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Author: Valeria Tapia

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“(Don’t!) Think Pig”: Jacqueline Wilson’s Novel *Girls Under Pressure* as Bibliotherapy for Eating Disorders

Valeria Tapia¹

It is impossible to deny the power that books have to influence and even change the lives of readers. Under this premise, this article explores how the narrative style of Jacqueline Wilson's YA novel *Girls Under Pressure* may serve as bibliotherapy for young readers struggling with eating disorders.

KEYWORDS: Jacqueline Wilson, Bibliotherapy, Eating Disorders

Any avid reader can easily acknowledge the tremendous potential that books have to impact and even change lives. For that reason, it is not surprising to encounter adults who still remember a book they read at a young age, keeping fond memories of the stories and characters until present days. On that account, it is impossible to deny the influence literary texts may have on readers, which contributes to a better and different understanding of certain experiences. The tremendous impact

¹ She recently graduated from the English Literature and Linguistics BA at UC. Her interests include a variety of topics such as modern languages, intercultural communication, discourse analysis and children's literature. She is currently pursuing the Diploma en Especialización en E/LE at UC. Since September 2014 she has been working as an assistant at Centro de Desarrollo Docente UC. This year, she is also working as a TA for the Discourse Analysis course at Facultad de Letras.

that books have on readers can be explained by how relatable some stories are. Sometimes readers feel that they can connect with a book because the narrator is actually telling their real life stories in the form of fiction. They can relate to the struggles and experiences of the characters, whether they have gone through them firsthand, or they have witnessed someone experiencing such situations. All this is possible because, in many cases, literature is inspired by and works as a reflection of real life circumstances. One author whose works have been dedicated to reflect the authentic experiences and struggles of a younger audience is Jacqueline Wilson, who has sold over 30 million copies of her books in the UK alone. In spite of her popularity, her literature has been susceptible to criticism because she has put forward topics that are not generally discussed in children's literature.

Considering the influence that reading may exert on young readers, topics such as eating disorders should not be avoided. In the novel *Girls Under Pressure*, the protagonist, Ellie, battles with anorexia and bulimia. Her difficulties are accurately represented through Jacqueline Wilson's narrative style, which ultimately creates a sense of identification and companionship that may result as effective coping skills that are necessary to deal, and hopefully overcome an eating disorder. Thus, despite being controversial, *Girls Under Pressure* may serve as bibliotherapy for female teenagers struggling with eating disorders.

To show how effective this book is at providing important coping skills for eating disorders, we first look at the principles of "bibliotherapy", as presented by Carol Berns in her article "Bibliotherapy: Using Books To Help Bereaved Children", making specific reference to the characteristics that some books need to have in order to achieve a therapeutic goal. Furthermore, we will focus on the theory of bibliotherapy proposed by Gregory & Vessey regarding the three stages of bibliotherapy and to later analyze how they are applied and recognized in Wilson's novel.

Censorship in children's literature is a not a new phenomenon. In fact, Kimberly Reynolds asserts that the appropriateness of topics has been one of the oldest and most active debates among

those involved in children's literature (*Radical Children's Literature* 88). In fact, this is an argument that can be traced back to the beginning of the 19th century, when adults believed that inappropriate stories "could prevent children from growing up to be rational, capable adults (*Radical Children's Literature* 88). Mark West adds that from "the early nineteenth century until well into the twentieth century, most children's authors tried to make sure that their books contained nothing that could be considered corruptive" (Censorship, International 492), which caused many authors to perform self-censorship. Mark also mentions that it was common to find books about crimes that were banned because critics believed that "boys would be inspired to commit the same sort of crimes in real life" (493). In this context, it is understood that, during those times, the capacity of children to distinguish between reality and fiction was questioned.

The distinction between children's literature of the past and children's literature of today is the shift in the perspective regarding the presentation and depiction of controversial topics. Many subjects are not hidden from the eye of young readers anymore. This a key idea that Kidd proposes and that is reproduced by Kimberly Reynolds:

by making it possible to encounter such emotions and situations on the page, these works are creating opportunities for young people to gain insights into themselves and those around them that may have positive long-term social and emotional benefits (*Radical Children's Literature* 89).

Through this statement, Reynolds acknowledges the benefits of literature in which authors are not afraid to introduce controversial topics such as crimes, self-harm, or eating disorders. It is through them that young readers can actually acquire value judgment.

Eating disorders have been on the rise throughout the years. In fact, a study published in 2013 by King's College London and the University College London's Institute of Child Health revealed that in the UK the incidence of eating disorders, such as anorexia and bulimia, has

increased by 15% since the 2000s. This growth might not be very relevant but considering the secretive nature of eating disorders, it is impossible to truly quantify the real number of teenagers affected by these conditions, so the rates are possibly much higher.

