

Beyond the Body:
A Disruption of Mainstream Conceptions of Eating Disorders

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Abstract

Mainstream conceptions of eating disorders tend to be centered around images of the emaciated body, highlighting and bringing attention to the physical manifestations of a single narrative and experience of the mental illness. The reproduction of an understanding of eating disorders as solely pertaining to the physical implications of this mental illness can have on the body erases the complex nature of eating disorders, namely the ways they encompass the interconnectivity of the mind and body. Through bringing personal journal entries and poems I wrote during my time in treatment for my eating disorder into conversation with narratives and experiences shared in a public online forum for folks with eating disorders, this thesis works to shed light on the ways they are mechanized and function to cope with, distract from, and make sense of lived experiences.

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Introduction

Two and a half years ago during the spring of 2017 I faced a decision that would drastically shift my life path, altering the plans and journey I had carefully curated for myself and envisioned myself following since I was a child. The choice at hand: the choice between staying in school and pushing through what had become a debilitating eating disorder or leaving Haverford College and pursuing a higher level of care in a residential treatment facility, was without a doubt the most difficult decision I had ever had to make up until that point in my life. The choice to leave school and pursue recovery in a formal treatment institution posed many emotional and mental hurdles; it was entangled in an immense belief that I had failed. In my mind all I could see was the fact that I would need to take extra time to complete my anticipated four-year college education; it was a decision that would lead me away from the path I had always seen myself following and instead lead me into what felt like an abyss of unknown possibilities and experiences. The thought of leaving school was utterly terrifying and imagining having to forge a new path for myself was beyond frightening, to say the least. Even more than the fear of the unknown and the feeling of having failed myself and those I loved, though, was the reality that I never felt truly worthy of treatment or recovery. In all honesty, I really never even considered myself sick; a reality that made it incredibly difficult to validate my desperation for help and professional support. As a woman in recovery whose body never looked unhealthy, whose body was never deemed too thin, and whose body never reflected the eating disordered body society commonly recognizes as ill and deserving of help, my path to recovery has been filled with obstacles that stem from society's, and my own, misunderstanding and misconceptions of eating disorders as pertaining solely to an emaciated physical body. My recovery journey has been filled with stigma and silence, with a repression of pain and my desire for help, and a continued questioning and pattern of self-doubt

surrounding my deservingness and worthiness of treatment; all of which ensued as the results of ignorance. Before seeking treatment, I experienced a prolonged reliance on the use of my symptoms, a continuation of the self-inflicted violence I enacted on my mind and body, and a conscious avoidance of taking the necessary steps to regain control over my life. These experiences persisted for far too long due to a lack of validation and recognition of my eating disorder by those I loved and respected and by the institutions that I was reliant on for the necessary financial support that would assist in the coverage of my treatment costs.

The simplification of eating disorders to the impacts they may have on the physical body, more specifically, defining and understanding the presence of an eating disorder as a physical body that exhibits the effects of immense weight loss and starvation, is a problematic practice that remains ingrained in the representation of the mental illness throughout the United States in popular media, discourse, and by the institutions involved in the treatment process. Through reproducing and promoting a simplistic narrative that only recognizes a subsection of the whole population of folks with eating disorders and by only labeling certain bodies and behaviors as disordered or disordered enough to warrant worry, we as a society have created an immensely dangerous environment for those in the depths of their eating disorders, those working towards recovery, and many times, also those who are actively in recovery. The perpetuation of a partial definition of eating disorders significantly impacts one's ability to recognize, fully understand, acknowledge, and seek treatment for their own eating disorder, it limits the ability of those who are friends and loved ones of someone struggling to provide valuable and necessary support, and many times, it tragically influences the institutional and clinical acknowledgement, or lack thereof, their occurrence.

With this thesis I aim to complicate the commonly accepted and historically limited understanding of eating disorders through reimagining the role the physical body plays in the experiences of those living with the mental illness. Through applying theoretical understandings of the body and the concepts of embodiment and affect, I work to explore the ways folks have mechanized their eating disorders to tangibly engage with emotional responses to lived experiences that would otherwise require immense emotional labor, which can be incredibly daunting given the abstract and intangible nature of emotional states. In order to disrupt the mainstream conception of eating disorders as pertaining solely to their physical manifestations, I will speak from personal experience as a woman in recovery from bulimia and I will reference several journal entries that I wrote throughout my time in formal treatment institutions. In addition to the auto-ethnographic portion of this thesis, I will present my findings from an ethnographic research study I conducted through reading an online public forum for individuals with eating disorders that are contemplating recovery. I have written this thesis with the intention of not only broadening our understanding of eating disorders and the intricacies of the mental illness that tend to be overlooked in the media and in mainstream clinical definitions, but I also hope to validate the experiences of those living with an eating disorder. This thesis aims to provide insight into why many of us hold on to our eating disorders, why recovery does not stop with an end of symptom use or a weight recovered body, and ultimately why recovery is so difficult to achieve and maintain.

