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Uncovering the Eating Disorder of Mary Kate Olsen

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This case study of Mary Kate Olsen seeks to explore the hypothesis that Mary Kate Olsen has anorexia nervosa while also explaining the causes of her diagnosis. An examination of a biography of Mary Kate and magazines published after her weight loss were compared with the risk factors and symptoms listed in academic journals and the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition. Results indicate Mary Kate fits the symptoms and risk factors of anorexia and developed the disease because of an abnormal childhood, in which she was constantly in the spotlight, judged on the basis of her image, and compared to her twin sister. These results are important to formulate a plan for treatment and prevent relapse.

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As a prominent actress and owner of a multi-billion dollar company, twenty-one year old Mary Kate Olsen did not have a normal childhood, having grown up seeing her picture in magazines and being subject to constant public criticism and judgment. Her childhood was also marked by frequent removal from school for movies and photo shoots and interrupted by her parent's divorce at the age of eight ("Life Story," 2004). While still a minor, Mary Kate continued acting in straight-to-video productions until 2003, when the she and her twin produced their first big screen movie "New York Minute." She also became the co-owner of Dualstar Entertainment Company, which produces dolls, movies, TV shows, makeup, clothing and video games at the age of eighteen, while simultaneously undergoing the stresses of the college application process "(Life Story," 2004). In May 2004, after the release of "New York Minute" and constant press attention due to the film, Mary Kate Olsen looked frail and rumors spread that the actress was suffering from anorexia nervosa. Mary Kate Olsen was later accepted into New York University and made the transition from Los Angeles to New York City, where she continued to battle her eating disorder.

Anorexia nervosa is a type of eating disorder, in which a person strictly controls food intake and is significantly underweight. According to the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (2000), in order to be diagnosed with anorexia nervosa the individual must meet all of the following criteria: refusal to maintain a minimally normal body weight, is extremely afraid of gaining weight, exhibits a significant disturbance in the perception of the shape or size of his or her body, and amenorrhea, the consecutive absence of three menstrual cycles (American Psychological Association, 2000). Usually weight loss occurs through reduction in food intake and denial of high calorie foods. The potential risk factors for anorexia include genetics,

adverse experiences in childhood, and an addictive and perfectionist personality (Bulik et al., 2006). White women are more at risk for the disease, and those in professions where there is a particular social pressure to be thin are much more likely to develop anorexia during the course of their career (Garner & Garfinkel, 1980).

Mary Kate Olsen first exhibited symptoms of anorexia nervosa when she was eighteen years old and weighed 81 pounds (Rozdeba et al., 2004). It is hypothesized that Mary Kate Olsen is anorexic because she had an abnormal childhood, in which she was constantly in the spotlight, judged on the basis of her image, and compared to her twin sister. Additionally, Mary Kate was going through the stresses associated with becoming an adult, undergoing the stressful college application process, releasing a major film and managing a multi-million dollar company. Mary Kate also fits several of the risk factors for anorexia, as she is a white female working in an environment where there is pressure to be thin. Dealing with the divorce of her parents and re-marriage of her dad may have been traumatizing for her as a child.

Methods

A case study of Mary Kate Olsen was conducted using popular magazines from 2004 and biographies published by Mary Kate and Ashley Olsen. These magazines and books provided a detailed look into the early life of Mary Kate, along with descriptions of Mary Kate's lifestyle before and after her dramatic weight loss. Further research into the risk factors and symptoms of anorexia was collected using the DSM IV and academic journal articles.

Results

According to the DSM IV, Mary Kate Olsen has the symptoms of anorexia nervosa. Body mass index is a measure of body fat based on height and weight, which is

used to determine if a person is of a healthy weight (National Institutes of Health, 2008). Mary Kate's body mass is 14.8, which is far below the normal level of 18.5. Using the body mass index, Mary Kate should weigh at least 100 pounds with her 5'2 height, but instead weighed in at 81 pounds (Rozdeba et al., 2004). She is frequently photographed at restaurants drinking only diet coke or coffee and has reported that her diet consists of non-fat desserts, sugar free energy drinks, and low fat sushi. This is evidence that Mary Kate meets the first DSM requirement of refusing to maintain a minimally normal body weight. Her low fat diet also suggests that she is extremely afraid of gaining weight, the second criterion for anorexia.

There are several pictures of Mary Kate looking unhealthy, as her bones are protruding from her arms and back. The media, her friends and family expressed that Mary Kate was too thin, but Mary Kate released statements saying that she felt there was nothing wrong with her body. This demonstrates that Mary Kate has a distorted body image, the third DSM requirement. A person without a distorted image would realize they were too thin and do everything possible to gain weight. However, Mary Kate's restricted diet shows she is not engaging in these behaviors.

