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**Auto-ethnography as a Communicative and Therapeutic
Means of Addressing Eating Disorders**

Julie Irvin

April 24, 2003

Note of Appreciation:

This project has primarily been one of reflection and serious contemplation. Throughout my work, I have gained insights not only from within myself but also through the support and intellectual stimulation of, Dr. Erin Sahlstein, Dr. Keo Cavalcanti, Dr. Carol Wharton, and Dr. Archana Bhatt. Neither my thesis nor my overall education here at the University of Richmond would be as much of a success if they had not made me think so very much.

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Abstract

Under the premise that human beings are natural storytellers, narratives are an essential part of our lives and the way we shape and form our stories impacts our daily activities. When life struggles transpire, we typically make sense of our world through narratives, which is why therapists sometimes draw upon narrative therapy. By exploring different types of narratives—the basic genre of a life-story, testimonio, literary narrative, ethnography, and auto-ethnography—the mode that presents itself as a viable means of intrapersonal communication, possibly producing change, is auto-ethnography. Examining the need for narrative within the conditions of eating disorders, the question arises as to how auto-ethnography can be used to help produce change. Through examining the different ways to “tell” a story, the present understanding of eating disorders, and the belief that narrative can be therapeutic, it will be depicted that writing and/or reading a type of narrative, specifically auto-ethnography, can be therapeutic as well as communicative, thereby leading to personal change.

Chapter 1: An Introductory Review of Narrative and Auto- Ethnography

“Tell me a story”—a common phrase heard when amongst children; however, as adults, we “tell” stories, narrate our lives, and create meaning of our thoughts and activities every time we communicate. The hardest stories to tell, though, are ones that have changed and challenged us—stories such as these are often the most important ones to tell because they bring insight to who we are as human beings. Having been diagnosed with anorexia nervosa at the age of fifteen and been classified as a “recovering” anorexic for more than three years, my story is both one of change and of significant challenge. I am keenly interested in methods of treatment¹ for someone with an eating disorder² because of my own struggles. In terms of treatments for eating disordered patients, my specific interest lies in the stories/narratives formed by sufferers of eating disorders and the process used in constructing these stories—in general, the practice of “telling a story” is quite fascinating to me.

The art of storytelling, when being explored by scholars, is not limited to the examination of “narratives.” In fact, scholars have established several methods and means of telling and interpreting stories—texts that tell or recount events. I have explored different types of narratives—the life-story, testimonio, literary narrative,

¹ My working definition of treatment is the ways in which the sufferer of an eating disorder can improve or change upon their mental and/or physical health.

² Definitions and explanations concerning eating disorders, specifically anorexia nervosa, and its treatment will be further described. In this thesis, I am going to denote anorexia nervosa as an eating disorder made up of complex physical and emotional elements. A person with anorexia severely limits food intake, has a distorted body image, refuses to maintain a normal body weight, and is intensely afraid of gaining weight, despite being very underweight.

ethnography, and auto-ethnography. In examining these different types, I searched for a means that not only created a venue for honest self-expression but also a method that, facilitating introspection, allowed for the utilization of both intra- and interpersonal communication. The mode that presents itself as a means of intrapersonal communication, possibly producing positive change is auto-ethnography. Through examining the different ways to “tell” a story, the present understanding of eating disorders, and the belief that narrative can be therapeutic and communicative, I have argued that writing and/or reading a type of narrative, specifically auto-ethnography, can be therapeutic as well as communicative, thereby leading to positive personal change.

Definition of Terms—Narrative and Communicative

In the discipline of communication, how is narrative employed? Didier Coste in *Narrative as Communication* posits that Aristotle believed narrative’s goal was to prove to the assembled citizens of the city the need for a particular course of action that one wished to have executed or to accomplish the antithesis, (10). The *Oxford English Dictionary* defines narrative as being “an account or narration; a history, tale, story, recital (of facts, etc.)” This definition of narrative highlights the familiar use of the word, showing how most people associate ‘narrative’ as something that revolves around the idea of telling stories³. The mere term, narrative, is surrounded by communicative connotations. The denotation of communicative is “having the quality of diffusing itself;” this narrative logically possesses communicative qualities in that narrative has traits that produce a dialogue, or conversation, amongst the reader and the writer, and facilitates intra-personal communication within the reader and writer himself/herself. In other

³ In regards to this thesis, stories and narrative will be synonymous and used interchangeably.

words, the narrative as a communicative entity potentially forces the writer to question himself/herself while writing and rereading the material and allows the reader to analyze and rethink his/her self while having a conversation with the material being read. The human condition includes daily stories and tales that intertwine and juxtapose with one another triggering the need for telling, retelling, and learning to be done. As storytellers, humans have the propensity to narrate life events—especially those events that distinguish us or strongly impact our lives.

If the familiar connotation of what a story is, meaning the telling of a fictionalized account, is used, then narrative cannot be just a story. Narrative has to be understood as more than just a story in order to accomplish therapeutic goals, for therapy is not based upon fiction but rather than personal facts and accounts of feelings and events. Under the guise of therapy, the term narrative implies listening to and (re)telling stories about people and the problems in their lives. In the face of serious and sometimes potentially deadly problems, the idea of hearing or telling stories may seem a trivial activity, but conversations can, possibly, shape new realities. Language can shape events into narratives of hope. We can use mental narratives to organize, predict, and understand the complexities of our lived experiences. Our choices are shaped largely by the meanings we attribute to events and to the options we are considering. A problem may have personal, psychological, sociocultural, or biological roots—or, more likely, a complex mix of the above.

Narrative Approaches

Rhetorical scholar Walter Fisher believes that all communication is a form of storytelling—storytelling to Fisher falls under the scope of narrative. His “narrative paradigm” asserts that people are essentially storytelling animals and our reason is best appealed to through stories, (*Human Communication as Narration*). With this in mind, scholars of rhetoric and communication examined the potential for storytelling/narratives, as discursive acts, to potentially produce change. Fisher defines narration as symbolic actions, words, and/or deeds that have sequence and meaning for those who live, create or interpret them. Stories permeate lives—stories define, shape, change, and challenge the minds and souls, interpersonal and intrapersonal relationships. Why does Fisher propose that all communication is a layer of storytelling? Fisher's definition of narrative is indeed broad—he states that narrative covers every aspect of life with regard to character, motive, and action and that narrative refers to verbal and nonverbal messages. In essence, all messages are stories because they allow us, as storytelling humans, to form and develop the message's implications for the way we live our own story.

Narratives, as being the standard way of communicating amongst human beings, have a persuasive element—as narratives draw us in, force us to reflect, and allow us to connect with the Buberian Other. Since our reasoning abilities are appealed to by stories, a well-told narrative, one that resonates with the soul, has the propensity to elicit action and/or introspection. This response to narratives can be either positive or negative, depending upon what action and change that the resonating message sends out to the reader. Especially in regards to life stories, a form of narrative, the audience reading or hearing a salient life story could, in turn, desire to emulate the story.

Life Stories as Narrative

Our lives are ceaselessly intertwined with narrative, with the stories we tell and hear told, those we dream or imagine or would like to tell, all of which are reworked in the story of our own lives that we narrate to ourselves in an episodic, sometimes semi-conscious, but virtually uninterrupted monologue. We live immersed in narrative, recounting and reassessing the meaning of our past actions, anticipating the outcome of our future projects, situating ourselves at the intersection of several stories not yet completed, (Brooks, 3).

As Brooks highlights, throughout our lives, we are perhaps writing our own script of life—with each decision, act, and thought, our worlds, are being shaped and formed—our lives are monopolized by stories. Life seems to have many scenes, each with unique and challenging facets—our pasts make up who we are today. The moments we have lived and experienced form our present thoughts and future ambitions; therefore, re-examining who we are through our stories is necessary to understand who we will be in the future. In Willie van Peer and Seymour Chatman's *New Perspectives on Narrative Perspective*, they state:

The representation of the past is simply and basically a 'narrative' so the argument goes...this implies that knowledge about the world is nothing more than a construction of the mind and that those narratives that are cast in the most attractive form capture our imagination and form great meta-narratives that become the standard form of our self-image, (4).

In essence, our history, our self-image, and our memories are colored with, not falsehoods, but rather elaborate and more interesting circumstances, and that which is mundane and typical is considered inconsequential. The turning points—the major events, defined primarily by ourselves—are seemingly more memorable than the banal

day-to-day activities. Those are the moments that we remember better than others. If we do create our stories based on the fantastic and extraordinary aspects of our lives, then the stories that permeate our lives are not those of normalcy—the stories we tell are shaped to be narratives. Life does not necessarily have to take the form of a story—it does not necessarily have to have a protagonist, an antagonist, a rising action, a climax, a denouement, a falling action, and a conclusion. The parts of our lives that we retell, however, typically do take that form—the retelling process is, again, a process of constructing a life story.

In examining how a person can tell a life-story, the different types of reasoning people use to construct their stories needs to be considered. Jerome Bruner explains the difference between logico-scientific and the “narrative” modes of thought by stating, “There are two modes of cognitive functioning, two modes of thought, each providing distinctive ways of ordering experience, of constructing reality...arguments convince one of their truth, stories of their lifelikeness.” (11). The logico-scientific mode of thought involves procedures and conventions that warrant this mode as a legitimate endeavor within the scientific community, procedures and conventions. The narrative mode of thought, in contrast, is characterized by its lifelikeness: narratives are not concerned with procedures and conventions but with the particulars of experience. Narrative modes of thought do not delineate universal truths, but rather a connectedness of events over time. This means that narrative modes of thought do not state facts that have been proven after years of testing to prove a hypothesis is truly a theory. Narrative modes of thought guide the mind to understanding, not indisputable facts. Leading the reader and the writer not

to certainties but rather to varying perspectives, the narrative mode of thought applies to the subjunctive mood as opposed to the indicative mood. (Bruner, 1986).

If we turn from the logico-scientific mode of thought and focus our stories not on making and supporting an argument, then the focal point of narrative is to phrase material in a subjective format that focuses on the salient issues. Telling narratives, instead of merely telling factual accounts, requires the lifelike writing style that positions the reader and writer in “the moment”. Narrative writing assumes many forms, but what is particularly important in terms of being therapeutic are those forms in which self-reflection occurs both at the intra and interpersonal level.⁴

Moving from Narrative to Ethnography to Auto-ethnography

Being similar to narrative yet having distinct nuanced differences, auto-ethnography is another type of writing that calls for introspection. Many questions concerning the merit of auto-ethnography have yet to be answered, but the potential importance of writing/reading an auto-ethnography should still be explored.⁵ Auto-

⁴ This paper is primarily focusing on forms of writing that directly pertain and are similar to auto-ethnography. According to Smith, S. and J Watson, in *Decolonizing the subject*, testimonio, though important, is not necessary for understanding auto-ethnography, though it is important to recognize the identity of this form of writing. Testimonio “is a novel or novella-length *narrative*, produced in the form of a printed text, told in the first person by a narrator who is also the real protagonist or witness of the events he or she recounts.” The artifact of narration is usually a ‘life’ or a significant life experience. In many cases the narrator is someone who is either functionally illiterate or, if literate, not a professional writer. The invention of a testimonio generally involves the tape-recording and then the transcription and editing of an oral account by an interlocutor. Like autobiography, testimonio is an affirmation of the authority of personal experience, but, unlike autobiography, it cannot affirm a self-identity that is separate from the subaltern group or class situation that it narrates.

⁵ Questions concerning the merit of auto-ethnography include: How can auto-ethnography and the subjective benefits/dangers from it be acknowledged as research since it is primarily a subjective and an evocative narrative exercise? Research, the formulation of ideas, hypothesis, and theories, does not have to be based primarily on quantitative facts. If it did, our lives as humans could be discredited as forms of experience. It is not just important about how many times one has felt a need to tell the story—it is equally,

ethnography is a form of storytelling that provides an opportunity for both the reader and the writer to reflect on their life stories. However, before delving into auto-ethnography, an understanding of ethnography is important. According to Michael Agar, "the social research style that emphasizes encountering alien worlds and making sense of them is called ethnography, or 'folk description.' Ethnographers set out to show how social action in one world makes sense from the point of view of another," (*Speaking of Ethnography*, 12). Ethnography is written by an interlocutor in a new culture or a situation not explicitly mirrored to his or her own lives. The ethnography is a story about another culture written by a person experiencing this culture, lifestyle, issues, and joys and traumas through interviews and immersing oneself in the situation.

Taking the ethnographic form of writing to a more personal level is auto-ethnography. Ellis and Bochner write,

Auto ethnography is an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural. Back and forth auto-ethnographers gaze, first through an ethnographic wide-angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations...as they zoom backward and forward, inward and outward, distinctions between the personal and cultural become blurred, sometimes beyond distinct recognition. ("Auto-ethnography, Personal Narrative, Reflexivity," 739.)

While ethnographers focus upon the cultural and the personal situations of others, auto-ethnographers concentrate on the personal and the cultural aspects of their own lives.

Who can tell a story better than the one who has lived, witnessed, and experienced the

or in some cases more imperative, about how the person told the story, why they told the story, and how they felt before and after the telling.

story themselves? In order to tell their stories, writers have many mediums available to them to accomplish the feat of putting thoughts, fears, and life itself into a communicative text. Ellis and Bochner explain that auto-ethnography is usually written in first-person voice; but the texts can appear in a variety of forms—short stories, poetry, fiction, novels, photographic essays, journals, “fragmented and layered writing”, and social science prose. In these texts, concrete action, dialogue, emotion, quintessence, spirituality, and self-consciousness are highlighted. They appear as “relational and institutional stories affected by history, social structure, and culture, which themselves are dialectically revealed through action, feeling, thought, and language.” (739). Writing an auto-ethnography requires one to scribe their feelings, experiences, and thoughts while, simultaneously, reflecting on why as a writer they chose those words, those certain thoughts, and those experiences to share and how the actual writing experiences affects and impacts themselves.

Both Agar and Bochner address in their explanations of ethnography and auto-ethnography that, though ethnography creates awareness of another culture, auto-ethnography constructs further awareness of the self in a certain culture in making the individual experience more personal than in ethnographic writing. In the form of ethnography, the ethnographer writes of what he or she has witnessed, seen, experienced about a different culture or about people other than herself/himself. Both an ethnographer and an auto-ethnographer write from their own experience, journeys, struggles, and thoughts—because the writer experiences the circumstances, the writing itself is thought-provoking, challenging the reader to feel something and learn something from the experience as well. The difference is that the auto-ethnographer writes about

what is happening to himself or herself while the ethnographer relates what is happening around himself or herself.

Auto-ethnographic writing is constructed primarily out of personal narratives. In terms of the personal aspects of auto-ethnography, Bochner states in *Ethnologically Speaking: Auto-ethnography, Literature, and Aesthetics*. "When you write a story of yourself, you accept an assumption about yourself that then determines in part how you understand yourself, and if you publish this account, then you are defining yourself not only personally but also professionally," (90). In writing a "story" down, the author possibly commences writing with one goal, one concept of his or her Self⁶; however, as the writing proceeds, the goal and denotation of Self changes due to the intense introspection and new-found insights found through the auto-ethnographic experience. In writing down a story, rather than vocalizing one, the Self is formed not only by the writer's beliefs and thoughts, but also by the audience's responses to those beliefs and thoughts. This implies that the writer not only needs to take into account what he/she feels the message and purpose of the writing should be but also how the writer possibly applies self-maintenance means to ensure that the readers will take away from the writing something resembling the original purpose.

Auto-ethnography and Narrative Therapy

In order to understand how or if auto-ethnography can produce change and be both therapeutic and communicative, recognizing how narrative therapy has been used and has been argued to be helpful during problematic portions of life is quite important.