Methodology

This thesis is written with the intention of creating space for the engagement of personal narratives and experiences with theoretically grounded understandings of the body from the field of anthropology. These considerations of the body and self will challenge the commonly shared problematic perception of eating disorders and their functionality. While I am in recovery, and have been for two and a half years, I still consider myself to have an eating disorder. Even though I no longer engage in symptom use, the thoughts surrounding my body and my self-worth and urges to lean on my eating disorder in stressful and emotionally challenging situations still persist. For this reason, I have chosen to use “us” and “we” in various places throughout this thesis, specifically when discussing the experienced thought patterns involved in an eating disorder, to situate myself as an active participant in these experiences and in this conversation. While it can be difficult to acknowledge the reality, being two and a half years out of treatment with my eating disorder still lingering, I feel as though it is imperative to speak to this reality in order to highlight the pervasive nature of this mental illness and the ways its shape and roles shift beyond the cease of symptom use.

The term ‘eating disorder’ will be used throughout this thesis as a term referring to the holistic experience of living with this type of mental illness. While I recognize there are several different forms of eating disorders, each of which manifests in their own unique way and is accompanied by a specific set of physical symptoms, my experience in multiple treatment facilities (residential, intensive outpatient (IOP)-day program, and outpatient- individual and group therapy and nutrition sessions) in conjunction with my engagement with the various narratives I came across throughout my ethnographic research, have made it abundantly clear that regardless of the specific form an eating disorder may take, it is usually serving some purpose beyond bodily control and alteration. It is important to highlight that I am using this term with the intention of encompassing both the physical experiences that persist through symptom use towards food and the physical body as well as the underlying emotional responses that led to the development and contribute to the continued reliance on the disorder. This use of the term differs from the clinical definitions of the term, in that I am not only referencing the bodily effects and physical manifestations of eating

disorders that are apparently visible, but I am also speaking to the complex lived experiences and emotional challenges that accompany life with an eating disorder.

I refer to the physical manifestations of eating disorders as “symptoms” and the practice of these manifestations as “symptom use” (NIH n.d.) which are commonly used interchangeably with the terms “behaviors” and “behavior use.” I first heard these terms used to describe my interactions with food and with my physical body when I was in treatment at a residential treatment facility and they have continued to present themselves as the terminology used by treatment providers (doctors, nutritionists, clinicians, etc.) and by my peers. This term was also consistently used by folks who posted in the online forum I used to conduct my research. I have made a conscious decision to use the terms “symptoms” and “symptom use” as opposed to “behaviors” and “behavior use” because of the connotation the latter two terms may have with perceptions of eating disorders as being connected with a diet or lifestyle choice. I see the term “symptom” as recognizing the fact that eating disorders are a type of serious mental illness and the interactions with food and with one’s physical body are the effect of an all-encompassing experience that is emotional, social, and physical. The National Institute of Mental Health definition of mental illness as, “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or major life activities” (NIH n.d.) will be the reference for the use of the term throughout this paper.

The specific symptoms used by someone with an eating disorder can vary drastically but tend to revolve around interactions, both physical and mental, with food and with their body. These symptoms can take the form of any, all, or a combination of: restricting caloric intake, purging (self-induced vomiting), bingeing (uncontrollably overeating), over exercising, shame around one’s body or food intake, fear of gaining weight, a distorted body image, and the use of laxatives to compensate for food consumption (“What are Eating Disorders” n.d.). While I argue that the symptoms of an eating disorder are only a single aspect of the complete lived experience, I am not ignoring their danger and severity. I recognize that people die from eating disorders because of the impacts they can have on the physical body; however, I hope to shed light on the fact that these physical symptoms do not exist in isolation from the mental and emotional

experience. I argue, rather, the way these symptoms function in tandem with one another and it is that connectivity between the mind and body that makes eating disorders so powerful.

In order to ground the theoretical analysis of the functionality of eating disorders I develop throughout this work, I have paired an auto-ethnographic approach, discussing my experience as a woman in recovery from an eating disorder and closely analyzing several journal entries I wrote during my time in residential and day treatment, with an ethnographic exploration of an online public forum for folks with eating disorders who are contemplating or just beginning their recovery journeys. This forum is titled “Working Toward Recovery” and exists as one of nine different forums in the “Community” section of the National Eating Disorder Association’s (NEDA) website. I specifically chose to look at the posts and conversations in this forum because it was created for “individuals who are actively considering or working towards recovery” (“Working Towards Recovery” n.d.). This forum provided an opportunity to interact with the narratives and thoughts of folks who were still physically engaging with their eating disorders, meaning they would discuss their symptom use, but were thinking about, if not actively seeking help. As a result, they were in a stage of their eating disorder that allowed for clarity regarding the damage their eating disorders enacts on their lives.

The forum is still active and updated daily. It consists of thousands of threads, each of which consists of anywhere between one and fifty posts and responses. The forum is organized in a way that allows community members to either engage with another community member and their content by responding directly to something written by another user, or by creating a new thread by posting a question, statement, or conversation starter. Each thread is titled with a short phrase provided by the author of the original post. Everyone who is actively posting on the forum must have an online account with NEDA, which is easily accomplished by creating a username that functions to maintain the anonymity of the users and accompanies every post and response made by that user. It is completely free to create an account. As a result of the public nature of the forum, anyone can view the posts and text threads; however, if you are not logged in to the platform there is no way to engage with the online community. For the purposes of my research, it was not necessary to create an account, as I simply wanted to read through the posts and

conversations in the forum. Due to the sheer number of posts and threads available, I narrowed down the information by sticking to everything posted in a six-month time span: 60 text threads and 520 individual posts. In order to allow for the possibility of following specific individuals and their posts over time, I chose to begin with the very first post that was published on December 22, 2012; the final post I looked at was June 24, 2013.

