LEABHARLANN CHOLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH | TRINITY COLLEGE LIBRARY DUBLIN
Ollscoil Átha Cliath | The University of Dublin

Terms and Conditions of Use of Digitised Theses from Trinity College Library Dublin

Copyright statement

All material supplied by Trinity College Library is protected by copyright (under the Copyright and Related Rights Act, 2000 as amended) and other relevant Intellectual Property Rights. By accessing and using a Digitised Thesis from Trinity College Library you acknowledge that all Intellectual Property Rights in any Works supplied are the sole and exclusive property of the copyright and/or other IPR holder. Specific copyright holders may not be explicitly identified. Use of materials from other sources within a thesis should not be construed as a claim over them.

A non-exclusive, non-transferable licence is hereby granted to those using or reproducing, in whole or in part, the material for valid purposes, providing the copyright owners are acknowledged using the normal conventions. Where specific permission to use material is required, this is identified and such permission must be sought from the copyright holder or agency cited.

Liability statement

By using a Digitised Thesis, I accept that Trinity College Dublin bears no legal responsibility for the accuracy, legality or comprehensiveness of materials contained within the thesis, and that Trinity College Dublin accepts no liability for indirect, consequential, or incidental, damages or losses arising from use of the thesis for whatever reason. Information located in a thesis may be subject to specific use constraints, details of which may not be explicitly described. It is the responsibility of potential and actual users to be aware of such constraints and to abide by them. By making use of material from a digitised thesis, you accept these copyright and disclaimer provisions. Where it is brought to the attention of Trinity College Library that there may be a breach of copyright or other restraint, it is the policy to withdraw or take down access to a thesis while the issue is being resolved.

Access Agreement

By using a Digitised Thesis from Trinity College Library you are bound by the following Terms & Conditions. Please read them carefully.

I have read and I understand the following statement: All material supplied via a Digitised Thesis from Trinity College Library is protected by copyright and other intellectual property rights, and duplication or sale of all or part of any of a thesis is not permitted, except that material may be duplicated by you for your research use or for educational purposes in electronic or print form providing the copyright owners are acknowledged using the normal conventions. You must obtain permission for any other use. Electronic or print copies may not be offered, whether for sale or otherwise to anyone. This copy has been supplied on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.



The Spiralling Swallow:
A Sociological Auto-ethnography of "eating disorder(s)" and "recovery".

By Bríd O'Farrell
Department of Sociology
Trinity College Dublin

TRINITY COLLEGE
0 8 JAN 2009
LIBRARY DUBLIN
THESIS
8696

Declarations

I declare that this thesis has not been submitted for a degree at this or any other university. I declare that this thesis is entirely my own work. I agree that the Library may lend or copy the thesis upon request.

Bríd O'Farrell.

Abstract:

This thesis is a sociological auto-ethnography of "eating disorder(s)" and "recovery".
Using creative methodologies, I have created an intersubjective, poly-vocal account of bodies in encounter with medicine. I position this thesis as a counter-narrative and narrative of resistance to the hegemonic narratives circulated in contemporary Western cultures about health, healing and *dys*-order. Exploring the impact of dualistic medicalised cultures upon the lived experience of the body, I have posed questions about and offered reflections upon "ontology" ("ways of being") and "epistemology" ("ways of knowing"). In doing so I have contributed to sociologies theories of "eating disorder(s)" *and* offered reflections and theory on "recovery" when sociology seems, apart from a single study (Garrett, 1998), to have forgotten about this experience.

Chapter Summary.

Chapter 1.
I have used the first chapter of my thesis to state my objectives and to raise some important questions about the lived experiences I have been concerned with in this project; the lived experiences of "eating disorder(s)" and "recovery". In particular, I have raised questions here about the social construction of "eating disorder(s)" and "recovery" as binary oppositions and about the consequent theories, produced by sociology, of these experiences thus far. In search of an-"Other" way to write and research a sociology of "eating disorder(s)" and "recovery", I declare my intention in this chapter to go beyond the "skin deep" theories of "eating disorder(s)" and "recovery", to explore the interior, emotional and dialectical aspects of embodying "eating disorder(s)" and "recovery", complex aspects of being and knowing which connect the micro-cosm of body/self with the macro-cosm of society.

Chapter 2.
Chapter two considers the methodology I have chosen for this thesis. It includes a discussion of auto/biographical and auto-ethnographic methods as well as reflecting upon my decision to include my family's narrations of the story as well as my own.

Chapter 3.
In chapter 3 I review literature on "eating disorder(s)" and "recovery". In this chapter I will argue that telling this story as a feminist "carnal sociological" exercise is a means to counter the hegemonic narratives of "eating disorder(s)" and "recovery" which produce their subjects as disembodied, and recovery as a cognitive choice guided by medical expertise

Chapter 4.
Chapter 4 is my attempt to begin constructing a more embodied theory of "eating disorder(s)" and "recovery". In this chapter I use an auto-ethnography of presenting a paper at a conference to work against the eclipse of bodily experience from sociological theorisations of "eating disorder(s)" and "recovery". This chapter takes up the issue of "the absent body", in sociology and in the broader social context of Western Modernity.

Chapter 5.
This chapter is the story of how lived experience comes to be translated through the medical narratives of "eating disorder(s)" and recovery". Here I use my story and my family's story to critique the gendered foundations of medicine's diagnostic categories.

Chapter 6.
In this chapter I continue my family story of "eating disorders" and "recovery" experience telling of my second hospitalisation for "anorexia- nervosa". In theoretical reflections upon this narrative, I aim to enhance the argument that medical regimes tend to efface body trust thus reproducing the disembodied rationalities, which are required so as to maintain consumption of medical knowledge and expertise.

Chapter 7.
In chapter 7 I tell stories of a search for alternatives to the dualistic paradigms of health and illness which are given to us and imposed upon us by allopathic medicine. My stories open out questions of power and abuse of power in so-called holistic paradigms. In this chapter I consider the possibility that holistic medicine is no real alternative or challenge to traditional forms of medicine and, finally, I consider where and if body trust may be located and cultivated within these alternatives.

Chapter 8.
In this chapter the messiness of lived experience escalates as I juxtapose narratives and images which seem as if they might represent both "eating disorder(s)" and "recovery" at the same time. This is the paradox of living with "eating disorder(s)" and "recovery" experiences all at once. In this chapter I reflect on the connections between "ways of knowing" and "ways of being". In my reflections I offer the suggestion that knowing the body through an epistemology which is not rooted in the need to control the body activates a "way of being" in which body trust is a fundamental experience.

Coda.
Here I reflect on the questions raised in the thesis vis á vis a more embodied theory of "eating disorder(s)" and "recovery". I finish my thesis-writing not with answers but with more questions both about efforts to represent lived experiences and about how the embodied positions of "eating disorder(s)" and "recovery" can be understood and supported without dualism.

Acknowledgements

I have many people to thank for the support, guidance, mentorship, love and trust that I have been grateful for throughout the writing of this thesis. Sincere thanks to my mentor, Ronit, a woman who made my fire come alive the first morning I sat in her undergraduate lecture. Thank you Ronit for always pushing for the best I could give. Thanks also to all of the staff in the sociology department in Trinity and in the Library, particularly Anne and Fiona from the sociology office and Paul and Eimear in the Library.

I want to thank all of my friends in the post-graduate office, especially Maja and Jean, the two rays of sunshine amidst the grey morass of the PhD process. Thanks also to my dearest friends. Carla thank you for showing me what it really means to trust and love a friend without limits. Kay, I want to thank you a hundred million times over, for; inspiration, encouragement, constant love and support, hours of scintillating body-based discussions and the best hugs in this cosmos. Suzanne, thank you for listening, acknowledging, sharing and understanding.

Thanks to the wise women I have met along the way, to my Grandmothers and to Ma, to Majella Brennan and other teachers who believed in me and to my Yoga teachers, Grainne Gilleece and Shiva Rea who all showed me a different "way of being" in the body based in love, trust and acceptance.

Finally I want to thank my parents, whom I love with all my heart, who have always been there, who have supported me at every step. I could not have written this without them. To my brother Liam, I owe my thanks for always being there in every crisis, for listening to my stories and doing the right thing, saying the right thing, every time. To my sister Sarah, thank you for always making me think about the other side of the story and for always showing me your truth. To my happy prince, Michael, what would I do without you? I love you. Thank you.

Table of Contents

Chapter 1. 1

Where it begins 2

Introductions: Theorising "Eating Disorder(s)" and "Recovery" 6

Writing My Way Out Of Categories 7

Gendering The Thesis 10

Searching For Models Of Embodiment 16

Chapter Summary 18

Chapter 2. 23

Introduction: Telling A Story Which Heals 23

Doing Auto-ethnography 26

Inscribing Auto-ethnolgraphies 32

Researching The Family 39

Writing Research As A Story 47

Story And Theory 54

Criteria For Evaluating Evocative Ethnography 57

Chapter 3. 63

Why Tell This Story? 64

Fixing Narratives Of "eating disorder(s)": The Medical Narrative 65

Emerging Categories of "eating disorder(s)" 67

Narrative Framing And Authority 71

The Plethora Of Medical Research 74

Bio-medical Versions of "Recovery" 78

Socio-cultural Dimensions of "eating disorder(s)" 79

Points Of Contention.....82

Problems With Body Scripts.....85

Intersubjectivity And "Recovery" In Sociology.....90

Other Narrative Voices.....94

So...Why Tell This Story?.....100

Chapter 4......107

Introduction.....107

Auto-ethnography Of A Conference Presentation.....109

Embodiment.....113

Accessing Lived Experience.....125

"Eating disorder(s)"; Daze In The Life.....128

Back To The Presentation.....133

Body Trust.....139

Returning To The Body.....148

Chapter 5......151

Introduction.....151

Sociological Reflections: Gendering And "Othering" Rationality.....174

Believing Powerful Stories.....179

Truths Of Women's Bodies.....183

Handing Over Trust.....188

Chapter 6......194

Sociological Reflections On Medicalisation.....235

The Anorexogenic Family.....236

Panoptic Treatment Regimes: Practicing Noramtive Femininity.....249

Weighing The Body.....250

Surveillance.....255

Splitting Embodied Subjectivities.....261

Chapter 7......264

Introduction.....264

Sociological Reflections On Demedicalising Bodies.....308

Health Norms.....311

Family Wounds.....318

Dualism And Body Mistrust.....321

Chapter 8......325

Sociological Refelctions on Chapter 8 of my Life.....361

Messy Forms of "Recovery".....361

Yoga: A Practice Of Body Trust?.....366

Shakti Rising: Yoga Tantra, The Re-emergence Of Feminine Archetypes and Embodied Sociology.....378

Coda......388

Bibliography........395

CHAPTER 1

From Letters to a Young Poet

I beg you...to have patience with everything unresolved in your heart and try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don't search for the answers, which could not be given you now, because you would not be able to live them. And the point is, to live everything. Live the questions. Perhaps then, someday far in the future, you will gradually, without ever noticing it, live your way into the answer.

By Rainer Maria Rilke

(Rilke, 2000: 184)

From Diving into the Wreck

I came to explore the wreck.
The words are purposes.
The words are maps.
I came to see the damage that was done
And the treasures that prevail.

By Adrienne Rich

(Rich, 1996: 68).

Where it Begins?

It is a dull day. Rain sits on the horizon as a possibility. I, however, do not care. I am neat and tidy and precise. I am prim and proper. I am perfectly suited up for the occasion, my younger brother's communion, in a navy polka-dotted two-piece. I can feel the breeze catching at bare legs where culottes end and limbs lengthen into patent shiny endings. The same breeze catches at the sailor collar draped in an elegant circle over my shoulders, flipping it into my face, teasing my serious aspect into the ghost of a smile. I stand straight and tall. I am proud.

I am proud because in this suit I can place my hands around my waist and touch fingers at either side. I am waspish, I am waifish, I am pride of place in the extended family meeting which happens to be going on around me.

"Look at you",

my Aunts say.

"so pretty, so thin".

"I wish I had a waist like that!"

I am seven or eight maybe, I am looking at women and men around me, I keep touching and holding my waist, sucking myself in, flattening my belly, pinning my wishes to my bones. I remember knowing even then, I could never be anything but thin.

.....

.....

Years later and it is the first morning that I will attend secondary school. All is quiet in the pink and grey room until the alarm buzzes hoarsely at 7 a.m. to wake me from my dreams. Like a boa constrictor from a tree branch, I slither out of the bunk bed settling my feet with certainty into the plush carpet and stretching and yawning my body into its full length and breadth.

Still in the greyish haze of sleep I make my way to the bathroom to plunge my roaring mane of curls into a sink full of cold water. I finally begin to wake up. I begin to feel excited. A crisp white shirt, smart green tie, grey skirt, grey jumper and white knee socks hang over the edge of the avocado bath, all new, all labelled clearly, carefully and patiently by my mother. I look long and hard in the small square mirror over the sink, pleased with the fresh freckled face that looks long and hard back at me.

.....

.....

I want you to see my face all bright and shiny from the September freshness. I want you to feel the heady mix of nervousness and excitement that sprang in my step. I want you to understand how everything changed so quickly when the boys, gathered in their packs, began to shout at me....

"HERE DOGGY".
"WOOF, WOOF, WOOF".

I can still feel and hear the heavy sickening thud as a suffocating, silencing bell-jar of shame fell down around me.

"WHAT A DOG".

I had never heard anyone call a girl a dog before. On this first day at my new school this is the first problem I had to figure out. Not how to say please and thanks in French, or how to calculate mathematical sets, but how to react when someone assesses you, measures you, judges you based solely upon how you look. My fragile sense of self, only emerging at that time from its chrysalis, shattered like crystal-shards catching in my eyes and piercing my heart as they fell.

.....

.....

In those years in secondary school I try everything to change myself, to look different so that when I crunch my way down the gravel to our prefab classrooms the boys will not bark at me.

I leave my hair down, rising an hour earlier so as to style and tease every curl on my head into tamed perfection. In response the boys spit in it, pull at it, laugh at the fuzz it becomes as the day wears on.

Next, I tie my hair up using wine and green velvet scrunchies. I flatten and smooth my wiggledy curls with foul smelling brill cream. My curly character disappears into a neat little knot twisted into the small dent at the base of my skull. In response, the boys throw my colourful scrunchies into the trees, laughing, jeering, more spitting.

I begin to do stomach crunches every night, hooking my toes under the rim of my bed, curling up and down over and over till my sweat drips into the worn carpet. Each crunch is a determined effort to improve my chances of escaping the condescending and shaming gaze of those who have branded me unworthy of inclusion.

Whatever I do it is not enough or it is too much. I am too intelligent, too ugly and too unfashionable. I am not breasted enough, not funny enough, not attractive enough to avoid the daily teasing and touching and joking made at my expense. I am too upset and ashamed to tell my mother and father what is happening.

It goes on for years, it gets worse.

.....

.....

The air is grey and crisp. The school grounds are awash with Autumn colours, ambers, golds, strong hearty russets. Classes are over for the day and I am walking with one of the most popular boys in the school. I am kicking leaves as I walk so as to appear nonchalant and confident.

Firm hand on my elbow he guides me into a small coppice which protects and hides a dry bed of mulched leaves and bark. He pushes me to the ground and begins to fumble at my clothes. I hear laughing somewhere. Others are watching. He is moaning, fumbling, grasping, tearing.

Everything goes silent, black, empty. Even the noooooooooooooo I am screaming in my head is muted.
I wanted so badly for him to like me… I don't think anyone hears me screaming.

Introductions: Theorising "eating disorder(s) and "recovery"

It is over 14 years now since these stories, and others, first laid themselves into my body. Since then I have spent an embarrassingly grand amount of time devoting myself to making my body disappear. Along the way I have been diagnosed with "eating disorder(s)"; with "bulimia-nervosa", with "anorexia nervosa" and most recently with "eating disorder not otherwise specified".

Beneath the labels though, lie stories of wanting to be something, someone else. Beneath the labels lies a deep desire to be free of "eating disorder(s)" experiences, a desire to love and cherish my body, a desire to feel strength, to feel truth, to feel.

This thesis is offered as an inter-subjective sociological story of this tension, of living with various forms of "eating disorder(s)" of wanting "recovery" and of glimpsing, sensing and living, at times, what recovery means to me. It is a story of being "in treatment" and of engaging in different "body practices" (Turner, 1996), "technologies of power" (Foucault, 1977) and "technologies of self" (Foucault, 1980; 1986), some which limit, constrain and shut down the circuitous flow of life in my body, others which enlarge and increase its dynamic and fluid potentials (Shilling, 2005). This, as I see it, is the difference between the two terms.

As Elizabeth Grosz (Grosz, 1994) has said of her text on *Volatile Bodies*, this thesis *is* "an experiment". It is an attempt at finding a non-essentialist "*ecriture feminine*[1]" (Cixous, 1976; Irigaray, 1985), a sociological way of writing which comes and flows from or "out of" (Cancienne & Snowber, 2003; Frank, 1995) the body as a complex, non-linear, fluid and dialectical "open" and "messy text" (Denzin, 1997; Denzin & Lincoln, 2004) about embodied experience. Using an auto-ethnographic method which includes narratives from my family and loved ones, I write inter-subjective, sensual "body stories", so

[1] I use the concept of "feminine" here in the archetypal descriptive sense, as a more fluid and dynamic modality or quality than masculine linearity and logico-deductive.

as to escape and counter-act the weight of narratives which, as well as focusing mostly on the experiences of "eating disorder(s)" rather than "recovery" (c.f. Garrett, 1998), simplify, reify and oppose these experiences, neglecting the emotional lived body in favour of a focus on theorising or talking about the body as a text.

Writing My Way Out of Categories.

Writing these "body stories" is a way of opening out discussions regarding methods of "treating" women for "eating disorder(s)" as well as a way of expanding on feminist critique of psychiatric categorisation (e.g. Ehrenreich & English, 1989; Frost, 2001; Hepworth, 1999; Malson, 1998; Showalter,1987, 1998; Ussher, 1991). Feminist deconstructions of mental-illness categories (see also Sampson, 1995; Scheff, 1990; Szasz, 1962) have shown how these categories have served to regulate and contain women's resistance to modern formations of social order since "the birth of the clinic" (Foucault, 1973) and the emergence of the "psy-disciplines" (Rose, 1991, 1996). Both "eating disorder(s)" and "recovery" as historically specific concepts now tied to discourse on weight and body image (Blood, 2005; Habermas, 1996, 2005; c.f. Bell, 1985; Bynum, 1987), refer us to the categorisation of modern lived experience by the governing institution of allopathic medicine (Conrad, 1992; Turner, 1992; Zola, 1972), as well as to modern concerns with the surface of the body as an exterior image of the interior healthy self (Crawford, 1984; 2004; Featherstone, 1991). Along a continuum of health, both mental health and physiological health, medicine measures and regulates to a socially constructed norm which, if we give any credence to Foucault, is probably arbitrary and certainly homogenising. This health norm reflects a value system based around body control and mastery and the display of these via the surface of our bodies. In Foucault's discussion of bio-politics, extracted from his 1979 text *Discipline and Punish* in Rabinow's (Rabinow, 1986) *Introduction to Foucault*, this is medical normalisation:

> It measures in quantitative terms and hierarchizes in terms of value the abilities, the level, the "nature" of individuals. It introduces through this value giving measure, the constraint of conformity that must be

> achieved. Lastly it traces the limit that will define difference in relation to all other differences, the external frontier of the abnormal (Rabinow, 1986: 195).

Along this continuum, both "eating disorder(s)" and "recovery", are given very specific positions, positions which are open to scrutiny by the clinical gaze and reified by the knowledge produced in this scrutiny. "Eating disorder(s)" and "recovery" scrutiny has become an industry (Gordon, 2000) with specialised wards and inpatient clinics set up as miniature models of Bentham's *panopticon* (Bell, 2006; Warin, 2005) and epidemiological study combined with preventative health campaigns and specialised testing corresponding to a "surveillance medicine" (Armstrong, 1983, 1995) of these categories.

While this "industry" has indelibly mapped itself onto the way that we all think and talk about "eating disorder(s)" and "recovery", by holding feminist deconstructions (Hepworth, 1999; Malson, 1998) of these categories as the lens through which we view experiences thus categorised, we can work with the understanding that such categories serve to regulate to a norm to which we might not want to subscribe. For women, not only is "the norm" a tightly controlled product of "health practice" stipulated by modern medical expertise (Crawford, 2000; Lupton, 1994, 1995), it is also the version of "hetero-normative femininity" (Bordo, 1993a, 1993b; Butler, 1996), which medicine and capitalism collude in producing (Bell, 2006; Wolf, 1991). Using feminist deconstructions of institutionalised knowledge(s) as a means of critically suspending received categories of experience; we can explore how these social structures serve to gender experience in accordance with hegemonic hierarchies of power (Connell, 1987; Young, 2000). We can also explore alternative formulations of these lived experiences such that "eating disorder(s)" and "recovery" are not reified homogenous positions on a continuum of health and illness, order and disorder, but are as changeable, fluctuating and fluid as subjectivity itself.

I believe that it is necessary to work with a deconstructed version of the "eating disorder(s)" categories as well as a deconstructed version of the

quantified loose bio-medical and psychiatric concept of "recovery". It is for this reason that I place both in inverted commas and that I collapse the threefold typology of Eating Disorders listed in the DSM-IV[2] (Diagnostic Statistical Manual): "Anorexia-Nervosa", "Bulimia- Nervosa" and "Eating Disorder Not Otherwise Specified" (EDNOS), into a term which is descriptive of the experiences I write about, i.e. ," eating disorder(s)" experiences. I have been given various labels over time but "eating disorder(s)" is how it feels in my body, is how I describe what I am feeling to myself and to my family and how they feel and describe it to me. Throughout the remainder of this work I will refrain, where possible, from using the terms "anorexia-nervosa", "bulimia- nervosa" and "eating disorder not otherwise specified". However, where I do use them I symbolically deflate their medicalised status by using the lower case rather than investing them with the capitalisations they are given in diagnostic manuals and I place them in inverted commas so as to reference their constructed nature[3].

I believe that writing emotional and sensual body stories about these experiences is an effective way to critique psychiatric and medical categorisation and psychiatric categories since life as lived tends to slip beneath and elude the reifying web of the diagnostic criteria and diagnostic features written into texts like the DSM or the ICD. Lisa Tillmann-Healy (Tillmann- Healy, 1996) and Christine Kiesinger (Kiesinger, 1998) have shown this slippage in their sociological exegeses of "bulimia-nervosa" and "anorexia nervosa". Sharing such lived experiences in a sociological forum forces the research lens into focus on the emotional and sensual components of "eating disorder(s)" and "recovery" experiences and therefore adds to, and shifts, the perspective from which we theorise. I believe this focus on the embodied nature of "eating disorder(s)" and "recovery" counteracts the tendency to critique and deconstruct medical and psychiatric categories without exploring or trying to think with the real distress that many people experience and seek

---

[2] The DSM is the American Psychiatric Association's diagnostic and statistical manual, the text, which is most often referenced in the task of diagnosing mental illness. Another diagnostic text sometimes used in discussions of "eating disorder(s)" experiences is the International Classification of Disease Index (ICD), whose categories and symptom categorisations differ only slightly from the DSM's.

[3] Hepworth and Featherstone (1996) have argued that feminists should not use the medical terms for these experiences. They themselves strategically use AN or BN to discuss disordered eating experiences.

understanding and help for. Jane Ussher (Ussher, 1991) marks the obligation to make this shift, admitting, in her feminist deconstructive text:

> I knew that the despair, the anxiety, the desperate misery is far more than a label, more than a construction without firm basis in reality...for whilst the critiques are impassioned, thought provoking and inspirational, there seemed to be much left unexplained and unsaid. And what can we say, what can we do, if renouncing our professional mantles of power, we adopt the critical perspective? A theoretical deconstruction does not offer much, not even hope (Ussher, 1991: 7).

Gendering the Thesis.

The writing of these body stories expands upon the insights and suggestions offered by the only sociological studies of "recovery", those written up by Catherine Garrett (Garrett, 1996, 1998) where, "hope" is theorised as an essential ingredient in this process. In Garrett's research, her participants defined recovery not as a final point but always as an ongoing process. Similarly, rather than writing about "eating disorder(s)" and "recovery" as schematically distinct categories of experiences, I will use this thesis to explore my "eating disorder(s)" and "recovery" experiences as a complex, messy, ambiguous and intersubjective "embodied process metaphysic" (Williams, 1998). Such a metaphysical perspective recognises the often paradoxical quality of embodied experience while at the same time recognising the historical and socio-cultural context and mediation of every such experience. It amounts to a "feminist embodied sociology" (Bendelow & Williams, 1998b; Davis, 1997; Inckle, 2007), which facilitates the exploration and theorisation of the connections between the personal and the political, between the micro and the macro, between mind and body, and between body and society.

