A Body of Work: Anatomy of an Eating Disorder

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A work is at once order and its ruin. And these weep for one another.
-Jacques Derrida
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Introduction

How do you recover a broken body?

In the spring of my junior year, this question sparked the flame that became my thesis. I did not know the answer to my question or what form my answer might take. I did not know where I would begin or where, and with what, I intended to end. Like a child running away from home, all I had attached to the stick over my shoulder was the will to write and a story to tell. I wanted to share my own experience with an eating disorder. I wanted to use my struggle and the lessons I learned to help others who are also struggling. “What if my thesis had the power to inspire desire?” I wrote to myself at the beginning of the project. “What if someone who was struggling with an eating disorder read it and found herself in the words, found a flame in the words to warm her hands by?”

With this question to guide me, I set off on my research: “How do you recover a broken body?” I began by interviewing other writers. To poets, novelists, and memoirists, I asked how you create a narrative arc, how you articulate pain through language, and how you find the bravery to share your work. I asked if they were recovering in any way. I also interviewed medical professionals including doctors, therapists, researchers, and nutritionists. We spoke about the challenges and rewards of working with adolescents with eating disorders, and they shared their stories and their definitions of recovery. Having spent so long in a hospital bed, during these interviews I had an understanding for the first time of what it might be like to stand over the bed, read the charts, make the diagnosis, and witness the struggle.

The final interviews I conducted were the most challenging. This time, my tape recorder did not play back the confident voices of experts who had been dealing with eating disorders all their professional lives. These were the voices of my family: my mom, my dad, my sister Kimi,
and my brother Kenji, all struggling to articulate the way our family fell apart and found its way back together through the course of my eating disorder.

Throughout this process of research, I read—and then read some more: memoirs, fiction, poetry, nonfiction, and medical literature. I worked my way through the artifacts of my eating disorder including hospital documents, cards from friends, menus, meal plans, photographs, handouts I got from my counselor, and notes from my family. I found my own journal and dug up emails from my computer’s memory. I got my records from Vaden Health Center. When I read through the reports of my medical and counseling appointments, I found I was no longer the narrator of my story but rather the helpless protagonist.

With all of these pieces—interview transcripts, annotated bibliographies of my interviews and reading, medical records, letters, emails, and past journal writing—gathered together and sorted roughly, I began writing. Some days, the writing flowed. I discovered that I could not rein it in; once I let out a little, floods of story came rushing. Some days. Other days, I was trying to pry the story from hard to reach places in my body, and other days I found myself sitting in front of my computer cutting and pasting, attempting to order a story that seemed to deny any linear narrative. As I wrote, the quotations I had collected from my interviews and reading entered the story naturally, confirming what I had written or providing an alternative perspective. These words of others helped me move forward in my writing or allowed me a breath to pause and let the story settle. They often provided insights about myself that I could not reach. They were what I could not articulate or was not brave enough to say. This thesis would not be complete without them, and I weave them throughout the thesis in a way that mirrors the way they supported me through my eating disorder and into recovery. These voices are the heartbeats of the piece, steady and vital.
As I wrote, I could feel the weight of the subject. Before and after writing I would go to the gym at Stanford where I saw women and men taking books with them from the elliptical to the treadmill to the bike and pumping furiously on the machines, past the limits of their bodies. I saw friends and classmates and strangers walk out of the dining hall with trays of food that did not look quite right to me. I saw eyes seemingly casually drawn to reflective surfaces across campus—glass doors, shop windows, and mirrors—and stay there longer than is casual. It all looked familiar. In those eyes, in the restrictions, in the relentless determination, I recognized myself as a freshman when I was starting to develop an eating disorder. I wanted to take their hands and tell them my story, just in case they were going down the same path. I now know that the longer an eating disorder goes unnoticed, the harder it is to reverse. I know how hard it is to seek help and how easy it is to convince yourself and others that you are fine. I wrote this thesis for those who are in all stages of an eating disorder.

I also wrote this thesis sitting at the desk in my room with a view of a lush green lawn and golden-pink skies at sunset; I wrote outside where I could feel the warm California breeze; I wrote in the libraries surrounded by miles of bookshelves; I wrote between the chimes of Hoover Tower. I wrote it at Stanford, with all the advantages of the campus’ beauty and intellect, which can become disadvantages if you feel unhappy and wonder how, at Stanford surrounded by sunshine and palm trees, you can possibly be unhappy. This thought was a heavy load to carry freshman and sophomore year. By sharing my struggle, I hope to release some of the burden for others who feel the same. Learning to care for yourself, fitting in, feeling left out, out of place, out of words, anxious, or depressed, striving for perfection, control, and order, feeling lost and feeling lonely—an eating disorder involves issues that are much larger than food. I hope all
readers can identify themselves somewhere in this narrative of wreck and recovery.

* * * * * * *

We must have looked like a normal family eating dinner, talking about school and work, the five of us under the bright lights of the dining room passing the salad and salad dressing among us. I could see my parents working hard not to look at my plate of food. I was doing my best to keep my fork moving from the enchiladas to my mouth. “It’s really good,” I told my mom. Kimi and Kenji agreed. My dad snuck a glance at my plate. We were all, with all of our hands, trying to hold this family meal together, to preserve what little of normal was left for our family. But like screws gradually unloosening, the pain in my stomach was growing. Conversations passed by, chewing, cutting, and silver knives scraping the ceramic plates. I took more sips of water between bites. My fork was slowing and the smile was washing off my face.

“Mari, finish your dinner.”

Still looking at my plate, “I can’t. I’m full.”

My mom tried. “Mari, you need to eat.”

No wonder Kimi wanted to eat all her meals at her boyfriend’s house. I could feel her and Kenji’s bodies at the very edge of their chairs, anxious to leave the table. They were soon excused and it was just my mom, my dad, and me.

My dad’s voice was breaking in desperation and anger. “Eat your food, Mari.” There was no “or.” Or what? Or go to your room? Or you will be grounded? These would all be preferable alternatives to eating.

“It is our job to help you eat. We know it is hard, but let us help you,” my mom said.
“We are not going to let you go to Stanford if you can’t eat a normal meal,” my dad said. It had been threatened before. “Did you see what Kimi was eating? That was a normal portion.”

My portion of enchiladas, reduced to half of its size from my careful fork swipes, was crusty and stale in the center of my plate. Smears of red sauce had dried around it.

“Your view of a normal portion is skewed. We can help you. Let us get you another serving.”

“I don’t want your help.” I covered my face with my hands. I didn’t want any of it: the enchiladas, the bright room, my parents alternating between yelling and crying, my parents nearly on their knees begging me to eat. I could let them in, collapse into their arms and admit how hard it is to restrict every meal. Instead, in the dining room, I remained a fortress.

“I need to go on a run,” I said.

“What?”

“You made me eat all this food. I need to.” Hysteria seeped into my voice; I could hear it. The screams from my stomach in protest of all the food were escaping in the mumbled words on my lips. I pushed myself back from the table. As I walked to my room, I could feel the world closing in on me. I was turned away from my parents but I could see them looking at each other, pure horror passing between their eyes that I wanted to go running at 10:00 at night. Kenji, in the living room across the house with his laptop on his lap, was staring at me.

I changed into running clothes in my room. I knew clearly that I was being unreasonable, but feeling intoxicated from the weight of the meal in my stomach, I could do nothing with my rational knowledge. It sat on a shelf in my mind while I raged beneath it. “Let me run up and down the hill. Just a few times, please. I have to,” I said as I met my parents at the bottom of the stairs, anticipating their cries against me. I had to get this food out of me, which was moving
already into every part of my body. I had to move. I had to get away from all their stares. I
needed physical exertion otherwise the stress inside of me might melt like hot wax and stay there
forever. “Please, please,” I begged. The blinders around my eyes narrowed further. I could barely
see their faces, only the door behind them. In a flurry of protest, I made it outside.

The night air was cold. Sprint up, walk down, sprint up, walk down. At exactly the same
crack I turned around every time to pound my body back up the hill and continued until I
touched the basketball hoop at the top. This dismissal of all physical pain for an end goal. Pain as
an indicator of success. The futility: my progress immediately undone as I walked back down the
hill to begin again. My world reduced to this strip of pavement. My body enslaved by my mind.
My mind enslaved by my body. This was my eating disorder.

* * * * * * * * * * * *
Part 1: Order

Among 372 middle school students, 23% reported being teased about their appearance by a parent. (Field and Kitos 215)

More than 50% of the children who were encouraged to diet by their mothers were not objectively overweight. (Field and Kitos 215)

My parents are anxious to know what caused this change in their daughter, who can no longer eat, can no longer talk in anything but meager sentences, will barely lift an eye at them. Their daughter who came back just skin and bones from her first year at college, who is on the sofa across from of them, staring at the zigzag pattern on the carpet.

“We’re so worried about you, Mari,” they say.

I nod.

“Did something happen to you at Stanford? Did somebody hurt you? Did they say something hurtful?” My parents are trying desperately to gain some insight into my mind, to keep a small foot wedged in the door, for they know my downward spiral will shut them out soon.

I shake my head “no” to their questions. Some part of me is taking pleasure in their pain. Another part is crying alongside them. It feels like we have been talking for hours. It feels like we have had this conversation a hundred times already.
“I’ll tell,” I finally say. There is a silver edge like a knife to my voice. “I’ll tell, but I can only tell Mom.”

Mom and I go into the study and close the door. The bright light against the white walls is hurting my eyes. She is sitting on a rolling computer chair while I toil on the guest bed.

“Was it rape?” my mom asks in a quiet voice. She has tried every other possibility to explain why I am so thin and withdrawn since coming back from college. I didn’t realize that she saw “how do you know if you are pregnant?” in recent searches on my computer. I had been checking all the sites because I hadn’t had my period in six months and I had to go to the bathroom often, something expectant mothers complained of. The second pregnancy test that came in the pack of two from Safeway was stuffed in the back of my closet. The first one had been negative, but I didn’t trust it entirely. I know I can’t be pregnant—I didn’t have sex—but I’m still paranoid.

“No.”

She waits. When I don’t go on, she finally asks, “What is it, Mari?”

In a few weeks I will return to Stanford for sophomore year. I have been waiting to tell her this, the resentment searing me from the inside. “It was dad,” I whisper into the pillow.

“What?”

“It was dad. Dad always making me go on runs when I didn’t want to and telling me not to gain the freshman fifteen.” He had said it jokingly before I went to college—“Don’t eat too many princess bars, Mari”—and now it felt like a sick joke turned back on him. Because that voice haunted me when I arrived at Stanford. It held my hand over the slice of carrot cake at dinner before waving it away and pulled my tired legs out of bed every morning to go on a run.
The voice drew my gaze to the mirror often and then clouded my eyes so I could no longer see my slowly shrinking body. It whispered in the empty space in my head: don’t let Dad down.

* * * * * * *

Two years later, I am sitting in Dr. James Lock’s office to interview him for this thesis.¹ One of the nation’s top experts on the treatment of eating disorders, Dr. Lock is the co-author of Help Your Teenager Beat an Eating Disorder. He and I had emailed back and forth to set the time and date, my emails timid and excessive in length and formality, his concise and straightforward. Now, in his office, seated in soft white chairs pressed against opposite walls of the room, I struggle to phrase my question. “I’m wondering about the relationship between the parents and the adolescents,” I begin. “I was really interested in a claim in your book about how a young boy with anorexia has a mother who is a CEO and a father who is a doctor. They share many personality traits like perfectionism and drive, but the outcomes are totally different, because these parents are applying these traits to their work, whereas the adolescent is applying them to his diet and their weight.” I am quoting his book to give myself some validity to the question that will follow, which I know I am asking not for thesis research but for my own sake: “I saw a lot of truth to that with my own relationship with my parents: both these qualities of drive and perfectionism that my father, a doctor, uses, everyday to help him succeed and also the fact that he was incredibly health conscious because his father had a heart attack at an early age so he needed to be, but how do you, again—”

¹ Throughout the thesis I will reference these interviews, which were conducted from September 2012 to January 2013. I spoke with medical professionals, writers, and family members. More information about the interviewees is available on page 154.
“Do you have brothers and sisters?” Dr. Lock interrupts. He knows where I am going. He knows that I am asking him to confirm that my father is to blame for my eating disorder.

“Yeah I do.”

“Did they ever develop an eating disorder?”

“My brother did.” I spit it out proudly.

“So,” Dr. Lock recoils, “it’s unusual to have more than one...”

Like “refrigerator mothers” in autism and “double-binding” parents in schizophrenia, parents of children with eating disorders were implicated in causing the disorder. (Lock, “Controversies and Questions” 61)

A few months after my conversation with Dr. Lock, I sit down to interview my dad. I ask him if and how he has moved past feelings of guilt that must have come with having two children hospitalized with eating disorders.

“Well, I didn’t read as much as mom but I read some of that, mom talked to me about that.” He looks off to the side. I can see him wrestling in his mind for the right words. “You know, for me, I don’t think that that’s, well, the answer to the question directly is yes, I definitely feel that, felt that and still feel that, and I don’t know, moving beyond or getting over. Those don’t quite capture—I guess I think I’ll always feel that and, and blame myself, but to see you both do well kind of overshadows that so it makes it ok.”
Perhaps the biggest hurdle you face in trying to figure out how to help your child is the message, both covert and overt, that you must have caused the problem. (Lock and Le Grange 58)

My sophomore year, I did individual therapy with Stanford’s counseling services. My dad, to my surprise, was one of the most frequently discussed topics. “Client explained that she wishes her father would have been more for her, and that he was working a lot. She described that she can recall trying to do well in her classes and maintaining her healthy eating and exercise habits in order to get attention and praise from her father.” “She described that she could think of several incidents where her father only provided her with love, care, and attention when she accomplished something.” The notes describe the same revelation over and over: that I was desperate to shine in my father’s eyes.

Who, then, is to blame for my eating disorder? Is it my father who loved me very much but displayed his love sparingly? Or is it me, who devoured his compliments and then wanted more, more, more attention, more validation, more reassurance, more love? My need for praise could not be satiated. It was a hunger that started early.

Anorexia is one of those illnesses that people believe in the broader culture is a choice. And they believe it is a fashionable kind of choice, which creates a stigma of a very weird sort for anorexia. Of course it’s not a choice. And of course it’s not a fashion. It’s
actually one of the least fashionable choices one can make. It’s not a choice. It’s an illness that evolves. (Dr. James Lock²)

We were in a beach house in California with my dad’s side of the family. I was eight. I could hear waves lapping the sand from the bed my sister and I were sharing. She was pressed right up against the white drywall, while I, on the outside of the bed, began to explore the subject of death in my mind. We were not raised religiously so death held no meaning and no promises. I turned over the new thought in my head the way one examines a porcelain shell, feeling the smooth edges, the concaves, the swells and bumps on the outer surface harmlessly, curiously. But then, like holding the shell to my ear, I pulled the thought of death closer and heard its eerie moan. “I will die,” I thought. Then, with growing panic, “This life I am living, these thoughts I am having, will stop. I will stop. When I die, I won’t think anymore.” The thought of becoming nothing was enough to pull me out of bed, hot and breathless. I ran through the damp beach house into my parents’ room.

“Mom,” I whispered. “Mom!”

I wanted light. I wanted her warm embrace and the embrace of light, which I hoped might scare the thoughts away. We couldn’t go to the living room because my cousins were in sleeping bags on the sofas, so she took me into the bathroom and the light filling the white room warmed me. But I was crying. “If I die, how will I know the end of the story?”

I don’t know where the thought of death came from but it stayed with me for the rest of the trip. I envied my young cousin, four years old, because she did not have the mental capacity to understand death as I now did. She could not yet feel this fear that gripped me at night. As I

² The parenthetical citations without page numbers refer to personal interviews. The names were left in full to indicate the interviewee’s profession or indicate their relationship to me, which offers context for the quotation.
pulled the covers up to my chin, I worked hard to keep my mind occupied. I replayed scene by scene our day at the beach, but death, waiting in the back of my thoughts, always came forward eventually. When it came, it consumed me; I would race to the bathroom with the light and pace on the cold tiled floor, waiting for the panic to pass, running the sink faucet and sticking my head under it for some sips of water, trying to wash the fear away.

Under the clammy quilt in Del Mar Beach, something changed in me: I discovered the feeling of helplessness. Professor Kenneth Fields said that he asked another student with anorexia, “At what age were you aware that the world could be destroyed by a nuclear holocaust?” and she responded immediately, “When I was five!” When he asked me the same question, I didn’t reply because I didn’t understand. Not until I got home and replayed his interview did I realize he was wondering, “When did you realize that you cannot stop the destruction of the world? At what age did you realize that there are things in this world outside your control?” My response now, to the subtext of Professor Fields’ question, is that night at the beach house around eight years old. Out of a happy and safe childhood, I learned that my parents could not shelter me from everything. The vulnerability and terror I felt when I bolted from bed at the thought of death—as I felt helpless, small, and unprotected—left a hole inside of me, a small wound the size of a penny, nearly unperceivable. Starting like the harmless unraveling of a thread on a scarf or a crack in a windshield, initially it did nothing to damage or inhibit me.

But it grew with me. Oliver Sacks wrote a compelling piece about a surgeon with Tourette’s. I was most interested in the passage describing the formation of self in relation to the disease: “The relation of disease and self, ‘it’ and ‘I,’ can be particularly complex in Tourette’s, especially if it has been present from early childhood, growing up with the self, intertwining itself in every possible way. The Tourette’s and the self shape themselves each to the other, come
more and more to complement each other, until finally, like a long-married couple, they become a single, compound being” (Sacks 78). My eating disorder began with my wound. My wound grew with me, around me, intertwined with my identity like ivy making it impossible to distinguish my wound from my self.

_Most children—unless they’re very lucky—grew up in some way, injured a little bit. In many ways what we do in life...has to do with that. Some woundedness, there’s always some._ (Abraham Verghese)

The plane was delayed for three hours due to a broken spring on the flight attendant’s seat. I must have been ten or eleven. Since 9/11, I was terrified of flying. The scene I played over and over in my mind was an announcement coming over the crackling loudspeaker that the plane had been hijacked and we were all going to die. I feared those minutes, seconds, hours after the announcement when I would be waiting in the large leather seat for the nothingness of death to envelop me.

While Kimi and Kenji played I Spy and went to get TCBY Yogurt, I was sick in my seat, stuck to my seat wondering which passenger was the terrorist. The person I selected, whom I had admittedly pinpointed with racial bias, was a Middle Eastern man in his mid 40s wearing blue jeans and a white t-shirt. I watched him make phone calls in corners with a hushed voice. Finally, so gripped with fear, I told my mom that I thought he was going to hijack the plane. In order to comfort me, she tried to strike up a conversation with the man and returned with a report that he seemed nice. With great hesitation, I boarded the plane.
I made a rule for myself once I sat down in the large gray plane seat: I had to listen to the flight attendants’ safety demonstration and study the card in the seatback pocket in front of me. If I listened closely and read every word, I told myself, then we would make it safely to San Francisco. During the flight, I didn’t play any games with Kimi and Kenji. I could see the man’s head across an aisle and several seats in front of me. When he stood up, my breath quickened. I followed him carefully and discreetly with my eyes, stared at the lavatory door half expecting him to come out with a gun, and my pulse didn’t settle until he was back in his seat. Two hours later, to my utter relief, our plane landed in San Francisco.

Every flight after that, I watched the safety demonstration. While other passengers dozed or read, I stared at the flight attendants clicking and releasing the seatbelt and then studied the simple words and pictures of bodies jumping feet first out the over-wing slide. It was my first ritual. Afraid of a world in which terrorists could kill me—a world void of logic—I developed a way to feel safe through my own pattern of cause and effect: if I located my nearest exits on the plane, then I would survive the dangerous flight. My search for order and control was beginning. It was, at the time, a matter of life and death.

*The wound is also an alteration. (Cixous 16)*

I had to use soap before I used shampoo and conditioner. After washing my hair, I didn’t dare touch the soap. After brushing my teeth, I had to stick my head under the running faucet, take a sip of water, gargle, and spit it out in that order. I can’t remember the exact genesis of these rules, but I know something good must have happened the day I brushed my teeth this particular way. I must have had a good day after I showered in the order of soap, shampoo, and
conditioner. It wasn’t that I thought I would study harder or practice more; rather, I believed that the world do better by me. The world, with its mysterious and unpredictable patterns, would remain favorably aligned if I performed my designated rituals.

As I grew older, my rituals grew more complex. My success in the world did not just depend on my actions. It depended on the way I thought—and thoughts are much harder to control. When I was applying to Stanford, I refused to let myself believe that I might be accepted. If I imagined getting the email that said “Congratulations Mari,” I thought that I would jinx it. So I immediately pushed the thought of acceptance out the second it entered.

It was getting tricky to live in my mind—too many thoughts I was not supposed to think and certain thoughts that I had to follow once they entered my head. As I was exercising I would suddenly think, “If I do ten pull-ups, I will get a good grade on the math test” or “If I run up and down the hill five times, I will make the soccer team.” Once I thought it, I had to follow it.

It is out of such rituals that we carve lives for ourselves. (Verghese, The Tennis Partner 133)

Every time I began an essay, I had the sinking feeling as I stared at the blank document that whatever made me a good writer in the past was now gone, as though I didn’t know the secret ingredient to my own writing. I developed rules for writing, too. I handwrote everything first. Then I propped my notebook on my desk to copy what I had written into the computer. If I made a lot of typos as my fingers flew over the keys, I took it as a sign that it was a bad section of writing. The abundance of Microsoft Word’s squiggly red lines was telling me to go back and
revise. If the typing went smoothly and easily with few mistakes, I took it as a sign that it was a good piece of writing.

After the essay was typed, I tried to make the last line of every paragraph align with all the lines above it, which meant the paragraphs would look roughly like a block. If the last line of the paragraph was too short, like this:

I went back through, furiously rearranged and deleted words so it would finish looking like this.

Somehow, I believed that balancing my paragraphs would produce good writing.

There were other rules: I needed to remove all the excess trim from my writing, excavate it to the very core of the idea. I needed to find just the right words.

_The fundamental experience of the writer is helplessness. This does not mean to distinguish writing from being alive: It means to correct the fantasy that creative work is an ongoing record of the triumph of volition, that the writer is someone who has the good luck to be able to do what he or she wishes to do: to confidently and regularly imprint his being on a sheet of paper. But writing is not decanting of personality...The only real exercise of will is negative: We have toward what we write the power of veto._ (Glück, “Education” 111)

“Mari, you should put the essay away for a while, take a break,” my mom said. She was standing by the door with her arms folded.

“I know, I know…I can’t.” I was typing vigorously and cutting huge chunks of text that wouldn’t fit. They wouldn’t fit in the essay. My fingers weren’t nimble enough to type so I pushed back the laptop and grabbed my pen. Scribbling. The pen was close to tearing the paper.
“Mari, take a break.”

But the frustration inside me was growing to fury. I needed to say it and say it right.

“Come on. Come on.” I was directing jabs of whisper at my hand to locate the right words. “Say it, just say it.”

My mom took a few steps back, rested her head in her hand as she watched the chaos of destruction in my hand. Write a line, cross it out. Add another slash through it. I was tumbled, blinded and hot by a wave of perfectionism, and my mother couldn’t reach me. Her words arrived as echoes that I knew were true but resonated too quietly to stick anywhere so they fell to the ground where I stamped and crumpled them like paper.

*Perfect doesn’t exist, so that just means you’re always inadequate, which is not a great way to live your life. (Dr. James Lock)*

Perfectionism was a way to order the world. It was setting higher and higher standards for myself, which were accompanied by ever increasing anxiety. It came from the way I was raised. It came from my father, a doctor. It came from a childhood of learning to work hard and being rewarded for hard work.

But perfectionism looked more like my struggle to fit words on a page. It was visual. It was having all the folders on the desktop of my computer line up and all the last sentences of my paragraphs align. It was bringing home a report card of straight A’s because straight A’s were a pattern, a pattern I had been building for a lifetime. To get a B would soil it. It objectively wouldn’t be right, like a haiku that started with eight syllables. It would be a blip in a graph of a straight line.
Perfectionism was the eye that I cast on my body—an eye that honed in on every lump of flesh that seemed out of place. It’s not that I was trying to make my body thin as much as I was trying to make it organized. I wanted it to be straightforward.

*As our bodily ideals have become firmer and more contained (we worship not merely slenderness but flableness), any softness or bulge comes to be seen as unsightly—as disgusting, disorderly, “fat,” which must be “eliminated,” or “busted” as popular exercise ads put it. Of course, the only bodies that do not transgress in this way are those that are tightly muscled or virtually skeletal. Short of meeting these standards, the slimmer the body, the more obtrusive will any lumps and bulges seem. Given this analysis, the anorectic does not “misperceive” her body; rather, she has learned all too well the dominant cultural standards of how to perceive.* (Bordo 57)

As I stretched my hamstrings on the railing outside my dorm, I looked at my wavering reflection in the glass. How much fat was hanging down from my leg? I felt my thigh like performing a mammogram. I saw it on my stomach, the fat, every time I lifted my shirt or turned in the mirror sideways. I noticed how much my legs jigged in the clear doors of Meyer Library when I walked through every Tuesday and Thursday for class. I didn’t notice my body becoming emaciated because I could only see the lumps and bulges, which looked more imperfect the more perfect I became.

*I remember
lying in a bed at night
touching the soft, digressive breasts,
touching, at fifteen,*
the interfering flesh
that I would sacrifice
until the limbs were free
of blossom and subterfuge: I felt
what I feel now, aligning these words—
it is the same need to perfect,
of which death is the mere byproduct (Glück, Descending 32)

Using the same fervor with which I edited my papers—the dark slashes that nearly ripped the page, the crumpled sheets scattered on the floor, the deleting and rewriting and deleting and deleting, the need to trim my sentences down to the bare bones of their essence—I edited my body. “The only real exercise of will is negative: We have toward what we write the power of veto,” Louise Glück writes in “Education of the Poet” (111). All I could do to exert control over my body was take more of my body away.

So a little less of him came back each day—(Fields 15)

6:30 Get up. Stand on the scale—my friend, my nemesis. The numbers blink my weight. That is good, I think. I have lost 2 and something pounds over the night. I go into the bathroom and close the door. Stand sideways to the mirror and lift my shirt to examine my stomach. It is protruding slightly, disappointing. I clench my abs to view my ideal waistline, and feel the leftover fat on my stomach—not good.

Sometimes, I even drop my pants. Stand sideways, then straight on. Look for lines in the back of my thighs, look at how close they are to rubbing together in the front. I lift one leg up so
my thigh is parallel to the ground and my calf is perpendicular. One of my ritual tests. I shake—
look for the wiggles of fat. Not bad, but could be better. Look at my face. How pudgy are my
cheeks. Pull the fat down with my fingers to test—pretty good. Bite the corners of my cheek to see how I would look with a skinnier face.  

“Diary of a Perfectionist” I titled the journal entry above, which goes on to describe, in relentless detail, portioning Grape Nuts handful by handful, studying my cheeks and thighs in the mirror, restlessness, craving food but not feeling hunger, and apples that are only sixty-two calories. Before the entry I wrote, “I am scared to write this because I fear looking back on it may be incredibly painful and uncomfortable and yet I have to write it because I fear this is getting locked up inside me. It is a very odd feeling to be trapped inside your head. The mind is very powerful.”