I intentionally use this online forum for data collection because inherent autonomy is naturally built into a space that can be entered and left at any moment. Given the emotionally taxing and sometimes traumatic nature of speaking about one's experience living with a mental illness, it was important that I did not add to the pain and trauma with my inquiry into this topic. Ultimately, this online platform allowed me to engage with personal narratives and thoughts without prying, potentially bringing up trauma or retraumatizing folks, and it was a space that community members were easily able to enter and exit as they saw fit. I found this platform was the least intrusive way to engage with this material and conduct the research necessary for the completion of this project.

I recognize that conducting ethnographic research of an online community as opposed to conducting in person interviews poses several limitations. Specifically, it does not allow for further inquiries, and it doesn't create space for guided discussions surrounding the impacts of identity and the unique experiences of individuals holding marginalized and intersecting identities. Very few posts that I read in the online forum included conversations or comments about folks' identities, and those that did simply introduced themselves with their age or gender. This is a limitation of my research because the discussion of identity and eating disorders brings up imperative issues that need to be addressed. Primarily, these issues include drastic disparities in the high prevalence of eating disorders in low-income women and women of color in comparison to the significantly lower rates of eating disorders in white women of a high socio-economic status. The patterns of misdiagnoses and lack of diagnoses of eating disorders in those same marginalized populations by health care providers and by clinicians is another serious cause for concern (Goeree 2012). While the specific method of data collection I used did not create space to directly

engage with these concerns, they highlight another reason for our society, especially health care professionals and psychiatric clinicians, to broaden their understanding of eating disorders.

Problematizing Existing Discourse on Eating Disorders

If someone had asked me before I entered treatment two and a half years ago to explain what an eating disorder was, my response would have been one-dimensional; primarily focused on the physicality of the mental illness. My response would have highlighted a specific body, appearance, and a distinct set of behaviors enacted on and an attitude towards food. I would have curated an image of the body that so many people commonly associate with the term; a body resembling that of the emaciated female on the cover of Vogue magazine, on the runway at New York Fashion Week, or the character played by Lily Collins in the Netflix drama “To the Bone.” Based on my perception and understanding at the time, each of those bodies would have sufficiently exemplified what I knew and recognized as an eating disorder. Each of those physical bodies exhibited the traits I had always known to be associated with the term: sunken eyes, protruding ribs, and a strikingly sharp collar bone poking from the woman’s chest. These traits aligned with a frightening thinness that evokes a visceral sensation of discomfort within the viewer, a thinness that I assumed was connected to an attempt at conforming to a problematic standard of beauty and femininity. The association I am highlighting here, the immediate connection so many of us as individuals and as a society, my past self-included, make between the term “eating disorder” and emaciated bodies, and the way we recognize eating disorders solely as a visibly unhealthy slimness and body size, heavily influences the ways people understand and perceive the mental illness. This conception of eating disorders produces incredibly dangerous challenges for those working towards recovery.

A Limiting Clinical Scope

Many prominent mental health organizations and institutions, such as the National Institute of Mental Health and the American Psychiatric Association, have begun to unravel the nuances of

eating disorders through recognizing and defining them as a type of serious mental illness as well as through teasing out the ways they are comprised of social, emotional, physical, and biological factors and experiences. However, clinicians and insurance companies alike continue to use the physical manifestations of eating disorders as a measure of their severity. When looking to the accepted psychiatric sources that define eating disorders, specifically the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which is a resource used by clinicians, health care providers, and by insurance companies to diagnose patients and qualify them for different levels of care, and the National Institute of Mental Health, it becomes clear that the clinical and diagnostic categorizations of these disorders almost exclusively revolve around the physical impacts the mental illness has on the body. Both of these sources classify eating disorders as a type of mental illness; inherently referencing their entanglement with emotional and mental experiences. However, the criteria used to diagnose their occurrence solely references their physical manifestations, producing a limited perception of the depths of these disorders.

The most recent version of the *DSM* defines eating disorders as “characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and significantly impairs physical health or psychosocial functioning (APA 2013). This definition is followed by several in-depth definitions and diagnostic criteria for each specific type of eating disorder: Pica, Rumination Disorder, Avoidant/Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder, and Unspecified Feeding or Eating Disorder. The diagnostic criteria for each manifestation of an eating disorder consists of particular physical symptoms and body classifications, which make mention to body shape, weight, and size (APA 2013). These criteria are not only used by providers to diagnose patients with an eating disorder, but they are also referenced by insurance companies when qualifying patients for

treatment and when determining which level of care, they are eligible for and how long they will be financially covered in that level of care. Every insurance company provides slightly different qualification requirements; however, they tend to take the bodily definitions provided in the *DSM* a step further by looking for specific measurements of bodily and organ function (“medical complications” and “medical abnormalities”), body mass index, weight, and prevalence of the use of physical symptoms (Anthem 2010). While the patterns of symptom use and thought processes revolving around the body and food highlighted in psychiatric resources and the qualifications used by insurance companies are part of the lived realities for many folks who have eating disorders, focusing solely on the physical manifestations of this type of mental illness is incredibly problematic.

