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Thesis: Freeing Ava

Exegesis: A Journey from Sympathy to Empathy

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Primary supervisor: Siobhan Harvey

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the requirements for the degree of Master of Creative Writing

Centre for Creative Writing,
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Attestation of Authorship:

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Candidate’s signature:

NAME: Samantha Horne

Acknowledgements:

I never would have thought in a million years that I would write a book. I am both relieved and proud that I have completed this journey. It hasn't been an easy road. It's been a rollercoaster of emotions, but here I am at the end, exhausted but overjoyed at my accomplishment.

Many people have contributed to my ability to finish this book. Firstly, I would like to thank my wonderful family, whose love and support kept me going. To my teenage children, Megan and Oliver, I thank you for being understanding when I needed to share my time between you and completing this book. I am also very grateful for your patience when I needed technical help. Your knowledge saved me hours of frustration!

And to my partner, Peter: you have been my rock. You always believed that I could do this even when I doubted myself. You were always there with a cup of tea and words of encouragement. You gave your time willingly to read my work and correct my typos when I was too tired to recognise my own mistakes. I thank you with all my heart.

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I couldn't have completed an accurate and believable piece of work without the research that I have done. I want to acknowledge the people who helped me in this process. To Emma Green for the loan of all those books on eating disorders: they were fundamental in shaping my story. And Dave Horne, RN: thank you for the medical advice and references.

I would also like to acknowledge all the women, men, and children who are living with an eating disorder. Through my research I have learned of your struggles, not just with yourselves, but with the people charged to help you. The strength that you muster just to get yourselves through the day is truly inspiring. And I thank those who have had the courage to share their stories, as you have made this book possible.

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- 1) The content of the candidate's thesis is confidential for commercial reasons, that is, the possible publication by the candidate of the thesis, or a derivative of it, as a work of creative fiction for sale.
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Ethics Approval:

This research project did not involve human participants or any other potentially contentious elements, and as such did not require approval from the AUT Ethics Committee (AUTEC).

Abstract:

Ava is a happy, healthy child living in a middle-class family in Hawke's Bay, New Zealand. However, as she grows up, she becomes increasingly aware of her mother's irrational behaviour that stems from the emotional trauma of tragically losing her first husband and young son. Ava struggles with her emotions and guilt as her dad tries to maintain the peace and keep the family together. An incident just before Ava's birthday sees her discovering comfort in the rich food at her party, which sets her on a rollercoaster of bingeing, purging, and starvation in a desperate bid to lose weight and feel better about herself. When Ava is diagnosed with diabetes, she discovers a secret world of weight loss that is both blissfully effective and incredibly dangerous as she plays Russian roulette with her life.

When Ava's eating disorder is finally discovered and she is hospitalised, she forms an unlikely bond with a fellow patient. But with the sudden death of this ally, Ava is forced to confront her demons as she realises that there is much at stake, including her own life, if she doesn't alter her path of self-destruction. With a passion that is fuelled by the needless death of her friend and the strength that she musters from the unconditional love of her husband and daughter, she embarks on the galling journey of recovery. But will Ava truly be able to beat the cancerous effects of her eating disorder, or could its destruction return and spread through the people that she loves the most?

Exegesis:

A Journey from Sympathy to Empathy.

Synopsis:

Ava is a happy, healthy child living in a middle-class family in Hawke's Bay, New Zealand. However, as she grows up, she becomes increasingly aware of her mother's irrational behaviour that stems from the emotional trauma of tragically losing her first husband and young son. Ava struggles with her emotions and guilt as her dad tries to maintain the peace and keep the family together. An incident just before Ava's birthday sees Ava discovering comfort in the rich food at her party, which sets her on a rollercoaster of bingeing, purging, and starvation in a desperate bid to lose weight and feel better about herself. When Ava is diagnosed with diabetes, she discovers a secret world of weight loss that is both blissfully effective and incredibly dangerous as she plays Russian roulette with her life.

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My motivation:

The decision to start the Master of Creative Writing course was a very quick one. Coming to the end of my Bachelor of Arts degree, I felt that I wasn't ready to finish studying. I had enjoyed the whole "mature student" experience and I was sad that my time was coming to an end.