As the disorder becomes more entrenched teens begin to organize their lives around management of binge eating and compulsory activities related to it. (Lock and Le Grange 20)

How many calories does that have? And how many minutes of running does that equal? What can I eat to fill me up just enough? I plan out meals that will be low calorie but fulfilling. How late can I eat so that I won’t have to eat again for another several hours? That boy, he is lucky. He can eat without any concerns for his weight. Some times, during meal times, my hands slip down to my sides so I can feel my love handles. If they are skinny enough, I can eat a little more.

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3 The boxes represent passages from my journal.
If I sleep late, I will eat breakfast later. I can eat lunch later and prevent having a snack between lunch and dinner.

**Order:** To place in order, give order to; to arrange in a particular order; to arrange methodically or suitably.

An eating disorder is defined by the *Oxford English Dictionary* as “abnormal or disturbed eating habits.” Disordered eating is “a wide range of irregular eating behaviors.” These words *abnormal, disturbed,* and *irregular* imply chaotic and erratic behavior, which sounds quite different from counting Grape Nuts handful by handful and chronicling the day minute by minute.

In my experience, an eating disorder is anything but disorder. Anorexia is order taken to the extreme, an obsession for every part of your life to be arranged methodically, categorically, neatly, and perfectly.

*Patients report their mind-numbing preoccupations with counting calories, reading recipes, counting fat grams, weighing, measuring, special cookware, plates, and so on.*

*(Lock and Le Grange 47)*

Over the course of freshman year, I stopped eating the Teddy Grahams and Milano cookies that were brought into our writing class. I stopped eating meat after an environmental group came into our dining hall. I exercised every day, alternating between running outside and in the gym on the elliptical. I stopped drinking alcohol. Empty calories, so I pretended to take
shots of vodka, joining in rambunctious cheers and toasts of my friends, but really it was water or I spilled the vodka on the carpet when no one was looking. I brushed my teeth earlier in the evening, sometimes around 8:00 to discourage late night snacking. I kept only apples in my room so I wouldn’t over-snack. I checked all of the Runners World magazines out of the library. I followed their advice for stretching, exercise, eating, and sleeping. I started freezing bananas covered in yogurt and almonds to eat after my runs because they were the “perfect recovery food.”

My friends at Stanford didn’t say anything. Either the change was so gradual that they didn’t notice my weight loss, or they forgot what I looked like at the start of the year, or they didn’t feel comfortable telling me that it wasn’t normal to eat salad dressed with cottage cheese for dinner and exercise twice a day, or, I had disappeared so far into the shadows freshman year that they didn’t notice me at all.

I think it is very easy to lose yourself in college. With the dramatic change in location and lifestyle and people, the ground under you completely shifts. If you don’t have a good sense of self, you have nothing solid to stand on and you lose your footing.

I wrote in my journal about my friends who lost themselves in college, those who became “party animals” and one girl who lost her virginity while drunk. Then, I hesitantly turned the light on myself. “And it happened to me too, I guess.”

But I didn’t just lose my footing. I was not just stumbling and tripping over my new surroundings at Stanford like most of my friends. The emptiness inside of me had opened me up.
Today, when I was running, I had a memory of my last night at Stanford freshman year. By this point, all my good friends were gone. I was all packed: my books, clothes, decorations, and bed sheets. My side of the room was stripped empty. Christina’s was partially empty. Mostly cluttered and messy because her parents had come late that night and had begun packing things in trash bags. I had planned to sleep in the lounge because my sheets were washed, folded, and packed. Earlier there had been a High School Musical marathon going on. However, considering the fact that there was a lot of activity and it was people I’m not that close with, I chose to sleep in my room. I climbed onto the mattress and the plastic covering—bare of sheets—crinkled as I shifted. I wore my comfiest sweats and a jacket to keep warm. Since there was no pillow, I tried to ball part of my jacket so my face wouldn’t be resting on the sterile blue mattress. Looking back, it is a pathetic picture. A girl huddled and curled on an empty mattress inside an empty room on the last night of her freshman year. I think I barely slept.

*Your daughter with anorexia will assert, repeatedly, that she is fine, that she is in control, that she can make her own decisions in a rational way... “I can take care of myself” is also very persuasive to most parents. However, the way the physiology and psychology of starvation work is that at a certain point, usually once weight loss has clearly begun, the adolescent loses control over this process and cannot stop dieting, or get herself to eat a decent amount of food, even if she wants to. The anorexia has firmly established control over the thinking and behavior of your adolescent.* (Lock and Le Grange 103)

*Order: To give orders for (something to be done, etc.); to bid, command, direct.*
My mom had buttered the two large waffles and drizzled them with syrup by the time they arrived in front of me. I was immediately uneasy that I wasn’t allowed to put the condiments on myself. The more I looked at the waffles glistening in their decadence, the more I didn’t like my mom. The insides of me were starting to itch with anxiety but she sat across from me with her own plate of waffles, waiting for me to pick up my fork. I choked the itching down, then choked down the waffles. Whatever conversation we had was lost in the fear of eating such a large meal.

The plate clattered when I put it in the sink. “I’m going to Red Rocks,” I said. “To go for a walk.”

My mom could only sadly agree.

I sprinted furiously up and down the hills of my five-mile loop. Any tiredness in my legs was erased by a burning need to purge the waffles from my stomach. In the car ride home I dried my sweat and combed my hair with my fingers and put it back into a fresh ponytail.

“How was your walk?” my mom asked.

“Fine.”

*Anorexia by definition is a suspicious way of being in the world. It’s very protective of itself and of its rituals, behaviors, and processes. That’s the nature of it; it’s quite resilient and resistant to change. (Dr. James Lock)*

I told other lies to my parents: that I had huevos rancheros at Mr. Barton’s house, that I ate all the lunch I made for myself, that I drank shakes and ate soft pretzels during my breaks at
the Trading Post, that I had a Sonic Chicken Burger with my friends, that I ate a whole bagel instead of a half, that I had breakfast while they were gone so I wasn’t hungry for lunch.

It barely occurred to me that I was doing something wrong. My parents were wrong in making me eat so much. I had no choice but to lie.

*It’s a thinking process. That kind of strange thinking, skewed thinking. There is a certain thing you have to protect, and that is your line of thinking.* (Professor Kenneth Chance)

When my high school friend Sophie hugged me, she could feel what was left of me through my sweats. “Mari, you’ve gotten so skinny!” She said it with surprise, the way she might say, “Mari, you’ve shaved your head!” This was the first time someone said those words to me, but I would hear them many more times over the summer, from my boss, my friends, and my friends’ moms. The tone of their voices never registered. “You’ve gotten so skinny! You’ve lost weight!” they said with alarm. I could not hear the alarm, or the subtext: “I’m so worried about you.” I could only hear the outline of their words, which I interpreted as approval.

*Someone with anorexia doesn’t appreciate the dangers and will do almost anything to protect it, that is, prevent you from “taking it away.”* (Lock and Le Grange 106)

I sat in a circle with my best friends from high school. One by one, we shared our experiences from college. “Classes? Friends? The dorm? A boyfriend?” they gushed when it was my turn. I tried to articulate moments for them but I couldn’t pull a string from the thick glob in my head. For the last six months, the most prominent topics on my mind were food and exercise.
They were shadows following me everywhere and it was difficult to describe my life without them. At the same time, they gave every story that came to mind a dull tint. Every story felt the same. In the end, I talked about classes.

In a way, that summer you weren’t as social with your friends. I think there was something about yourself that you kind of were closing in a little bit and maybe not aware of it. (Mom)

Instead of talking about myself, I pushed questions onto the rest of my friends. I asked hungrily for details about their years at college while divulging no more than generalities and lies about mine. That summer, my mom and I went on a long bike ride and I asked her all about how she met my dad. I talked to my grandpa about what he thought about life after death. I was intensely interested in other people because I ceased to exist as an important person in my mind. I discounted the fact that what I had to say was meaningful. My own narrative was breaking.

I don’t think I’m depressed. Like I said, I am content, and content with simple. I don’t necessarily want to see friends or be with people. Instead, I am satisfied biking to the library by myself and browsing there for a couple of hours, as I did today. Or cooking a meal by myself.

Sometimes the secret you think you’re keeping is not that you’re bulimic/anorexic/alcoholic. It may be something else. I have to keep everything a secret because if I reveal something, I may be revealing something I don’t want to reveal, even to myself. (Professor Kenneth Chance)
My mom was in the study talking on the phone. I picked up the other phone in the living room, covering the receiver with my hand so she wouldn’t hear me.

“…an appointment for Mari?” My mom’s voice.

“Of course. What will she be coming in for?” Presumably a nurse.

“Well, she has had a cold that has lasted for several weeks.” A pause. “I am also worried that Mari has lost a lot of weight at school. She came back much thinner…”

My breath was in wisps as I trembled in the corner of the living room.

“And what date would be best?”

“I have Mari’s work schedule for this week.”

I placed my finger over the receiver to hang up the phone.

*I felt kind of bad about that time period because I wasn’t really invested in the family very much then, but I mean, it was just weird because I didn’t really know what was going on. I really had no idea of the severity, of yours at least. Mom was always gone and would talk to me on the phone. I was alone a lot. I don’t know; it was just kind of confusing mostly. (Kimi)*

“I’m worried about how long you have been sick,” my mom said. We were biking along a quiet dirt road in New Hampshire where we were vacationing with our relatives. The fresh pine trees and smoke spouting from small chimneys smelled like Christmas. Lake Winnipesaukee glistened with the first drops of sunlight.

“Mhm,” I said, not ready to commit or confess. The dirt crunched beneath our bike tires.
“And I have noticed that you are not eating very much. It will be hard to get better, I think, if you are not eating enough.”

I let her words turn in my head as we pedaled. I thought about what it would be like to confess everything. “I’m sick,” I would say. “Not just my cough but there is something sick about me. I can’t sleep at night. I try to eat but it makes me frustrated and angry. Every bite I think of the calories and the fat and it is always too much. I threw away most of the sandwich Grandma made me because one side was covered in mayonnaise and it had cheese and I cried looking at it in the trash because I knew there was something wrong with me. It hurts when I run, but something inside me won’t let me stop. I’m not myself. I’m lonely and I need help. I need help.” The words swelled inside me. It would feel so good to say them and I took deep breaths in preparation for the words but they got choked and lost somewhere in my throat.

“I have, I did, this year, have some trouble with eating,” I finally said aloud, thankful that I didn’t have to look at my mom as we biked side by side. “But I think it is better, now that I’m home with you and everyone. I think I will get better.” The empty space inside me howled like wind inside a canyon.

I didn’t look at my mom now pedaling a few feet behind me. She didn’t say anything. She knew that this confession was not all of it.

As the sun rose and the path curved, our conversation fizzled out. What would have happened if we had stopped our bikes and looked at each other? She might have seen the fear in my eyes when I said, “I think I will get better.” I might have heard the fear in her voice that she was trying to hide when she asked me about being sick. But against our desires, we said nothing.
Later that night, I was lying out on the deck. We were all outside, waiting for the fish to finish cooking for dinner. My eleven-year-old cousin asked about the bone that was sticking out of my shoulder.

“Brian, don’t say that!” my aunt reprimanded him.

“But I’ve never seen a bone like that,” he said. “It’s really sticking out.” He reached to touch it.

“Drop it,” my aunt snapped.

I think when you were sickest...you know I, I understand and I don’t blame you but I don’t think that you were open in sharing your feelings with us, or with me in any case. (Dad)

That was a very vivid memory of understanding I can’t relate to this disease. I don’t understand how you’re thinking. At that point you weren’t able to communicate. (Mom)

The language of eating disorders is that which is unsaid, misunderstood, and concealed. My family’s silence was not because that they didn’t want to speak. Rather, they didn’t know what to say or how to say it. They didn’t want to push me away further. My mom said, “you [were] an adult and I was so concerned that [it] would impact our relationship for life. That I would be in a position of trying to control or know what’s best for you or direct you in a way that didn’t honor or respect who you were.” They wanted to respect my privacy. They wanted to trust me when I said I could handle it on my own.
I was equally culpable in the silence. A part of me needed to protect my eating disorder by staying silent. Another part of me was lost for words; I had no vocabulary for this dark internal suffering wrapped around every part of my body.

The young anorectic, typically, experiences her life as well as her hungers as being out of control. She is a perfectionist and can never carry out the tasks she sets herself in a way that meets her own rigorous standards. She is torn by conflicting and contradictory expectations and demands, wanting to shine in all areas of student life, confused about where to place most of her energies, what to focus on, as she develops into an adult. Usually, the anorexic syndrome emerges, not as a conscious decision to get as thin as possible, but as the result of her having begun a diet fairly casually, often at the suggestion of a parent, having succeeded splendidly in taking off five or ten pounds, and then having gotten hooked on the intoxicating feeling of accomplishment and control.

(Bordo 149)
Part 2: Ruin

“Oh I remember you. You were training for a marathon,” Dr. Tepper says, looking through her notes from my visit to Vaden Health Center two years ago.

“Yeah,” I chuckle uncomfortably, “that was me.”

Dr. Tepper is helping me fill a gap in my story. I mentioned to her that a few weeks ago, I shared a creative nonfiction piece with my writing class that recounted the day I was sent to the hospital. I told Dr. Tepper that one of my classmates questioned this part of the story during which I came to Vaden to get my vital signs checked:

*I had to change into a hospital gown for the EKG. I laid down on the crinkly white paper and watched the nurse rub her hands together. “Just trying to warm them up for you,” she said. She put metal discs on my chest and attached wires to the metal discs, then the wires to the big machine. It was peaceful staring at the white ceiling. I thought about the hospital; it wouldn’t be bad. I was proud that I had needed the small blood pressure band. It meant that my arm was skinny. It was nice having a nurse next to me who warmed up her hands just for me.*

*When the five minutes had passed, she touched my arm. “You’re all finished, honey.”*  
*I thought she would be horrified by the results. “That’s all? I can go?”*  
*“I’ll give this to Dr. Tepper. She needs to analyze the results, and she will call you if there are any problems.”*

My classmate said, “I don’t mean to question your story, because I am sure that it is true, but I am confused why the nurse let you leave if it was apparent that you were so sick.”
I started to explain that the EKG needed to be interpreted by the doctor as I had written, but I realized that he had a point.

“It just seems like if your blood pressure and heart rate were so low, wouldn’t the doctors know you needed to go to the hospital even without the EKG?” he continued.

“Hmm.” I rubbed my forehead, “I can’t remember.”

I explain all this to Dr. Tepper. She, too, cannot remember what happened that day and suggests looking at my medical records. She scans the computer screen with her index finger, searching the notes from my initial visit in order to solve the riddle.

“That’s right! You snuck out,” she says suddenly. “You left before I could see you and do an exam. You had a class to go to—well, you said you had a class. I sent you a message and called. I spoke to Dr. Pariseau who was over at the hospital. Here it is: September 27, 2010: 10:00 in the morning that you were here. 11:10 you left for class. What did you have that was more important?”

In the interview I laughed in response to the question. “I don’t know,” I said. I didn’t know. I still don’t know. What I wrote in the story was what I remembered: that the nurse told me that the results needed to be interpreted. But did the nurse really tell me that I could go? Did I really have a class at 11:00? Or did I sneak out because I was afraid of being admitted to the hospital?

These are pieces of the story that escape me, parts that I hid so well from others that I can no longer reach them myself. I can’t remember if the version I told in my creative nonfiction piece is true, or if I lied so convincingly that I started to believe the lie myself. What happened on September 27th at 11:00 a.m.? Some pieces of the story I can no longer access.
I have a memory of walking into a store. It must have been shortly before I went to Dr. Tepper’s office. I can’t recall what the store sold or what I needed, but I do remember a man behind a counter all the way on the other side of the room who was looking at me. I was so overwhelmed by the store and confused as to what to do that I left before he could offer to help. Several times I have tried to recall where I was and what I needed, but the memory is smudged around the edges.

All my memories of the summer and the beginning of sophomore year are hazy. Life lost its sharp edges. Recollections of this time are blunt and bleed into one another. They are like photos that have faded, photos separate and out of order. Life lived between them is lost.

The missing pieces are part of the silence—they won’t return.

I craft my ruin in light of the missing pieces.

**Ruin:** The action of falling down; collapse, destruction, downfall

Mom was driving. I was in the passenger seat. Both our eyes were looking straight ahead. “Kenji said he’s worried about you.” I made no change in my facial expression. “I talked to him on the phone and he asked me about you. He’s worried.”

*I remember just being really sad not being there to help you more because I was in Ecuador. (Kenji)*

I waved my mom away when she tried to show me websites about anorexia but looked at them inside my room with the door closed. The symptoms echoed somewhere in my body.
I remember when we ran around Rampart Reservoir. You were in great shape. You were working towards this marathon. I think if you weren’t developing an eating disorder, those would have been huge highs. But do you remember when you got in front of me? It was night. I was on the bicycle. You were so far ahead of me. I was kind of scared. Dragging this bike at night and you were how far ahead and I just remember loving that kind of adventure but thinking “this is too extreme to even enjoy.” Thinking, “it’s gone a little bad. What are we doing in the middle of the night?” (Mom)

“I remember you talked to me in the car one time, and for some reason you were talking to mom about something I was not doing right so I thought you were going to lecture me on that, so I was in a bad mood in the car and then I remember you said that and I was just kind of shocked,” Kimi recalled in our interview.

“Said what?”

“You told me that you thought you were anorexic.”

I have no memory of this confession.

I must have told her because I was looking for a way out. I didn’t want to keep restricting. It was my suicide note—I wanted my sister to save me.

Or, I told her because I knew there would be no consequences. I told her because I was proud of my disorder, because I wanted to feel the warm rush of a confession. I told her because I wanted to tell someone how sick I was—that I was so sick my disorder had a name. And I wanted to tell someone who wouldn’t make me stop.
I had my own life so since we weren’t getting along it was just much easier to disconnect than to, you know... which I feel awful about. But that was just so much easier than investing myself and really trying to figure it out. (Kimi)

Kenji called me from Stanford. He was there three weeks early for Resident Assistant training. He told me that he was getting counseling to work out some problems he had with eating and exercise. Kenji said the counseling has been great and suggested that I try it. I told him I would when I returned to Stanford.

Well, I think the hardest time was over the summer, before you went back [to Stanford]. I mean, just knowing that things weren’t getting better and you were going to go back. (Dad)

I need to remember how lucky I am. I’m at Stanford! I am going to get a fantastic education. I need to be open to that fact—embrace it—look forward to it.

Paradoxically, when someone with anorexia continues to starve himself, it actually becomes easier and easier not to eat... it becomes easier to feel a sense of mastery over these urges, and with time the teenager no longer feels any hunger. (Lock and Le Grange 110)

“Mari?”
The man who spoke was wearing crisp black pants and a white button up shirt, with the sleeves carefully rolled to his elbows. He wore square black glasses and his hair was gelled into soft points. When I raised my hand a bit and shifted to get my backpack, his face softened into a smile.

“Nice to meet you, Mari. Please follow me.” He led me through the open door where he waited for me to sit before sitting himself in a red scoop chair. The room was warm and light. I had a view of a spare desk and a waterfall calendar hanging on the wall. There was a table with a small bowl of candies, a rainbow flag, a plush cow, a yellow legal pad with a fountain pen, and a box of tissues.

Andy, who would be my counselor for the next seven months, introduced himself. His hands were folded in his lap, legs crossed. His accent made sense when he explained that he was from Thailand. He gave me snippets of his professional career and then turned the conversation to me with a gesture of his hand.

“I’m a sophomore,” I started. “Majoring in English, living in Toyon.” Should I get to the eating disorder right away? Should I say it out loud? “I’m originally from Colorado. My brother goes here.” It felt like picking facts with a dartboard and bad aim. “I came here because my brother was worried that I might have some issues with my eating.”

I looked down at the carpet to signal that I was done. There was a long silence that settled in the air as I looked at his shoes and wondered if they were made out of alligator.

“Thank you for telling me, and thank you for coming here. I’m glad your brother encouraged you to come, but it took a lot of bravery for you to actually call and show up. So thank you, I’m glad you are here.”
His words, so kind and gentle, loosened me, loosened some screw that I didn't know was too tight and I found myself crying. In a body that was in a drought, depleted and scarce of emotion, the moist tears felt warm and wonderful. Andy offered me the tissue box.

I explained the summer and said that I might have an eating disorder, which prompted a spill of fresh tears. Outside the white walls of this room, my body was geared for starvation and secrets, in the way I acted, ran, and ate. It was in the way I talked to people. “Have you lost weight?” they would ask, looking for a way to express their concern, but I would close the door immediately with, “I’m training for a marathon!” In every way, I exerted the message that I didn’t need help. But something in this room appealed to the very small part of me that was asking for help, begging for it. It had a voice in this room. I let myself tell Andy everything: about my obsessive calorie counting and how I don’t really like running but now I have to, how much I hurt my family—the secrets I was too afraid to tell my family. It was not the prideful confession to my sister in the car. Here, my sorrow leaked and it would not stop flowing.

At the end of the hour-long session, Andy suggested group therapy. I lied to him, saying I had a conflict with the time. I lied because I didn’t want to meet other girls. I just wanted to work with Andy. I wanted to feel all the warmth of his attention.

Andy’s notes:

*Client’s current distress seems to be related to her fear of having an eating disorder.*

*Although further assessment is needed, client appears to meet some criteria for eating disorders. Client also seems to have distorted body-image as evidenced by her self-report. At this time, client is considered to be significantly underweight, and that she may be able to benefit from consulting with a nutritionist. In addition, client may be able to*
benefit from individual and group counseling to further explore her symptoms related to eating disorders.

To the great surprise of everyone in our family, Kenji went to the hospital first. He called during lunch and told me the news over the crackling phone: that when he went to the doctor to get his vital signs checked, she said he needed to go to the hospital that night because his heart rate was very low. He was crying over the phone.

I dumped my lunch in the trash and ran to Kenji’s dorm. We walked side by side on the pavement in small loops around the parking lot. He told me that the doctors wanted him to be in the hospital for about two weeks. I agreed with Kenji that he didn’t need to go. I couldn’t see with my eyes that Kenji was underweight. I could remember only one clue that foreshadowed this turn of events: in September when he departed for his Resident Assistant training. That day, the whole family gathered on the front steps to see him off. Kenji had said that he thought his suitcase might be overweight. My mom, always nervous about getting to the airport on time, said “Why didn’t you think of this earlier?” I said that I could go get the scale. We put it on a flat piece of cement and Kenji weighed his suitcase. Then, he stepped on the scale himself. He said that he was lighter than he expected. My mom agreed. She seemed overall nervous—about getting to the airport on time and about Kenji’s weight—and I think it reminded her of my weight. I was on the steps behind her. She told Kenji to eat a lot at Stanford. We all hugged Kenji and waved as he and my dad drove down the hill.

“I can’t go to the hospital now,” Kenji said as we stepped over cracks in the sidewalk. “I have my job and I’m helping teach the biology course.” I hugged him and said we would find a
solution. Later that day, my parents called and asked me to convince Kenji to go to the hospital. They said that the doctor had called them and it was, indeed, serious.

I asked Kenji in our interview if he could explain the cause of his eating disorder:

*It’s just because our family emphasized exercise so much growing up, and that in combination with the media messages you always hear about how you can only eat this many calories and you have to look a certain way and those two things combined to imprint [the message] in my mind that you were supposed to really tightly control what you consume and how much you exercise. It was always something I was conscious of in high school but it was easy because I played soccer a lot and you just, you just eat…It wasn’t hard to balance, but then college when there’s this idea of the freshman fifteen…I became really insane about eating properly and for whatever reason, I don’t know why, I started eating all these salads and then started exercising a lot, or not even exercising a lot but exercising regularly—literally made sure I was exercising every day to the point I would miss out on things to exercise every day. And then it just got a little bit more intense as the years went on, I mean, between freshman, sophomore, and junior year, and then I realized I started to lose perspective—I’d very clearly started to lose perspective. (Kenji)*

My mom flew out on a one-way ticket from Colorado to be with Kenji in the hospital. She often picked me up at Stanford when I was done with classes so I could spend my afternoons and evenings with them. I sat in the windowsill overlooking the parking lot with my homework in my lap while Kenji, attached to a heart rate monitor, sat or lay in bed. My mom sat in the
chair next to the bed. I listened to them talk. The nurses said that I was nice to spend so much time with my brother. I didn’t tell them that being in the hospital was much better than being in my lonely dorm room at Stanford. Occasionally, I put my thumb around my wrist and counted my own pulse to compare it to Kenji’s, which always beeped softly in the background.

During Kenji’s five-day stay in the hospital, I went to see the nutritionist at Stanford, as Andy suggested. She was horrified when I told her my weight and running schedule. She kept making “ooh” sounds as she shook her head. “I’m worried, I’m worried,” she said with arched eyebrows. “You need to make an appointment with Dr. Tepper to have your vital signs checked.” I made an appointment with Dr. Tepper.

The morning I went to see Dr. Tepper, Kenji was discharged from the hospital.

I shudder what life would have been like had I not gone to the hospital because it would have just been terrible and I would have been a wreck. I’m very grateful I went to the hospital, that’s for sure. (Kenji)

“Hello?”

“Hi Mari, this is Dr. Tepper.” A pause, to let her name sink in. “Did you get my email?”

“No, I haven’t checked yet.”

“It turns out that your heart rate on your EKG was 39. This is very dangerous and you absolutely should not be running at all. I won’t have your labs back until later, but since your pulse, blood pressure, and body temperature are also very low, you need to be in the hospital to be monitored and treated.”
I was silent.

“You need to go to the hospital today, Mari. This is very dangerous.”

“Okay.” Was I supposed to cry? How would I tell my friends? Did I really want to go?

Maybe I could go on Friday instead. Today was Tuesday. Three days would give me time to get my assignments from my classes so I wouldn’t fall behind.

The phone line could have gone dead, but then I heard Dr. Tepper’s voice again, softer this time: “I know your brother was just at the hospital—he might be a good person to talk to.”

“Yeah.”

“Do you have any questions for me?”

I was still frozen in place at the post office. “No, thank you.”

“Please go to the hospital today.”

_That is one of the biggest challenges. To basically meet someone that you hardly know at all and to announce to them that they need to be in the hospital...You go through those five stages of grief: denial, anger—have to get through all of it in a very short visit because you have to get them to acceptance._ (Dr. Robyn Tepper).

“Mom?”

“Hi Mari.” I could hear the relief in her voice that I finally answered. But it turned quickly into panic. “Are you alright?”

“I’m fine.”

“Where are you?”

“In my room.”
“I’m outside your dorm. Can I pick you up to go to the hospital? Mari, I’m sorry.”

Had she been outside my dorm all day? I closed the blinds in my room in case she could see me. “I was thinking it would be better if I go to the hospital on Friday. That way I have a chance to explain to all my professors and get makeup work.” I was being calm on purpose because I knew it would scare her.