This thesis is necessarily feminist because to misrecognise the importance of gender to the lived experiences of "eating disorder(s)" and "recovery" would obfuscate the centrality of gender to both experiences, for, as Jane Lester has stated with clarity:

> In this culture, my body *does* define who I am, what opportunities will be opened or closed to me, what my experiences will be, how others respond to me. And my female body carries with it, its own strong signals to others about who I am and how I am to be treated (Lester, 1997: 485).

Besides this, it is widely accepted, that:

> If there is any one fact that would evoke nearly universal agreement, it is that the overwhelming numbers of people who develop eating disorders are female. This association between eating disorders and gender extends not only back to the nineteenth century history of anorexia nervosa (...) but to the pre-history of the disorder-the "holy anorexics" of the middle ages and the fasting girls of the eighteenth and nineteenth centuries (Gordon, 2000, 58).

Since this thesis is auto/biographical and since I am a woman, I write about women's bodies and women's experiences of "eating disorder(s)". However, this is not to say that only women live this experience. Quantitative research estimates that males make up 5% of the "eating disorder(s)" population at any given time (Anderson, 1991; Sterling & Segal, 1985). This statistic, however, is problematised by the ways male bodies are positioned within medical paradigms and in particular by the fact that men are less likely to present their confessions of disorder to medicine. Men, keeping within gender definitions available within contemporary gendered hierarchies of power (Connell, 1995; Plummer; 1994), are more likely to experience stigma and shame around their experiences of "eating disorder(s)", and to follow familiar hegemonic representations of masculinity in "suffering in silence". A paucity of male narrativisation of the subject is a reflection of this. However, Garrett (Garrett, 1994, 1998) argues in her research into "anorexia" and "recovery" that there are definite similarities between men and women's experiences of "eating disorder(s)". Garrett's research includes two narratives of male experience, yet a vast sociological gap still remains in this regard and the tying of male "eating disorder(s)" experiences to questions around sexuality and gender identity in psychological discourse (Crisp & Burns, 1983, 1985; Sterling & Segal, 1986)

provokes sociological questions about the complex relationship between gender and "eating disorder(s)" experiences.

The feminist embodied sociology I employ throughout this thesis recognises and accounts for the gendered nature of "eating disorder(s)" experiences by marking the complex dialectic which occurs between a woman, her body and the historically accumulating social and cultural resources which women may use to mediate and interpret their "being in" their bodies at this time. Young's assertion, that studies of lived experience cannot do without the category of gender are important here (see also Bendelow & Williams, 1998b; Witz, 2000). She argues that gender gives us a concept with which to articulate bodies' interactions with social structures. Following Moi (Moi, 2001), Young understands the body as *situation:* a physical body acting and experiencing in a specific socio-cultural context. The body as situation denotes both facticity and freedom. A person, she says, must always face the material facts (size, shape, colour of skin, capability of strength and movement) of her body and its relation to a given environment (language, culture, capital resources). At the same time every person has the ontological freedom to construct herself in relation to this facticity (Young, 2005:16). To this Young adds the assertion that gender must be used as a concept to theorise social structures and their implications for the freedom and well being of persons, for each person experiences aspects of gender structures as facticity, as socio-historical givens with which he or she must deal (Young, 2005: 25). Gender, she writes:

> Is best understood as a particular form of the social positioning of bodies in relation to one another within historically and socially specific institutions and processes that have material effects on the environment in which people act and reproduce relations of power and privilege among them (Young, 2005: 22).

This is how I use the conceptual device of gender and gendering. Using gender this way is to analyse social structures and how structures shape experience rather than to use gender as a homogenising category which universalises and reduces experience. It is, in Witz's terms, "a social ontology of gender which works with a concept of embodiment" (Witz, 2000: 7). Gender used this way

exposes the inequitable yet sustained structural foundations of sexual divisions of labour, normative hetero-sexuality and the gendered hierarchies of power which shape men's facticity and experience just as much as women's (see Connell, 1987; Shilling, 2005).

Using this interactive deployment of lived experience and gender I want to look at how my sensual, intuitive, emotional, physiological and physical body has been shaped through culturally layered social interactions. I want to connect this to the facticity of my body as woman and the social structures which shape this womanly experience as gendering. I will use feminist embodied sociology(s) to trace the social mechanisms through which women's bodies come to be the signifier of all that is volatile, unruly and risky about bodily life and how then, women's relationships to their bodies come to be shaped through and must always negotiate this mediation. I position my experience within this context to persuade my readers, that a woman's "being in the body" is not an unmediated essentialist event. It is for this reason that someone like Marya Hornbacher can write in her autobiography *Wasted*:

> Somehow I learned before I could articulate it that the body- my body- was dangerous. The body as dark and possibly dank, and maybe dirty. And silent, the body as silent, not to be spoken of. I did not trust it. It seemed treacherous. I watched it with a wary eye (Hornbacher, 1999: 14).

It is only by maintaining the body-politics (Bartky, 1990; Jacobus & Kellerman, 1989) of feminism that the gendered nature of different "ways of knowing" and "ways of being" in the world may be continuously illuminated and underlined.

As I will discuss in more detail in chapter 3, feminist perspectives have been central in the process of underlining the gendered socio-cultural dimensions of "eating disorder(s)" and "recovery" experiences. However, as Rebecca J. Lester (Lester, 1997) has noted, and as I will discuss in detail in chapter 3, feminist work has tended to take either of two positions; the first of these is the understanding that "eating disorder(s)" correspond to the reproduction of hetero-normative femininity (Bartky, 1990; Bordo, 1992, 1993b; Hesse-Biber,

1996), the second is that "eating disorder(s)" correspond to rejection of and resistance to patriarchal society and hetero-normative femininities (Eckerman, 1997; Grosz, 1994; Lester, 1997; Orbach, 1989,1983).

Clearly, the hetero-normative femininity to which these writers refer is one which equates thin, health, beauty and sexuality. It is to this end, such theories suggest, that "most women" are on diets. Some researchers in the psychology of food and eating go as far as to suggest that in Western societies dieting and body dissatisfaction are more normative than non-normative amongst women and girls (Polivy & Herman, 1987, 2006). On the other hand Susie Orbach laments:

> No one is much disturbed by statistics that show that 80 % of women in countries like the USA, the UK, New Zealand and Australia are dieting at any given moment. The anguish and distress concealed behind these figures are concealed behind an attitude that accepts this as the norm and sees the need for no further questions. Women like to diet. Women expect to diet. Women are accustomed to diet. Women have a tendency to fat. Women are so vain. Women are self-involved (Orbach, 1993: xxiii).

Making "eating disorder(s)" and "recovery" experiences into stories which mirror cultural obsessions about thin, health, beauty and sexuality eclipses the complexity of these experiences. In relation to "anorexia-nervosa", Helen Malson (Malson, 1998) points out that there is an over-reliance on the internalisation of a "thin ideal" as an explanation. She criticises "eating disorder(s)" theories that:

> tend to focus on thinness and dieting to the exclusion of other aspects of anorexia nervosa and female subjectivity and without exploring the complex cultural and political significance of female slenderness. For "anorexia" is also associated with low self esteem, with a lack of sense of self, of independent autonomy and control as well as with a "fear of fat" or relentless pursuit of thinness... It has been described as a communicative disorder which is experienced as a means of taking

> control over one's body, as a pseudo-solution to intra- and interpersonal difficulties. And culture may also play a role in the "promotion" of such difficulties. The cultural dynamics of Western post-industrial society may foster many of the psychosocial conflicts around gender, identity, self-esteem and autonomy that have been associated with "anorexia" (Malson, 1998: 93-4).

Thus it is important to recognise that for women who experience "eating disorder(s)" and who are trying to find embodied positions they may name "recovery" the story is far more complex than trying to get thin so as to fit norms of health, beauty and sexuality. However, in recognition of the multiplicity of gendered experience and the cross cutting and intersection of this experience with race, ethnicity, class, disability and an infinite number of other experiential factors (Grosz, 1995; Inckle, 2007; Yuval- Davis, 1997), I am not claiming to narrate the truth of "eating disorder(s)", or "recovery" experience for an homogenised subject group, but rather to use my own stories to "think with" and develop theories of a gendered body, my gendered body, in society. The work is explicitly auto-biographical and self- referential.

Many of those working in the area of "eating disorder(s)" and "recovery" recognise the paradoxical nature of "eating disorder(s)" experiences, how they can be both productive and destructive of self (Bordo, 1989; Macleod, 1981; Mac Sween, 1995; Lester, 1997; Malson, 1998) and it is these paradoxes, these slipping points which interest me. Feminist analysis which fails to capture this tension ultimately produces only textual scripts of the body, Linda Birke (Birke, 1999) calls them surface, "only skin deep" theories. Skin-deep theories remain at the level of the signifier, producing endless texts without adequate attention to the material. Susan Bordo's remarks upon this problem echo the quote from Jane Ussher cited above. She asks:

> If the body is treated as pure text, subversive, destabilizing elements can be emphasized and freedom and self-determination celebrated; but one is left wondering, is there a body in this text? (Bordo, 1993b: 38).

To counteract the treatment of the body as "pure text" I use embodied stories to underline the paradoxes and ambiguities in the lived experiences of "eating disorder(s)" and "recovery" and I frame "eating disorder(s)" and "recovery" neither as protest nor capitulation to patriarchal "technologies of power" (although technologies of power become part of these experiences, see chapter 5), but as complex "ways of being in the world". Both "eating disorder(s) and "recovery" I want to say are reflections and embodied constructions of socially situated "ways of knowing". My "eating disorder(s)" and "recovery" experiences each map into my body/self and map out into the social discursive arena, the evolving contradictory possibilities of this modernity in which I live. As Garrett (Garrett, 1998) argues, the potential for "eating disorder(s)" and the resources for "recovery" are to be found in the same social formation. Modernity as Mellor & Shilling (Mellor & Shilling, 1997) suggest is "janus faced", so too, in my opinion, is "recovery".

Searching for Models of Embodiment.

This thesis is *not* an etiological investigation of "eating disorder(s)" or "recovery"; it is an experiment in bringing the lived-body to the fore and applying an embodied sociology to understand this living. In any case, etiological studies have had little success in pinning down the reasons for which some women develop "eating disorder(s)" and others do not, or indeed, as Garrett (Garrett, 1998) points out, the reasons why some "recover" and others do not. In fact, bio-medicine and psychology are still unresolved on a working concept which might describe recovery and allow for better analyses of the kinds of factors which assist in recovery. Thus:

> Research on eating disorders indicates that rates of recovery range from 24-76 % (...) Most criteria are based on body weight, mortality, symptom severity, standardised assessments, eating attitude and menstrual cycle (...) Recovery rates are also influenced by methodological factors, including differences in recovery duration, methods of follow up, assessment of recovery, differences in sample size and attrition rates. Such

> differences continue to cause disagreement regarding the issue of recovery from eating disorders (Dabundo & Chally, 2004: 1094).

For this reason I prefer, in this thesis, "multi-dimensional" (Garner & Garfinkel, 1982) models of "eating disorder(s)" and "recovery" experiences, "bio-psycho-social" (Freund, 1998) models of embodiment which understand that, just as with any embodiment of subjectivity there are many layers and dimensions of being and many layers and dimensions of meaning making which consist in all lived experiences. The bio-psycho-social model of embodiment I prefer is not based upon measuring, quantifying and judging to standardised norms, but on the layering of multiple subjectivities and explorations of "the status of the body" (Shilling, 2005) in this moment of time, i.e. in high or radical modernity (Giddens, 1991a). My preference stems directly from Foucauldian analyses of the social practices which measure and quantify abnormality in order to establish health norms. By contrast, a bio-medical model of "eating disorder(s)" and "recovery":

> Measures in quantitative terms and hierarchizes in terms of value, the abilities, the level, the "nature" of individuals. It introduces through this value giving measure, the constraint of a conformity that must be achieved. Lastly it traces the limit that will define difference in relation to all other differences, the external frontier of the abnormal (Rabinow, 1986: 195).

In addition to expanding upon Catherine Garrett's (Garrett, 1996, 1998) work on "anorexia" and "recovery", this thesis is an experiment in undoing the binary between subject and object in the constructions of sociological knowledges about "eating disorder(s)" and "recovery". It is an experiment in creating transparency about the origins of theory through the act of bringing the "lived body" of the researcher into her sociological accounts of "eating disorder(s)" and "recovery" experiences. It is an experiment in revealing to the reader how I, as a woman trained in the discipline of sociology and trained in sociological perspectives (Berger,1981) used sociological accounts of the relations between women's bodies, discourses and institutions to explore,

sometimes to understand and to theorise my and my family's experiences of "eating disorder(s)" and "recovery".

In this thesis I hope to provoke dialogue, debate and empathy as I call on sociology to consider and centralise the embodied nature of both "eating disorder(s)" and "recovery". I will offer fragmented stories, scenes, snapshots, poems, of embodied life, to evoke the feeling, the sensation, the tension, the paradoxes that "eating disorder(s)" and "recovery" have been for my family and me. By including narratives from my mother, father, sister, brother and lover I offer an account of "eating disorder(s)" and "recovery" as intersubjectively constituted experiences. By drawing back over and over to social theory, especially theory written to explain the position of the body in modern Western societies, I continuously trace our experiences through the mediating socio-cultural context in which our interactions have been made meaningful.

I write to add my voice to the voices of all those talking about "eating disorder(s)" and "recovery" in every forum, in the medical, psychiatric, popular-cultural, in the bedrooms of women looking for understanding, empathy, care. I write for my reader, I write to my reader. I also write for my family and to my family. I write for myself and to myself. I write to investigate and explore (Richardson, 2000, 2004; Rich, 1996), I write to understand and I write to construct meanings which are not traps, meanings which pulse and switch and flip and change, meanings which are felt, meanings which are listened to without judgement, accepted as the most truthful for this moment.... but perhaps not forever.

Chapter Summary.

In essence this thesis is an attempt to tell a story and I hesitate to ruin the hand in hand process of story-telling for my reader by summarising, in this outline, what will happen and how it will end. However, it is also true that my story is theoretical and requires a map so that my reader may navigate whatever section appeals, in their own time and in accordance with their own stories. Therefore I briefly outline here the general substance of the chapters contained herein.

Chapter 2:

Chapter two considers the methodology I have chosen for this thesis. Here I reflect on auto/ethnographic (Ellis, 2000; Ellis & Bochner eds, 1996) methodology, making links between the microcosm of individual lived experience to the macrocosm of society, sociality and culture. In this chapter I deal with the decision to include my family's narrations of the story as well as my own, arguing that because the embodiment of self is an intersubjective process which always involves an "other" (Crossley, 1995), including the stories of many characters in my text enhances the possibility of producing a more embodied theory of "eating disorder(s)" and "recovery" and prevents narrative closure.

Chapter 3:

In chapter 3 I review literature on "eating disorder(s)" and "recovery". In this chapter I will argue that telling this story as a feminist "carnal sociological" exercise is a means to counter the hegemonic narratives of "eating disorder(s)" and "recovery" which produce their subjects as disembodied, and recovery as a cognitive choice guided by medical expertise. I will argue that such narratives often occlude the gendered social embedding of both "eating disorder(s)" and "recovery", the intersubjectivity of this experience, the status of the body in these accounts and the possibility of embodying "eating disorder(s)" and "recovery experience" through a consideration of body status.

Chapter 4:

Chapter 4 is my attempt to begin constructing a more embodied theory of "eating disorder(s)" and "recovery". In this chapter I use an auto-ethnography of presenting a paper at a conference to work against the eclipse of bodily experience from sociological theorisations of "eating disorder(s)" and "recovery". This chapter takes up the issue of "the absent body", in sociology and in the broader social context of Western Modernity. Here I engage with Drew Leder's (Leder, 1991, 1994) thesis of bodily *dys*-appearance and respond to Shillings notion that:

> Leder's account can be interpreted not as a universalistic account of the lived body but as a troubling phenomenological analysis of the body's

> status as a location for the effects of a highly rationalised society in which instrumentalised action is prized and rewarded above other forms of behaviour (Shilling, 2005: 57).

In this chapter I will argue for understanding "eating disorder(s)" as embodied forms of *dys*-order[4] (Williams, 1998) which reflect the mistrust of the body required by instrumentalising and rationalising forms of social order and the ways of knowing such social formations offer. Here I touch upon re-formation(s) (Mellor & Shilling, 1997) of eating practices, picking up on the individualisation of consumption and also on the links between consumption, emotion, habit and ritual. In turn, I reflect on the gendering of this dynamism in particular as it impacts upon women's eating praxis. Finally, working by opposition, I theorise "body trust" and its centrality to the ontological security (Giddens, 1991b) bodily order and bodily control of the embodied self.

Chapter 5:

This chapter is the story of how lived experience comes to be translated through the medical narratives of "eating disorder(s)" and recovery". Here I use my story and my family's story to critique the gendered foundations of medicine's diagnostic categories. This chapter reviews the literature on the historical roots of "eating disorder(s)" categories to position my family's experiences of diagnosis within a dichotomising and female pathologising social paradigm. Medicine forms, I argue here, a central gendering hierarchy of power in our society and "eating disorder(s)" categories may be viewed as representative of the historical processes through which this gendered hierarchy of power comes about. I begin to argue in this chapter that medical epistemologies of "eating disorder(s)" deploy this gendered hierarchy of power via a reinforcement of schism between mind and body. Like many other "illness narratives" (Frank, 1997; Kleinman, 1991), the story and reflections in

---

[4] I use "*dys*-order" throughout the thesis when my intention is to signify the relation of embodied experiences of distress to historically specific forms of social order. This relation is manifest both in terms of how the meanings of experiences are shaped, and in terms of a dynamic interplay between body and society through which pain and distress come to take form and expression. "*Dys*- order" plays on Leder's (Leder, 1990) theorisation of *dys*-appearance (see chapter 4) to underline the connection between "*dys*-order" and the prevailing structures of social order (see Williams, 1998). "*Dys*- order" contests the presumption of deviance (disorder) and underlines the possibility that "*dys*-ordered" experiences may sometimes be more an expression and continuation of the prevailing social order than a deviation or pathology.

this chapter resonate with the iatrogenic effect of alienation from one's body (Leder, 1994; Sparkes, 2000; Spense, 1995) which may be traced back to the Cartesian premise upon which medical epistemology is based.

Chapter 6:

In this chapter I continue my family story of "eating disorders" and "recovery" experience telling of my second hospitalisation for "anorexia- nervosa". In theoretical reflections upon this narrative, I aim to enhance the argument that medical regimes tend to efface body trust thus reproducing the disembodied rationalities, which are required so as to maintain consumption of medical knowledge and expertise. In this chapter I consider in particular, how part of this process operates through the pathologisation of the family system which revolves around one "unruly body", how family members are also called in for therapeutic interventions and expert advice and about how this can affect the way that each person relates to their own body's knowledge and intuition as well as to the body which presents the "*dys*-order" for which they are all being treated.

Chapter 7:

In chapter 7 I tell stories of a search for alternatives to the dualistic paradigms of health and illness which are given to us and imposed upon us by allopathic medicine. My stories open out questions of power and abuse of power in so-called holistic paradigms. In this chapter I consider the possibility that holistic medicine is no real alternative or challenge to traditional forms of medicine and, finally, I consider where and if body trust may be located and cultivated within these alternatives.

Chapter 8

In this chapter the messiness of lived experience escalates as I juxtapose narratives and images which seem as if they might represent both "eating disorder(s)" and "recovery" at the same time. This is the paradox of living with "eating disorder(s)" and "recovery" experiences all at once. In this chapter I reflect on the connections between "ways of knowing" and "ways of being". In my reflections I offer the suggestion that knowing the body through an

epistemology which is not rooted in the need to control the body activates a "way of being" in which body trust is a fundamental experience.

In the same society in which discursive spaces offered for women's self construction channel body experience into body mistrust and inhibition there are also discursive spaces and discursive tools for different "ways of knowing" and different "ways of being" in the world (Garrett, 1998). Embodied sociologies and a "spirituality" cultivated through practices of "body trust" offered me such space and resource. In embodied sociology I found a way of understanding lived experiences of *dys*-order which did not over-emphasise cognition and rationality in such a way as to make my experiences signs of pathology or madness. Equally, in Yoga I found a self directed way of trusting my body and understanding my experiences which did not position me and my "way of being", or my family and their "ways of being" as pathological or in need of professional help.

Coda:

Here I reflect on the questions raised in the thesis vis á vis a more embodied theory of "eating disorder(s)" and "recovery". I engage with my reader in a question about the success and failures of the methods I have used. Thus I finish my thesis-writing not with answers but with more questions both about efforts to represent lived experiences and about how the embodied positions of "eating disorder(s)" and "recovery" can be understood and supported without dualism.

CHAPTER 2:

> There is fiction in the space between
> The lines on your page of memories
> Write it down but it doesn't mean
> You're not just telling stories
>
> Tracy Chapman, Telling Stories

Introduction: Telling a Story which Heals

It is morning and the birds are singing. Outside the Irish weather is predictably dull and grey and a light mist descends on the city of Dublin. Reluctantly I pull myself away from the window to my makeshift desk, a chair piled with yoga foam pads, where a blank computer screen awaits me. Slowly and carefully I fold my knees into *Virasana*, the hero posture of Yoga. My now "not bony enough" rump touches the wooden floor between taut calves and I try to breathe some calm and life into my body. A blank computer screen mocks me with its emptiness and doubt scurries through my mind, mental vermin hungry for my self-confidence. I flinch but shrug it off. The empty page begs for the impression of a story I have wanted to tell for a very long time, a story about "eating disorder(s)" *and* a story of "recovery", a story about the status of bodies immersed in the sociality of Western "high modernity" (Giddens, 1991a; Shilling, 2005) where many women and their loved ones structure their lives around the practices and discourses of "eating disorder(s)" and "recovery".

Although this is a sociological project, I will argue in this chapter that evocative story-telling (Ellis & Bochner, 1992, 1996, 2000, 2002; Richardson, 1997, 2000a), is the most appropriate sociological methodology for the presentation of the research I have carried out and the theories I have constructed and reconstructed in this process. In this chapter I discuss how *these* methodologies are used in an attempt to bridge some of the dualisms between writer and reader, researcher and researched. Accordingly, I theorise the research process, and its reception, as an inter-textual and dialogical event. I will argue that in this way employing evocative methods of telling sociological stories increases the potential for a more embodied understanding

of "eating disorder(s)" and "recovery" because it makes for a feeling way of writing and a feeling way of reading.

In the following chapter, chapter 3, I will deal with the reasons *why* I am telling these stories, reinforcing the argument that the telling of evocative stories facilitates the disruption of dominant and hegemonic narratives of "eating disorder(s)" and "recovery". In this chapter I concentrate on describing and contextualising the means that *I* have chosen for representing corporeality and inter-corporeality as the material and experiential grounds of both theoretical and non-theoretical narrative production. As articulated by Csordas (Csordas, 1994, 1999) "the body" *is* the existential ground of selves, cultures and narratives of all kinds (see also Frank, 1991; 1995). At the same time, texts or narratives often act so as to mask their embodied origins. This is especially true of theoretical narratives[1].

Yet my text is full of theoretical narratives, so, in this chapter, I try to answer for this weight of theory and abstraction. I want to acknowledge here my difficulty in letting go of the abstract and theoretical and the vulnerability (Behar, 1996; Ellis, 2004) of turning to more sensual and revelatory narratives. Arriving at an ontologically secure position where I could tell embodied stories has been an integral part of the research process for me. This struggle was characterised in many meetings with my supervisor where she repeatedly asked of my work, "but where are the body stories you are calling for? There is only theory in this work. Your stories are missing." Eventually I began counteracting my tendency to rely on theory as both description and explanation by writing the stories that wanted so badly to come out of my body. I believe that the telling of these stories not only served a feminist body-political agenda of reclaiming the voice of the subject from medical narratives of "eating disorder(s)" but also helped me to undermine what I go on to describe in chapter 4 as the consistent "dis-embodiment" of sociological theorisation of "eating disorder(s)" and "recovery".

[1] It could be argued that all narratives are in any case theoretical since they offer perspectives on what has been done, what is being done or what is to be done (Denzin, 1997).

