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ANTH 5360: World Mental Health

Cultural Formulation Final Project

**Narrative**

*Patient Identification*

Bailey Landon\* is a 21-year-old single woman. Bailey is studying Math and Psychology at the University of Virginia and holds multiple part-time jobs. She is from Houston, Texas and did not receive any psychiatric treatment prior to attending college.

*History of Present Illness*

Bailey recalls her first weeks at college as exciting, nerve-wracking, and lonely. She remembers wishing she had gone to school in Texas because she would have had friends and familiar faces around her. She made friends, but felt that these friendships weren’t as strong as her high school friendships had been. She felt without a place.

She views the first major step toward the development of her illness as the purchase of a calorie counting app for her phone in October 2010. She had gained weight over the summer before college but remembers being largely unconcerned by the extra weight. She recalls transient problematic behaviors and thoughts related to food in high school, including occasionally skipping lunch and the thought that a carrot might make her fat. Once she started using the calorie counting app, she started to think about food a great deal, more than she ever had in high school, and paid close attention to what she was eating.

At the same time, in October/November 2010, Bailey was distressed by events going on at home in Texas. She felt guilty about not being home to care for her half-brother whose father had just died. She also felt guilty that her brother was left to deal with their mothers’ abusive boyfriends without her there to protect him. She says the guilt was coupled with relief because the distance meant she didn’t have to deal with these issues herself. It was at this time that she went to Student Health’s Counseling and Psychological Services (CAPS) for help dealing with a difficult transition to college, trouble at home, and her food concerns.

She went to CAPS only once. She found the woman she spoke with to be nice, but for some reason Bailey didn’t like her. Bailey told the caregiver she felt really concerned about what she was eating so they set up an appointment for her to see the nutritionist, Emily,\* whom she continues to see regularly.

In her first semester of college, Bailey remembers others, including her roommate, telling her she was mean and “spacey” when she counted calories, but the need to pay attention to food was so salient Bailey couldn’t listen to her friends and stop the behavior, even though she could recognize it was bothering them. Despite counting calories, Bailey was actually gaining weight during her first semester and at winter break she weighted 15 pounds more than she had in high school. She came back to school newly focused on a goal weight that she posted everywhere including on her arm, on her bulletin board, and on the background of her phone. Sometimes she wouldn’t eat and sometimes she would eat normally, but regardless of her actual eating habits, Bailey remembers constantly thinking about food during this time.

In March 2011, Bailey sought help at the Ainsworth clinic. At the clinic, graduate students studying clinical psychology work with patients while being supervised by professionals. She said she went there because she didn’t want to go back to CAPS. Her first time at the Ainsworth clinic, she met Angela,\* her graduate student counselor whom she still sees on weekly basis. At the end of April, Bailey says, “everything exploded” when she purged successfully for the first time. After doing it twice, she told Emily. Angela told her she was at the top of a hill and had the choice to back up or keep going forward. She warned Bailey that once she got going, it would be really hard to stop. Bailey was unconcerned and thought that since she was only purging a few times a week it wasn’t anything to worry about. This continued through the end of her first year at UVa.

Over the summer, things got much worse. Bailey was purging multiple times a day but still thought she could stop if she wanted to and that everything was under control. In phone appointments with her nutritionist, Bailey was advised to seek inpatient care. She never seriously considered this because her parents, to her knowledge, still didn’t know about her purging. In late July, she successfully stopped purging. To compensate, she severely restricted her food intake. She describes herself as having “let go of one rope but grabbed onto another.” She started loosing weight quickly and in two months, around fall break of her second year, she had lost roughly 15 pounds.

In October of second year, Bailey purged again after 83 days. She says she didn’t do it often, but it helped her to feel better. In November, Ainsworth set up an appointment for her with Dr. Mitchell\* because she had officially been diagnosed with Eating Disorder not Otherwise Specified (EDNOS) and patients who have eating disorders are required to see a psychiatrist as well. Bailey said that she didn’t feel she had an eating disorder anymore. Dr. Mitchell told her what she was doing was dangerous for her heart, as Bailey had several heart defects as a child and has undergone numerous heart surgeries over the years. This was a concern for Bailey, but not a large enough concern to change her behaviors significantly.