Similar to the ways health care professionals and clinicians have defined eating disorders, mainstream media outlets, such as television, movies, and various news sources, lag behind in representing the complexities, nuances, and diverse experiences and physical presentations of the mental illness. This lack of representation is a lingering implication of societal weight stigma and the fear that the not-so-sexy realities of the physical and emotional turmoil that ensues while living with an eating disorder will interfere with the romanticized portrayals that tend to be presented on the big screen. The focus on the physicality of eating disorders, more specifically the connection drawn between eating disorders and the emaciated physical body, ignores the different forms an eating disorder can take and ultimately erases the mental, emotional, and societal aspects that engage with the physical body throughout life with an eating disorder. The article titled “Presentation of Eating Disorders in the News Media: What are the implications for patient diagnosis and treatment?” works to tease apart these simplistic perceptions of the mental illness. The authors Sarah O’Hara and Katherine Klegg Smith reach the conclusion that “news coverage

rarely presents eating disorders as complex medical phenomena, but rather simplifies and sensationalizes these conditions” (O’Hara 2007); a reality, which they argue, “prevents timely eating disorder diagnosis and reinforces a stigma that limits treatment availability” (O’Hara 2007). The reproduction of a simplified and exclusionary narrative not only creates challenges revolving around access to treatment for those whose experiences and appearances don’t align with the accepted perception of eating disorders, but it confuses the understanding of what recovery looks like. A narrative that solely highlights symptom use, thin bodies, and lifestyle choices connected to a desire for weight management implies that once someone stops using symptoms or once their body reaches a natural and unhindered size, they are healed and they no longer require professional support, which could not be further from the truth.

“Not Sick Enough”

One of the main flaws in this approach to conceptualizing eating disorders is the way it limits diagnoses and the accessibility of treatment to those whose bodies directly align with the descriptions presented in these resources. This reality poses several challenges to folks whose bodies don’t fit the specific criteria or those whose bodies do not evoke an immediate sense of concern and worry, many times impeding their own ability to acknowledge the severity and validity of their struggles as well as the ability of members of their support system to recognize and validate the existence of their eating disorder. This lack of validation and recognition ultimately delays their outreach for help. Several community members in the online forum express these exact concerns, highlighting their hesitation to reach out or pursue professional support and treatment because of insecurities surrounding the validity of their pain and struggle. One user shares their fear of not being believed when they write,

I don't feel like I look 'sick' enough to even have a disorder, which is why it's difficult most days to even believe that I might have one. More and more bones are slowly becoming visible, but I don't know...A part of me feels like I don't deserve any kind of help or that I deserve to be this miserable and alone through all of this because so many people out there have it a lot worse than I do...I'm planning on getting a physical, and I want to bring up to the doctor how much I've been struggling and the possibility of me having an eating disorder...but I'm not sure how to break it to them...I know it's silly but I'm scared the doctor will say I'm not sick enough to get help (Csmith94 2013).

This fear of "not being sick enough" was a common sentiment shared by users throughout the forum. Many times, this thought process was expressed by folks whose bodies varied from the emaciated body that is typically aligned with discussions about and perceptions of eating disorders. Csmith94, for example, explained in the beginning of their post that they were a runner, and while they struggled with patterns of restriction and struggles with their body image, no one in their life had ever expressed concern over their body because of its athletic capabilities.

I shared the exact same thoughts and fears expressed by Csmith94, which began for me in the early stages of my eating disorder and continued through the majority of my time in formal treatment settings. In the very first journal entry from my time at residential I explicitly expressed these concerns:

March 31, 2017
Monte Nido Irvington, Residential Treatment

Day 1

The food here is delicious but terrifying. They give so much food and I am so scared of getting fat again. I still want to lose weight and part of me wishes I let myself lose more weight before starting treatment. I feel guilty about eating the food. I feel like I'm not going to be viewed as sick enough. I'm terrified insurance won't allow me to stay.

Taking the necessary steps to begin my recovery not only required me to leave school and veer from the life path I had always envisioned myself following, but it also required my full surrender. I was being asked to lean in to a process I knew nothing about, to let go of a coping mechanism I had spent years perfecting, and to blindly trust that life beyond my eating disorder would provide a sense of freedom that the confines of my current existence at the time would never allow. The concept of recovery, in and of itself, was incredibly daunting; it ultimately asked me to let go of a behavioral process that essentially kept me alive and provided me with a sense of comfort, safety, and agency when the rest of my world felt like it was caving in on me. Surprisingly though, my hesitation to pursue recovery wasn't solely tied to a fear of the unknown or worries about life without my eating disorder. While these things surely terrified me, I had already lost so much and I wanted to make a change, a serious lasting change, and I naively thought that a desire for change and a genuine plea for help would have been enough to get the support I knew I needed. I could not have been more wrong, though.

I never thought it would be so difficult to ask for help; regardless of how physically ill I felt, regardless of the countless hours I spent in the bathroom on my knees, how many meals I skipped, hours I ran, classes I missed, assignments I didn't turn in, regardless of the headaches, the exhaustion, and the inability to walk a flight of stairs, all everyone saw was a body. Specifically, they saw a body that, by mainstream social and clinical standards, was "healthy" and completely normal. I knew I was struggling, and I knew the reliance I had developed on my eating disorder to cope with my depression and lack of self-worth was incredibly unhealthy, but no one else was able to see the pain I was experiencing internally. Because my weight loss never put me below a certain number on the scale, my bones were never protruding, and I was never hospitalized for experiencing "serious" medical concerns, I was reminded again and again by those

in my personal life and by insurance providers that I wasn't "sick enough" to deserve a higher level of care. This invalidation not only encouraged me to push off pursuing the treatment and support I knew I needed and wanted so badly, but it also fueled the core beliefs I had about myself that were deeply entangled in the development of my eating disorder: that I was undeserving of love, I was never good enough, and that I was a failure at everything I pursued; I had even failed at having an eating disorder.