I begin this chapter by introducing the specific methods through which this research has come into its own form of "messy" and paradoxical coherence (Denzin, 1997: Marcus, 1994). I contextualise these methods within the practices of contemporary "auto/biographical" (Stanley, 1992, 1993) and "auto-ethnographic" (Ellis, 2004; Ellis & Bochner, 1996, 2000) research and describe the structure and form of the text that I produce from within its conventions.

Auto/biography and auto-ethnography belong to the realm of qualitative social research, which, as Norman Denzin and Yvonna Lincoln consistently remind us (e.g. Denzin & Lincoln, 1994, 2000, 2005), is evolving at a tremendous pace. Ever since being irrevocably catapulted into movement by a triple crisis of representation, legitimation and praxis social researchers have sought to experiment with the representative structures and forms used to construct sociological texts. In this project I follow in the lineage of this experimentation, overtly blending the practices of social "fact-making" with the practices of "sociological poetics" (Brady, 2000, 2004, 2005) and "sociological fictions" (Angrosino, 1996; Banks & Banks, 1998; Ellis & Bochner, 1996, 2004; Krieger, 1983; Richardson, 1992a, 1992b, 1994b; Wolf, 1992).

In this chapter I will explore the benefits as well as the drawbacks inherent in the auto-ethnographic and creative approaches that I use. In spite of the dilemmas, which this way of working "throws up" and in the face of criticisms inveighed against this method, I will argue for the validity and importance of auto-ethnographic research methodologies and the value of telling sociological stories. I will position my work in this chapter within a research framework concerned with the production of "sacred textualities" (Denzin & Lincoln, 2000; Game & Metcalfe, 1996). As a concept, sacred textualities denotes the practice of constructing sociological texts from an "ethics of care" (Tronto, 1989) and communitarianism. Sacred textualities call for a participation in moral questions with a view to making a difference, with a view to offering spaces outside of the normative for the exploration of narratives which are usually marginalised and silenced. Sacred textualities depend on the intersubjective visceral nature of meaning-making. They work with the

possibility that a sensual, poetic, acoustic or performative text may lift the reader into an experience over and above the real, an experience of "bodily effervescence" and "carnal knowledge" (Crossley, 1996a; Durkheim, 1976; Mellor & Shilling, 1996, 1997). The social research paradigm I describe in this chapter is based upon ideals of sacred textualities and aims to produce a text which is more about connecting people in understanding and dialogue than about creating forms of elitist "difference" between those who know and those who are known.

Finally, in this chapter I discuss the debate around the criteria according to which sociological work in this vein may be judged and assessed. I hope that ultimately my own work will be evaluated and assessed on its ability to position itself within the developing realm of creative sociologies and upon its ability to blend the evocative and emotional with the theoretical and analytical. I would also like to express the hope that this thesis may be received as an attempt to represent the embodiment of sociological research projects, their locatedness in the bodies of both readers and writers, and the irrefutably emotional and experiential processes which lie underneath the development of sociological description and theory.

Doing **Auto-ethnography**

This research is an ongoing auto/biographic and auto-ethnographic project. Auto/biography is used as an analytical tool for epistemological and ontological investigation. This way of working follows the feminist methodologies of sociological analysis proposed by Liz Stanley (1990, 1992, 1993), methodologies which have been taken up by many others seeking ways of reforming positivist sociological paradigms through analytical reflexivity. However, it is auto-ethnography which best describes both how my research was done and how it will be represented. In other words, auto-ethnography signifies how I "do" and have "done" the research upon which this text is based.

Ethnography is, as Carolyn Ellis and Art Bochner (Ellis & Bochner, 1996) point out, what ethnographers *do;* it is an activity:

> Ethnographers inscribe patterns of cultural experience; they give perspective on life, they interact, they take note, they photograph, they moralize, they write (Ellis & Bochner, 1996: 16).

Ethnographers observe and record. They often immerse themselves in the cultures or lived experiences they are studying. In this immersion they attempt to embody the cultures they are trying to understand. By participating in a culture that is new *or* familiar to them, they agree to take this culture into their bodies and to live it and reproduce it as fully as they can. For this reason, ethnographers like Amanda Coffey, (Coffey, 1999) Michael Jackson (Jackson, 1989) and Judith Okley (Okley, 1992) describe "doing ethnography" as a fully embodied and sensual activity consisting in sensation, emotion and intuition, as well as reflection and writing.

As a fully embodied and sensual activity I have, for the past 14 years or so, been immersed in, observing and recording the lived experiences of "eating disorder(s)" and repeated attempts at "recovery". During this time I have been hospitalized twice in order to complete "eating disorder recovery programmes". I have also participated in an "alternative" residential treatment programme and in many different kinds of individual and group therapies[2]. As the "auto" of this project implies, this is an experience that *I* have lived, an experience in which my subjectivity is enormously invested and through which my subjectivity is, and has been, constructed.

Like many others, I argue that the auto/bio/graphical nature of my work does not render my work sociologically suspect (e.g. Hunt, 2001; Sparkes, 2002; Stanley, 1993) nor does it render it "a narcissistic exercise of navel gazing sociology" (c.f. Atkinson, 1997; Atkinson & Silverman, 1997; Silverman, 1997). While some have decried the introduction of the "auto" as a researchable topic in itself, others note that auto-ethnography, and indeed all

[2] Privilege has allowed me to participate in the practices that I story in this research. By contrast, many of those who live with "eating disorder(s)" find themselves limited in the practices they may employ; therapy for example, due to its considerable expense, is not available or accessible to everyone. Furthermore, in Ireland places on "eating disorder recovery programmes" in our public hospitals are limited and the waiting lists for these spaces are incredibly long.

writing or representation (Behar & Gordon, 1995; Okley & Callaway, 1992; Reed-Danahay, 1997; Stanley, 1993; Stanley & Wise, 1993) is inherently part self, part culture and part the representation and sense making of both these components. Such critics note that the "auto", or self who writes, is never absent from a sociological account and that, in any case, objectivity can never be fully realised (Collins, 1991; Fonow & Cook, 1991; Game & Metcalfe, 1996; Harraway, 1988; Lentin, 1993; Stanley, 1990). As producers of written accounts of reality, sociologists craft narratives which are unavoidably inflected with the subjective perspectives of the self who writes.

Feminist critique has perhaps been most incisive on this matter. Standpoint epistemologies, for example, have given deep thought to the ontological basis of knowledge production (Clough, 1994; Harding, 1987, 1991a, 1991b; Hartsock, 1983, 1987; Smith, 1989, 1988; Stanley & Wise, 1993). Reflexively working out from this understanding, key feminist thinkers vociferously opposed "masculinist" (Bordo, 1986) techniques of reading, writing and social inquiry, inspiring a move to challenge patriarchal knowledge production by making women's experiences the point of departure for enquiry and opposition to hegemonic positivism. However, these initial standpoint perspectives provoked critique, due to their tendency to reproduce certain positivist conventions despite beginning from the subject of "women". Donna Harraway (Harraway, 1988) and Kay Ganguly (Ganguly, 1992), for example, have both noted that many of the initial projects which espoused a standpoint epistemology reproduced "humanist and masculine myths of power and certitude" (Ganguly, 1992: 61), firstly by representing research accounts as accurate versions of a unitary and unified reality therefore hiding the interpretive process of writing, and secondly by omitting to theorise feminism itself as an historically specific and partial way of knowing the world.

Many feminists have as a result looked towards the use of auto/bio/graphy, intellectual or otherwise as:

> A technical and theoretical term which indicates an analytical recognition that the supposed binary of self and other, fact and fiction, past and present, reality and representation, autobiography and

> biography are actually multiply traversed in stories and narratives and other accounts *including those produced through method* (Lentin, 1997:21) (emphasis added).

This application of the term "auto", drawing heavily on the work of Liz Stanley (Stanley, 1990, 1992), the Personal Narratives group (Personal Narratives Group, 1989) and feminist researchers in other fields (Okley & Callaway, 1992), heightens consciousness and reflexivity in the processes of researching and writing and acknowledges the subjective and inter-subjective (Crossley, 1996b; Schutz, 1972) dimensions of all sociality, representation and understanding.

Auto-ethnographic methods evolve out of such theoretical and practical applications of auto/biography. Adding ethnographic methods of participation and "thick description" (Geertz, 1973) to the reflexive apparatus embedded in auto/biography and auto-ethnography, Carolyn Ellis writes:

> Refers to writing about the personal and its relationship to culture. It is an autobiographical genre of writing and research that displays multiple layers of consciousness (....) Back and forth auto-ethnographers gaze: first they look through an autoethnographic wide lens, focussing outward on social and cultural aspects of their personal experience; then they look inward exposing a vulnerable self that is moved by and may move through, refract and resist cultural interpretations. As they zoom backward and forward, inward and outward, distinctions between the personal and cultural become blurred, sometimes beyond distinct recognition (Ellis, 2004: 38).

This inward and outward movement is important since it implies that writing about the self *is* writing about interactive lived experience (bio) and culture (ethno) (Reed-Danahay, 1997; Stanley, 1992, 1993b; Stanley & Wise, 1993). To write about the self is to write about interactive social experience. If culture circulates through all of us (Baudrillard, 1994; Jameson, 1990), then how can auto-ethnography, a practice which represents the connections between culture

and self, not connect us to that interactive and inter-subjective world beyond the self? (Ellis, 2004: 34).

Andrew Sparkes (Sparkes, 1996, 2002), somewhat like Giddens (Giddens, 1991b), considers the autobiographical reflexive narrative as an inherent within contemporary Western societies. Sociological appropriation of the autobiographical and auto-ethnographic reflects this. Yet Sparkes (Sparkes, 2002) also notes that while autobiographic and auto-ethnographic narrative forms and utterance are widely encouraged in our society they are also widely disparaged (see, for example, Furedi, 2004). Confessional shows are laughed at and ridiculed, published autobiographies rarely considered literary. The scenario is similar in sociology, where auto/biography and auto-ethnography have parlous footing. By my estimation there are two glaring reasons for this. The first, in agreement with Sparkes (Sparkes, 2002), is that many sociological auto-ethnographies and auto/biographies deal with experiences that are uncomfortable to think about and with experiences that are considered taboo. In dealing with these subjects auto-ethnographies and auto/biographies deal in the shadowy depths and joyous heights of emotions and the impurities and dangers of carnal bodies. Sparkes borrows Kathryn Church's description of her narratives to remark upon the sustained sense that carnally raw and emotional narratives are traditionally forbidden to sociologists. This prohibition on emotion is reflected in the second glaring reason for the dismissal of auto-ethnography and auto/biography: the subjective nature of the research and the foregrounding of the self who writes. Anathema to positivist sociology, this foregrounding of the self is over-ridingly problematic for those who view the self as a "contaminant" (Krieger, 1991; Mikhalovsky, 1996).

This brings us back to the assertions, stated above, that the self is social and that culture, history, and experience are all brought to life in circuits of self and other. Sparkes (Sparkes, 2002) commends to us Kathryn Church's defence of her "critical autobiography as vital work because, as she says, it deploys the possibility that we may "learn about the general from the particular". She has written that:

> Subjectivity is filled with the voices of other people. Writing about myself is a way of writing about these others and about the worlds which we create/ inhibit... Because my subjective experience is part of the world, the story which emerges is not completely private and idiosyncratic (Church, 1995: 5)
> (Cited in Sparkes, 2002: 216).

Threading a similar vein of thought, Liz Stanley (1993b) notes that people do not accumulate their life histories in a social vacuum and that even though the process of recalling and interpreting events is mediated by many factors[3], this process itself must be understood as an inter-active and inter-subjective social activity. Just as an embodied sociology makes the point that the self is social, that the social is embodied and that self and society are inextricably interlinked and dialectically constituted (e.g. Bendelow & Williams, 1998b; Frank, 1990; Shilling, 2000, 2005), an auto-ethnographic methodology rests upon the proposition that any writing of the self is also a writing of interactive and inter-subjective lived experience and culture. Moreover, because, as Andrew Sparkes argues:

> Culture speaks itself through an individual's story by providing the narrative resources for the construction of a particular self, at a specific time, under certain socio-political conditions (Sparkes, 2004: 420).

We may use auto-ethnographies to understand the micro-physics of power. What I am trying to get across here, in other words, is that auto-ethnographies are critical and indispensable to sociology because they inevitably and always inscribe and explore the connections and relations of power between self and the broader social and cultural context.

I address and challenge the charge of self indulgence in the above discussion as a way of encouraging my reader to suspend the employment of the conventional meta-narrative that we apply and work with when we read and write sociology, a scientific meta-narrative which demands that writers and

---

[3] Thus Jelinek (Jelinek, 1980) argues reality is never captured and what is written is not the life but the self (see also, Lowell-Randall, 1997).

readers of sociology must be distant, objective and unemotional (Game & Metcalfe, 1996). This meta-narrative demands in short that ideal readers and writers of sociology should either have no self-stories at all or should have the inhuman power of suspending all such stories while they are taken up with the work of sociology. Engaging with sociological texts through the frameworks of this "masculinist" meta-narrative has the effect of producing disembodied writers and readers who are afraid to reflect with, and through, their sensible and sentient bodies (Carozzi, 1997; Crossley, 1996; 2001) and the stories which these varying embodiments have produced. My work is an attempt to cross-cut the terms of this narrative; it is of and about bodies, their sensible and sentient knowledge and all of the stories that our embodiment presumes. It evokes, interpellates (Althusser, 1971) and indeed demands embodied selves, selves who read, write and act from and with their reflexive and reflective bodies and all of their experiences in the world.

Inscribing Auto-ethnographies

While I will return again to the issue of embodying narrative constructions through the specific focus on "self" and "selves", I want to rein myself back for a moment to the "doing" which this auto-ethnographic project implies. Just like all ethnographic enterprises this project implies textual recordings or inscriptions (Denzin, 1997; Geertz, 1973). In many ways the auto-ethnographic work that I represent, is and has been inscribed in and on my body and the bodies of those close to me... the process has left its marks. Yet in spite of the seeming obviousness and endurance of some of these bodily inscriptions, I want my work to be a move away from "occularcentric", (Brain, 2002; Denzin, 1997) "only skin deep" (Birke, 1999) readings of "eating disorders" and "recovery". Denzin (1997: 34) uses the term "occularcentrism" to denote an epistemology which presumes the primacy of vision as the dominant form of knowing in modern Western societies (see also Synnott, 1993). This occularcentric paradigm is related to cultural traditions which produce particular (misogynistic) "visual expectations" through which women come to perceive their own "look" (Tseelon, 1995). In work on "eating disorder(s)" and "recovery" occularcentrism has operated by objectifying and reifying images

of women's bodies, predicating both "eating disorder(s)" and "recovery" on the outward presentation of a "normal" self appearance. Not only has this been incredibly damaging in terms of emotional well-being and social interaction for women who look "normal" yet live the torment of disordered eating (Lawrence, 1987)[4], it has also meant that the theories we have constructed using this epistemology are positioned directly within Western culture's problematic and contradictory body standards, norms, measurements and imagery (Bartky, 1991; Bordo, 1991; Frost, 1995).

As a mode of avoiding such occularcentrism, this work deliberately moves away from the image of the emaciated body to focus more on the inscription of evocative written accounts which are produced in attempts to understand the meanings of experiences being lived. I am particularly anxious to avoid the construction of yet another narrative which focuses on reading the stark and shocking image of an "anorexic body". I believe these texts, through a focus on the spectacular, are "triggering" for readers who live with "eating disorder(s)". I know that they have been for me. Attempting to limit "triggering", I want to minimise descriptions of body size and shape, excoriate weight measurements from my story and concentrate instead on the construction of stories, poems and theories of how my experiences of "eating disorder(s)" and "recovery" have been lived and understood through a body/self who is more than just her image. This anti-occularcentric way of working is in line with the objectives of an embodied sociology (Bendelow & Williams, 1998a, 1998b; Inckle, 2007), emphasising an epistemology rooted in emotional and carnal knowing (Crossley, 1996; Mellor & Shilling, 1996) and thus in senses additional to the visual[5]. It responds to Denzin's (1997) call for a "new language": a language that is post-structural to the core, personal,

---

[4] In the genealogy of "eating disorder(s)" the discovery of "anorexia nervosa", the first disorder to be identified by the burgeoning discipline of "Psychology", was irrevocably tied to emaciation and cachexis. It is this image which stands to the forefront in popular culture and common understandings of "eating disorders". Consequently, women who don't look either "too thin" or "too fat" are not offered the possibility of identification with the living of this experience. One of the consequences of this occularcentric epistemology has been the heightened stigmatisation of "bulimia- nervosa" and the relative silencing of this experience in psychological, sociological and popular cultural representations.

[5] Mellor & Shilling's (1997) study of different forms of embodiment is highly relevant here as they discuss in particular the way that even the visual sense has been transformed by the sensuality of the image in modern culture.

emotional and biographically specific, a language which enacts the possibility that:

> Seeing is not understanding. Understanding is more than visual knowledge. Understanding is visceral. The fully interpretive text plunges the reader into the interior, feeling, hearing, tasting, smelling and touching worlds of subjective human experience (Denzin, 1997: 46).

Drawing back again to the subject of "doing" this auto-ethnography, I want to make it clear that I have always been writing about the world that I live in and have kept journals and scribbled poems and songs on scraps of paper and copy-books, on and off, from around the age of ten. Interested in people, and interested in finding ways to make them come alive in my writing, I filled pages and pages of my diaries and copybooks with daily logs, stories and poems. At around age 13, as I became more aware of the ways in which a woman's body may become an object of male desire and fetishised by capitalist cultures of the body (Bartky, 1991; Mulvey, 1989; Wolf, 1990), my diaries and writing pads began to fill with narratives, stories and poems about my body, about my relationship with it and about the relationships developing between my family and I as a result of the way that my "being in my body" began to change. In this project I consider all of these journal entries a part of the doing of this auto-ethnographic project and as a valuable source of data.

Yet, while I have always been writing and while my diaries literally burst at the seams, there *are* a large number of gaps in my productivity over the years. I have not always been able to narrate my experiences as they were occurring. At times I was simply too sick, tired and depressed to write anything. I gave up on life and as a result I gave up on writing. These gaps or silences in my journal writing reflect trauma and the impossibility of speaking about or finding words for traumatic experience as it is being lived. Foucault, cited in Dumm (1996), calls these kinds of human experiences heterotopias. Heterotopias:

> Are disturbing, probably because they secretly undermine language, because they make it impossible to name this and that, because they shatter or tangle common names. Because they destroy syntax in advance...heterotopias desiccate speech, stop words in their tracks, contest the very possibility of grammar at its source (Foucault, 1970: 379).

Language, inadequate at any time, fails to express completely what occurred. The failure of language is exacerbated by the psychological instinct to consign such events to silence. In Lacan's account of trauma a traumatic experience cannot belong to the speaking subject, it is owned and expressed by other components of subjectivity:

> The subject will no longer integrate it, nevertheless it will remain there, somewhere, spoken if one can put it this way, by something the subject does not control (Lacan, 1993: 191).

During heterotopic experiences my body was often the speaker; sometimes I was in control of this body speech, sometimes I was not. There were often times when my body lived and tangled a tortured language for which neither my voice nor my pen could find a means of translating. However, in deciding to reformulate these experiences as part of a "sociological quest narrative" (Garrett, 1998) I attempt to narrate this body trauma or heterotopia as part of an illness experience which, from the perspective of the present, I can now write as both quest and chaos (Denzin, 1989, 1991; Frank, 1995; Sparkes, 2004). As Ellis (Ellis, 2000, 2004) acknowledges, traumatic illness experiences tend to impede the writing of an event in their midst but this does not mean that they cannot be accessed and discussed from the perspective of the present moment and an ongoing narration of self. Furthermore, it may be true that the body physical holds and retains memories and traumas, as muscle contraction, as scar tissue, as particular gait or stance towards the world (Lowen, 1971; Freund, 1982, 1990, 1998; Inckle, 2007; Garrett, 2004). With intention and care these body memories may be accessed, released, expressed. There are many ways to achieve this access and release and writing is one of them.

In this spirit I want to argue that there are means, by which *some* silences may be bridged and I believe it is important to try. Working on this project over the years I have attempted in the first instance to bridge some of the gaps or silences in my journals by making what Carolyn Ellis describes as "retrospective field notes" (Ellis, 2004: 117). To write up these "retrospective field notes", I have used a process which Ellis interchangeably calls "systematic sociological recall" and "emotional recall". Ellis likens the process to method acting and to the imaginative practices that fiction writers often employ. The key for Ellis is to imagine being (back) in an experience both emotionally and physically. As I imagined myself back into past experiences, the writing about these experiences was not just a method of recall, it was also a method of narrative inquiry (Richardson, 1990, 1994a, 2000a). As I wrote, I wondered. As I wrote, I felt and as I felt I thought about the feelings. In this way my analyses and my data tumbled together like colourful clothes in a spin cycle. The relationship between the two was intimate and inextricable; as if in the spinning the two had been knotted together, two woollen jumpers knotted through the spinning in permanent embrace.

I acknowledge that all memory work takes place in the present and is oriented towards the future (Bochner, 2004; Personal Narratives Group, 1989; Plummer, 1994; Stanley, 1992). I also acknowledge that the memory work I engage in here is entangled with my efforts to construct a stable and secure self-narrative (Giddens, 1991b; Lowell-Randall, 1997). I acknowledge too that my desire for such a secure narrative and some kind of teleology for my experiences in part motivates this project. As Christine Kiesinger (Kiesinger, 2002) notes, narrative framing is of immense importance in any writing of the self; it is of no less importance in this project. In spite of these mitigating factors, it is my contention that working with "emotional recall" and using "narrative as a means of inquiry" (Richardson, 2000a) are viable methodologies because they allow me, and hopefully my readers, to access and think about feelings, emotions, interactions and versions of self which might otherwise remain hidden and forever silenced despite their importance to the theoretical reflections that I want to develop in this thesis.

I readily admit that certain gaps and silences remain in my work as a mechanism of representation, as a mechanism of the unconscious, and as a protective mechanism of the conscious (Clough, 1992). This is after all the nature of any narrative, given, as mentioned above, the slippage of linguistic construction (Derrida, 1997), the second hand nature of meanings (Bruner, 1986; Hall, 1970; Wright- Mills, 1959) and the often necessary mediation of "memory gaps" (Lentin, 1997a, 1997b) and selective narration. Nevertheless, while I cannot, and do not aim to, close down *all* of the gaps or silences in this account of "eating disorder(s)" and "recovery", there are two gaps or silences in particular which I am sure I do not want to reproduce; the silence around the experiences of those close to persons who embody disorders of eating and the silencing of the lived body in our sociological accounts of "eating disorders" and "recovery". To begin to address the first of these silences, the silence around how family members live through "eating disorders" and "recovery", this auto-ethnographic project is one which includes the stories and voices of those who lived through this experience with me, namely, my family and my partner.

As I will discuss in more detail in chapters 3 and 6, there is very little, aside from the "psy" (Rose, 1990, 1996) discourse which pathologises particular family systems, written about how family members, partners or close friends also live through the experiences of "eating disorder(s)" and "recovery"; albeit from different embodied perspectives[6]. Indeed the influence of "psy" discourse on popular understanding has led, I believe, to deep-seated beliefs that family is the causal root of "eating disorder(s)" experiences. This belief has a particularly strong attachment to middle and higher-class families with the effect of obscuring the incidence of "eating disorder(s)" in lower-class families and also of (re)producing *the* image of "eating disorder(s)" as the archetypal poor little rich girl. As Helen Malson (Malson, 1998) argues, health workers and therapists act to construct the objects of their attention in accordance with the prevailing discourses. Today's prevailing discourses on family include discourses of parental responsibility for the lives of their children and discourses which problematise the parental role in modern society alongside

[6] I did however find an incredibly powerful piece of poetry, "The Wasting Game" by Philip Gross (Gross, 2001), which tells of a father's experiences of his daughter's anorexia.

constructions of ideal-type healthy and unhealthy families (functional and *dys*-functional). These discourses can be easily identified in popular culture amongst the many television programmes and self-help books devoted to ideal parenting. Accordingly, just as "eating disorder(s)" subjects are reified into the forms suggested in "psy" and popular culture[7], some parents and some families in popular and "psy" discourse are made markers of deviance from what is considered good parenting and healthy family functioning. "Deviant" families are formed and re-formed in relation to these ideal images.