At Thanksgiving, she went home and ate so much that she said it felt as if her stomach might explode, but Bailey did not purge. When back at home for Christmas break, Bailey counted calories on and off. She ate a huge meal just before getting on the plane to return to school and didn’t eat her first two days in Virginia as a result. Her Ainsworth counselor was concerned to hear this, and to hear Bailey’s new plan to eat 400 calories a day, but Bailey didn’t care. In fact, at the end of January she called and cancelled all her upcoming appointments with the doctor, nutritionist, and Ainsworth counselor.

Angela called Bailey after she’d attempted to cancel all the appointments and told her she still had to go to them. Bailey complied and found her caregivers to be helpful. She started Prozac for the first time in February 2012. She remembers wavering between great days when she felt she could rid herself of “all of this” and terrible days when she felt she could never get over it and questioned if she even wanted to get better. By April, she was having more good days than bad days, but the bad days were still really terrible.

She went back to Texas at the end of June and purged again. At this point, her mother knew about her eating disorder but Bailey felt she could still control her own eating without others noticing too much. Her mother was not supportive in the way Bailey would have liked and accused her daughter of being “too good for everyone to eat” certain foods and for making “people feel bad about eating” what they wanted. She felt her mother viewed the eating disorder as a choice, rather than something that controlled her life and behavior. In addition, Bailey struggled to deal with the trigger foods her mom unknowingly kept around the house. She enjoyed seeing her friends at home and had some really great days, but many were difficult.

In fall 2012, after returning to UVa for her third year, Bailey reached day 100 when she had gone a full 100 days without purging. Her mother and brother came to visit, which was very exciting for Bailey, and she remembers telling her doctor she “might explode with joy.” In November, things got harder again and Bailey remembers undereating followed by overeating, but she didn’t return to purging. She went to a Perfect Illusions vigil where ED survivors share their stories and realized that, in her words, her “light was out, it was there, [she] just had to turn it back on.” She was nervous about going home for Christmas, because she had often struggled most during her time in Texas.

However, she felt mostly unconcerned with food over Christmas break. She felt so much better than she had thought she would that she decided to stop taking the Prozac. This made her feel weird and not happy. She felt like she was overeating but she wasn’t returning to restricting or purging. She knew it was good that she wasn’t going back to these behaviors, but it didn’t feel good. She suspected she had gained weight and at a friend’s house she found a scale and confirmed her suspicions. When she brought this up to her doctor and nutritionist, they asked what it meant to her and Bailey said it means she’s not just a number. Today Bailey is back on Prozac and is feeling pretty good. During the interview, she seemed very willing to share her story and it almost seemed as if she had recited the narrative many times.

*Social and Developmental History*

Bailey recalls having been a perfectionist since she was in elementary school. She always cared so much about her work and was preoccupied with doing well. She believes this to have always been a part of her disposition. She feels like her mom is the same way. Her older brother has always been very high achieving and Bailey felt the need to be great to compete with him.

She feels like she’s always had the idea that she’s not good enough. She thinks this is because she grew up in an abusive household. Her mother’s boyfriends were often physically abusive and Bailey witnessed domestic violence as a child and recalls trying to “get in the middle of things. “ She remembers Sam\* as being a particularly abusive boyfriend, whom her mother married and divorced two years later. He would leave and come back to the family repeatedly and didn’t have children of his own. Bailey thought Sam found her annoying and hoped that he would like her more and be nicer to her mom if she were a better kid. She felt guilty for not being able to stop bad things from happening to her family.

Bailey’s mother was studying law for several years while Bailey was growing up so she wouldn’t see her mother often. When she did see her mom, she recalls, her mom was often being beat up. Bailey felt her mom had so much else to deal with that she couldn’t have to deal with problems from Bailey too. So Bailey wanted to be the best and the most helpful so her mom wouldn’t have to worry about her. Being the best was also a way Bailey hoped to garner her mother’s attention because she felt she wouldn’t be noticed unless she was the best.

Bailey ‘s relationship with her mother was one in which she felt there was significant role reversal. Her mother would confide in her about things most children don’t have to deal with and would count on Bailey to care for her younger brother. It was Bailey’s job to keep the peace. She felt she had to be someone, even if that’s not who she really was, because that’s what her family needed.