Beyond Symptom Use

An approach to conceptualizing eating disorders as the bodily effects of and the presence of symptom use implies that someone is fully recovered once they stop using their symptoms and once their body is functioning properly. This erases the emotional and mental struggles that lead to the development of an eating disorder in the first place, making it difficult for both those with an eating disorder and their support networks to recognize the root causes of the mental illness and understand how the eating disorder serves us. In a journal entry I wrote ten months after first entering residential treatment (seven months after I left treatment) I express an immense anger and frustration I felt towards the sentiment that I was "better," which was something that many of my supports had expressed after I finished treatment and stopped purging:

January 23, 2018
Haverford College

Her Voice Persists

Don't tell me I am better.
Better means fake:
Fake smiles, Fake friends, Fake future.

Don't tell me I'm back to my old self.
I hated her.
She hated herself.
I am not that girl.

I was never that girl.
My “old self” was a mirage of success:
A mirage of smiles, of friends, of plans for the future.

Don’t you see?
I am free now.
I am no longer my “old self.”
I am me.
Me, as in this body.
Me, as in this depression.
Me, as in this anxiety.
This urge.
And this behavior.

You tell me “I think you’re better” now.
I say,
I am broken.
I am fragile.
I am mentally ill.
I am intelligent.
I am deserving of love.
I am in recovery.

I am all of these things.
But I am not better.

You tell me I am better.
She hears,
“There goes the love and the worry and the care”
A stab in the gut.
A blow to the chest.
A quick loss of breath as she staggers to regain her balance.

She says, you think I’m better?
Flashbacks, flashforwards, they all seem so real.
Kneeling over the toilet.
Faucet running, drown out the sound.
Two fingers back of the throat.
Little bit of vile, go back for more.
Tears, salty, roll down for her eyes.
Part shame, part gravity.
Push yourself up.
Wash your face.
Rinse your mouth.
Loot in the mirror.
Pinch the fat under your chin.

Peer at your ribs.

Dizzy, ashamed, depressed, afraid, sick.

Sick means love.

Sick means attention.

Sick means never alone.

You see what she does?

How strong she is?

How powerful she is?

You tell me I am better.

But her voice is still so goddamn loud.

My eating disorder; which I personify as “she” in the above poem, served a purpose far beyond that of making me thin. It brought me love and attention; people worried about me and cared for me. It provided me with a sense of agency over my life when I had otherwise felt completely helpless. When an eating disorder is understood as a bodily disorder that is “cured” at the cease of symptom use, the functionality is overlooked. This conception of eating disorders does not leave space for recognizing the void that was left behind when I stopped purging and it does not leave room for the voice that lingers, tempting you day in and day out to give in and revert back to your old ways of coping with your struggles. When people told me, I was “better,” it was incredibly threatening; it implied that I was “ok,” that I no longer needed or deserved help and support, and that I shouldn’t be struggling anymore. The fact of the matter is, when I let go of my symptoms, that was just the first step in letting go of my eating disorder. I am now two and a half years out of treatment and there are still days that a voice in the back of my head tells me that I don’t deserve a meal, or that running on the elliptical for an hour will make me more lovable, or that if I purge, just once, I will feel an immediate sense of safety and relief amidst stressful life circumstances. While I have made remarkable progress and I am immensely proud of where I am today in my recovery, it is imperative that I allow myself to recognize the continued struggle and

the lingering remnants of my eating disorder that remain in my mind. The recognition that an eating disorder starts far below the surface of the body and well before the first symptom use, allows us to continue to have compassion for ourselves when things get tough or when an urge to use an old symptom appears. This compassion removes judgement from the situation, making it easier to pinpoint why we are feeling that urge, challenge it and continue moving forward with our lives and with our recovery.

Reimagining the Body

April 8, 2017
Monte Nido, Irvington Residential Treatment

The Candy Spiral

I eat candy.
I am weak.
I am giving in to my hunger
I am fat.
I am gaining weight.
I am ugly.
No one will find me attractive.
I will never be intimate with anyone.
No one will love me.
I will be alone forever.
I am unlovable.

For so many folks who currently struggle with eating disorders, and for those of us who are actively working through recovery, our eating disorders and the symptoms and thought processes that ensue are deeply entangled in a web of negative core beliefs that shape our perceptions of ourselves. Whether they were formed slowly over time or as an immediate response to a single lived experience, these beliefs have become engrained in our minds and directly inform the ways we see ourselves fitting into the world around us. These core beliefs (I use the word “core” to depict their engrained nature in our perceptions of ourselves as human beings), such as those expressed in the poem included above, shift from perceptions of ourselves as people to perceptions of ourselves as bodies. This shift allows us to transform a deeply rooted, yet abstract, emotional pain and sensation – in my case, self-hatred – into an equally painful hatred aimed at our bodies. While both emotional responses are deeply dissatisfying and laborious, the latter allows for tangible action to be taken and change to occur; this action ultimately takes the form of symptom use. In the poem above, which I have titled “The Candy Spiral,” there is a clear underlay of deep emotional pain seated below the focus on the candy I had consumed and the impact I