I had taken some creative writing papers as part of my BA and they had re-ignited my passion for writing, so deciding how to continue with my study was easy. I just needed to be accepted! Well, they must have seen something in my writing that impressed them because I was offered a place on the course. This faith in me boosted my confidence and made me believe in myself. I felt very privileged to be part of the programme.

It didn't take me long to decide on a theme for my thesis. I wanted to write a story about something that I was passionate about, as I felt that being enthusiastic about a subject would give me the best chance of doing a good job.

My working background as a nurse has exposed me to many health conditions, but the combination of mental and physical issues that present in a person with an eating disorder seemed to hold my attention more than most. It was this combination and the struggle of living with an eating disorder that I wanted to write about.

The condition not only affects the person who has it, but also the people around them. Their direct family and friends will be living with it too. They will be witnessing the physical and mental effects on their loved one. They too will be having their own emotional reactions to the situation, and they will need to deal with their own attitudes and beliefs.

Family and friends may well be ignorant of the deep mental health issues that are present. They may feel that it is a cry for attention or just a desire to lose weight that has been taken too far. Family may not be sympathetic or empathetic and may not be able to

see why the person just can't eat. During my research, I learned it was often thought that family members were not only seen as a stimulus for the illness, but they also may be responsible for fuelling the condition (Lawrence, 2008).

They may also compare what they think is the person's emotions with their own and can't understand why their loved one is being so stubborn and difficult. A lack of understanding is one of the key points that can cause a breakdown in the relationship as people with very different views can clash. Lawrence (1984) states that this is the cause of much angst in families.

Therefore, I wanted to make it clear to the reader that Ava was not understood by her family and their lack of empathy fuelled her emotions and in turn her eating disorder. I wanted to show the breakdown in communication and the divide between family members getting wider.

Richards (2016), in her biography about her life living with anorexia, talks about the isolation from her loved ones that she experienced. She felt as if she was living in a parallel universe with the world going on around her, and it was as if she didn't exist in this world.

I wanted the reader to realise that this was the situation with Ava. Her world is full of turmoil, but her family life must continue regardless. Ava needs to try to keep the family functioning normally to hide her secret, but she is living a life that is getting increasingly more difficult to conceal.

By reading these biographies, I was able to gain a much clearer and deeper understanding of what occurs in the mind of a person with an eating disorder. I also learned that this condition is much more than what people see on the surface, and so much more than the person them self allows others to see.

McCarthy and Thompson (1996) write about the experiences of women with various eating disorders, including anorexia and bulimia. One woman's story caught my attention as she described the loss of control and self-loathing she felt: "I had such a sense of self-hatred for myself that I couldn't love myself so couldn't give love."

I also found watching blogs and movies about eating disorders helped me gain insight on the distorted views that some people have of their bodies. The American movie *To the Bone* (Curtis, Miller, & Lynn, 2017), demonstrated the need to be thinner despite being extremely underweight and frail. However, on the screen the viewer can see this for them self, but the reader will need to develop their own image in their mind from the description on the page.

This made me think. I was developing emotion from seeing the images on the screen so needed to develop the same emotion in the reader by my written account. To enable the reader to connect with Ava's emotions I needed to be very descriptive.

When Ava and her family are at the beach and she is staring enviously at a young woman's "perfect" body, I made sure that my descriptions were thorough and meticulous. Describing the curve of this woman's thigh that developed into the shape of her bottom and on to her perfectly sized breasts almost sounded sexual. But Ava was longing after that body just as a young man could be lusting after it. The desire was the same even if the reason for the desire was different.

Wolfe (1990) talks extensively in her book about the inappropriateness of using images of beauty against women. It highlights the pressure that is put onto women to conform to a certain image that is thought of as beautiful in today's society. It is widely known and accepted that it is this pressure that influences many women (and some men) to

change the way they look. In turn, this can lead to issues with body image and then progress on to an eating disorder.

While some people feel that their eating disorder took away their control, others' accounts seem to be shown in a kinder light. Harvey (2017) describes her anorexia as being her best friend. This brought me to another level of understanding. Previously I had thought that every person must hate their eating disorder and the repercussions it was having on their life.

