

## Anorexia Narratives: Stories of Illness & Healing

By Ali Grzywna

### Introduction

*Why do women with anorexia nervosa choose to starve?* That was the question I hoped to answer in reading stories written by women with anorexia using a narrative medicine framework.

### Methodology

Finding that many stories that chronicle anorexia experiences have been published, I selected stories in the short story rather than novel format, to hear a diverse number of voices and draw comparisons between them. While there are several fictional narratives on anorexia (albeit perhaps based on real experience), I sought to analyze reality rather than imagination as presented by the authors, and therefore limited to autobiographical stories. I ultimately found a total of 39 stories that have been collected in four anthologies:

- DasGupta, S. and Hurst M., ed. *Stories of Illness and Healing: Women Write Their Bodies*. Kent, Ohio: The Kent State University Press, 2007.
- Foster, Patricia., ed. *Minding the Body: Women Writers on Body and Soul*. New York: Random House, 2011.
- Shelley, Rosemary., ed. *Anorexics on Anorexia*. London: Jessica Kingsley Publishers, 1997.
- Taylor, Kate., ed. *Going Hungry: Writers on Desire, Self-Denial, and Overcoming Anorexia*. New York: Anchor Books, 2008.

All stories were recently written (published after 1997) by young women between the ages of 16 to 40, of diverse class, race, and sexuality, and all diagnosed with anorexia nervosa. They were written at various self-reported statuses of the illness, ranging from still suffering to partially or fully recovered.

As a means of perceiving patterns amongst the various anorexia narratives, I asked specific questions of them, divided by three possible stages: onset, development, and recovery. For example, at onset, I investigated what contributing factors the women cite; as the illness evolves, how identity and relationships evolve with it; and whether the end of the story coincide with a recovery from the illness, and what meaning, if any, the narrator attaches.

### Question Grid for Anorexia Narratives

Onset	Development	Recovery
<ul style="list-style-type: none"> <li>•Contributing factors?</li> <li>•Symptoms of illness?</li> <li>•Cultural factors?</li> <li>•Realization of illness?</li> </ul>	<ul style="list-style-type: none"> <li>•Healthcare practitioners consulted?</li> <li>•Conception of mind body relationship?</li> <li>•Influence of family and friend relationships?</li> <li>•Relapse?</li> <li>•Distortions in thinking?</li> <li>•Effect on identity and sense of gender, race, class, sexuality?</li> <li>•Belonging to collective identity?</li> </ul>	<ul style="list-style-type: none"> <li>•Reasons for recovery?</li> <li>•Realizations of recovery?</li> <li>•Meanings, morals, lessons?</li> <li>•Reason for writing narrative?</li> <li>•Current conception of illness?</li> </ul>

## **The Conflicts of Anorexia: Identity and Agency**

While the stories reflect the popular and medical debate about what causes anorexia and what constitutes effective treatment, I found the answer to my question—the choice of starvation, what stood between narrators' illness and health—were conflicts of identity and agency. In describing these conflicts, the stories provide ways in which they can be resolved. While storytelling itself is not a cure for anorexia—in fact, it is possible for storytelling to reinforce the symptoms of the illness rather than alleviate them, as I will explain—I argue that stories do have the potential to contribute to healing.

First, if anorexia is an illness of identity, then the narrator can evolve an old anorexic identity into a new healthier one in describing past, present, and hopes for future selves. Furthermore, this transformation of identity in healing is particularly evident in the context of narrators' social relationships.

Second, if anorexia is a coping mechanism by which a feeling of agency is established through control of the body, the act of telling a story is an alternate coping mechanism by which a similar feeling of agency can be established through control of language. While all the narrators explore the causes and effects of their illness, those that realize other reactions to their circumstances are possible than the habits of anorexia bring themselves closer to recovery.

Thus, stories can empower healing—through the development of a revised, healthier identity, and/or by providing an alternate coping mechanism by which the narrator uses voice rather than starvation to express emotions.

## **Part I. Anorexia as an Illness of Identity**

Many of these women describe how anorexia is or makes up a part of their identity. But because identity encompasses so much, its influence on anorexia can occur in several different ways.