believed that candy would have on my body. The true pain expressed in this poem is not the fear of gaining weight, the weakness I felt for eating a food I hadn't previously allowed myself to consume, or even my perception of myself as unattractive, but the true pain is depicted in the last four lines. These lines uncover my belief that something was fundamentally wrong with me as a human being; something that ultimately made me impossible to love. The acknowledgement alone of such a perverse thought that was deeply engrained in my psyche caused such an immense amount of pain, I had to take some sort of action. I had to feel as though I was putting that energy into something, that I was taking steps to fix the flaws that left me hurting, or else that pain would eat away at me until I couldn't take it anymore. So, I responded by shifting the abstract hatred I felt towards myself as an individual and placed it on the one tangible thing I knew I could have complete control over: my body. If I saw my body as the enemy – something flawed but also alterable – I would be able to have hope that if I could fix my body, I could possibly feel loved. When I was in the throes of my eating disorder, all I could see was my body; a body that had to be controlled in some way. Food became the means by which I could act on that need for control. The use of symptoms, such as excessive food intake through bingeing, forced excretion of food and calories through the use of laxatives or purging, and limited food intake through restriction, became my life line. They were my mechanism for controlling my body; the mechanism which allowed me to act on the painful beliefs and perceptions of myself that had developed in response to painful social experiences. The body is not where an eating disorder begins, on the contrary, the body is the final piece of a pathway that begins with trauma and is filled with pain, fear, and desperation.

The Body as an Object to be Controlled

The concept of a perceived sense of control through symptom use and the transference of emotional turmoil into negative perceptions of one's body is not an experience unique to my eating disorder, rather this practice was also articulated by several different users in the online forum. One user responded to a post written by someone struggling with intense urges to restrict as a means of coping with their depression. The post reads, "Because food is always there, sometimes it feels like it's the only thing we have control of in our lives so we use it as a way of deflecting our other problems" (toomanythoughts 2013). This user highlights the direct connection between the use of symptoms and a desire for control, shedding light on the ways our symptoms act as a sort of escape from the actual internal issues through creating this mirage of control over one's life. Susie Orbach, a prominent psychoanalyst who has written several pieces that explore the functionality and development of eating disorders in her psychiatric patients, explains that in order for an eating disorder to develop and function as a means for control, there must first be a perceived disconnect between the physical body and the rest of the self. In her book titled *Hunger Strike*, Orbach describes the perception her clients with anorexia have of their physical bodies when she writes, "There is no notion or sense of the body as an integrated aspect of self, rather it represents in physical form the internal struggles to control needs and unsatisfactory object relations" (Orbach 1986). It is this constructed and imagined disconnect between the self and the body that allows someone to enact a sense of control over their body, which is internalized as a false sense of control over one's lived experience that is expressed in the above forum post.

Several other community members shared in this practice of self-awareness through analyzing the functionality of their eating disorders, specifically through coming to a

similar realization as toomanythoughts in recognizing the ways they have used their eating disorder symptoms to cope with mental struggles. One user named melanie86, for example, responded to a post explaining stress as a major trigger for their urges and symptom use writes, “I’m coping with my stress or disappointments through bingeing and purging because I don’t want to face the actual problem...when I try to ignore what is stressing me out the most, that’s when I turn to bingeing and purging” (melanie86 2013). This user recognizes the functionality of their eating disorder as both a coping mechanism and a distraction; not only do their symptoms allow them to exert a sense of control during a time of chaos, but they simultaneously provide an escape by allowing for a drastic shift in energy and attention from something tied to an abstract emotional pain to a tangible and easily understandable physical practice. Another community member named californiagirl explicitly explores this transfer of energy from her emotional responses that resulted from a challenging lived experience to her physical body through reflecting on the direct connection between her eating disorder and her need for control. She writes,

I never felt as out of control as I did when I moved away from my family to start my career at age 22 (after getting two college degrees, and graduating with honors), which left me in a strange city, with little support, and the overwhelming drive to ‘succeed.’ My eating disorder took over for about eight months until I got therapy, which helped immensely, but also made me realize I was pursuing a dream and career that I didn’t really want at all, which was really at the root of my obsession with food and weight loss” (californiagirl 2013)

With this post, californiagirl provides a comprehensive analysis of the functionality of their eating disorder; they uncover not only the underlying issue behind the development of their symptom use, but they simultaneously bring to light the pattern of shifting their energy from their mind to their body when things are overwhelming. Orbach’s work suggests that this shift in one’s energy from the mind to the body, and the resulting use of symptoms as a coping mechanism and as a distraction,

is only possible when the body is perceived to be an entity completely separate from the rest of the self.

