

class--out of respect for the MICA people.

According to Barnett, some friction is inevitable, but ultimately everyone recognizes the pervasive nature of their problems. "Most of these people have suffered many similar hurts" Barnett says, "they're both specialized groups." And dealing with their troubles together de-emphasizes their specialness.

Carol confesses that working together was worthwhile, though sometimes trying. "Eating disorder compulsion is real black and white thinking," Carol says. "Drug and alcohol people share this." There's no half-way to all these folks. Either you indulge all the time or you quit forever--whether it's bad foods or bad substances.

Yet Barnett is quick to qualify the similarities of her patients. The eating disorder people will grow less and less dependent on their disorder. "We use more of a recovery model for eating disordered patients. You can stop using drugs," Barnett says, "--you can never stop eating."

Recovering from the complex causes of overeating consumed Carol's days while attending the Strong program and included her involvement in the survivors of sexual abuse group. Besides tapping into true hunger along with her real feelings, Carol began chipping away at the damage done to her as a victim of sexual abuse (experiences she'd rather not elaborate on). Unfortunately, her problem is far from unique.

"A lot of women--I've heard 75%, but the counselors believe it's much higher--who have eating disorders have been sexually abused," reports Carol. (For patients with more profound mental health problems, Strong provides psychiatric sessions.) Years of suppression and tending to the needs of her family have kept Carol distracted from addressing the hurt inside. At Strong, she focused on it daily.