



Jana Rozenhalova in conversation with Jerome Carson.

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Manuscripts

Remarkable lives: Jana Rozehnalova in conversation with Jerome Carson

Jana Rozenhalova and Jerome Carson.

Abstract

Purpose – *The purpose of this paper is to provide a profile of Jana Rozenhalova.*

Design/methodology/approach – *Jana provides a short summary of her life and is then interviewed by Jerome.*

Findings – *Jana tells us about her long struggles with eating disorders and provides us with the metaphor that it is like being a broken cup glued back together again. You have to be very careful it does not break again.*

Research limitations/implications – *Jana's story is but one, yet it offers us unique insights. She comments at one point, "...if it was not for the eating disorders...I would not be me."*

Practical implications – *Jana notes that while she could see many reasons behind her eating disorders, they did not really matter. What mattered was that she could overcome them.*

Social implications – *While Jana first thought hope was an empty word, she now realises in retrospect she was more hopeful than anyone she knew. As Patricia Deegan puts it, "Hope is not just a nice sounding euphemism. Hope and biological life are inextricably intertwined," (Deegan, 1996, p.93).*

Originality/value – *Jana concludes her account saying she would like to be able to look back at her life and feel that she had lived up to her potential. Most of us would also be happy with that outcome.*

Keywords *Anorexia, Eating disorders, Recovery, Education, Hope, Positive Psychology.*

Paper type *Case study*

Introduction

Jana was one of those students who sat at the front of the class and always asked questions.

She completed her assignments before other students and handed in her Final Year Project

well in advance of the deadline. These were signs of someone who was not only very

intelligent but also very well organised. On graduation she worked on the University