In this thesis I want to include the voices of my family because I believe that in popular and psy discourse on "eating disorder(s)", the scapegoating of family has consequences that must be considered. I also believe that such attribution of blame links into dualistic bio-political epistemologies which silence experiential voices. This will be the main theme in chapter 6. Here, I want to point out that sociology has neglected to reflect on or with the experiences of members of family or loved ones who also, in their own ways, live through "eating disorder(s)" and "recovery" experiences. A sociological gap exists in this regard. To address these silencing gaps I want to include the voices of my mother, father, sister and brother and the voice of my partner Michael, thus facilitating a consideration of "eating disorder(s)" experiences as lived inter-subjectively by feeling and knowing subjects. Even without the desire to challenge the scapegoating of family systems pushing me to include the experiences of my family members, I feel it would be wrong of me to construct the stories of "eating disorders" and "recovery" I present in this thesis, *without* presenting multiple voices. As Ruth Linden (Linden, 1993) has argued in relation to the collection of Shoah narratives:

> Constructing memories and narratives about surviving cannot be done in isolation. Stories about surviving ought to be poly-vocal, collectively woven braids in which individual lives and memories are intertwined (Linden, 1993: 82).

[7] I discuss this reification of the subject of "eating disorder(s)" in more detail in chapters 3 and 5.

Without wishing to claim anywhere near likeness to the experiences of those who lived through and survived the Shoah, I find it useful to think of telling these stories as a means of "surviving" and going beyond "surviving"[8] the "eating disorder(s)" and "recovery" experiences that I will describe in this thesis. I believe that by constructing a "collective memorisation" of our surviving (Young, 1993) and by undermining the silencing of family in sociological accounts of "eating disorder(s)" and "recovery" my readers may use multiplicity of perspective, and polyvocality of story to challenge and problematise for themselves the theoretical propositions I offer within the text as well as to challenge and problematise medical ways of knowing and medical ways of treating "eating disorders" and "recovery".

Researching the Family

I have to assert at this point that researching family members is no longer considered either an unusual or unethical practice. It can be argued that ease of access and the fact that the researcher is already an "insider" makes of the family an excellent topic of research. Capitalising on the accessibility of family, Liz Stanley (Stanley, 1985), has for example, researched her mother's life using life history methods, and has written about her mother's stroke and death as a way of elucidating the reflexivity and inter-subjectivity of self-hood (Stanley, 1993). Other examples may be found in volumes such as *Fiction and Social Research* where Shawn Michelle Smith (Smith, 1998) has researched her mother using documents and photograph albums and Leigh Berger (Berger, 1998) has written beautifully about her relationship with her deaf sister. Likewise, in *Composing Ethnography,* Carol Rambo-Ronai (Rambo-Ronai, 1996)[9] has written a provocative piece about her intellectually disabled mother and in *Ethnographically Speaking* Christine Kiesinger (Kiesinger, 2004) writes about her relationship with her father in order to reflect on an important consequence of narrative framing and re-framing. These pieces of work offer

[8] As I read through these sections of my work and reflect on the many meanings of "survival" and on how it has been used negatively in sociology in work sharing allegiances with the rhetoric of Christopher Lasch (Lasch, 1980, 1984), I think about how much I want survival here to represent the same kind of being at peace in the wilderness of not knowing that Margaret Atwood has described so beautifully in both *Surfacing* (Atwood, 1973) and *Survival* (Atwood, 1972) .

[9] Rambo-Ronai (2005) has also written an auto-ethnography of her grandmother which explores the impressions left upon our identities by those who are close to us.

us the opportunity to reflect deeply on family relations and interrelations by honestly sharing experiences with readers and by uncovering slices of life and slices of emotionality which would otherwise remain hidden.

Yet while it is now ethically permissible to study and write about one's own family, ethical dilemmas still arise in this project and in others as a result of studying family members and thus making the subjects of our work immediately identifiable to the reader. Writing this project using auto/biography and auto-ethnography necessarily identifies my-"self" as the subject of research but it also makes the selves of my mother, father, brother, sister and partner immediately identifiable. Presenting this thesis and these theories auto/biographically and auto-ethnographically negates the possibility of guaranteeing anonymity to my family. There is little point in me giving them pseudonyms, they are already "outed" by the nature of my work. Nonetheless, when I initially intimated to family members that my thesis would be auto/biographical and that I would like to include their voices as well as my own, they assured me that they would do anything that they could to support me in this work and that they were happy to be identified and identifiable through my research. Thus while the ethical dilemma here was created by the nature of the study it was resolved in part by the nature of working in such a supportive and loving environment, a more fortunate setting than many who must resolve the ethical problems implicit in researching "others".

Once given my family's approval of the auto/biographic and auto-ethnographic nature of this work I began to think more about how I was going to collect the strands of our story which belonged to them and about how to represent these without making my ultimate authorial power disappear within the finished text. After briefly flirting with the idea of sitting each member of my family down in turn and taping an interview with them, I went with my instinctual scepticism of this traditional form of data collection. Like Anne Oakley (Oakley, 1981) I believe that the conventional and formal techniques of qualitative research can stilt dialogue and overly formalize interaction and are not a realistic paradigm for researchers who are interested in more "emancipatory" (Lynch, 2000; Stanley & Wise, 1993) forms of research. I also

believe that we must search for different ways of conducting research when we are dealing with sensitive research topics (Lee, 1993). Instead of conducting either formal or informal interviews I chose to base research into my family's stories in conversational encounters. These conversations occurred spontaneously as a result of the interest that my family have in my work and in my life. Every time one of them asked me about how things were going I considered this an opportunity to tell them about how I was thinking, what I was thinking about and to ask them about what they could remember of the same times in our lives.

Because these were such emotionally charged conversations, and because we were so often talking about the past and drawing on our memory, I would argue that my family employed here the same technique of emotional recall that I had employed myself. I made notes of these conversations, following Ellis's (Ellis, 2004) recommendations that in taking field-notes on conversations the intent should be focused towards faithfully recording the perspectives and feelings offered and the meanings attributed to events described, rather than a word for word accounting of what was discussed. Again this method falls in line with a research paradigm which is more concerned with an accurate representation of the meaningfulness that people attribute to their experience rather than the specific words they related these experience with at a particular moment in time (Angrosino, 1998; Smith, 2002).

At this point another ethical dilemma emerged for me. Having collected many stories from my family I was confronted with a further related problem which inheres in writing about "others". Writing about others implies hierarchies of power in which the author, however benevolent her intention, wields power over those he or she writes about (Behar & Gordon, 1995; Clifford & Marcus, 1986; Geertz, 1973). Even though I faithfully collected my family members' perspectives I was aware that I had the ultimate authorial power and that I could easily hide that power by applying conventional forms of sociological representation. For example, an option proffered to me by sociological convention is to construct a text securing its authority through appeals to realism (Clough, 1992; Mitchell & Charmaz, 1996). Writing in this way I

could make my work as an author and indeed my authority disappear by making it seem that the representations of my family members' experiences are verbatim accounts and thus exact replications of how they understand and understood things.

It could be argued that the dissemination of authorial power in unequal measures is inevitable in sociological texts. However, as I began to read more in the field of qualitative methodology and as I began, tentatively at first and then whole heartedly, to feel my way around evolving, experimental forms of qualitative research, as I began to be inspired by what I found there, I began to believe that there was a way to diffuse the illusion of authorial power and that the way was to be found explicitly through "creativity" and subjectivity. Reading sociology which was honest and overt about the artful blending of fact and fiction that writing implies, I realised that this was the kind of sociology which made me feel and, through my feeling, helped me understand better. Writing of this kind draws explicitly on easily recognisable conventions of fiction-making and story-telling to produce research which is evocative, emotional, artful and empathic (Banks & Banks, 1998; Ellis & Bochner, 1996, 2000, 2004; Ellis & Flaherty, 1992; Krieger, 1983; Richardson, 1990, 1992). Within this genre, dialogic texts, which offer many standpoints and perspectives and many characters with which to identify or think with, are preferred. Richardson (Richardson, 1997) likens the narratives produced here to crystals, which combine:

> Symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach. Crystals grow, change alter but are not amorphous. Crystals are prisms that reflect externalities *and* refract within themselves, creating different colours, patterns, arrays, casting off in different directions. What we see depends upon our angle of repose (Richardson, 1997: 92).

Much of this genre of research might be described as involved in experimentation with what Laurel Richardson (Richardson, 2000) has termed "Creative Analytical Practices" (CAP), experimenting in order to carry out and

represent research in what Art Bochner calls an "alterative" manner (Bochner, 2002).

Laurel Richardson celebrates the fact that there has been an explosion of projects in the last two decades or so all of which are both analytic and creative and warns that:

> Those holding the dinosaurian belief that "creative" and "analytic" are contradictory and incompatible modes are standing in the path of a meteor (Richardson, 2004: 930).

Creative analytical projects have launched a major challenge to the ways that research accounts are traditionally produced and the way that "truths" are positioned within these accounts. Ellis (Ellis, 2004) clearly articulates the problem of sociological truth when she writes that, even when the most thorough of research procedures have been carried out, in the process of writing sociologists will always edit these accounts, no matter the science-sounding spin they frame it with. All too often, she opines, sociologists and anthropologists select prose, or statistics out of context surrounding it with their own constructed analytical contexts and intent, claiming authority over the text and its interpretations (Ellis, 2004: 126). Patti Lather (Lather, 1991, 1993) takes a political stance against this way of working when she decries this kind of sociology as "a regime of truth". Lather draws this terminology of "truth" from Foucault's archaeologies of knowledge/power (see Barry, 1999; Gordon, 1990), which argue that truth is an "effect" of the operation of discourse and that discourse operates through the inequitable dissemination of power and knowledge. Taking Foucault's critiques of "truth" seriously, as Lather and others do, we can begin to admit to the ways in which sociology has benefited from inequitable power/knowledge binaries which depend upon the evocation of social scientific truths. We can acknowledge that what produces the "truth" of our work is *not* our ability to provide objective, exact representations of society companioned with objective and rational theory. Our "truths" as sociologists are more realistically an "effect" of how discourse works in this specific moment in time.

Sociologists experimenting with creative analytical practices, by contrast with those who write to represent "the facts" of a matter, make their narratives illustrative of the process of writing as a process of re-framing and creating. Such reflexivity and reflection on writing as a creative and formative process challenges sociology's traditional "regimes of truth" by eschewing "truth" for veridicality and verisimilitude. Laurel Richardson's (Richardson, 1992) crafting of the narrative poem "*Louisa May's Story of Her Life*" was one of the first widely read examples of this kind of creative analytical practice. It was certainly the first that I read. It was created from an in-depth interview with "Louisa May" an unwed mother, using only Louisa May's syntax, words and grammar. Richardson says that she wrote the poem in order to integrate the poet and the scientist within her and to explore the epistemological basis of knowledge (Richardson, 1997: 135). Yes, she had interviewed Louisa May and, yes, these were Louisa May's words but in writing them into poetry she was waving a red flag over her hand in artfully constructing sociological meanings from Louisa May's account of her life. The poem spiralled out of Richardson's own control when it entered the realm of reception. In the poem's many incarnations since the first and in the "theoretical rhizomes" it has produced (e.g. Richardson, 1992, 2000), it has become, she writes, emblematic of a post-structural methodology that generates alternative theories and perspectives for writing and for living (Richardson, 1997: 136).

I like to think of Richardson's poem "*Louisa May's Story of Her Life*" not just as an emblem, but as a direction. It was in reading "*Louisa May*" and in reading the many literary sociological narratives to which Richardson's poem directed me, that inspired me to embrace literary techniques in the writing of my sociological accounts of "eating disorder(s)" experiences. It threw me into the possibilities of an "artful science" (Brady, 1990). It was through Richardson's directions that I found my way, to the work of Ellis (2004) and through Ellis to the poetic writings of Kiesinger (1998) and Tillmann-Healy (1996) on "eating disorder(s)" experiences. As I discuss in chapter 4, it was the poetic and lyrical writing of both of these women writers that brought me alive to the difference between an embodied and a disembodied account of "eating disorder(s)" and "recovery".

Instead of reproducing the idea of "the sociologist" as an objective observer and theorist[10] and hiding the art involved in writing up research, creative and artful social research representations acknowledge and centralise the subjective and inter-subjective nature of interpretation(s) and the aesthetic fashioning involved in any kind of textual construction. Following Geertz (1973) an extreme scepticism around any claim to constructing "factual" representation is adopted. The position taken on "fact" is one in which fact is viewed as yet another form of representation. We can never capture reality factually only represent our interpretations of events in many different ways. As Geertz states:

> Interpretations ...are thus fictions, fictions in the sense that they are "something made", "something fashioned"- the original meaning of *fictio* not that they are false, unfactual or merely as if thought experiments (Geertz: 1973: 15).

Contrasting with a sociology claiming to represent the "facts" of the matter, I decided I wanted to work with the fictions of the matter. I decided that I could overtly "fictionalise" all of our stories so that even if I wrote about events and experiences which "actually" happened, by drawing on the narrative conventions of "storying" or story-telling and the narrative conventions of poetry and fiction: metaphor, metonym, thick and rich descriptions and evocation, I could signal the fashioned and crafted nature of this account and therefore diminish any construction of authority based upon the rhetorical artifice of realism within a text. Furthermore, I believed, I could signify better the embodied basis of these accounts. Thus I chose to write this thesis as a celebration of the fictive, creative and self -empowering potential of narrative; as a creative counter-narrative to the reified constructions of "eating disorders" and "recovery" with which most of us are more familiar.

In the final "writing up", I have drawn on my diaries, my recalled memories and on the stories told to me by different members of my family to write evocative and descriptive stories and poems; fictions of key events in our

---

[10] For a really nice description and critique of the objective sociologist see Anne Game and Simon Metcalfe in *Passionate Sociology* (Game & Metcalfe, 1996)

"eating disorder(s)" and "recovery" experience. Where other characters enter our stories I *have* changed their names. These other characters are somewhat like ghosts of our past. My Mum tells me she still has nightmares about the girl, Deborah, who I write into a poem in chapter 6. These characters are incredibly clear and important to us, yet like ghosts they are silent and intangible. I can't speak to them now to ask how they would position themselves in my narratives; they are gone from my life. Yet they are also still there, still a part of who I am and how I have experienced "eating disorder(s)" and "recovery". They are in the stories as characters, sometimes composite characters, but I have not been able to discuss with any of them in the real their places in this my account of "eating disorder(s)" and "recovery" experiences. The devices of fiction are the devices protecting these characters. Devices of fiction protect their anonymity.

In the writing of the stories and poems I have tried to make the language and the rhythm of the prosody as sensual and as evocative of bodily rhythm as I could. I believe, as Richardson (Richardson, 1997) and others do[11], that poetry and poetic writing is especially effective in efforts to communicate the bodily basis of narrative. Instead of only writing *my* version of what happened I used the stories my family had told to me in conversation to imagine myself in their positions and to sometimes write our experiences from their perspectives as well as my own. However, just as I spoke of my own silences above, in this thesis there are many silences and gaps which I cannot bridge, and which my family does not want me to bridge. I know, for they have told me, that when they talk with me about their experiences, they tell only half of the story for they do not want to hurt or upset me.

I was not there and cannot represent what happened for example, when Sarah talked about her experiences of our shared trauma with psychologists, counsellors and friends. She won't tell me how awful she felt, she will not talk at length about the resentfulness that many siblings feel in families where the "eating disorder(s)" experiences of one child cause the focus to be diverted away from the others. Perhaps I do not want her to talk about this with me (yet). Perhaps because I have not wanted to hear this pain, I have not asked the

[11] See, for example, Brady (2004); Inckle (2007); Sparkes & Douglas (2007).

right, or enough, questions? My half awareness of this problem was wakened in full after a conference presentation where it was pointed out to me that my family would never be able to tell me all of how they felt, for my family must surely live in fear of ever "triggering" me and setting me off on another bout of self-destruction. Thus while I write about my own employment of an "ethics of care", it is equally true that my family and my friends and partner also employ an "ethics of care" around what they tell me. Perhaps this is another mediation and fictionalisation of our experience but it is one, which it seems, has for me been necessary as a means of preserving the ontological security necessary to produce this text.

I have not yet shared these stories in full with my family. Some of the poems I have read to my mother. I have read parts to my sister Sarah over the phone. Sarah worries to me that I will paint a picture of her which makes her "look bad" evoking the vulnerability and worry we all feel and the judgements, from readers, we fear. This vulnerability in auto-ethnography is something which comes up over and over in theorisations of auto-ethnographic research practice. Not only does writing research in this mode make for professional vulnerability (Church, 1995; Sparkes, 2002), it also makes for personal vulnerability (Behar, 1996; Ellis, 2004). Neither I nor my family will have any control over how our readers will interpret us. My only protective measure when it comes to writing about and representing my family, my friends and my partner is, as I say, the employment of an "ethics of care", for feelings and for the "ways of being" and "ways of knowing" that I write about. In the practice of fiction-making I am connecting imaginatively to the worlds of experience of the "others" in my world. I am grateful for their permission to do this and I am sincere in my attempts to be faithful to how they have explained their experiences to me. My family tell me they will read my stories when I have bound them and finished with them for good, i.e. when they go for examination. They are anxious for the end, for the feeling that it is all behind and we can go on to our futures without my asking any more questions about the past.

Writing Research as a Story

Writing research as a story, and using story as the embodied grounds and context for sociology's theoretical constructions, might seem like an unlikely way to present social research. Yet Arthur Frank (Frank, 1995) and others have argued that stories can be theoretical in themselves and can help to diminish the gaps between representation and experience and between mind and body (see Csordas, 1999, 2000). Exploring the idea that stories are theoretical in themselves Arthur Frank claims that stories are good to think with. Not thinking *about* but thinking *with* stories is to:

> Experience it affecting one's own life and to find in that effect a certain truth of one's life (Frank, 1995: 22).

Making lived experience more tangible and accessible; Frank suggests that stories go hand in hand with theory, for every story is an attempt to find narrative meaning and explanation for the world around us. Frank's work suggests that by "storying" research, writers and readers alike can draw on the "writerly" and "readerly" (Barthes, 1986; Iser, 1989) techniques and conventions that have for millennia enabled humans to make sense of the world around us (Barthes, 1993, 1973; Campbell, 1988, 1973; Levi-Strauss, 1978; Pinkola-Estes, 1992). Stories have structures and forms that are familiar to us all and are therefore an excellent way to communicate meanings accessible, and important, to every reader and not just the elite of academia. Anna Banks (Banks, 1999) uses Robert Cole's advice to William Carlos-Williams to discuss why this is so important; "For God's sake try to find a cure for all that highfalutin technical language", Coles wrote to Carlos-Williams, "It's a syndrome". Instead of hiding in academic convention Banks advocates that sociological representation follow Coles' advice, especially:

> Take your readers in hand, take them where you've been, tell them what you've seen, give them stories you've heard. Most of all, write for them the ordinary folks out there, not for yourself and your buddies in the profession of psychology (Coles, 1997:97) (quoted in Banks, 1998: 168).

Encouraged by this perspective on the efficacy of story-telling, contemporary auto-ethnographic practices and my own work within this genre aim to produce texts where research:

> Is presented as a story replete with a narrator, characterization, and plot line, akin to forms of writing associated with the novel or biography. The story often discloses hidden details of private lives and highlights emotional experience. The ebb and flow of relationship experience is depicted in an episodic form that dramatizes the motion of connected lives across the curve of time. A reflexive connection exists between the lives of participants and researchers that must be explored and the relationships between writers and readers of the texts, is one of involvement and participation (Ellis, 2004: 30).

This brings me to another central requisite and reason for working openly with the exploratory, fictional and creative components of the writing process. Following through on the sociological re-visioning of practices of research and writing demands an extensive and heightened use of reflexivity. Greater reflexivity facilitates a more dialogic textual encounter for the reader. If readers are aware of the subjective positioning of the author then they can see how the experiences written about are inflected with the author's subjectivity, mediated by the lens which their lived experience has fashioned and contingent upon the fluctuations of ever changing emotionality. This encourages readers to divine their own meanings from what is related, to interpret the interpreter by drawing on their own lived experience, their own "way of knowing" as a means of doing so. Literary techniques permit readers to cross an imaginative divide, thus allowing them to begin to envision what the writers had experienced. Furthermore, as Johnson (Johnson, 1987), Lakoff (Lakoff, 1987) and Johnson & Lakoff (Johnson & Lakoff, 1980, 1999) have theorised so brilliantly, because metaphors, and indeed language itself, issue as concentrated translations from embodied experience, metaphor and metonym are immensely effective in the communication of how something is lived. This is particularly relevant in the case of a story, such as the one I (re)present here, a story of, and about, the lived body (Bendelow & Williams, 1998b; Frank, 1995).

As a means of exploring the embodiment of narrative and emotion, poetry, as I have mentioned above, is most useful. Laurel Richardson (Richardson, 1997) in discussing her use of poetry to explore lived experience argues that lyrical poetry is the form which comes closest to an accurate representation of meanings moving through the body. She writes that poems are consciously constructed through lyrical devices such as sound patterns, rhythms and page layout to evoke emotion and suggest embodiment:

> Lyric poems concretize emotions, feelings and moods-the most private kind of feelings-in order to re-create experience. A lyric poem shows another person how it is to "feel" something. Even if the mind resists, the body responds to poetry. It is *felt* (Richardson, 1997: 180).

In representing the lived experience of "eating disorder(s)" and "recovery" as evocative stories and poems, I am hoping both that an imaginative bridge will help readers into my family's experience and at the same time that the corporeal grounds of our experience may consistently be noted as the existential grounds from which the story unfolds. As Arthur Frank (Frank, 1997) argues:

> People telling illness stories do not simply describe their sick bodies; their bodies give their stories their particular shape and direction (Frank, 1997: 27).

Not only do the metaphors and conventions that I use stem from embodied experiences, so too do the structures, forms and teleology. For example, I could choose as part of this story-telling exercise to include the tale of how I found myself in a doctor's surgery late one evening after a giant blood blister erupted into the soft sleek roof of my mouth. This blood-filled sack crept down my throat choking me and starving me of breath until in desperation I stabbed maniacally into its bulging viscosity with a kitchen knife. If I tell this story, I tell it in part to relate how the body begins to give up and protest in many startling ways after it has been starved of nourishment for some time. I also tell it as a way of signalling the shocking moments of clarity I sometimes have

about the damage that I am doing to my body. Though these motives are also cogent, the central point here is that I relate this story because it came out of my body. How my body was and how my body is shape the story I tell and shape how I tell it. Ironically, my body also plays a part in the shaping of the stories that my family tell to me and tell to each other of this experience of "eating disorder(s)" and "recovery", though undoubtedly, their own embodied experience means that the shape of their stories sometimes differs radically from my own.

I want to argue that reading and writing texts from the perspective that narrative is embodied diminishes the chasm of dualism between body and narrative and between experience and representation. This new figuration of narrative and body is not however solely confined to the act of writing; it is also deeply enmeshed in the act of reading. This is why Arthur Frank (Frank, 1997) calls for a new way of reading texts, a way of reading which is open to connecting with the tangibility of the body in narrative accounts. Frank's demand for this shaping of reading practices echoes the writing of theorists such as Roland Barthes (1977, 1995, 1986) and Hélène Cixous (1976). Barthes reminds us that:

> Reading is the gesture of the body (for of course one reads with one's body) (Barthes: 1986, 36).

Apart from the obviously embodied aspects of reading, we read with the eye for example, Barthes alerts us to the fact that we respond to texts with and through our sensual feeling bodies. People flinch when they read accounts of torture and pain, they shake their heads, they sometimes cry. On the other hand, when encountering a text which evokes hilarity they can rock with laughter until their ribs cramp and their bellies have been emptied of all air. It is only, as Anne Game and Andrew Metcalfe (Game & Metcalfe, 1996) point out, when we collude with an objectivist vision of reading that we deny this embodied and sensual nature of the reading practice. Game & Metcalfe suggest that in substituting objectivist reading for subjectivist and embodied readings, readers *and* writers can pose a challenge to the enduring assumption that the cerebral is opposed to the sensual and that the body must always be absent

from the text. Hélène Cixous (Cixous, 1976) makes this challenge central to her own reading and writing techniques, calling for a writing of, and from, the body which has inspired me since I first came across her work as an undergraduate student of English literature and literary theory. It is to a version of Cixous's *écriture feminine* that I aspire in this project.