Without being an expert in medicine, psychology or nutrition, it is possible to notice the difficulties of treating an eating disorder because they involve both a physical and mental illness. Given that patients become so obsessed with reaching their 'ideal' weight, even when they begin experiencing the catastrophic consequences, they still find excuses to neglect the severity of their condition and refuse to cooperate or undergo any kind of treatment. Under these unfavorable circumstances, it becomes necessary for parents or therapists to find alternative methods to help patients cope with their condition more effectively. Even if bibliotherapy cannot offer a permanent cure for the disease, it is interesting to consider it as a potential medium through which young readers can become aware of the risks associated with unhealthy eating behaviors.

As Carol Berns explains, outlining the concept of bibliotherapy is a very difficult task given that there are many definitions available. However, one commonality between all of these definitions is that bibliotherapy corresponds to "the use of reading materials to bring about some kind of change in affect or behavior" ("Books to help bereaved children" 324). In more general terms, bibliotherapy exists under the predicament that "books are more than works of art to be admired" (Crum, "How books can treat anxiety or depression 1). The idea is that bibliotherapy not only assumes that the reader is an active agent who brings his/her own experiences into the reading to recreate stories, but the book also performs a therapeutic action that can affect or modify the perspective or attitude of the reader towards a circumstance of life.

Gregory & Vessey recognize three stages to bibliotherapy: identification, catharsis and insight. In general terms, identification has to do with the idea that what is necessary for bibliotherapy to be therapeutic is that young readers are able to relate to fictional characters or

situations that are similar to what they are experiencing. Catharsis is the process in which young readers become emotionally involved with a story and develop emotional ties to the main character. As a result, the written text facilitates the release of those emotions that the reader had suppressed. Finally, the authors explain the final stage of “insight” as the moment of awareness in which the readers become aware that their problems might be solved in a similar manner to the characters in the book (“Bibliotherapy: A strategy to help students with bullying” 128-129). Thus, it is the conjunction of these three stages that makes it possible for a book to have a therapeutic effect to help readers in need.

Berns remarks that with bibliotherapy readers are able to respond to a story, its characters and situations and through them find ways to feel safe in exploring their inner selves (324). In other words, through books that reflect real life problems, readers are able to explore their internal issues with a better understanding and feel more confident to find a solution on their own: “reading about others with similar situations or experiences can help them feel less isolated, fearful, or awkward, and more hopeful” (326). Through this statement, Berns adheres to the idea that when readers come across the stories of the characters in a book that are similar to their own, their feelings of solitude and incomprehension are mitigated.

This type of support system becomes especially important when taking into consideration that the wrong kind of support for eating disorders is just a click away. By going online for information about eating disorders we come to find countless social networks that endorse and support anorexia and/or bulimia as something positive. To Borzekowski et al., what is problematic about these websites is that many: “recommend that their users try intense practices, such as vomiting and fasting with an emphasis on achieving extremely thin or skeletal appearances” (1). In other words, what these websites do is persuade teenagers to persevere in these degrading actions. In this sense, when young readers find books that tackle the argument of eating disorders, such as

Girls Under Pressure, they gain a better understanding of their disease and specifically of the detrimental outcomes involved.

Girls Under Pressure begins with the presentation of the protagonist of the story, 13-year-old Eleanor “Ellie” Allard as she goes to the local mall with her best friends Magda and Nadine to do Christmas shopping. At the mall, “Spicy”, the most popular magazine for teenagers is holding an audition to find their newest model. The plot takes a turn for the worse when Ellie realizes that the people in charge of the audition to find the newest teenage supermodel are interested in her best friend Nadine and not in her. Ellie realizes this when one of the producers of the audition verbalizes: “Surely *she* doesn’t think she could make it as a model? She is far too fat!” (*Under pressure* 19). This incident is a turning point in Ellie’s life and this incident becomes the onset of her obsession with her body image, which ultimately leads her to stick to an extremely dangerous diet that puts her life at risk. Further in the story she encounters Zoë, an older and brilliant student that Ellie knew because they had worked together for an art project. Ellie immediately establishes a connection with Zoë when she discovers that the girl is also following a diet to lose weight. However, Zoë is depicted as being already in the most destructive stages of anorexia.

What is interesting about this novel in particular is that the therapeutic effect that would lead us to consider this book as bibliotherapy is not achieved by means of preaching explicitly that eating disorders are detrimental. Instead, what Wilson does is to cleverly make use of different narrative techniques and writing styles to allow young readers to recognize themselves in the story and learn implicitly of their negative consequences.

As previously mentioned in the theory of bibliotherapy proposed by Gregory & Vessey, the first stage of bibliotherapy is identification. This means that what allows a book to have a therapeutic effect is the fact that readers may relate to the characters and situations presented in the

book. In *Girls Under Pressure*, Jacqueline Wilson uses a variety of methods in the narration to make readers feel that their own experiences and struggles are reflected in the book.