Indeed, I was reading accounts of the harsh physical results of anorexia, where stomach aches came like a crescendo of waves smashing on the beach and body pains "like a cold river of ice needling into my bones" (Furley, 1989). To then be confronted by a different account of the eating disorder being like ally or a companion challenged my preconceived ideas. Personified into a loyal and trustworthy friend whom they can turn to when they lack control and direction, the illness then becomes a best friend that will make them feel better about themselves.

I have also read accounts where a more positive view is developed as the person feels they have control of their life through their manipulation of food. However, as the disorder takes a grip, they find themselves losing the control they originally had and turning to drugs and alcohol to desperately keep a grip on normality (Hornbacher, 2014).

In reading about these views, I came to realise that experiences will be different for every person. Therefore, I needed to develop a state of mind for Ava to live in that would develop with her as my writing continued.

As a result of my research I have mainly developed a view of an eating disorder being dominant and all-encompassing. It appears to me to be manipulative and destructive. This is the experience that I wanted Ava to have. I wanted her to be at its mercy as it towers above

her, bleeding into every corner of her life, powerful and unrepentant. I wanted it first to be seen percolating innocently in her childhood, responding to every negative feeling that she has, then growing in influence until Ava and her family are consumed.

However, even with this exciting task ahead of me, I was still concerned that my story would be predictable. The accounts that I had read of living with an eating disorder all seemed to follow a similar theme. Firstly, here was an issue in the past that served as the catalyst. Then there was the secret. The secret was finally exposed, and treatment was enforced with much opposition and rebellion from the patient. Acceptance was then established, and rehabilitation began before concluding with some element of recovery and peace. I wanted my story to be different, but at that stage was unsure how.

As I was searching the internet for some fresh information, I discovered a new type of eating disorder. As I continued to read, I learned how a type one diabetic can abuse their life-saving insulin in order to lose weight. This is called diabulimia. By restricting or omitting their medication, the sugar in their blood remains high, as there is not enough insulin to enable the sugar to be used by the body. The only way the body can get rid of this redundant sugar is for it to be filtered out by the kidneys and urinated away as a waste product. Therefore, the sugars from the food that is consumed cannot be used as energy by the body and are eliminated, enabling a very successful weight loss programme (Shih, 2011).

This was an amazing find for me. I now had a unique twist on my story. In all the books that I had read about anorexia and bulimia, none had mentioned diabulimia. I was both blown away by this discovery and excited by it. I would have Ava diagnosed with type one diabetes after struggling with bulimia, only for her to realise that the curse of being diabetic was in fact a gift from the heavens, sent to assist in her battle to rapidly lose weight.

I would have Ava think that she was alone in this method, to only discover (just as I did) that this was a real condition. I wanted to transfer the genuine surprise I had felt onto Ava and then out onto the reader.

I felt that my book could now be different to all the biographies I had read in my research. I also felt that I would be able to influence the reader and develop emotion in them, be it positive or negative, by allowing them to learn, with Ava, about the power of diabulimia.

Reading a variety of books on this subject and other eating disorders has given me a different perspective and a much deeper understanding of the emotional and mental trauma that a person experiences with an eating disorder. I was pleased to discover that I was able to understand them and the reasons behind their behaviour. I didn't judge or develop an attitude, as I was the researcher, just gaining information to manipulate into a story. By working in this way, I had an open mind and was successfully able to understand my own character. I was able to create for her a voice and an emotional fragility that left her susceptible to turning to an eating disorder for support and stability.

My aims:

I decided to start my novel with Ava in her counsellor's office at the lowest part of her life. She was so extremely unwell from abusing her body that she was risking her life, so she was forced to stay in hospital for treatment for her diabulimia. I introduce the reader to a fragile, broken woman who is held a prisoner of her eating disorder. I then take the reader back to Ava's childhood. I introduce them to her family where the reader discovers what issues have initiated her eating disorder.

Then I take the reader through Ava's life as her eating disorder takes more control with devastating consequences, not just for her but also for her family. I dip back into the past as Ava recalls symbolic events that connect to her present situation.

The aim of my exegesis is to discuss the development of empathy within the reader. I wanted to shock the reader, to bring out their extreme feelings. I wanted them to feel anger at Ava for leaving her small daughter alone in the house while she gave in to her addictions. But I also needed them to sympathise with her; to realise that she was powerless to help herself without the input of professionals and her family.