Writing and reading of, and with, the body implies the evocation of the senses: hearing, touching, feeling, seeing, tasting, intuition and empathy (following Denzin, 1997, as quoted above). One way of doing this is through the use of a form of dialoguing which stresses the sound and feel of words, their sensual and evocative qualities. This technique has been used with great effect by Caroline Ellis (Ellis, 2004) in her text *The Ethnographic I: A Methodological Novel about Auto-ethnography*. Here Ellis uses evocative dialogues to draw the reader into the experiences recounted. She includes details about setting, bodily gestures and movements and voice intonations. We can hear, in reading her sociological novel, when characters like Victor (a student in protest against her methods) are shouting. We can feel the lump in Judy's throat when she speaks about her dying father. The effect here is not only the creation of a text with multiple perspectives but the creation of a representation which moves away from the "gaze in the looking glass text", away from occularcentric reading and writing, to the voice, the sound and the feel of the text in the reader's mind and body. As Denzin puts it:

> A text that would produce embodied, subjective understandings; (...) a text that would bring the reader more directly into the contradictory, shifting and fragile worlds of experience that connected (...) subjects to the many worlds they inhabit (Denzin, 1997: 25).

Much like Ellis, Richardson (Richardson, 1997) makes the same case for poetry. As quoted above, poems, she believes, make readers feel. Poetry touches both the cognitive and the sensory in readers. Lived experience is lived in a body and poetic representation can touch us where we live, in our bodies (Richardson, 1997: 143; see also Sparkes & Douglas, 2007). Using poetry and story together in this thesis I am hoping to offer narratives which are highly evocative and sensual, clear about the corporeal grounds from which they

issue, and clear about inviting my reader's emotionally embodied responses. I believe that such dialectics of writer, text and reader could facilitate a more empathic and embodied understanding of "eating disorders" and "recovery". One reason that I believe so strongly in this is because, as Bochner (Bochner, 2000) asserts, this way of writing:

> Provokes readers to broaden their horizons, reflect critically on their own experience, enter empathically into worlds of experience different from their own, and actively engage in dialogue regarding the social and moral implications of the different perspectives and standpoints encountered (Bochner, 2000: 748).

In this way, the reading of a story, and the taking in of embodied metaphors and understandings repositions the reader as a "co-participant" in embodied dialogues rejecting the orthodox view of the reader as a passive and disembodied receiver of knowledge. The body of the reader is *the* site of signification (Game & Metcalfe, 1996). It is in the bodies of the readers that the texts meanings are made manifest. Anthony Csordas (Csordas, 1999) argues the meaningfulness of meaning is experienced through the body. In other words we know and understand what something means because we experience this knowing and understanding, in our bodies. Yet importantly, as Game & Metcalfe (Game & Metcalfe, 1996) point out:

> In reading texts we bring our knowledge to them, and we bring our lives to them- our bodies, our memories, our dreams. The particularity of our stories and experiences is implicated in the reading. As a consequence of our different histories, our cultural knowledges, we tune in to different moments of the text and pick up on different meanings (Game & Metcalfe, 1996: 140).

Diversity of experience combined with an open text in which this multiplicity of perspective is celebrated makes, I argue, for an explosive dialogic platform. This text, open as I can make it, demands inter-textuality, demands the entwinement of reading and writing and demands further dialogue and debate. It is not set up as an answer or as a solution; it is set up as a talking point.

Story and Theory

"Storying" and "lyricising" research is thus an important methodological tool for the translation of lived experience to a wider readership and for the instigation of experiential understandings. However, like Frank (Frank, 1995), even though I believe story can itself stand in for conventional theory, I have decided not to eclipse my theoretical self within this work. I have been unable to let go of my need to construct and use theory to understand our experiences. This is because I am a sociologist; sociology is what I have been trained to do and how I have been trained to know. Like Carolyn Ellis (Ellis, 1995) working through her experience of losing a loved one, I have used sociology to grasp these events and I have gained an understanding of sociological concepts and processes from the experience. All selves are multitudinous (Butler, 1991; Gergen & Gergen, 2000; Grosz, 1994; Jenkins, 1996) and my "sociological" self is no less important than any of the others even if I treat this self with the suspicion necessitated by the recognitions discussed above, that claims to certain kinds of knowledge are claims to certain kinds of power.

Nonetheless, as part of this story about "eating disorders" and "recovery" I want to include my reflections as a sociologist. I want to suggest that this is fitting in light of the fact that human "beings" are also human "knowings" (sapiens) and that theoretical reflection is thus an equally important part of making sense of experience and making experience an aspect of the self. Including conventional sociological reflection and theory building is also apposite in this thesis since I am concerned here to elaborate different "ways of knowing" and different "ways of being". Sociology, as Peter Berger (Berger, 1976) for one has argued, is "a way of knowing" the world which may be useful as a means of challenging the norms of our culture and especially the taken for granted stories of our world in which we place so much "bad faith". Instead of going on doing what we are doing just because we choose to convince ourselves that is the only way or the right way ("bad faith"), we can use sociology to see beyond these institutionalised methodologies and formulate new methodologies based in insights developed from another way of knowing the world, in this case, sociology. As Berger (Berger, 1963) says:

> To ask sociological questions presupposes that one is interested in looking some distance beyond the commonly accepted or officially defined goals of human actions. It presupposes certain awareness that human events have different levels of meaning, some of which are hidden from the consciousness of everyday life. It may even presuppose a measure of suspicion about the way in which human events are officially interpreted by the authorities be they political, juridical or religious in character (Berger, 1963: 41).

Sociology, especially the sociology of the body and embodied sociology, has been a way for me to think about and to know the relationships between my body, mind, culture and society which manifested the experiences of "eating disorder(s)" and "recovery" in my life and in the lives of my family members; this is why I feel my conventional sociological reflections are too important to exclude. However, these reflections are also important because they raise the issue of the connections between "ways of knowing" and "ways of being". Even though I have come to many insights through the application of sociological perspective, even though I have found a way to know and explain why I live with "eating disorder(s)" on a daily basis, still I cannot seem to "be" in any other way. Yet, I argue, this should not be judged as a case of "bad faith", rather it is to make the point that change or transformation is more than just a cerebral act, it involves emotions, it involves "being".

Theory is important to me. Like me, Carolyn Ellis (Ellis, 2004) notes that she has found the need to move between modes of representation, from representing theory through story, to layering theory and story together (see also Richardson, 1997). She found that by writing her story of the stigma of a speech impediment in this way her:

> Understanding of stigma increased from combining the two approaches. Telling and analyzing my personal story not only helped generate and make visible the category of minor bodily stigma, it also provided a way for me to get beyond the category (Ellis, 2004: 45).

This way of researching she says:

> Helped me to understand the connections between story and theory. There's a place for stories alone in social science just as there's room for theory alone. But there's also a place for joining story and traditional analysis (ibid.).

As Celia Hunt (Hunt, 2001) suggests:

> For the creative process to work well there needs to be a fluid and flexible relationship between the creative and critical faculties, a dialogue between the accessing and objectifying modes of creativity (Hunt, 2001: 90).

This is where I find my place within contemporary ethnographic practice. I layer the stories I tell with the theory my sociological self has constructed, all the while "erasing" (Gergen & Gergen, 2000) this theory with my other voices and with the voices of the others who have lived through this experience with me. Like Ellis I am hoping that I may get beyond the medical categories of "eating disorders" and "recovery" providing critique of medical power and knowledge as well as critique of epiphany models of "recovery" or change (e.g. Denzin, 1987) which assume a masculine autobiographical teleology (Gergen & Gergen, 1992).

To accomplish this I am going to weave fragments of my life; sociological, "eating disorderly" and "recovery", together into a sociological story. Chapter 3 is to be almost entirely theoretical. Chapter 4 begins to blur the boudaries between the theorietical and the experiential. It is in chapters 5, 6, 7 and 8, though, that I transition into the belly of the stories that my body needs to tell and switch to the practice of layering story with theory rather than dropping small nuggets of story into a densely theoretical text. The poems and stories I provide in these sections aim to communicate the experiences of my family and I (and lately my partner Michael), living through and trying to understand "eating disorder(s)" and "recovery". The stories are reflected on using the "sociologies" which have influenced me throughout my years of training in this

discipline. Through each episode I follow story and poem with the voice of my sociological self. I like to think that these reflections communicate the ways in which using sociological ways of knowing provided a space for me to stand outside of the hegemonic ways of knowing "eating disorder(s)" and "recovery" in our society, yet at the same time how a different "way of knowing" cannot always imply an entirely different "way of being". As well as my own narratives and poems, I include poems and quotations from poets and thinkers who have inspired me throughout the research process and who inspire me to live more deeply. Poems have had an incredibly healing impact in my life. They have facilitated release and they have germinated and watered seeds of hope. They have been an essential component of the writing up of this thesis. I could not leave them out.

Criteria for Evaluating Evocative Ethnographies

In writing storied research I have chosen to defy the situation of my work within the most authoritative of our social scientific methodological paradigms. I do this on the basis of a feminist communitarian epistemology and ontology (Byrne & Lentin, 2000; Stanley & Wise, 1993). I do not *want* to position my account as a factually accurate and exact construction of how this experience has been for my family and I. Everything I write about in this work happened, but it is not factual or accurate in the sense that everything that I write is exactly how it was, or how it was said at the time. As I have discussed above, memory and time intervene, as does the process of writing.

Yet while this beggars the question of validity as measured conventionally within social sciences, I am not in any case sure that representations which posit themselves as factual constructions of reality by employing the methodologies of conventional social research are the most effective for sensitive (see Lee, 1993) and emotional subjects such as "eating disorder(s)" and "recovery". Carolyn Ellis (Ellis, 2004) touches on this with one of the characters in her story of auto-ethnographic methodologies. Valerie, one of Ellis' students, complains that in her attempts to write up her interviews of women suffering with breast cancer she found herself trying so hard to capture what each respondent said, that all of her efforts "got in the way" (Ellis, 2004:

123). Ellis responds to this dilemma by noting that while the stories that Valerie was trying to relate were accurate in terms of who said what when, they were not truthful in the sense of truthfully conveying the emotional experiences that occurred in the interview.

In light of this, rather than pledge myself to an account or (re)presentation factually true in terms of who said what when, I pledge myself to the construction of an account which is truthful to the emotional nature of the subject and the experience. This means altering my claim to social science validity from one based on factual and objective accounts of reality, to a claim for validity based on the emotionally accurate representation of the meaningfulness of the lived experience described (see Angrosino, 1998; Ellis & Bochner, 1992). Many sociologists are in fact working to redefine validity in social research in this way. For Lincoln & Guba (Lincoln & Guba, 2000, 2005) for example the validity is in the process and outcomes of research projects rather in the methods by which the outcomes are produced. For Carolyn Ellis & Arthur Bochner (Ellis & Bochner, 1996, 2000), for Susan and Ian Banks (Banks & Banks, 1998) and for many others, validity must be repositioned as the effect of verisimilitude rather than factuality. Ellis explains how she evaluates when she writes:

> In auto-ethnographic work, I look at validity in terms of what happens to the readers as well as to research participants and researchers. To me, validity means that our work seeks verisimilitude; it evokes in readers a feeling that the experience described is life-like believable, and possible. You can also judge validity by whether it helps readers communicate with others different from themselves or offers a way to improve the lives of participants and researchers or even your own (Ellis, 2004: 124).

It is this effect of a meaningful reality which is the important measure of validity in this evolving research paradigm. Thus when Ellis reviews such work she finds herself asking:

> Does the author show instead of tell? Does she develop characters and scenes fully? Are there too many characters and scenes to follow? Does she edit so that all her words are necessary, well placed and the best choices? Does she paint vivid pictures? Sounds, smells, feelings? Does the conversation feel true to life? (Ellis, 2002: 275).

Once again, as this comment shows, within this paradigm of social research the practices of fiction and social research are blended and the artful means by which these accounts are produced become part and parcel of the standards by which they are judged.

Perhaps of equal importance is the capacity of a representation to "activate subjectivity and compel emotional response", offering "lessons for conversation rather than undebatable conclusions and substituting the companionship of intimate detail for cold and factual accounts" (Bochner, 2000: 744). This kind of objective actually invokes the "messy text" that Denzin (1997, 2000) charts and champions the rise of in *Interpretive Ethnography* and later in the *Qualitative Research Handbook*. Messy texts encourage dialogue and participation. They do not close down the meaning of a text. They open up the possibility of multiplicity, creating collaborative and participative relationships between the writer and the reader. As Bochner (Bochner, 2000) puts it:

> The narrative rises or falls on its capacity to provoke readers to broaden their horizons, reflect critically on their own experience, enter empathically into worlds of experience different than their own, and actively engage in dialogue regarding the social and moral implications of the different perspectives and standpoints encountered. Invited to take the story in and use it for themselves, readers become co-performers, examining themselves through the evocative power of the narrative text (Bochner, 2000: 748).

Debate about criteria for judging these kinds of texts continues, so, as a means of suggesting some criteria for my readers to take into account, I include here those suggested by Celia Hunt (Hunt, 2001), Arthur Bochner (Bochner, 2002)

and Patricia Clough (Clough, 2002). Firstly, Celia Hunt has suggested that one of the criteria that we must place at the forefront when judging auto/biography or auto-ethnography is the extent to which the writer has managed to both access, and objectify, her personal material and how effectively she uses language to convey this personal material. This suggestion precedes Ellis' reflection cited above. Bochner (Bochner, 2002) adds to these suggestions with the five criteria which he believes are important. These are:

(i) The provision of abundant and concrete details, not only of every day life but of the "flesh and blood emotions of people coping with life's contingencies; not only facts but also feelings".

(ii) The construction of structurally complex narratives , stories told in temporal frameworks rotating between past and present and reflecting the non-linear process of memory work.

(iii) The emotional credibility, vulnerability and honesty of the author. (Bochner, like Ellis, expects that authors of these accounts take risks with their vulnerable selves).

(iv) A narratives ability to express a tale of two (or many) selves.

(v) The unerring adherence to ethical self consciousness so that the writer shows concern for how other people, who are part of the story are depicted, concern for the kind of person one becomes in telling one's story, concern to provide a space for the readers becoming and concern for the moral commitments and convictions that underlie the story (Bochner, 2002: 271).

Finally, Patricia Clough (Clough, 2002) adds to these criteria the proviso that work of this nature should fully explore the linkage between fiction and critical social theory or cultural criticism. Clough is anxious that this personal work must be overt in its political nature. For Clough the primary value of all of the many forms of experimental writing is that:

> It links ethnographers to the future of politics and to the politics of the future. It is in terms of this two-way link that experimental writing might be judged (Clough, 2002: 78).

Concern about the consequences of research is at the heart of this social science. With such a heartful centre the work is judged by its capacity to carry across politically salient messages. Yet at the same time this work is merited by its evocations and its lyrical translations of the lived body and all the life worlds in which it is situated. Centrally, this work is judged in terms of whether or not it gripped the readers by the hand, encouraged them to feel, and encouraged them to participate in the construction of the text's many meanings. The work you are reading should also be judged in these terms.

CHAPTER 3:

> Freedom lies in our capacity to discover the historical links between certain modes of self- understanding and modes of domination, and to resist the ways we have already been classified and identified by dominant discourses. This means discovering new ways of understanding ourselves, and one another, refusing to accept the dominant culture's characterisations of our practices and desires and redefining them from within resistant cultures (Sawicki, 1991: 44).

Bríd:

In the world outside the dawn chorus is piped and tooted and I am day dreaming about having wings and a voice to join in. I am sitting on the cold plastic sill of our living room window. Our kitchen table is loaded with papers and books, a laptop, empty cups and a vase of flowers. The book case to my left has overflowed its containments, there are book towers hidden behind our couch and lining the walls, book skyscrapers creating miniature literary cities. One gentle brush could knock the whole precarious city to oblivion.

Almost all of these books are in some way related to the topics of "eating disorder(s)" and "recovery" from "eating disorder(s)". I have read each of them, scoured them, for clues, for hints, for understanding, for meaning. Some I have read over and over, convinced I missed something, some key point, some essential technique. Some I have hidden away, upset with the contents, upset with the shadows they painted into my portrait of myself. I wonder, as I often do, where did I go wrong? Where do I go wrong? Why?

.....

Mary:

In the cool kitchen Mary crashes the receiver onto the beige phone cradle in exasperation. She has spent a whole morning talking to secretaries and doctors, asking for advice, trying to find someone who will help her help Bríd.

She spat words out in anger at a psychologist who earnestly and quietly told her:

"Bríd's depression stems from her eating disorder, Mrs. O'Farrell, she will have to see an "eating disorder(s)" specialist before I will see her".

But Bríd has put most of the weight back on now, she looks much better, Mary thinks, these people are just fobbing her off, they won't help her, *they* don't care.

She picks up the phone again and dials a different number.

"Hello"- Bríd chirps, happy to see her Mum's number flash up on the mobile screen.

"Hello love", Mary says, "it's only me".

"It's never 'only you' Mum, I'm always happy to hear from you", Bríd retorts.

"Bríd", Mary says, "I've been on the phone to that psychologist I told you about, trying to find someone you can talk to" .

her voice is unsteady, full of worry, full of questions,

"But he says… this depression you are feeling, it's the eating disorder, he wants you to go back to see an eating disorder specialist before he sees you. Is he right Bríd? Is it still there? I thought you were doing better? I thought it was gone?"

Bríd starts to cry on the other end of the phone,

"Oh Mum, I'm so sorry, I wish it was gone, I wish it would go, It never goes, I'm so sorry, so sorry" …

.....

Why Tell This Story?

As I have said in my introduction, this thesis, in many ways, builds upon Catherine Garrett's (Garrett, 1996, 1998) work on "recovery" from "anorexia-nervosa". Just as Garrett (Garrett, 1998) self-proclaims her text as one among many "sociological quest narratives" (Game & Metcalfe, 1996), so do I. The quest however, is not to search for or define "recovery" as a fixed point but to represent the messy, ambiguous and complex process of experiencing "eating disorders" and wanting "eating disorder(s)" experiences and at the same time of wanting "recovery" and wanting embodied experiences that I can *feel* need that name. The quest is to reveal how an embodied sociology can be and has been used (by me!) to understand these lived experiences. The quest is to produce a series of body based, emotional and evocative counter-narratives to the weight of discourse which seeks to narratively fix the experiences of "eating disorder(s)" and "recovery" to a linear teleology which eclipses ambiguity and paradox and which writes the inter-subjective nature of these experiences into erasure.

However, despite my evocation of body based narratives, this chapter and the next will, like my methods chapter, be theoretical and descriptive of the narrative context into which my project will slip. In this chapter, I will think about fixing narratives that construct the contemporary meta-narrative of "eating disorder(s)" and "recovery", narratives which influence how stories of "eating disorder(s)" and "recovery" are told and how they may be told. I will think about bio-medicine and psychology's narratives, I will think about socio-cultural narratives and I will think about auto-biographical and popular cultural representations of "eating disorder(s)" and "recovery" experiences. I want to think about what these narratives allow me to say and what they disallow me

from saying. I want to offer critique on how the focus in these narratives is too often on the image or surface presentation of the body, "occularcentric" (Denzin, 1997), and how this focus distracts us from "the lived body" (Bendelow & Williams, 1998a, 1998b), the "body-subject" (Crossley, 1996; Merleau-Ponty, 1962; Priest, 2000) the more complex than the "skin-deep" (Birke, 2003) surface image presentation of self. Threading through the chapter are reflections on the lack of discussion and focus on "recovery", a process in which the body becomes less spectacular. Finally, following on from the arguments for story-telling as sociological method in chapter 2, I think here about the healing and therapeutic value of story and story-telling. In my last reflections I consider how telling the stories I will tell in this thesis has been part of a quest for healing and yet, how I have found, that it is the messiness of the story and not a fixed position called "recovery" which has provided me with the meanings that I have needed to crawl out from under the fixed narratives categories and labels which have so long suffocated me.

Fixing Narratives of "eating disorder(s)": The Medical Narrative.

Arthur Frank (Frank, 1995, 1996) has pointed out that in the current social climate not all stories of illness are considered equal and that the "story of illness that trumps all others in the modern period is the medical narrative" (Frank, 1995: 23). Frank's studies point us to the inevitable fact that illness stories are written within particular rhetorical frameworks and draw on culturally and temporally specific interpretive systems. Chris Shilling (Shilling, 2005), amongst others, notes that in modern Western society these interpretive systems are indebted to the methods and philosophies of instrumental rational and to the measuring, testing and surveillance apparatus it incurs. Food, diet, body-shape, body-image and weight regulation in modern Western societies have all come to fall under the aegis of a bio-medical and psychological interpretive system which is based around this surveillance and measurement and which serves to regulate populations to biological and mental health norms (Turner, 1992, 1996). This regulation, Foucault theorises, is a:

> matrix of historical processes which brought *life* and its mechanisms into the realm of explicit calculations and made knowledge/power an agent of transformation of human life (Rabinow, 1986: 143).

These "social practices" :

> give rise to and reproduce particular discourses, or ways of thinking, that make it possible for particular explanations to develop (Hepworth, 1999:121).

As studies by Rudolf Bell (Bell, 1985), Joan Brumberg (Brumberg,1988) and Carolyn Bynum (Bynum, 1986) show[1], the ways that we know "eating disorder(s)" and "recovery" and the ways that we narrate the stories of these experiences are historically and culturally specific. Furthermore, there is a direct relation between the way that we may know an aspect of lived experience, the way we may tell its story, and the social and cultural hegemony of particular institutions (Mellor & Shilling, 1994, 1996, 1997; Shilling, 2000). Lest we forget that stories of "eating disorder(s)" have not always been told the way that they are today, Bell (Bell, 1985), Bynum (Bynum, 1986) and Brumberg (Brumberg, 1998) and more recently the work of Tilman Habermas (Habermas, 1998, 2005) forces us to countenance historical and cultural specificity with regard to "eating disorder(s)" and "recovery" experiences. It wasn't too long ago that the everyday way of understanding and thinking about "eating disorders" such as "anorexia- nervosa" was to draw on religious discourses which variously glorified both the practices of fasting and those of feasting (see Bynum, 1986; Mellor & Shilling, 1997).

Today, however, the most pervasive and hegemonic narratives about "eating disorder(s)" experiences are those which are written and disseminated by bio-medicine and psychology. Beginning in 1694 with the physician Richard Morton's (Morton, 1689) musings on consumption, through the work of William Gull (Gull, 1874) and Charles Laseque (Laseque, 1873) in the early 1870s all the way through to today where, as Richard Gordon (Gordon, 2000) argues, an industry founded upon the subject of "eating disorder(s)" and

[1] I discuss these studies further in chapter 5.

"recovery" has emerged. The story of the hand-over of "eating disorder(s)" and indeed eating experiences from the institutions of church and family to the institution of medicine corresponds to the "broad arch" (Shilling, 2000) of historical processes; processes of civilisation, rationalisation and medicalisation; processes which hail the modern individual and facilitate the governmental switch to internal restraint, self-surveillance, and a rationally instrumental approach to the objectified and secularised body.

Emerging Categories of "eating disorder(s)".

The historical roots of categories of "eating disorder(s)" and ideas about "recovery" are located deep in the 19th Century, a time when church and family began to hand over responsibility for health and illness to the rising medical professions (Brumberg, 1989). Thus began the medicalisation of Western societies (Freidson, 1970; Illich, 1976; Turner, 1992, 1994; Zola, 1996). In *The Social Construction of Anorexia Nervosa* (Hepworth, 1999) and elsewhere with Christine Griffin (Hepworth & Griffin, 1990, 1995) Julie Hepworth opens out the related historically rooted process of medicalising "eating disorder(s)" experiences to show how the categories of "eating disorder(s)" emerged "through a particular, misogynistic, configuration of social, political and ideological thinking" (6). Hepworth (Hepworth, 1999) reveals through her discursive analysis that

> The systems of knowledge through which anorexia nervosa is explained within key disciplines are socially constructed. Systems of knowledge construct explanations of the phenomenon of anorexia nervosa in particular ways based on the emergence of specific discourses (Hepworth, 1999: 104).