The first method that Wilson uses to accomplish identification is to narrate the story using the first person perspective. This means that Ellie, the protagonist, narrates the entire story in her own words and from her personal point of view. In fact, at the beginning of the novel, she acknowledges that she was the one who suggested Nadine and Magda go Christmas shopping, which ended up being the trigger of her food obsession: “It’s all my idea. ‘Let’s go Christmas shopping’, I say to my two best friends, Magda and Nadine” (8), which is also an activity that most teenagers may relate to.

Besides identification, an effect that the first person narration has is that it emphasizes the cruel and realistic aspect of the depiction of eating disorders, specifically of the distress and pain that the sufferer of the illness, in this case Ellie, has to go through due to her obsession with her weight:

I crouch over the toilet. I try to make myself sick. I heave and heave but I can’t do it. I shove a finger in my mouth. It’s horrible, oh, my stomach, I’ve got to, I’ve got to... oh...oh.. I am so sick. So horribly revoltingly disgustingly sick. Tears stream down my face, sweat I have to hang on to the edge of the toilet to stop myself falling (41-42).

This section of the book is significant in many ways. Ellie is letting us readers know explicitly of the suffering that she is feeling, which is reinforced by the use of strong adverbs “horribly, revoltingly, disgustingly”. At the same time, the narration is constantly fragmented, giving the impression that she is in so much pain that she is choking. All these elements contribute and work together to create an unpleasant feeling in the reader since we are witnessing something that it is extremely uncomfortable to watch; yet we find ourselves as first row spectators.

Readers are able to observe everything that is happening because Wilson narrates the story from the point of view of the protagonist. However, Wilson's decision to depict these behaviors so accurately is not made randomly, but probably with the intention that readers — especially those who have suffered or are starting to develop an eating disorder — are shaken heavily.

Another instance of the narration, which young readers can easily identify with, takes place right after the incident at the shopping mall. After Ellie is told that her body type is not suitable for modeling, she goes home and looks at herself in the mirror and has an awakening moment: she claims to look at herself in a way that she has never done before:

It's like I'm looking at my own body for the first time. I look at my round face with its big baby cheeks and double chin. I look at my balloon breasts, I look at my flabby waist, I look at my saggy soft stomach, I look at my massive thighs. I stand there feeling like I've stepped into a science fiction movie. An alien has invaded my body and blown it up out of all recognition (26-27).

Ellie's use of adjectives is interesting because they show how offensive she is towards her own body (balloon breasts, flabby waist, saggy soft stomach, massive thighs). It is also interesting to observe that the insults escalate in degree; she begins describing her reflection in the mirror as having “big baby cheeks”, which is almost innocent and cute, to “massive thighs”, which is of course a hyperbole that reflects her growing discontent towards her body. This is relevant because patients with eating disorders tend to be offensive and abusive towards themselves, just as Ellie is with herself in the novel.

One distinctive element of eating disorders is the isolation that patients feel as a result of their impression that no one truly understands them. The therapeutic effect of books is achieved when “reassurance is found in the awareness that children in other places have encountered parallel sorrows” (Berns 326). In other words, what books do is to comfort and guarantee readers that they

are not the only ones going through a situation, but that there is someone else in the world, even if this someone is the character of a novel, who is feeling the same way. Wilson depicts this feeling of being misunderstood very well when Ellie tries to talk about her discontent to her art teacher, Mrs. Liley. Sadly, even though she tries, Ellie is unable to communicate her feelings to her because she gets the feeling that her professor will not sympathize with her situation: “I wish I could tell her how much I want to be thin. But what’s the point? She’ll just say something comforting about my looking fine the way I am” (126). This quotation constitutes just one of the examples that proves that this novel may accomplish one of the therapeutic effects proposed by Berns: sense of companionship and understanding.

Following the accurate depiction of Ellie’s feeling of loneliness, one fundamental idea is evident: Wilson is very well informed not just about the feelings that patients with eating disorders experience, but also of their personality traits, which includes a strong yearning for perfection. In the novel, Zoë is the character that displays this quality more explicitly. As stated previously, she is introduced to the story as an outstanding student, who was even skipped one school year so that she could take her graduation exams earlier and everyone, including Ellie, admires her for that reason.