I needed the reader to experience these emotions with Ava and finish reading my story wanting to know more. I wanted the reader to be intrigued about what happens next to Ava and her family, and more importantly, to be shocked about what happens to her daughter (who, in the epilogue, is discovered by Ava to be hiding away food to binge on). Ava then realises that the effects of her actions are ongoing.

I also want to discuss the genre of the book. Eating disorders, as I discovered in my research, are not a subject that is widely written about. There are several non-fiction biographies on the subject, but not many fiction pieces. Evidently, a fabricated story does not seem as genuine as a real life one, as the point of view is that of the author as a storyteller and not as the victim.

As a reader, I have also experienced this clash of perspective. Hautzig (1981) writes a fiction novel about a teenage girl longing to be thinner, feeling sure she could then have the perfect life. I myself felt that the legitimacy in this work was lacking. Even though it was well written and authentic, just by knowing it was a work of fiction I felt less invested.

This, indeed, was my own attitude. I knew I needed to make my readers feel more involved. I would be required to transport them from fiction into a real-life scenario in their

minds, so they would temporarily forget the story was invented. This may be the reason for the lack of fiction novels on sensitive subjects such as mental health and eating disorders.

I have now read non-fiction biographies on diabulimia. Just as there are non-fiction works on anorexia and bulimia, there are now some biographies on diabulimia. However, I could find no fiction stories written on this subject. This highlights the recent progression in this area. It is treated as an eating disorder but not yet officially recognised as a mental health condition in the same way as anorexia and bulimia are (Shih, 2011).

I also wanted to include in this exegesis the phenomenon of imposter syndrome. I now know that this is a real thing, and it was a huge relief to find this out. Because I felt I wasn't an experienced enough writer to be doing the Master of Creative Writing course, I felt that I didn't deserve to be there with all the other experienced writers, some of them already published authors. All that had driven me here was my passion for writing and the pleasure and peace I gained from completing a good piece. But was that enough?

Then I gained a place on the AUT Writer's Retreat at Long Bay. It was during one of the group sessions that another student started talking about the imposter syndrome that she was experiencing. At the time I had no idea that this was a "thing", but it calmed me to know that other writers must be feeling these same emotions for it to be important enough to be given a name.

I was also very aware of the sensitivity of my subject. I was mindful of being able to make my story seem authentic and believable to the reader. I recall a member of my AUT peer group asking me why I wasn't writing in the first person. They felt that it would deliver better if the reader felt it was the personal story of my main character.

I must admit that my initial thought was to write in the first person, as I feel that a personal story is better received using this method. The information becomes more

intimate and the reader gains a better relationship with the character, as they feel that the character is taking directly to them.

However, this is where I would have felt like an imposter. I would be trying to make the reader believe that I had personal experience of this eating disorder. I felt they would be shrugging their shoulders and rolling their eyes and asking, "Well, what do you know?"

So, I decided to write in the third person limited. This way I could still make Ava's story personal to the reader. They would get to know her better than the other characters and develop understanding and empathy for her. They would be personal visitors to her world and be exposed to the turmoil that is her life.

Genre:

My original vision for my book was to have my protagonist develop anorexia nervosa, an eating disorder where the body is starved of nutrition and exercised incessantly in order to be thin. The condition also has underlying links to mental health issues.

However, as I was completing my research on the subject by reading biographies and watching personal blogs, I began to realise that the stories of anorexia from development through to recovery seemed to be very similar. I guessed that my story would follow a similar pattern but with my own twist on accounts. I was concerned that my story could get stale. But things got interesting when I discovered the condition of diabulimia.

Eating disorders can be risky enough on the human body, causing severe depletion in essential minerals such as calcium, potassium, and magnesium. Indeed, we see Ava's new-found friend and support die suddenly of severe potassium deficiency.

However, having diabetes and an eating disorder creates a whole new set of risks, where extremely elevated blood glucose levels can lead to coma and potentially death.

There are also other complications such as blindness, limb amputation, heart attacks, and strokes (Shih, 2011). So it seems that diabulimia is the mother of all eating disorders.