First, anorexia can be an identity onto itself. For instance, Joanne is a woman who at the time of writing her story remained severely anorexic despite several hospitalizations. She describes how, *“There are many more questions that I frequently ask—Who am I? What is normal? What is right? How does food become a thing you need to live and not life itself? If only I knew. I am sure that I will find the answers once I develop into the person I am meant to be”* (Shelley 51). While Joanne recognizes that anorexia is her identity at the time of writing her story, she believes that in finding her ‘true’ identity aside from the illness, she will be able to shed it. As Francine explicates, *“An anorexic’s thinness is...the core of her selfness...To put it brutally, at those times in her life when she is particularly filled with self-hatred, her emaciation is the only identity she’s really got”* (Taylor 62). So while Joanne’s words show recognition of anorexia as identity, Francine’s words indicate that identity provides a comfort from which it is difficult to part.

## Gender Identity

Anorexia cannot only be an identity, it can also intertwine with other identities, such as gender. Many women's stories describe how anorexia's rejection of the female body becomes a simultaneous rejection of the female identity.

This takes on particular significance during adolescence, in the transition from girl to woman. As Joyce voices, *"If I didn't look fragile and hungry, who would feel a need to protect me or lavish me with tender care? If I didn't look like a child anymore, would I have to act like an adult?"* (Taylor 294). In being anorexic, the girlish body and the safety of childhood are maintained, and the fears of being a woman, with all its responsibilities—are diminished.

In the stories written by women with a history of sexual abuse, a particular recalcitrance for the female body and the identity it brings is cited as a reason for their illness. Sunita describes:

*"I can feel loneliness, anger, and fear in my breasts in particular. One of my 'happiest' moments while I was sick was when, while in the shower, I looked down at a flat chest. My breasts had entirely disappeared, and despite how weak, emaciated, and hypoglycemic I was, my face lit up and I actually felt proud of myself for the first time in months. And what exactly was my accomplishment? Literally eliminating a part of my body, forcing a hotbed of memories to shrink out of existence."* (DasGupta 264)

In not having the breasts that are such a defining feature of the female body, anorexia becomes a means of allaying fears of being perceived as a sexual object by men.

Other women describe anorexia as a means to reject the female identity as a reaction to the societal pressure they sense. For example, Patricia describes, *"I did not want to be female. I was terrified of the demands on my sex for perfection and*

*conformity. And I chose a typically modern way to subvert them...[in] my community, the body was elevated to the status of a sexual bargaining chip. I understood very early that without the right face and body certain doors remained closed"* (Foster 5). So Patricia's anorexia was a rebellion against the ideal of woman that she felt society demanded of her. In not having a womanly body, she did not have to expose herself to the danger of others rejecting her as an inferior woman.

Judy Mahowald, a professor at the University of Chicago in the Department of Obstetrics and Gynecology, explores how anorexia is indeed a paradox of gender identity in her essay, "To Be or Not Be A Woman." She explains, "First, the anorexic's obsessive pursuit of a feminine ideal of thinness indicates that she is insecure in her gender identity but fiercely wants to fulfill her perceived gender role. Second, the actual look promoted through her refusal of food is more masculine (boy-like) than feminine, and amenorrhea is a means of avoiding the monthly reminder of her femininity; in other words, she fiercely wants not to fulfill her perceived gender role" (Mahowald 126). Thus, anorexia has the ability to fulfill at once the psychological desire to be more feminine in being thinner, while at the same time be a rejection of it in the body taking on a boy-like shape.

### **Other Intertwined Identities**

Maintenance of an emaciated body, or prolonged abstention from food can take on additional dimensions, such as in the cultivation of an artistic identity. For instance, Lisa explains how, "*Familiarity with the severe sensation of prolonged hunger seemed to*

*me a prerequisite for an adult intellectual and artistic life: for living hard, for living romantically, and ironically, for living well*" (Taylor 173). Her story is a reflection of how the cultural perception of a starving artist can be internalized, making hunger a romantic ideal.

While fasting is a part of the traditions of Muslim, Christian, Jewish, and other religious faiths, anorexics can take it to an extreme in the pursuit of a spiritual identity. As Ilana describes, *"I found it impossible to pray after I ate; I felt that being full rendered me an inadequate vessel for the divine spirit, and the words would die inside me before I could ask God to open my lips in prayer"* (Taylor 42). While feelings of holiness and purity can be achieved through fasting, for anorexics this attainment becomes a perpetual cycle of starvation.