⁶ In *Maintaining the Self in Communication*. Harold Barrett explains the Self as being, "one's identity or essential narcissistic qualities and character; in communication, as one conceives of one's self *and* as one is perceived by the audience; observable in communication by one's strategies of self-maintenance," (288).

Narrative therapy is an approach to counseling and community work. Narrative therapy centers people as the experts in their own lives and views problems as separate from people. According to Alice Morgan in “What is Narrative Therapy?,” narrative therapy involves ways of understanding the stories of people’s lives, and ways of re-authoring these stories in collaboration between the therapist and the people’s whose lives are being discussed. It is a way of working that is interested in history, the broader context that is affecting people’s lives and the ethics or politics of therapy. (Dulwich Centre Publications, 2000).

In *Narrative Means to Therapeutic Ends*, White depicts more reasons why the reflection of the self as a writer and/or a reader is important. He states, “Since the stories that persons have about their lives determine both the ascription of meaning to experience and the selection of those aspects of experience that are to be given expression, these stories are constitutive or shaping of persons’ lives. The lives and relationships of persons evolve as they live through or perform these stories.” (40). White also comments, “Social scientists became interested in text analogy following observations that, although a piece of behavior occurs in time in such a way that it no longer exists in the present by the time it is attended to, the meaning that is ascribed to the behavior survives across time.” (9). The term ‘text analogy’ means to “story” or narrate the experience—the chain of events. White continues by saying, “persons know of life they know through ‘lived experience’... experience must be ‘storied’ and it is this storying that determines the meaning ascribed to experience,” (10). By “lived experience” White means the events and occurrences that have shaped lives—these experiences do not necessarily have to be monumental, just impacting even only in retrospect. A person can live through an

experience, but not totally understand what that experience means for them within the larger picture—by narrating a story of their life, insight can be gained to what that experience can teach them about their own life and their own future.

White and Epston believe that the linguistic practice of externalization, which transpires during the writing process of auto-ethnography, separates persons from problems. They expand on that thought by expressing how, in a family, blame and shame about a problem tend to have a silencing and immobilizing effect. Moreover, when persons think of a problem as an integral part of their character or the nature of their relationships, they have difficulty changing as it seems so "close to home"—part of their identity. Separating the problem from the person in an externalizing conversation relieves the pressure of blame and defensiveness. No longer defined as inherently being the problem, a person can have a relationship with the externalized problem. This practice allows a person or group of persons enter into a more reflective and critical position vis-à-vis the problem. With some distance established between self and problem, family members can consider the effects of the problem on their lives and bring their own resources to use in revising their relationship with it. In the spaces between person and problem, responsibility, choice, and personal agency tend to expand. This practice also can create a lighter atmosphere wherein a person is invited to be inventive in dealing with their problem, instead of being so immobilized by blame, guilt, or shame. As White has commented, externalizing conversation "frees persons to take a lighter, more effective and less stressed approach to 'deadly serious' problems." (6).

Standing as an alternative to the diagnosis and treatment of pathology, the focus in an externalizing conversation is on expanding choice and possibility in the relationship

between persons and problems—to relate stories, narratives, directly to the human condition. Roth and Epston write:

In contrast to the common cultural and professional practice of identifying the person as the problem or the problem as within the person, this work depicts the problem as external to the person. It does so not in the conviction that the problem is objectively separate, but as a linguistic counter-practice that makes more freeing constructions available, (5).

When a person enters therapy overwhelmed by a problem, they may expect that the clinician will discover further underlying conflicts in their minds or relationships. When a problem is externalized, the attitude of people in therapy usually shifts. When they realize that the problem, instead of them, is going to be put on the spot or under scrutiny they enthusiastically join in the conversation. They are then in a position to acknowledge that the "problem" happens to be making them and others miserable. White comments, "Therapeutically, narrative reframing begins when we externalize our narrative. Externalization requires that we step away from our story and hold it before us as a text for study—'objectifying and personifying the problems in our lives that we experience as painful or oppressive'..." (3). Narrative reframing also involves "contextualizing our stories within the framework of a larger picture...narrative reframing additionally requires that we assess the degree to which we live our stories versus the degree to which our stories live us," (108). Externalizing is not seen as a technical operation or as a method. It is a language practice that shows, invites, and evokes generative and respectful ways of thinking about and being with people struggling to develop the kinds of relationships they would prefer to have with the problems that discomfort them. Focusing attention on values, hopes, and preferences, rather than on

pathology, allows one to be less fatigued by the weight of the difficulties that present themselves.

In terms of writing an auto-ethnography as a mode of social science and as a therapeutic endeavor to help sufferers of eating disorders, the question has to be posed, “When and where does the boundary get blurred between therapy and scholarship?” Because of auto-ethnography’s nascent stage in social science research, there is a need to understand how this form of communicating can both fit under the realm of scholastic research and personal therapy. Idealistically, the benefits of writing an auto-ethnographic piece and the advantages in terms of reaching therapeutic and scholastic goals could both be attained. In reality, the most important goal would be for the auto-ethnography to yield therapeutic results, whether in the short-term, the long-term, or both. However, if in fact, auto-ethnography can serve in communicative and therapeutic modes then, further exploration and remarks about auto-ethnography as therapy are needed.

Christine Kiesinger in “My Father’s Shoes: The Therapeutic Value of Narrative Reframing,” states:

Constructing meaningful accounts of emotional experience and believing that our accounts are sufficient is psychologically important to tellers. Complex and painful emotional experiences and inexplicable events tend to stimulate one’s narrative need. The need for a narrative is motivated each time one strives to make the unintelligible and the painful, comprehensible and meaningful by contextualizing lived experience within one’s larger life story. Personal narratives work, then, to the degree that they assist us to integrate life events into our histories so that our story is experienced as being coherent, intelligible, and meaningful. The therapeutic value of narrative becomes apparent each time we deconstruct debilitating life narratives and reframe them in ways that empower us, thus improving the quality of our lives. (*Ethnographically Speaking*, 107).

Individual life narratives can be deconstructed out of auto-ethnographies not just into stories about hope and promise, but of struggle and empathy—they can be deconstructed into empowering stories. Through reading or writing an auto-ethnography, the personal narrative genre is stretched to include aspects of therapy, communication, and scholarship. Narrative therapy and the concept of the personal narrative are subsets of an auto-ethnography; incorporating those elements into the discipline of auto-ethnography furthers the goal of providing a means of communication and a venue for therapy that can assist those with eating disorders and others struggling with personal obstacles.

The beauty of writing about personal events, experiences, feelings, and thoughts on situations and struggles—is that the story is an extension of the writer; thereby, as long as the writer himself/herself has prior ethos and emits credibility through the writing, then the narrative can be seen as one person’s interpretation of the truth. Invalidating another person’s personal understanding is nearly impossible—but what can happen with this explanation and delineation of a story is that others can learn and draw from it, perhaps creating their own on paper or merely allowing the auto-ethnography to challenge their thoughts and viewpoints.

The desire to learn, gain insight, and challenge oneself can be drawn from the experience of reading and/or writing an auto-ethnography. Using the standpoint that auto-ethnography can be viewed as a form of narrative therapy, deriving questions about the use and goals behind narrative therapy is important. White and Epston focus on a number of questions about narrative therapy. For instance, are narrative ideas only able to be used with people choosing to come to therapy? What about involuntary clients? They state that many of the ways of working that are referred to as narrative therapy originated

from work with people who had no choice but to attend therapy (involuntary clients), who were living in situations in which they had little choice over aspects of their lives (as in locked psychiatric wards), or who initially were unwilling to join a conversation with a therapist (people who were not speaking to anyone, who were living reclusive lifestyles). White and Epston state that narrative therapy derived from a desire to find ethical and effective ways of working in these situations. Many workers are continually refining ways of working in such contexts. Is narrative therapy only able to be used with people who are eloquent and articulate? In essence, narrative therapy always involves conveying meaning and the telling of stories but the ways in which this occurs differ enormously depending upon the people involved.

Much of the work that is now referred to as narrative therapy originated in and continues to involve work with very young children; much of the work also had its origins in conversations with people who had great restrictions upon their lives and ways of expressing themselves (for example those living within institutions). Diversity also exists in the ways in which stories can be told and conveyed that do not require what is typically considered eloquent or literary, or for that matter, any formal education. People try to make themselves understood in a great variety of ways—there is no one right or wrong method. It is the therapist's role to engage with the experience and meaning of the person who is consulting them in whichever way or shape the expressions of this meaning occurs.

Having established that auto-ethnography can potentially be used as a means of narrative therapy, a question subsequently arises about whether other forms of narrative can provide therapeutic outcomes for people with eating disorders, and, potentially, other

conditions. In the history of narrative therapy, verbal dialogues and journaling have been used to lead the sufferer down a path of exploration and understanding about themselves and their condition. Eating disordered patients have not been asked to produce or read anything in the auto-ethnographic genre—but could the verbal dialogues and journaling exercises be considered a form of auto-ethnography? Journaling and verbal dialogues are indeed a form of discourse, for journals allow the writer to dialogue intra-personally and verbal conversations are by nature communicative; therefore, a possible conclusion could be that they are a form of narrative, leading one to assume that they can fit within the genre of auto-ethnography. To understand how journaling, verbal dialogues, and auto-ethnography can produce positive personal change and therapeutic outcomes, a brief overview of eating disorders is necessary.

What is Anorexia Nervosa?

Eating disorders do not merely begin with a person waking up one day saying, “life is not fair and in order to control my life, I will cease eating.” The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-IV*, defines two subtypes of anorexia nervosa—a restricting type, characterized by strict dieting and exercise without binge eating; and a binge-eating/purging type, marked by episodes of compulsive eating with or without self-induced vomiting and the use of laxatives or enemas. Anorexia nervosa, clinically described, is a life-threatening eating disorder defined by a refusal to maintain body weight within 15 percent of an individual's minimal normal weight. Other essential features of this disorder include an intense fear of gaining

weight, a distorted body image, and amenorrhea (absence of at least three consecutive menstrual cycles when otherwise expected to occur) in women. (*DSM-IV*, 2000).

The term anorexia literally means loss of appetite—the name comes from two Latin words that mean nervous inability to eat—but this is not a true completely symptom of the disorder. In fact, people with anorexia are usually hungry; however, they control their eating—this control over food is furnished by a need to control life, emotions, and make sure that everything is “perfect.”

Dr. Mary Pipher, in *Hunger Pains: The Modern Woman's Tragic Quest for Thinness*, states, “it is estimated that the disease [anorexia nervosa] affects between one and six of every two hundred women. Most victims are female and many are between the ages of 12 and 25,” (66). In Dr. Pipher’s *Reviving Ophelia: Saving the Selves of Adolescent Girls*, she describes the anorexic condition. People with anorexia usually lose weight by reducing their total food intake and exercising excessively. In general, many anorexics restrict their intake to 1,000 calories a day or less. The hallmark of anorexia nervosa is denial and preoccupation with food and weight. One of the most disconcerting aspects of the disorder is that people with anorexia continue to think they look fat, even when they are bone-thin. Other than being very thin, other physical features may include brittle hair and nails, and a yellowish tint to dry skin. Depression, whether precipitating the eating disorder and/or stemming from the starvation and rigid lifestyle, is common in patients suffering from this disorder, (Pipher, 174).

Treatment for anorexia nervosa is not simple—anorexia nervosa is like an addiction; the control that the woman feels while starving herself, resisting temptation to eat, and getting closer to her “ideal” state of perfection is terribly difficult to give up.

Anorexia nervosa was first documented in 1873 and treatments have changed dramatically since that time. Prior to the 1960's the common treatment was force – feeding—making sure that the woman ate enough food to re-nourish her body. Though anorexia nervosa was seen as a psychological disorder, treatment of psychosis was rarely addressed. According to the *Handbook of Treatment for Eating Disorders* in an article entitled, “Anorexia Nervosa: Historical Perspective on Treatment,” the “penetrating formulations of Bruch, Arthur Crisp, and Gerald Russell have been perhaps the most influential in providing insights regarding the conduct of psychotherapy,” (7). These three experts on the treatment of anorexia nervosa first stated their theories and suggestions for treatment in the 1960s and 1970s—though it is now 2003, their prescribed practices, but with refinements, are still used. Bruch proposed a “fact-finding” approach to psychotherapy, involving the patient gradually relabelling, or redefining, the misconceptions or errors in thinking, (7). For instance, a psychotherapist would help the patient redefine a situation where the patient claims she obtained a poor grade on an assignment because she was, in fact, “fat.” The redefinition would include a reexamination of the events, looking at how illogical it sounded, and simply exploring how the size or weight of the patient has no direct correlation on the grades that they achieve. Crisp and Russell, in turn, suggest anorexia nervosa may be a response against the maturation of the body—the act of growing up. According to this view, anorexia nervosa is an attempt to cope with the fears and conflicts associated with maturing. (8). A psychotherapist’s goal, in this view, would be to slowly re-nourish the anorexic while allowing the patient to also slowly face and address their fears of maturation. With these theories being the backbone of present-day therapy for anorexia nervosa, what are the

major treatment options facing the eating disordered? In the *Handbook of Treatment for Eating Disorders*, Garner and Needleman highlight several options. The most severe option entails inpatient hospitalization—there are many different degrees of inpatient treatments ranging from institutional, round-the-clock observation with the patient being bedridden to a resort-like clinic in which an interdependent approach is taken towards recovery. Garner and Needleman also state that there are outpatient treatment options, education-based interventions and self-help, family therapy, cognitive-behavioral therapy, interpersonal psychotherapy, psychodynamic therapy, feminist therapies, and pharmacotherapy, (52-59). While typically the patient commences with outpatient therapy, including an integration of many of the fore-mentioned therapies. Because of healthcare expenses, inpatient treatment is seen as a last-resort.

Within both inpatient and outpatient treatments, journaling is used as a method of therapy. First the anorexic creates a food-journal so that both she and her therapist/nutritionist can see what she really is ingesting and what the patient means when she claims that she really does eat. The technique of journaling about feelings and emotions is also used often. A new wave of therapy is also appearing in the literature—narrative therapy. Madigan and Goldner in “A Narrative Approach to Anorexia: Reflexivity, Questions and Discourse,” assert that a narrative approach assists in the reauthoring of lives and relationships and that this technique also views the patient as being a separate person, Self, from the anorexic identity. In this sense, narratives, account-making, and creating stories have begun to be explored within the realm of treatment for anorexia nervosa. I feel that these communicative methods for therapy need further exploration, especially in examining whether auto-ethnographic reading and/or

writing could be a related yet more appropriate method than merely writing down journal entries depicting daily events and thoughts without any form of reflection on the writing.

What are the Outcomes of Writing an Auto-ethnography?

In auto-ethnography, not only is there the personal risk of telling the world something very intimate about the Self and having the writer be evaluated by the readers based on that story, but there is also the risk of having the end of the story become the position/place that the reader believes that the writer is permanently there. If the reader believes that the writer is permanently stuck in the position he or she was in as the story resolved, the writer might too think that changing from that position is not possible. This belief might stem from the idea that writing something down eternalizes the scribed text. The action of putting thoughts and actions into words not only eternalizes the event but also makes the experience seem more real. Before putting the experience into words, the reality of the incident is not staring back at you on a page. The idea of eternalizing a thought or action is not scary, I believe, unless what will be eternalized is extremely personal. Since auto-ethnography is about scribing a personal experience and reflecting on that experience, there is great potential for fear to arise out of the process. Although, in a sense, all writing is personal, even fictional works—the process of choosing words, syntax, and structure is a personal choice. Although, if something is so personal why write it down? An important reason for writing down personal information is if there is a therapeutic need or desire to express oneself in this mode of communication.