Hepworth's study, much like Helen Malson's (Malson, 1998) theorisation in *The Thin Woman,* explores how the category of "eating disorder(s)" and ideas about what it means to recover, originate in medicine's attempts to assert institutional hegemony in Western societies and how these attempts were made through the fleshy and malleable material of women's bodies. Women's bodies, Malson argues, were, and continue to be, positioned at the interface

between medical and cultural discourse. In medical discourse, notions of women's inherent pathology were central. In popular cultural discourse, notions of women's inherent irrationality were central. Both of these discourses depended upon the construction of women's bodies as the "other" to male rational transcendence of the carnal, libidinal body. Malson, Hepworth and Ussher's (Ussher, 1991) studies of the roots of modern psychology and medicine all reveal how women become markers of irrationality through historical processes which have effected the social construction of women in terms of volatile bodies, i.e. in terms of emotionality, sexuality and maternality. Boundaries of social order, purity and danger (Douglas, 1969) are, these studies suggest, constructed through institutional imputations of the irrational corporeality of women and the inability of woman as a category to transcend the carnality and animalism of the birthing and menstruating body.

In Western societies, in the interface between culture and medicine and in the developing relationships between women and psychiatry there has always been, these historical excavations suggest, a powerful confluence between socio-cultural and political ideas about women, society and morality and professional claims to scientific truths about women's bodies and minds. In this confluence the categories of "eating disorder(s)" were born and continue to grow. Medicine's continuing struggle for institutional hegemony is thus bound up in the construction of illness categories such as "eating disorder(s)"[2], where women's bodies may be utilised as stark cultural markers of women's bodily irrationalities and their various disorders may be used as cultural markers of society's need for disciplinary power.

Hepworth's and Malson's deconstructions of the category anorexia nervosa, along with feminist historical excavations of women's madness (Ussher, 1991) and women's illness (Ehrenreich & English, 1976, 1989) emphasise that the emergence of "eating disorder(s)" as a mental illness category functioned as a forum for the burgeoning discursive formation of 19th Century medicine in which the "nature" of women could be (re)articulated, from plain unruly,

[2] It is sometimes suggested that discourse on hysteria precedes the construction of "eating disorder(s)" categories. Feminist theory has considered links between the two experiences not least how both speak as "proto-languages" of women's resistance to patriarchal restraint (Showalter,1985)

unwieldy and dangerous to "pathological" (Malson, 1998: 69). The "eating disorder(s)" categories we are familiar with today draw directly, these feminists argue, from the discursive resources mobilised at this time; i.e. there is a historical continuity between the way that "eating disorder(s)" were understood and theorised in the 19th Century and how they are theorised and understood today. Through these discursive formations women diagnosed with "eating disorder(s)" continue to be constructed as biologically and psychologically volatile, as deceitful and manipulative, as passive, needy and helpless and as the markers of the constant need for continuous medical surveillance and "moral treatment". In this project, the deconstructions of "eating disorder(s)" categories carried out by Hepworth, Malson and Ussher are central and foundational for they establish and cultivate an awareness of how categories of "eating disorder(s)" function as a means of disciplining and controlling women. In chapters 5 and 6 I will use these deconstructions to reflect on my diagnosis with "anorexia-nervosa". Drawing on Foucault's work on bio-power, tied in modern societies to the "poles" of confession and surveillance on the one hand and "technologies of power" and discipline on the other (Gordon, 1980; Rabinow, 1986), I will argue that the misogynistic bio-politics excavated by these feminist deconstructions reveal damaging "expert" mediations in women's experiences of their bodies.

Similar points to those made in Hepworth's and Malson's texts on anorexia could be made in relation to the psychological illness category of "bulimia-nervosa", a category which has perhaps been applied in more insidious ways than "anorexia- nervosa" to signify the irrational corporeality of women. Just as Bell (Bell 1985), Bynum (Bynum, 1986) and Brumberg (Brumberg, 1998) recount in relation to starvation, binge eating and purging have historical precedence (see Gordon, 2000). They have not emerged as practices from out of nowhere. From ancient Rome, to the gluttonous feasting described in medieval times, bingeing and purging as social practices have always existed. Disruption and discontinuity of Western society's covert acceptance of bingeing and purging can be seen in the 1940s "psy" (Rose, 1996) discourse on women diagnosed with "eating disorder(s)". By this point women were being hospitalised and psychologically supervised upon deviation from normative hetero-femininities which had been detected via deviant eating or non-eating

patterns. With this surveillance of women and with the confessions which issued forth under surveillance, practices of bingeing and purging began to be re-formulated as part of "eating disorder(s)" experiences (Gordon, 2000). In the pathologisation of bingeing and purging these practices were also, just as the too-thin body, used as a signifier of women's irrationality.

A formal "discovery" and theorisation of "bulimia-nervosa"; as an "ominous variant of Anorexia- Nervosa", was made in 1979 by George Russell (Russell, 1979). Interestingly, Marlene Boskind-Lodhal had actually developed a "feminist perspective on anorexia and bulimia" in 1976 but her perspective and her use of the term "bulimarexia" was not accepted as valid in the wider bio-medical and psychological community (Boskind-Lodhal, 1976). Yet when Russell, a respected male psychologist, discovered "bulimia", it was accepted without question, with growing interest. The discovery of "bulimia-nervosa" can be used as an illustration of the gendered hierarchy in medical science (Fee, 1983; Jordanova, 1989) and of the centrality of the male gaze to discussions of "eating disorder(s)". While Hilde Bruch (Bruch, 1974) is often cited as one of the foundational theorists of "eating disorder(s)" experiences she was bequeathed these categories through the categorisations and visions of men. "Bulimia-nervosa" and most recently, the category of "eating disorders not otherwise specified" (DSM-IV, 2000) have arguably been "discovered" and "developed" through a male gaze and male psychologies of women which objectify and pathologise women's bodies and bodily praxis.

"Eating disorder not otherwise specified", the latest category of "eating disorder(s)" to be discovered, follows through on the historical progressions of the male gaze upon women's eating. It further refines the categories of "eating disorder(s)" yet at the same time spreads the illness category so that it can even be stretched to fit women's "normal eating" (Polivy & Herman, 1987). It is now thought that "eating disorder not otherwise specified" represents the most common eating disorder diagnosed in specialised treatment settings (Machado, 2007). These women, according to psychological narratives, are characterised by a "similar core cognitive psychopathology" (Machado, ibid: 656) to women positioned within the other "eating disorder(s)" categories. They might not meet the criteria for any specific eating disorder, "but nevertheless require

treatment" (Costyn, 1996:17). Women's requirement of treatment/ discipline thus remains central to the category of "eating disorder(s)". The more "eating disorder(s)" experiences have come under the medical and psychological gaze, the more women are constructed as dependent upon the psy/med institution. Women are positioned here as dependent upon medicine in a quest for "normality" (Shildrick, 1997). Correspondingly medicine is constructed as incumbent in a quest to eradicate women's deviance.

Narrative Framing and Authority.

While it is possible to critique and deconstruct psychologised categories of experience it is still true that bio-medicine and psychology continue to have the most authority within the "industry" which has emerged around this subject. This can be seen by a review of any of the journals dedicated to researching this subject[3]. It can also be seen by the fact that those seeking "professional" support around "eating disorder(s)" experiences and around their efforts to "recover", turn first and foremost to doctors and psychologists for help and understanding.

From the initial "discovery" (Hepworth, 1999; Turner, 1992) of "anorexia-nervosa" in 1873, medical discourse has formed around the idea that there are two components to "eating disorder(s)" experiences both of which require "professional" attention. Maintaining this dual perspective over time through to today, medicalised narratives of "eating disorder(s)" and "recovery" frame these experiences from two perspectives; the bio-medical and the psychological. The first of these perspectives is the predominantly bio-medical perspective. Reflecting the Cartesian epistemology underlying bio-medicine (Bendelow & Williams, 1998b; Leder, 1990; Lupton, 1996) [4], this perspective looks for the cause and solution of "eating disorder(s)" in chemical and hormonal imbalances, in brain abnormalities and in genetic dispositions (Grice,

---

[3] E.g. *International Journal of Eating Disorders, European Journal of Eating Disorders, Eating Behaviours, and Eating Attitudes.*

[4] By viewing the body as a machine the Cartesian view within medicine allows for the proposition that disease or disorder is caused by a specific potentially identifiable agent. This has meant a continuing search for an identifiable etiology of "eating disorder(s)" with funding still been given to identify precise chemical and hormonal balances which may be considered causal (see Lester, 1997: 480).

2002; Wade et al, 2000). From this perspective it is logical that "eating disorder(s)" may be resolved through the application of "drug therapy" which sends chemicals and hormones directly to the "troublesome" sites within the brain.

Recently, it has also sought explanations for "eating disorder(s)" in the consequences of malnutrition or starvation. It is argued that the disturbance of the body's natural equilibrium through dieting produces the "symptoms" of "eating disorder(s)" experiences (Keys, 1950; Keesey, 1980; Palmer, 2000; Polivy & Hermann, 1985, 1987). Often cited here is the Minnesota experiment, where soldier volunteers of good health were placed on a calorie controlled diet for the duration of one month and observed. It was noted that most of these men developed "symptoms" of "eating disorder(s)", especially compulsive obsessive thinking about food and eating. "Set-Point Theory" (see Palmer, 2000), follows through on the Minnesota experiment's proof that physiology produces psychology to suggest that when the body is starved of nutrition it defends itself with a particular psychology which is the mind fighting to restore the body to its natural equilibrium. I will return to this idea of the set-point again in the next chapter. Here though, I note set-point theory as one of the threads woven into bio-medical understandings of "eating disorder(s)", a thread which focuses on nutrition therapy as an essential foundation of good psychological functioning. From this perspective it is nutrition therapy, a non-dieting diet, which restores the body to its natural equilibrium. Here the nutrient rebalancing of the body, nutrient acting as the chemical which transforms the body, removes "pathologies" of eating and softens symptoms of "eating disorder(s)" such as obsessive thinking about food, which have come to debilitate and remove subjects from normative social functioning.

The second, sometimes companion, perspective on "eating disorder(s)" is the more predominantly psychological perspective. From this perspective the cause and solution for "eating disorder(s)" must be located in the psychological difficulties and abnormalities present in the subjects of "eating disorder(s)" experiences. From this perspective the "mal-adaptive" and "immature" personality (Bruch, 1974, 1978; Crisp, 1995, 1996) is at the core. Here, stories of "eating disorder(s)" and "recovery" come to be framed around issues of

identity, control, self-worth, autonomy and inter-personal or intra-psychic awareness. From both perspectives, the pathologies or abnormalities at stake are individualised. From both perspectives the problem and the solution requires the fixing of the individuals faulty parts by the bio-medical and psychological professions (Lester, 1997).

At the same time, bio-medical and psychological narratives tend to converge on the idea that "eating disorder(s)" are multi-dimensional (Garner & Garfinkel, 1982) or multi-factorial "illnesses". This allows for the inclusion of socio-cultural dimensions as causal or influential, although as Morag Mac Sween (Mac Sween, 1995) argues, these are at best "added on" to bio-medical and psychological explanations. The multi-dimensional model though, does seem to open up the possibility of telling socially contextualised stories of "eating disorder(s)" and "recovery" which evoke the many dimensions of these experiences. Yet at the same time, medicine seems to take this opportunity back from the embodied subjects of these experiences by conferring explanatory power to a large number of diffuse and divergent sub-disciplines and professions all of which return pathology and abnormality to the individual. Thus explanations and treatments can be couched in multiple forms through the specific discursive formations of the different professions which must deal with each dimension of the problem. Hence Carolyn Costyn writes:

> Recovery from an eating disorder involves not only symptom management but also cognitive behavioural therapy to deal with black and white thinking as well as psychotherapy to discover the function that the bingeing, starving, or purging is fulfilling and to resolve the underlying issues (Costyn, 1999: xxi).

Just as Helen Malson (Malson, 1998) points out in relation to anorexia nervosa, this tends to construct "eating disorder(s)" and "recovery" experiences in different and contradictory ways (Malson, 1998: 188), while continuing to locate the problem and solution in the multiple sites within the individual self which may be targeted with professional expertise. Sounding a more ominous and damning chime Julie Hepworth argues that the plethora of research and theory about "eating disorder(s)":

> Is not owing to the resistant or complex nature of "anorexia nervosa" *(or the other eating disorders)* as a disease entity. The diverse range of explanatory theories, psychopathological models and various treatment approaches, including the multidimensional approach, has emerged in relation to the development of the human sciences during the late nineteenth and twentieth centuries. This literature reflects the concomitant processes of the human sciences such as diversification of discipline based knowledge, processes of normative health sciences and the role of expert knowledge and medical dominance (Hepworth, 1999: 7).

So, the complexity and resistance of "eating disorder(s)" to treatment and to understanding may be viewed as yet another social construction which maintains medicine's explanatory powers and divergent specialisations.

The Plethora of Medical Research.

Deconstructions reveal the contradictions, the uncertainties, and the normalising and disciplinary effects of producing bio-medical and psychological narratives of "eating disorder(s)" and "recovery". However, these narratives cannot be ignored for their numbers continue to increase hand in hand with increasing diagnoses of "eating disorder(s)" experiences (Gordon, 2000). For example, *The International Journal of Eating Disorders*, established in 1983, received only 129 manuscripts for review in this year. However, in 2002 they documented over 700 manuscripts accepted for review (IJED, 2003). Since then, other journals, such as the companion *European Journal of Eating Disorders, Eating Disorders Review, Eating Behaviours and Eating Attitudes*, have been established for the publication of research into "eating disorder(s)" and "recovery" experiences. These journals and countless textbooks and manuals (e.g. *The Handbook of Eating Disorders* (Szmukler, 1995), *Clinical Handbook of Eating Disorders: An Integrated Approach* (Brewerton, 2004), *Handbook Of Treatment For Eating Disorders* (Garner & Garfinkel, 1997), *Handbook of Assessment Methods for Eating Disorders* (Allison, 1995)) build and maintain an "industry" of bio-medical and

psychological expertise which has formed around "eating disorder(s)" and "recovery" experiences. The knowledge(s) produced in this industry filter down into public consciousness, they are central to the ways that most people think about and try to understand "eating disorder(s)" experiences.

On first glance at medical and psychological journals and text-books it would be hard to see how the discourse constructed here could have much impact on public consciousness about "eating disorder(s)" and "recovery" experiences. Articles and specialist authored chapters are written for professional and expert readership and not for generalised dissemination. Owing to the "scientific" status of these journals and text books, the narrative is couched in jargon. Dry, emotionless text and rigid narrative frameworks reflect historically sedimented methods of producing academic research articles and there is a definite Cartesian epistemology in relation to the bodies of the subjects studied. In these journals a rational instrumental approach to the body is reflected. Statistics, tests, measurements, questionnaires and assessments are key mechanisms for research and writing production. *Body Mass Indices*, *Eating Attitudes Tests*, *Eating Disorder Examination Questionnaires*, *Eating Disorder Inventories*, *Emotional Eating Scales* are all widely used to measure and test against norms of biological and psychological well-being. Some of the most important of these are the body-weights and "attitudes to eating" or "eating behaviours" which are emphasised over and over in these narratives as the crux of "eating disorder(s)" experiences. Through these specialised research journals bio-medicine and psychology thus disseminate ideas about "eating disorder(s)" as deviance from psychological and physical norms. They perpetuate the fixing of the story of these experiences around "core psychopathologies" and the need to measure up to culturally weighted health norms, to weigh the correct weight for your height, to have the correct attitudes to food and eating and the correct attitudes towards your body.

As well as the more quantitative and investigative research which is published in journals there is widespread publication of descriptive and theory building narratives which often offer case studies and snippets from sessions in therapy to paint pictures of women who live with "eating disorder(s)" experiences and women who are trying to "recover". Mac Sween (Mac Sween, 1995) and

Gordon (Gordon, 2000) both trace the lineage of such story-telling back to foundational psychologists in the area such as Hilde Bruch (especially, Bruch, 1974 & 1978) and Arthur Crisp (Crisp, 1985). Through the dissemination of these "psychologised" descriptives, Western medicalised societies have not only been provided with, and made aware of, typologies of these experiences and provided with diagnostic features to identify them with, but they have also been provided with and made aware of ideal-typical characterisations of women living with "eating disorder(s)" which have become lodged within the modern psyche. For example, in *The Golden Cage*, a book which is billed on the cover as "recommended for anyone who is treating or parenting an anorexic person" , Bruch prefaces her understandings with the descriptive:

> New diseases are rare, and a disease that selectively befalls the young, rich and beautiful is affecting the daughters of well-to-do, educated and successful families, not only in the United States but in many other affluent countries. The chief symptom is severe starvation leading to a devastating weight loss; "she looks like the victim of a concentration camp", is a not uncommon description (Bruch, 1979: vii).

In Bruch's opening words she fixes the idea of "anorexia-nervosa" to the young and rich daughters of the "well-to-do", as well as to the image of a "victim of a concentration camp". These are ideas and images which still exist and are used today despite lived experience which contradicts them. Similar ideas about perfectionist, immature, manipulative and deceptive women float around the discursive space which constitutes and contains "eating disorder(s)" experiences, constructing the subjects of "eating disorder(s)" as utterly "enigmatic" and bewildering in their "irrational" deviancy. The ghostly immanence of these ideas is dangerous since:

> Like other discourses, scientific and clinical discourses about "anorexia" (*and other "eating disorder(s)"*) do not simply describe or reflect their objects more or less accurately. They are social practices that "systematically form the objects of which they speak" (Malson, 1999: 189).

In forming the objects of which they speak, bio-medical and psychological narratives have not neglected the intersubjective nature of "eating disorder(s)" experiences. In fact, the importance of family, friends and familial relations to the subject of "eating disorder(s)" and "recovery" experiences has been present from the "discovery" of "eating disorder(s)" in the late nineteenth century. For example, according to Gull:

> The patient should be fed at regular intervals and surrounded by persons who would have moral control over them; relations and friends being generally the worst attendants (Gull, 1874: 26).

And Laseque:

> When after several months the family, the doctor and the friend perceive the persistent inutility of these attempts, anxiety and with it moral treatment commences (Laseque, 1873: 266).
> (Both cited in Hepworth, 1999).

Gull's words about relations and friends being the "worst attendants" echo in later treatises upon the subject such as those mentioned above by Bruch (Bruch, 1979) and Crisp (Crisp, 1985) and also by family systems and psycho-dynamic therapists like Salvatore Minuchin (Minuchin, 1978) and Maria Selva Palazzoli (Palazzoli, 1974) (to be discussed in more detail in chapter 6). In these studies the impact of "eating disorder(s)" experiences upon family and friends *is* considered. Nevertheless this consideration is mediated by the concerted view that "eating disorder(s)" concatenate from "*dys*-functional" and "enmeshed" relationships and practices within the family and household setting. Hence, the intersubjective nature of "eating disorder(s)" and "recovery" experiences is included only to psycho-pathologise the family alongside the individual who presents "eating disorder(s)" experiences to the bio-medical and psychological professions and asks for their help with working out recovery.

Bio-medical Versions of "Recovery".

This brings me to the bio-medical and psychological fixing of narratives of "recovery". Firstly, it is important to note, that much of the bio-medical and psychological narrative around the issues of treatment and "recovery", continuously emphasise the difficulties of treating these "illnesses", the "resistance" to treatment, and the high relapse rate after initial appearances of "recovery". For example, Pinto et al write:

> Anorexia Nervosa and Bulimia Nervosa are *chronic* psychiatric disorders that are further complicated by *high relapse rates and persistent sub-threshold symptomatology.* Only a modest percentage of patients with AN achieve full recovery and as many as two thirds of patients with AN restricting type (AN-R) subsequently develop binge eating behaviour (Pinto, 2006: 376) (italics added).

Bio-medical and psychological narratives of treatment and "recovery" tend to explain away their responsibility for "the revolving door syndrome" by returning the issue to the resilient psycho-pathology of the non-recovering eating disordered subjects. However, bio-medicine and psychological narratives also identify subjects whom they promote as "recovered". At the same time, as mentioned in the introduction, definitions of recovery are contested. However, bio-medical and psychological descriptions of recovery seem to converge on the issue of measuring, weighing and testing bodies and minds to assess their accordance with biological and mental health "norms". In fact, as well as the weight and eating tests mentioned above, there are also tests in progress for the development of eating disorder recovery questionnaires (Pinto, 2006). All of these practices continue the medical surveillance and testing of women's bodies. They also perpetuate and encourage rational instrumental interpretations and orientations to women's minds and bodies.

Recovery was once pinned upon the idea that if all of the diagnostic criteria were eliminated, if, for example, a woman stopped fasting/bingeing/purging, regained a healthy weight and recovered menses, then she might be considered "recovered". However, the emergence of the category "eating disorder not otherwise specified" has problematised these definitions and current definitions

of recovery include multiple variables (Berkman et al, 2007). At the same time, weight and measurement of weight as well as measurement and testing of eating attitudes and eating behaviours remain a crucial part of testing for recovery. To repeat: this in part reflects a general concern in Western medicalised culture around normal weights and normal food behaviours as key indicators of morality, health and well-being (Crawford, 2004; Lupton, 1997).

Bio-medical and psychological narratives of "eating disorder(s)" and "recovery" completely obliterate the story of "recovering" as a process. There is no description of the messy and ambiguous experience "recovery" may be. In articles in journals and in text-books there *are* some narratives from women living with "eating disorder(s)" and women who have "recovered" but the way that these narratives are framed tends to reproduce medical discourse of women's minds and bodies and tends to frame experiences of "eating disorder(s)" and the embodied position of "recovered" as fixed, schematically distinct categories, eclipsing the whole complex journey in between. Bio-medicine and psychology set up teleological models of recovery. You "work hard" (Gremillion, 2001; Malson, 1998) and if you work hard enough you get "recovery". If you don't, then you are basted with the label of "chronic" and rendered subject to forms of medical surveillance which continue to presume the "core-psychopathology" of "eating disorder(s)" defines you, defines your relations to friends, family and partner and defines your life.

Socio-cultural Dimensions of "eating disorder(s)".

It is clear from the above that bio-medical and psychological narratives of "eating disorder(s)" and "recovery" fix the story of these experiences as individual pathology, pathology of body and pathology of mind. While acknowledging the socio-cultural dimensions of "eating disorder(s)" and "recovery" as part of a multi-factorial or multi-dimensional model, bio-medical and psychological narratives emphasise that the problem of both "eating disorder(s)" and the problem of "recovery" is the responsibility of the individual. However, socio-cultural theorisation of "eating disorder(s)", produced mostly by feminists working together to critique patriarchy from

within diverse disciplinary perspectives, has done much to shift the fixing of onus or responsibility for "eating disorder(s)" and "recovery" from the individual to the socio-cultural context of "eating disorder(s)" and "recovery" experiences. In this work there is an intense focus on, and critique of, the socio-cultural pressures upon women to shape and regulate their bodies' appetites and sizes.

The influence of socio-cultural investigations and in turn the influence of feminism upon these investigations into the subject of "eating disorder(s)" has been immense. In direct contrast to the fixing of the story of "eating disorder(s)" as an individualised psychopathological orientation to the world, it is argued here that it is the socio-cultural realm which ought to be viewed as pathological. As Sharlene Hesse-Biber and her colleagues put it:

> Contrasting the pervasive belief that Eating Disorders are primarily psychiatric in nature, we contend that they are also symptomatic of a social problem. Eating Disorders and disorderly eating are also culturally induced diseases promoted partly by economic and social institutions that profit from the "cult of thinness" promoted by the mass media (Hesse-Biber et al, 2006: 208).

From this perspective feminist philosopher Susan Bordo theorises "eating disorder(s)" experiences as the "crystallisation" (Bordo, 1990, 1993a, 1993b) of contemporary cultures of female embodiment, dualistic cultures which first predicate women as a sexual object, and secondly, use women's bodies as *the* cultural marker of the body's precarious positioning within a culture of abundance and consumption, hyper-validating control of the body as an essential technique of the modern embodied self and an essential technology of power for modern forms of government.

Key feminist writers who have added to the socio-cultural explanation of "eating disorder(s)" and "recovery" include Kim Chernin (Chernin, 1981, 1983, 1985), Marilyn Lawrence (Lawrence, 1979, 1984, 1987) , Susie Orbach (Orbach, 1979, 1993, 2002) (along with the Women's Therapy Centre in London) and Naomi Wolf (Wolf, 1991), all of whom demand that the

"personal trouble" of "eating disorder(s)" and "recovery" be reformulated as public and political issues related to the positioning of women in modern societies. Shaking the bio-medical and psychological enterprise at its roots[5], these feminists insisted that "eating disorder(s)" be viewed on a continuum of women's experience, where the social construction of women, through image and ideology, limited women's access to power by forcing them into constant battle with their bodies. Gender, these feminists emphasised, must be the central category of analysis for research and therapeutic practice in this area.