### **Stories Can Reinforce the Illness**

By nature of anorexia influencing identity, the stories told by anorexic women of their illness can reinforce the disease, rather than provide a means of healing. The story the narrator tells of her experience creates an identity for her. The story can make the illness acceptable to the narrator, justifying the illness's existence for sake of a continued identity. As Nieves Pascual argues in her essay, "Depathologizing Anorexia: The Risks of Life Narratives," a story can normalize narrators' difference from others, and "make a theater of their starvation by domesticating and heroicizing the illness." She argues that a woman who claims to have recovered from anorexia "creates a new self," which diminishes complexities and rationalizes uncertainties. She

furthermore sees the language of an anorexia narrative is “reduced to aphasia, empty speech, dead language, or useless words.” Pascual’s argument indicates that some women’s stories may promote the illness rather than healing. Indeed, in the stories with narrators who claim healing, they describe not the creation of an entirely new self, but the maintenance of the old anorexic identity, upon which a new identity is built. Another distinction between stories that promote illness versus healing is the heroicization of the illness in the former, and of the person with the illness in the latter. Lastly, narratives that encourage recovery do not “reduce complexity and rationalize uncertainty,” but rather reveal and explore them.

### **Narratives That Encourage Healing**

It is a lingering struggle many anorexic narrators describe: the identity of thinness is still prized in the mind. As Ilana explains, “*it is...no coincidence that, on my annual visits to the Met, I still prefer Degas’s dancers to Gauguin’s Tahitian nudes... I still look in the mirror and wish I were thinner*” (Taylor 43). So how is this desire for an anorexic identity reconciled, against the struggle of eating healthfully? Several narrators describe healing is paradoxically achieved not by letting go of their anorexic identity, but by no longer acting anorexic. So it becomes a matter of renegotiating their identity, in which the anorexic identity is not lost, but their behavior changes.

Notably present in these stories are the metaphors the authors create to describe how they have not in fact recovered, and still perceive the illness in their mind. These metaphors allow choices that promote their body’s health, such as eating



a calorically adequate diet, while accepting the mind is still ill. Lisa puts it this way: *“My anorectic tendencies never wholly subsided; in fact, they still compete with other, saner and worthier petitions for success. I call myself lucky because today the latter virtually always win out”* (Taylor 178). This conception of a split self is echoed in other stories, such as having two voices in one’s head. It is not that the anorexic voice no longer exists, but the healthy voice is selected over it.

Or as Ilana describes, *“Anorexia rewired my brain and my aesthetic perceptions, and so while I am at a normal weight, my mind’s eye is still not completely refocused”* (Taylor 43). A ‘rewiring of the brain’ suggests a change that is permanent. Joyce also describes different voices in her mind as Lisa does, and rewiring of the brain as Ilana, along with an additional metaphor. She writes, *“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...I no longer expect this voice will ever be silenced entirely. All I can do is take it in, and change the station”* (Taylor 301). This analogy between anorexia and an addiction such as alcoholism is powerful, for it puts anorexia under the category of a chronic illness that must continually be fought against. It explains how one can have internal tendencies inscribed in identity, but choose to override them externally in action.

In perceiving anorexia as a chronic rather than acute illness, many women perceive recovery as a quest, as an ongoing struggle. In *The Wounded Storyteller*, Arthur Frank, a professor of sociology at the University of Calgary, describes several genres of illness narratives, and notes that the quest genre can be helpful to the

narrator in that she can accept the challenges are ongoing (Frank 115). The narrator can then perceive herself not as a victim of the illness, but as a hero fighting a battle, and thus make choices that promote her health.

### **The Significance of Social Relationships**

The necessity of an evolved identity is particularly evident in narrators' descriptions of shifting social relationships. I will focus on the mother relationship, as many anorexics note their relationship with their mother, or their own experiences as mothers, as particularly important.

For Elizabeth, healing from anorexia required a negotiation of her identity, which required a simultaneous negotiation of the relationship with her mother. She describes how she simultaneously identified with her mother (who is thin) and wanted to look like her, but also wanted to establish an identity separate from her—which she was able to attain through anorexia. In her story, she describes the epiphany of her illness as:

*"My mother, my sister, and I had all struggled over the years with individual problems and crises. Until now, I'd perceived them as isolated expressions of our distinct personalities. Now, however, I saw how our behaviors interlocked. It didn't seem a coincidence anymore, for instance, that my period of anorexia overlapped exactly with a different crisis of my sister's. Nor was it accidental that my mother had an almost micromanagerial involvement in both our recoveries."*  
(Taylor 287)

Elizabeth describes how when she initially distanced herself from her mother, her mother became angry. But Elizabeth cites that the separation of her identity from her mother's as the crucial component of recovering her health, and eventually she and

her mother were able to make amends. While relationships with others are ongoing and fluid and therefore difficult to characterize, her story reflects how stories link events with causality. Elizabeth links the end of her illness with her decision to stop allowing her mother interfering with her life. That is how life events are given meaning, that is, reason or purpose for their existence. Thus we see how storytelling can concretize distinctions between past ill and present healthy selves.