*Diagnoses*

Bailey was diagnosed with Eating Disorder Not Otherwise Specified (EDNOS) in fall 2011. She was diagnosed with Major Depressive Disorder in early 2012. It is noteworthy that she had been diagnosed heart anomalies as a child and has undergone numerous surgical procedures on her heart. She does not see a primary care doctor regularly, and only receives medical attention from her cardiologist and the three caregivers described in detail below.

**Cultural Formulation**

*Cultural Identity*

Bailey identifies as a Texan and is proud of her home state. However, she feels like most people think of Texans as “meat eating Republicans” while she identifies as a vegetarian and a Democrat. Her native language is English and she speaks no other language fluently. Bailey was raised in a middle class family and her parents divorced when she was young. She is very close with her younger brother and on good terms with her siblings and each of her parents. She identifies as a math and psychology double major and aspires to attend graduate school for psychology.

*Cultural explanation of condition*

Bailey acknowledges that her childhood and family life may have contributed to the development of her condition, but does not feel there is a biological or spiritual cause. She believes that “everybody has something” and this is her “thing” to work through and learn from. She feels that she has grown from her experiences and this has given her the opportunity to help others through the UVa organization Hoos Open to Preventing Eating Disorders (HOPE), of which she is President.

*Environmental and social aspects*

Bailey feels that she views the world differently than she did before developing an Eating Disorder. She’s internalized the idea that even if someone looks perfect, they’re not. She says she doesn’t think hate exists and that what we interpret as hate is usually a manifestation of hurt. She has learned to pay more attention to her own feelings and sees herself as more compassionate because she believes only love can heal hurt.

Bailey feels that a great deal of stigma surrounds eating disorders, especially at UVa and is careful about sharing her condition with others. She doesn’t feel personally stigmatized but she feels there are a lot of myths associated with people who have or have had eating disorders. She doesn’t talk about her condition with her family at all. She says they sort of talk about it in code when her dad asks if she’s “taking care of herself,” but that she wishes she hadn’t ever told either of her parents because they make unhelpful comments and suggestions. She feels that her friends who know, which is only a select few, are very supportive. Bailey believes she doesn’t look like the stereotype of an eating disorder, so she can be friends with someone without them realizing she has experience with disordered eating.

She sees interpersonal conflict as her greatest trigger. She feels it’s easier to use her body to deal with things if she’s lonely or if someone is upset with her or if she feels like she disappointed someone. One of the biggest things Dr. Mitchell has discussed with her is using words instead of her body to work out these conflicts. Sometimes, she still feels it would be easier to show someone she’s mad at them by not eating than by talking things through. She says that to feel loved by others she feels the need to be the “best and the prettiest and the smartest and the skinniest and the most accomplished person” even though she realizes this ideal doesn’t exist.

Working with others through HOPE is something that gives Bailey solace and helps give meaning to her experience. She says she tends to believe things more once she tells them to other people and in a sense feels the need to lead by example, so HOPE keeps her on track even when she’s having tough days,

*Relationship to caregivers*

Bailey has three primary caregivers. She describes Dr. Mitchell, her psychiatrist, as formal and clinical. Bailey says “presumably she cares or else [Dr. Mitchell] wouldn’t get upset with me a lot,” but Bailey seems to crave a more personal connection. She seems closest to Angela, the graduate student she sees at the Ainsworth clinic, because she is the caregiver Bailey has seen the most times. Bailey says she was skeptical of Angela at first and it took a long time to trust that she actually cared. She feels that Angela really cares about her and when Bailey made her a card after two years as Angela’s patient, Angela cried. Bailey says she knows Angela cares, she trusts her, and she likes her. Lastly, Emily, the nutritionist at Student Health, is someone Bailey feels is always really helpful, but is not someone she can talk to like she would a friend. Bailey says she knows that Emily cares even though she never says so outright or gives hugs; it’s just understood. It seems that Bailey wants an emotional connection to her caregivers and ideally would like to hear them say that they care about her and her well-being. She seems to benefit in different ways from all three, and seems more likely to heed the advice of the caregivers she likes more, specifically Angela. It is noteworthy that Angela got Bailey to go back to all three practitioners when she tried to cancel all of her appointments. I wonder whether Bailey would have returned to receiving care if either Emily or Dr. Mitchell had been the one to call her. My guess is that she may not have gone to her appointments and her illness trajectory may have been altered dramatically.

**Cultural Formulation Analysis**