Is this risk for writing down the personal story greater than the benefits of unleashing the “untold story” and gaining therapeutic benefits from the process? Does

the risk depend on the situation; depend on the exigency and need of telling the story? There may be no sole reason why someone would decide to write—why someone would decide to define and explain his or her “untold story”. As Ellis states, “What’s the end result that can arise from doing this [writing an auto-ethnography], and am I going to write a story that can, that will leave me more constrained than I was when I started? Or am I going to write a story that at the end somehow liberates me, at least in terms of meanings and possible future readings?” (90). In essence, the result is up to the writer and the story; in a way, as stories are created from our lives, stories begin to shape our lives.

Can auto-ethnography produce positive change in the author or reader due to the potential therapeutic influence? Is the ending always the ending that was scribed, or can the conclusion change and evolve into some other story—a story that does not have to have a finale? Ellis states:

When you write a story, it will have different meanings for you every time you go back to it because you will be at a different place. You read your work from where you are, recognizing that it has different meanings depending on how you read it.” If you announce it to other people, it becomes a different kind of story, and then you have to deal with your relationship to it in connection with the audience. Auto-ethnography, or ethnography in general, becomes an “outing process”—that you out yourself intentionally or unintentionally—and how uncomfortable that might be. It is more than just telling the story, there needs to be that pushing and letting go, or creating that space around it so that other stories can still develop.

The risk of having the reading audience judge and evaluate the auto-ethnographic piece based on the subject matter is high, but the “outing process” that Ellis refers to allows the writer to break the silence within their own being, coming into a better understanding of their own Self. In addition, the auto-ethnographic process has potential to end not with a

conclusion but with a promise of hope and continuation. Each time the writer or the reader revisits the text, new meaning can be derived from the words, ensuring that further stories and dialogues can be constructed from the writing.

In personal narrative texts like auto-ethnography, authors become the 'I,' readers become the 'you', subjects become the 'us'—a potential goal of the narrative is to force, coerce, and simulate a Buberian I/Thou⁷ relationship with the writer and the reader; for both of them to become saliently connected to the story, for a relationship to form.

Readers of the texts are encouraged to participate in a personal relationship with the author/researcher, to share authority, and to author their own lives in their own voices.

Ellis presents the question whether there should be a distinction between auto-ethnography and therapy. She states that instead of arguing over whether the two should be combined or separated, we can say, "If we put them together, juxtaposing them, what can we see that we wouldn't otherwise, both in therapy and auto- ethnography?" (120).

The opposite question then can then be posed—"By keeping them separate, what new information and light can be seen that was not possible through combining them? She asserts, "it is not a question of which position is right or wrong, but rather of what each action brings forth, what it allows you to see or hear," (120). Perhaps she is arguing that there is no harm in combining both auto-ethnography and therapy, for auto-ethnographic writing, itself, possesses the characteristics that make it therapeutic. Combining therapy and auto-ethnography is in a way a redundant act because of the intrinsic therapeutic nature of writing and simultaneously reflecting and analyzing a personal narrative. If the

⁷ A Relationship where one individual recognizes, knows and cares for the other individual is an "I-Thou" relationship which requires awareness, appreciation, and nurturance of other's possibilities without imposing one's "I" and recognition of the other as unique and valued, (Buber, *I and Thou*).

reflection on the Self as a writer and a reader can be therapeutic, then why not use auto-ethnography for that purpose. There is no necessity for the auto-ethnographic genre to be separated from its therapeutic qualities; if auto-ethnographic writing did not possess therapeutic characteristics then the potential for personal change and insight would be eliminated as traits of the genre.

Methodology

In order to accomplish a deeper understanding of auto-ethnography as a therapeutic and communicative practice, especially in terms of eating disorders like anorexia nervosa, I propose an exploration into the potential communicative and therapeutic value of auto-ethnographic work by reflecting on my experience of reading another's auto-ethnography and producing an auto-ethnography of my own eating disorder.

I read and reflected on another woman's auto-ethnography of her eating-disorder—the text I chose was Lisa Tillman-Healy's, "A Secret life in a Culture of Thinness: Reflections on Body, Food, and Bulimia." I selected this text because of the moving and disturbing effect the piece had on me the first time I read it; primarily, though, I chose Tillman-Healy's writing due to the lack of any other available auto-ethnographic writing on the subject of eating disorders. I then reread her story and reflected on the experience, as a reader, engaged with the text.

Tillman-Healy's auto-ethnography was written within the discipline of Communication Studies and under the direction of Carolyn Ellis and Arthur Bochner, two leading scholars in auto-ethnography. There are many autobiographies, self-help books,

and memoirs about eating disorders⁸—none are classified as auto-ethnographies, rather they are either texts written by eating disordered specialists or they are memoirs that relate the auto-biographical information but are missing the points of reflection and introspection. Though Tillman-Healy's story is about bulimia and mine is about anorexia, both are conditions centered around an ideal—an ideal of thinness and the struggle over control, not just of our bodies but of the outside world too. In her auto-ethnography, she touches on poignant and salient issues that resonate throughout my being—reading the text felt as if she had experienced the pain I had encountered and felt some of the emotions that my inner psyche had struggled over. Her auto-ethnographic piece will be helpful, also, in the sense that she describes throughout not only her bulimic experiences but also how she felt and what she was thinking while writing these experiences down. Though my response to her writing will be both personal and subjective, I plan to use my reflections on Tillman-Healy's text to engage questions about the therapeutic and communicative potential of reading auto-ethnographies.

Using my journal writing from the years 1996 through 2002 as texts and reflections, I constructed an auto-ethnography while at the same time reflecting on auto-ethnography as a potential therapy. The bulk of my journal entries are during very depressed and low times—they are primarily laden with feelings and rants about specific situations. I used these texts and added them to a portion of an auto-ethnography that I wrote. I believe that the process of writing an auto-ethnography was beneficial in the fact that I was able to understand from my perspective how an auto-ethnography can be communicative and

⁸ The following are examples of texts on eating disorders that I have read: *French Toast for Breakfast: Declaring Peace with Emotional Eating* (1995) by Mary Anne Cohen, *Diary of an Eating Disorder: A mother and daughter share their healing journey* (1998) by Chelsea Smith and Beverly Runyon, *Wasted* (1999) by Marya Hornbacher, *Life Size* (1997) by Jennefer Shute, *The Passion of Alice* (1998) by Stephanie Grant, and *Anatomy of Anorexia* (2001) by Steven Levenkron.

therapeutic. By looking and reflecting on my past journal entries and my recent writing. I was able to better understand the process of writing an auto-ethnography. I also was able to distinguish the differences between journal-writing, narrative, and auto-ethnographic texts; most importantly, I explored auto-ethnography as a medium communicative and therapeutic value on the communication and therapeutic levels.

The end result of this project, I argue, is not merely a litany of my experiences with an eating disorder. Instead, my writings and reflections illuminate the potential for auto-ethnography from my personal viewpoint: the potential that writing and/or reading an auto-ethnography can positively change oneself. Creating an understanding about the usefulness and value of auto-ethnographies is important to me because as a recovering anorexic I want to see hope through all the pain that the condition has caused me—knowing that there is a means for introspection that can lead not only to a better understanding of the self but also to a positive change and perhaps healing. Writing and/or reading an auto-ethnography may not be suited for everyone going through an eating disorder; but an examination of its potential was productive and enlightening.

Chapter 2: The Impact of “A Secret Life in a Culture of Thinness” on My Self

Have you ever ventured to the “Self-Help” section in a bookstore—specifically the section devoted to curing, healing, and ending all disorders and conditions that the secular world deems unsuitable and unhealthy? If you have ever stumbled upon the books specifically relating to eating disorders, you have caught a glimpse of my own personal library. Every book in that section is mine. Perhaps not every book, but I do attempt to buy and/or just read a rather large collection of eating disorder handbooks, novels, memoirs, and long delineations of how to handle a loved one inflicted with abnormal eating habits. My search for perfection and thinness lies within the covers of those books—some mimic and echo my sentiments, others state facts and causes that shock and anger me for those theories try to stick every eating disordered person into a stereotypical box and category.

While I have gorged and scoured over tons of books, few have had an impact, or rather a positive impact, on my feelings and intrapersonal dialogues. One of those books is Kim Chernin’s *The Tyranny of Slenderness*—this was the first story ever that resonated with me to make a change in my life. The way she wrote made me want to recover, for her text was the first story I had read of an eating disorder patient that was, in fact, fully recovered. Her detailed descriptions of her life as an anorexic mirrored exactly what I was experiencing in my life—but she had recovered from the anorexia nervosa, she was alive, well, and successful. There was hope.

Kim Chernin's *The Tyranny of Slenderness* was one of the first books that resonated with me—one of the first stories about eating disorders that I finished reading having a sense of connectedness and hope. In the fall of 2002, I read another story that I felt a distinct connectedness to—Lisa Tillman-Healy's "A Secret Life in a Culture of Thinness." Before I delve into Tillman-Healy's text and what reactions I had before, during, and after reading her story, explaining who Tillman-Healy is seems important. Tillman-Healy wrote this piece while being involved in a Ph.D. program at the University of South Florida. She is now a professor at Rollins College. Her auto-ethnography chronologically highlights points in her life where she was obsessed with her weight—while writing the account, she was still entrenched in the troughs of an eating disorder. Her story tracks her development from being a child concerned with her weight to being an adult who finally finishes a Thanksgiving dinner without using her index finger to throw up the meal. While Tillman-Healy's auto-ethnography did not end with recovery, her story's resolution included elements of hope—hope that she would continue to recover.

When I first picked up this text, I was rather unsure of what to expect. I was new to the concept and writing process of auto-ethnographies and was trying to absorb all the information that I possibly could on this type of story telling. When reading Tillman-Healy's work, though, I was captured by the thought of, "I can do this"—I too can write my story. I too can express myself this way and, perhaps, gain introspective insights and create a sense of belonging within my text. Perhaps a part of the connected feeling has to do with the fact that Tillman-Healy and I have similarities that extend beyond the fact that both of us have suffered with eating disorders. Both Tillman-Healy and I are white

and both of us have been granted opportunities ranging from growing up in a middle-class household to being able to afford to attend a university for the purpose of higher education. Those similarities might seem broad, but they describe the way in which we were socialized, which impacts how we react and think about ourselves in the world.

The first paragraph of Tillman-Healy's auto-ethnography refers to her eating disorder as another being: "In the spring of 1986, at the age of 15, I invited bulimia to come live with me. She never moved out...This is our story, (76)." After reading that first paragraph, I felt connected to the piece—the reason was not because of her poignant writing style or the salient issue of the text, but rather because I had once had the same idea. Reading this was as if I was reading something I had written, for I had written my first draft of my college application essay about a friend. About "someone" who was always with me, who was like a shadow some days and a leader others, yet somewhere and somehow was always with me. Having written a short recollection on my eating disorder three years before reading Tillman-Healy's words, I immediately felt connected.

In her first section, entitled, "An Afternoon with Cherry Garcia," she writes:

I unlock the door and move swiftly to the kitchen. I'm on a mission. The last clean spoon glistens when I open the utensil drawer.

I sink into the overstuffed sofa and pause for a moment, preparing for the experience to come. Taking a deep breath, I open the container once more. I glide my stainless steel friend across the soft frozen matter. My mouth waters in response to the pink cream, half black cherry, and chocolate chunk captured by my spoon. I bring the first bite to my lips and slide it around in my mouth. The cream melts on my tongue while I leisurely chew the added treats...

Turning the label, my eyes meet a grainy black-and-white photograph of Ben and Jerry. They look plump and happy.

"You're good men," I tell them.

I turn further for the nutrition information—20 grams of fat per serving, four servings in the meager carton on my lap.

“You should have gotten the frozen yogurt,” I admonish myself. “Then you wouldn’t have to do it.”

The container empty, I wait for a commercial break, then stride to the bathroom, close the door, lift the toilet seat, and vomit, (77).

Feeling connected kept me reading, and as I continued to read I continued to feel as if I was there with her, there with the Ben and Jerry’s ice cream, though mine would have been Edy’s Pralines and Cream, as she scarfed it down, spoonful by spoonful, and then realized the caloric and fat content of the pint she just inhaled, thus sending her to vomit the contents of her stomach into the toilet. Personally, I only stuck my index finger down my throat for two months—bulimia was not my choice for maintaining and/or losing weight. Typically when I methodically spooned ice cream deep into my throat and realized only after ingesting the thick milky substance into my stomach that the fat calories would directly go to my butt, thighs, or gut, I would, instead of making myself vomit, just not eat for the rest of the day and, perhaps, the next day too. I always entertained thoughts of leaning over that porcelain piece of furniture—yet, after I lost my eardrum to a car accident, the action of making myself throw-up became more and more painful, so much that losing all that contents of my stomach in that fashion became less important than not being in excruciating pain from my right ear.

Although most of my reading and interest lay in learning about anorexia nervosa, I was always quite caught up in looking at the “other” way of being terribly skinny—bulimia nervosa. That being said, my reaction to Tillman-Healy’s spurts of citations on the medical and psychological literature on bulimia bored me considerably. Even in my

first reading of her text, I wanted to skip over these insertions of scholarly information educating the ignorant about the medical communities beliefs on the art of making oneself throw up. My point of interest lay in her story—why she wrote this and what she wrote.

In some ways, I found her inclusion of the medicinal explanation of bulimia quite tedious, especially when she states:

Physicians and therapists use terms such as *causes*, *effects*, and *associations* to try to explain, predict, and control bulimia. I use evocative narratives to try to understand bulimia and to help others see and sense it more fully. They write from a dispassionate third-person stance that preserves their position as ‘experts’. I write from an emotional first-person stance that highlights my multiple interpretive positions. Physicians and therapists keep readers at a distance. I invite you to come close and experience this world for yourself. (80).

Despite my perceived tediousness of her writing about the explanation of what bulimia nervosa is, I feel that she juxtaposes her goals for composing the auto-ethnography very well into the description of what the medical community views as treatment and how they relate this information.

I think a goal of all those entrenched with disorders or conditions is the fact that we want the world to better understand us—merely reading medicinal journals that depict the clinical standards of the condition does not scratch the surface of what it is like, what it feels like, to be laden with obsessive thoughts to the extent of harming your body, even though you know it is unhealthy.

Though I know what having an eating disorder feels like, hearing or reading that others have felt the same way is, in a way, reassuring. The section entitled “Weighing In” of Tillman-Healy’s text depicts a sixth-grade gym teacher weighing all of his students

with no regard to the possible embarrassment and uncomfortable feelings that it might elicit from even the thinnest of women. Reading these words forced me to flash back to my middle school years in which we were tortured by the “skin-fold” test—the moment in which the gym teacher would call each of us up, squeeze the fat from our arms and thighs, and then magically come up with a number telling us the percentage body fat we had.

Of course, most of us, were way below normal—but if you were in the middle range, the whole class depicted you as being “fat”. When my name was called to be submitted to the test, I recall utter panic that I would not be one of the smallest in the class, that rather, I would have a high body fat percentage and would forever be deemed as the “fat” one. That scenario never occurred, yet the fear of being fat has remained. Luckily we never had to be weighed in front of the whole class—that would have been more of a nightmare for I had reached the highest weight of my life in 8th grade. I was an “early bloomer”—so, despite my relatively thin physique, I still was able to jump into the 100 pound range way before my friends.