“Mari, the doctors said you need to go tonight.”

“It’s fine, it’s fine, mom.” Anger tugged at the corner of my voice so I had to work harder to keep it even. “I have been like this for a long time—a few more nights won’t hurt.”

“The doctors said you’re not thinking clearly. Remember what the nurses told Kenji about the anorexic fog? I think that is what you are feeling now. You need to trust them.”

“Bye,” I said and hung up the phone.

\[I\ \text{couldn’t believe that within a few hours I’d enter [a hospital] myself. Here was failure—of nerve, of breeding—more drastic that I’d ever dreamed of. (Mairs 126)}\]

The hospital represented my failure to take care of myself during college. The hospital was expensive. It was embarrassing. For all these reasons, I outwardly resisted it. I eluded my family’s concerned phone calls all day. I said I didn’t want to go.

Which was not entirely true. It was not half true. Another part of my body, stronger than the resistance, longed for the hospital. It celebrated my low heart rate and weight because they meant that I deserved to go to the hospital, that I deserved the gown and the heart rate monitor and my parents flying out and the stream of doctors, nurses, and psychologists rushing in and out. When Dr. Tepper called with the news, I felt vaguely victorious. If I had run the marathon,
this would be the moment of crossing the finish line. After pounding my body through 26.2 grueling miles of pain and anguish, it would be the moment when I could stop running, hunch down with my hands over my head, crumple and take deep breaths, feel the pain throb in every part of my body and at last acknowledge it, acknowledge the pain, knowing that it was over.

_Often times we have situations where we are trying to admit someone we are really, really worried about and they aren’t worried about themselves; they don’t see any problems...A lot of times we’ll be in situations where they are valuing other parts of their life more—they don’t want to be in the hospital, leave their studies. They’ve been very achievement oriented, so to be in the hospital would be very derailing to their career path or their studies. In a way it speaks to the illness, that there has been a setting aside of personal needs for the sake of striving and achievement. Conversations can be challenging, so often you are in a position of trying to outline why the person really needs treatment, why you are really worried, when frequently the person is not very worried about themselves._ (Dr. Cynthia Kapphahn)

I ran over to Kenji’s dorm and knocked on his window. He gave me a big hug when he let me in and we sat on the couch. I noticed that his room was stocked with nuts, trail bars, graham crackers, peanut butter, cereal, and Ensure drinks that my mom must have bought him. I told Kenji that I was supposed to go to the hospital and I told him all the reasons I didn’t need to.

“I know it is hard but I’m worried about you. Ever since last summer, you haven’t seemed like yourself. You always seem so sad and it scares me.”
Kenji walked with me out to the parking lot. He had called Mom and she met us there with the car. I was crying. Kenji gave me a hug. “It’s going to be alright.”

In the dark and quiet car, I slipped out of Stanford with barely a wrinkle.

*You’re dealing with someone with an illness who doesn’t want to get better; it’s too scary for them to get better.* (Dr. Robyn Tepper)

I cast a final look at the thick hospital doors we had just entered. My mom took my suitcase. Unbound from the handle, I felt a flutter of freedom and wondered if I should leave while I still could, before my signature on all the forms tattooed me permanently in the hospital’s system. But the nurse placed a warm hand on my shoulder. I looked up and followed her around the corner and into the room. I recognized the bed, the heart rate monitor, and the perch by the window. It was the room Kenji had vacated that morning. The bed had fresh sheets waiting.

The room was dark and a nurse stood over me with her hand on my shoulder when I opened my eyes. “You need to drink this,” she said and handed me a Styrofoam cup with a straw. I recognized it as the same drink they gave me before bed. It had been cold then, now it was room temperature. “Your heart rate went below thirty-five so we have to give you some Boost,” she explained.

The nurse did not leave while I sipped. I realized that she had to wait for me to finish. I tried to hurry, for her sake. I didn’t make conversation because it was the middle of the night. The straw made an empty sucking noise and I handed the cup back to her.
“Mari. Mari.” The nurse was gently shaking me awake. It was still dark, but I could tell that it was early morning from the slivers of sunlight out the window. The heart rate monitor at my side emitted a steady stream of faint beeps.

“I need you to change into this gown.” The nurse helped untangle me from the heart rate monitor so I could change in the bathroom. When I emerged, she was waiting for me with the electronic scale. I stepped on, the black ridges familiar under my bare feet. I couldn’t see the weight because a paper flap covered the numbers. I thought about our scale at home, now hidden in my mom’s closet underneath her long pants and skirts where she didn’t want me to find it. The nurse peeked at the weight, thanked me, and told me I could go back to bed until breakfast. As she walked away, I watched intently at the number she scribbled on the paper.

I slept until the nurse brought my breakfast—an English muffin, eggs, orange juice, and milk—and sat next to my bed while I ate. She introduced herself and told me that I would be on bedrest until my heart rate improved. We chatted about her kids and about Stanford. When I was halfway through my English muffin, she said, “Oh, I should tell you before you finish that that you need to use all of the butter.” The butter sat at the corner of the tray unopened, a small thumb-sized container. She explained the rule about meals in the hospital: you had to eat everything on your tray or whatever you didn’t eat was substituted with Ensure, a liquid dietary supplement. I smeared the butter on the remaining half of my English muffin. It tasted, in all its creamy, rich, and overpowering decadence, delicious.

I feared getting fat. I sobbed over my lost marathon. I was anxious about the cookies and brownies that came with the meals and eating three meals and two snacks a day. I was restless lying in bed all day. Nevertheless, it was a deep relief to turn over control. For all the areas in my
life I had squeezed so tightly—the way I ate, what I ate, when I ran, how much I ran, the
bottomless self-discipline and tireless perfectionism, all methods of organizing and structuring
my days—I could now loosen my grip, let these parts of my life slip through my fingers and
somebody else would pick them up for me. Andy would use the metaphor of squeezing and
letting go throughout our therapy sessions after I was released from the hospital. He would tell
me that it was like I was holding a pointy stone in my hand, holding it so tightly, trying to keep
control, that it was cutting my hand. “Could you loosen your grip, let go a little bit?” he asked.
My mom would use the same phrasing when I was standing in the kitchen during Christmas
break, when it was snack time and I was supposed to eat but everything in my body told me not
to. “It’s okay, Mari. Let go,” she said, which meant Let go, I’ll take care of you.

I sent a message to my best friends from high school to tell them what had happened.
They had been worried over the summer. They, like my family, had struggled to find the right
words to say to me.

Their responses poured back almost immediately:

*I just want to say that I am absolutely amazed by the amount of courage you have in the whole situation.*

*You can get better and feel strong and continue to make the difference that you already make in so many people's lives (myself included).*

*You just need some Mari-time right now. Try to relax (I know it is hard), but just breathe and feel the love. We are here for you Mari, always.*
Let your mind relax and your body fight back—it's built to heal itself. Sometimes our minds get in the way of the process, but given time it will find a way.

They sent voicemails too and even a flowers. “I listened to your phone messages late last night after a kind of tough day,” I wrote them. “They made me smile and feel cared for.” I was using their words, all of them, to lift me out of the leftover loneliness from Stanford. “It feels good to finally be addressing this problem. I hope to leave here physically and mentally healthy—which is something I realize I haven't been for a long time.”

In a strange way we were free. We’d reached the end of the line. We had nothing more to lose. Our privacy, our liberty, our dignity: All of this was gone and we were stripped down to the bare bones of ourselves. (Kaysen 94)

I met the other patients in the hospital for the first time in a theatre therapy workshop. After all introductions were made, the visiting acting coaches, Jennifer and Cindy from San Francisco, explained the warm-up exercise. “Each person will say something they like, like going to the beach or Christmas, and if you feel the same way, say ‘me too,’” Jennifer explained.

“The point of the warm-up is to help us feel comfortable speaking up and comfortable responding to each other,” Cindy continued. “And if you'll say your name before you go, that will help us get to know you. Do you want to go first, Jennifer?”

“Sure.” Her voice was round enough to fill a stage. “My name is Jennifer and I like,” she tapped her finger on her chin in thought, “I like eating chocolate in bed.”
No one said anything, certainly not “me too.”

“Probably not the best thing to say here,” one girl finally offered and we all started laughing. After Jennifer’s face changed from confusion to horror, it settled into a half smile and she let out a few light chuckles.

I wrote about this incident in my journal so I wouldn’t forget. I told it to my mom and my brother. They both laughed politely, but they didn’t find the same delectable joy that I did in the punch line: “She was in a room of people with eating disorders and she said that she liked eating chocolate in bed!”

It was a kind of ecstasy, discovering that I was not alone. There were people in the world—those girls in the room that laughed too—who shared my sense of humor. And as I discovered in group therapy, they shared my pain.

“Losing weight didn’t help,” Ellen said. “I thought if I can just get to one hundred pounds, then I’ll be happy. But once I was at that weight, I wasn’t happy, and I wanted to lose more weight. So I said that I would be happy at ninety-five pounds, then ninety, and it kept going down.”

“That was like me with running,” Beth said. “I couldn’t stop myself from upping the mileage. Once I ran five miles in the morning and then five miles that same night, on the treadmill. All I had in between was five mandarin oranges.”

Brianna said, “I always thought about burning calories. When I had a few minutes to spare I would walk around the dorm just to be moving. I walked in circles around the library once between classes.”

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4 Some of the names have been changed to respect privacy and confidentiality.
“I have done that too!” I said.

“I used to do pushups in our laundry room,” said Ellen. “Because I knew my mom wouldn’t look for me there.”

What a relief to know that someone shares your darkest secret. The conversation had gotten louder and we were now on the edge of our seats sharing stories that put us dangling on the edge of lives. Our ages ranged from 11-20, five girls all connected by perilously skinny bodies and a passionate understanding of restraint.

_Dining Room Rules as of 8/10/10_

- Staff must see you eat the food to count it as eaten
- Picking apart food, cutting food into tiny pieces, crumbling food are behaviors that will not be permitted in the dining room.
- Excess crumbs/food pieces left on or around the plate will be required to be eaten or replaced with Ensure Plus
- Potato skins must be eaten; orange and banana skin does not have to be eaten.
- You must eat what is given to you at meal time--no saving food for later.
- Please ask for condiments at the start of a meal. You are allowed four extra condiments each meal in addition to the food that is on the tray.

In _Help Your Teenager Beat an Eating Disorder_, James Lock and Daniel Le Grange write, “Most younger patients experience a brief period of relief when they are treated in such [inpatient] programs. That is, when someone else takes control of their eating and weight, they
can often allow themselves to let go of the anxiety about these concerns” (48). The word that jumps out at me in this passage is “brief.”

Several days into my stay, I experienced a feeling foreign to my stomach, foreign for the past nine months: full.

*Something that I always remember is just eating dinner with you at the hospital. That was the first time I’d seen you eat something substantial in a long time. It was just like “wow.”* (Dad)

<table>
<thead>
<tr>
<th>Here is now I feel right now: full. Breakfast is huge. I had 2 sausages, 2 pancakes (drenched in syrup—you have to use all the syrup. Also covered in butter—you have to use all the butter); apple sauce, cottage cheese, and milk. What I had by 9:00 [a.m.] is probably equivalent to all the calories I would have had by 4:00 [p.m.] normally. I hate this feeling of being full.</th>
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The spreadsheet schedule made the meals look small—tiny boxes just centimeters wide: 12:30, lunch. 1:10 to 2:10, process group. 2:10-2:30, vital signs. 2:30-3:00, snack. The schedule did not account for the way in which meals bled into everything else. The hours after lunch were spent writhing in discomfort from fullness and experiencing increasing anxiety over the approaching snack. I couldn’t run, couldn’t walk, couldn’t do anything to remove myself from the food and the stress. After meals as I stared at my legs in the light on the ceiling—I could see a wavering reflection when it was turned off—something was growing in me. Something ugly. I had felt glimmers before but never had I been forced to sit with it. It was anger. Anguish. Hating myself and hating my body. Self-loathing.
This being abroad at home is what I call entreadeux. Wars cause entrededux in the histories of countries. But the worst war is the war where the enemy is on the inside; where the enemy is the person I love the most in the world, is myself. (Cixous 9-10)

My squirming in the bed has turned to writhing. Dinner is heavy and sick in my stomach.

“I know it’s hard,” my mom says, sitting in the chair next to my bed.

But she doesn’t understand. I want out of the sheets and out of the hot skin trapping my body. I want to peel off my skin to tear the fat out.

“Try to calm down, maybe it would help if we watched a movie.”

I’m not used to sharing my body with food.

“Dr. Kapphahn said the best thing to do is to take your mind off of it.”

I want to itch off all my skin. My moans rise above the level of bedside talk.

“Should I call the nurse?”

“No!”

“I’m going to get the nurse.”

“Mom, don’t leave me. Don’t get the nurse. She won’t understand.” I curl into a ball, pressing my chest so hard to my legs that my muscles quiver, jagged with destruction.

The nurse comes, and I know I should start acting like a normal patient, should start acting polite, but I can’t stop even then. Crunched in bed, my head stuffed into the pillow, I am too embarrassed to look at the nurse. There are no words to tell her that my body is waking up. That for the first time in months, I can feel my body, utterly and excruciatingly alive.
If you don’t feel overwhelmed you’re probably not necessarily dealing with it. (Levy Down)

“We are going to raise your meal plan.”

It was not a question. “What?” The thought of 200, 500, 700, 900 more calories every day. An extra muffin at breakfast, or a slice of bacon, two tubs of peanut butter with my graham crackers at snack, another roll at dinner with another pad of butter. I fumbled to find words that would explain that my meal plan was already too high. Anger racked inside my body, bumping up against walls and skin while Dr. Kapphahn explained the importance of reaching a healthy weight.

“Does that make sense?” she asked.

I barely nodded.

“Do you have any other questions for me?” she asked.

I paused for a minute. Silence fell upon us. Hospital silence: quiet beeps from my monitor and echoes of beeps from the other rooms. The music from a movie someone was watching two rooms away. The swish of the nurse’s scrubs. “When can I leave?”

Dr. Kapphahn looked at me hard. “We don’t know. We can’t discharge you until you meet the criteria. Right now, your weight, heart rate, and blood pressure are all too low.”

Dr. Kapphahn knew how many patients left too soon. She knew the statistics: that more than forty percent of patients are readmitted to the hospital at least once, that some patients come back two, three, four times because they left before they were really healthy.
A lot of treatment initially should be focused on trying to get someone to a better place physically and nutritionally, so they can be thinking more clearly and that will help with the psychological process of recovery. (Dr. Cynthia Kapphahn)

After I was promoted to Wheelchair, I was allowed to eat in the dining room with the other girls as opposed to in my bed with my mom or a nurse. Our meals were timed: thirty minutes for breakfast and snack, forty minutes for lunch and dinner. The nurse would announce the start and finish time, and almost mechanically everyone would begin opening packages and laying out silverware. Everyone had a different style. Ellen combined all her food, making a watermelon, olive, turkey, cheese, and mayonnaise sandwich. She scraped her watermelon on the side of the plate with her fork to remove extra juice. Tina took small bites and big sips of air between each bite, as if trying to make more room in her stomach. Brianna would take the tiniest bite of eggs, then put her fork down. Her spoon would go into the bowl and stay there a while as she tried to get the perfect proportion of oatmeal on her spoon.

I was a part of the silence, eyes on my food, moving mechanically through my meal. I was part of the sadness, heavy in the air like the syrup we poured over our pancakes. We were a group of young women who had forgotten how to eat, patients who were just trying to get through the meals.

Knowing that everything comes to an end is a gift of experience, a consolation gift for knowing that we ourselves are coming to an end. Before we get it we live in a continuous present, and imagine the future as more of the present. (Wolff, This Boy’s Life 230)
For a short time, I wanted to get better. There is a journal entry written about five pounds into my hospital stay. The disappearance of hunger, although uncomfortable, left me feeling good. “Let me start with perhaps the best news: I want to get better. And I feel better! I feel more energized, happier, healthier.” I wrote for three pages about how much better I was feeling and why I was feeling better. “I am healing here. Healing and loving.”

Two pages later, I listed of the pros and cons of leaving the hospital before the doctors discharged me, which meant leaving before my vital signs were stable. I could technically leave when I wanted to because I was over eighteen. The “pro” side for leaving early is longer: Literary History lecture, office hours for computer science, talk to TA about paper due Friday, see the Dalai Lama, Literary history section, not being on bedrest, choose what I want to eat, extracurricular responsibilities. The “cons” list includes heart rate not stable, not able to eat enough? (the question mark is ghosted), temptation to exercise, guilt—leaving against advice, abrupt adjustment, selfishness.

Apparently, I could not see, read, or comprehend the life threatening differences between the two lists.

The handwriting in the next journal entry is hard to make out. Mine, but a furious scrawl. It starts out fairly legible but at the end of the page the letters are only ghosts of their original shape, missing humps, crosses, and dots: “I hate my body like this. I feel fat. I don’t care what people say. Perhaps I have a skewed body image. But I can’t help it. My thighs are huge. They jiggle. I hate it. Once I get back, I’m dropping this weight. I can’t help it. When I look at my body I cry. Don’t know why. Is it because I am disgusted with my body or disgusted with myself. I felt good and healthy…5 pounds ago! I hate this. The meals. No one eats 4000 calories a day. It’s not Normal!!! Everyone here is skinny but me. I hate how self absorbed I am.
I feel gross and fat.”

The next page, so much pressure on the pen that the ink bled through, messier writing and much bigger, taking up the entire page and underlined severely: “I HATE THE WAY I LOOK RIGHT NOW!!!”

Most simply defined, pain is an all-consuming internal experience that threatens to destroy everything except itself—family, friends, language, the world, one’s thoughts, and ultimately even one’s self. (Biro 18).

I said I wanted to leave the hospital because I was so behind in schoolwork. In reality, I could no longer tolerate the meals and feeling eternally full. I wanted my body back.

I hid my food. I kept my napkin in my lap as a receptacle during meals. My hand would graze over a piece of bacon as I studied each nurse carefully. I would snatch the bacon and drop my fist to my lap, my heart pounding like I had just shoplifted the crumpled meat. I froze for a moment, waiting to hear my name called out, silently moving my eyes around the table to study each face briefly. After a few moments, when no one responded, I relaxed my shoulders and quietly tucked the bacon into the napkin.

I did sit-ups in the bathroom.

I did ab exercises in my bed.

Most importantly, I hid my narrative. I told the doctors and my parents that I was feeling much better and that I could keep up with the meal plan on my own. I told them that I wouldn’t exercise. I told them the meals were not too much trouble.
Why don’t people with eating disorders rebel against these intrusive procedures as they do at home? It could be argued that it is against their nature to be confrontational and directly rebellious. Others report that these people have supreme (and somewhat justifiable) confidence that they can undo this weight gain rather quickly once they are allowed to be in charge again. (Lock and Le Grange 48)

I wondered if the girls from the hospital were thinking about me at the breakfast table. Surely they were asking why I wasn’t there. They would have seen my empty room; it is right across from the dining room. My bed would only have my shape in it from where I slipped out of the covers. Ellen would ask first. “Did Mari leave?” and the nurse would nod. “Just this morning.” I wondered if they were imagining me walking through the thick double doors, getting in a car with my mom and driving away from the hospital. I remembered that when Kelly had left, her mom had told Ellen and me, “See you on the other side.” Now, I was on the other side.

“You will have to bring a notebook, so you can write down what the Dalai Lama says,” my mom said, her voice bringing me back into the present. We were in the car. She was taking me back to Stanford. I had a ticket to see the Dalai Lama, who was coming to Maples Pavilion to speak that morning.

“I know. I always do that with speakers,” I said. I saw her glance at me while I munched on a nut. She had asked me what foods I wanted for breakfast, my first breakfast out of the hospital, and packed everything I asked for. A bagel spread with cream cheese, a box of apple juice, a container of strawberry yogurt, and a bag of mixed nuts. I thought it was more than a quarter cup of nuts, which is what I had requested because it was what the nutritionist
recommended in her thorough list of meal plans and serving sizes, but I couldn’t complain. Not now, no, I just had to get through this final meal.

“She will be so happy to see you.”

I bit an almond in half, the soft crackle filled the small car. My mom glanced my way again. Still smiling, but I could tell that she was worried. Worried but trying to keep a smooth sheen over her face. I was trying, too, trying to act excited so it would seem like I was better and it was okay that I was leaving the hospital. I was the only one who knew that I had stayed up all night to be sure that my heart rate didn’t drop below forty-five beats per minute. And that I had kept my bed at an upright angle because your heart rate stays higher that way.

I thought about the nurses and Dr. Kapphahn entering my room that morning. Had they known that I wasn’t really healthy? I knew, and my mom knew. That is what I saw in those glances. We were both trying to act excited that I had been discharged, excited that I was about to see the Dalai Lama speak at Stanford but we were both scared that I was leaving too soon. Neither wanted to acknowledge the fear so I continued crunching on almonds.

[The doctor] suggested ten days of hospitalization, the standard term of commitment, might calm me enough so that I could try to resume my life. Was he lying to me? Did he know from the outset that ten days in a mental hospital, at least the first time, is only enough for coming apart altogether, and that the putting back together, if it gets done at all, will be prolonged and in some ways more dangerous that the collapse itself? (Mairs 126)
Ruin: That which remains after collapse or downfall

When I interviewed Professor Tobias Wolff for my thesis, I asked him if there is something he wants readers to take away from his memoir, *This Boy’s Life*. He responded that the portraits of American childhood he read growing up were idealized, which made him feel embarrassed of his own life. He said, “If I had had this book as a young man, I would have felt a sense of relief, companionship, ‘it isn’t just me, it isn’t just my family,’ and that would have been useful to me as a young person. Kind of consoling and companionable.”

I understood what Professor Wolff meant. I understood the hope he had for his memoir. “If anything,” I told him during our interview, “I want someone who is going through the same thing I was to know that if Stanford’s not the perfect place for you now, that’s okay.”

“It’s okay, yeah, I know what you mean,” he agreed.

Professor Wolff briefly mentioned the suicide on campus that had happened just two days earlier. He said that my writing could be important for this reason, to give a voice to these silences. “You’d be willing to have others read it, I hope?” he asked.

“Yeah...”

“Good.”

“A little bit scary to have other people—”

“Yeah, a little. I won’t pretend it wasn’t. Absolutely.”

“But I guess that’s just something you have to do as a writer?”

“Yeah, I think so.”

To close the interview, I asked Professor Wolff if he had any final advice for my writing.
“It sounds to me like even with the research you’re planning to do, you’re heading in the direction of memoir. I would advise you not to be afraid of doing that. It will be valuable to do that, for yourself and for others. Something this potent in one’s life is best faced head on, and not through what can become in fiction a way of off loading it.”

Writing a memoir—telling the truth—did not seem particularly challenging when I started this thesis. I was proud of my eating disorder. I had fantasies of a profile of my thesis appearing in the Stanford Daily. Friends, professors, and strangers would approach me and say, “I had no idea you went through that. You are so brave to tell your story.” I wanted their admiration for having an eating disorder and for the courage to share it truthfully and publically.

Telling the truth did not seem particularly frightening until I got to this section of the thesis: my time after the hospital when I should have continued recovering. I should have understood that the long-term effects on my health and the immediate effects on my happiness were too large a sacrifice for thinness. I should have continued to gain weight. I should have listened to the doctors and nutritionists. I should have eliminated exercise from my daily routine and eaten three meals and two snacks every day. I should have been able to take care of myself. For all of these “should have’s,” I could not. I was embarrassed to write about what seemed to be, for several months, a failure to recover.

Try to keep telling, as truthfully as you can, what happened to you. That’s always the [writing] exercise. (Abraham Verghese)

My mom dropped me off outside Toyon and we said goodbye. It was short and simple—
both of us extending the charade we had maintained in the car for just a few minutes more, for one final hug. She gave me a note, which I tucked in my pocket. I don’t remember the words we exchanged. I do remember, after she drove away, the pull in my throat when I opened the door to my dorm. With its extra wide hallways and closed doors bearing names I didn’t recognize, it felt just as lonely as it had fifteen days ago.

Diane, my roommate, was asleep. At my desk, I read my mom’s note:

*It’s interesting to me that so much of this hospital stay has revolved around your heart, and the importance of having a stable, elevated heart rate. I don't know anyone who has a bigger heart than you. I am so happy and relieved that you now have a healthy heart! It is going to help you as you face stresses and pressures in life. Please let us help you always. Know that dad and I love you with all our hearts. (Mom)*

Never had I experienced such pain, such unraveling, such disintegration, collapsing, and crumbling into pieces as I did in the hospital. It would seem that after such an experience, there would be nothing to do but rebuild myself. That is what my mom hoped for in her note.

And yet, the next morning I pulled myself out of bed for a run. I started my watch—the familiar beep a signal for my feet to start pumping—and made it halfway around Campus Drive Loop until, cramped, hot, cotton-mouthed, and absolutely exhausted, I hunched over in pain. Dr. Kapphahn had given me strict instructions for how to stay stable and continue gaining weight. She told me to follow the nutritionist’s meal plan. She told me to limit my walking to class, and she even went so far as to suggest a golf cart service. Needless to say, I was not supposed to run.

What little of me was left, I was determined to break further.
There are so many people that just don’t get better. Or we are able to get you to the point where you are stable but not healthy, and that’s sad. It’s good because you feel like someone is medically stable, they are not going to fall apart, but when you know in your heart that somebody could be better, could be healthier, and live a more full life, and that you just can’t get them there, it’s kind of disappointing. (Dr. Robyn Tepper).

On Oct 15, 2010 at 5:46 PM Sukie Jackson [my mom] wrote [this email]:

The disease is fighting and you have to stop it. You are only two days out of the hospital. The food plan that Casey gave you is the one that will help you be and stay stable. If the disease is making you think that you need to be a lower weight, the consequences of not eating enough are clear.

You will be on a downward trend. The consequence of that is that you will need to be hospitalized. At that point, I doubt you will be able to finish the quarter and you may need to come home.

I believe that you can beat this disease. You have to be strong and know that food is your medicine. You have to force yourself to eat. At the end of the day, if you haven’t met your portion requirements, you have Boost and Ensure.

We love you so much,

Mom

On Oct 15, 2010 at 6:28 PM Sukie Jackson wrote:

Dear Mari,

Please forgive my horrible sermonizing. I’ll try to call. I just worry and hope that settling back into school life is ok. I think it might be hard.
It will also be helpful in coping with your child’s illness not to underestimate just how firmly lodged these mental distortions are. You may often be tempted to talk some sense into your child. After all, it seems so clear to you. (Lock and Le Grange 98)

“Mari, do you remember how distant you were over the summer? You weren’t yourself,” my mom says over the phone. It’s been a week since I left the hospital.

“You don’t understand. Anything would be better than this. I would love to go back to feeling nothing.”

“But nothing isn’t good for your health.”

“You have never felt anything like the pain I’m in right now. I can’t stand to be in my body. I hate it. I just hate it.” I am reaching for the most dramatic comments I can find, grasping for some fragment of language that will make my mom understand. “I hate my body. You really don’t get it. Feeling nothing would be so much better than this.”

“I’m afraid you are right. I don’t get it.”