Taking up this demand, sociological studies such as those undertaken by Morag Mac Sween (Mac Sween, 1993) in *Anorexic Bodies,* Bryan Turner (Turner, 1996) in *Body and Society and* Richard Gordon (Gordon, 2000) in *Eating Disorders: Anatomy of a Social Epidemic* take the socially constructed category of gender as the central term for socio-cultural analyses and theorisations of "eating disorder(s)" experiences. In sociology, "eating disorder(s)" experiences are re-framed in terms of the practices of socialisation and social context which problematise women's productions of socially acceptable individual identities. Here, it is argued that the strictures of modern femininity, combined with the demands of modern forms of individualism, produce the response of "eating disorder(s)", a response which ultimately, it is argued, leads back to the submissive and subdued position ordained for women within patriarchal models of society (Forbes, 1997; Mac Sween, 1993; Turner, 1996).

Of course there are differences in feminist and sociological accounts. Not least of these differences is the fact that feminism is an inherently political movement which, in most of its various strands, aims to transform the hierarchical, patriarchal social structures of which sociology forms part. Sociology, however, rather than focusing on the political import of theorising socio-culturally about "eating disorder(s)" brings an historical dimension to understanding "eating disorder(s)" which is also important. In spite of differences between groups theorising socio-culturally there is accordance in these theories of "eating disorder(s)" on the use of gender as *the* central

[5] Although, the idea of continuity is also influential in bio-medicine's narratives as well (e.g. Herman & Polivy, 1987)

concept through which to approach "eating disorder(s)". There is also agreement on the conviction that diverse socio-cultural factors are causal, that the gendering of women through inhibiting and confining discourses of their embodiment is central. Much of this work begins with questions. Why so many women? Why now? Why women now? What is it about women's embodiment of the self in modern Western culture that makes women vulnerable to "eating disorder(s)" experiences? In this questioning "eating disorder(s)" is positioned as an effect of gendering women, as an effect of the social constructions, institutions and epistemologies which shape the gender of woman into disordered experiences.

Points of Contention.

Socio-cultural theorisations of "eating disorder(s) experiences tend to paint richer, more complex pictures than the bio-medical representations discussed above. They prefer qualitative methods of research, especially interview and autobiographical analyses, and they frame their narratives in a more accessible manner than the text books and journals of bio-medicine and psychology so that the knowledge(s) they form, at least in the case of feminist work in the area, may be disseminated further into public consciousness. However, points of criticism, which relate to the next chapter, may still be made of this work. Jane Lester's (Lester, 1997) argument is central to my critique. In her article on *"The (Dis)embodied Self in Anorexia-Nervosa"* she notes that further to constructions of dualisms between mind and body in medical epistemologies of "eating disorder(s)" and "recovery", feminist and sociological work on the subject has added to these some dualistic notions of their own. Firstly of course, although not mentioned by Lester is the dualism between researchers and researched. Once again, what is most often produced in feminist and sociological treatise on the subject is an expert's vision and theory of "other" women's experiences. Secondly, and the point made by Lester, is that feminist and sociological work on "eating disorder(s)" has tended to set up a dualism between culture and the individual. Lester argues that:

> Although the feminist project began as an attempt to theorise an embodied self (...), what has come about is a substituting of the medical model's individual body with feminism's cultural body, the medical model's disembodied self with feminism's de-selfed body (Lester, 1997:481).

Lester's point is important because it underlines the ways in which the lived body, a concept I describe in more detail in the next chapter, may disappear from many important theoretical analyses as a result of what Dennis Wrong (Wrong, 1961) once called an "over-socialised conception of man" (sic).

In positing "eating disorder(s)" experiences as the consequence of social determinism, as the straightforward internalisation of socio-culturally defined aesthetics and norms, the embodied subjects living with these experiences are painted as sponges saturated and written all over with the discourses of "normative femininity" (Bartky, 1990; Bordo, 1990; Mac Sween, 1993; Malson, 1998). Agency is eliminated by the idea that the pervasiveness and acceptance of normative and normalising feminine practices which "train the body in docility and obedience to cultural demands"(Bordo,1993b: 192) are the issues at stake in "eating disorder(s)" and "recovery" experiences. Bordo further adds to this that any feelings of power and control experienced in the practices associated with "eating disorder(s)" are themselves the "product of power relations whose shape may be very different" (Bordo, 1993b: 192). According to this perspective the problem of "eating disorder(s)" and "recovery" is formulated in terms of the images and "technologies" of power relating to normative femininity which are disseminated in our culture. Women in turn are viewed as caught up in the quest for normative feminity through the manifold efforts, the "disciplinary practices", which are necessary to the production and reproduction of this category.

On the other hand, some feminists have also considered the presentation of experiences of "eating disorder(s)" as practices of resistance to hetero-normative feminity. Elizabeth Grosz, for example, argues that:

> Anorexia is a form of protest at the social meaning of the female body. Rather than seeing it simply as an out of control compliance with the current patriarchal ideals of slenderness, it is precisley a renunciation of these ideals (Grosz, 1995; 40).

Similarly Elspeth Probyn argues that the anorexic self:

> Must be considered as a local practice used against the exigencies of place, time, gender, biography, age, family etc (Probyn, 1988: 210).

Another theorist proposing "eating disorder(s)" (anorexia) as resistance is Jo Brain (Brain, 2002), who, using Butler's (Butler, 2002) theorisation of melancholy gender to trace existential death themes in body narratives of "eating disorder(s)" experiences, suggests that the anorexic body, far from "pathological or disembodied", testifies to an acting out of gender's unlivability precisley in order to go on living. Like Grosz (Grosz, 1986), who uses Freudian and Anzeiuzian theorisations of "skin ego" Brain argues that:

> If we arrive at a sense of self as "skin ego"- through the bodily sensations stemming from the surface of the body, then it may be that self-inflicted pain serves a restorative purpose in allowing us to reknow and reown our bodily selves (Brain, 2002: 164).

Making connections between practices of "eating disorder(s)" and self harm, Brain embraces Kilby's (Kilby, 2001) suggestion that if :

> Self-harm is read as a testimony to the will to survive pain and trauma...it can be understood as a means of marking the difference between dying in life and death in all its finality. ... a momentary means of living beyond the deadening touch of trauma (Kilby, 2001: 127).

Brain's reading of "eating disorder(s)" narratives left her impressed with the entanglement of "eating disorder(s)" experiences and trauma and the belief that "eating disorder(s)" were a means of coming to terms with and resisting the social forces which facilitated traumatic experiences. However, while the

connections between "eating disorder(s)" experiences and trauma are important and while these are emphasised over and over in all narratives of "eating disorder(s)" experiences it must also be noted that "eating disorder(s)" experiences are in themselves trauma or traumatic. Thus choosing "eating disorder(s)" experiences to cope with trauma exposes the body/self to further traumatic effect.

It is difficult to resolve this tension between, on the one hand, the understanding of "eating disorder(s)" as strategies of resistance to feminine ideals, and on the other hand, the understanding of "eating disorder(s)" as reproductive of limiting and constraining normative femininities. For this reason the terms paradox (Lawrence, 1984; MacLeod, 1991) and contradictory (Mac Sween, 1995; Malson, 1998) have been applied to "eating disorder(s)" experiences. Using these "fuzzifying" concepts extends the possibility of telling embodied tales which actually focus on the paradoxical, complex and contradictory qualities of "eating disorder(s)" and "recovery" experiences.

Problems With Body Scripts.

Unfortunately the socio-cultural accounts I discuss here are more taken up with the theorisation of paradoxicality than its experience. The texts and theories discussed in this section, a vast body of work which wages battle over the bodies of women experiencing "eating disorder(s)", fails, as Lester (Lester, 1997) argues, to take full account of the embodiment of experience. In reading this theoretical work, I have experienced an insistance upon an "oversocialised" conception of women with "eating disorder(s)" . In reading this work, I experience a tendency to regard the bodies and the symptoms of women living with "eating disorder(s)" as texts which must be deciphered and read as windows unto an externalised world of culture which inscribes itself on all women's bodies, inscribing resistance or inscribing conformity. When the body is regarded as a text, as it is in all of the disciplines affected by post/modern epistemologies, reading the body seems logical.

For example, Morag Mac Sween (Mac Sween, 1993) considers at length how the "Anorexic" inscribes her body as an articulation of gendered modern individualism. "Anorexia", for Mac Sween, expresses the tension between modern capitalist forms of individualism and modern femininities. Thus, much like Kim Chernin (Chernin, 1981, 1985) and Susie Orbach (Orbach, 1989, 1993, 2000), both of whom come at the phenomena of "anorexia" and "bulimia" from a more psychological perspective, Mac Sween argues that:

> Anorexia is best understood as an attempt to articulate at the level of the body, contradictory cultural expectations of women. (Mac Sween, 1993: 113).

In Mac Sween's theory of "anorexia", as in Giddens' (Giddens, 1991b), Turner's (Turner, 1996), Eckerman's (Eckerman, 1997), Casky's (Casky, 1985) and many others, the body of the "anorexic" is taken as an object to the self who inscribes individualised (and individualising) autobiographical texts upon it. Hence Giddens considers that anorexia and bulimia are:

> Casualties of the need- and responsibility- of the individual to create and maintain a distinctive self-identity (Giddens, 1991b: 105).

And Eckerman argues that:

> The person, who voluntarily starves, uses her body to recreate herself. She recreates herself as "a work of art" whose bodily form is so confronting that it cannot be, and is not, ignored. The message conveyed by the emaciated self-starver is: "read my Body" (Eckerman, 1997: 151)[6].

[6] Eckerman falls foul of the precedence given to vision and the visual in modern frameworks of knowing and interpreting. She thus makes a mistake similar to those who, researching "self-harm"; assume that the practices are first and foremost methods of seeking attention. Listening to the self-interpretations of self-harmers challenges this view (Inckle, 2007). In any case self harmers usually cut in places that will never be seen by anyone. Similarly those who lose a lot of weight tend to hide away in baggy clothes and often do not venture much into the company of others.

Similarly Turner (Turner, 1996) considers anorexia nervosa and bulimia nervosa to be bound up with modern re-formulations of the problem of (re)presenting the body in society (Turner, 1996: 124). He considers how both experiences express and protest the modern view of beauty as thinness (Polhemus, 1978) and he goes on to argue that "anorexia" in particular is a "psycho-semantic fallacy" which :

> Is over-determined by the culture of narcissism, consumerism and the patristic norms of slender femininity (Turner, 1996: 181).

Likewise Noelle Casky (Casky, 1985) maintains that "anorexia":

> Is the cultivation of a specific image as an *image*--it is a purely artificial creation and that is why it is so admired. Will alone produces it and maintains it against considerable odds (Casky, 1985: 268).

These theories, I want to argue are disembodied. I will clarify this accusation in more detail in the next chapter. For now, I want to emphasise that in the production of these kinds of readings some bodies are more easy to read than others, for the inscriptions are so clearly etched, the latent symbolism so powerful and seductive to the avid reader. As Susan Bordo has written:

> The bodies of disordered women in this way offer themselves as an aggressively graphic text for the interpreter- a text that insists, actually demands that it be read as a cultural statement, a statement about gender (Bordo, 1993a: 16).

However, in making *these* bodies matter theoretically, to feminism and to social critiques of modern individualism, there is a danger of exploiting particular bodies in theoretical enterprise. Because some bodies make easy reading, it is tempting to make easy readings. Susan Sontag (Sontag, 1971) warns about the dangers of this in her treatise on illness as metaphor. She argues that using illness as metaphor is like creating "steryo-types of national character". When we depend theoretically on the texts writ large upon the body surface of women with "eating disorder(s)" experiences, we are inherently

working with an "over-socialised conception" of human being. In relying upon image and text, an occularcentric technique of gathering knowledge, we eclipse the embodied, emotional, lived components of "eating disorder(s)" . This is to restate Lester's problematic of the split between body as a selfing device (see also Baerveldt, 1996) and a de-selfed body as a problem of the overdetermination of the surface body as a text in contemporary theorisations of "eating disorder(s)" experiences.

My argument is that the readings I discuss above rely upon the surface presentation and performance of self to the world as the grounds of theoretical production without giving us the breadth and depth which living these experiences involves. They flatten out experience with their theories of the body text. They make experience devoid of lived complexity. I want to argue therefore that such theoretical activity remains at the level of the image and the "skin deep". Often, these theoretical accounts are as dry and as lifeless as the medical stories I wrote of above because the subject rarely speaks here, the subject rarely tells us how it is to live in this body, to live in this experience.

Further consequences of focussing on the image have devestating impact. I am thinking of the fact that more talk and theory is generated around the experience of too-thin bodies, an easy read and an easy metaphor for the highly valued discipline ethic running as a theme through modern Western societies. Focussing on the thin body theoretically, focussing on anorexic experience extends contemporary socio-cultural concern with thin-ness and body mastery and fits with the spirit and core values of late capitalist societies. Thin bodies are everywhere upheld and talked about. The academic discourse on extra-thin bodies I have been discussing here reinforces this image proliferation. It also reinforces the idea of an occularcentric access into "eating disorder(s)" experiences. Furthermore, by constantly emphasising the connection between a thin aesthetics and "eating disorder(s)" the importance of other socio-cultural factors which cultivate vulnerability to "eating disorder(s)" experiences is detracted from. As I discussed in my introduction, there are many reasons, far more complex than a desire to mirror the thin norm, why women become vulnerable to "eating disorder(s)". Beyond a desire to be thin lie more ominous foundations of "eating disorder(s)" experiences. I am thinking particularly of

the gendering structures which make men powerful through violent (sexual abuse and rape) and emotional (bullying and shaming) subordinations of women. As well as this, it does not always translate that the importance of thin as a meaningful part of someone's "way of being in the world" displays itself on the external body surface. The many meanings of thin are perhaps just as important to women experiencing bulimia, binge eating and obesity , women who are of "normal" or "larger" size and shape, as they are to the woman who shapes her body in thin's image.

Still, thin bodies and the symptomology of anorexia-nervosa are easily made to signify ethics which preoccupy theorists of modern societies and which preoccupy participants in modern Western society: ethics of discipline and control. Perhaps it is for this reason that the anorexic body gets most attention in theorisations of "eating disorder(s)" experiences. Sociology is a case in point. In sociology, books and articles written about "eating disorder(s)", have been written for the most part about "anorexia-nervosa" (c.f. Gordon, 2000). Troy Cooper also notes this tendency in feminist work on "eating disorder(s)" suggesting a possible reason for this tendency when he notes that:

> Although both behaviors are apparently aimed at controlling weight, anorexia involves a public act which others admire, while bulimia is a private act that others pity (Cooper, 1987: 175).

Reflecting cultural evaluations of indulgence and loss of control, the body of the "bulimic" and the over-weight woman has receded to the background of sociological theorising , shamed and shadowed by a "step-sister" (Boskind-Lodhal, 1976) who embodies the values and images we idealise and prize. As alluded to above, not alone in academia but also in media and popular culture there has been a focus on the extra-thin body. Images of women who look "like the victims of a concentration camp" (see Bruch quote above) layer onto the front covers of magazines and tabloids, making connections between glamour, success, femininity and the slender and fragile frame. Gordon (Gordon, 2000) argues that such media prtrayals have glamorised "eating disorder(s)" and added to an "epidemic" of "eating disorder(s)" experiences. Media's constructions of a collage of bones and the linking of such images to

"eating disorder(s)" erases, eclipses and shames the experiences of women who cannot signal their distress with their unsheathed bones. Images that women experiencing "eating disorder(s)" and "recovery" present of themselves to the world should not be made all- important and explanatory. To make the image the fulcrum of understanding and theory is to create a shadow land of the internal processes which connect individuals to social and cultural contexts. It is too simple. It is not enough.

Intersubjectivity and "Recovery" in Sociology.

Another consequence of focusing on inscribed bodies has been the failure, in sociology, to address the intersubjective nature of these experiences. Sociology has come to acknowledge that there are multiple realities and multiple perspectives (Schutz, 1945), yet when it comes to the subject of "eating disorder(s)" there has been very little thought or attention paid to the narratives of those who share these experiences through their deep relationships and inter-relational life worlds. The combined weight of bio-medical and psychological narratives which pathlogise family members and an inclination to focus on the starkly signfying body rather than the bodies around her forces intersubjective narrativisations out of the equation. Families, friends and loved ones thus have little narrative exposure in sociological treatises of "eating disorder(s)" and "recovery". Their stories and perspectives are left untold and untheorised. In leaving family experiences to the bio-medical and pscyhological domain a gap in sociological literature emerges which is especially bewildering when considering the "technologies of power" which converge upon the families of women with "eating disorder(s)" who are taken into treatment. I will return to this issue in chapter 6, where I will deal with the ways that the family is also taken into treatment in association with deviation and excess.

One final gap in the sociological literature on "eating disorder(s)" is the gap which needs to be filled with theories and talk about "recovery". In Feminist theorisation of "eating disorder(s)" there is much writing about "recovery" that takes the form of therapeutic models for self-help and group work (e.g. Lawrence et al, 1987). Sociology, on the other hand, has not been interested in

"recovery". I have wondered sometimes if this may be due to a fit between "rational bias" in sociology and the medically driven assumption that when it comes to "eating disorder(s)" some people simply decide to get better and they do, some people don't make this decision, and therefore they don't get better. This kind of underlying assumption does not invite theorisation. Perhaps also, the less spectacular images and metaphors of "recovery" do not match the images and metaphors of "eating disorder(s)" with the same theoretical pull. However, Catherine Garret (Garrett, 1996, 1998) argues that there is a need to focus theoretically on the metaphor of "recovery", for this focus may help us to understand the meanings of the "recovery" process.

By opening out discussion about "recovery" from "eating disorder(s)" Garrett has launched a successful challenge to medical, feminist and sociological narratives of "recovery" experiences , underlining the complexity of the "recovery" process. Beginning to bridge the sociological gap which relates to the subject of "recovery" from "eating disorder(s)", Garrett provides us with a Durkheimian analysis of the social sources of "recovery" by proposing that "anorexia" and "recovery" are two phases in a spiritual quest for self-transfomation. "Recovery" from "anorexia" , she argues, is simultaneously a spiritual and social process. Working outwards from Durkheim's assertion that "the religious", the powerful impetus towards moral self-improvement, the "raising of an individidual above himself" (Durkheim, 1976: 424) is a social phenomenon (Garrett, 1998: 102), Garrett posits spirituality as a three-fold connection: connection within oneself, connection with others and connection with the natural world and cosmos (Garrett, 1996: 1491). She argues that recovery and spirituality both articulate the importance of sacred social bonds and follows James (James, 1901) in asserting the healing and transformational momentum of such bonding.

Garrett's formualtions of spirituality and recovery emphasise that spirituality, which is also experience of the sacred and the divine, manifests viscerally within the body as a lived experience. Mellor & Shilling (Mellor & Shilling, 1997), in a not entirely unrelated account of religious (re)- formations in Western society dwell on the embodied intersubjectivity of this lived experience when they hone in on Durkheim's reflections on collective effervescence. In their theorisation of spirituality embodied, spirituality is an

inherently social experience because the bodily "effervescence" which underlies so many spiritual experiences is born out of the intersubjective world of meaning making which mediates in and gives rise to embodied sensation. The source of experiencing spirituality is the experience of being part of something outside of and greater than the self; it is the experience of being an intersubjectively constituted member of society.

For Garrett (Garrett, 1998), it was impossible not to connect recovery with spirituality because these were the connections made by the participants in her research. She overlays her participants' narratives with Durkheim's (Durkheim, 1976) articulation of negative and positive rites in traditional religions. Using this framework she reformulates "eating disorder(s)" and "recovery" as part of the same spiritual process. She proposes that "eating disorder(s)" experiences are cultivated through negative aescetic rites, negative body rites which are offered in modern western society as resources for the existential problem of "being the world" (see also Brain, 2002; Giddens, 1991b). Existential questions she argues, must be viewed as spiritual questions since both deal with the question of "how to be". Turning then to "recovery" she argues that modern societies also provide positive rites; body positive rites. These are rites which instead of offering descent into isolation and intensive involvement with the self on the brink of maturation, offer ascent into connectivity, reconnection with the body and with the world; in essence, reconnection with society. "Recovery", she argues, coming from the same social impetus which cultivates "eating disorder(s)", the impetus to know the spiritual nature of the self, repositions the individual within the collective.

Garret's methods are auto-biographical. She includes her own narrative of "recovery" from "eating disorder(s)" and she theorises the auto-biographical narratives generated in 50 interviews with respondents to an article she had published in an Australian Newspaper. In analysing these narratives Garrett chooses to create the categories of "unrecovered perspectives" , "recovering perspectives" and "recovered perspectives". These separate categories allow her to distinguish what she considers as different stages in the process of "recovery"g. Garrett's own perspective and her use of terms is influenced by her personal experience of the recovery process, an experience which

culminated in "complete recovery". The coherence of her own narrative, and the connections *she* seeks to make between recovery and spirituality however, leaves her in a difficult position with regard to thinking about continuing experiences of "eating disorder(s)" for she is left with the suggestion that those who never consider themselves fully recovered are acting upon forms of "distorted spirituality". Such a view tends to reproduce medical and cultural pathologies in an alternative light (see chapter 7) and positions "recovery" as the "balance which corrects the distortion" (Garrett, 1998: 102) . Garrett tries to resolve this problem in two ways. Firstly she considers that when analysing spiritual processes a linear concept of time cannot apply. This leads her to the speculative construction of anorexia as a:

> Spiritual journey in its own right, with its own end in this life, which may or may not be recovery (Garrett, 1998: 108).

This construction of "anorexia", she suggests, may contribute to empathic understanding and acceptance of "eating disorder(s)" as "ways of being". Garrett admits though, that this view of "eating disorder(s)" may be unacceptably passive for those who are interested in thinking about "healing" and she vehemently adds that acceptance of "eating disorder(s)" as "ways of being":

> Should not deflect us from the creation of theories of recovery which choose the more life-affirming alternative (Garett, 1998: 109).

Garrett's analysis is important in its discussion of the links beetween body, self and society and in her drawing upon Durkheimian, Jamesian and Weberian theory to conceptualise spirituality and sociality as simultaneous and equivalent processes. As she states herself, stories about "recovery" provide hope and hope is healing. Yet there is a danger, as she herself admits, that in speaking about the position of "recovered" as the end point of narratives of "recovery" she sets up a narrative framework and a category which as Jaqueline, one of her respondents says:

> It feels like too final a term, creating an expectation in myself to always be perfect (Garrett, 1998: 66).

Garrett positions her narratives in frameworks which match her own experiences but in talking to her respondents most of them were disinclined to theorise what it meant to be "recovered". "Recovery" for most of them was "not about resolution or closure, but about continuing transformations" (Garrett, 1998: 67). Before Garrett's own ideas are offered she writes her respondents' perspectives into view:

> People who had been struggling with eating problems for years, sometimes denied there was such a thing as recovery even as they expressed a longing for it (...) a few accepted that it was possible for others , but not for themselves (...) some took an agnostic perspective, uncertain whether anyone really recovers, but interested in trying to define what recovery might be. Several participants were happy to appropriate the word , but had not used it as a fraamework for understanding the changes in their lives as their eating problems disappeared (Garrett, 1998: 67).

The coherent stories which represent Garret's understanding of what it means to be "recovered" are tight and closed and teleologically sound but it is the narratives of respondents "in recovery" which interest me more. These are the kinds of messy narratives which reveal the complexity of the "recovery" process. These are the kinds of narratives which allow us to gain a more visceral connection to the embodied basis of narrative. Garret's work provides a springboard for further sociological stories of "recovery" to be told, stories which unlike those in her own text, evoke the messy paradoxical process of living experiences that can be named "recovery" beside experiences of "eating disorder(s)".

Other Narrative Voices.

I have written above about the ways that the stories of "eating disorder(s)" and "recovery" have been told "in academia" and about how they influence what may be told or considered truthful to this experience. As I have written it so far, it might seem that only the "experts" (doctors, psychologists, sociologists and therapists) may tell the stories of "eating disorder(s)" and "recovery" experiences. Yet this is by no means the contemporary case. By the mid 1980s the narrative hegemony of science and its various disciplines had begun to shift so that the voices of women who themselves had experienced "eating disorder(s)" and "recovery" began to find representation. Auto-biographical stories of these experiences seemed to bridge the gaps in relation to writing about "recovery" since they were written precisely to show that "recovery" can happen.