Development of empathy in the reader:

To enable the reader to become emotionally invested in the characters of a book from the start is a very important move for the writer. This will enable the reader to be interested from the beginning and they are then more likely to develop empathy with the characters. They will react when the character does something good or bad. They will be more likely to draw on their own experiences and relate them to the character's experiences.

Kidd and Castano (2013) suggest that reading literary fiction improves theory of mind. The ability to understand a person's motivations can, in turn, lead to an empathy with them. They discovered that when the participants of their study read a series of short stories, they performed better in tests of theory of mind than those who had read non-fiction or had read nothing at all. Kidd and Castano also believe that children who read stories or have stories read to them from an early age are more able to develop empathy at an earlier age than those who are not exposed to literature as frequently.

A person will want to try and understand what makes a character tick. That's human nature. By being advised of a character's actions and emotions, the reader is guided by the author to develop their own attitudes towards the character.

However, I believe that the reader who has some experience of a scenario presented to them will be able to understand the characters' attitudes and beliefs more than a person with no personal experience.

Kidd and Castano's views on frequent exposure to literary fiction support this idea, as well-versed readers will have had more experience of the emotions of others and will have become sensitised to a variety of scenarios.

For example, when Ava leaves her daughter Isobel alone in the house with the TV as the babysitter, a reader who is also a mother will automatically worry that some harm will come to the child while she is unsupervised. The reader will also feel a sense of relief when Ava returns to find Isobel still in front of the TV where she left her, quite safe.

However, that mother will feel that same anguish when Ava is seen to leave Isobel alone again. The reader will know by their past experience of plot development that Ava can't get away with it the second time, and their anxiety will build as they wait for the inevitable outcome. They will feel the same horror as Ava feels when she returns home and then receives a call from her neighbour telling her that Isobel wandered out of the house and had to be rescued. The reader will feel anger and disbelief that a mother could leave her vulnerable daughter in danger like this.

Yet a reader who has experienced the consequences of their own addictions or those of someone close to them will feel a deep empathy with Ava's obsessive needs. If the reader has experienced a drug or alcohol dependence or even a gambling addiction, they will know in their heart the compulsive obsession that Ava has. They will also know of the weakness one can feel in trying to overcome it and the consequences that can result.

But if the reader is not a mother or doesn't have any addictive behaviours, it will be more difficult to encourage an empathetic response in them. In these cases, I needed to engage with their imagination and create that emotion in them.

For this to happen, I needed to be detailed with my descriptions for these readers to be able to gain a clear picture in their minds of Ava's anguish and of her being at the mercy

of her compulsions. I needed to draw out the sympathy that a person naturally has as a human being and mould it, to enable them to imagine what it could be like to be in Ava's shoes. Then in turn they will feel the horror of her situation and understand what it is that drives her to her actions.

During my research I have read many books, both fiction and non-fiction, on the compulsions of eating disorders. Most of these books were non-fiction and consisted of biographies, and most of them were accounts of anorexia, bulimia, and sometimes a combination of the two.

I learned so much about not only the mental struggle but also the physical toll the authors' actions took on their bodies. The physical and emotional elements were always intertwined and often undetachable. They highlight the struggle of a person with an eating disorder, but also stress the disturbing effects on their family members and friends.

Message:

The overall theme of my creative work is the impact created from the eating disorder of diabulimia, both on the individual themselves when they experience the physical and psychological effects of the condition, and on their family and friends who have to deal with the consequences, and the bearing that this has on their own lives and emotions.

We see the impact it has on the lives of the sufferer and their family and friends: the mark it leaves even after recovery, and the repercussions it has and the ripples that it makes that expand to the future.

The devastating effects on Ava's family and her husband are explored. He leaves the household with their young daughter, believing that Ava is no longer a safe custodian for

Isobel. Also, the confusion that Isobel suffers as to why her mum is behaving in this way and why they no longer can live together is looked at.

I explore the medical side of the condition and some of the treatments available. Diabulimia is not a recognised mental health condition in New Zealand like anorexia or bulimia. It is a relatively new concept, and therefore there is not much literature around the condition.

I was able to find a reasonable amount of non-fiction works on diabulimia to aid my research, but as far as I could tell there were no works of fiction. Similarly, there were very few works of fiction on eating disorders in general, most of them being biographies or autobiographies about real-life experiences.