“Sometimes, I hate my body so much I think, or I have thought about…killing myself.”

The last part of the sentence is barely a whisper. I say it because I am scared of myself. There is an ugly vicious monster that it is not me but is inside of me, clawing at my insides. I need my mom to know that I am on the edge. I need her to help me.

A recent study of a large AN [anorexia nervosa] cohort (n=432) reported that 17% of individuals with lifetime diagnoses of AN reported at least one suicide attempt. (Keel 27)
My mom did not know what to do with my confession—across a phone line in Colorado she could not see me, could not hug me, so she called Linda Suk, the case manager from Stanford’s Counseling and Psychological Services who had visited me in the hospital. After my mom called Linda Suk, Linda Suk called me and we scheduled an appointment. I remember feeling small in her office, small in the large white chair. I remember white orchids in her room. I remember her posture, sitting at the end of the chair with her legs together and neatly folded under the seat. She asked me if I thought about killing myself, which I denied. She said that if I continued to lose weight, I would be forced to take a leave of absence. Afterwards I complained to my mom, “Just because I got caught with my eating disorder, I have to follow all the rules when everyone else with anorexia is free to do whatever they want. It’s not fair.”

Linda Suk’s notes:

Mari agreed to check-in with CM [case manager] after her mom called expressing her state of distress. She feels isolated and is struggling with body image, specifically around how her clothes are fitting her. She is finding it difficult to adhere to the meal plan and admitted to restricting “sometimes.” Mari denied SI [suicidal ideation]: intent or plan. She stated that “restricting is the only way that I would harm myself.” Mari stated she feels “lost and confused” about what to do as she is conflicted with “inner voices” around the fear of gaining weight as well as the fear of having to potentially be admitted to the hospital.
Andy’s office, two doors down from Linda Suk’s, was home to our once a week, sometimes twice a week sessions. Some of the meetings were long and filled with mostly silence as I stared at his shoe, trying to search my memory for an explanation or an answer. Other meetings were filled revelations, many with tears. At the beginning of a session, Andy would ask me if there was something special I wanted to talk about that day. A few times I said a topic, because I wanted him to think that I was playing an active role in my recovery. More often, shook my head apologetically. I trusted Andy and his ability to lead me towards health more than I trusted my own.

Andy’s notes:

*She tearfully mentioned that as much as she would like to care more about herself and pursue her well-being, it’s difficult for her.*

By Andy’s recommendation, I joined the Group for Students with Disordered Eating at Stanford. On my first day, Sheila, the facilitator, asked us all to introduce ourselves. There were six of us in the room, all women. Cory explained that she was recovering from bulimia and running marathons. Emily, who had bright blonde hair and gold bangles on her wrist, said that she had developed in anorexia in high school. My voice was small when I introduced myself. I was trying to look around the room to make eye contact with everyone but the effort was dizzying. I hadn’t expected to start crying as I explained freshman year, the marathon, sophomore year, and the hospital. The tissue box was passed from hand to hand until it reached me and I could bury my face in the soft white. “I’m sorry,” I said from behind my tissue.

“It’s okay.”
“It’s so normal.”

“We’re glad you’re here.”

I cried harder because they were all so kind.

_I wish we could offer units for[recovery]—you certainly put in the hours...between seeing a therapist and groups and coming to get weighed and measured and the nutrition._ (Dr. Robyn Tepper)

I had a medical appointment every Wednesday morning to ensure that my vital signs remained stable. The nurse, every week, would ask the same questions: if I had any allergies, if I was taking any medications, and the date of my last menstrual cycle, none of which ever changed. Every week I would change into a hospital gown and she would take my blood pressure, temperature, resting heart rate, orthostatic heart rate, and weight. Then Dr. Kapphahn would come in to go over the results. As long as I remained stable, I could remain at Stanford.

Medical Checkup Notes:

_Weight loss, struggling but denies symptoms of depression; denies intentional weight loss but is restricting intake; went running (not advised)._ 

I was still restricting and still running. I was still checking my body in the mirror. I was still counting calories and planning my meals, but now there was one crucial difference. Before I went to the hospital, I was ignorant, not blissfully but at least comfortably ignorant, of the harm I was causing my body through restriction and over-exercise. In the hospital, I learned the
dangerous consequences of this eating disorder behavior. I knew that women who had eating disorders broke bones like old women when they turned forty and sometimes they couldn’t get pregnant. I knew that in seventeen percent of the cases anorexia resulted in death. So now, when I went on a run or skipped a meal, I was consciously hurting myself.

*It’s still really hard because you’re fighting yourself. It’s that classic thing where you’re trying to arm wrestle yourself. It feels like you’re arm wrestling yourself if you’re trying to recover on your own. Your therapist is obviously going to try to help you and support the stronger part of you, but when they’re not there, it’s still you and the plate, or the track. (Dr. James Lock)*

For every action, there was a negative consequence. Eat, and the eating disorder is angry. Don’t eat, and my parents are angry. Eat and wallow in guilt and self-hatred. Don’t eat and go back to the hospital. Eat and get fat. Don’t eat and damage my health and my body.

My improving vital signs were good because they meant that I was getting healthier. They were bad because they meant that I was getting heavier.

If I eat this scone with breakfast, I will be close to following my meal plan. I will have a salad for lunch but also a cookie since it is Tuesday and the dining hall has cookies on Tuesday. I can have cereal as a snack after my run, but it will be a late snack because I have class until 3:05 so my run will be about an hour so I will eat at 4:15, and then I can have dinner at 7:00.

I got on and off the elliptical at the gym several times in one visit. I should work out. But I don’t want to. But it will let me eat a big dinner. But I need to gain weight. But since I gained so much weight in the hospital, I need to lose weight.
My thoughts were a complex set of balancing equations. I wished I could do what I wanted to do but I had lost touch with what I wanted. I told Andy that I had two voices in my head. One was the rational voice, which knew that my health was more important than looking skinny. The other voice, which I called the emotional voice, overwhelmed me with the desire to restrict and be skinny. I was living with a war inside my head.

*When people are so smart and educated, it can be very frustrating on their part because they’re doing something so that is so counter intellectually to what they know is helpful. There can be a level of anger at themselves. (Sheila Levin)*

I was alone in my room. I felt like a sheet on a laundry line or sand slipping through a sieve. It was the feeling of falling but without any thrill or adrenaline. It was loneliness, but I didn’t know the ache by name. It entered my body anonymously, without warning, and refused to contain itself to one part of my body.

I thought eating might fill the hole. I fixed a bowl of cereal with milk and ate it and poured in some more cheerios to use up the leftover milk and then some more milk and some more cheerios and I don’t know where or when it happened but my self-discipline snapped like a twig and my mannered eating became furious gorging. My spoon was no longer dipping but scraping. I knew I was going to binge so I wanted to get there as fast as possible. If I stopped to think, I might feel guilty or talk myself out of it. Graham crackers and peanut butter, leftover Halloween candy, dried mangoes, cliff bars, chocolates from my advisor. It was all consumed at the same furious pace and with little distinction. All along, a voice in my head comforted me. It
stroked my cheek and gave me soothing permission: “Go ahead, you need to gain a lot of weight; you need this food.” The voice of health was rationalizing my binging.

When I had eaten my way through everything in my room, the food dropped like an anchor in my stomach. I was slowly waking up to what I had done like in a dream, but the world was not blurry like it is when you first open your eyes in the morning. It was painfully vivid, sharp at the edges. I whirled to the mirror and lifted up my shirt. My stomach was bulging. It looked like it might break out of my skin.

Within minutes, I was kneeling in the bathroom with my fingers down my throat. I felt my insides writhe with discomfort as the walls of my stomach were squeezed together to force out the food that was piled inside. I felt my throat tighten. Something about the gag reflex must be connected to the tear ducts, because suddenly I could barely see the tainted toilet beneath me. I was heaving and heaving hard and the food started to come.

Among patients demonstrating “improvement,” some develop binge-purge symptoms and experience weight gain resulting in a shift in diagnosis from AN [anorexia nervosa] to BN [bulimia nervosa]. (Keel 27)

As I filled my glass with water, I tried as casually as possible to glance at the arrangement of tables in the dining room and locate a seat. I had experienced sitting down and five minutes later, everyone else—already done with their meal—apologizing because they needed to do work and so I was left alone with crumpled napkins and flecks of fried rice. I had
experienced the large round table being completely crammed, four people past its comfortable capacity, meaning that I had to walk past it, my head bowed from shame, and take my plate back to my dorm room to eat alone. I had experienced sitting at a large round table by myself and pretending to do homework as I ate.

I contemplated going to the kitchen and asking if I could go out the back door. My palms were as sweaty as the plastic cup of water. I walked slowly into the dining room and spotted a table with some people I knew. There was a space.

“Can I squeeze in?”

“Sure.” They scooted their chairs to the side while I pulled one up from another table. A few other people had just gotten their food, too. They would finish their meal around the same time as me. I sighed. For now, I was safe.

50-60% of young people with an eating disorder have a co-morbid psychiatric disorder, most commonly depression or anxiety. Over time, adolescents with eating disorders become increasingly isolated, withdrawing from friends and family. (Katzman, Kanbur, and Steinegger 270)

“Can I squeeze in?” represents the larger theme upon leaving the hospital: that I didn’t fit. I didn’t fit into the round tables at Branner dining hall. I couldn’t fit myself into the rowdy and stimulating conversation at the dinner tables, because I had nothing to say or nothing funny to say or I didn’t know anyone. I didn’t fit into discussions during my English class sections. By the
time I had worded in my head an answer to the question, the class had already moved three or four comments beyond it. And I couldn’t fit into my clothes. Before I went to the hospital, I had worn short white shorts from seventh grade and my roommate’s body hugging skirts and tank tops. Now everything I wore I had to squeeze into, or when it absolutely didn’t fit, put it in the top shelf of my closet with an unspoken promise that eventually I would be able to wear it again.

On Oct 18, 2010 at 7:59 AM Sukie Jackson wrote:

Yet another message. I write because this is a really critical time for you to beat the disease that affects your body and mind.

Please force yourself today to eat three substantial meals, two snacks and limit your exercise. This is your medicine that allows you to fight back. It gives you a clear mind and a healthy heart.

Mari, you are such a caring, loving, good person…I think a good topic for the therapist would be the question of why you don't accept and love yourself as you are now.

  For anorexia specifically, because the individual with the disorder has such limited ability to perceive how far off the course they are at times, having someone who has the ability to say “I love you and I want you to stay off the course [of the illness]” and that’s a believable thing, that helps pull you in. (Dr. James Lock)

On Oct 18, 2010 at 2:27 PM Sukie Jackson wrote:

I really believe in you. It feels like you are at a low now. This does feel like the hardest thing you have had to face in life. I know it's crazy, but pain is growth. I know I have learned the most from the most difficult challenges I faced in life. I know you can get through this. I hope you can keep your characteristic positive attitude as you face this challenge.

Your biggest fan,

Mom
Andy’s notes:

Client started the session by sharing her experience during her last medical check-up with the Vaden eating disorders clinic. She reported that although she lost 2 lbs, she doesn’t feel sad or concerned. Instead, client reported feeling satisfied because her BMI remains at the “healthy level.” When asked, client indicated that she calculated her own BMI using an online tool.

During my weekly medical appointments, the doctors decided that I would step on the scale backward so I couldn’t see my weight. Dr. Kapphahn didn’t tell me any more whether I had gained a pound or lost two since the previous appointment. She just told me that one more appointment like this and she would have to send me back to the hospital.

I didn’t want to go back. When the nurse left the room so I could change into my hospital gown, I began a habit of jumping up and down, doing squats and jumping jacks as vigorously but as quietly as possible for about a minute. I had to time it right so I would be lying down when the nurse came in. Even on the examination mattress covered with crinkly white paper, I did miniature ab exercises to keep my resting heart rate artificially high. Every appointment, I barely passed as stable.

there is still something you need, your body so soft, so alive, among the stone animals.

Admit that it is terrible to be like them, beyond harm (Glück, Descending 5)
It was my vulnerability, my fragility. When the deep destruction swept through me and I was left I torrents, the survivor of my own storm, I found pleasure in a body so weak and helpless. As I walked the tightrope between health and the hospital, it was important to stay right on the edge. I didn’t want a heartbeat or a pound above stable. I didn’t want to be healthy because then I wouldn’t be sick.

On Oct 29, 2010 at 9:45 PM Bob Tanabe [my dad] wrote:

Mari,

As you know, healthy eating is very important to me. However, I strongly recommend that in your current situation you make some healthy eating sacrifices in the interest of your health and your ability to continue to do all the wonderful things you are currently involved in at school. You need to focus on a greater caloric and protein intake, The greater caloric intake requires you to increase fats. As a temporary measure until you can gain the weight you need to gain, you should reduce your fruit and vegetable intake and choose higher calorie foods. Fruits and vegetables are of course healthy but when you are eating more of these you cannot get enough calories…

Love,

Dad

On Oct 30, 2010 at 4:47 PM Sukie Jackson wrote:

I feel beside myself with worry…I don't know if you are managing to snack. Sometimes you check in about what you have eaten and sometimes you just say you have eaten so we don't have a very good sense of whether you are eating enough.

On Oct 30, 2010 at 6:20 PM Sukie Jackson wrote:

Dear Mari,

We love you so much. Please just try your very best. Let’s take it a meal and a day at a time.
On Oct 30, 2010 at 10:26 PM Sukie Jackson wrote:

Please try to have faith that all the good people who have helped you learn so much about what you are struggling with know what is best for you.

“When we talk about an object of desire, we are really talking about a cluster of promises we want someone or something to make to us and make possible for us,” Lauren Berlant writes in the opening of her essay “Cruel Optimism” (20). Her move from *object of desire* to *cluster of promises* in the sentence imitates the move she makes in her essay: pluralizing desire. When we form an attachment, Berlant says, it is not a single object we long for but “the cluster of things that the object promises, some of which may be clear to us while others not so much” (21).

My eating disorder promised thinness; however, I now see the complex web of other promises it made me. It meant being in control. It meant showing others through my body that I was in control and I could take care of myself in college. It meant being attractive, which meant being well liked. It meant being the skinniest person in the room, which made me the best. My eating disorder was related to my performance in school: the self-discipline and perfectionism that got me my eating disorder also got me into Stanford and so to give up my eating disorder could mean giving up academic success. Part of the promise that came with an eating disorder was being weak, which meant that people around me would worry and try to help me.

*You get people who are almost married to it, you know, so attached to the illness that it’s not about body image anymore, it’s “I have to be sick because that’s who I am.” Or, it becomes more of an identity. And it doesn’t matter anymore that the person looks good, bad, scary, in fact scarier might be better if it keeps them identified with illness.* (Sheila
“Subjects who have x in their lives might not well endure the loss of their object or scene of desire, even though its presence threatens their well-being, because whatever the content of the attachment, the continuity of the form provides something of the continuity of the subject’s sense of what it means to keep in living and to look forward to being in the world” (Berlant 21). Lauren Berlant calls this unhealthy but alluring attachment “cruel optimism.” Having lived with my eating disorder for a year, I had adapted to it, and it to me. It was the way I knew how to live.
Part 3: Recovery

“I’m not hungry,” I repeat.

“I know, but you need to have a snack. Let me fix you something. How about crackers and cheese? Graham crackers and milk? How about just an apple and peanut butter?”

Everything my mom has mentioned sounds sinful. The calories are too much. The food is too heavy. I like the feeling of my stomach now: hollow in the middle and raw on the edges. I don’t look at my mom but from the corner of my eye I see her cross her arms. A small sigh escapes her lips, not of exasperation but of helplessness. “Then what can I do, Mari? You need to eat.”

I am the one who is helpless. I scrunch my toes against the cold kitchen floor and fix my eyes on the warped pattern in the wood. I shrug carelessly, but hot tears charge to the corner of my eyes and slowly roll down my face.

“Can I give you a hug?”

The question catches me off guard. Even beneath the layer of tears, I feel embarrassed by my mom’s request. I shrug again but the floor beneath me creaks because she is now standing beside me. She wraps me in her tall hug and shushes me softly. At first, I don’t return her squeeze but let my arms hang limp at her back. Then I feel her sniffle. My mom is crying. “I think this will help, Mari. You have to learn to give yourself over.”

I don’t know if it is her words or her tears but I wrap my arms around her back and bury my face in the cotton of her shirt. And I let myself go. We hug. The tears that have been strangled in my throat come out. My crying has turned into fierce vibrations as I quake with jagged breaths and heavy tears. I melt, I evaporate, I crumble, I unravel. Like when I was little
and she used to wrap me in a towel after I got out of the bathtub, I feel the warm security of pink cotton in her hug now. We stand until my head grows light from losing tears.

My mom goes into the kitchen. I hear cabinets opening, the crinkle of plastic, the clatter of silverware, unscrewing of a lid and the tinkle of ceramic plates, the fridge door opening and then closing again. We walk to the table together. She sets down a plate of graham crackers, peanut butter, and milk. We sit. She is across from me, her smile quivering. And finally, I give myself over.

Mari, I hope you can have a positive attitude toward eating these next few days. I cried tears of relief when you came out of the hospital more yourself than you had been all spring and summer. That's why it pains me that you are willing to disregard the advice of all the health professionals, Dad and myself when it comes to caring for yourself. As you said, everyone forgets that you have a disorder, and in my mind it is the disorder that is causing you to think and act the way you do. Please, please, please try to eat well and not exercise these next few days. You don't need to be gaining weight--just staying stable which is what you want also.

Love,
Mom

Lit is Mary Karr’s memoir of recovering from alcoholism. During her shaky recovery, Karr calls her sponsor and says, “It’s terrifying to think I might not be able to trust my instincts.” Her sponsor sighs over the receiver. “I can relieve your mind right now: You can’t trust your instincts” (Karr 259).

In order to begin recovering from my eating disorder, I needed to make a confession similar to the one recited by members of Alcoholics Anonymous: “We admitted we were powerless over alcohol—that our lives had become unmanageable.” I needed to admit that I
could no longer take care of myself, but such a confession went against all my instincts. It went
against the virtues of an eating disorder of which I had become master: control, perfection, and
order. As Dr. Lock says of an adolescent with an eating disorder, he or she has “this personality
of doing things and accomplishing things and managing things on their own—it’s a well-
established pattern.” For as well as I could manage my weight loss, I should be able to manage
my weight gain, I believed. I should be able to recover perfectly.

What I could not see at the time was that the voice that told me I needed to recover
perfectly was the voice of my eating disorder, the very one I needed to abandon.

*Your brain is giving you opposite feelings. So if you listen to it, that just kind of rewinds
the clock and you need to start recovery all over again because it is a process of having
to move forward.* (Levy Down)

A few weeks out of the hospital, I saw a bird trapped in a tower of my dorm. Toyon Hall
looks more like a castle than a college dormitory with elegant arched windows, wide wings, and
a giant bell tower. The bird was stuck in the tower of the winding outdoor staircase that led to the
second floor. Because of the shape of the tower, it needed to fly down before it could fly out. But
the bird was frantic, flapping furiously and slamming itself into the tower walls and the dusty
triangle of window.

From my place far below on the ground, the answer was obvious. But from my place on
the ground, I could not tell the bird what to do. I could do nothing to help it.

I described this scenario to Andy during one of our sessions. “I think the bird is me. I
have no perspective. Everyone else can see what I’m doing and how to get out, but I can’t see it.”
Andy, amazed by my metaphor, asked me what lesson I could draw from it.

“That right now, I am in the dark and I can’t really see. I need to trust everyone who is telling me to come down.”

You look at your parents, and you look at their faces, and you look at your family members and see how worried they are and how everyone’s telling you to do the same thing. It is a leap of faith. (Levy Down)

I sat down with a tray overflowing while Kenji’s had relatively little food. It was because, he explained, they had snacks in his class right before dinner so he wasn’t very hungry. That’s fine, I said. Conversation was coarse and choppy. We were sitting together in the corner of a large table, which was covered in sap-like sunlight. I kept taking sips of water and sawing off mini bites of food.

“You know what, I’ll be right back,” Kenji said. His tone was cheerful and casual. I twirled my salad on my fork while he was gone. When Kenji returned from the servery, he set down a plate of food that looked like mine, with an industrial spoonful of creamy chicken potpie and a hunk of corn bread. After we finished our meal, I followed Kenji back into the servery for a bowl of frozen yogurt.

I just remember thinking that I was happy that we were both out of the hospital and doing a lot better and just thinking I was proud of both of us. I remember noticing that it seemed like it was a little bit of an internal struggle for you—you always had a lot of food on your plate and had to eat it all, and it seemed like you did and I just tried to be
supportive. I just remember thinking that must be hard. I tried to have a good sense of humor about it. (Kenji)

Initially and understandably, Kenji did not want his eating disorder to be included in this thesis. “Sure, Kenji, that’s fine,” I said. “Family is more important than what I write; I’m positive about that.” I spoke these words as a sister and I meant them. I wouldn’t use Kenji’s story without his permission, but could I tell him that I needed it? That my narrative needed it? Kenji is the reason I went to a counselor in the first place; I went because he did. Kenji was proof that “normal people” and “good people” could have eating disorders, which helped me accept mine. His courage to go to the hospital paved the way for me. And now, I was trying to follow him into recovery. Kenji promised that I would feel better if I ate more. As I tottered uncertainly away from the eating disorder, I was using his model of recovery as a crutch, leaning on his advice, encouragement, and support, ever on the brink of falling.

For now, I think it's good to think about how you get through each day, and the next day. I'd make eating enough your first priority. You will definitely have some tough days and tough times. Honestly, everyone has those in life, and I would guess that there are lots of Stanford students who seem like they have everything together, but who have their own challenges. I like thinking of all the good things you have going in life. And that if you can be resourceful enough to find your way through difficult times, you will be a stronger person for it. An eating disorder is a huge thing to be dealing with. Don't be too hard on yourself. I am so glad you are accepting help from us.

Hang in there. Know that we love you.

Love,

Mom
It sounds easy: letting go. It is loosening one finger and then another until the crumpled eating disorder is free from your fist and falls to your feet. But what sounds like a downhill coast feels like an uphill battle. The work is exhausting and terrifying. What will be left of the world when I am through?

To give up an “absolute,” to give up a “necessity,” to give up that with which one is absolutely identified, to give up what was a point of absolute security, to give up a black-and-white world—each of the surrenders is a trial by fire. But each turns out to be a balm because these things were weights that burdened us and brought no taste of freedom. The single points of safety are gone, but now we sense that they had been dead weights.

(Lynch 117)

I go to the dining hall with the intention of following the meal plan from the nutritionist. Nothing internally feels right about it. The meal is too big and the food too unhealthy, my stomach is starting to protest, but in my mind I say my new mantra. “I surrender.” I say it many times. “I surrender. I will eat the meal you want me to eat.”

If we wait till all the evidence is in before we trust, we will never trust—because it is trust that gives the evidence its structural existence. (Lynch 124)

In the hospital, I had latched onto a line from a poem by Emily Dickinson: Hope is the thing with feathers,/That perches in the soul,/And sings the tune without the words. When we
made Sculpey key chains in art therapy, I chose a stencil of a bird and colored it carefully with orange and green markers. Around the border, I wrote Emily Dickinson’s hope stanza. At the time, I hoped to leave the hospital. I hoped to lose the weight I had gained in the hospital. I hoped that I would feel happy and my life would be better if I lost the weight.

When I had let go of all else, when I was dangling by a single thread to the rest of the world, I had more to let go of, still. I had to give up the hope I had invested in my eating disorder.

*So they enter upon a period of hopelessness, for this had been their hope.* (Lynch 117)

Sometimes I feel broken
Sometimes I am mending
My heart is tattered in pieces,
Open now to lending.
Stuck in mud
Goopy
Trudging
Not sure where to go
Guilty
Embarrassed
Worry
Shame
These feelings seem to grow
Lost
confused
dazed
and daunted
I can’t make up my mind
Searching for (it feels, in vain) that which I cannot find.
A piece of me is missing
I’m unsure where to look
My perfection and my loneliness
Teamed up as master crooks.
They’ve taken what be
The essence of me
And left a gaping hole
What they took I forgot
Where to look I know not
To recover myself that they stole.
From the tree that is me they have taken my leaves so they slowly fall off and shrivel
My head is like mold, my insides grow cold, parts of me become little
From where I stand, drooping and dripping, I need to write my way out
To see the light that will cause me to fight against this intolerable drought

I wrote the poem at a small park near Stanford. I was bundled up for the chilly November dusk. Wrapped in this poem was my confession that I was hopeless and helpless. It was my plea for help. I sent the poem to my mom. I lost her email responding or maybe she told me over the phone how grateful she was. But I did find my dad’s email, which is the response I remember most. His voice was present in the frequent email and phone conversations but less so than my mom’s. The primary explanation is that my dad worked full time. My mom showed my dad the poem.

December 2 2010 at 8:15 AM Bob Tanabe wrote:
Mari,
I am at the same time amazed by your writing but saddened by your struggles. The poem does help me understand how you feel. My heart aches for you and I so much want you to find joy in life. Hope we can talk some more later today. Maybe you can try to arrange another meeting with Andy to explore your feelings. I hope you have a great day.
Love Dad

I felt myself opening up when I read his message. Packed in his seventy-word response were the two things I hungered for: understanding and, as he signed in his salutation, love. I thought of our conversation over Thanksgiving break. I had been sitting on the ledge beneath our fireplace and my dad was across from me in the green chair, both of us looking down.

“I don’t know what I did to cause this, Mari, but I am so sorry,” my dad had said.
I heard a sniff. I barely lifted my eyes, just enough to see my dad’s, moist with tears. I had never seen him cry. His tears gave me a prickle of satisfaction, for they proved my worth and validated my struggle. But more so, I was sad. What he was asking of me—to gain weight—was the one thing I couldn’t give him.

In this email, my dad with his gentle words was telling me something different. He wasn’t asking me to get better. He wasn’t asking anything of me. My dad was hoping for me to find joy in life. A day after I got the message from my dad, I sent an email to my family:

I feel better. So much better it is almost crazy. Last night, I talked to Hong Van which helped a lot of course. Then I talked to Ben. I think it just felt so good to get these secrets off my chest. Anyway, last night I had a big snack. And I was able to sleep in til 9:30 because I wasn't going on a run. And even without going on a run and with my day of eating a lot yesterday, I had a hospital-sized breakfast this morning. I woke up feeling more cheerful than I have in a long time. I felt great, life seemed good. I hope this continues. I enjoyed going to breakfast and honestly picking out whatever looked good. And though I had a large breakfast, I don't feel like skimping or skipping out on lunch at least as of now. I hope this continues, because I feel great! I am seeing what you are saying—food is magical. I can feel the disorder melting away, I am serious. I think this was a huge breakthrough. Honestly, this is the FIRST time I have felt so positive about the disorder and I feel like I am finally ready to kick it. I am hoping this isn't just a short phase, that I can keep this enthusiasm.

Anyway, I will try to call later. But seriously, I feel GREAT right now.