Another part of Tillman-Healy’s recantation of her life as a bulimic that forced me on a trip down memory lane was in her section entitled, “The Spaghetti Feed (and Other Meals).” At one point in this narration, she supplies a line that her boyfriend once said to her, “You eating today?” While I do not recall that exact phrase ever being said to me, for I believe that most people were too afraid that my response would be no, I remember and still experience to this day the question, “Is there anything here that you can eat?” The word “can” always strikes me as funny—I am not allergic to any of the foods that are on the menu when they state this, nor am I a vegetarian or a vegan who

adheres to a strict regime. Rather, I only eat certain foods—rarely do I diversify from my typical diet so perhaps they are asking whether my typical diet of bagels, pickles, grapes, cereal, salad, or spaghetti is included on the menu and if those items are not, then they wonder what *is* she going to do? Typically when I go out to eat I do exactly what Tillman-Healy did in this story, she did not eat with her boyfriend but afterwards, when she was around her parents, she was starving and did, I assume, eat. I usually order something somewhat “normal”, push my food around on my plate, and take most of it home for “leftovers” which I know that I will probably not eat again.

Flipping through the pages of Tillman-Healy’s auto-ethnography methodically for the fifth time, I am straining and trying not to merely pass by the hours of hard work she put into this piece. Although I would just like to reach the conclusion because I have grown tired and weary of reading and purging my soul about what I “feel” about these issues, I try to carefully analyze and reflect on each passage. I recall the first time I read it how engrossed I was in each word because I was searching for that moment of understanding—looking for her expertise and understanding of the issue and yearning for her to touch me. And she did.

While each of her stories forced me to recall a certain moment in my history of an eating disorder, none of them struck me as vigorously as did “Peanut Butter Cookies.” The poem commences ever so innocently with, “This ordinary summer morning./ you say, “I will bake some peanut butter cookies./ I will use the extra creamy peanut butter/ to make them smooth.../...so smooth./ And we will eat them soft and warm,” (98). The poem continues depicting the process of baking the cookies, serving the cookies, and

eating some of the cookies with her boyfriend. The poem takes a sharp turn, a climatic turn:

When you leave to take your shower,

A little girl sneaks two more

And feels rather devilish.

At twenty-five to one,

I see you putting on a tie.

“What are you doing?” I ask,

trying to conceal my brewing panic.

“I thought you had the day off.”

“No, baby”

you tell me,

“that’s tomorrow.”

Tomorrow.

Oh...oh...nooo.

No, no not tomorrow.

I need you here...

...today.

I need you because...

...because...I....

Don't you see

I can't be alone with them?

When I first read this, I shut the book. There was no ifs, ands, or buts—I could not continue until I went for a walk and shook the feeling of utter terror and pain. People with anorexia nervosa or even bulimia nervosa, no matter how much they strive to not eat, they are hungry. But they do not want to eat—eating, and subsequently gaining weight, is an unimaginable nightmare—worse than failing out of school or committing a felony of some sort.

Even now, when I reread “Peanut Butter Cookies” for probably the twentieth time, I still feel this stab in my stomach, recalling how I used to do the same thing. I remember when I was chewing and spitting out food; instead of purging it or ingesting it, I would utilize napkin after napkin to store the calories of the food. Once my parents found out about my tactics, I used them—I manipulated them. When I had to eat, I would make sure they were away—but then it would turn into a feast of napkin spitting out. But as my body grew weary, I did not want to participate in the lovely ritual—I knew that I still absorbing some calories and I knew that the process was wearing down my body even more so than just not eating.

Before my parents would leave to go out, I would beg, cry, plead for them to stay. I would not want to go with them, for it was almost a certainty that they would be venturing out to eat since my father is a connoisseur of fine foods and wines. Some of

the time I would convince them to stay, to wait with me until my panic had subsided, or to eat with me at home so that I would have someone watching in case I began to get out of control. Other times I would accompany them to eat, if and only if they promised not to force me to eat. I was so scared that I would get out of control without someone watching me, understanding me, holding me—looking back, I was out of control then.

I used to make cookies—not peanut butter ones, but my own concoctions that would consist of substitutions for everything that contained an immense amount of fat. I would only include the egg white, not the yolk, and I would use orange juice as a substitute for oil. Yes, sounds completely and utterly appetizing—I know. After I would make the cookies, I would try to make everyone eat them but me. I would try to make them as appetizing as possible, failing to admit that I had used the strangest substitutions. If left alone with the cookies, though, I would inhale them and spit them out and ingest them again...being left alone with food was a great fear of mine.

When thinking about Tillman-Healy's auto-ethnography, I ask myself, "Did I learn anything from reading her account?" In terms of new facts and information, the answer would have to be no. But in terms of why I wanted to write my own auto-ethnography, the answer would have to be yes. Granted, I did learn more about myself while reading and rereading her story—I remembered parts of my past that I had forgotten; I was able to isolate events in my life that contributed to my eating disorder and events that defined myself as an eating disordered person. I stumbled upon the conclusion, while rereading her piece, that my desire to read a story about another's eating disorder was not spurred by an intellectual aspiration

Have I been made a better person from reading her auto-ethnography? I do not believe so—but what I do think is that without reading her piece I would not have come to the conclusion that writing my own story would be therapeutic for anyone but myself. If I define a thing or process as being therapeutic, I am referring to how the *Oxford English Dictionary* denotes therapeutic, “of or pertaining to the healing of disease.” In this sense, Tillman-Healy’s recollection and examination of her bulimic experiences was primarily more therapeutic for her than it was for me as a reader. However, if I define therapeutic to mean, not the healing of disease, but the understanding and introspection of a disease, than I believe her auto-ethnography to have aided in my own therapy. The reexamination of her life, forced me to reexamine my own, causing me to question my actions and thoughts which has subsequently lead to a better understanding of my own Self.

Continually, as I go through the “Secret Life in a Culture of Thinness.” I am struck by how similar Tillman-Healy feels as compared to myself. She reflects on the memories she has been regurgitating for all to read:

At last my stomach tumbles and churns, twisting, sloshing. In a mass eruption, the words rush out of my mouth—a symbolic purge. On the page, my insides lay bare for everyone to read. Perhaps I should be ashamed, but somehow, I feel only relief, (86).

The same cathartic sentiment has resonated throughout my being while doing this project—not only reading her words but also writing my own has caused me to feel relieved, overwhelmed, and accepted concurrently. I have asked myself numerous times—should I be writing this? What is my audience going to think? Why am I torturing myself by reliving and reexamining my past? In the following pages, I explore my Self

and my feelings—trying to find relief and therapy through introspection in my own auto-ethnography.

Chapter 3: A Journey through Words: The Auto-Ethnography of My Anorexic Self

Some poems don't rhyme,

Some stories don't have

A clear beginning,

Middle and

End.

~Comedian Gilda Radner, commenting on her impending death from cancer

How do you begin a story that is so ingrained into your being that you do not know where it starts or ends? I do not remember waking up one morning and deciding that it would be cool to lose weight nor did I suddenly develop an aversion to eating. Perhaps it all goes back to middle school, perhaps it goes back to the fact that I never was “pretty”—that I was made fun of for my lisp, for developing earlier than my peers, and for being smart. I felt as if I was perpetually stuck in the seventh circle of hell.

At the end of 8th grade, I recall just wanting all of the pain, and the world that went with it, to end—at fourteen experienced for the first time an over-encompassing, dark weight on my soul. I went to take a shower and I kept thinking, if only I could stay in the shower. If only I let the hot drops of water surround me as I tried to clog up the drain, if only I had the drive to drown myself in the stall shower. I did not have that drive—through the pain that I was experiencing I felt the echoes of the pain I would cause my family if I were to kill myself. I got out of the shower and lay on the ground.

Laying there in such agony, I wished someone would come upstairs and find me in such pain. I do not recall if the screams that I remember from that day were in my head or escaping my mouth—I just remember the agony.

Perhaps my escape into the world of anorexia nervosa, at the beginning of my freshman year in high school, stemmed from my desire to end the pain. Perhaps starving myself was the only death that I could truly fathom inflicting upon myself. Perhaps I did not want to die, but rather to punish myself for being me—for not being able to kill myself, for not wanting to die but feeling as if I should be dead. Perhaps the answer was the slow and painful masochistic practice of starvation—no one would notice at first... no one would notice for a while.

However, I would prefer not to term what I did to lose weight as “starving” at first—I was just eliminating the extra calories—the juice boxes, the snacks, the sodas. My goal was to “be healthy” or “normal”—not anorexic. I started by cutting out soft drinks, potato chips, and massive peanut butter sandwiches. Anorexia was like a buzz term around my high school—everyone seemed to strive to fit into the clinical and social denotation of what being “anorexic” was, yet only a “privileged” few attained that goal.

The obsession began like a game—I would sneak into my father’s bathroom, where our scale was, in the morning, when I returned from school, and at night when I was about to retire for the evening. My mother or I would pack my lunch and as soon as I was dropped off at school I would nonchalantly walk over to a trashcan and dunk the brown bag with all of it’s contents to the bottom of the bag. Every night I had a new ailment to complain about—a new “problem” that gave me an excuse to tell my mom that I did not feel like finishing my meal. I would feign colds, stomachaches, tiredness, big

lunches, sore throats, and late afternoon snacks just so that I would not have to finish my plate of food that was not loaded with that much food to begin with. I can still picture the pinkness of the salmon, the green beans (not the French Cut style but the chubby green beans), and the roll that I would want to just scrap into the trashcan at my first sight of it. I would make my mom choose foods to cook that I hated, aiding me in my quest of not eating everything on my plate—my dad work long hours and my brother was away at college; she and I were the only ones that ate dinner at a normal hour together.

Slowly but surely, I noticed a problem. I knew that my obsession was getting out of hand. I would sit in our den doing homework, when I would notice the blue tint on my fingernails. A few of my fingers would lose all pigmentation and feeling—they were so cold. No oxygen or blood flow was getting to my hands, my body was too concerned with the vital organs. I know I wanted someone to see what was wrong—I would show my mother my hands, I would point out the blue tint, and I would tear up every time she asked me if I could please eat more. In order to acquiesce her fears and my doctors concerns over my rapid weight loss, I began eating normally on the weekends, when my family would surround me at every meal. During the week is when the game would commence again—I would dump out most of my breakfast, throw out my lunch, and have a “stomachache” at dinnertime. The weight that I had “regained” over the weekend would melt away by the first of the week.

But I was hungry. Oh gosh was I so hungry. At night, I would stare at food, read cook books, cut out food coupons, and walk around the kitchen observing each and every morsel that could be swallowed. After about 4 months of gradually decreasing my caloric intake, my body couldn't function without tasting some sort of “normal” food. I

went berserk—I foraged for food; I was a scavenger. But I didn't "eat" the food—I picked candy, granola bars, cookies, cakes, and bread. They were easy to chew and spit out...

I hate Christmas—"The Most Wonderful Time of the Year" basically makes me want to gag all the while shriveling up in a ditch and remaining there until the first buds of spring start sprouting around me. The word Christmas to me does not connote happy times with family, giving gifts, experiencing magical moments, and being laden with excitement. Instead, Christmas scares me.

Christmas is when things go wrong. Christmas is a time when I get out-of-control, and out-of-control for me is dangerous. Nobody knew that I was sick my first Christmas as an anorexic—and since I wanted my condition to remain a secret I ate like a "normal" person. No one guessed a thing. They did not have a clue. I just returned to school after break, resumed my routine of not eating, and lost the weight I had gained during the break. But I remember the cookies, that Christmas, in particular. These Otis Spunkmyer cookies that I baked with the forensics and debate team and we sold them to the community. My parents had bought a tin or two—and I gorged on them. I heated them in the microwave until they were nice and gooey, until the dough and chocolate chips became one, and then I shoved them in my mouth, trying not to stop to think about what I was doing.

Those cookies... they were my arch-nemesis. Once the cookies were in my house, a battle ensued between me and the cookies—and the cookies won until I went back to school, until there were no more cookies, and until I lost weight again. But that's not

enough to ruin the idea of Christmas? No, it gets worse. By March of that year I had started treatment for an eating disorder—the whole shebang—nutritionist, psychiatrist, counselor, and a new family doctor.

Let me take a moment to back track here... what I am writing, you are reading, presently is a reflection on my eating disorder—a reflection written in Spring of 2003, nearly seven years after I first was diagnosed as being anorexic. My diagnosis occurred around the same time as my treatment commenced—what happened was that I had stayed up really late one night, trying to concentrate and trying to study for a Biology test the next day. Because I was terribly preoccupied with what I had and had not eaten that day, I could not study. The next morning, I felt sick on my stomach with nerves—I knew that if I went to school I would fail the test. My mother did not realize that my nerves was what was causing my to have stomach pains, and she took me to the doctor. I hadn't been to the doctors with my mother in a while—she did not know how much weight I had lost. That day, the day I did not want to go to school because I feared failing a Biology test, I was discovered as having a serious problem as soon as I stepped on the scale. The details, the ups and downs, and the sheer struggle of my eating disorder is not necessary—the facts are important, but not needed for you to understand why I abhor Christmas so much.

In essence, I regained some of the weight but as I grew more comfortable with my body and more afraid of losing too much weight and having the doctors harp on me; but, I had forgotten how to eat. I did not know what to do—I did not know how much to eat, what kinds of foods were good for me, and when to stop eating. I was tasting food again and it was amazing—but I started to gain weight. Not too much, but enough for me to feel incredibly fat and out-of-control. I couldn't stop eating like I had done just a year

before—so I did not know what to do. I felt the fat seeping through my body. I felt my stomach bulging, I could just see my thighs expanding with each calorie that I ingested.

A year before, when I was baby-sitting, the woman would always leave pizza or brownies or some other high-caloric food out for me to eat while taking care of her little boys. One night I ate too much pizza—the boys were in bed and I didn't know what to do. I searched her cabinets in the kitchen, finding the normal spices on one rack, the peanut butter on another, and then the vitamins and other drugs. Other drugs. There was Correctol sitting there. Staring at me. I had read about women taking laxatives to get rid of the food—what could it hurt? If it was sold over the counter, then it was relatively safe. Plus, this woman was a health nut—she wouldn't take anything to danger her body. So I took 4 little pink pills. The normal dosage is 1 to 2. Six hours later all the food came out. At that time in my disorder, though, I did not over-eat often; I didn't eat normal amounts very often for that matter. But the next year, my sophomore year, when I was eating, eating and eating—I needed something.

Because I knew that laxatives did eliminate the food in my system, I bought some Ex-Lax over Christmas. Christmas Eve my family and I had gone to my grandfather's and his wife's house for a meal—I don't remember what I ate but I do remember feeling so fat. Feeling as if I did not get rid of this food I would transform into this horrible, fat, pimply, cellulite filled monster. So, I took some Ex-Lax. Probably around 6 or so. But a few hours later, although knowing it takes about 12 hours for the laxative to work, I wanted the food out NOW—desperation was overcoming me. So I took some more—in total around 30—I went into my room with a Diet Coke, hid behind my bed, and swallowed one pill after another. The next morning, Christmas day, we woke up, opened

presents, and then got ready for the rest of the family to arrive. My parents had moved the exercise bike upstairs—much to my dismay, into their room, which hampered my regular use of it in the middle of the night. On that Christmas Day, with about 30 or so laxatives in me from the night before and a few more in me that morning in anticipation for the Christmas Dinner that was soon to occur, I rode the stationary bike for 40 minutes. I didn't just lackadaisically ride it—I pushed, I pumped, I put the power on extreme resistance; that day, indeed, was no ordinary ride. I counted the rotations in my head while the soundtrack of *Footloose* blasted from the stereo—the song I had on repeat was “I Need a Hero”. I remember thinking that I SO needed a hero, someone to save me from this hell, someone to rescue me from my masochistic tendencies, someone to stop this burning pain that ached and reverberated throughout my entire being.