For others, it is taking on the motherhood identity that coincides with recovery from their illness. As discussed earlier, anorexia can be a rejection of the female identity. Motherhood can be an acceptance of it, thereby allowing recovery. Indeed, the nature of Trisha's anorexia reflected an ambivalence of the female identity, and so she describes how pregnancy was her "first organic identification with femininity" (Taylor 210). In full heartedly accepting her female identity, she was then able to forego anorexic behavior. Or as Francesca concludes towards the end of her story, "*I have two young humans who need a warm, soft, well-fed mommy. My children, the loves of my life, the salvation of my body and spirit, are reason enough for me never to go back to the faerie world [become anorexic] again*" (Taylor 206). Thus when life circumstances precipitate a change in identity, the motivations for the illness can be diminished. The change is encapsulated in the story.

These stories reveal how anorexia can be an illness of identity. While an anorexia narrative can support that illness identity, it can also be means of understanding it. Such comprehension can then help the narrators break free from the

behavior of the illness. It is through transfiguration of identity—by accepting it and taking other action, or adopting a new identity—that healing can occur.

## **Part II. Anorexia as an Illness of Agency**

While some narrators' stories affirm that anorexia forms part or whole of an identity, others elucidate either alternatively or in addition that anorexia is a habit of starvation that serves as a coping mechanism to counteract feelings of anxiety toward life problems. Sunita justifies it as such: "*Those who gape, aghast, at anorexic women believe their behavior to be voluntary; I call it an involuntary survival strategy...keeping your life on track by numbing yourself to the point where emotions are a foreign concept...reducing your entire life to the tiny things that are manageable actually makes sense*" (DasGupta 263). Sunita does not perceive anorexia to be a 'choice' made by her and other women, but rather a compulsory reaction to the circumstances they are in. Sunita traces her illness back to "*the rage that I felt but was unable to communicate or direct towards anyone who was actually responsible became a weapon I used against myself*" (DasGupta 264). Anorexia can thus entail a lack of agency, a feeling of not having a voice and not having any control over surroundings. And so anorexics find a means to have control by restricting their eating. Their feelings of inferiority and powerlessness are then physically expressed through their emaciated bodies.

## A Cognitive Distortion of Power

Some recovering narrators perceive themselves like alcoholics, as described earlier. This analogy is further strengthened by narrators who describe the feeling of hunger inducing a mind-altering state in a similar way to a drug addiction. Thus anorexia narratives that describe this sensation, as Nieves Pascual argues, can “present the cognitive distortions accompanying anorexia as pleasurable.” Elizabeth describes a hunger-induced high, in which “*the world got slippery and objects took on a silvery shine*” (Taylor 278). Lisa describes a similar sensation: “*The colors of my suburban surroundings took on an almost hallucinatory brilliance. Music acquired a crystalline quality. Words in books appeared more starkly and urgently against the page...hunger can also expand one’s aesthetic sensibilities*” (Taylor 171). While these descriptions justify why these women starved themselves, they depict hunger not as the disagreeable sensation as it is typically perceived, but rather pleasurable.

Such a perception becomes dangerous—addictive—then, when the mental act of choosing not to eat despite the body’s feeling of hunger brings about a psychological sense of power that is not otherwise accessible. Jennifer describes her feelings like this: “*I felt as if I were finally coming into focus, hard and sharp and light, released from the bulky packing of my sadness. If I felt dizzy at times, or physically weak, or just plain hungry, these hardships attested to the gravity of my undertaking. Having been at the mercy of circumstances all my life—divorces, remarriages, a move that separated me from my father—the discovery that I could alter my physical self and make people see me differently was momentous. I’d never experienced power like that*” (Taylor

52). The anorexic's feeling of being a victim to circumstance is transmuted to a feeling of power through the illness.