Love,

Mari

I have always had two hopes: that you have those people around you that will support you and that you can talk about it because it seems like the kind of thing you probably do
A few days after I told Ben about my eating disorder, I got a text from him. He said he had something to tell me, and we agreed to meet in my room as we had when I told him about my eating disorder. We were cross-legged on the carpet facing each other. The story seemed to come out of the side of Ben’s mouth. He was looking at me, most of the time, but the words did not come out straight. He was trying to take the weight off his story. “Everyone in my engineering classes has a really good idea of what they want to do after graduation but I’m not sure, which makes the classes harder because I don’t know where I’m going. I’m thinking about taking the quarter off, so I can get more out of Stanford when I come back.”

I leaned forward as he talked. “Ben, I have felt that way, too. I really considered not coming back to Stanford this quarter. In some ways, it may have been better for me…” I wanted Ben to know that he was not alone. I used the same validating vocabulary that Andy had used with me.

“I think I might be depressed this year,” Ben said. “Or—I’m not really sure what it is. I’m just not that happy.”

I nodded. “It can be hard to be here, hard to be at Stanford, especially because we don’t often talk about the bad things.”

At the end of the conversation, I asked Ben, “I wonder if you have ever considered counseling? I know it seems scary, or maybe weird to get counseling. At least, that’s what I thought before I went. But it is just so nice to share your problems and get another perspective.”
My voice, supporting Ben’s, felt stronger and more secure than it had in a long time. I felt light pouring into our friendship, now that we had both opened our doors all the way.

Medical Checkup Notes:

*Wt up 2 lb 2 oz over past week. Said she had a good week and had a “personal breakthrough” regarding her eating issues. Has been talking more with friends about her struggles and has found this helpful. Felt good in the morning, after having an evening snack the night before. Has been calling mom regularly to get support; also had dinner with aunt on Friday and lunch with brother on another day. Was able to add milk to meals and also take snacks more regularly. Said she was feeling better earlier in the week, but as she has felt her weight increasing it has become more of a struggle for her.*

When Kenji realized the harm he was doing to his body, particularly through his study of biology at Stanford, he realized that health was not a choice. Kenji continued to eat hospital-sized meals after the hospital. He stopped exercising and started going to Late Nite for milkshakes. In our interview, Kenji said that he felt so much better after eating more, which encouraged him to continue to eat more: “The positive reinforcement I got was a very immediate physiological change in my body that just helped me feel better, helped me feel like I am in a better mental state, helped me feel like I am more engaged in the world, more attached emotionally to things. This was very refreshing and very welcomed.”

I felt, for a few days after my breakthrough, this positive reinforcement that Kenji described. In an email to my parents:

I realized, after I forced myself to have a boost and a snack last night, that I just feel so much better
today. I feel warmer, I feel energized, and I feel energized by other people. And I realize—why would I want to live as half of myself.

With these realizations, my head broke through the surface of the water to take a large gulp of air, a breath of recovery. Unlike Kenji, however, I couldn’t keep myself afloat for so long. “I am hoping this isn't just a short phase, that I can keep this enthusiasm,” I wrote in my email to my parents. The challenging part of a breakthrough is recognizing and accepting that the work is not done. I wanted my breakthrough to be my abrupt picture-perfect moment of recovery, after which I could talk about my eating disorder in past tense. I didn’t want to accept the reality that there would still be many slips, trips, mistakes, and setbacks. I didn’t want to believe that I still had a long way to go.

At one of my first therapy sessions, Andy made a graph of what my recovery might look like. On a piece of lined paper from his legal pad he drew a line generally going upward, towards health, but a squiggly line to indicate the dips in health, relapses, and slips. “It is an upward trend,” Andy explained, “but it is normal to have setbacks. It doesn’t mean that they undo all the hard work you have done.”

*In clinical psychology research, we learn that really the main thing that helps people change is the therapeutic relationship. While specific treatments have evidence for being more beneficial for specific disorders, the impact of the therapeutic relationship cannot be underestimated. (Dr. Megan Jones)*
Andy, over the course of eight months, became a permanent fixture in my life, in the white chair with the waterfall picture in the background. I came in and out of his office and brought stories of my family and friends and the medical team. Andy soon knew everyone by name, knew the ways they intersected with my life and passed through it but for all this movement in the stories, he never moved. With his hands folded gently in his lap, he listened, nodded, smiled, prompted, and questioned. He helped me move through my stories and connect the dots. Through our conversations he was helping me find value in myself, communicate my needs and feelings, and let go of my perfectionism and my goal-oriented mindset.

He gave me an assignment at the end of every session, which would help me work toward these goals. One week, I wrote a letter to my dad explaining what I wanted from our relationship, but I couldn’t complete the following week’s challenge, which was to send the letter. Another week Andy had me ask five boys what they liked best about me, with the intention of challenging my perception that people, specifically males, were only noting my increasing weight when they talked to me or only liked me because of my size. We decided that I could introduce the question as a psychology experiment for a class, because I was too embarrassed to fish for compliments. “She explained that although she felt embarrassed at first, she is glad she did it because it allowed her to confront her cognitive dissonance about how other people perceive her,” Andy wrote in his notes.

Andy asked me to flip off the wall of his office and call it a bitch. I had expressed my frustration with the medical team. “They don’t care about me. I have class at 11:00 but they are always running late so last week I was late to class. And they don’t listen to what I want or even have any hope that I will recover.”

“Have you told them how you feel?” Andy asked.
“No, I can’t. Because they’re the doctors and so they’re in charge of me and whether I go to the hospital.”

Andy acknowledged the uncomfortable dynamics of the relationship. Still, he encouraged me to be more assertive. He wanted me flip off the wall of his office, a crude and perhaps enjoyable way to experiment with an overflow of aggression. I was too embarrassed to do it in front of him so it became my assignment for the week, to try it alone in my room.

Andy’s notes:

*Client mentioned that she has continued to struggle with her tendency to be goal-oriented, which is related to her perfectionist tendency. Client agreed with this counselor to continue practicing being in the here and now and embrace the process instead of focusing on her results and/or future...Client reported feeling more hopeful toward recovery process.*

“It used to be so easy in high school,” I told Andy, referring to my relationship with food. I described how in high school, my mom packed me a lunch and I ate it: a peanut butter and jelly sandwich, yogurt, bags of pretzels and cookies, and even a juice box. Occasionally, after PE my friends and I would get an ice cream bar from the yellow vending machine in the cafeteria. As I ate it I didn’t think about how the ice cream would affect the rest of my day. I ate the same amount of lunch and the same after school snack. I ate what my mom cooked for dinner—serving myself whatever portion I wanted or eating whatever portion was placed in front of me—with a glass of milk. “It used to be so simple and easy before this,” I repeated. Like I did so many times during these sessions, I curled and uncurled my fingers over small wrinkles in my pants,
my hands looking for something to do, something to hold onto.

“So you never worried about your weight in high school?” Andy asked.

The question caught me off guard. As I stared at his shoe, I sifted through a different set of memories from high school: starting to notice that my cheeks were getting fat senior year, not getting a fried chicken sandwich with my friends at Sonic because I was worried about the calories, all the weekends I dragged myself on a run to keep from gaining weight, looking through pictures of myself from our band trip to Chicago and studying my body, my cheeks and my thighs, for at this time I didn’t know all the ritualized ways to examine it.

It was easy to look at everything before my eating disorder as pure, unstained. It was tempting to believe that my relationship to food and exercise was perfect in high school. Andy helped me realize that it was simpler in many ways, but it was not perfect. Tears came suddenly and unexpectedly as I realized, slowly and painfully, that I had nothing to return to. I had no model for healthy eating and exercise. The darkness that was here at Stanford, the eating disorder, was bleeding back into my memories from high school. Or rather, the darkness was revealing what was hidden there.

Andy tried to help me through this new devastation. “You have a chance to write a new script. A new relationship with food which is exactly the way you want it.” I tried to feel excited, but I was still crying for the feeling that something important had slipped through my fingers.

Every increment of consciousness, every step forward is a travesía, a crossing. I am again an alien in new territory. And again, and again. But if I escape conscious awareness, escape “knowing,” I won’t be moving. Knowledge makes me more aware, it makes me more conscious. “Knowing” is painful because after “it” happens I can’t stay
in the same place and be comfortable. I am no longer the same person I was before.

(Anzaldúa 70)

The word is misleading, “recovery,” because I don’t want to recover my past, as though restoring data on an old computer. Instead, my files need to be rewritten with new knowledge. I need to write, as Andy told me, a new script for myself.

The secret is: one-step-more. When you arrive “at the end” (of a thought, of a description, etc.) take on more step. When you have taken one more step, continue, take the next step. (Cixous 83)

Every Friday afternoon, I went to group therapy. We were a small circle of chairs in a large conference room, each of us trying to work through and understand recovery from our eating disorder. Sometimes, we talked about food-related topics like binging and restricting. More often, we talked about friendships and relationships, the two contradictory voices in our heads, anxiety and never feeling satisfied with ourselves, a never-ending desire for self-improvement, comparisons, depression, not fitting in at Stanford, loneliness and disappointment, body image, and a fixation with other people’s perceptions of us. At the end of every Group session, we set a challenge for ourselves and reported, the next week, how it went.

“I let myself eat the entire normal cup of fro-yo from Fraiche. Even though I have no way of controlling the portion or counting the calories, I let go and just ate it.”
“I didn’t split a main dish for dinner when we went to the restaurant before the dance. I didn’t finish the whole thing, but still, I ate more than I would have if I was splitting it with someone.”

“I didn’t let the annoying girl ruin my dinner. I didn’t look at her plate because I knew there would be practically nothing there. I served myself a whole plate of nachos and sat at the other side of the table and it was awesome.”

“Normally, I have brown rice and grilled chicken from the grill, but the grilled chicken was really terrible that night. My friend was eating fried chicken and he said it was good. I haven’t eaten it in, I don’t know, five or seven years but it looked good so I went to the dining hall and I got a plate. I ate it, and it was good.”

We all softly and joyously celebrated each other’s victories. I had a vague sense that the things we said in the room would sound absurd to anyone who happened to be listening in, that our “challenges” were completely pathetic, unheroic, and untriumphant. But I didn’t linger on the feeling.

“I actually went to our dorm’s food progressive,” I said. “I felt a little gross afterwards because I overate, but I didn’t let it get to me. I just felt grateful that I could participate in a social event involving food and enjoy it, because I know that is something I couldn’t really do last year.” I thought of our dorm’s talent show last May when I could barely focus on the talent because all my attention was consumed by the snack table containing chips, guacamole, and Pirouette cookies.

The other girls in the room cheered for me. Their cheering helped me appreciate the difficulty of my challenge. They helped me cheer for myself and relish my success. With each small step, we moved forward.
4/22/2011

Mari reported that she completed her “challenge” of not exercising for one day this week but she experienced significant discomfort.

4/29/2011

Mari reported that she would try to sleep in one day this next week.

[When] I think about our group, I sort of, in a way, have an image of these warriors against the disorder... What I see is people really saying “Hey, we don’t want this as part of our lives. It’s really destructive, and it’s often encouraged in a kind of twisted way by society and families, and we’re going to do our best to fight against it.” (Sheila Levin)

Professor Chance said that one reason he is grateful for his recovery from alcoholism is the people. He said, during our interview, “It has also given me a chance to be around people who are not like me in any external way but internally are very like me, so it’s changed the way I relate to people.” I, too, would never have met the girls I sat with for an hour and a half every Friday if not for Group.

Professor Krieger said that in guide dog school, no one asked what eye injury anyone had since eye conditions were the norm. I found that conversations and revelations in Group were deeper because no one had to explain the surface of their behavior. We didn’t have to explain why we found sickness so alluring. An automatic and easy understanding settled between us.
My mom said that a group, in any context, with any commonality and any form of sharing, can be powerful. When I asked her what she thinks sparked my recovery, she said, “I was just so happy that you went to Italy.” My mom explained that I had been choosing solitary experiences. She thought that a trip to Italy with the wind ensemble would create a new type of group experience, not a group with the shared experience of an eating disorder but one where we shared new culture, food, adventure, and music.

Medical Checkup Notes:

*Wt up 1 lb 9 oz in past week. Feels like she has been eating better. No binge/purge.skipped meals. Has been able to participate with friends in social activities that involve food, and has been exercising with friends while focusing on social interactions instead of the exercise itself. Plans to go to Italy for 2 wks after school ends, then go home for 3 wks.*

We spent our first few days in Italy in Favignana, a small island off the coast of Sicily. The first night we arrived, a few of us decided to explore the main plaza. Our dinner at the hotel had been so late and so long that the plaza was mostly empty, the bars dying down like a candle reaching the end of its wick. We found a pier from which we could dangle our bare feet into the Italian sea and let the music from a lighted porch—one of the last embers of life in the small village—drift toward us. In addition to the music, I was aware of the smell of the sea and the water lapping at my feet and my friends seated beside me, though none of us talked, and the perfectly round moon in the sky, which was how I felt: round and full. Not full in my stomach—though I could feel the olive oil, fish, and bread from dinner settling softly—but full in my whole
body, which was open to receiving this night. I took a picture of the moon. I knew it would be a blurry blob of light in a backdrop of black but I wanted to remember the feeling.

Valentina, my host sister for two nights, explained that she and her dad came to this restaurant in Parma for special occasions. “It’s our favorite so we are always looking for special occasions to celebrate.”

Dario, Valentina’s dad, said something in Italian to Valentina so she could translate it for me. “He wants to know if you have ever had culatello.”

I shook my head, which shocked and pleased Dario. For the past two days he had delighted in showing me the food of Italy: takeout pizza, shellfish pasta with a hearty tomato sauce that was delightful to slurp, cappuccino, and limoncello. Valentina explained that culatello was like prosciutto but better.

When the creamy noodles sprinkled with bits of the prized meat arrived at our table, Dario and Valentina insisted that I eat first. I closed my eyes to enjoy the flavors. I overdid my reaction just barely, because I knew they were watching and waiting to hear what I thought. “It is delicious. Oh, incredible! Delizioso!” I raved. I smiled. I nodded. I wanted to express how clearly I was enjoying this food. Dario and Valentina understood and it delighted them, too.

The whole meal was that good. We had pasta, bread, and sparkling wine, and afterward, cappuccino and a large block of Parmesan cheese. I was floating. I had forgotten what sheer joy food could be. The desire to open myself up to Italian culture, to fully immerse myself in the experience, had the positive effect of opening me up in general.
The same opening occurred when I went abroad to Oxford in September, the start of my junior year. I wanted to be completely open to the culture, which included the food. Tea and scones at the Rose, Moo Moo’s milkshakes, Ben’s cookies, crepes from the Covered Market, the pizza truck outside of Christ Church, G&D’s ice cream, banoffee pie. Just as I found myself gobbling up Shakespeare in the Bodleian library, immersing myself in his rich words, so did I want to immerse myself in the food of England. In *An Unquiet Mind*, a memoir of manic-depressive illness, Kay Jamison writes, “I had forgotten what it felt like to be that open to wind and rain and beauty, and I could feel it seeping back into crevices of my body and mind that I had completely written off as dead or dormant. It took my year in England to make me realize how much I had been simply treading water, settling on surviving and avoiding pain rather than being actively involved in and seeking out life” (157). Jamison’s waking up in England was akin to my experience there.

The alarm went off at 6:00 a.m. I had others set for 6:05, 6:08, and 6:12 just in case, but I got up at the first alarm. It was my fifth rowing outing but the nights were still restless with anticipation and excitement for the early morning practice on the river. I was wide awake after the short run to the boathouse. We lifted the boat onto our shoulders and rolled it, rather ungracefully, into the water. We slotted our oars into the boat and took our seats, then took our first strokes as instructed by the coxswain. I was still afraid of making a mistake, but I was also finding power in my legs and arms as I slid up and down the seat, slicing and pulling the water with my oar. My body was moving in time with those in front of me and those behind me and when we made it to the stone bridge, the Cox told us to stop rowing and we coasted. My heart
was beating firmly in my chest and the breeze washed over my face as the boat glazed over the surface of the water. Even though it was only seven in the morning, I felt utterly alive.

We all had breakfast at the dining hall while Livvy, the captain, gave us the notes. I listened over my plate of sweet beans, bacon, and poached eggs, which I chose because it is what the rest of the girls on the team chose. I took slices of thin white toast and spread a whole pad of butter over them. I didn’t think of the breakfast of fattening or caloric. It was hearty, warming my cheeks, which were still pink from the river.

Lina and I were in the porter’s lodge (which is the front desk for every college at Oxford) trying to ask if anyone found her black pullover jacket, which she thought she left in the squash courts. She was trying to describe the pullover and the dainty porter kept pushing his glasses up his nose, unsure what she was saying but doing his very best to understand. Against our best efforts, Lina and I found ourselves peeling into laughter. By the time we had stumbled out of the porter’s office (jacketless), I was lighter. The brisk air slipping through the sleeves of my jacket felt good and cold and I felt open to the night.

There was no mirror in my room in Oxford. There was no long mirror in the bathroom, and so the only way I could see my entire body was to stand on one of the toilets with the stall door open, but somebody could walk in, which would be embarrassing, so I didn’t study my body. I didn’t stand in front of the mirror several times a day examining my thighs, stomach, calves, and arms. I didn’t cycle through various outfits to find the one that I looked skinniest in. A few times, I turned my head sideways and looked at my cheeks in the mirror, which looked a
little rounder than they used to be, but soon I was running off to class or High Street or Scotland so I didn’t linger there.

I tried as much as possible not to look at pictures on facebook, which automatically drew my eyes to the parts of my body which looked less petite since being in Oxford.

Sophie, my friend from high school who was studying abroad in France, came to visit me. I took her to the library, to tea, to the Christmas market, and up and down Cornmarket Street. We bought pasties together and admired the river and the geese that stood on one leg as they slept. At night we pushed our beds together and talked. We whispered about how great it was to be abroad. We updated each other on our intellectual and romantic lives. Sophie asked about my eating disorder. As one of my dearest friends from high school, she knew how much I had struggled the past year. We talked about what we might do or be in the future.

On Sophie’s last night, I rushed into my room from the bathroom. “Sophie, you won’t believe this!”

“What?” Naturally, she couldn’t guess why I was so excited.

“I got my period!”

It had been almost two years since I had my period. Amenorrhea—the absence of menstruation—is a symptom of anorexia, resulting from abnormal hormonal changes.

Sophie said it perfectly. “Mari, you’re a woman.”

We hugged and cried. She happily gave me all the tampons and pads she had with her. We bought some more on the way home from the pub, after a large glass of cider to celebrate.
Shortly before a concert, I discovered that my nice black pants no longer fit. They were catching on my thighs as I pulled them up and as hard as I tried, like trying to close an overflowing suitcase, I couldn’t clasp the button to enclose my waist.

“It doesn’t matter,” I said to myself. “You are so much healthier and happier here at Oxford. You needed to gain weight, and you gained weight. You have friends. Isn’t that better than your pants fitting?” The words came out on automatic response. Even if I didn’t fully believe them, I repeated them to myself. “It doesn’t matter. Those were the same pants you had since high school. Of course they don’t fit.”

The words were not necessarily mine, but I was saying them aloud to make them mine and to make them true. I folded my black pants and put them in my closet to give away or even throw away, then took out my black dress and finished getting ready for the concert.

**Recovery: Restoration or return to health from illness**

After my quarter aboard at Oxford, I went to Vaden for a follow-up appointment. Even though it had been months since my last appointment, the routine with the nurse still felt familiar: the hospital gown, the white paper crinkling when I sat on it, resting heart rate, temperature, blood pressure, and standing heart rate, in that order.

When Dr. Tepper came in, she, too, performed the usual and familiar checks: she felt my stomach, my neck, my hands and feet. “Your hands are so warm!” she said. Dr. Tepper was talking about my body temperature. Poor circulation is a symptom of an eating disorder, resulting from an overworked, shrinking heart which could barely pump blood all the way to my hands and feet. I smiled. I felt warmer in many ways.
My heart rate, she was happy to report, was stable and strong.

I called my mom to tell her the news of my good health. She responded enthusiastically.

“We’re so proud of your recovery, Mari.”

With the word “recovery,” I felt a small drop, the size of a cherry pit, in my stomach.

“Thanks,” I said. Now I felt like a liar. I couldn’t tell my mom that even though my physical state was healthy, my mind was far from it. I couldn’t tell her that I still looked at my body sadly and longingly in the mirror, wishing for my old body, or that I had yet to go through a meal without thinking about my eating disorder. I couldn’t tell her because I didn’t want to let her down.

*When is the mind healthy and when is the body healthy? They might get healthy at the same time, but often times they don’t. (Dr. Cynthia Kappahn)*

I rejoined Group back at Stanford, having missed it the quarter I went abroad. I asked desperately if anyone ever fully recovers. “I don’t mean just restoring weight; I mean that you stop worrying about everything you eat and the way you look.” The question rendered the room silent. None of us knew the answer but all of us knew that we were not there. Sheila picked the question up off the floor. She said that such a recovery does exist, but I looked around the room and I didn’t feel certain. Usually I was happy to hear everyone’s struggles. But as Emily, who developed anorexia five years ago and had been in recovery for almost three, shared that all the joy was lost in putting on clothes because she hated her body, and Michelle, who had been in recovery for four years, celebrated eating a whole pack of sushi from the super market, I felt myself drooping in my seat.
Which brought me to the questions that sparked this thesis: how does one define recovery? In my thesis proposal I threw out a slew of accompanying questions: “What is recovery? When does it begin? Does ‘recovered’ exist or is a lifelong process? Where is the end? Is recovery a medical term or a personal term? Does recovery mean returning to your mental and physical state of pre-eating disorder? Is it an overcoming? A covering up? Can recovery be generalized or is it a completely individualized experience? Do we ever have the perspective to know if we are recovered?”

This issue can become quite difficult when evaluating eating disorders. For example, body image disturbance is both a common symptom and one of the diagnostic criteria for anorexia and bulimia nervosa. However, some degree of body dissatisfaction is normative in the general population. Given this “normative discontent,” should an individual being treated for an eating disorder have to demonstrate a total absence of body dissatisfaction to be considered a treatment success? Treatment studies suggest that this may be unlikely, and some have argued that a return to normal functioning is an unnecessarily stringent condition for success. Is it sufficient then to merely require them to reach a level of “normative discontent?” While more achievable, some would suggest that this represents a less-than-ideal outcome. Further, some treatment approaches do not believe any reduction in body dissatisfaction is necessary for treatment success and thus would see the issue as irrelevant. (Anderson and Murray 252)

Recovery: The regaining or restoration of one's health or a mental state.
In “Thirty Years Later, Still Watching the Scale,” Joyce Maynard leads us through her path into and out of anorexia. The title of the essay is as good as any summary. Maynard concludes that although she is doing better, thirty years later, she can still recite the exact number of calories in a cashew and a voice in her head still whispers when she gets the stomach flu, “Oh good, I bet I’ll drop four pounds” (301).

Her essay is the very last in a collection titled Going Hungry: Writers on Desire, Self-Denial, and Overcoming Anorexia, edited by Kate Taylor. Taylor’s choice to end the entire collection with this essay and therefore the line, “I no longer expect this voice will ever be silenced entirely. All I can do is take it in, and change the station” reveals a tendency toward realism (Maynard 301). The final note on “overcoming anorexia” is not glamorized. It is not a complete and total cleansing from the eating disorder but a picture of living with an eating disorder that is tolerable.

I believe recovery is whatever a patient describes it to be. For some it is being able to stay medically stable and not go into the hospital. For others, it’s not having to go to any more appointments. For me, if I had to put myself in a patient's shoes, I'd hope recovery to be being able to go out or hang out with friends and family and not have food be such a “charged” thing. There would be times I might think twice about letting myself have someone's birthday cake, but ultimately would choose to have it, because it shouldn’t be a big deal. My hope for patients is that they will one day forget they ever had an eating disorder and potentially remember after the fact, after the meal and choose to be happy about what they allowed themselves to have and enjoy. (Levy Down)
I found one more ending to the book *Going Hungry*. I had ordered a used copy online and was disappointed at first to find it littered with marginalia. With a green pen, the previous owner had underlined, circled, checked, starred, triple starred, and bracketed nearly every essay. “Amen!” “me too” “so true of my life” the bearer of the green pen wrote in the margins. From what I could tell, it was a woman who had anorexia. By the end of the book, I didn’t mind the notes. They brought another story alive: a woman scouring the text to find understanding and perhaps a solution to her eating disorder. The vigor and intensity with which she approached the text was captivating. However, one of her notes puzzled me.

It was written on the back cover flap like her parting sentiment. The more I studied the summed list of numbers, the more I feared that I was looking at her calorie count.

Mental health—thoughts free of counting calories and negative body image—is difficult to achieve.

“What is it like for you now?” my friend Filip asks. Filip and I worked together over the summer and in August I told him, hesitantly, about my eating disorder. “If you don’t mind me asking, that is,” he goes on. “I am just curious to know how often you think about it.” We are crammed between strangers in one long table at Harpoon Brewery. The room is so noisy that I have to put my ear a few inches from his mouth so I can hear.

We have had a beer or two so my tongue is more slippery than usual when I respond.
“Often.” It is the short and simple truth. “There are few meals when I don’t think about my eating disorder.” I thought about it multiple times today, when we were drinking all this beer.

Filip nods, to let me know that he is with me.

“There is nothing intuitive about food for me anymore.” The noisy buzz of a hundred other conversations in the brewery makes it easier to talk, to say things that would sound stark in a silent room. “Eating is almost all logical for me. Something I have to calculate.” I pause. “I think hunger means something different to me than most people.” Hunger gives me a prickling sensation of happiness like the feeling when someone blows on the back of your neck, euphoria leftover from the thrill I got from denying myself. It is simultaneously tied to a fear that I might return to the eternal ache. “It’s hard. I wish I didn’t think about it so much.”

I am starting to empty out. I have been saying everything in a casual tone, but the words are the very core of me and suddenly it feels like I am standing in the middle of a storm without a jacket. In high school, my parents would get frustrated with Kimi, Kenji, and me if we had a bowl of cereal before dinner. “You are going to spoil your appetite,” they would say. Now, sitting on the wooden bench of the brewery, I want to cry. My appetite feels permanently and hopelessly spoiled.

I have been silent for a long time with words that I cannot share. I try to smile to let my friend know I am okay. “Sorry. I said too much.” At the same time, I have barely said anything.

So it no longer shows on the outside but in my brain, it’s always there: the vigilance, the old anxiety if I see the numbers creeping up, or run my hand over my belly and feel too much flesh there. The wiring in the brain never quite gets ripped out. In the same way
that an alcoholic, thirty years sober, still speaks of herself as “recovering,” so do I.

(Maynard 301)

“In AA we prefer the term ‘recovering’ to ‘recovered’” Professor Chance said as a way to acknowledge the process of recovery as opposed to a product. The interview increased in volume as we shared stories of recovery, of how difficult it is to get truly “better” and how much work it takes to remove all the residue stains. Professor Chance said, “Carryovers, psychological habits that take years to undo or just years to uncover! To say ‘that’s what I’m doing.’ It’s hard to undo habits that are unconscious. Pay attention to the things you do automatically. Habits have been ingrained, and you have to start noticing them and noticing things. Nonessential things, things that are on the surface not at all related to your alcoholism.”