I took the emotional pain, the pain that words do no justice to, the pain that no human being no matter how “bad” they are should ever have to experience—I took that pain and inflicted it on my physical self so that I would change the focus from the mind to the body. Now, I do not know if the laxatives, the stationary bike riding, and the starvation lead me to truly experience a heart attack—all I know is that the world blurred, as if I was looking out at the windshield on a really stormy rainy day, I started to shake, my hands were clammy, and I couldn't catch my breath. In a few minutes it passed but later in January my doctors discovered a heart murmur... a heart murmur. Just another thing to add to my list of “malfunction” of my body. Not only was I deaf in my right ear (due to a car accident), I was depleting my body of vital nutrients, possibly shortening my life span, but I also had a heart murmur—excellent. No one really knew what happened—I rested, white-as-a-sheet on the couch for awhile, claiming clamminess and having my

mother rush water and crackers to me. Did I tell her the pain I was experiencing in my chest—no; did I tell her later—yes.

Sometimes I have to ask myself the question, especially while writing this—why is it so important to know where the eating disorder began? Does the need to know the origin stem from the fact that, in some ways, I believe knowing where/when it started, would give me insight to why I became anorexic—but does that matter? Does the archetypal linearity of stories—the standard *modus operandi* of a beginning, middle, and end—influence my want of knowing a date of the start of the condition that would soon become my identity? I do not know the answer—all I know is that at the beginning of my bout with therapy, the therapists struggled with answering why I “decided” not to eat, “what” were the reasons that I used to justify not eating. Never did we find those exact answers; eventually, those questions stopped being fired at me, rather the questions changed to why and how I decide to act on the present, not the past.

Part of my journey into understanding my experience as an anorexic and my desire to find resonance with others through my story, I have scoured through my old journals, finding entries that are both poignant and pertinent. I commenced with my first journal entry after being diagnosed with anorexia, for that is the first time I really made myself sit down and write out what I was feeling—before that, I had just bottled up my emotions inside. This was the beginning of my breaking the silence—the silence that consumed my thoughts and feelings. Part of my “therapy” for my eating disorder was to write down my thoughts and feelings—not necessarily for anyone else to read, unless I so desired; but rather as a metaphorical purge of the pain that I was enduring. I do not recall when I was first told that it was a good idea to recount my feelings, but I remember being

told that instead of hurting myself through not eating, exercising too much, or spitting out food that I should put those feelings of desperation, hate, anger, and abhorrence of my body onto paper.

I do not remember clearly when I first started therapy—I do remember the arguments, the screaming, and the promises of eating I made in order for me not to have to sit across from some person who would “claim” to know me and want to talk to me. I do remember thinking that I could outsmart any and all therapists—tell them what they wanted to hear and then continue on my merry way in losing the weight. And...I do remember finally finding one therapist who could see through my know-it-all exterior and my determined silence about any and all issues. Though the following journal entry is dated, I do not remember writing it, meaning I do not remember whether I had commenced therapy or not at this point...

As I reread these journal entries, I find how the details concerning food and weight were so important to me while the rest of my life did not matter ironic and almost funny...

November 1, 1996 (first journal entry after being diagnosed as an anorexic)

I feel so fat; tomorrow I have to eat next to nothing—I can't binge. Plus, I need to exercise a lot since I am not doing any tonight. I hate eating that much. Why do I do it? Help! I want to stop eating for a week and get my weight down to about [x] pounds and then I'll eat again.

My face looks awful and I can't wait for my zits to **Disappear**. I do not want to eat. I'm not hungry, but I want to eat—why? I hate myself—I feel so ugly, fat, bad, dumb, unpopular, and disgusting—I just want to be happy—why isn't that possible for me?

January 1, 1997

I have gained **SO** much weight; I hate how I feel, how I look; I am so unhappy. I am forcing myself to exercise at least once a day for an hour and now my body hurts, but my stomach still bulges. I want to eat so much; I want to eat whatever I can get my hands on—I am **sick**. Tomorrow I will start over; I did it last year, so why can't I do it now? I can do it. I have always succeeded, and now I fail—but I will succeed; I will be skinny once more. I am so scared; my Uncle Roy died yesterday and yet I only felt slightly sad—I just care about losing weight. Who am I—a **monster**, why should I live if no one cares anymore if I look like this, and I can't enjoy life? What good am I? Whatever I do is wrong? I thought I had lost weight, but I hadn't—I am out of control—tomorrow I regain control. I will only eat the following (if I write it down I will follow it!)....

I will follow it—I will; I know I can do it. I just need to lose 10 pounds. I will fight!

Can you sense the utter desperation in these past entries—when reading them over myself, I recall the panic, the heart racing, and the confusion as my mind raced. All I wanted was to get back to being super thin—I had done it in 1996 when I was first diagnosed with an eating disorder, why couldn't I lose the weight again then? The task of getting back down to an itchy-bitsy size seemed formidable, yet worthwhile—if I could just become smaller again things—EVERYTHING—would work out.... Keep in mind, though, while writing these entries in 1997, I am still underweight...

January 7, 1997

I can't believe it, I am writing in this book like Trish told me to do. I feel so down and I don't know why. Probably because I feel tired, desperate, fat. I *hate* my body—why do we have to eat? Why now do I have desires for hard candy; it is absolutely driving me *crazy, batty*. I want to lose weight with such a passion. I don't think anyone can understand. I feel so imperfect. I know that no one is perfect, but I want to feel it. I **hate** how I look in jeans, in the mirror, I **hate** who I am—but who am I? They say that I am not really living, but I am here, aren't I? I feel such a void in my life and I don't know how to fill it—it bothers me. I can't seem to concentrate; my math notebook is now filled with food drawings—I **HATE THIS!!** Why can't it end?!!

For the past seven years, I have scoured through academic journals and popular memoirs looking for answers to why I feel the way I do and, sometimes, for hints and methods to construe my body into a smaller size. In my process of recovering from my eating disorder, primarily academic writings tend to attract my attention. Catherine Shisslak and Marjorie Crago in their essay, “Toward a New Model for the Prevention of Eating Disorders,” state, “Role destabilization resulting from the conflict between traditional and nontraditional female roles is another sociocultural factor that has been blamed for the recent increase in eating disorders,” (422). Conarton and Silverman (1988) assert that for adolescent girls there is quite often a conflict between academic achievement and popularity with boys, which many girls resolve by becoming underachievers. If young women try to accomplish both academic success and success with the opposite sex, they are faced with a dilemma, since each choice means denying many of their physical and interpersonal needs. I remember in eighth grade, looking at the girls my brother (as a senior in high school) attended classes with—they looked so “big”, so “old” to me. The ones though that were at the top of their class academically seemed to be small—seemed to be the size I was in eighth grade. I made, then, a pact with myself—that if I was going to be at the top of my class, that if I was going to get into good colleges and obtain scholarships, I would have to remain the same size. No school of higher education, I believed, wanted a girl with a curvy, voluptuous body—that “look” did not connote ideas of wisdom, scholarly endeavors—in essence, I did not believe that the body type of a fully developed woman was conducive to being successful in an academic setting.

January 25, 1997 - Super Bowl Sunday

I feel so **fat**! I don't want to eat, and I feel like I am going to explode since I probably ate over [x] calories today. I feel really bad and "yucky"—I really need to lose weight. I am so stressed out about this week, and I don't know what to do—I really don't feel like studying. I feel lonely and helpless and I wish it could all just end; I wish I could feel better, and not have to feel fat everyday of my life. Sometimes I wish I could just go to sleep and now wake up—wouldn't that be nice?!

I have decided to delete parts of my former journal entries—not because I do not think they are important insights into my inner psyche or that they detract from the overall picture of my journey with anorexia nervosa. I basically deleted it from the document due to the fact that I have an ethical problem with delineating the numerical caloric content of what I ate some days and/or my exact weight. This ethical dilemma stems from reading many articles and books while entrenched in my eating disorder—I would read these stories primarily for the inspiration and ideas that I would gather from others stories. If the writer wrote about being on a certain diet, finding a specific way to lose weight, or depict a method to fool a doctor about how much weight they had really lost, I would pay very close attention, figuring out how I could incorporate those techniques in my daily activities. I do not want anyone, whether eating disordered or not, to read my work and find ideas for furthering their weight loss plans—that is not the point for my writing down my story. Nor is the point merely for me to experience a cathartic experience—that is one of the goals, but my primary goal is to examine, understand, and depict how auto-ethnography can be a means of introspection. Writing

an auto-ethnography is not and will not be the sole means of recovery; it takes many variables, all dependent upon the person inflicted with the condition. Auto-ethnography is not a means to an end, but more a catalyst for introspection and understanding of the Self and Other involved within the eating disordered process.

June 29, 1997

It is amazing how I have had this journal since summer of '93, and I have only gotten this far in it. My head is swirling and I can't possibly decide what I want. One thing that I want is to feel happy...I truly want to know how that feels. Once again, I am trying to lose weight, but this time I am afraid to look at the scale, afraid to see that my efforts have not resulted in a loss. I am torn between wanting to be with my friends and wanting to be alone. I am bored. I like going to school—it gives me a purpose, something to aim for. Now, I feel as if I am floating from day to day, not really accomplishing anything. Why me? I know I shouldn't ask that, but why cannot I be a 'normal' 16-year-old with boyfriends, partying, and a ton of friends? Why do I have to be so different? I am so scared about my future, but I just want to be *happy*.

My journal entries reflect the negativity that was a prevalent state of my mind. According to Peggy Claude-Pierre in her book *The Secret Language of Eating Disorders*, the root of an eating disorder is a state of mind she termed. "Confirmed Negativity Condition," (36). She further explains by saying.:

People with eating disorders are at war with themselves. There are of two minds. The Negative Mind is totally powerful when the symptoms of the eating disorder are present. What may have begun as doubting thoughts, indecisiveness, or mild self-criticism intensifies to form an autonomous voice...It tells its victim:

Everyone HATES you.

You only cause trouble.

There's nothing you can do right.

You are demanding, selfish, greedy, and mean.

Things will never work out for you.

You make the world miserable.

A person like you doesn't deserve any pleasure, and eating is pleasurable.

You're fat and gross and ugly.

You should burn in hell, (38).

It would be disconcerting to count every note that I left myself, telling me how horrible a person I was, thereby, justifying why I should starve. I remember my Biology AP notebook from my junior year in high school—I did not understand the material, perhaps because I was forever focused on how much space I took up in the chair. Nevertheless, the more frustrating mitosis and meiosis became, the more I did not understand the function of mitochondria, and the more foreign the terms for the KREBS cycle got, the more “fat pig,” “MUST LOSE WEIGHT,” and “FAT WHORE” statements were written in my margins. My theory, in general, was that the less space I took up, the less I would intrude on others, causing them less pain. My existence felt like a burden—as the eating disorder progressed, my will to be a present entity in others' lives waned

even more because I thought that I was only causing them pain in watching me deteriorate and become more antisocial and antagonistic.

Because of my deterioration, my parents decided that I needed a residential, inpatient program to achieve some sort of help and round-the-clock watch on my health. After watching promotional videos from places all over the continental United States, my parents chose the un-exotic location of Philadelphia, Pennsylvania at the treatment center of Renfrew. According to the updated webpage of Renfrew, the inpatient program consists of the following:

The Renfrew Center's Residential Program creates a community of adolescents, women, and supportive professionals. Each resident is encouraged to openly discuss her symptoms, struggles, and successes in community meetings, therapeutic groups and informal social interactions. As a result, women develop new relationships based on mutual sharing and support. The Renfrew community decreases the shame, secrecy, and isolation that so often perpetuate symptoms and aims to inspire a renewed sense of strength and determination in our residents. Residential treatment at Renfrew takes place seven days a week and provides an intensive and comprehensive program of individual, group, and family therapy. Each woman is helped to understand her physical and psychological needs in order to facilitate her active participation in the recovery process. Psychotherapy groups focus on topics such as assertiveness, family patterns, sexuality, symptom management, and relaxation to help participants develop insights and enhance their adaptive coping skills. Through creative and experiential groups, residents are able to express their thoughts and feelings and confront underlying issues. Family therapy is also an integral part of residential treatment. (<http://www.renfrewcenter.com/services/residential.asp>).

Renfrew was more than what the description detailed—the following entries are an insiders view to Renfrew. While I will not critique their program, for that is not

the purpose of this thesis, I will share how I felt and what I thought during my two-week stay there.

December 25, 1997

Guess where I am spending Christmas...Renfrew. Ever since I arrived here yesterday I haven't cried or showed any emotion, but when my parents arrived [this morning] I couldn't stop crying. I want to go home so bad...I am so afraid that tomorrow when I wake up that I will have gained so much. Today I weighed [x]; I can't possibly gain a lot of weight in 1 day, can I? I am so confused; I don't know if I want to be well or not. I like, no love, being thin...**skinny**—I feel good. I love emptiness. Here they won't let me feel that. I wish with all my heart that I could have a super fast metabolism so that I wouldn't have to be concerned about my weight. I feel so lonesome...I feel like I want my family now more than I have ever wanted them before. I yearn, desire, and need them! I want to go home—I don't want to miss school...

I hate this place...this morning when I woke up at 5:30, stepped on the scale, and I weighed [x] of a pound less than yesterday. I was happy...for a split second, but then they made me drink a whole can of Ensure...not only did it smell gross, but it is so heavy to drink—**SO HEAVY!**

For a ¼ a pound I had to drink a whole can. At breakfast it was so hard to eat, I know I didn't gain weight but that doesn't mean I won't. I am so afraid that they will up my calories to unbelievable levels. I am happy that my parents are coming up for the day—I miss them so much but it is like they don't understand...they don't understand how it feels to be me. I am happy at the weight I am right now. I feel thin, I feel nice, but I **DO NOT** want to gain weight!

My arrival to Renfrew is recollected in a cloudy memory—the trip and the stay there are things that I wish to forget, yet Renfrew was so traumatizing that it cannot be shaken from my being. One thing that always sticks out in my memory is the fact that I did not think I belonged there—I did not feel as if I were a “true” anorexic. I felt too “fat”—I wasn't as emaciated as I believed someone who was being checked into an eating disorder clinic should be; in fact, I was so petrified that I would be bigger than the rest of the girls and that the nutritionists there would make me gain too much weight, I starved myself to lose an additional 4 pounds before my arrival on Christmas Eve.

Typically I classify my stay at Renfrew as a vacation a la “anorexic camp”—I sarcastically refer to this time in my life due to the fact that part of me is embarrassed that I could not control my condition, that it got out of hand and I had to be sent to an inpatient treatment center. The months before going to Renfrew were filled with doctors' appointments—some of which were my psychiatrist, therapist, nutritionist, and general practitioner, but there were others. Starting in October, my eye-sight had begun to blur. I

wear contacts and have yearly eye appointments, so poor eye sight was not the cause. My head had also begun to hurt, which probably stemmed from the fact that the world looked like a complete blur to me. My parents took me to see a neurologist and after being assured that I did not have a tumor, the only other reasonable explanation was the fact that after not eating for about three years my body was eating away the muscles—muscles that control eye sight for example. In essence, I was falling apart—when I was told the news about having to go to Renfrew, my family doctor gave me the prognosis that without inpatient treatment, complete re-nourishment, I would be dead by Spring Break... For a seventeen year-old whose dream was to be perfect and to be thin, this news was a shock. I did not totally comprehend it, though; I still believed myself to be immortal and I also could not understand how trying to be thin and, in my mind only, never reaching my goals of being super-skinny could cause me to suffer, and potentially die.