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3 reception, but this was always only going to be for a short period until she found something
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5 more suitable. She started preparing a PhD research proposal to look at the application of
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7 Positive Psychology in the field of obesity and following a presentation to the University Vice
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9 Chancellor, she was awarded a scholarship. She had in fact wanted to study anorexia
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11 nervosa, but I persuaded her that obesity was much more of a public health concern. Eating
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13 disorders were however a major feature of her own past as she tells us...
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21 Brief biography of Jana Rozenhalova
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25 I strongly believe that everything in our lives happens for a reason. Every situation, every
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27 event has a meaning and it is our decision, whether we choose to see the meaning or not.
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29 We are the writers of our life book, designers of our environment, creators of our
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31 relationships...
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38 However, I have not always believed this. I was born as a second child and I have spent my
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40 entire childhood living in the shadow of my older brother, who seemed better and more
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42 fortunate in every way. Although my parents have never made any differences between the
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44 two of us, I could not help but feel less loved, or perhaps even unlovable. My brother was
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46 the first, he was a boy, he was "the heir", and me? I was just... Jana. He was always the
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48 trouble maker but it did not seem to matter to anyone...
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3 Wanting to be loved and accepted so desperately, I have spent my life pleasing everyone
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5 around me. I was well behaved, had good marks at school, and I have developed an
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7 excellent ability to always say what others wanted to hear. I had to be perfect, I could not
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9 fail at anything, never. I had to be the best daughter, the smartest student, the kindest and
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11 nicest person. One thing, however, I did forget – I forgot “to be”. Slowly but surely I became
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13 completely detached from my own self, from my thoughts, beliefs, feelings, emotions,
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15 perceptions. I was the best on the outside. Yet, inside of me was nothing but deep sadness.
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17 Sadness that could never be expressed, because if it was, it would have brought
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19 disappointment. That was not an option.
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28 Paradoxically, I have never felt good enough. No matter what I did or how much I strived to
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30 be the best, there has always been someone better than me – someone who seemed to be
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32 more worthy of the love and acceptance that I had been longing for so much... It felt like the
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34 entire world was against me and I was just sitting there completely hopeless and helpless.
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36 The only thing that could bring me comfort at the time was food. Food, fat, sugar; they
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38 became my only friend, my dearest companion, my greatest compassion, and.....nearly my
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40 life destruction.
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48 If you told me at my 14 years of age, that I was going to be anorexic and bulimic and swing
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50 between those two for the next 15 years, I would not believe you. Yet, there I was – 15
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52 years old with a diagnosis of anorexia nervosa. It was not too bad in the beginning. In fact, I
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54 felt amazing; I was beautiful, slim, attractive – I was PERFECT! “Finally!” I thought to myself.
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56 Finally, I had all the attention I have always wanted. People around me admired me, they
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3 were asking how I did it, how did I manage to lose so much weight and become so fit all of a
4 sudden. And I was just smiling. I was so proud of myself and all I wanted was for everything
5 to stay that way. But it didn't. Nothing stayed the same...
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13 Maintaining low weight became difficult and I had to keep reducing my portions. I could not
14 eat a single bite of anything unless I knew how many calories it contained. I was counting in
15 my head all the time, not paying attention to the world around me anymore. Slowly I began
16 to avoid meal times and food altogether. Nothing could stop me – I had to be skinny! It was
17 the only thing that mattered, it was the only thing I had... Anorexia was my friend, my only
18 friend, my only TRUE friend. Everyone else became an enemy.
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31 My parents were so worried. They wanted me to be healthy and happy again but I could not
32 see that. In my eyes, they just did not understand me. They wanted me to be fat and ugly
33 again, but I could not let that happen. So I came up with a new brilliant plan – I could make
34 everyone believe that I was actually eating but then get rid of the all the “nasty” food to
35 avoid any weight gain. “Yes, that way, everyone will be happy,” said the little voice in my
36 head.
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49 For the next 15 years I was a slave of anorexia and bulimia and I could not understand how
50 it had all happened. How could it have gone so much out of control? I have always been in
51 control!
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3 Looking back now, I can see many reasons behind my eating disorders but they do not really
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5 matter. What does matter is that I could eventually overcome most of them. My way to
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7 recovery was long and bumpy with countless relapses, and many tears shed by many
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9 people. If you ask me, what was the one thing, that helped me get back to life, I will not be
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11 able to answer. But I can say with confidence that I have no regrets!
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20 True, if it was not for the eating disorders, I would not have been hospitalised, I would not
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22 have damaged my digestion and I would not have wasted many years of my life worrying
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24 about things that did not really matter. But neither would I have found my true self. I would
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26 probably still be living with my parents doing everything I could to please them. I would
27
28 never have found the courage to move to another country with nothing but a backpack,
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30 and I would not have studied Psychology, which was crucial to my greatest personal
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32 discoveries. I would not have met my husband and we would not have our beautiful
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34 daughter. I would not be – me.
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41 We are who we are because of the environment we live in. We are shaped by people,
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43 situations, experiences, and life events. Nobody has ever promised to us that life would be
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45 easy but we have been given free will and it is up to us, whether and how we decide to use
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47 it.
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51 “Happiness is not a chase, it is a choice.” This is what I have learned on my way to recovery
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53 and I am extremely grateful for it. I am the master of my choices, decisions and actions. I am
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55 the owner of my life...
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6 As people say “whatever does not kill you, will make you stronger”. You just have to make
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8 sure to survive...
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11 Jana in conversation with Jerome