An Imagined Disconnect

Historically the body was understood as existing within a distinct binary with the mind. The two were treated as separate entities; each relating to a specific aspect of one's existence. In the article titled "The Mindful Body," the authors refer to this binary as the "Cartesian dualism," which is defined as an "artificial separation of mind and body" that functions to uphold the connection between the body and science and the mind and theology; legitimizing clinical and medical practices revolving around the body and delegitimizing those revolving around the mind (Scheper-Hughes 1987). While this "dualism" served a very specific purpose that differed from that of the separation between the mind and body introduced by Susie Orbach, both conceptions of the body are deliberately constructed to enable the perpetuation of certain actions. In the case of eating disorders, the perceived disconnect between the mind and body allows an individual to mechanize their symptoms in an attempt to act on emotional turmoil and distress through engaging with their physical bodies. Without this disconnect, however, when the body is rightfully viewed as entangled with the mind to comprise a holistic self, this thought process and reasoning begin to collapse and the functionality of the eating disorder starts to waiver. When the mind and body are reintegrated with one another, the body is no longer seen as an entity in and of itself, but rather it is seen as a part of yourself and it becomes increasingly difficult to enact the inherent violence of symptom use on such an integral part of yourself. It is crucial then, to challenge this "dualism" if one is to successfully begin this process of reintegration and take steps towards letting go of their eating disorder.

Reintegration of the mind and body

Embodiment and affect are two concepts which directly challenge the theory of a mind and body binary, as they effectively reintegrate the mind and the body to encapsulate the complexities of the complete human experience. In the essay titled “The Body and Embodiment in the History of Feminist Anthropology” Frances Mascia-Lees introduces embodiment “as an analytical category” that “collapses distinctions between mind and body, subject and object, self and world, interiority and exteriority, thought and sensation” (Mascia-Lees 2016). With Mascia-Lees’ definition embodiment can be used to disrupt the theory of a mind and body binary through highlighting the fluidity and interconnected nature of the psychological, physical, and social experience. Embodiment allows us to interpret the ways a lived experience or a social interaction can evoke an emotional, mental, or psychological response, which is an integral aspect of the necessity of the mechanization of eating disorders and their resulting functionality. The use of symptoms, then, should be understood as an example of affect, in that they are the physical manifestation of the emotional responses we develop to traumatic and difficult lived experiences. In a journal entry I wrote in response to a prompt that asked about the ways the use of my eating disorder mirrored my interpersonal relationships, it becomes glaringly clear that my symptom use directly correlated with my interpretations and perceptions of my social relationships:

May 15, 2017
Monte Nido IOP

Relationships

In a way restriction kept me strong, it kept me in control. When I was starving I felt as though I was protecting myself from the pain and hurt that seemed to result from eating, specifically from weight gain. Restriction fed my negative core beliefs; it acted as a punishment, it was a way to keep me hungry because in

my mind, I didn't need or deserve food. Just as restricting food acted as a protection mechanism, by restricting myself of love I believed I was keeping myself safe from the disappointment, humiliation, and heartbreak (which is bullshit because not only have I experienced all of these things, but I'm also fuckin lonely). If I didn't let myself accept other peoples' love, affection, care, and acceptance, I could never lose it. This pattern of restricting love validates my beliefs that I will always be alone, that I am unlovable, and that I don't deserve love.

Binging provided me with comfort, the fullness after and during a binge almost felt like affection, like I was being held. Binging provided me with a few moments of happiness and relief from the pain. My relationship to my parents could easily be described as binging. For the longest time I have held them close to me, I could have left their grasp, allowed myself to make mistakes and explore my individuality, I could have found a healthy balance, but instead I latched on to them for dear life. Just like a binge, they provided me with comfort and safety, but eventually that comfort turned into a feeling of being smothered, it began to hold me back, making me feel like I couldn't make any decision or take any action without their approval. I had lost sight of myself and my aspirations. I latch on to people, filling my mind with them, just as I fill my body with food during a binge. This obsession allows me to take my mind off the real issues like my depression, anxiety, and feelings of worthlessness.

When I purged I did it because I had to, because I didn't feel as though I deserved or needed the food. I did it as a punishment, I did it because of the regret and the fear of gaining weight and the pain I knew that would cause me. I purge people the same way I purge food. As soon as I binge or let myself get close to them, I run or I cut myself off. I never felt as though I was deserving of another's love, I was afraid of affection, I convinced myself that anyone's love for me was a lie. I truly believed I was unlovable.

Beyond the apparent correlation between the use of my eating disorder symptoms and my interpersonal relationships, this entry sheds light on the ways I embodied my emotional responses to traumatizing and painful experiences and relationships; ultimately shaping the way I viewed myself as an individual and as a social being. It was this view of myself as a worthless and unlovable human that was undeserving of love, affection, and freedom, that stemmed from unfulfilling and unhealthy relationships with peers and loved ones, that led to the use of my symptoms. These were, at the time, the most accessible means of addressing the pain, confusion, frustration, and fear that constantly plagued my mind. Through uncovering and acknowledging the ways I ultimately mechanized my symptoms as a means of coping with deeper rooted psychological stressors and challenges, I was able to begin to untangle the underlying causes of my eating disorder; a painfully challenging, yet crucial step in my recovery journey.