Another part of me does not like to remember that time because it was supposed to be the “cure-all”, the turning point in my bout with anorexia nervosa. Anorexia nervosa is sometimes termed as a disease rather than a condition—in my mind a disease is something that you “come down with,” you get treated, and then you are cured. A condition, on the other hand, is a state-of-mind—a more lingering situation than a disease. I prefer to term anorexia nervosa as being a condition because there is no sure-fire cure—re-feeding a woman who has starved herself will not make her well, being in therapy for x number of years will not always solve the issues, and taking a pill like Prozac will not automatically stop the obsessive behavior concerning the body.

When being admitted into Renfrew, my doctor had bestowed upon me only two months to live—after Renfrew I was stronger and healthier: however, Renfrew did not cure me. I have had relapses into major eating disordered behavior since I have returned from Renfrew and I also have had months upon months of the stereotypical normal eating behavior of a female adult. While I have never returned to the dilapidated, emaciated, and death-like state I was pre-Renfrew, I have not yet fully recovered from my eating disorder—I am *still* a “recovering anorexic.”

December 26, 1997

I feel incredibly **big**...I mean I gained the [x] of a pound back today, but I could be just fluctuating or it could be because I have not taken a crap yet since I've been here, but I feel lousy. I am worried that if I give in and eat *without fighting* that I will gain more weight than if I **fight** the food. I really want to go home. I know I need to get better but I am so lonesome for my family, I miss my friends, and my food. I feel as if I could just cry, but no emotion is escaping me. I feel lost and like there is a big void in my life—the void that I never could fill. Maybe my ED is just a way for me not to feel anything but it is safe. It is relaxing to a certain extent. I cannot take this...they wont let me exercise so I have to do it in private and I am so afraid that every day I will gain more weight. I don't want to trick them with my food but it is SO hard to consume all of these calories. I feel so

sleepy, so emotionally and physically exhausted that I don't know what to do. Every time I think that I should rest, I remember that I don't want to gain weight. I mean I am only x pounds—how high do they want me to go? This is so hard, so hard. I want to be happy, I want to love life, and I know everyone has their problems—**BUT** will I have all those joys when I am **fat**? If I go back to school having gained so much weight then what will they think of me? I am so confused and the only thing that I know for sure is that I want to go home. I wish my parents hadn't sent me here.

I feel **SO** bad and it's not just because I had the **DISGUSTING, HEAVY, FATTENING** ziti baked with tomato sauce and broccoli, but because I have ulcers all over my mouth and they burn. So not only am I scared that I gained more weight today but also that I won't be able to eat tomorrow because of how I feel. This really sucks! If I can't eat, it will only set my recovery back—and that I do not want. I just feel even more terrible with my mouth like it is and my mom not being here to help me feel any better. I feel absolutely horrible—**PLUS**, I think my butt is spreading.

December 27, 1997

I went to an exercise physical class today and I am still not able to fully comprehend that by exercising in the condition that I am in that I will burn fewer calories because of that. I really do not understand it. Lori was talking about how the body works with an ED rather than normal people. For normal people exercise speeds up the metabolism, but for me as an ED it will slow it down???? I feel as if I keep coming back to my ulcers. **THEY HURT!!**

I keep thinking about what Erica said in art about still wanting to have the identity of being a "pretty girl." Being anorexic is part of my identity—being this is part of who I am—I can't imagine being fat and being able to have my identity. People don't want to see me as being a **BLOB** or a **MONSTER** that can't stop eating. I want to be seen as small Julie Irvin—"Little Irvin"—I still want to be my daddy's little girl, and if I am not little how will I be able to do this? When women have big butts, hips, and/or chests, then men make comments—rude comments about them. I want to blend in—I *don't want to stand out* and have people make degrading remarks about my body—everyone always says that I was built like an Irvin and all the Irvin women that I have seen are big-boned, big and large-chested. I do not want to look like that.

In middle school, my dad had made fun of one of his former secretaries about the fact that she had a big chest and needed to wear a scarf because it was very noticeable.

Since my parents had related to me that I would be like an Irvin in body type, and I started to wear a bra in 4th grade, I wanted to be FLAT! I used to torment myself by trying on my mom's bra and making sure it didn't fit...In 4th grade when I began to wear one, it was during the spring when thin shirts were being worn and everyone could see my bra. People made fun of it and laughed when I tried to move the straps down my arm so that they wouldn't show if the collar of my shirt moved. Then I remember that I had to learn lessons from my mom on how and what to do if my bra snapped—I was so embarrassed. I felt like everyone thought that I was big. So as I grew older and my mom kept wanting to buy and make me wear padded crap and that sort. I felt way too big...**way way TOO big...**

December 30, 1997

Right now I really don't feel like going back to my issue about bras (as **stupid** as that sounds). I went to see my nutritionist today and I thought that she would say oh that I am doing great and since I have ulcers throughout my mouth that I could get more of a liquid diet. But no. She has to increase my calories [x]/day which is rather infuriating. I know that I am not gaining but why on earth do I have to keep increasing my calories... **why?????** I feel so fat; I mean last time that I got to this weight Trish

let me drop calories...here, **HELL NO!!** Then, the internist like laughs at me and what I feel. Just because he can't see an infection in my ear, he probably thinks that I am making it up—this frustrates me SO much. They say that my expected release is on January 7th but I pray with all my might that I leave early.

December 31, 1997

I gained back that ½ a pound that I lost yesterday—I know it was good for me but I still feel very **bloated and fat**. It is not a good feeling. I am so scared that if I regain a lot of weight while I am here that people will think that I am **fat** when I return to school, or I will feel that I am really fat and restrict a lot more. I am **SO SCARED!!** I miss my family, my home, my freedom, my Jenny (my dog)—I want to return so badly...I keep thinking that if I remain positive, act perky, pretend that I really enjoy the meals (which I sort of do) that they will allow me to leave even sooner. I want so badly to be the pretty girl, the thin one that everyone wishes they could have my body, the one that the guys make remarks that I weight about 80 pounds or even 12 pounds, and also that I have a nice ass! I don't want to be big. What will happen if I do get **big?** I don't know! I might be made fun of again. I just want people to

like me...but if they can't like me in my normal body size...they really don't like who I am-or do they?????

January 1, 1998

I think I am getting out of this hellhole on Wednesday-*doo dah doo dah day!!* I feel so good. I really don't think that I will go down to below 1,000 calories; somewhere between 2,000 and 1,200 calories. I know that I am not gaining a ton of weight but if I can stay this way I think I can accept it.

I left Renfrew with the ultimatum from my parents that if I ever drastically lost weight again, my dad would pick me up, put me in the car, and drive me straight back to what seemed like an institution for skinny people. I returned to school and though I had changed the world around me seemed to have remained the same—people had continued with their lives, yet I did not feel as connected to them as I once did. My eating disorder turned out not to be the center of attention come April for I developed mastoiditis, landing myself in the pediatric ward of the hospital for two weeks. I returned home after that with an IV in me for the next week, allowing me to attend the prom but with the drip still shooting toxic medicine through my veins. My eating disorder had taken the back seat to my ear problems, yet the reality was that without my eating disorder my body would have been able to fight the infection, to stop the pus from spreading to the mastoid

bone...funny how the damage to my body caused by starving started surfacing more once I started to be re-nourished.

July 11, 1998

Geez, it has been some kind of hell—not only am I completely confused, but I wonder how I am ever going to make it. I finally have a “real” boyfriend—he’s wonderful. I’m going out with friends more than I have been in a longtime—so I don’t know why I am so unhappy?! No one seems to understand where I am coming from—why I am here...I have been searching, trying, praying for a way to break this obsession I have with thinness and be happy with who I am, taking up space in the world. But I still don’t think I have earned my worth. I mean when he and I are kissing and I move so that I am on top I have to position my arms so that I am supporting my body weight—I think I am **too**

heavy for him. I always suck in my stomach when I am

around him. When I said I was searching to gain an understanding that will allow me to enjoy life, I meant that I was reading all of these feminist essays—some specifically on eating disorders, how society pressures, and how to learn to love and except yourself as a woman.

To me the word woman just looks **fat**—why does it have to take up so much space? Every time I get my period, I plan how

to avoid getting it again—I feel fat, ugly, gross—like why am I being punished. Seriously, I don't understand why some regard the female body as beautiful (even that I wish I could share that view) because it is just filled and covered with **fat**—from breasts to *huge* thighs...

Today I felt that I had eaten great—just enough to make me feel well but also enough to make me hungry at bedtime. However, my parents wanted to take me to DQ—so I went, got a Snickers Blizzard and ate about a 1/3 of it; but now I feel so fat—so big—my stomach is bulging. I am so confused; I don't know why I am falling back into old patterns. All I want is to be perfect—that's not so much to ask for. I want to be thin, pretty, regarded as smart, respected, not sexually harassed—I want to have confidence and not to rely on my femininity in order to get me ahead or out of certain situations. It really works, but it does a number on my conscience, because I don't believe that I really earned the result. I don't know what I am going to do—sometimes *I wish that I could just curl up and wither away like a useless dried out rose*, but then I think of everything that I could miss, and then I think of Dante's Inferno and how suicide was a very low level of hell and I don't want to go

to hell. I don't believe in hell, but I'd prefer not to go there if it is real.

Though I graduated from high school, my eating disordered past did not remain at my childhood home when I packed up the U-Haul-It and moved into the university. The eating disorder followed me; although I never completely relapsed there were quite a few times in which the road to recovery seemed too daunting to attempt. The following entries were written sometime during my early college career—times when I felt lost and disconnected from the world. Looking back at them, I realize that I was not searching for answers to why I look a certain way nor was I primarily trying to lose weight. Rather, I was searching for a meaning in my life—something that would make the struggle, the pain, the constant questioning of my Self and others all worthwhile. Reflecting on these entries makes me realize how desperate I was to know and have faith that everything would be alright...

Fall 2000:

The problem with being me is that, well the problems all add up. Why do I have so much hurt and anger inside of me? Why do I feel like curling up in a ball until the world has sorted itself out? I remember I used to cry at night and hope that someone would hear me—they never did. I remember the feeling that a hug or a kiss could end all of my pain—but it doesn't. How do you learn that love isn't a panacea? How do you figure out the outside world is so messed up itself, it cannot possibly help you? My mind

works like two minds, if that makes any sense...it is like one mind is the positive, the optimist and the other, well, is the pessimist. Neither one I really like, and I guess that the combination of both is who I really am; but, in the rare times I can combine them I am drunk. Healthy, I know. But that's not the point. I think that when I lose my inhibitions I realize who I want to be, how I want to act, and what I want to look like. Unfortunately, sometimes my sexual drive gets ahead of me and jumps into things that I am not ready yet—not an intentional Freudian slip there. My mind, well, the two minds combat—one says one thing while the other says another, and in order to act, I have to make a compromise—which is a lose-lose situation. I guess if I let the pessimist win every time I would still be in my pajamas and in bed, but perhaps I would be happier there.

My heart feels like it is a wound that continually bleeds—and little droplets of blood touch others but they don't see the real pain nor do they understand the cause. Do I understand the cause? Probably not, but I also probably have a better grasp on it than most onlookers do. I know I am not perfect...I just have a hard time accepting it. No, I think I can accept it, but I think that if other people find out that I am not perfect they will be very disappointed. I don't know why I base a lot of my self-worth on what other people think—why do they matter? I

have no idea...I just know that I normally put others before I put myself and that includes my process of self-evaluation. Did I mention that I was **afraid..afraid** of what? **Afraid** of being hurt, **afraid** of failing, **afraid** of making people upset, **afraid** of displeasure, **afraid** of giving up, **afraid** of losing something...I am **afraid**, merely and completely **afraid**. I want to wake up one morning and not dread the forthcoming day. I want to have no regrets, but unfortunately, I have a burden of regrets. How do you free yourself of regrets? Do you repent, do you apologize, or do you just try to forget? Forgetting is hard because at the least opportune times the regret, the guilt, and the anguish will return and you will feel like shit. Complete and utterly, I have been constipated for a week, type of shit. I want someone's arms to be around me, but I want that person to love me unconditionally. I don't want expectations, I don't want pressure...I want compassion and understanding. I want those arms around me to be filled with love and I want them to be the right type of love. I want him to be my white knight, my Mr. Right, my knight in shining armor. I want him to hold me forever and never let me go. I want to know that he will never intentionally hurt me and that he loves me for my idiosyncrasies, not despite them. I want **Happiness**—is that too much to ask?

I want to be a catharsis—if that makes any sense. I want to burn up and be ashes, and then come back and be a changed and different human. I want to be different than I am now—different in good ways, like happier. I want happiness—how do you find happiness? Does it just find you when you are least expecting it? Does it overcome you and make you so joyful you can say to yourself, "This. This is happiness." On the other hand, will I ponder it over and repeatedly again until it seems like just another stupid feeling...a manic passing that will later progress to depression? **Happiness—is it ecstasy or is it pleasure, or is it both?** Does happiness consist of pain too, but is the pain easier to deal with than the unbelievable pain that is stabbing through my heart and mind right now? Prozac you say...take the damn Prozac and you will feel better. NO. I do take the damn Prozac but I don't feel better...I just feel like I am dependent upon a drug to make me think that I am going to feel better. That sucks.

I am so afraid someone is going to read this and at the same time, I will be relieved if they do. I don't know...I just know that I have this coldness, this seeping coldness that embraces every bone in my body—it grips me so hard and tight that it cannot be shaken. Neither a warm cup of coffee or a heated blanket cures this type of coldness—it is a coldness that exudes from my soul, a coldness that I do not know the origin of. That scares me.

There can be something so terrible inside of me that makes me hurt so much, yet I do not know the source. I do not know how I continue to live day by day, but I do—there is some drive that keeps me continuing, some yearning for something better that I know I will someday reach. This coldness, this pain creates a sense of helplessness in me—it forces me to want to lie down, to sleep in a fetal position, and to be held. Sleep is an escape. When I am asleep, my problems are not real and I am not in pain. My dreams aren't vivid, nor are they realistic; however, they are at times better than my reality of pain.

What drove me to feel the need for an escape—to feel as if my problems were too overbearing and that they were insurmountable? According to Peggy Claude-Pierre in *The Secret Language of Eating Disorders*, there is a prevalent theory that claims anorexia is “in part caused by a culture that values appearance over substance and prizes women only when they are thin...Eating disorders are eight times more common in women than in men. Surely one of the external values society offers as a venue of perfection is the female body,” (66). Claude-Pierre elaborates this by saying that contemporary women grow up being complimented on their looks more than any other quality. (67).

Throughout my childhood and adolescence, I felt my role in the family was of the “perfect child”—the child who stood in the background while the older brother obtained all the accolades. Feeling myself slipping further and further into the backdrop while he became salutatorian of his high school class and was named an Echols Scholar at the

University of Virginia, I sought for another way to show my perfection—not just in school and extracurricular activities, but over my body also; nothing was to be imperfect about me, if there was, I believed, my world would fall apart. I felt too much pressure to do it all, which led to me almost losing it all.

Spring, 2001:

My new mantra is, "I don't have to be perfect"—but even saying that forces the pit of my stomach to turn. How can someone be happy when they don't even know what happiness is? How can I search for the gold at the end of the rainbow when I don't even believe a rainbow exists? I am so freaking uncomfortable with who I am it is unreal. I can't even state my opinion without feeling guilty.