As Kelly & Tessner remark, “in general [girls with anorexia] are sometimes described as perfectionists and pleasers” (Loc. 2438). This means that for these young girls making a good impression is essential. Therefore, they are constantly looking to comply with everyone’s expectations. Following this idea, it does not come as a surprise that Zoë ultimately develops an eating disorder. Feeling that her academic success is not enough to please those around her, she resorts to another manner to accomplish her purpose: changing her appearance. In this way, she starts an extreme diet to fit with the standards established by society. However, in the case of Zoë, trying to achieve this type of “perfection” begins to lead to irreversible consequences. When Ellie visits her at the hospital, this constitutes the most frightening encounter with some of the life-

threatening consequences of anorexia. It is actually this event that ultimately discourages her from her obsession with dieting:

I look at all the anorexic patients. I see them clearly. I see their thin lank hair, their pale spotty skin, their sunken cheeks, their sad stick limbs, the skeletal inward curve of their hips, the ugly spikiness of their hunched posture. I feel the full haunted horror of their illness” (193).

After Ellie observes this situation, she understands that all of her efforts to lose weight will not be worth it if it means that she is going to end up sick and deteriorated like them and lose the opportunity to live her life to the fullest. The vocabulary chosen by Wilson to describe this section is very strong as well, to the point that it is almost disturbing. As readers we cannot help but to cringe when imagining the appearance of those girls as described in the narration with adjectives such as “sunken cheeks, sad stick limbs, hunched postured”. In this way, it seems almost impossible not to feel sorry for them.

What makes Wilson’s narrative style even more interesting in terms of analysis is that even though she is using Zoë’s terrible outcome with anorexia as a way to persuade young readers that unhealthy eating habits are strongly detrimental, she never really does this explicitly, and thus, we never encounter in the book a literal “anorexia/bulimia are bad” quotation. Instead, Wilson presents the events as they are, by means of realistic and raw narrations, so that the readers themselves will make a decision towards their own health based on what they have learned from their reading experience.

It is remarkable how it is the adults who portray the role of “promoters” of healthy behaviors and self-appreciation in the book, showing how Wilson is not dismissing of the nurturing role of adults in children’s lives. This kind of influence is revealed for example when Ellie’s gym teacher gives her advise about eating healthy: “You girls go on all these crazy diets but all you really

have to do is eat sensibly” (89). Based on this statement, it becomes evident that this is not a reprimand, but rather sensible advice. As a writer of children’s and young adult literature, Wilson is aware that what young readers need to understand a message effectively is not a reprimand. Thus, the narration never takes an authoritative stand

Another interesting aspect of *Girls Under Pressure* is Wilson’s decision of having Ellie as the protagonist and not Zoë. Understanding that the novel’s main topics are eating disorders, it would not have been a surprise to have Zoë narrating the story from her point of view. However, the reason why Wilson decides to narrate Zoë’s story through Ellie’s eyes could be related to an attempt from to protect young readers from the unnecessary cruelty and brutality of Zoë’s own struggles with anorexia and bulimia.

The character of Zoe is portrayed as having no interest in recovering from anorexia given that her condition has already spiraled out of control. This keeps the novel from having a therapeutic value because what readers are looking for in a novel is to satisfy their emotional needs and this is accomplish by means of a positive role model. In the case of Ellie, there actually is an evolution and she expresses a real desire for recovery. Thus, when young readers discover that Ellie is capable to overcome her issues, they are able to feel a glimmer of hope that they might be able to find a solution for similar problems regarding their eating habits: “No, I don’t have to binge. I don’t have to starve. I don’t want to end up one of those sad sick girls in Zoë’s ward. I’m going to eat what I want, when I want. I can do it. I can” (198). When Ellie is able to recover from her weight obsession, -which is reflected by the quotation above, readers get the essential sense of reassurance to feel that they can recover too. Thus, the third stage of bibliotherapy, insight, would be successfully accomplished.

It does not come as a surprise when we hear that books have the capacity to influence the way readers see and experience the world. This is possible due to the fact that some books present

characters and stories that we can easily relate to because they reflect experiences that we have endured. In the case of children's and young adult literature, the depiction of real situations has been questioned for decades because it was believed that they have the power to corrupt the minds of readers. Today some critics and readers see benefits in the representation of difficult topics, especially for readers battling eating disorders in that these subjects constitute a source of comfort for this kind of struggle.

In the case of teenage readers, one struggle that they typically have to endure is a lack of self-esteem regarding their physical appearance. As a result, they may resort to unhealthy eating habits in an effort to feel better about themselves. The most problematic aspect of eating disorders is the difficulty to grow past them since many patients resist treatment. In this situation, books that have the potential to work as "bibliotherapy" may be, then, an alternative that provides readers with the coping skills necessary to overcome them.

Given that *Girls Under Pressure* deals explicitly with the topic of eating disorders, this novel can be considered as bibliotherapy in the sense that the realistic language and narrative style that Wilson uses creates a strong sense of identification between the reader and the characters within the story. The cruelty that characterizes the narration may dissuade readers who feel identified with the events in Ellie's story from following unhealthy behaviors. At the same time, even if the book may not offer a cure for anorexia or bulimia as such, it still produces a therapeutic effect in the sense that it brings comfort and hope to the reader who might be experiencing a similar situation.

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