Conclusion

April 26, 2017
Monte Nido, IOP

A Thank You Letter to My Eating Disorder

Dear Ed,

On the surface you are just the behaviors. You are the bingeing, the purging, the restriction. You are the pain felt by me and my family, you are the fear that troubles my parents, you are the endless depression that keeps me locked away under the covers. On the surface you are a weight loss tool, you are the solution to my large body, to my inability to fit society's ideal body and my parents' expectations. On the surface you are an embarrassing disease that has drained me of happiness and my parents of normalcy. When I dig deeper though I am able to understand why I latched on to you for so many years, why I chose you over my health and happiness, why I chose you over softball and school. You have served a purpose. When I failed to meet my parents' expectations of perfection and when my anxiety stepped in the way of social interactions, you provided me with a sense of safety. You gave me protection from rejection by filling my body with food, by suppressing the overwhelming emotions and feelings of worthlessness and self-hatred. You provided me with comfort and with a fullness I was unable to get from the love and appreciation I rejected from my peers. You kept me safe, by making my body big, a body I viewed as unlovable and unattractive. By filling me with food and by making my body big you provided me with validation about why I hadn't been in a relationship, why I was so anxious about intimacy, there was nothing wrong with my mind, it was just my body, something I could fix if I just tried hard enough.

Every time I'd binge it was as if my entire body went numb, my mind calmed down, all the thoughts: the self-doubt, the guilt, the anxiety, the self-hatred, it all quieted down for a bit, as if the food pushed the feelings down as you would do to trash in an overflowing bin. I want to thank you for keeping me a live, for providing a coping mechanism to the detrimental thoughts that plagued my mind

throughout high school. I want to thank you for giving me a break from the hell that was my mind, for giving me a moment away from the voice telling me, trying to convince me that life was not worth living.

As I grew up and began to change, you were right there with me, growing and morphing into the tool I needed to get over the bullying, the severe depression, the loss, and the rejection. Your constant practice of filling my body with food to cover up the pain, failed this time though. You filled me up too much. Something clicked and all that sat beneath the food exploded, putting me into the deepest depression I had ever experienced. I commend you for how sneakily you transitioned and changed your role in my life. You reentered my life, this time as restriction, bringing me what felt like the first real happiness I had ever experienced. Your restriction did the one thing I had never been able to do: your restriction changed my body, it made me lose weight, it brought me admiration from friends and from my parents. So, thank you. Thank you for bringing me acceptance, even though it was complete bullshit and superficial, for the first time in my life I felt like I was beginning to fit in. For the first time in my life I felt hopeful that there was more in my future than just being the ugly, fat girl. Once again, I thank you for saving my life. During that time, I needed hope, I needed something to live for, even if it was as fucked up as the potential of having the body I had always thought would solve all my problems, get me a relationship, success, love, and true friendship.

When the restriction proved to be ineffective, leaving me alone after my best friend graduated, you transformed once again, this time in the form of bingeing and purging. Similar to the way you made me feel in high school, your binges provided me with a sense of comfort, the food pushed down the loneliness and the sadness. This time you added an interesting twist though, almost as if you had learned from past mistakes: you introduced me to something that could be my own. Something I could rely on, something that could take my pain away, take my embarrassment and disappointment away for a moment. Purging gave me a sense of safety, it gave me a few moments of numbness, it gave me a chance to get rid of all the feelings and emotions I had pushed down with food.

I also thank you for bringing me love and attention and for bringing me closer to my parents. When my mom first saw me purge and when I left school, my mom cried, telling me how much she loved me, how she only wanted me to be healthy and happy. I want to thank you for giving me strength, the strength to leave school and get help. This is an incredibly difficult idea for me to understand. On the one hand you have taken so much from me, but on the other, you have brought me to a place in my life where I can question myself and my decisions, a place where I can challenge my complacency and the reasons behind many of the decision I have made throughout my life. You have brought me to treatment, which has given me a space to work on myself and figure out how to truly make myself happy. You have given me the opportunity to get in touch with my soul and figure out who I am, beyond my insecurities and trauma and fear.

My eating disorder was the thing I latched on to when life felt too painful to continue living, when the trauma was too emotionally taxing to work through, when my anxiety was all encompassing, and when I simply could not make sense of the world I was living in. It may not seem logical or plausible that an eating disorder: something that can cause such physical and emotional damage and something that requires intensive psychiatric labor to overcome, could serve folks in such important ways. With this thesis, however, specifically with discussions surrounding my experience and the narratives and thoughts shared in the online forum for folks “working toward recovery,” I have intended to not only bring to light the existence of this functionality, but also to suggest that it is this functionality that makes letting go of an eating disorder and fully delving into recovery so difficult.

The interconnected nature of the mind and body, specifically the ways our symptom use directly engages with internal experiences of chaos, pain, and turmoil, allow for the development of a reliance on our eating disorders in times of hopelessness, helplessness, and confusion. It is imperative that we; as individuals with eating disorders, as peers, loved ones, and supports of

someone with an eating disorder, and as a society, understand the ways eating disorders are mechanized to cope with challenging lived experiences and emotional and mental distress. It is crucial that this understanding spreads beyond the personal, permeating the institutions that shape the clinical and public discourse on eating disorders, to complicate the problematic notions we have developed over time about eating disorders. We must ultimately reimagine the self as a unified entity that encompasses both the mind and the body; a complex concept that can help explain why someone may develop an eating disorder and why this specific type of mental illness can be so difficult to recover from. In turn, we must reintegrate conversations of the mind into the mainstream discourse surrounding eating disorders and highlight how the reimagining of the physical body as an integral aspect of one's whole self, rather than an object onto which one can enact violence and control, is an imperative step on the path to full recovery.

Recovery is possible and life beyond the confines of an eating disorder is possible. Freedom from its grasp happens through the acknowledgement of its power, release, and hope in a belief that life beyond an eating disorder is truly worth living.

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