Reasons that you know you are crazy: You identify with the movies *Girl, Interrupted* and feel that the TV show *Ally McBeal* was written for you... It is a constant battle, the ultimate fight—I do want to live, I do want to beat this thing; but, I do not know if I am strong enough. I want the whole freaking world in my hands—geez, **I want control! I want fun, I want happiness, I want a knight in shining armor, I want a happily-ever-after, and I want a standing ovation at the end of it all.** Is that too much to ask for? Don't I deserve it? Perhaps, but don't most people, and, yet they don't seem to receive all the accolades...

When looking over these entries, I am struck by the “wants” at the end... I remember that I wrote these remarks during my sophomore year in college. At this point in my life, in retrospect, I was at a crossroad...the clichéd Robert Frost poem seems perfect to depict my situation:

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveller, long I stood
And looked down one as far as I could,
To where it bent in the undergrowth,

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear,
Though as for that, the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I --
I took the one less traveled by,
And that has made all the difference

In college I have been confronted with multiple tests on my character, being, and soul—tests that neither were of the multiple choice nor short answer variety. These tests positioned two paths in front of me—a path in which I would retrace my steps, falling deeper and deeper into a world consumed with calories, fat, and exercise, or I could have ventured down the other road, one in which I would pursue my education, make new friends, and actually **LIVE**. There were and still are moments when I am consumed and entrenched in eating disorder behavior—those are the moments that reinforce my belief

that I am still struggling and still trying to fully recover. But, I have chosen to live... and though some of these entries appear bleak and tiresome, they do not enforce the belief that I took the path of anorexia nervosa, rather they insinuate that I took the hard road, the one towards recovery...

The Road to Recovery: Reflections on the Past:

"Give sorrow words: the grief that does not speak

whispers the o'er-fraught heart and bids it break."

- William Shakespeare

The following entries were not written while fully entrenched in my eating disorder, but rather recently in the Fall and Spring term, 2002-2003, of my senior year, in moments of remembrance and introspection about my past. Writing them made my stomach hurt, writing them made my hands shake, and writing them made me feel the pain again. I cannot say that the writing experience of the following entries was a positive one, nor can I deem it as being purely negative. Rather, they were cathartic, humbling, emotionally taxing, and agonizing...but I was able to write these experiences down, which is an accomplishment in my opinion.... I did not run away from the torture, the sorrow, the grief of having an eating disorder, recovering from an eating disorder, and the loss of the old Self that I experience as I slowly confront my eating disorder. I gave my voice words to speak, and through that, I have gained a sense of introspection....

I needed to call my coach and my other teammates—as president of the forensics and debate team it was my duty to call them as a reminder of when to bring their checks in for the next tournament, then I had to report back to my coach. I stared at the white phone. I was sitting there, in my spot underneath my desk—in the area that I kept the food that I put in my mouth and then spit out.

I stared at the phone. I told myself that there was a pecan pie downstairs and that if I didn't pick up that damn phone I was going to eat it all and throw it up—that was that. Counting 1...2... 3... 4... 5... 6... 7... 8... 9...**ohmigod 10**, I dialed the phone. But no one answered. No one answered. I sucked. I was a failure. Should have called earlier. But I did dial, so I shouldn't have to eat the whole pie I reasoned. Only a few Kudos bars. Just a few. Then some milk. Milk is easy to come up. Just slides right out of the mouth as easily and lucidly it slides out of the bottle.

So I rushed downstairs, didn't look at my dog laying there for she might bring me back to the reality of how sick I felt, I threw open the cabinet doors, scrounged for a Kudos bar—you know the thin ones that have little, semi-sweet M&M's in them. The ones that only have 90 calories as apposed to the others that have 120 and above cause they are coated with milk chocolate. I ate one standing up. I then ate another, while staring blankly at the cabinet. Then another. I wanted to spit them out. I didn't want to swallow, but it was my punishment for being so stupid and waiting to call. I rushed over to the freezer, dug my bare hand into the tub of low-fat Healthy Choice cappuccino ice cream and shoved it in my mouth. Then I dug again and again until my nails were turning blue from the cold and my hands were aching from frostbite. I liked the ache—it was real pain; it was there, I could see the frostbite, I could see the blueness, I could see what I was hurting. Staring at my hand while methodically shoving the cream down my throat, gave me a sense of purpose—pain. Snapping out of my trance, I saw my dog just sitting there—merely sitting there on the kitchen rug staring up at me, cocking her head and looking like 'why'? Still standing, having not sat down since I ran downstairs, I ran back upstairs, looked out the window to make sure my mother wasn't about to return from her errands, threw open the toilet seat, knelled down on the all too fluffy rug around the toilet, pulled my hair

back, shoved my abdomen against the porcelain edge, and stuck my right hand index finger down my throat. The ice cream—still not digested. The ice cream. The chocolate chunks in it. The murky brown color. The coldness of it was still there. It still looked good and I almost scooped it back up from the toilet to do it all over again, but I suddenly remembered I had 3 Kudos bars—270 calories still left in my stomach. I could feel it all turning to fat as I stuck my finger down my throat again—this time, though, it didn't come up through my mouth but out of my nose. I had to sit there and blow the food out of my nose—I remember the stench of the bile, the M&M's, the cappuccino ice cream. I remember wishing that it would have just come up through my mouth. I remember wishing that it was all over. I remember using Kleenex and blowing as hard as I could. I was going to huff and puff until I blew it all out... And I remember being in so much pain that I couldn't continue—the last two Kudos bars had to remain for now...

I used to eat icing. Not in the form of scraping it from a piece of cake—but by taking the Betty Crocker jars of icing—vanilla or cream cheese were my favorites—placing them in my closet (in the toy chest that my mother would later remove from the closet since it smelled and was stained with spit out food), sitting outside my closet with a bunch of napkins, and my social studies book (I was studying Western Civilization). I'd stick my finger into the jar, suck on the icing, then spit it out in the napkin. I did this over and over again until I was satiated with the taste and stickiness of the icing. I couldn't study without it—I couldn't study with it really. I failed to cease until I felt full from the flavor. Sometimes, though, I sucked on the icing too long and had to cough hard to make sure none had fallen in the back of my throat. I'd spit it out in the napkin and once I was through with the jar I would open the napkins and go through them once more. I knew I wasn't done—I wasn't successful until my throat was raw and bloody. At the end of the second round of icing, instead of spitting out vanilla or cream cheese ice cream, I'd be spitting out icing tainted with new, red blood.

I was dancing in front of school. Well dancing would be a stretch, more like pretending to dance and be a tightrope walker at the same time. I was waited for my mom to pick me up—she was late as always and

tightroping around the trees seemed more productive than anything else. Putting one of my 5 ½ sized feet in front of the other, I went around the perfect squares. Noticing the symmetry, the neatness, and the naturalness of it all. My stream of consciousness, however, went from the perfection of the trees in the courtyard to the lack of perfection in my life. I had gotten a paper back that day. A paper in history no less—which was my best subject. I had received a 90. Not bad—an A-, yet not perfection. Not great—not what one should get when they are known as being a great writer and when they are known for being the top history student. I wouldn't get the award at the end of the year this year if I kept up this performance, I wouldn't be in the Top 2 of my class if I kept slacking, and I wouldn't get into college. My head screamed—lose 5 pounds and you will get it all. For the first time in three years, I stopped. Listened again to the dichotomous voice inside my head telling me what I should eat and what I shouldn't, and thinking to myself... what does losing five pounds have to do with me getting good grades? My head screamed again—remember, when you were five pounds lighter everything was better. You were better. You were smarter. The excess fat is making you dumb. Have you ever seen a fat smart woman who succeeded? Of course not—people expected you to be thin and brilliant. If you weren't both, you weren't either. But for the first time in two years, amidst my tightrope walk in the courtyard, I told that voice to shut up and that it was the stupid one.

When my brother left for college in 1995 I was entering high school and I was also commencing my condition of anorexia. During high school I traveled a great deal with my Forensics and Debate team, causing my mother to be left home alone an awful lot. During one of the first months of my freshman year, she got a puppy—Jenny. Jenny has turned out to be one of the loves of my life. Like grandparents are to grandchildren, an owner is to their dog—she can do no wrong and she is perfect. When my parents would leave me to go out to dinner or to go on any outing, I would go berserk—scouring for food, scavenging around looking and searching for something to fill up the emptiness

inside. Jenny saw it all—and sat there, looking at me while I was destroying my body. I can still see her eyes gazing at me, with a confused stare as to say, “Why do you hate yourself so?”...

Puppy dog eyes.

Puppy dog eyes that say, “Don’t do it, please.”

Puppy dog looks that say, feed it to me, not yourself.

Puppy dog gazes that see the pain, see the excruciating building pain.

Puppy dog cocks her head...

I push my head down.

Puppy dog whimpers.

I don’t hear it because I am in a trance.

Puppy dog settles on the floor, watching.

I lay on the floor—eating, shoving, scavenging...

Puppy dog watches...

I don’t see. I don’t remember. I don’t want to know.

But in the morning, the food is gone—in the morning the food is at the bottom of the trashcan...mush spit into napkins.

And Puppy dog sniffs it, letting the mother know...

My dirty secret is out, but far from over.

Since most of my entries reflect on the past, the next question to answer might be where am I now? If the moments of spitting out food until my gums bled and dealing with the negative voices in my head were of the past, how does my eating disorder affect my life, presently? In addition to the recollections that plague my inner psyche during the hours of the morning when I cannot sleep, I still struggle to eat, I still struggle with anorexia. The power of the condition is still a force in my mind—still a power to be reckoned with; there are some days in which my healthy mind wins the battle against anorexia but there are other days, when I am stressed, tired, and depressed, that anorexia triumphs and succeeds in making me feel like a horrible human being, one that has to lose weight in order to be successful at anything in life. The following writings were constructed recently, within my senior year in college...

I walked into the gym. A place I had not ventured in, except for maybe once or twice when I was trying to burn all the excess calories or to prove a point to someone that I could, indeed, work out harder and faster than them. But this time I had a goal. Ever since being diagnosed with fibromyalgia my doctors have encouraged me to work out—low-impact, nothing heavy. They swore that it would reduce the heavy, unending, stabbing pain that consistently attacked my body. With all of the drugs they had prescribed having caused adverse reactions, my response now to the exercise theory was "what the hell, might as well try." So back to walking into the gym. Ever been faced with all of your enemies at one place? All of your fears that is—the

faceless creatures that keep me up at night, the demons that occupy the depths of my soul. There they were. On the elliptical machine, the rowing machine, the Stairmaster, the stationary bikes—they were everywhere. There were really thin girls—of course they were thinner than me; then there were the really pretty muscular girls, how do they get to look like that?; then there were the ones that I would deem fat in my head though I could never say that aloud. Then there was the worst. In the corner near where I do leg weights to hopefully shrink my thighs—seriously, those thighs SHOULD NOT be allowed to touch—there is the scale. One of those old-fashioned ones where you, yourself, have to move the weights until you reach that state of equilibrium. I have yet to venture over there, primarily for the reason that it's directly next to the boys locker room and I can just hear the inner monologues running through those guys heads as I stand there, sweating it out, wondering if I weigh my "magic number". They'd be asking themselves why the hell was I standing there—they'd either be looking at the fat gaping from my pants or realizing that there was, in fact, no fat on me, visible that is, and wonder why I was obsessed with my weight. The other bad thing is when girls come around near you, looking at what you weigh, wondering if they can weigh less than you, or wondering if you are merely here to exercise calories off instead of getting toned. Sigh. My enemies are all there,

yet I continue to return—is it some sadomasochistic punishment or do I just want to become healthier?

I have begun to spit out food again. Admitting that is terribly frightening. What happens is that this gnawing, insatiable hunger attacks me—makes me want to run down to the fridge, stand in front of it, and gorge myself with food. In that scenario, though, I typically only make it down to the fridge, open it up, and I just stand there, without eating. Then I walk around the apartment, hearing in my head the echoes of this voice going **"FAT, fat, fat, fat, fat..."** over and over again. It penetrates deep down into my soul, shakes me up—but the insatiable hunger, still is too much. So I find candy, a cookie, or something chocolate-y. Typically I hate chocolate, the taste of it just reeks of calories and fat. After chewing a piece I can just feel the saturated fat seep down in my body, become absorbed into my blood stream, and plants itself onto my thighs or my tummy. But, alas, I still grab the chocolate. I still shove it in my mouth. I still chew. But then I stop. Swallowing is NOT an option. So I quickly reach over to the tissue box—finding a napkin would mean I would have to go back downstairs and that would take more time, which would mean more time for me to accidentally swallow or merely absorb more calories. Back to the tissue. Tissue to mouth, mouth to tissue. One quick spit, it's out, it's in the trash,

it's hidden in the trash so that the apartment mates don't stumble upon it and wonder what the hell it is.

There are many times that I just do not want to write this—this being my own auto-ethnography. I fear falling back into old patterns, yearning to be “light” and “empty” once again. While having these thoughts, I am reminded of how Ellis noted in “Evocative Autoethnography: Writing Emotionally About Our Lives,” that an auto-ethnographic approach does not attempt to squeeze out others, but rather recognizes that the understanding of others can only proceed from within our own experience, and this experience involves our own personalities and histories. Still, I hesitate to relive the past, to re-experience through a more mature eye the terrible things I did to my body and how horribly depressed and obsessed I was over food and being thin—even if within this process I am not only gaining insight to myself but connecting with the Other too. This auto-ethnography is about my eating disorder—so many aspects and events in my life shaped and influenced who I am now and who I was as an anorexic. Some of those events are too hard to talk about, some of them are too difficult to remember, and some of them bring too much shame to my self. With that in mind, I do not feel as if the “entire” story is going to be told here, but I don't think it's necessary for the reader to know all of the details nor do I think that it is important for me to relive memories that I wish would just vanish. Though they are a part of my being, at this point in my life I do not feel as if they define me. In a way, I do feel that being an anorexic, or rather a recovering anorexic, defines me. My struggle did not cease when I regained weight or when my therapy sessions became quarterly, rather than on a weekly basis. It is a daily struggle,

one that has it's up's and down's. There is not a day that I do not think about food or about my body—some days it is a more positive experience than others.

In *Ethnologically Speaking: Auto-ethnography, Literature, and Aesthetics*. Ellis asks, should the goal of an auto-ethnography be more invested in a corrective story or a healing story, (20)? By a corrective story does that insinuate that the purpose is to change and fix a social problem? In terms of eating disorders, would not a corrective story suggest that there is something “wrong” with people who have eating disorders? Would not a healing story about how to deal with eating issues, gender issues, problems with self-esteem, and depression be more relevant and effective? Would an auto-ethnography that has therapeutic results lead to only fixing or healing—or can a change or understanding be another sufficient outcome? The idea of healing rather than correcting a problem; though the correction might mean that the eating disorder is fixed, not wrong anymore. However, what good is a correction if it teaches about dichotomous values, that there is just a right and wrong, that eating disorders are wrong and that the people who have them need to be “fixed” rather than merely understanding the disorder more. Is not healing more of a way to reconcile the issues through interpersonal and intrapersonal communication. Being corrective seems to advocate merely a switch in ways of living, rather than learning and healing from the issues.

I do not know if there is a correlation to me writing, researching, and wholeheartedly participating in this project but lately my focus has been shifted less on being “healthy” and more on remaining “little”. In a way, I see this project as neither being a healing story or a corrective story. Though I am at a safe weight, I am small—and people like to point that out a lot. I don't feel as if I could ever have permission to become

bigger than I am, for it is part of who I am, part of my identity for myself and what people know me as. It's a joke amongst my friends about how little alcohol is required to make me tipsy and the fact that I can, at times, pass for a 12 year-old. I wrote about a week ago how I was struggling to not, out of habit, wear just "fat" clothes—clothes that I know will definitely fit. I happened to try on some of my other pairs of jeans the other day, and wound up in tears. With both feet in the legs of the pants and pulling the clothing up so that I merely had to clasp the button at the top, I felt the need to "suck it all in" and that the gap between my waist and my pants was gone. I definitely have a gut.

