacher. The dietitian recommends talking to the school nurse or guidance counselor. Mindi adds that there are wonderful Internet tools.
to provide support and information. Mrs. Watt claims that sometimes if you catch it at
the earlier stages, it doesn’t become as severe. Josh urges, “Find someone that you trust.
The most important thing in treating an eating disorder is having somebody that can help
you through it, so you’re not alone.” Mindi concludes, “It’s something that you don’t
want to live in secret with. That only contributes to making you feel worse and making
you feel alone.”