I feel this is because of the nature of the subject. The writers of fiction novels have left this genre to the biographers, so they can tell their story about how it really is, instead of trying to convince the reader they really know what it's like to live with an eating disorder. This was also my concern and as previously discussed, why I haven't attempted to write in the first person.

I needed my writing to be believable, and I felt that adopting the style of the third person limited would be more appealing to my readers. I am writing a piece of woman's fiction. I was intending my audience to be mainly women ranging from young adults through to adults. I felt that this wouldn't be a work that was appropriate for children or that would even interest them. Although children do experience eating disorders, I felt that a story that would be suitable for them would need to involve children themselves. It would also need to be written from an angle that children would understand.

Audience:

I feel my work will challenge women on many levels. There are many women (probably most women, if we're being honest) who have been on a diet at some point in their lives. Many women remain unhappy about their bodies, be it their weight, their bust size, or the shape of their nose. I think it is just the nature of being a woman.

Therefore, many women will be able to relate to Ava's needs, even though most of these women will not have experienced the extremes of an eating disorder. They will be able to sympathise with Ava's desires to be thinner and feel more attractive.

Their own attitudes and beliefs will be challenged, however, when they see the extreme lifestyle that Ava adopts in her drive for the perfect body. They will be shocked at the boundaries she will cross and be disturbed by the affects her actions have on her family. As they continue to read, they will be developing their own viewpoints on her actions and her reasoning behind the things she does.

At the end of my piece of work, when the reader discovers that Ava's own daughter has started hoarding food, they are forced into the realisation that the whole sorry story has turned full circle. Isobel growing up exposed to her mother's compulsions leads to her developing them herself. Ava may well be making a reasonable recovery, but she is about to live through the trauma all over again, this time through her innocent daughter.

My book concludes with a twist. The reader becomes aware that Ava's daughter, through years of witnessing her mother's actions, has now developed the same eating disorder as her. Then, as the book is wrapped up, the reader is left wanting to know more about what happens to this family.

This may leave it open for a sequel.

Markets:

With around half of all readers being female, I felt that there would be a large enough population that would be interested in my writing. As I have already mentioned, women are more likely to be interested in my work, as it is mostly women that will experience an eating disorder.

However, I feel my work will be interesting to women in general as an extreme form of their own dieting and body image experiences. They will come to realise that their lives are not as bad as they could be, with other women experiencing worse situations.

I'm hoping that women with eating disorders and especially those experiencing diabulimia will gain support from my book. As it is a work of fiction, they may find it less demanding on their own feelings. It may feel a little less intrusive to be reading a fictional account of another woman's plight. But hopefully they can still gain support from it.

I have changed my style of writing to be more interesting to the reader. I started out in a more reminiscent style. I returned to Ava's childhood and retold her story from her early years living at home with her parents and the experiences that influenced her actions. I moved through her life in a chronological order until I reached her adulthood and the start of her diabulimia. I learned, however, that this method is not the most exciting for the reader, and that a story set in the present and dipping back into the past to provide examples is much more rewarding both for the reader and from the author's point of view.

Therefore, I transitioned from a "telling" a more "showing" method of writing, with more dialogue. This has been both a considerable challenge and a valuable learning experience.

Creative genre:

I feel that my genre is unique, and that the market for works on eating disorders is very small. Therefore, with the competition being high with so many books being offered up for publishing, I feel my project will sit in a very limited category. There will be less of this variety to choose from, so my work will be more likely to be selected.

My project will increase awareness about this very specific eating disorder, as many people, like myself, will be completely unaware that there is an eating disorder called diabulimia. My story will add a different angle on the usual progression of eating disorders that most people will have heard about.

I'm aiming for my work to successfully enlighten the reader on the desperate battle between the need to lose weight and the grave consequences that this can bring about. It will inform them about the immense power that a type one diabetic has to control their weight loss. The reader will also be distressed to learn of the dire consequences that Ava's actions have on her health, as well as the terrible bearing on her family.

I am hoping my project will be one of the first of many fiction pieces to be written on diabulimia, making lay people as aware of this illness as they are about anorexia and bulimia.

As knowledge on this specific eating disorder is growing, diagnosis and treatments are becoming more specific and accurate, giving hope for a healthier future for these diabetics.

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