The fourth criterion for a diagnosis of anorexia nervosa is amenorrhea. It cannot be proven that Mary Kate had amenorrhea, as one's menstrual cycle is a very private issue. However, it is extremely likely that Mary Kate did not have her menstrual period for three consecutive months, as she was underweight for over a year. Excessively low body weight prevents hormones from functioning normally and does not support ovulation (Otis & Goldingay, 2000).

As a white woman in the performance industry, Mary Kate is particularly at risk for anorexia. Mary Kate has been acting since she was eight months old and followed by

the paparazzi since she was approximately ten years old. The pressure to be thin is one experienced by all celebrities, but Mary Kate felt this pressure throughout her entire life. Growing up is challenging for any adolescent, but these challenges were exaggerated for Mary Kate, as the entire world watched her body change and develop. Mary Kate has learned the importance of image in her career, having been criticized for dressing poorly and photographed eating fatty foods. This would make anyone self-conscious, and it is likely that this concern grew when the press would issue reports about what Mary Kate was seen eating on a daily basis.

Mary Kate's risk for anorexia was increased at the age of eight when her parents divorced. Mary Kate already had an unusual upbringing, as she was always traveling and performing. However, Mary Kate maintained a sense of normalcy with a strong family life until this was interrupted by her parents' divorce and father's remarriage. This may have caused Mary Kate's inability to maintain a relationship, demonstrated by her repeated instances of falling in love and then breaking up with boyfriends. The stress associated with these breakups may also have been a source of her eating disorder, as she ended a relationship with a boyfriend shortly before the anorexia rumors spread.

Mary Kate's history shows that she is a very driven person. Mary Kate has admitted that she wanted a very high score on her SATs, and while at NYU studied more than her sister (Abrahamson, et al., 2004). Mary Kate has always been a better student than sister Ashley, and insisted on studying and meeting with professors to ensure that she received the best grade. Also, Mary Kate's movie "New York Minute" did not receive high ratings, which deeply troubled Mary Kate because she felt as if she had failed. This perfectionist tendency likely contributed to Mary Kate's eating disorder and explains why Mary Kate's twin, who did not have the same overachieving tendencies, did not develop

the disorder.

Mary Kate may have been the better student, but Ashley was happily in love at the onset of Mary Kate's anorexia. This was difficult for Mary Kate, who was coping with the loss of her boyfriend and transition to college (Rozdeba et al., 2004). For the first time, Mary Kate was not the number one person in Ashley's life, which was difficult for her to deal with, especially while making the transition to college. Moving from sunny Los Angeles to chilly New York may have caused further stress.

Discussion

Using the available evidence it seems that the hypothesis that Mary Kate Olsen has anorexia because of her stressful life as a child and adolescent along with constant scrutiny from the press is correct. Other factors such as her perfectionist personality, transition to college and comparing herself to her sister should also be included in the explanation. Mary Kate's diagnosis indicates that she should seek psychiatric and nutritional therapy to address these issues.

Another explanation for Mary Kate's low weight may be drug abuse. Drug abuse is very common among teenage celebrities, and Mary Kate is at increased risk due to her addictive and perfectionist personality. However, I believe this to be an incorrect hypothesis. Mary Kate consistently maintained excellent grades and never missed or acted inappropriately at scheduled events. Based on Runyan's (1981) definition of logical soundness, the argument for anorexia is increased in this case, as Mary Kate was admitted to a treatment center for eating disorders. Both Mary Kate and her family have denied all accusations of drug use, while admitting to her eating disorder, therefore making the argument for an eating disorder much more credible. I believe that anorexia is the simplest and most logical diagnosis for Mary Kate Olsen because her image, body,

and diet have been scrutinized throughout her life. This would highly sensitize her to her image and cause low self-esteem, which along with her perfectionist personality sets her up for the development of anorexia.

This study cannot indicate causal inference, as there was no control over extraneous variables. These findings cannot be generalized to others, as the external validity is extremely low because the study was conducted only on Mary Kate Olsen. The reliability must be questioned further, as much of the information about Mary Kate Olsen came from celebrity gossip magazines, which do not always provide accurate information. However, the reliability of this study could be increased with information about Mary Kate's health history to see if Mary Kate had amenorrhea and other physical signs of anorexia, if drugs were found in her system, and if there was a history of anorexia in her family. Measurements of Mary Kate's eating habits and feelings about her body before and after the onset of diagnosis would also provide evidence about Mary Kate's disease.

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