Sophomore year, when I walked to the shower wrapped in my towel, I always managed to catch a glimpse of myself in the long mirror in the dorm hallway. Looking any longer than two seconds would be noticeable if someone happened to walk by or see me. So what I focused on, for those fleeting two seconds, was how wide my arm was, pressed against my body to clutch the towel to my chest. The wider it was, the fatter it was. And I was.

Two years later, I look at the same spot in the mirror on my way to and from the shower. I do it without thinking and judge my body as fat or skinny, depending on my arm, without thinking. It is a habit that feels as natural as pressing the snooze button on my alarm clock.

Which belt hole I use, which hole on my wristwatch, the thickness of my wrists, how my thighs look when I am sitting on my bed, the back of my arms, whether my cheeks look bloated in the mirror as I wash my hands—these are measurements I developed in the thick of my eating
disorder and never thought to stop or assess their validity. They have become so integrated into the pattern of life that I don’t think twice about them.

“Fully recovered” means that they’re not involved in anorexia behaviors or thoughts anymore. They have moved on, their life has moved on, and they don’t usually have another episode. They still, like everybody, have some weight and shape concerns—everyone has some—but they’re in the normal range and they don’t take up all their time and energy nor do they adopt dangerous behaviors to try to address them. I actually think you can truly get recovery, because I’ve seen it so many times. But I don’t expect it. One of two cases will be that way. Now, I do think that that other one that doesn’t fully recover may still be so much better that it’s still really a success, but it’s not recovery as what I would target. (Dr. James Lock)

As the bank teller stands and walks to the office to check with her manager, I rotate my body softly to look at her body. We have been sitting and talking for twenty minutes about my savings plan and during that time I noticed that her face was round but not fat, her stomach seemed to jet out a little beneath her crisp suit pressed against the desk, and when she typed, her wrists seemed not skinny but not fat under her silver pearl bracelet wrapped three times and secured with a white bow.

When she stood up, I noticed that she was wearing high heels that made her step wobble and clunk but added definition to her calves. Her legs looked large, round, probably some stretch marks beneath her tight skirt. All this I decided before she disappeared through the office door.
I had noticed, when I entered the bank, that both the tellers were overweight. It is almost the first thing I notice about anybody—a brief catalogue of their body which comes with unvocalized questions about how much they eat or exercise. I have spent so long studying myself in the mirror that it only feels natural to see others the same way: as a body rather than a human being.

In our culture, not one part of a woman’s body is left untouched, unaltered. No feature or extremity is spared the art, or pain, of improvement...From head to toe, every feature of a woman’s face, every section of her body, is subject to modification, alteration. This alteration is an ongoing, repetitive process. (Bordo 21)

I am part of a healthy body image program on campus. At one meeting, we discussed our frustrating tendency to judge the bodies of those around us automatically. We decided, as a group, that we could work on this bad habit by countering the body judgment with a positive thought about the person’s personality.

I am trying to rewire my brain. I see someone and notice the size of her thighs. I realize I have just judged her body and shake my head, frustrated. “She is probably a very nice person and look, she is smiling,” I think to myself.

Phrases such as “moving forward on your goals” and “making important changes” are used to encourage patients to be responsible while reminding them that altering interpersonal patterns requires attention and persistence. (Tanofksy-Kraff and Wilfey 355)
In one counseling session, Andy asked me to cross my arms over my chest. I did.

“What, do it the other way so the other arm is on top?”

It took me a moment of thought to untangle and retangle my limbs.

“How does it feel?” he asked.

“Pretty weird,” I said. “And uncomfortable.”

Andy nodded. “It is the same with your eating disorder. It is going to take some time for this second way of crossing your arms to feel comfortable and normal.”

_It’s really hard work. If anorexia was easy, we wouldn’t be talking. There would be no reason. It’s hard. It’s a devastatingly preoccupying hard illness. When people get it, it’s not easy. It’s a mess and it’s very tangled._ (Dr. James Lock)

“It’s just, I haven’t been on it in so long,” one woman is explaining to her friend as she approaches the scale. Her friend, wearing purple lipstick, is fixing her hair but she stops to nod sympathetically through the mirror.

“Well, that’s not bad. I’m not in tears,” the woman reports after stepping off the scale.

I am watching and listening to them quietly from my place several lockers down in the changing room at the YMCA. At the mirror by the door, a young girl squirts a spritz of perfume and then steps through it. She flutters her arms, trying to waft the scent all around her. Then she sprawls two inches away from the mirror with her Ariel bag of makeup. She puts the perfume back inside and pulls out a tube of lipstick, moves even closer to the mirror so a tiny cloud of steam fogs the mirror in front of her mouth as she pouts, puckers, and spreads.
I am surrounded, I think. It is the conversations of the woman on the scale and little girls that sit in front of the mirror that support the deadly disease. *What are you doing?* I want to yell at them. *Why do you care so much about what you weigh, what you look like?* I want to separate myself. Be better than them, which means not caring about the things they care about, but a few minutes ago I stood in front of the mirror and examined my thighs so I am no better.

I am surrounded, too, by food. There are days I wish I could “go clean.” I wish I could give up food like a recovering alcoholic could give up alcohol. When I am paralyzed choosing between a bagel and cereal for breakfast, confused which is the right choice for an individual recovering from an eating disorder, I wish I could say “neither” and go back to bed. I am surrounded by my body. Some days I still wish I could peel it off. I don’t want to deal with how it looks or how it feels. I can throw a towel over the mirror in my room but that doesn’t take away the ever-present sensation of living in what used to be my prison.

*I think being recovered doesn’t preclude you from, under times of great stress, seeing those body image concerns or eating concerns cross your mind, but it’s how much you press pause on them.* (Dr. Megan Jones)

We are in our small circle of chairs on Friday for Group talking about the topic everyone wants to talk about because everyone is struggling with it: body image.

“I see myself in the glass door and it’s just revolting. I feel so embarrassed and ashamed because I’m huge and all I can think of is ‘what are people going to think when they see me?’”

“It is boiling, but I can’t take off this sweater.”

“I can’t wear jeans. I always end up putting on workout clothes.”
“I saw a picture of myself from the weekend and I honestly thought that I looked gross.”

Sheila nods as we speak. We all nod because we understand so intimately the feelings our peers are expressing of body image dissatisfaction. Sheila asks us if we can identify the thoughts and feelings that go with it. As we share the way that feeling fat makes us feel inadequate in other areas of our lives, we uncover together the connection between body image and self worth. Somewhere, we all heard or developed the idea that what we look like is connected to our value as a person.

Sheila explains that many people experience body dissatisfaction, but the difference is that they don’t linger on it. It doesn’t affect the rest of their day. “Can you push pause on the thoughts?” Sheila asks. “Can you get to the point where you look in the mirror but don’t judge it, don’t react to it, don’t respond with any behaviors?”

We used the term “press pause” in this room before, I realize, but in relation to binge eating. Sheila had asked us to press pause before we binged, which meant reflecting on why we were about to binge and whether or not we really wanted to. Easier said than done I realized the following week. I didn’t want to press pause on my binge because I knew if I stopped to think about it, I would be able to talk myself about it. Instead of pressing pause, I let my body slip into automatic mode as it gathered, unwrapped, and gorged.

“Maybe,” I say, “the hard part about pressing pause when you are about to judge yourself negatively in the mirror is that you don't really want to press pause. Even though none of us enjoy that writhing discomfort of hating our bodies, which really is awful, maybe something else has made us stressed or unhappy and so we want to criticize our bodies because we want something to be upset at ourselves for.”

“Mhmm.” Nods and murmurs of understanding circulate the room.
“I think that is a powerful insight, Mari,” Sheila says. “When you all were talking about your body image problems, I couldn’t help but think that maybe there is a connection with that and the fact that it is week eight in the quarter.”

“That we were so stressed,” Cory picks up, “that we took it out on our bodies, which are a relatively tangible thing.”

*To find alternatives to the self-destructive strategies associated with severe dieting, patients must first learn to identify and define their emotions, both positive and negative, rather than avoid awareness of these feelings through starvation.* (Dr. James Lock)

My eating disorder was a way of managing my feelings by muting or numbing them. Everything was a wash in the wake of restriction and over-exercise. Just as recovery has meant rediscovering my hunger cues, so has it meant re-finding my emotional cues. For sometime after my eating disorder, feelings—particularly negative ones—were vague and anonymous, interpreted as foreign visitors on the outskirts of my body. Loneliness, sadness, even frustration and anger all felt like a sort of lightheadedness diffused through my body. I am training myself to stop and ask, “How do I feel? Why do I feel this way?”

Handling my returned emotions is like handling my recently returned period: I am often unprepared for the size of the flow. I entered a relationship for the first time since my eating disorder and found my body working in ways it never worked before, like new levers and pulleys triggering puffs of happiness, elation, pulls in my stomach, a sort of swelling plump like a berry of desire. My body was speaking to me and I could listen to it, I realized. I was grateful to be full enough to feel the overflow of sweet, joyous sensation.
But I was also full enough to feel heartbreak. We didn’t have the same feelings to give and didn’t give them in the same way. Something dropped between us and for the first time, I was crippled by emotion. I couldn’t wrap my feelings in a small box and leave it under the bed. I couldn’t let my feelings grow dusty and eventually be forgotten. They were visceral. I lay by myself in my bed and stared at the ceiling, unable to wash my emotions away. So instead I resigned myself to float in them. As unhappy as I was, I could recognize how good it felt to cry.

There’s no going back. It's important not to go back. (Professor Kenneth Chance)

“How often do you think about your eating disorder?” I ask Kenji in our interview. “Are you ever afraid of it coming back?”

“I mean, I’m always thinking about it. The scary part of it is sometimes I’m worried my heart rate will go too low. I’m always checking my heart rate every now and then. I just want to make sure it’s…that’s a sign that things are not okay.”

Kenji is worried about the irreversible damage he has done to his body, but he does not worry that his new healthy mindset may be reversible.

When I came back to Stanford senior year, I could feel my brain rewiring into restriction. I don’t know if I was stressed about coming back to school, or stressed about work, or missing my family, or maybe the physical location of Stanford triggers restriction because I know how to do it so well here, but I found myself dialing back my intake: spooning rice into my bowl and then spooning some back because it felt like too much, eating my cereal slowly with lots of sips of water to fill up on breakfast, looking for ways to fill up my days so I only had a short time for
lunch to eat a PB+J sandwich, spreading a thinner layer of peanut butter over whole wheat bread. These habits were like muscle memory.

I knew I was doing it. It took about a week for me to call my mom and admit it. I described to her the way I was restricting. How maybe it was because I got self-conscious about my weight in Asia or maybe on account of being back at Stanford.

“Are you walking?” my mom asked.

She could hear my heavy breathing and the pounding through the phone as I circled the dusty path of Lake Lagunita. Freshman and sophomore year I always went on walks when I talked on the phone—it seemed like the most efficient use of time to talk and burn calories simultaneously.

“Yes.”

“Well, why don't you get to a place where you can sit and we can talk.”

“Okay, yes, okay.” I hadn’t realized at what a furious pace I had been walking. I tried to control my breath and looked for a bench to sit on.

_I view it as an unhealthy coping mechanism, so I think people are at risk of falling back into that coping mechanism in the future. The people I see who are doing the best are people who recognize that risk and if they are drifting toward it, they act right away. Go to their therapist, get checked, are able to be forthcoming that they are struggling. You can see it coming up with transitions, marriage, having a baby, or during conflicts in their lives. There is always that tendency that they might turn to restriction again, or to over-exercise as a way of coping. But I think the people who are aware of that can certainly get on track and do well and get healthy._ (Dr. Cynthia Kapphahn)
That afternoon, I told Lina, who was also back from Oxford, that I was having a hard time being at Stanford and it felt like in small ways, I was slipping back to my eating disorder. I mumbled through the description and kept my head down most of the time because I was embarrassed to ask for help when it felt like nothing was seriously wrong. But despite my mumbling, I could see my progress. The eating disorder had been fluttering its wings in my ear, buzzing with opportunity to slip back into my life. Instead of listening to it, I told my mom and Lina that I needed help.

What I’ve seen from people who are recovered is that they may still have thoughts about dieting or look critically at their bodies but instead of thinking these things and acting them out, people in recovery notice that those eating disorder thoughts are coming back and they use them as information that something is out of balance in their life and that something emotional is going on that they’re not really dealing with. This is a yellow flag, not a red flag. I think someone who is recovered from an eating disorder can be empowered and self-aware and able to use any kind of sign of an eating disorder, any thought that goes along with it, as a tool to help them work on whatever is going on. You can keep walking forward; it doesn’t mean you have to have a setback. You have a realization. “Hm, That was a mean thing to say to myself. I haven’t had that thought for a while; where did it come from?” (Dr. Megan Jones)

Two years have gone by since I went to the hospital and I continue to find my eating disorder in places that have nothing to do with eating or even body image. When I was preparing
to go to Asia last summer, I packed and repacked my suitcase twice, then three times. It kept seeming too heavy, too full, too burdensome when I closed the zippers, which barely made it around the perimeter, and so three times I took everything out, determined to pack only what I needed. In the middle of the night, I woke up and decided that I should, after all, bring my raincoat and so I got up to pack it. In the morning, I decided that I didn’t need to bring two gray sweaters and so I rifled through my suitcase to remove one.

The struggle I had packing my suitcase is the struggle I have had over my body. I want it to be thin, neat, trim, and organized. I want to be convenient, portable, and small. I don’t want to have anything in it I don’t need, which means I need to plan and think through everything. I don’t want it to be indulgent or excessive.

I feel the same struggle when I am in the tampon aisle in the grocery store. I want to buy the right brand and a box with just enough to last me through the year at Stanford. I do the math to calculate roughly how many I need and look for the pack that is the right quality, count, and price. “Mari, come on. This is embarrassing!” my sister says. I take a box and leave, only to dash back right before we go to checkout and switch it with a different box.

I am reminded of holding up the line in a café the summer before I went to the hospital. The entire family was waiting on me to order as were the people behind us. Dad might be mad at me if I order just a salad. A sandwich sounds good, but how many calories are in a Panini? I could get a cold turkey sandwich, but that doesn’t have the thick bread. But it is cheaper. But I’m not paying. I could get the tomato and mozzarella Panini, which probably has fewer calories than a Panini with meat. But a whole sandwich might be too much.

I am reminded of the paper I was working on sophomore year. “NATURE!@! I DON’T CARE” was the name of the latest essay draft saved into the “Stupid Nature Paper” folder on my
desktop containing seven previous drafts. I stared at my Pope and Wordsworth books. I had called my mom on the phone earlier. “It doesn’t need to be perfect,” she said. “But it does, it does,” I countered in tears. “That’s what they expect.” It was what I expected from myself as I stared at “Lines of Spring” and willed my words to flow like Wordsworth’s.

Before I went to the hospital, I could not view a meal as a single unit. Instead, it was linked to the all meals before and those that would follow. If I restricted during lunch, I earned a big dinner. If I ate a snack after lunch, I didn’t deserve a big dinner. I had a cookie with lunch so I shouldn’t have dessert with dinner, plus, tomorrow would be brunch so there would be French toast so I want to save room for that.

This mindset set of intense planning has leaked into other areas of my life. Since I had fun last weekend, I don’t deserve to have fun this weekend. Since I bought nice pants, I should buy cheap shirts. A splurge or a binge must be followed by restriction.

I am caught in the complex rhetoric of budgets: earning, deserving, saving, compensating. I don’t want to treat myself, whether it is to a chocolate sundae, a break from homework, a rest during exercise, or a new pair of pants—unless I have earned it.

**Recovery: Senses relating to gaining or regaining possession, esp. of something lost or taken away.**

During a meeting with my thesis advisors Andrea and Alyssa, after we discussed the rough draft of “Part 1: Order,” Alyssa asked me how I saw my rituals—the obsessive way I wash my hair, write, and exercise—in a larger context with my eating disorder. Her question was more
specific but I didn’t understand and so I rambled about how my rituals developed and became a part of my recovery.

“Did you understand Alyssa’s question?” Andrea asked.

“Um, no, I guess not.”

“Do you want to say it again, Alyssa, because I think it’s a good one.”

Alyssa turned towards me. “I was trying to ask if the rituals are a part of your eating disorder, or if the rituals and the eating disorder together are a part of something larger.”

The puzzle pieces were slowly falling into place as I worked my head around her question. “Wow, I don’t know.”

“Does it make sense?”

“Yes, I understand. I just have never thought about that before.” I uncrossed and re-crossed my legs. “I’m really not sure. I’ve never thought about it that way. If it’s alright, maybe I can get back to you?”

“Of course,” they both answered.

I wrote the question in the margin of the draft. It stayed in the margin of my mind as I wrote. The question was a large gap I kept trying to avoid and write around, which only made the gap more apparent. Was my eating disorder my illness or was it a symptom of something larger?

I searched the notes from my interviews and the reading for an answer, or at least something that would guide me in the direction of an answer. I found Levy’s interview, the part where she told me about having cancer herself. She said that initially, she wanted to work with cancer patients; however, she realized that the subject would be too close to home, which is what brought her to work with eating disorders. But Levy said that many underlying issues are the same: “body image, women, feminine issues, finding your place in the world, finding your voice,
what society has to say about people, having to build strength in yourself that you don’t really know is there…” It is not that Levy stopped talking or I chose to discontinue her quote. The dot-dot-dot indicates where the recorder ran out of batteries.

Right after the interview, I was distraught when I discovered that I had missed the rest of the sentence and the rest of the interview. Now, it seems appropriate that her statement was incomplete, that I should have to fill in the rest the way I understand it.

My eating disorder was my illness, but it was also a symptom. It was a symptom alongside my perfectionism, my rituals, my need for order, my rhetoric of earning and deserving, my obsessive planning, the way I pack a suitcase, the way I shop, my negative body image, all of which are addressing a larger issue: “finding your place in the world, finding your voice” as Levy said. I would add finding safety, finding comfort, and finding love.

I am recovering what was lost or taken away.

Kimi and Kenji have left the table. It is just my parents and me. I stare at the napkin in my lap. They have different approaches. My dad is borderline angry. He is frustrated that I cannot eat the food on my plate. I remember his eyes wide under his glasses, trying to find my eyes, to meet them. He is angry but it comes from worry. He is trying so hard to understand. My mom rubs my back. Sometimes, she starts crying. She keeps telling me that she loves me.

This memory, a meal which took place over Thanksgiving or Christmas or spring break after I got out of the hospital, is blurry when I look back on it. No specific dialogue comes to mind, not because I don’t remember it well enough but because there is too much. This scene—my parents at the dinner table coaxing me to eat—happened too many times. All the recurrences have melted together. My memory does not go much further into this scene. I don’t recall if I ate
the food they were begging me to eat. Probably some times I did and some times I did not. But when I think of recovery, this memory—this amalgamation of memories—comes to mind.

After freshman year, I was hungry. Hungry for food, yes, but more so for another kind of nourishment: my parents telling me that they loved me. It is not that they never told me or that I questioned their love. I just needed to hear it again. And again. I needed to hear it many more times. I had a gaping hole eating away at me and I needed my parents’ words to fill me. Maybe that is why it took me so long to recover—it took at least a year to fill up on the words that I’m special, I’m worth it, I’m loved, I’m important in this world, there is a space for me.

“Sorry, I talk a lot,” Karen says when she finishes her explanation of her eating disorder.

Lacy says that lately, she has been having more anxiety than usual. “Is that a topic you would like to talk about as a group?” Sheila asks. Lacy blinks a few times. “I mean, only if everyone else wants to talk about it, then sure. But if not, that’s totally fine.”

“Sorry, I just said a lot and I’m not sure if it is really related.” Sharon looks down to cover her face with her long hair.

Olivia explains how her roommate keeps using all of her cooking and cleaning supplies without asking. “I don’t want to talk with her about it because she might get mad at me and it is such a little problem. I can just buy more toilet paper, it is not really expensive. I feel more mad at myself and stupid that this kind of thing bothers me.”

There are times when I belittle the disorder. I am embarrassed for having developed a disorder which stems from luxury—from having enough food that it is an act of will to refuse it—and from a failure to resist media pressure. I am mad that I can’t just get over it, mad that I have been recovering for two years and I still need help. But in Group, when I witness the
struggles around me, it is clear that the disorder is far deeper than food. We follow up our stories immediately with “but it doesn’t matter,” “sorry for talking so much,” or “we don’t have to talk about it.” From a fear that we will take up too much space in the world, space that wasn’t allotted to us or we don’t deserve, we tack these disclaimers on to preemptively squeeze ourselves out.

Sheila asked us to create mantras for ourselves. She said that if we have a mantra and practice saying it throughout the day, then it will be easier to say and believe it during crises. “It is sort of like an affirmation,” she explained.

The silence as we thought of our mantras was long. Would it be so hard for a group of women without eating disorders to come up with one line of self-affirmation? Would it have been so hard for them to say it aloud?

Sasha finally spoke. “Mine will be ‘I am loved.’ I think it is so easy to forget that when you are feeling lonely.”

Olivia said that hers came from a friend. “I am lovable, capable, perfect, and imperfect.”

I swallowed. “I think mine is something like ‘I know what is best for myself.’”

“My mantra has to do with loving your body and yourself. Like asking myself before I exercise, ‘Do I want to do this? Am I doing this because I love my body?’” Karen said.

It was silent again in the room as we sat with our new mantras, which had now been spoken, released into the air in voices just above a whisper. Together we were taking timid steps forward to start loving ourselves again.

*I felt that [recovery] is probably a word that’s useful in the world that enables you to go from having this difficulty to getting better. People recover from cancer or addiction or*
this or that; it’s a word that is used in these different organized efforts to move people forward. It’s a kind of popular word and it seems fine to use that. In your writing you fill it out with all the explanation so that it’s not just a word people have gotten from pop culture. But I could also see that you might want a word that’s more specific, intrinsic, organic to your experience…It’s not that forever in your life you won’t have certain strings and problems but you don’t have to have recovery as the model for understanding yourself. It may be useful in certain periods and certain ways but something else may be more useful along the lines you were saying of in terms of personal growth, development, maturation, or whatever it is you find are useful words. (Professor Susan Krieger)

Recovery: Personal Growth, Development, Maturation

The wound is a strange thing: either I die, or a kind of work takes place, mysterious, that will reassemble the edges of the wound. A marvelous thing also: that will nonetheless leave a trace, even if it hurts us. (Cixous 16)

My eating disorder taught me to suppress my needs. In simple cases, this meant turning down a slice of cake because there wasn’t enough for everyone. In more complicated cases, it meant not saying “no” to my friend who asked if I could help edit her paper. Even though I had my own papers to write and clubs, classes, and commitments which filled my own days, I didn’t know how to tell her that I didn’t have time for her. “It’s no problem,” I would say.

In recovery, I had to suppress my thoughts and intuitions, which were so entangled with the eating disorder that I could no longer trust them. I had to silence the whisper inside my head
that instructed me to restrict and binge. Instead, I listened to the voices of my family and friends and leaned on them when I felt weak, voices that prioritized and emphasized my health.

Now, two years out of the hospital, I am working on rediscovering my lost voice. “What do I want?” I have to stop and ask myself as I skitter between the bagels and the cereal and yogurt for breakfast, actually walking back and forth a few times, putting a bagel in the toaster then taking it out, unsure which my stomach would prefer. “What do I want?” I ask when I am choosing what to do on a Friday night, whether to study or to visit my friends. The problem is that after two years of silencing myself, I have lost faith in my ability, myself, my voice to make the right decision.

As I am working on finding my voice, I am working on voicing my voice. I was hiking with my friend and he was carrying the snacks in his backpack. I was tired and I wanted to stop for a snack—in fact, I knew I needed to stop for a snack—but I didn’t want to slow him down or for him to think I was incompetent. And so I continued trudging forward. I didn’t tell him, either, that I thought I was developing a blister. I didn’t want to advocate for what I needed, still believing that any needs were pitiful and shameful.

After another mile I knew I should say something. I knew he wouldn’t care. I rehearsed the words in my head first. They echoed there for another mile. The sweat was starting to drip in my eyes. In soft sentences I finally said, “Do you think we could stop for a minute. I want to see if I’m getting a blister.”

*I have been aware of finding new corners in my mind and heart. (Jamison 219)*
I am recovering my self-worth, which grew fragile, tenuous, and slippery over the course of freshman year, but I know that the degradation started earlier. I had wound my self-worth around praise, affection, and compliments I received, prizes and contests I won, trophies, medals, and awards, all outward ways to measure my worth. I was suspended in a state of dependency where I needed recognition to feel good about myself. To do average, even to do well was not satisfying. I needed to do well enough that my achievements earned recognition.

In a way that seems very normal at Stanford, I got lost. I was no longer the student I was in high school and so without recognition from friends and teachers, my self-worth deflated. I developed funny, desperate ways of searching for recognition: I noticed how much eye contact I received during classes or conversations amongst multiple people. I interpreted this moment of connection between our eyes as praise that I was the most worthy subject for conversation. I looked for my name in an email sent to multiple friends to see where it was in the list. Was I on the forefront of my friends’ mind meaning my email address was one of the first, or was I a second thought as one of the last names? I began to play a game in my mind where I ranked all the women in the room, myself included, from prettiest to ugliest, and then worked hard to increase my placement in my imaginary rankings.

My self-worth, my roots, were unearthed and exposed at Stanford. They lacked anything solid to cling to and nutrients from which to grow, so I shriveled like a forgotten houseplant. I am re-covering them, finding somewhere safer and healthier to plant them.

*People have all sorts of problems that are not alcoholism that have no way of addressing them. It has given me a means to learn about the life I live and the people around me and it has also given me a chance to be around people who are not like me in any external*
way but internally are very like me so it's changed the way I relate to people. And
sometimes we get the idea that we can help other people and that’s a good thing too.

(Professor Kenneth Chance)

My mom, in our interview, said that she has tried to share some of our struggles with
other people. “Think about the successful career you had [in high school] and people really
looked up to you and you were successful academically and athletically and musically and
you’re really this high achieving, wonderful person and you’ve had this really big challenge and
so I was sort of selective about it but sometimes I did—not wanting to talk about you, but
sometimes I did say, ‘boy, we’re facing a challenge in life.’ And not going into specifics. I think
I put it into the context for all three of you, but especially you and Kenji, learning to care for
yourself in college in a healthy way was a huge challenge. And so rather than saying,
‘everything’s great, oh they love college,’ I tried to be really somewhat honest with people about
how college is really challenging.”

I feel much the same as my mom. I want to be honest about my struggles. My friends and
I sat next to a freshman during New Student Orientation. She asked what advice we, as seniors,
had for her four years at Stanford. My friends talked about joining clubs and talking to
professors. I nodded my head, agreeing with all their advice. I put down my fork and knife when
it was my turn.

“When I came to college, I wish I would have realized that it takes time. Stanford is an
amazing place, and it does have so much to offer, but that doesn’t mean that it will all work
immediately. To find a major that you love, clubs and causes you want to devote your time to,
friends you enjoy spending time with—I think these things take time. I guess my advice is if it feels like you’re doing the wrong thing or you’re not in the right place, you’re not the only one.”