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14 Jerome: One of the key mantras from AA is “take it a day at a time.” I am not an alcoholic
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16 today, but I could be one again tomorrow. Is it the same with an eating disorder?
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19 Jana: There is an extensive amount of research, which shows that a full recovery from an
20
21 eating disorder is possible. Personally, I do not think it is that simple. First of all, I cannot but
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23 ask myself “what does a full recovery really mean?” If it means that my physical body looks
24
25 and functions normally and I am not obsessed with calorie counting, then I believe it is
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27 possible. However, I would not go as far as saying that a full recovery will bring me to my
28
29 ‘original’ state, by which I mean unmarked. Eating disorders have many similarities with
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31 addictions. If an addict makes a full recovery, they can live a completely happy meaningful
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33 life but they will have to be aware and vigilant every time they find themselves near the
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35 substance they used to be addicted to. It is like using a cup that has been broken and glued
36
37 back together. It functions perfectly fine and it may still be your favourite cup but you will
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39 always be more careful using it than you would be with any other cup... An eating disorder is
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41 not a monster but it can easily become one, especially in our current society, where the
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43 drive for thinness is so important that it has almost become an obligation for young people
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45 (women in particular) to be extremely thin.
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3 Jerome: You actually teach now about eating disorders. What insights have you learned
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5 from Psychology?
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9 Jana: Someone once told me that Psychology is a science about human behaviour. At that
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11 time I was fascinated by that sentence but now, I know that it is just so much more than
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13 words can even express. I have always been hungry for knowledge, academic achievement
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15 and titles, but by studying psychology I have gained a lot more – I have found myself, I have
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17 discovered my passions, I have come to understand my own thoughts and feelings, but most
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19 importantly, I have learned to interpret and express them to others. When I teach about
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21 eating disorders, I do not intend to educate the students about different theories, statistical
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23 methodologies or step-by-step treatment approaches. They can find that out themselves on
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25 the Internet or read about it in books and papers. I want to share my unique viewpoints
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27 with them, my personal experiences, and most of all my passion for life itself, which I
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29 acquired the hard way. That, I believe, is the most precious thing I can give to anyone who is
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31 willing to listen.
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40 Jerome: Anorexia can of course lead to organ failure and death. Were you ever aware how
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42 ill you actually became?
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46 Jana: Oh, yes! I knew very well and I became scared myself every time something “new”
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48 happened. I was “freaked out” the first time I saw blood in the toilet after vomiting
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50 particularly heavily and I swore that I would never do it again. But when nothing else
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52 happened, I just went back to bingeing and purging. I got used to seeing blood more
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54 frequently and I refused to believe that it could signal something more serious than “just a
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56 few scratches” on my oesophagus. When my mum wanted me to gain weight so desperately
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3 that she made me step on the scales in front of her every week, I just started drinking lots of
4 water before every weighing time. It got up to 4 litres and I knew very well that my stomach
5 could have ruptured, which would have caused instant death but I just did not care. Or
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7 better say, I was avoiding the thought that my actions could have had such detrimental
8 effect. That is when eating disorder pathology becomes so similar to the one of addictions –
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10 deep down you know how serious things are but you just do it anyway because you cannot
11 help yourself...
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23 Jerome: You are now a wife and a mother. Have these roles changed your perception of
24 your problems?
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28 Jana: Yes! And I wish you could hear me laughing right now! All the problems I used to have,
29 have suddenly become ridiculously small. My life has gained a completely new perspective
30 and I must say I have never done anything harder in my life than being a mum. Suddenly,
31 there is somebody whose life depends on me 24/7 and even though I might have recovered
32 from eating disorders, I have not recovered from perfectionism... I still want to be a good
33 mother, and wife and I want to live in a comfortable, tidy home. Being a PhD student at the
34 same time, my mind is fully occupied leaving no space for additional problems. However, I
35 have to say that although being a mother has been far the most challenging thing I have
36 ever done in my life, it has also been the most joyful and rewarding experience, which
37 makes me feel even more grateful that I could actually recover from eating disorders and
38 give birth to my beautiful girl.
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3 Jerome: What does the concept of hope mean for you?
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6 Jana: It is interesting that you ask about this concept particularly. Before, hope used to be
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8 something very vague to me; something that has been left far back in my childhood when I
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10 used to hope that Father Christmas would bring me a present but then I found out that he
11
12 never existed. Hope was a meaningless, purposeless hollow promise of something that was
13
14 never going to happen. In fact, I remember I used to even become angry at people who
15
16 talked about hope – they seemed to be just as empty as the word itself: “Oh, I hope it goes
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18 well for you...” – “Do you now? I wonder how is your hope going to help me...”
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26 But then I began to study Positive Psychology and I realised that I never really understood
27
28 the real meaning of hope and that I, in fact, had always been more hopeful than anyone I
29
30 knew. Hope, the way I understand it now, encounters a clear goal, and the will power and
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32 the way power to achieve it. I am a “doer” by nature. I do not like to leave anything pending,
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34 I do not like procrastination and when I set a goal, I either achieve it or I die on the way.
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36 Given the fact that I’m still alive, it must mean that I have managed to achieve all my goals
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38 so far. Hope is important and very meaningful but it may have a negative impact on a
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40 person’s life, if it is misunderstood.
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49 Jerome: What changes would you most like to see in mental health services?
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52 Jana: I have never actually made use of British mental health services, so it is a little hard for
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54 me to answer this question with accuracy. However, we are living in a very stressful and
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56 challenging society and I am afraid that it must have a negative impact on every person’s
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3 life/mental health without an exception. It is very likely, that everybody would have to deal
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5 with some challenging issues at certain point of their life, which makes the need for mental
