To Die For

Carol Lee

Chapter One

CATCHING THE WORDS

How things look – appearance, colour, brightness and shade – are important to this story and, standing on the steps waiting to visit Emma, the first thing that strikes me is the view.

From here, the hospital is like an army barracks. Anonymous low brick buildings, a confusing one-way system which sends you away from where you want to go. Heavy speed bumps. No people to be seen.

The Eating Disorders Unit is at the back, away from the main gates overlooking what looks like a goods yard: hundreds of stacked wire crates and, behind them, a couple of chimney stacks, one emitting smoke.

May 1998. Spring you would think, but it is grey and chill from the weather turning back to winter again, and I am cold from waiting when, at last, a buzzer lets me in.

* * *

To Die For 1 Relief inside. Warmth, colour, prints on the walls, comfortable furniture, open space. At the reception desk I am told where her room is and, turning a corner, walk towards the closed door – and then stop.

It is more than six months since I last saw her, alone at her parents' house. Silence since then. During the years of her illness, she has a habit of locking me out, keeping me at a distance.

My suggestions that we meet, that she come to my place, we go for a walk, or to a film together, have been ignored. So I have let her be, my

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concern to let her have her own life, vying with a wish not to allow her to turn her back on me.

But she has rung, extraordinary in itself, to say she is ill, in hospital again, and wishing to see me.

What to do, then, about the door, not even the tiniest bit ajar?

If I knock and she keeps me waiting, or 'doesn't hear', how will that affect my chance of helping her this time?

So, taking a deep breath, stepping forward, I tap, call her name, and, giving her no time to stall, open the door a moment or two later.

'Emma, it's me, Carol,' I say, stepping into the room.

It is modern, well designed: wall-lights; mirrors; cards; belongings; and the stuffed toys she likes so much scattered round. There is a single bed with a pretty cover, wash-basin, drawers, a cupboard.

Standing the other side of the bed, side on, the change in her is shocking. Many stones dropped since the last time we met, more than five as it turns out, from around eleven and a half to six stone.

Wearing a black, long-sleeved top and dark blue jeans, both loose and hanging on her, she is stooped, listless, but edgy too. She looks dirty. Her usually golden-brown hair is as long as I've seen it, mid-way down her back, dark and matted from sweat and grease.

Her skin is grey, her expression guarded, defensive, her eyes avoiding mine and, as usual, she waits for me to say something, to make the first move.

I hesitate. We have been here before with her illness so many times: me making the running, my wish to 'fill her up' with warmth, affection and a love of being alive; her standing back.

I sense this time will have to be different. She will be twenty in September. This may be her last chance.

Hospital resources are not limitless and this is the third of what seem to have been the unstoppable loops she has gone through.

Each, taking around eighteen months, is driven by something in her I have learned to mistrust – euphoria. High, drunk on it, initially she eats and eats, drives her weight up from a standard nine to ten stone (for her medium height and build) until, at around fourteen she stays, hovering, for a number of months.

At this weight she is big for someone of just over five foot six, but not unattractive. Far from it. She gains weight evenly, has a lovely face and her clear fair skin glows.

Maintaining it for a while, she is seemingly impervious to the outside world, needing no one, barely phoning me. Her extra weight seems to act as a defence for her in these heavy times, her bigness shielding her. Then something happens and, in response to a hidden switch or trigger, she starts, suddenly, to reject food.

In a reverse process of the building up, the piling on, she dives and dives. Gathering speed, pounds, stones falling away, she hurtles back past her mid-point, the safe place of a medium weight.

Numbers, I will learn in this time of visiting, are a problem for her and they blur as she flashes past the figures on the scales on a steep downward path.

Somewhere around five and a half stone or so she crashes, ends up on a hospital ward, as she is now, gone too far for normal functioning or for safety. Too weak to cope.

‘Do you want a cuddle?’ I ask, but standing where I am, holding my ground. She softens then, straight away, and moves towards me with the warm smile I know so well from her childhood.

With her head on my shoulder, arms draped loosely behind me, gently I hold her and her bones appal me. Her smell, too, is difficult to bear, her hair especially. As if it has not been washed for many weeks, it, and she smell of staleness, sweat and the sourness of fear and neglect.

There is only one chair – no place for us to sit side by side – and I move to the single bed. Propping up pillows at the headboard end, I sit lengthways with my back to it. Emma drapes herself round me, face turned to one side, head under my chin, legs over mine, feet touching.

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Over the next few weeks we will spend a lot of time like this. I will enter the room guardedly, sit on the chair for a while, perhaps. Then, when I think it is all right, ask if she wants to be cuddled. She always does, but I always have to ask.

We will then move to the bed and, folding herself over me, she will settle herself down and talk.

Listening attentively, holding her, I have a problem. As the words pour from her, I fear forgetting them, not remembering exactly what she says, or not remembering enough. Forgetting things that might seem trivial or irrelevant, but which could be important bits or connections. And with Emma, I need to remember precisely, for in the many arguments which follow she will tax me if I get her words even slightly wrong:

'I never said that.'

I need to remember for another reason: in the years of her illness so far, more than four at this point, she has not said anything about it – at all. She has remained silent, as if blithely assuming the colossal changes in her will not be noticed or challenged.

My early attempts to talk to her, in her first bout of illness, were met, swiftly, by her shutting me out, not seeing me – until I was called to a hospital bed. Although not, the first two times, by her.

She seemed to expect her dramatic weight gains and sudden dangerous crashes would go unremarked by those around her, and she would not tolerate intrusion.

This time, though, she has asked for me, and it is with great urgency, therefore, that I try to capture how she is and what she has to say.

Arriving home that first night, my head full, I go straight to the computer to off-load.

Emma. May 1998:

There's a picture of her, like a bubble in my head, standing, lost in her clothes, in a small room . . . She wants me to visit her every week, says

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she’s been feeling terrible, but thinks she can get better – with my help. She wants us to make a plan for her recovery.

But, by the time I begin these notes, Emma has recorded her time with anorexia long since. She has written thousands of words in diaries she does not, at this stage, tell me about. She will show me a few pages – soon – and that will be all until her illness is over.

In an entry in March she writes of struggling with two Emmas inside her and speaks to them in her head. One is ‘Baby Emma’ who does and does not deserve protection, for she is not always an innocent, but sometimes a manipulative, child.

The other is older, the Emma who is more than nineteen, and who decides, ruthlessly at times, to down the child and starve them both.

Emma knows she is both:

I want to destroy you, not dry your baby tears and hold your hand
but we’re the same person – why won’t you protect me instead of picking on me?
You don’t deserve my protection
why not
Because I hate you
You are me
No I’m not

The ‘I’s in ‘I hate you’ and ‘No I’m not’ are like big black sticks, twice the size of the other letters, and are almost the only time, for a year or more, when Emma uses a capital letter for herself. Otherwise her place, in her writing, is a small ‘i’

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