*There’s too much willingness on the part of Stanford to take itself at face value as this sunny, warm friendly place where everybody’s happy, la la land... It is a beautiful place, but that isn’t all. (Professor Tobias Wolff)*

Sometimes I share my eating disorder more explicitly. I was biking back to my dorm with my clarinet in my backpack when I saw Anne, my friend from freshman year. She was skimming her phone by the concrete seats in White Plaza. She waved and I braked beside her. “Hey Anne, how are you?”

“Hey MarBar! It’s good to see you. How are you?”

“I’m good, thanks, how are you?”

“I’m good.”

My foot was still on the pedal. We talked about a party on campus. She was wondering if our friends would be there and I said I wasn’t sure.

“How is it being back from abroad?” she asked.

“It’s really wonderful. I miss Oxford, but I am enjoying Stanford so much this year. What about you?”

Anne had been in China. “It’s okay. I mean, I don’t know if we really have time to get into all the details here.”

At last, I took my foot off the pedal. “Is everything okay Anne?” I stepped off my bike and turned off the bike light.
“I mean, yeah. Actually, to tell the truth, I am pretty much done with this year. I’m ready for summer.” We were about four weeks away. “I don’t know what is going on with me but I’m not that happy this year and it feels like I don’t really have good friends.”

Bathed in the streetlight, thirty feet from Braun Music Center at the edge of White Plaza at 10:30 p.m., Anne explained how she was tired of only two friends wanting to hang out. I listened, nodding my head. I wanted Anne to know that I understood, so I told her about my lonely freshman and sophomore year. We had been good friends freshman year, just friends sophomore year. She had visited me in the hospital with four other friends but even then I hadn’t told her I had an eating disorder. I left the reason for the hospital a mystery. Maybe it had been implied or obvious then, but I told her directly tonight, told her all about recovery and how difficult it was. “It is,” I corrected myself. As I took off my bike helmet, I told her I was grateful that she shared her struggles. We talked about what a lonely, scary, and undesirable place Stanford could be.

_How do people who have gotten the brass ring, so to speak, by going to a place like Stanford, how do they ever admit their frailties, their human limitations, the fact that they aren’t all that they seemed to be. Being at Stanford doesn’t change any of those realities. There is no perfect person here. There is not even a remotely perfect person here...But it’s so hard. It’s so hard. Practicing failure early in life isn’t a bad thing, but it isn’t familiar to most people who get in here. So you’re quite right, it’s against the culture, it’s a chilling effect on the culture at Stanford, it’s a chilling effect on the humanity of students to one another, to the community at large._ (Dr. James Lock)
My eating disorder and my recovery have become a point of connection. In *The Illness Narratives*, Arthur Kleinman writes of chronic illness, “The experience when ill need not be self-defeating; it can be—even if it often isn’t—an occasion for growth, a point of departure for something deeper and finer, a model of and for what is good.” My eating disorder, in conversation, is a point of departure. It is a way to share my wound, a place to begin to go somewhere deeper. When I tell people about my eating disorder, what I want to convey, if they are struggling, is “you are not alone.”

*Accepting one’s own humanity and valuing it is a very different journey than recovering from anorexia per se, but recovering from anorexia per se is a step in that way. “Oh, so I’ve had this injury, I have to face and really know that it’s not an all together bad thing. It’s dangerous and it wasn’t what I wanted, but I leave it knowing about my vulnerability, about my humanity, about the truth that everyone has something like this in their lives. And I was trying to fool myself in a way by not really fully embracing all of this…” now you can. It’s not easy but I think one has to look at it that way. (Dr. James Lock)*

Having been on the outskirts of a group, looking for an opening to a table, a hand waving me over, an invitation in, even a greeting, having felt loneliness so intimately and deeply myself, I have a better eye for spotting it in others. When I see it, I make every effort I can to offer them a hand. The feelings I experienced throughout my eating disorder and recovery—lonely, insecure, lacking self-confidence, self-conscious, self-loathing, isolated, anxious, depressed—give me seeds and crumbs with which to empathize with others who are struggling.
My initial experience of illness was as a series of disconnected shocks, and my first instinct was to try to bring it under control by turning it into a narrative. Always in emergencies we invent narratives. We describe what is happening, as if to confine the catastrophe. When people heard I was ill, they inundated me with stories of their own illness, as well as the cases of friends. Storytelling seems to be a natural reaction to illness. People bleed stories, and I’ve become a blood bank of them. (Broyard 19-20)

I wish Andy could see me now, could see this project and how much better I am doing. Andy is in Thailand, presumably. Our appointment June 8th of my sophomore year was our last, because I went away for the summer and Andy, having completed his one-year post-doc at Stanford, went back to Thailand. He said he hoped to change the attitude surrounding mental illness, specifically eating disorders, and to make it more socially acceptable to seek help. During that last session, Andy said that even though our counseling relationship was ending and we would likely not see each other again, the influence we had on each other would continue to imprint us. Andy said that he would take our conversations and the words I shared with him to Thailand as inspiration for the work he was doing, and that I would take our insights out of his office to continue to reflect on myself and my health and find new ways to be compassionate.

I wish Andy could see me now because that is exactly what I’m doing, or at least trying to do with this writing: to share the compassion and understanding I gained from my eating disorder and recovery with those who are also struggling.

Sometimes it could be people having this spark of “I want to tell this story.” Part of your recovery is wanting to see other people recover, and recover even quicker, because you
know how painful it is. And when you have goals like that, your continually thinking about recovering, you’re continuing to want to move forward, because you know in your heart and in your mind you really can’t help people until you get to a certain level otherwise it will be way too evocative and way too hard to feel like you’re picking people up. (Levy Down)

In the hospital, my mom told Dr Kapphahn, “Mari is such a good writer. I bet she could help other people through her writing.” Dr. Kapphahn responded it might not be the best idea, because sometimes, after you recover from something like an eating disorder, you want to move as far away from the subject as possible.

I understand why Dr. Kapphahn gave such advice. The writing took me dangerously close to my eating disorder, like rubbing shoulders with the illness in a busy train station. It unearthed memories I had purposefully buried. When I dug them up with pen and paper, the memories had been so well preserved in the depths of the mind that they came out with all the poignancy, freshness, and sting of the original moment. The writing was painful as I wrapped myself around the memories, feeling the texture, flavor, crevices and knobs to get a better sense of them. Once, I chose not to eat dinner because I thought it might help me slip inside the memory more easily, when really the memories were persuasively and nostalgically calling me back to a body and a time that seemed simpler. The details of the memories choked me at times. I expressed this feeling to Professor Krieger. The details can be painful, she told me, but they are important to write because they help others understand. You have to write enough so the writing gets to a place where it is useful to you, where you can draw insight. And so I wrote through the pain.
Other times, the process of writing was painful because I was forced to see how much I hurt my family. The long document of emails my family sent, mostly my mom, seemed to scroll forever, incriminating evidence proving how stubborn and stuck I was in my mind, and how desperately hard my family was working to shake me out of it. When I read my own journals, I realized how close they were to failing. The process of excavation was sad and scary.

And it was not just the content of the writing that made it difficult. It was the process. As I discovered while writing my thesis, the brutal struggle I had over my body is similar to the one I have over words. Taking a red pen to my writing posed the same threat as looking in the mirror: I often got stuck there, frustrated by the way my words didn’t align, that they didn’t look the way I wanted them to, that they didn’t neatly condense. And sometimes I did obsess over my writing with the same vigor I obsessed over my body. Sometimes it was the sadness, loneliness, and isolation of writing, which reminded me of my eating disorder.

*Language’s realm “is a realm of ‘essence’ that, without the warm blood of live bodies to feed it, it cannot truly ‘exist’” (Hawhee 146).*

In all the ways my writing is tied to my eating disorder, it is tied to recovery. Sheila said of recovery, “It’s the road. It’s not saying everything is great. It’s not saying, ‘I’m completely free of my illness.’ It’s more saying, ‘I’m going to gain a different perspective on this.’” In recovery and in writing, I have had the opportunity to hold my experience with an eating disorder up to the light to reveal new curves, edges, corners, and insights.

Writing helped me through the process of recovery. It is the way I can share my recovery. “When will recovery end?” is synonymous in my mind to “When will this piece of writing end?”
The answer for both could be never. I will continue to find my wound in new ways and find new ways to heal it. I will continue to write through and about this process.

In Group, we talked about writing as a way to let go of something that is troubling. “If you have a negative thought about your body, write it down and then put it aside,” Sheila offered as a challenge one week. Writing, in this context, was a way to externalize the struggle, to take it outside of myself and leave it somewhere else.

However, in this project I could not position myself outside of the writing.

*It is as if I were writing on the inside of myself. It is as if the page were really inside. The least outside possible. As close as possible to the body. As if my body enveloped my own paper. (Cixous 105)*

When I began this project, I told my thesis advisor that it felt like I had been broken in pieces as a result of my eating disorder. In order to write the final section, inspired by an activity I did in Professor Fields’ class, I cut up all the pieces of the conclusion and laid them on the floor in front of me. I sat on the floor with my essay and shifted the various pieces around, trying to make sense of my recovery.

*The books I love are not masterful narratives but journals of experiences. They are books that have recorded, and indeed left in tact, the emergence of an experience that has been located or noticed for the first time. (Cixous 57).*

I have been piecing my recovery together.
I intended, when I started this project, to write just about recovery. But as I began reading, interviewing, and writing, it became clear that I would be leaving out part of the story, the emergence of an experience, if I left out the beginning of the eating disorder. This thesis is the emergence of my recovery.

It is the emergence of a narrative: the way I wrote, erased, and pieced my way through the thesis.

It is finally, and most importantly, the emergence of voices. The voices outside me that made me whole, those belonging to doctors, nurses, therapists, advisors, writers, friends, and family. The goal of this thesis was bringing them together.

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Two hours after I was released from the hospital, I went to see the Dalai Lama speak at Stanford. After my mom dropped me off at my dorm and we hugged goodbye, I slipped into my room to deposit my suitcase and slipped out again with my backpack and journal. I felt changed and dazed in the upper west bleachers of Maples Pavilion as I waited for the Dalai Lama to enter. From the quiet and predictable serenity of the hospital I was plunged into the chaos, movement, colors and voices of Stanford, which left me nearly clinging to the bleacher beneath me for fear of being swept away. My friend Ben arrived and we hugged. We sat facing forward, unsure what exactly to say in response to the wide riff that had opened between us—the size of fifteen days in the hospital. We didn’t want to dangle a single foot in it so instead we talked about classes and even the weather, both anxious for the Dalai Lama to come out so we could stop talking.
He entered in his red robes to resounding applause. My seat was far up so I craned forward to see him, pencil and journal in hand, eager to devour his wisdom. My memory of the talk is only from the notes I took that day:

“Our emotion is so important to good health,” he said, I wrote

“I have right to be happy”

“Inner peace must develop through mental process—mental comfort”

“If self-centered, difficult to communicate with people”

“Open heart”

How much did his words penetrate me that day? I believe that they were just needle pricks of awareness. Now, I see my notes from his talk as all the important lessons I would need to learn to heal. Most importantly: “survival depends on mother’s care. Very seed of compassion comes from my mother.” I wrote the Dalai Lama’s words in my notebook before I knew how many emails I would receive from my mom in the coming months, sometimes three times a day, reminding me how hard an eating disorder is and how I need to keep battling the illness, along with texts twice a day which reminded me to have a snack. It was before I knew how many times I would call my mom on my last thin thread of desperation and she, through her words over the phone, would wrap her arms around me and walk me back to ground that was a little more, even if trivially more, stable. It was before I knew how many times we would cry together at the dinner table, soft single tears because I didn’t want to eat and she wanted me to eat. When I reflect on my recovery, it was my mother’s compassion—a lullaby of reminders, phone calls, and words of support—that helped me find health.

The Dalai Lama in his talk did not mention fathers and siblings, but I would include them, too, as central to compassion. Because I know that it was not my recovery alone. It was the
recovery of my family. I can see it now in small ways and in big ways. There is an ease at the dinner table that I don’t take for granted. When we exercise, my dad tells me that it’s okay if I don’t want to go. The desserts my mom makes get eaten. Kimi started college this year and she is taking care of herself beautifully. “I wasn’t worried so much about eating. It just showed me that there’s a lot of problems that you wouldn’t expect to happen, can happen,” Kimi explained about her approach to college. The lines of communication between Kimi, Kenji, and I have opened up. I called Kimi on the night of junior formal in tears because my dress didn’t fit. Kimi called me in tears when she broke up with her boyfriend. I told Kenji that I was worried he might be restricting again. We now know the risks of withholding our words.

I tell my parents about the academic award I received as a graduating senior and they compliment me ecstatically. Later I get an email with a short but important message: We are so proud of you, award or no award. My dad at the end of our phone call now tells me that he loves me. I say the same words back.
Coda: Scholarly Analysis and Framework

Looking back over my year of research and writing—a large stack of annotated bibliographies, interview transcripts, reflections, and critical analyses—I can see a clear pattern of growth and understanding in my work. At the beginning, my engagements with the texts were primarily observations, summaries, and personal reactions. I was timid about making assertions. But as I look further through the stack, I discover a growing comfort with the sources as evidenced by my ability not just to comment on them but to analyze and synthesize them with other works. I even inserted myself, at certain points, into the texts by adding asterisks beneath the authors’ or interviewees’ quotations in order to challenge or elaborate on the viewpoints expressed.

I can also trace, in the body of my research, the themes, challenges, and questions that reoccurred and evolved over the course of the year. For instance, in nearly every book I read—from Still Alice, a fictional account of Alzheimer’s, to Jacques Derrida’s philosophy in Memoirs of the Blind to Tobias Wolff’s memoir, This Boy’s Life—I used the text to think through what point of view I would use for my thesis. “If I write in first person, I can reveal my thoughts and feelings. I am telling the story from the side I know best (my own) and so the writing feels authentic... But in third person, I have the ability to reveal a voice that knows better than my own,” I wrote in a critical response comparing Girl, Interrupted and Still Alice. I was restless with the question of first person or third person; should I use an immediate but limited account of my experience or one that allowed for multiple perspectives? My question—where to position myself in the text—strikes me now as a feminist question. It was a question of voice. Who will I allow to speak in this story? Whose voice will I leave silent? Whose narrative will I prioritize? In the end, by writing a first-person narrative, I chose to prioritize my own voice and my own experience. But by leaving intact the voices of the people I interviewed and the authors I read, my hope was to reimagine the recovery narrative as a collective process, one that privileges—or rather, depends upon—multiple perspectives.

The question of voice resurfaced at the end of the project when I wrote the preface and struggled to articulate for whom my thesis was intended. Privately, I hoped that it would be useful and applicable to a wide audience: to those who have eating disorders and those who don’t. And yet, I feared putting these words on paper, because my story was my own story and it felt small. How could I assume that it would speak to other people; how could I assume that I had the authority to speak for other people? This is another feminist quandary: what is the reach of my voice and for whom can I speak? While I still feel uncomfortable claiming that my narrative is applicable to everyone who has struggled with an eating disorder, I recognize the importance of saying something, so as to protect the subject from silence. In Intoxicated By My Illness, Anatole Broyard writes, “I sometimes think that silence can kill you… To die is to be no longer human, to be dehumanized—and I think that language, speech, stories, or narratives are the most effective ways to keep our humanity alive. To remain silent is literally to close down the shop of one’s humanity” (21).

I wrote my narrative of eating disorder and recovery in order to remain human. “Accepting one’s own humanity and valuing it is a very different journey than recovering from anorexia per se, but recovering from anorexia per se is a step along that way,” Dr. Lock said in our interview. As he implies, recovery is not only a medical term, and so I wrote my narrative to

5 These thoughts stem from my engagement with Linda Alcoff’s “The Problem of Speaking for Others.”
explore eating disorders outside of their medical context. I followed Susan Bordo’s lead in this respect. In *Unbearable Weight*, she claims that science has “owned the study of the body and its disorders” since the seventeenth century (68). As an alternative narrative, her book examines social and cultural interpretations of an eating disorder. Culture, Bordo argues, teaches us what a normal body looks like and shows us how to read our bodies. It delimits women’s place in the world and makes women ashamed of their needs and desires. She describes our society as “a world in which admiration is granted not to softness but to will, autonomy, and rigor,” and so individuals with eating disorders are striving for the “tantalizing ideal of a perfectly managed and regulated self” (68).

In my writing, reading, and interviewing, I discovered, like Bordo, a new narrative of eating disorders, one that is related to food and diets but has more to do with helplessness, control, perfectionism, wanting to please others, and an inability to ask for help. My story, as a result, starts when I am eight years old and continues to the present, where I outline a new, broader understanding of recovery. In addition to weight restoration, recovery in my thesis involves finding a place in the world and finding a voice. A feminist lens allowed me to understand and express recovery as an intersection of medical perspectives, cultural context, and personal experience.

And finally, feminist scholarship facilitated an exploration of embodiment. Throughout the quarter as I read, interviewed, and wrote, I asked variations of the same question: what is the relationship between language and the body? In my first quarter of research, I read *Borderlands: The New Mestiza = La Frontera* by Gloria Anzaldúa and marked one quotation in particular: “the problem is that the bones often do not exist prior to the flesh, but are shaped after a vague and broad shadow of its form is discerned or uncovered during beginning, middle, and final stages of the writing” (88). I don’t think it struck me so early in the project that I was beginning to interrogate the relationship between the body and language, in this case drawing on Anzaldúa’s use of the body as a metaphor for a book. Rather, I wrote down her quotation as words of encouragement: “I want to remember this quotation as I write my thesis. If I can write the flesh of my narrative, I believe that later I can find the bones that will structure it.”

To “write the flesh of the narrative,” however, soon became a question of its own. When I started the creative writing, I transitioned from studying the body as a metaphor for a text to wondering how I could transcribe my body into a text. My advisors and I talked about using words sparsely, perhaps in skinny columns, to represent my shrinking body. I read Deborah Hawhee’s *Moving Bodies: Kenneth Burke at the Edges of Language* with an interest in “the body as a vital, connective, mobile, and transformational force, a force that exceeds—even as it bends and bends with—discourse” (7). I wrote notes to myself about having the eating disorder or parts of my body “talk” in the thesis. I wanted my words to represent my body.

When I read *Unbearable Weight*, my question about the relationship between the body and language changed once more: What if my body is not the text but the blank page? Bordo writes:

> The body—what we eat, how we dress, the daily rituals through which we attend to the body—is a medium of culture. The body, as anthropologist Mary Douglas has argued, is a powerful symbolic form, a surface on which the central rules, hierarchies, and even metaphysical commitments of a culture are inscribed and thus reinforced through the concrete language of our body. (165)
In this passage, Bordo powerfully describes culture’s *inscription* on the body. I realized that in my thesis, I was not only trying to write my body into text. I was also trying to decipher what was written on it. My recovery narrative, then, intends to both write and rewrite the body. For this reason, it is a body of work.

The excerpts of annotations that follow are marks of my journey. They complement the interviews I conducted with writers, medical professionals, and family members. The analytical engagements with texts below, selected from my stack of research, reveal the way the thesis evolved, organically, in response to and as part of a larger feminist and scholarly conversation.


Hélène Cixous has recorded her life in *Rootprints* in an untraditional way. The book starts with an interview with Mireille Calle-Gruber (maybe I shouldn’t stay “starts” because it takes up the first half of the book), and we see the flesh of Cixous’ life form through the way she speaks, writes, and envisions her body. We come to know her through the theories she shares to explain her feminist self and to understand the world. Her writing encourages me to explore theory: I want to find ways to envision my place and my position in this larger world and to find where my writing fits in, too.

Cixous is clearly interested in form, and playful with it. She uses witty, beautiful subtitles to highlight, structure, and move through their writing. She has little boxes in the margins of her text that represent excerpts from her journal. And Cixous is truly a brilliant writer. I want to transcribe my body in my text the way she has done, write on the inside lining of my trousers so the writing brushes up against my stomach. “What is most true is poetic. What is most true is naked life. I can only attain this mode of seeing with the aid of poetic writing. I apply myself to ‘seeing’ the world nude,” she says (3). I want to view, write, and experience the world poetic and nude for this honors thesis.


Gloria Anzaldúa’s book uses fiction, nonfiction, poetry, theory, Spanish, English, and lyrics to create a “New Mestiza Consciousness.” Because the book ends with a return to the beginning, her narrative is circular rather than linear. The text is a gathering of pieces, which Anzaldúa must assemble to create a whole self and a whole community.

Through language that crosses borders, the book redefines, reclaims, reconceptualizes, rescripts, reinvents, and reimagines. Perhaps my writing can recover, or uncover, a new narrative of eating disorders.


The words “pargiter” does not exist in the dictionary. But “pargeter” does. A pargeter: a plasterer, a whitewasher, one who glosses and smoothes over. This is what I got most from the
novel: Woolf’s attempt to gloss over the difficult divide between fiction and essay. Woolf follows fictive extracts from an imaginary novel about the Pargiter family with an essay that explains and expands upon the fiction. What I found most interesting, and what I hope to reproduce in my writing, is a sense of fiction in the essay form, which imagines new possibilities.

Critical Reflection on Cixous, Anzaldúa, Woolf: The Body seeping onto The Page

Hélène Cixous’s *Rootprints* and Gloria Anzaldúa’s *Borderlands* gave me more confidence in my “pieces approach” to my honors thesis. Neither of their narratives is linear or traditional; rather, both are bound by themes and structured by subtitles and chapter headings, and any minor gaps are smoothed over with poetic language. Anzaldúa says of the writing process, “the problem is that the bones often do not exist prior to the flesh, but are shaped after a vague and broad shadow of its form is discerned or uncovered during beginning, middle, and final stages of the writing” (88). I want to remember this quotation as I write my thesis. If I can write the flesh of my narrative, I believe that later I can later find the bones that will structure it.

My writing will be a process of excavation. My thesis already exists, but it is buried underneath the ground. As the writer, it is my job to uncover, polish, identify the pieces of narrative and then find their place in skeleton. Cixous writes, “The books I love are not masterful narratives but journals of experiences. They are books that have recorded, and indeed left in tact, the emergence of an experience that has been located or noticed for the first time” (57). With this in mind, I don’t want to write about the skeleton that I create; instead, I hope my thesis will represent the process of building it: the skeleton’s emergence. This feels faithful to the spirit of recovery: there may be no definite end to recovery. As I have been exploring in my journal writing, what if humans, all humans (not just ones with eating disorders) are always recovering? From a variety of wounds.

Inspired by Cixous and Anzaldúa, I wish to write my body onto the page. Cixous writes that the paper envelops her and Anzaldúa implies that she is a jar of ink that has been spilled onto the page. Cixous also writes, “The novel is a body where two bloods circulate in opposite directions” (62). I like this metaphor because it allows for two seemingly contradictory ideas, images, languages, or forms to rub against each other, and yet they are both working for one body (of work). This structure prevents having a creative thesis followed by a critical analysis; instead, like two bloods, they will be intertwined. (A side note: One way Anzaldua embodies the two bloods in her book is through a combination of Spanish and English. This made me wonder: is there a language of eating disorders? How can I find it?)

I may not be able to fully heal myself through this honors thesis, but I hope that I can heal the story.


David and I shared addiction (different forms) and recovery. His death felt like a sick, twisted mirror.

**Glück, Louise. *Descending Figure.* New York: Ecco, 1980. Print. 4/11/12**
It is a relief when an author can define the feeling you are struggling to articulate, or the feeling that you didn’t realize you had until the author articulates it for you. In her poem “Palais des Art” Glück has a line about “restraint so passionate.” These three words together were a warm, fragile whisper on my tongue as I spoke them aloud, because they were my eating disorder: I passionately restrained myself from food. The two words seem like opposites at first, “passion” and “restraint”, and yet they collaborate perfectly to describe the maniacal energy with which I controlled myself during my eating disorder. This line is a perfect example of Cixous’ writing advice: “There are sentences that need to have the density and the brevity of a pebble.”


In Fields’ poems, I found a new definition of recovery for my thesis: searching and finding.

The searching part of recovery is in the form of Fields’ poems, which remain raw in a way that prose does not. For instance, in the poem “In the Wain” Fields writes, “Not necessarily, no, not necessarily best.” In prose, I am guessing that this line would be condensed to “not necessarily the best,” but I like the way it is written in the poem. The word “no” is like a tiny interjection, a breath in which the poet is thinking and deciding.

The process of searching is also evident in Fields’ poems. They capture this shot in the dark feeling during recovery: walking with your hands in front of you in blindness and hoping you will stumble into a revelation about yourself. They demonstrate the instability of recovery. There are numerous relapses throughout his collection, poems where things seem to be getting better and then suddenly the speaker is back at the bottle. But when he does find a tiny glimpse of recovery, a small revelation, he savors it: “Right now he's okay, and that's enough, right now.”


An account of a surgeon with Tourette’s may seem unrelated to research about eating disorders. However, I found this piece valuable for two reasons. First, Oliver Sacks approaches the piece with a desire to speak to all sides to Tourette’s: “Neither a biological nor a psychological nor a moral-social viewpoint is adequate; we must see Tourette’s not only simultaneously from all three perspectives, but from an inner perspective, an existential perspective, that of the affected person himself. Inner and outer narratives here, as everywhere, must fuse.” The idea of inner and outer narratives is also relevant to eating disorders: there is the dark, critical, personal inner pain that I hope I can find the words to express, but equally important is the outer perspective--the way that other people (doctors, friends, parents, etc.) were viewing me. “A Surgeon’s Life” gives justice to all the voices in the complex disease.

Sacks refers to the disease as an “it” that can possess you. This is what my parents and I were repeatedly told at the hospital: it was not me that was lashing out and refusing to eat. It was the eating disorder; it was the “it.” Part of recovery is learning to separate these tangled threads: to find yourself in a giant knot and eliminate the “it.” What is scary is the way they can become, in certain aspects of life, seemingly hopelessly intertwined.

I am interested in how to write about oneself, and specifically how to write about oneself in retrospect.

A memoir allows the author to utilize his or her perspective, experience, and distance from memories to tell the story. While Wolff’s memoir usually remained immersed in his childhood, he chose key moments to provide tokens of wisdom, to use his aged voice to show how the events of his childhood impacted his future or how things didn’t turn out the way he expected. Sometimes this is a simple two sentences: “It should have. It didn’t.” Other times it is a rich and painful thread that ties an event from his childhood to the war in Vietnam. I want to ask Professor Wolff about when to include these moments of perspective, because the voice is precious and would become musty from overuse.

Part of my research this quarter is how to write about pain/suffering, and Wolff has an interesting approach. For many of the painful moments in the book, he goes out of his own body. Putting himself in a similar position to the reader, Wolff observes himself from the outside.


The line that struck a deep chord in me was “my body is uninhabitable. It is raging and weeping and full of destruction and wild energy gone amok. In the mirror I see a creature I don’t know but must live and share my mind with” (114). The body is a home, and Jamison captures the desperate, terrifying, destructive feeling of not wanting to live in one’s body. The quote separates the body and the mind, as though the body is just a shell that the mind must occupy.