I can't write anymore tonight—it's not as if the stuff that I am writing is all that painful; the memories just remind me of that perpetual ache in my soul, the one that has not gone away, it has lessened and has been alleviated through intrapersonal reconciliation. More painful experiences have occurred in my life, than the bouts of spitting out food. Writing about it refreshes my mind with the ideas that ran through my head while entrenched with eating disorder-ness. I think "fat" thoughts, I look at my thighs and they seem to be growing as I type. I look at my waist and I see it thickening up. I feel the fat in my dinner extract itself from the other nutrients and immediately make their way down to my "problem areas". Maintaining a clear head is really hard—I feel a perverted desire to restrict my calories, over-exercise at the gym, and make plans to lose weight. My eating disorder was not a good part of my life—it forced me to grow up, but it did not add delight and pleasure to my mere 22 years on earth. Why do I want to return to that? Perhaps because, it was my life focus, I did not have to worry about anything else. With graduation, job plans, graduate school plans, apartment searches, monetary issues, and the 'typical' stresses of college life I feel that my spin cycle is out-

of-control—I would like to go back to a simpler time, a time where I was cared for by my parents, but at the same time I want the freedom, the independence, and the rush of making it on my own. I think my torn feelings about leaving the state of being dependent and keeping at least one apron string tied to my home is causing me to want more control—even control over my body, anorexic control, even if that leads to obsessive and unhealthy actions and thoughts. But, I’m fighting...combating the urges to emotionally and physically return to that portion of my life, my only return is this process of introspection and retrospection.

A distinct part of me feels **lost, abandoned, and uncertain**—I keep asking myself the question of, “Why am I doing this?” The process of revisiting my story seems tortuous at times; in addition, I wonder if and why I want people to know my story, to know my ordeal, and my day-to-day continual struggle? All of my life I have strived to look perfect to the outside world, to be an ideal student, friend, peer, and, in essence, human being—admitting to others that I have struggled and remain in combat with an eating disorder condition seems to be an outcry stating that I am not perfect.

My mother continues to remind me that asking for help is not a sign of weakness; she states that when I feel overwhelmed by obsessive thoughts of perfection, food, and weight that talking to someone, seeking assistance, and negotiating intra-personally some sort of sanity is not admitting failure. In truth, failure is a term that I abhor—failure is something that “Irvins” never do. Failure resonates with weakness, flaws, and an Achilles’ heel that never subsides. Failure connotes to me an outcome for a person who has not tried hard enough, who does not have the endurance and strength to accomplish one’s goals, and one who perhaps is morally weak. Asking for help is a sign of weakness

for some, but through seven years of therapy, I have learned that strength resides in a person who inquires for insistence.

I recently received in the mail a letter from myself that I had written my first year here at the University of Richmond... it touched me in the sense of how different I am now but at the same time how similar I am to the person who wrote the following letter:

11/19/99

Julie-Jules-whatever:

You are meeting and forming friendships with other woman. However, this whole evening you have been focused upon food—why? Why do you **beat** yourself up so? Why do you **hate** yourself so? Will you learn to accept yourself more, or will your senior year still concentrate on your body? How will your life change through this program? Will you find more friends or will you continue to feel **separated** from other women? What are you looking for through this program? How will you embrace your new knowledge? Will the beliefs that caused you to cross or stay in the line change or will they remain the same? Will you learn, ever learn, to receive love instead of always pushing it away? Will you experience true happiness—will your future here at UR be a positive experience or will you merely coast through or will you regret it?

God bless and please still be here in 4 years.....

I think the part of that letter that resonated the most was the very last line, “God bless and please still be here in 4 years;” did I really doubt that I would live to see my college career end? It makes me wonder how obsessed about my body I truly was or whether I was thinking suicidal thoughts at that time—how bad was my mental state? The letter was written in November—having been at school for three and a half months, I would have thought I would be more confident in my activities and in my own Self. Confidence surely did not exude itself from that letter. Perhaps I was just feeling pensive and depressed on that day; perhaps I did not really have deep concerns about the longevity of my life while writing the letter, but rather I wanted to have a dramatic flair to the piece....who knows—what matters is that I made it...

And she takes another step. The profile of her face exudes the pain of a thousand rippling rivers. But, the page turns; the dawn breaks, the tide changes, and the leaves fall. Everything changes, but sometimes things stay the same. The same—the same pain, the same angst, and the same need for something, anything, to fill the empty void that permeates throughout every droplet of blood and every splitting cell. In the distance, she sees the happiness, in the distance she feels the warmth; therefore, she takes another step. In the past, she has felt the hatred, the pain, and the power of another over her, but that is to be no more. That is the past. And she takes another step. But the whispering wind beckons her to follow the past, to take another chance and be who she once was. What good, though, was she at being her past self, she wonders? Was it her submissiveness that radiated goodness or, perhaps it was her masochistic actions that made the good

shine upon her? Wait, it must have been her willingness to please anyone and everyone that made her so good...but she was good to them, and not to herself. Why should she return to a life of feeling that she took up too much space in the world, that her words weren't as important as other, that if only she had said/done something else everyone would be happy? Her mind screams, **'Why should I return to the past where pain is unspoken out of fear of hurting others? Why should I return to a place where I ignore the hurt it causes me?'** Who can say what will happen in the future, what platonic form will radiate upon her, but the one thing for sure, regretting the past and fearing the future leads not for happy endings, only bitterness. So, she takes another step...forward.

Chapter 4: Conclusions and Reflections

Regina Coles in *The Call of Stories: Teaching and the Moral Imagination* states, “the beauty of a good story is its openness—the way you or I or anyone reading it can take it in, and use it for ourselves,” (47). In the previous pages, I have expressed myself openly, honestly, and without pretension. In the previous pages, I not only outlined what the supposed benefits and goals of narrative therapy, particularly auto-ethnographic work, what anorexia nervosa, my response to reading a published auto-ethnography, and my own auto-ethnography and reflections on that writing experience. In the previous pages, I released my soul.

Posing the question at the beginning of this document, “Is auto-ethnography a communicative and therapeutic process, particularly for eating disordered patients?” the answer, hopefully, is obvious—yes. Having established the denotation of communicative as being “having the quality of diffusing itself” and therapeutic as “not the healing of disease, but the understanding and introspection of a disease,” clearly the discursive process of writing down facts, thoughts, feelings, and reflections is a diffusive action. By writing, the ideas, thoughts, and feelings are flushed out—they are diffused and spread out on a page, mapped out as if to easily comprehend and analyze the words. As a discursive act, writing is also seen as therapeutic—for introspection and understanding of the Self, if not also the Other, is clearly attainable when one focuses on examining their own experiences. Thus, a process such as auto-ethnography can be said to be both therapeutic and communicative—perhaps if a process is indeed communicative, an attribute of being communicative can be said to be therapeutic. Thereby, we can collapse the two definitions

together, state that in order for something to be communicative it must also be therapeutic, and vice versa.

Given the deduction that auto-ethnography is indeed therapeutic and communicative, an examination about what this process has taught me and how will the depiction of my exploration into the world of auto-ethnographies and eating disorders perhaps make the reader re-think his or her own self is necessary. Returning to the auto-ethnography of Tillman-Healy, I am struck with how she mirrored the way I felt—the resonance of her words throughout my soul powerfully touched me, awakened me, and stirred my Being. Her words did not challenge me intellectually but rather emotionally⁹. In essence, I gained insight and further validation about my own Self from Tillman-Healy's writings—these reflections and thoughts that occurred to me while rereading and contemplating her story primarily pertain to the important question of, why did I write my story and why was I drawn to hers?

Both Tillman-Healy and I, when writing our auto-ethnographies were assuming people want to know what it is like to suffer from an eating disorder; or perhaps we do not want them to know what one with an eating disorder feels and thinks but rather yearn for them to feel it too so that we, the sufferers and the afflicted, are not alone. If we are alone, then we are judged, misunderstood, and isolated—these particular feelings perpetuate eating disorder behavior. I personally believe that eating disordered individuals, and perhaps most people, struggle with the desire to be 'normal' and at the same time to be unique. In terms of being 'normal,' an eating disordered person fears standing out as the "fat" person of a group, but they would also cringe at the suggestion that "they" are like

⁹ By stating that the text did not challenge my intellect, I am not remarking that Tillman-Healy's piece was not scholastic. In fact, I believe that a text can be either emotionally or intellectually challenged, or both, and be regarded as an academic work.

everyone else. Although, in a way, by becoming excruciatingly thin an eating disordered person is striving to say, “I’m different and I am here” while simultaneously saying, “Do not fear me for I do not take up that much space.”

On page 41 of my thesis, I define therapeutic as “not the healing of disease, but the understanding and introspection of a disease;” after writing my own auto-ethnographic I now believe piece that the definition needs adjustment. My reflection on this entire process climaxed when I realized that I labor on this project not to learn more about eating disorders for my knowledge on that subject is extensive nor is the primary goal to understand my own Self better. Rather, the goal is and has been to belong—to find a sense of belonging amongst my peers, my readers, and my dichotomous mind. Trying to write about an eating disorder within an academic setting and at an intellectual level focuses my attention on a set audience, scholars and people who are interested in eating disorders. By writing to this particular audience, I am seeking camaraderie, understanding, and another soul that understands the conflicts that rage in my head. Writing allows me to not feel alone and to know that someone else, out there, might be reading my story and connecting with my feelings; with that in mind, as I write, I already begin to feel connected to the other.

Rereading my auto-ethnography, I find a pattern of wanting people to “find” me—to acknowledge my inner pain and to take me in, befriend me, and perhaps save me from my own self. Having struggled with an eating disorder since I was 15, I believed, at the beginning of this process, that the time had come for me to be well—for someone or something to “save” me and that I would find a release for my pain even if I was my own savior. Already knowing that writing is a cathartic experience, I engaged in dialogue with

my laptop, scholarly texts, and with my professors. In truth, I realize that assuming the task of expressing my story and engaging in a search for an academic venue to tell my account has been primarily for selfish reasons. However, I also understand that part of my goal, in the end, was to provide a text for future readers to connect with me and, perhaps, find the strength within themselves to realize they do belong and they are okay.

Sometimes, when reflecting on my eating disorder and especially when re-reading my own auto-ethnography, I am struck with how far I have come. Honestly, I know I would not be here today if I did not possess such a strong support system. Primarily my family and doctors have strived to keep me healthy and focused on recovery. I am quite lucky—I have a family who cares and who has enough economic resources to search for the best doctors and therapists in the vicinity so that I could have the resources to recover successfully. Health insurance only pays for a portion of all psychiatric treatment—only a certain number of visits per year will be subsidized by the insurance companies, so the rest of the treatments either cannot be completed or must be paid out-of-pocket. Since there have been many times that I have needed to see my doctors on a weekly basis, I am quite blessed that my family was able to afford the process. Since Renfrew was not an “institutionalized” facility—they did not force-feed us or watch us when we went to the bathroom to make sure we were not vomiting or exercising—the inpatient stay was not covered at all by insurance. There are some eating disordered patients that have neither a support system as patient and understanding as mine nor do their families have the economic resources to provide excellent treatment. If I had attempted recovery without my support system, I do not know if I would be where I am today. If my family had not sent me away to Renfrew when they did, I do not know if I would be here today.

When writing my auto-ethnography, I struggled with the arrangement of the story; most of my journal entries and narratives are in chronological order, but some are not. I felt that an arrangement of chronological order was a constraint, for the focus was on the beginning, middle, and end of my journey as an anorexic. I do not know the exact beginning and the end has not arrived yet, meaning I could potentially be in the middle of my journey now. Writing my story in chronological order made me want to find something to blame for my eating disorder—I felt as if I needed a catalyst. Some people blame the media, the super skinny models that are draped across billboards, magazines, television, and the movies. Some people blame low self-esteem. Others blame patriarchy or the power of the mother/daughter dyad. Personally, I do not think blame is the issue. While having the models and actresses of the Western World gain some weight so that most women do not constantly compare themselves to that “ideal” would be nice, I do not think that their images precipitated my eating disorder.

Due to the difficulty of “confronting my demons” that I faced while writing this thesis, I often asked myself whether the process of recording, reflecting, and analyzing the reflections was a “healthy” task for me to undertake. At times I felt overwhelmed and burdened by my eating disordered past and there were many times in which I wished to return to the land of emptiness and extreme skinniness. Though I am far along in the recovery process of my eating disorder, these thoughts still surfaced regularly in my mind. In turn, I believe that further exploration into how scholars and therapists can use auto-ethnography in their practices is warranted. Questions that are remaining to be explored are some of the following: How can one person’s ideas, feelings, opinions, and experiences be research? Does an auto-ethnography have to end with hope? Does it

have to end with full-recovery? Can it end with the process of recovery and the process of learning more about the self? Can an “ending” merely be a pause, leading more to a continuation of the story later, whether by the reader or the writer?

There is a possible limitation of reading and/or writing an auto-ethnography too early in the recovery process and triggering the negative mind and having the mind/body become even more entrenched with eating disordered thoughts. In order to write and/or read an auto-ethnography I believe that a risk has to be taken—having the auto-ethnography trigger eating disordered thoughts is not necessarily a bad consequence. A goal of auto-ethnography is to establish a sense of understanding of the Self and what the Self needs and wants—if the auto-ethnography triggers negative thoughts, an analysis of why that happened and how the person dealt with those thoughts would be beneficial. Recovery is not a perfect process—recovery is a road that has a roller-coaster feel since there are many up-hills and downhills. If an auto-ethnography causes someone to slip back into eating disordered behavior, the text has not failed—the person may not be ready to handle the therapeutic and communicative aspects of the writing and perhaps should wait until more secure with the Self to read and/or write auto-ethnography again.

In order to further understand the process of auto-ethnography so that this genre can be used to help others, I suggest that scholars who have experienced eating disorders construct their own narratives and reflect on their reactions to personal narratives of other eating disordered individuals—the goal is to explore the potential for change through this form of communication. An examination of auto-ethnography under the auspices of both communication and therapy can change both the way therapists and communication scholars approach tough life issues and stories like eating disorders. For a recovering

eating disordered person, the approach perhaps would not be as clinical or methodological, instead, the therapy would be more patient driven—the methods of treatment would be derived from the insights and analysis of the recovering eating disordered person.

Perhaps questions for further research and a different approach to examining the merit and benefits of auto-ethnography would be to ask the questions: “Are they [the reader] getting it?” “Am I becoming a part of a community through this process?” “Are they understanding at the ‘feeling’ level rather than the ‘intellectual’ level?” My question for this text was, “Is auto-ethnography, when applied to such conditions as anorexia nervosa, a therapeutic and communicative process?” While that question surely has merit and the experience of writing this document has shown that auto-ethnography is both communicative and therapeutic, a different avenue for exploration could potentially be seen in an analysis over the goals of the auto-ethnographer and the desired outcome and response from the reader.

While neither medical scientists nor social scientists have derived a cause or a cure for eating disorders such as anorexia nervosa, methods of treatment are readily available. Though in this thesis I have not analyzed the techniques that physicians and therapists use to nurture the anorexic woman back to health, I do believe that more methods and venues for expression should be advocated for eating disordered patients while in the recovery process. If self-expression is an important goal for those with eating disorders and journaling is presently encouraged, then the mode of auto-ethnography, reading and/or writing them, definitely possesses potential in helping the eating disordered heal and emotionally grow.

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