### **Alternate Coping Strategies**

While these narratives elucidate anorexia's allure as a coping mechanism—a mind-altering state that provides feelings of control—some narratives elucidate alternative coping mechanisms are possible. As Derine puts it:

*"I still have my problems but they are mild in comparison...Even the unpleasant things that life throws at me I tackle with enthusiasm. I see my difficulties as a challenge and I overcome them. Anorexia is all in the mind. To get well you have to want to be well...The world has not changed; you will still be faced with problems and difficulties every day. The factors that triggered your eating problems may still be there but you have to deal with them effectively. Starving yourself...is certainly not the way to do it." (Shelley 99)*

Derine's words hark back to Frank's quest narrative and hero identity—despite challenges, Derine is determined to confront them. So what distinguishes recovered narrators from those that remain ill is recognition that starvation is ineffective towards resolving life issues, and realization of other ways problems can be dealt.

Kirsty's words propose an alternate coping mechanism: *"I don't think there was a specific point when I felt I could say, 'that's it—I'm cured'; it was very, very gradual...Slowly the good days outnumbered the bad, but even now I still have rough days, I suppose all 'normal' people do. The difference now is that I can turn to my family and friends for help through those times"* (Shelley 130). This not only encapsulates an identity of being a paradoxically non-recovered yet recovered anorexic as previously discussed, it also shows again the critical importance of social relationships—not just

in the molding of identity, but in the alleviating of stress. Kirsty's words thus suggest that in voicing problems to family and friends—in language—she is able to cope with problems.

### **The Need for Stories to Explore Causes**

All of the beginnings of these stories attribute causes for pathogenesis. Understanding the origins of the illness, and what triggers the anorexic behavior of not wanting to eat—then enable the narrator to break free from them. As Francesca says, *“But what is it about this disease that seduces? What are its initial lures? Without understanding them, it is difficult to heal, especially with the spectacle of thinness paraded before us as both angel and demon”* (Taylor 196). Her words, “spectacle of thinness” shows how the desire to be thin remains, and the angel and demon metaphor builds on the idea of duality, of two voices coexisting the anorexic's mind. Yet it furthermore expands on narrative healing potential by imbuing importance to Francesca's exploration of the causes of her illness, in order to attain healing. Francine echoes this idea in saying, *“If I've improved...it's in part because I've had to bone up about anorexia, and write about it, and now grasp its root causes”* (Taylor 64). Because the causes of anorexia are complicated and painful, writing about them can help unravel and alleviate them.

## Language As a Coping Mechanism

Many narrators bestow their stories with a sense of significance by distinguishing what purpose they serve to them. Helen says, "*I found it easier to write things down but I realize now that they were things I needed to say...just to hear myself say them. I wish now that I had been pushed more to talk; there was so much I needed to say*" (Shelley 102). Helen perceives that with anorexia, bad feelings can physically manifest themselves in her body, but speaking of her feelings aloud and writing them down provides a means of release. She therefore has an alternate means of expressing and dealing with the feelings at the root of her illness. Francesca describes a similar sensation of having painful emotion within her body that she can release through language: "*I write about what is painful to me. This process transforms the pain into something meaningful, possibly even beautiful. It physically removes it from the prison of my body so that I can look at it with perspective and share it with others*" (Taylor 204). Thus, rather than letting the pain manifest inward in the body through hunger, storytelling brings it outward, allowing analysis and better resolution than otherwise possible. Patricia explains, "*I want to explain how control of one's body cannot be isolated from having a voice in the world. I want to suggest that a muted woman with a perfect body is really no one at all*" (Foster 7). Thus, by expressing themselves with language, by voicing these thoughts—narrators can deal with emotions in a more effective way than the feeling of power starvation provides.



## Conclusion

Going back to my original question: *Why do some women choose to starve even when plenty of food is available to them?* The answer made clear by the stories is that anorexia is tied to identity and agency. And while these stories reveal the conflicts of the illness, they also offer insights towards healing.

Whatever the causes of the illness may be—whether it is a fear or hesitance to take on the female body and identity, societal pressure, relationships with others, a desire to instill a sense of control on surroundings, or a mix of these reasons—stories provide a means for the narrator to analyze the identity and coping mechanisms that constitute her illness. And in understanding mechanisms of cause and effect, narrators are better able to break away from the illness. So while the illness disempowers, the story can empower.

For fellow sufferers of anorexia, the stories provide comfort that their struggles are not solitary, and also hope for recovery by shedding light on how healing can be achieved—through the recrafting of identity, or finding alternate coping mechanisms. For any reader, these narratives educate others on what the experience of anorexia is like, which is important for understanding and empathy of others' circumstances, affirming that we are all part of important relationships.

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