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7 health services even more pronounced. The willingness and selflessness of all mental health
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9 professionals to go out of their way and help other people, should be appreciated with more
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11 than just a “thank you”. So, for the least, I would like to see some significant increases in the
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13 wages of all mental health professionals and carers, especially in the NHS sector. The
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15 personal qualities of these people should not be taken for granted. Of course there are poor
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17 counsellors, psychologists, carers and other mental health professionals, but there are also
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19 poor lawyers, architects, plumbers, engineers, doctors etc. That is not and it is never going
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21 to be within my control. The way every individual performs their job is up to their
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23 conscience.
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32 Jerome: What are your views on the use of medication for mental health problems?
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35 Jana: Another interesting question, which goes back to the fundamentals. No one can help a
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37 person, if they do not want to be helped. Medications can provide some relief for certain
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39 symptoms of an illness, which may be a good reason for consideration of their application.
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41 However, they can, and usually do, bring other side effects. Those should certainly be taken
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43 into consideration, yet it is questionable to what extend can the “ill” person evaluate the
44
45 pros and cons of the medication themselves. Let me use my own experience as an example
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47 once again? There was a time I was prescribed some relatively strong antidepressants,
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49 which were meant to support me on my way to recovery. For a couple of weeks I was taking
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51 the antidepressants exactly as prescribed (without observing any significant changes).
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53 However, later on I became afraid that if the medication actually worked it might make me
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3 feel better, and thus “careless” in terms of what I ate. In other words, it could potentially
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5 result in me becoming fat again, which was the last thing I wanted (regardless of what I was
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7 saying to my parents). So, I just stopped taking the antidepressants and started to put them
8
9 in the bin instead, so that my mum would not become suspicious. As you can probably tell
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11 by yourself, I was not really ready to accept any help at the time, so no amount of
12
13 medication could really help me. I truly do believe that people have the power to help
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15 themselves if they want to, they do not need pharmaceuticals for that. However, I also
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17 believe that it can provide some support during particularly difficult times of the recovery
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19 process, so I cannot say that I would be against it either. I would just advise everyone to
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21 consider all aspects related to use of any medication before actually taking it.
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30 Jerome: How do you think mental health services can best help promote recovery, which is
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32 said to be the goal of many services?
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35 Jana: The most important thing for me on my personal way to recovery was that I was given
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37 the trust that “I could make it”. Sometimes I have a feeling that (some) mental health
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39 professionals treat their clients with a certain disrespect, almost as if they are not fully adult
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41 human beings. Only the fact that I am struggling in my life does not make me any less of a
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43 person than you are... Listen to what the patients have to say and give them what they need
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45 the most – give them your trust and faith. Do not try to “fix” them, because if you do, it will
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47 (most likely) not work.
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3 Jerome: Have you been inspired by any mental health or healthcare professionals you have
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5 come across?
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9 Jana: I am inspired by all mental health and healthcare professionals – they have chosen to
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11 live for the sake of others, and accepted to help other human beings resolve their issues as
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13 their main job. What can be more inspiring than that? I cannot name anybody in particular,
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15 it would not be fair.
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21 Jerome: In terms of people with lived experience of mental health problems, have any
22
23 specific individuals impressed you?
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27 Jana: I have to say that I am inspired by all people and every person regardless of whether
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29 they have had any mental health problems or not. In my eyes, every single person is unique,
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31 special, distinctive, and unchanging individual – that itself is extremely inspiring to me. I can
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33 learn something from every single person I meet in my life. Everyone has something to
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35 share and it is worth listening to.
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42 Jerome: What challenges lie ahead for you? What do you most want to achieve in the
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44 future?
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48 Jana: I come across challenges every single day – I want to come back home and not find
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50 smelly socks on the couch and pieces of broccoli in the middle of the hallway for a change. I
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52 want to have a big house with a big garden, at least one sports car, and I want to be able to
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54 go for a seaside holiday every year. But let's face it, who would not want this? I think most
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56 of all, I want to be able to say, at the end of my life, that I have lived my life up to my
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3 potential, and that I have nothing to regret. I want to be able to see my kids happy and my
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5 husband next to me holding my hand. I will be very grateful if one day I find out that my
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7 personal story was inspiring to at least one person.
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14 Jerome: What would you most like to be remembered for?
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17 Jana: I would like to be remembered for who I truly am, with all the good and bad things
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19 that come as an essential part of me.
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25 Conclusion
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27
28 Jana shares the courage of her battles with eating disorders. It was the same courage that
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30 led her to come to this country from the Czech Republic with nothing but a backpack. Her
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32 honest account of her background reveals how ill she became with eating disorders. As she
33
34 states her road to recovery was long and bumpy with many relapses and tears shed by many
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36 people. She completed her Psychology degree and received a First. She is now half way
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38 through her PhD. She is well on her way to fulfilling her rich potential.
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49 Reference.
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52 Deegan, P. (1996) Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal*, 19,
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54 3, 91-97.
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6 About the authors
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