In Nancy Mairs’ account of being in a mental institution, she captures the odd relief—which I don’t know if I would have otherwise realized or been able to articulate—of the hospital. The confusing, destructive world is kept outside and your only job is to be a patient. Her essay also captures the sense of the all-encompassing effect of the hospital. It becomes your life.


I want my thesis to light that flame. I want it to be a preventative shot. I want it to be a cure. Medicine and food can make you physically healthy, but language can emotionally, spiritually, and mentally heal you. When Broyard said that language confines illness, I imagined trapping the illness in words so it is outside of you. On a paper you can see it in front of you; you can touch it, listen to it, feel it, and read it. If I can provide a level of understanding—better yet, humanity—in metaphors and images that will accompany medical language, then my thesis can be a total embracing.

The absolutizing habits (of an eating disorder) are, as Lynch point says, a dead weight. Even though my body was wispy, my mind was heavy with locks and security measures and habits that weighed me down.

Lynch also talks about hope. I had a lot of hope wrapped in my eating disorder: The reason I wasn’t happy at Stanford, my eating disorder told be, was because I was too fat. Part of recovery has been giving up hope that skinny and happy are correlated, and this means that momentary hopelessness is to be expected. The secret is trust. You have to trust the doctors that uncontrollable chaos will not follow, that you will not become obese, and that you will be happier at a higher weight. I hope my thesis can be an empathetic acknowledgment of the fear of letting go as well as a testament to the positive results.


Lisa Genova holds a Ph.D. in neuroscience from Harvard University, which lent beautiful detail and authenticity to this account of Alzheimer’s disease. The story is told from Alice’s point of view, but it is not first person. Instead, we are sitting on her the shoulder of this woman with Alzheimer’s, or perhaps more accurately in this book, on her brain. This perspective allows us to witness Alice’s deteriorating memory in a way that she cannot.

I picked up good tips for writing in this book. One is having your character talk to a psychologist, which gives the author a good excuse to reveal the character’s family history and the history of the disease. I was also intrigued by Alice’s to-do lists, which get more detailed as the book progresses (simple notes like Eric won’t suffice anymore. She needs to know which Eric and what the action item is) and I would love to think of a similar strategy to chart my eating disorder and recovery. I like the two brief passages about neurons, written in italics and on a page of their own, one at the start of the book and one in the middle. The middle one gracefully separates the book into Alice with mild Alzheimer’s and Alice with pretty severe Alzheimer’s (the last line before the neuron paragraph is one where Alice forgets who her daughter is). And in the end, the more Alice’s memory deteriorates, the shorter the passages get.


Susanna Kaysen’s memoir describes all aspects of being hospitalized in a mental institution. The story begins with her admission and ends with her diagnosis, Borderline Personality Disorder. Medical documents lend the book frightening authenticity.

I liked her style of breaking the book into small chapters: it prevents the story from having a linear progression. The book jumps around in time so you read about Daisey committing suicide and in one of the following chapters, Daisy is alive and eating chicken. The jumps in time means that the reader feels disoriented, and perhaps a little crazy, too.

The narrator’s “craziness” is the extreme of what many people feel: unsure of themselves and unsure of reality, insecure, confused, confined, liberated.

Critical Reflection: Still Alice and Girl, Interrupted

In Still Alice, one chapter is littered with “beep beep” noises that frustrate Alice as well as the reader: “Beep, beep. She tossed Dan’s thesis onto the coffee table and went to the computer
in the study. She found a new email in her inbox…” and so we as readers believe, along with Alice, that the beeping is from the emails on her computer. Then the beeping continues when she has no emails. Alice checks her phone and the doorbell. When John comes home, the beep comes back and he opens the microwave and takes out a cold cup of tea Alice had been reheating. This is a great example of showing not telling. Part of the struggle of writing my eating disorder is portraying how skewed my perceptions were. I looked in the mirror and saw imperfections when everyone else looked at me and saw a skeleton. In the microwave scene, the third person narrator in Sill Alice deftly shows Alice’s decaying memory to the reader without telling a thing.

In Girl, Interrupted, Kaysen writes, “Actually, it was only part of myself that I wanted to kill: the part that wanted to kill herself, that dragged me into the suicide debate and made every window, kitchen implement, and subway station a rehearsal for tragedy.” This revelation was poignant and startling. The “I” makes the thought personal and relatable in a way that wouldn’t be achieved by saying, “Susanna thought that it was only a part of herself that she wanted to kill…” The “I” makes the writing easily translatable to the reader’s personal experience.

My books for this week presented two different but equally compelling approaches to explaining and narrating a disorder. Still Alice is fictional. It is told in third person. Because the author Lisa Genova is a neurologist, the book contains detailed explanations of the disease at a molecular level. On the other hand, Girl, Interrupted is a memoir narrated in first person. The reader has greater access to Kaysen’s head; we become intimate with her thoughts. The question is: which form is right for my thesis?

In my creative writing, I have been toying a lot with different perspectives. If I write in first person, I can reveal my thoughts and feelings. I am telling the story from the side I know best (my own) and so the writing feels authentic. First person also makes the writing immediate: the reader is on as shaky ground as the narrator. But in third person, I have the ability to reveal a voice that knows better than my own. It is easier to add metaphor and imagery with that wise, lyrical voice, and I also have the opportunity to tap into other people’s thoughts. Would it be dizzying to combine these solutions, to have short chapters told by different characters? There would be some constant voices: mine, my mom’s, perhaps my doctor, and an omniscient narrator. Other voices would appear for one, maybe two chapters: the psychologists, other family members, the nutritionist, the nurses, my friends, random strangers that pass me on the side of the street, girls in group. When I think about my goal of a total embracing, incorporating multiple viewpoints seems like one way to achieve this effect.

What perspective I assume is also influenced by the choice of writing fiction or nonfiction. If I choose to write from multiple perspectives, then my story is fiction because taking on the voice of those other characters would be an act of imagination. If I were to tell a story of my freshmen year with the intention of challenging the perfect Stanford image, then a nonfiction first person memoir would be more appropriate.

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Sontag uses literature to trace the way metaphor influences our perception of the illness and the way these perceptions affect our understanding of society. She studies TB and cancer in her book because she claims that both are (or were, in the case of TB) shrouded in mystery and misunderstanding. She classifies their differences, similarities, and stereotypes. Cancer is a
disease of the middle to upper class; it is a disease of excess; it is ruthless, embarrassing, and bodily. TB is a disease of poverty; it is a disease of lacking; it is sensitive, spiritual, and passionate, according to Sontag. These facts alone contribute little to the topic of my thesis; however, they do prompt me to think of our associations with illnesses and the vocabulary we use to describe and categorize them. I would say that at eating disorder is a disease of the middle and upper class; it is a disease of restraint; it passionate, desirable, and bodily.

The book also gave me new ways to think about the relationship between language and illness. I was fascinated with the discussion of tuberculosis as interior décor to the body, and a fashionable one at that. It was in style for women to look pale and sickly.


Expressing pain helps patients overcome loneliness. Biro acknowledged that you are the only person that feels your specific pain, and that can be isolating for you and friends/family members. Language is our best tool for a shared understanding of pain.

One piece of this book I hope to explore further is Deborah Padfield’s collage of pain. She gathered pieces of art by cancer patients illustrating their pain—for instance a sword stabbing a heart or a serpent strangling it—and made a book of them. Other patients who look through the book identified relief in being able to point at a drawing and say, “This one is my pain.”

**Critical Reflection: Sontag and Biro**

Susan Sontag and David Biro sparked thoughts about the language and form of my thesis including (again) what perspective to use to tell my story. David Biro raises the idea of inner and outer worlds. There is the inner world of pain that only you understand and the outer world of symbols you can use to express it. Susan Sontag uses the same vocabulary. She says, “The body’s treachery is thought to have its own inner logic.” These inner and outer worlds are related to the point of view in my thesis. For some of my free writing, I have been trying to describe my experience at the hospital through inner, first person narrative. So many days were spent writhing in bed after meals, feeling uncomfortably full and uncomfortable in my body and thus wanting to tear my skin off. But the writing does not seem to be working; this pain of the inner world is not easily or comfortably translated. Rather than immersing the reader in the constant writhing of the inner world, maybe it is more powerful to provide little glimpses, just flashes of pain. I can also portray the inner world through medical language that describes the path the food is taking down my body. The rest of the writing, however, would come from the outer world. It would put the reader in my mom’s seat beside the bed or tucked safely in the white lab coat of the doctor. These viewpoints from the outer world allow the reader to observe the pain intimately without being consumed by it.

Another idea for the form of my narrative came from Susan Sontag’s theory that “Illness reveals desires of which the patient probably was unaware. Diseases—and patients—become subjects for decipherment.” I have alluded a little bit to the difficulty of my freshman year and the loneliness I felt at Stanford (as hard as I tried to cover it up). I think this is an important part of my narrative because painting a fictive image of your happiness is about striving for the
perfect surface image. An eating disorder strives for the same perfection. By diagnosing and understanding the roots of my eating disorder, I will reveal many universal struggles of freshman year: searching for control, adjusting to a new home, wanting to be liked and attractive, feeling pressure from parents, and taking care of yourself. All the roots of my eating disorder are, I believe (I hope), relatable aspects for those who have struggled in various ways at Stanford.


At the beginning of *Traveling Blind* Susan Krieger asks, “What is it like to navigate through constantly changing imagery that requires changing inner perspectives as well?” I thought that I could ask the same question of myself. Susan and I are talking about very different physical journeys. She was losing her eyesight while I was gaining weight. In the hospital, my weight gain felt out of my control just as Susan’s blindness must have felt unpredictable and uncontrollable. However, our journeys of inner perspectives seem parallel. We both needed to learn cope emotionally and mentally with our changing settings. These two journeys are important to include in my thesis and I like that Susan distinguishes them in *Traveling Blind*. Gaining weight may constitute physical recovery, but emotional recovery is far harder to achieve and far more important. I believe that a successful recovery involves the physical and emotional journeys progressing at the same rate.

Susan’s book is personal ethnography, which means drawing on personal insights to make contributions to the social sciences. I, too, am finding the personal approach valuable. *Traveling Blind* also helped me reflect on my experience as a woman with an eating disorder. Susan said that she grew up thinking she didn’t need anything and shouldn’t ask for anything, which made it difficult to ask for help when she became blind. I can trace a similar struggle in my eating disorder. I shied away from asking for what I needed because I didn’t want to be an inconvenience. For instance, I went to my soccer coach’s house to watch a world cup soccer game over the summer. His family had just finished breakfast and I hadn’t eaten. Even though they had leftover chocolate chip pancakes along with syrup and butter still sitting on the table, I felt like I would be a hassle to them so I declined their pancake offer. When my coach went to the kitchen to make huevos rancheros during half time, I turned down his offer for food once again because I didn’t want him to make something extra for me (even though he was already making it for himself). So I didn’t eat anything that day until about 3:00 when I got home and made myself my own sandwich. My desire to be polite and hassle-free to those around me came from good intentions, but like so many aspects of an eating disorder—self-discipline, delayed gratification, perfectionism, drive, and will-power—too much of a good thing can become a bad thing.


“Memoir” in French means both “memoir” and “memory.” This duality captures the essence of the book: it is Derrida’s investigation of what it means to create a self-portrait (a memoir of memories). He believes that language and art are not a representation of an artist’s past because it is impossible to recreate, restore, or render. Instead, an artist is re-drawing it, and with this angle of attack the artist achieves new potency and new potential in the story. Derrida
redefines vision as sight and imagination. He tries to achieve vision in his art rather than just
sight, which means that often he is “writing in the dark.”

Derrida’s book reminds me that I should not be the only one speaking. When discussing
the difficulty of seeing/descrribing oneself, Derrida claimed that everyone has a blind spot. I
relate to this on a literal level: during my eating disorder, my blind spot in the mirror prevented
me from seeing my body shrinking. I also believe it is true in writing: there are parts of ourselves
that we cannot describe because we cannot see them from an outside view. With this in mind, I
think something I need to do for my thesis is talk to friends and family. I want to see myself from
their eyes, to hear what they were thinking about me so that I can cover my blind spots.

I appreciated when Derrida wrote, “Indeed, the point of view will be my theme.” I have
been giving so much thought to point of view that it may be a bigger deal than I realize. Point of
view for my thesis is more than the way I tell my story. The choice of who speaks and how they
speak represents important themes of losing my voice and finding it again, inner world versus
outer world, conflicting sides of myself, the collective process of group therapy, the authority of
the doctors, the gentle dialogue of counselors, the harsh insistence of an eating disorder, and the
silence of the patient in the hospital.


In the first two chapters, Kleinman distinguishes illness (the patient’s suffering) from
disease (the problem from the practitioner’s perspective). He explains the cultural, social, and
personal meanings behind illness. The middle chapters provide detailed accounts of clinically ill
patients Kleinman has studied. Usually he begins with a sketch of the patient. He describes a
little bit about the illness but more about the patient’s personality, appearance, profession,
circumstance, social background, family life, and aspirations. Kleinman supplements his
description with quotations from the patients, transcribed conversations with doctors, and input
from family members. The patients become fleshed out characters. In the end of each chapter, he
provides “Interpretation” in which Kleinman tries to understand the patient’s illness holistically,
incorporating social and personal elements into an understanding of their diagnosed illness. In
the final three chapters, Kleinman turns his attention to the doctors, or as he calls them, the
healers. He suggests new models for the patient-doctor relationship and new practices for the
clinician to remoralize (empower) the patient. He wants doctors to listen to, understand, and
empathize with their patients’ illness narratives in the way the patients want to tell them.

The book confirmed a need for my thesis. Kleinman and his patients repeatedly express
frustration with the simplistic diagnostic model that puts patients into strict categories where they
are expected to stay. Such a diagnosis is limiting, and it disregards the social, personal, and
cultural aspects of illness that can only be told through individual narrative. In terms of crafting a
narrative, I learned several things from Kleinman: that illness lies in the details (the tiny
victories, the tiny trials, the day to day), that an illness narrative involves recovery and relapse,
that an illness narrative starts before the illness starts, and that an illness narrative has uncertainty
and possibly no cure.

An illness narrative is a perfect example of order and ruin existing together. It is writing
order into chaos. A narrative will help me put my illness and myself back together.
Critical Reflection: Kleinman and Krieger

I asked Susan Krieger how she balanced writing for two audiences, the sighted and the blind, because I, too, want to write for two audiences, those who have (or had) an eating disorder and those who have not. Susan said you have to keep both audiences in mind and find descriptions that they both will appreciate. A second answer to my question came from Arthur Kleinman in *The Illness Narratives*. Kleinman compares his role as a pain writer to that of an ethnographer: “Traditionally, the ethnographer visited a foreign culture, learned the language, and then systematically described the social environment, the changing contexts of experience and interactions.” In his book, illness is its own culture that requires detailed description, interpretation, and translation. He continues, “The interpretation benefits from ethnographer’s having one foot in the culture he is studying and one foot outside it. As a foreigner, he can see aspects of social structure and personal experience which are taken for granted by the natives” (231).

I realized the privileged position I have in writing this thesis. I have one foot in the world of eating disorders, which will allow me to empathize with my readers who have an eating disorder and paint a vivid picture of the lifestyle for those who don’t have an eating disorder. But I also have a foot rooted outside the world of eating disorders. I am recovering/recovered. I can see my eating disorder self with a critical distance to understand her reasoning and mistakes. I know tools and strategies for recovery, and now I am immersing myself in literature on the topic. A successful balancing of audiences requires keeping my footing in each world, in order to describe the pain but also get outside of it with critical and creative analysis.


I wouldn’t expect anorexia to position me so close alcoholism and yet both Karr and I became possessed, self-obsessed, fiercely inward, and self-rationalizing in our diseases. We were both stubborn, afraid to let go, afraid to lose control, and afraid of trusting ourselves in recovery. I was passionate in my restraint while Karr was passionate about her release.

In addition to being a memoirist, Karr is a poet, which means the language in her book is often figurative, abstract, beautiful, strong, and poignant. She describes the process of alcoholism with such clarity that I, someone who is repulsed by most alcoholic beverages, found the slippery slope from a drink a day to relentless guzzling believable and even reasonable. I came to understand the ache for a drink and the relief it brings, the way it makes you feel competent and warm, the transition from wanting drink to needing drink, and the difficulty of surrender. Because I understood her mindset so clearly, I did not judge Karr for swigging a shot before attending her crying infant or ordering a cocktail at a book party when she knew she shouldn’t. I felt for her. I wanted her to recover but understood all the webs and knots she would have to untangle to free her mind of alcohol’s grip. I hope to imitate this intimate understanding of a mind in my thesis. For people who have never had an eating disorder, I want them to understand how logical it feels. It is not like I decided to have an eating disorder (for the first six months, I didn’t realize I had one). I didn’t even call it a diet.

As I read, I was also aware of Karr’s stylistic choices in her writing. The memoir begins with an open letter to her son, in which she acknowledges that her memory is not perfect. Throughout the book, she admits when certain parts are unclear: “I can’t remember exactly what he said” or “the conversation was along the lines of.” I was interested in her choice to reveal her
lapses in memory. On one hand, it is part of alcoholism. When you black out, you have no memories. On the other hand, it made the reader very aware of the process of constructing a memoir. In Lit we are not living the story, we are living Karr’s recollection of the story. Along the same lines, Karr uses no quotation marks to indicate dialogue. This is an effective strategy because it creates a fuzzy, confusing atmosphere where the reader is occasionally unclear who is talking, which feels like being drunk. It also seems to remove responsibility from Karr as a memoirist to recreate every conversation with exact accuracy. Without quotation marks, the text looks like an estimation of dialogue rather than the exact words.


Kenneth Burke is best known for theories of dramatization of language as symbolic action; however in Moving Bodies Debra Hawhee analyzes his writing (from 1930-1950) with an interest in the dependent relationship between bodies and language. She studies Burke’s “transdisciplinary perspective on bodies” in which bodies bend and exceed the limits of language.

Burke explores the creative quality of illness, which is an interesting topic to address in my thesis. Hawhee analyzes Burke’s short fiction and discovers that healthy bodies are the miserable status quo while “ailng bodies are exalted for their clarity and their surprising capacities” (Hawhee 19). This is reminiscent of Susan Sontag’s Illness as Metaphor in which she observes, “Consumption was understood as a manner of appearing, and that appearance became a staple of the nineteenth-century manners. It became rude to eat heartily. It was glamorous to look sickly” (Sontag 28). Both authors have found something appealing about illness, a point that I cannot ignore especially in the context of my honors thesis at Stanford. Eating disorders and diets are glamorized here as a testament to your will, and they give you a body that is by our society’s standards fashionable. How to address and incorporate the positive qualities of illness is a topic I need to explore further. Perhaps illness is only creative when it is turned into art (as I am doing in this thesis).


In Unbearable Weight, Susan Bordo challenges the medical world’s monopoly of eating disorders, claiming that issues of the body (for women, especially) go beyond symptoms, heart rates, numbers, and biology. Bordo does not discount the medical perspective, but rather supplements it with a cultural perspective. Culture has a “direct grip” on our bodies, she argues, by teaching us what a normal body looks like and showing us how to read our bodies. Culture never tells us this directly, but through studying history, media, sociology, experience, theory, feminism, and politics, Bordo illuminates these hidden, irresistible, and dangerous messages. An eating disorder is the extreme of culture’s mark, making a deeper, more prominent impact on the woman’s body. On our bodies it is written, “in languages of horrible suffering.”

Dr. Keys designed a yearlong experiment to test the effects of starvation and the most effective methods of rehabilitation in light of the starvation during and after World War II. He recruited thirty-six contentious objectors. When they saw the pamphlet advertising Dr. Key’s study—“Will You Starve That They Be Better Fed?” it asked with a photograph of French children examining empty bowls—they were excited by the prospect of serving their country honorably by participating in a starvation experiment that would provide important information for relief workers. Surely the men did not imagine that their work, in addition to helping re-feed World War II victims, would soon help researchers studying anorexia.

It was amazing, as I read, to discover how much I had in common with these men, who were around 25 years old in 1944. Their experiences would suddenly trigger a memory, whether it involved similar obsessions, behaviors, discomforts, or health issues. “The study is invaluable for those treating anorexics because it helps separate the symptoms that are a result of anorexia from those that are just byproducts of hunger” (Tucker 200).

Ancel Keys’ research also underlines the importance of physical recovery for patients with anorexia. Food was the answer for nearly every problem the men faced in the study. For instance, the men had a “relief meal” halfway through the starvation period where a single dinner doubled their daily calorie intake, and halfway through the meal everyone noticed a new buzz in the room of excitement and merriment. When one of the subjects was removed from the study because he was cheating and, in many ways, had gone crazy, eating normal meals resolved fears of mental illness immediately. This shows that an increased diet is one of the first, if not the first, step to successful recovery for a patient with anorexia.


In Help your Teenager Beat an Eating Disorder, James Lock and Daniel Le Grange present an eating disorder as a dangerous illness that requires as much care and attention as any other life threatening disease. Lock and Le Grange frequently tell parents that they must separate their child from the illness. By externalizing it, they help parents understand that their child is not to be blamed. She is not trying to be difficult, trying to restrict or trying to binge; rather, she is at the mercy of an illness that controls her.

A notable element of Help Your Teenager Beat an Eating Disorder is the format. The book is intended for parents, and so the writing is accessible for someone with little to no knowledge of eating disorders, medicine, or biology. The authors do a good job explaining the causes, effects, and treatments for an eating disorder, and amidst these explanations, Le Grange and Lock add short stories—that is the exciting part. For example, they assert that parents need to have a united front, and then they illustrate this concept through a story about Dinah and her parents who cannot agree about Dinah’s exercise and diet. This format is similar to what I want to do in my thesis: it combines research and story. They need each other: the stories wouldn’t be as helpful without the medical background but the medical information wouldn’t resonate without the stories.

The long list of references at the end of every chapter is something I would like to incorporate in my thesis—directly or indirectly. Seeing all the names shows how many people have been and are working on the issue of eating disorders. I believe other readers with eating disorders would find this surprising and comforting too. One of the best parts of being in the hospital was feeling cared for, that alone warmed me. Knowing that the doctors, nutritionists, nurses, and therapists met everyday to talk about me was like reading the list of references in The Oxford Handbook of Eating Disorders—both demonstrate how many people were fighting for me. While it may not be through a long list of references in tiny print, one main idea I hope to express in my thesis is that you are not alone with your eating disorder. There are so many people who want to help.

The Oxford Handbook of Eating Disorders was different from the reading I have done previously. Reading it was often slow, due to the density and the chapters filled with scientific terms that I didn’t know and medical explanations that were hard to understand. However, it has been undoubtedly helpful. The statistics, definitions, theories, and explanations increased my understanding of eating disorders, generated new interview questions, and will be interesting to incorporate into my thesis. An observation about this annotated bibliography is that it is overflowing with asterisks containing my own stories. I believe this is a result of the scientific nature of the book. I felt compelled to compliment the scientific writing with personal experience, and the scientific writing generated new memories and stories.


Brenda Brueggemann’s form is inventive. Her book Lend Me Your Year is divided into three parts: Deafness as Disability, Deafness as Pathology, and Deafness as Culture. Each part has several chapters, and each chapter has multiple subtitles. In addition to an analysis of rhetoric and deafness/Deafness, the chapters contain miscellaneous extras like A (Partial) History of Deaf Education, interviews, and quotations enclosed in boxes--from articles, experts, and students to supplement (and to separate them from) the main text. Brueggemann also includes interludes in Lend Me Your Ear—essays and poems relating her own experience—between the three parts in order to “grasp at my relationships to my locations within and outside of ‘Deaf culture,’ ‘disability,’ and ‘pathology.’” The interludes are written in a bigger font, and rather than subtitles, symbols--~--separate the sections, a stylistic way for her to differentiate “an academically distanced stance” and “shouting my subjectivity.”

Lend Me Your Ear gave me ideas for the structure of my thesis. I like her use of parts, chapters, subtitles, and interludes. The three parts of my thesis—as Brueggemann uses three parts in her book--might be Order, Ruin, and Recovery. Or maybe they will be Eating Disorder (in fragments), Recovery, and Writing the Body.

Other tricks to steal from Brueggemann: analyzing the rhetoric of eating disorders, specifically the word “recovery” (I spent a little bit of time exploring “recovery” in the OED but that is something I wish to come back to), and respecting the people I have interviewed by using their words, at times their full story, in my thesis. As Brueggemann said, “I have let this story unfold in its full telling because it is full of telling.”

In addition to formal elements, I found content in Lend Me Your Ear that surprised me, and I wish to use it as a springboard into my own writing. For instance, I enjoyed reading about Anna’s process of writing—her obsession with error, needing to do things step by step, to follow
the rules—because I saw myself so clearly in her story. Last week I wrote in my interview reflection with Levy that words were the/a way out. They are also, for me, part of the diagnosis. I think I view writing—like my reflection in the mirror—as an image of myself. Words are so close to me, they are a part of myself. Over Thanksgiving Break, I was writing a paper about *Mrs Dalloway*. At first I was joking to my mom, “These are the moments I don’t want to get a Ph.D. in English!” as I sat at the dining room table and tried to craft an essay. I thought I had something. I took breaks. I started writing. It wasn’t working. It really wasn’t working. I ripped pages and threw them on the floor (blank pages—I wasn’t so irrational that I would tear up my own work but I wanted to destroy something). I went to my room to write. Moved the lamp from my bedside to my desk and for hours, days over break I sat in my room and willed the words to work. I was no longer laughing about the essay to my mom. Or anyone in my family. Now I was anguishing alone in my writing. I wrote a sentence, crossed it out, wrote another crossed it out, ripped the sheet out of my journal, pounded my fist on the table, pressed my pencil so hard on the paper that the lead tip broke off, wrote a sentence, crossed it out; so paralyzed by my expectations for myself that I couldn’t produce a paragraph. Sometimes I would take to my bed in a ball—with my arms around my legs—and squeeze my body as tightly as I could until my muscles were shaking because I needed somewhere to expel this frustration of not having the right words.

I can see, in the same way that Brueggemann studied Anna, that my writing process says a lot about me. We are both looking for control in words. In my writing, I strove/strive for the same perfection I sought/seek for my body.

I was also fascinated by Brueggemann’s idea of sign language as “‘locution’ uniquely, provocatively, in body.” Sign language uses the body and space to communicate, as does an eating disorder in many ways. I could not say or express, in words or in writing, my dissatisfaction with myself, my unhappiness, my loneliness, my unreasonable expectations, my desire to please my family—either because I did not have the words or because I did not realize the feeling. But I spoke with my body, through my body. My linguistic silence was expressed in a gradual, then rapid, withering away.
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Works Cited and Consulted


---. Personal interview. 22 Apr. 2012.


Levin, Sheila. Personal interview. 9 Nov. 2012.


---. Personal interview. 5 Nov. 2012.


“order, n.”. OED Online. March 2013. Oxford University Press. 20 April 2013

“recovery, n.”. *OED Online*. March 2013. Oxford University Press. 20 April 2013

“ruin, n.”. *OED Online*. March 2013. Oxford University Press. 20 April 2013


Wolff, Tobias. Personal interview. 1 May. 2012