The auto-biographical narratives I am thinking of are the same as those which line my shelves, small paper-back autobiographies like Claire Beeken's (Beeken, 1997) *My Body, My Enemy: My Thirteen Year Battle With Anorexia Nervosa*, *Hungry Hell* by Kate Chisolm (Chisolm, 2002) or *The Long Road Back: A Survivors Guide To Anorexia* by Judy Tam Sargeant (Sargeant, 1999). There are also several well known films such as Karen Carpenter's biopic or *The Best Little Girl in the World*, which depict, in the form of a story with a clear beginning middle and end, the experience of living with "eating disorder(s)". Undoubtedly the existence, proliferation and wide readership of these texts has been immensely valuable in the highlighting of "eating disorder(s)" as a major and complex issue for too many women. These texts, just like Garrett's, provide hope and deepen understanding.

I want to suggest though, that even as this work has been important and valuable, it has framed "eating disorder(s)" and "recovery" within narrative frameworks which like Garrett's, tend to reify positions of "recovery". One reason for this is that auto-biographies of "eating disorder(s)" and "recovery" tend to be framed within the dominant narrative frameworks of "illness narratives", narratives which share more resemblance with male forms of autobiography than with women's autobiography. Shari Benstock (Benstock, 1988) Mary and Kenneth Gergen (Gergen & Gergen, 1993), Estelle Jelinek (Jelinek, 1980) Liz Stanley (Stanley, 1992) and Domna Stanton (Stanton,

1987) all argue that women's autobiography is qualitatively different from male biography. Jelinek (Jelinek, 1980: 4) argues that males shape the events of their lives into a coherent whole by means of a chronological linear narrative. Similarly, Mary and Kenneth Gergen (Gergen & Gergen, 1993) argue that the content and form of men's and women's autobiographies are distinct. The male model is temporal and linear and emphasises the active:

> In contrast to men's accounts, women's story lines are multiple intermingled ambivalent as to valence and recursive (Gergen & Gergen, 1993: 196).

Self stories of "eating disorder(s)" and "recovery" experiences may follow the more linear, chronological, progressive, cumulative and individualist narrative models, because this is the dominant form of "doing" autobiographies. Stanley argues that the dominance of this narrative form has consequences:

> The effect is truly ideological, because such ideas inform, even while they do not determine reader's views about the frameworks within which we tell our own lives and expect to hear other people's (Stanley, 1992: 12).

"Eating disorder(s)" and "recovery" narratives follow the same mythologised structure of descent and return which Garrett (Garrett, 1998) theorises in her work around recovery from "anorexia" and which we in turn expect to find when we pick up one of these auto-biographies or come across stories of "eating disorder(s)" and "recovery" in the newspaper, magazine or on television. The structure is often quite similar to that discussed by Norman Denzin (Denzin, 1987) in his work on narratives of alcoholism, where there is a crisis, an epiphany, (medical) help is sought and then finally "recovery" is achieved or constantly worked at. In Frank's (Frank, 1995) terms this is a "restitution narrative", the most prominent and culturally preferred narrative in Western culture. The story here is: "Yesterday I was healthy, today I am sick but tomorrow I'll be healthy again" (Sparkes, 2004). The story-line ties in with the notion of the body as a project which can be worked upon and improved

using expert knowledge (Shilling, 2000, 2005). As Andrew Sparkes has remarked:

> The teller of this kind of narrative wants the predictability of the body back and, with it, the former sense of self that they had about themselves. Within the story the body tends to be viewed as a machine in need of fixing. The temporarily broken down body (*or mind*) becomes an "it" to be fixed, and the self is dissociated from the body (Sparkes, 2004: 403).

In auto-biographies of "eating disorder(s)" and "recovery", there are many of these restitution narratives where the work of "recovering" is bound to the dualistic paradigms of modern medicine where a "cure" is effected by expert aided work (see Gremillion, 1995; Malson, 1998) upon the faulty body and mind until eventually the former "real" self is recovered.

At the same time these auto-biographies can also be read as quest narratives:

> Quest narratives meet suffering head on; they accept illness and seek to use it. Illness is the occasion for a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained from the experience (Frank, 1995: 115).

They are written very often as cautionary or preventive tales. As Marya Hornbacher writes:

> I would do anything to keep people from going where I went. Writing this book was the only thing I could think of (Hornbacher, 1998:7).

Sometimes the restitution narrative is bound up with the quest to tell stories of "eating disorder(s)" and to find ways to support people through, and in, these experiences. Claire Beeken's text is a good example of this. The impetus for her recovery comes from the need to set up a charity in the name of her dead

friend Caraline, a woman who became one of the 10% who die from "anorexia-nervosa". Upon opening a letter from her dead friend which begs:

> Please Claire, please be my voice, don't let me die for no reason.

She laughs out loud saying:

> Ok sweetheart, I get the message: I won't let you down (Beeken, 1997: 209).

Claire recovers as a means of spreading Caraline's message to others and as a means of letting others know that there is no need to continue suffering, support is there and "recovery", "full recovery" is possible. We know it is possible because women like Claire Beeken write about it:

> When the book was first published in 1997 I said, "I would be lying if I said I didn't have the odd anorexic thought; but I now understand why they happen and how to deal with them". Three years on I can honestly say that is no longer the case. In fact I feel so far removed from those 13 years I spent in eating-disorder hell, that if I had to write the book again from start to finish I don't think I could. On my journey those years all seem so far away.
> (Beeken, 1997: 233).

At the same time we also know it is difficult and not possible for many people. We know this from the ambivalent chaos narratives written by women like Marya Hornbacher, who writes in the final chapter to *Wasted*:

> You expect an ending. This is a book; it ought to have a beginning, a middle and an end. I cannot give you an end. I would very much like to. I would like to wrap up all those loose ends in a bow and say, see? All better now. But the loose ends stare back at me in the mirror. The loose ends are my body, which neither forgives nor forgets: the random half-hearted kicking of my heart, wrinkled and shrunken as an apple rotting

> on the ground. The scars on my arms, the grey hair, the wrinkles, the ovaries and uterus sound asleep. (Hornbacher, 1998: 276).

We also know it is difficult and complex from the narrative outpouring on the internet; new sites spawned each day from those seeking support in "recovery" and those seeking support in their non-"recovery"[7]. We know it is difficult and complex when we listen to these stories, in particular when we listen to the body struggling through these narratives, the body in pain and in distress and the body in joy and ecstasy, the body lived, the body feeling. Chaos narratives are discomfiting. Frank says of them:

> Chaos stories are as anxiety provoking as restitution narratives stories are preferred. Telling chaos stories represents the triumph of all that modernity seeks to surpass. In these stories the modernist bulwark of remedy, progress and professionalism cracks to reveal vulnerability, futility and impotence. If the restitution narrative promises possibilities of outdistancing or outwitting suffering, the chaos narrative tells how easily any of us could be sucked under (Frank, 1995:97).

Yet listening to stories of "eating disorder(s)" demands that we are open to the chaos narratives and the stories of "not recovering" and not just to the linear, teleological masculine restitution narratives which fix recovery as the rational re-adjusted self returned to sociality and normality through their laudable will-power and determination to recover from "eating disorder(s)" experiences. For, to quote Frank again:

> The need to honour chaos stories is both moral and clinical. Until the chaos narrative is honoured, the world in all its possibilities is being denied. To deny a chaos story is to deny the person telling this story, and people who are being denied cannot be cared for. People whose reality is denied can remain recipients of treatments and services, but they cannot be participants in empathic relations of care (Frank, 1995: 109).

---

[7] New pro-ana websites pop up on a daily basis despite some surveillance of these sites and attempts to limit their availability to internet users, see Karen Dias's (2003) work on pro-ana for a supportive view of these deliberately "triggering" "resources".

So...Why Tell *this* Story?

Rosenwald and Ochberg (Rosenwald & Ochberg, 1992) imagine that it is possible to "enlarge the range of personal narratives" so that:

> Individuals and communities may become aware of the political-cultural conditions that have led to the circumscription of discourse. If a critique of these conditions occurs widely it may alter not only how individuals construct their own identities but also how they talk to one another and indirectly the social order itself (Rosenwald & Ochberg, 1992: 2).

This thesis is an exercise in "enlarging the range of personal narratives" so that "eating disorder(s)" and "recovery" may be reconceptualised as a messy and complex, perhaps never-ending, intersubjective process and so that the medical narratives of this process and the medical regimes which are produced through an over-reliance on teleological narratives and the reification of positions of recovery may be challenged. As I discuss in the preceding chapter and in the next, the stories offered in the main body of this thesis, centralise the "lived body" (Bendelow& Williams, 1998b), adding to contemporary theorisations of the lived body with a discussion about the centrality of "body trust" to the experiences of "eating disorder(s)" and "recovery". The stories offered in chapters 5, 6, 7 and 8 jostle with medicine's stories of "eating disorder(s)". They problematise dominant "ways of knowing" "eating disorder(s)" and "recovery", allowing for questions to be asked in relation to the contemporary regimes which are designed to "treat" "eating disorder(s)" and support the process of "recovery". The stories which come out of my body and the stories which come out of the bodies of my parents, brother, sister and partner require embodied understandings and theories which centralise the complexity of embodiment. I turn to these theories in the next chapter. Having offered embodied theory as the epistemology beneath my practice I commit myself more fully to a writing *from* the body. Frank suggests that such an agenda

amounts to a post-colonial strategy, reclaiming voice in the illness experience, and expressing a self-conscious need to think differently (Frank, 1995:6).

In telling this story to reclaim my voice in this "illness experience" I am also telling this story to reclaim the voice of emotion in "eating disorder(s) and "recovery" experiences; reclaiming emotion as important material for a sociology of these experiences. Of all the aspects of embodied subjectivity absent from sociological accounts of "eating disorder(s)" and "recovery", the emotional is for me the most important. Emotions are inextricable from subjectivity (e.g. Bendelow & Williams, 1998a, 1998b; Denzin, 1984; Lupton, 1996). Emotions are inextricable from transformation of subjectivity and the "body practices" which effect or accompany these transformations. Emotions, some have argued, are the connective thread between the body/self and society (Bendelow & Williams, 1998a, 1998b; Lyons & Barbalet, 1999; Lupton, 1998). Yet accounts of "eating disorder(s)" and "recovery" seem to represent these bodily transformations as decided upon by a rational disembodied self who is master of, who must master, her irrational body. This kind of story elides the connections between mind and body and between reason and emotion (Damasio, 1995). In the past decade the sociology of emotions has been revived by the burgeoning of belief in the connections between reason and emotion. It has come to be accepted that every choice we make, every thought that makes of us a self-constructing agent is underlain by, and heavy with, some kind of emotion (e.g. Barbalet, 1998; Freund, 1990, 1998; Lyons & Barbalet, 1999) By telling the stories told here in this thesis it becomes possible to think about how "being in the body" and employing body-practices requires, not alone the mediation of socially constructed "ways of knowing" the body, but also the mediation of socially shaped emotional "ways of being" in the body. The stories I tell in the main body of the thesis help me and I hope my reader to feel how "bodily practices" are not just routinely employed by the self, they are enacted emotionally.

As I will go on to discuss in the next chapter, I believe that these stories of "eating disorder(s)" and "recovery" are good examples of the status of body as the location for the effects of a society which values instrumental rationality (Shilling, 2005) and "expert knowledge" (Crossley, 2000, 2003; Giddens,

1991a, 1991b) above "carnal knowledge" and "carnal ways of knowing" (Mellor & Shilling, 1997). As Nick Crossley argues, the body is both sentient and sensible and knowledge is carnal and embodied (Crossley, 2001; see also Mellor & Shilling, 1997), yet today's social and cultural formations privilege and encourage cognitive modes of apprehending self and society thus giving rise to a "mode of being in the world" (Mellor & Shilling, 1994) which for many people alienates the self from certain, often feminised, aspects of bodily being[8], which diminishes the kinds of collective effervescence (Durkheim, 1976) I have discussed above and thus diminishes collective sociality (Mestrovic, 1997; c.f. Maffesoli, 1996). While theoretically I prefer to view all social structures and all knowledge as inextricable from the body and understand the body as their source and origin (Shilling, 2000), experientially we all live the tension between our carnal bodies and the social body (Crossley, 1995; Falk, 1994; Turner, 1996) This may be explained if as Shilling notes we admit that while:

> The body is central to our ability to make a difference to, to intervene in, or to exercise agency in the world, and our bodily emotions, preferences, sensory capacities and actions are a fundamental source of social forms,(...even though)*some of these forms have ossified and become separate from their founding desires and dispositions.* (Shilling, 2003: ix) my italics

Synnott likewise notes:

> Many of our somatic cultural norms are dangerous, physically unhealthy and self-destructive... Body abuse is virtually institutionalised in our culture: our eating and drinking habits have little to do with nutrition and more to do with beautification, especially slimming, In this sense our cultural norms tend to subvert our biological needs: culture and biology become opposed (Synnott, 1993: 5-6).

---

[8] Mellor & Shilling (1997) argue that while this form of embodiment may diminish some aspects of connectivity with carnal ways of knowing it enhances others. They suggest that our visual senses are heightened in the post-modern, hyper-real and cinematic reality that we live in and that while the way that we draw on our senses is re-structured or re-formed, this form of carnal knowing is not lost to us in the context of modernity.

Thus while all "expert" knowledges, including the regimes used to "treat" "eating disorder(s)", originate in the body, in their "ossified" forms they may no longer be useful. I believe my family's story shows this very well. Medical ways of knowing and dealing with the embodied experiences captured in the psychological illness categories of "eating disorders" created problems for my family because they are, as I have touched on in the beginning of this chapter, rooted in arbitrary measurements, an historical legacy of gendered pathology (Hepworth, 1999; Malson, 1999; Ussher, 1991; Shildrick, 1997) and centrally, a way of treating "eating disorder(s)" based on ethics of mastering and disciplining (women's) bodies and minds. I believe that what we need to cultivate in place of the reified expert body knowledge(s) offered by medicine is an enhanced capacity to listen to our body's own knowledge and to be alive to the possibilities and potentialities of the body in the present moment. I believe that we should be looking for ways to do this and I believe that the stories I share here offer some suggestions.

In telling these stories the bodies of my family, my partner and I become "communicative bodies" (Frank, 1991: 1995):

> In its testimony the communicative body calls others into a dyadic relationship (...) the communicative body needs the other in order to commune (Frank, 1995: 143-144).

By telling the stories of how dualistic epistemology mapped onto and worked itself out in the bodies of my family and I, discussion is opened about the treatment regimes and epistemology conventionally offered to people who are identified with the "illness category" of "eating disorder(s)" and about the "body practices" which support positions which might be named "recovery". The stories I will tell in the main body of the thesis are told in order to open out such discussion about the intersubjective nature of these experiences and the consequences of Western modernity's discourses of women's unruly bodies. They could create, I believe, a forum for discussion about shame, secrecy, and sadness but also about joy and ecstasy. They also make a demand for discussion about the relation between transformation and acceptance. This

brings me to the final reason as to why I tell this story; the question of the therapeutic and healing value of narratives. Arthur Frank (Frank, 1995) argues that one of the reasons people tell stories about their illness is that stories may heal and that story telling is healing. Garret's (1998) work in *Beyond Anorexia* takes this possibility to heart arguing in conclusion that;

> The more stories and models of recovery become available the more likely recovery becomes (Garrett, 1998: 193).

Stories are healing because they provide hope and because they aid us in our "search for meaning" (Frankl, 1964) by providing a means through which we can make meanings of our past and present experiences and reconstruct these as important to who we are and who we want to be (Kiesinger, 2002; White & Epston, 1990). Arthur Bochner and Carolyn Ellis are amongst those who have argued that sociology should not be afraid to acknowledge and use the therapeutic effects of narrative in their work (Ellis & Bochner, 2000). Echoing Celia Hunt, whose insights I have included in Chapter 2, Bochner admits to getting impatient with those who belittle or diminish the therapeutic consequences of stories. The academics he depicts in his article in the *Handbook of Qualitative Research* consider it most important to be smart, clever and analytic. "That's what it means to be academic" he makes them say. Bochner (Bochner, 2000), following Jane Tompkins, marks this sentiment as a surreptitious "trashing of emotion"; a war waged ceaselessly by academic intellectuals against feeling, against women, against what is personal (Tompkins, 1989: 138). By contrast it is Bochner's belief that:

> A text that functions as an agent of self discovery or self creation, for the author as well as for those who read and engage the text is only threatening under a narrow definition of social inquiry, one that eschews a social science with a moral centre and a heart. Why should caring and empathy be secondary to controlling and knowing? (Bochner, 2000: 459).

Instead of placing the lure of an abstract knowing at the heart of sociology and offering this kind of controlled and controlling knowing to our readers, hearing

and telling stories helps us to deepen our understanding of lives and living them by drawing specifically on the narrative effect of meaning making. This is why we tell them. Victor Frankl (Frankl,1964) once argued, and many have agreed, that man's (sic) existential quest is a quest for meaning. Indeed, Giddens posits autobiographical narrative as the fundamental source of modern "ontological security" (Giddens, 1991b), the *sine qua non* of identity. All of these writers have considered that stories provide us with the means of constructing coherence from the messy chaos of our lives. However, as Frank's (Frank, 1995) work on chaos narratives underlines, not every story works to construct coherence. Stories which do not give the effect of coherence and finality are also important because they help us to understand and accept chaos and messiness and paradox as part of life itself.

Telling the stories I have told in this thesis has been a process of healing, not in the sense that they have led me to "recovery", but in the sense that through writing I have found meaning in the parts of my life that for so long have made no sense to me and for so long have seemed to signal my "irrationality" and my inherent failure as a human being. Telling these stories has been a way for me to identify the positioning of my woman's body in cultural and social formations which shame and stigmatise any body forms or experiences which leak over the boundaries of the normal. Yet beyond the theoretical and deconstructive elements which settle and reposition my sociological understanding of my lived experiences, creating this thesis as a whole, which knits together so many divergent and messy parts of my life has been an incredibly healing and therapeutic experience. This is not to claim that sociology or social research is therapy. Anyone who has engaged in therapy knows that the process of working out the self in therapy is a deep and involving process which cannot, I would argue, be blithely likened to any other method of self-knowing. To say however that sociology may be therapeutic; that is a different matter, one that surely enlarges the discipline's possibilities. By providing different ways of knowing about lived experiences, sociology clears space for new narratives to be created and heard. The narratives I have used here in this thesis came from such a space. When I claimed them as my own, these narratives gave me a voice, which I could hope would be heard. To let the body speak and to trust enough that it will be heard and considered,

instead of told to sit in the corner so as to let the expert think; that is an empowering experience; one that I am very grateful for.

With one final regard for the healing and therapeutic nature of story I would add that, we live in a society and an age which, while some would decry as excessively "therapeutic" (Furedi, 2004), is so precisely because we are now more inclined to tell and listen to personal narratives (Giddens, 1991b; Gubrium & Holstein, 2000; Plummer, 2000; Sparkes, 2002). I venture to suggest that the social conditions of modernity, its frenetic and stressful nature and the saturation of self through hyper-real life (Baudrillard, 1994; Gergen, 1991)[9] instigates a greater need for story-telling than ever before. Some would argue, following Foucault (Foucault,1979), that such stories are the modern version of confessional, an essential technique of disciplinary power (e.g. Rose, 1990, 1996). Telling these stories they would say, maintains the surveillance of populations, and maintains the invigilation of self surveillance and thus the construction of docile subjects. In telling these confessional stories of the self we are effectively "governing the soul" (Rose, 1990). Against this I would argue that in telling and sharing our stories we are employing not a "technology of power" but a "technology of self" (Foucault, 1980), an important distinction explained in the next chapter. Story-telling as a technology of self is one of the means through which we understand and manage the stresses and disembodying effects of certain forms of modern sociality.

[9] Nick Crossley (2003) has argued that a contemporary grand-scale dependence on drug therapies for depression and anxiety is an unmistakably symptom of the scale of psychological suffering induced by the newer forms of social and economic life.

CHAPTER 4.

Introduction

In this chapter I try to blur the boundaries between theory and practice, between the subject living and the subject writing, between my body and the object of my work; the production of one doctoral thesis. I do this through the autoethnographic "writing up" of a conference presentation. This ethnography allows me to present to my readers the theories of embodied sociology which have been so central to this project and which continue to push me in directions that aim to fracture traditional hierarchical binaries and dualisms. This is not to argue that duality does not exist (Williams & Bendelow, 1998b; Shilling, 2005) but to insist that hierarchies of subordination such as the Cartesian model of mind and body are social constructions which can be undone, deconstructed and reconstructed into models of dialectic and relationality.

In this chapter I represent myself as homo-duplex (Durkheim, 1976; Shilling, 2000); being a body and having a body. I am the body living "eating disorder(s)", who uses that bodily experience to present sociologies of "eating disorder(s)" to a sociological audience. My thoughts and the theories I use depend upon my sensual and sentient body (Crossley, 1995) and my sensual and sentient body is in constant dialogue and interaction with my socially situated and mediated thoughts (see Denzin, 1984; Mead, 1934). This chapter therefore employs sociological reflexivity to pull back the curtains on the embodied process of constructing theory and practicing sociology.

In using this chapter to introduce my conceptualisation of embodied sociologies and how these connect with my auto-ethnographic practices, I am also setting out the theoretical paradigm which I hope to bring to my analyses of the body stories presented in the remainder of this thesis. I will discuss here the discursive constitution of body mistrust in western societies and the relationship between

body mistrust and "eating disorder(s)" experiences. This relationship will play a central part as I ask questions as to whether contemporary regimes for the treatment of "eating disorder(s)" cultivate or counteract the practice of body mistrust.

In relation to this question I make a central distinction, drawn from yet twisting the work of Foucault. This is the distinction between "technologies of power" and "technologies of self". "Technologies of power" issue from a bio-political state concern to discipline docile bodies (Foucault, 1973; 1974; 1976). "Technologies of self" (Foucault, 1980) by contrast, are the various technologies, made multiply manifest in modern "somatic societies"[1] (Turner, 1996), which provide us with the discursive resources for taking care of, and coming to know or transforming, the body. This care for the body takes place in line with "attitudes" which are formed in interactions between self, society and culture. Jane Lester (Lester, 1997), whose work I have discussed in chapter 3, has also centralised this distinction between "technologies of power" and "technologies of self" in her efforts to embody theories of "eating disorder(s)" experiences. Like Garrett (Garrett, 1996, 1998), she makes connections between constructions of socialised forms of embodiment and rituals which can be theorised as "technologies of self". I follow these theorists and the others discussed below in their assertions of the emotional basis of embodying ritual practices, both profane and sacred.

One last introductory explanation is necessary. Part of my experience of conference presentation is the blank corridor which opens in my mind upon the utterance of my last words. I seem to travel down this corridor at a rapid pace in retreat from questions posed by my audience. I remember few questions asked of me at any conference. For this reason this chapter opens the floor at the finish to my reader. I ask the reader to furnish the questions that my audience for this conference paper might have asked, cultivating an open space in the text for my reader's participation.

---

[1] Turner uses the term "somatic society" to describe an increasingly global society where "major political problems are both problematized in the body and expressed through it" (Turner, 1996:1).

.....

.....

Autoethnography of a conference presentation: 'Twas the night before....

After registering for the Medical Sociology conference I was given a bright shiny key to my room on York University's "historical campus" and a map with which to find it.

It took me an age to find. I am not good with maps, with objectively viewed shapes and sizes, or with any of the paths that are forced to wind rationally around reality. I found the room my way, wandering, meandering, exploring.

When I got there, I turned the key with a sense of relief and achievement. I closed the door firmly behind me and dumped my travel bag on the floor by the bed. The room is small and neat, just like a ship's cabin. It is painted in a soft cream broken by a series of flower prints... poppies, irises and sunflowers. At the far end of the room, opposite the door and above a writing desk, a small window overlooks a mottled brown and green common which is heaving with fat, grey and white pigeons.

I am tired and I really don't feel like being part of the intellectual exchange that is probably going on in the University canteen. I imagine lots of food there. I imagine other people eating and expecting me to eat as well. I imagine them asking me:

"Aren't you having any dinner, the (food item) is really nice?"
"Aren't you hungry?"

I visualise and hear myself giving the usual untruthful response:

"No, no not hungry, ate a lot earlier".

I pat my tummy to make the tight drum sound which calms me with its connotations of emptiness. I decide definitively that I would rather stay in, look over my notes and practice some yoga, than join the other conference presenters and go into rehearsals of my food-avoidance routines with them. I lay my purple Yoga mat beside my bed and position a miniature carving of Ganesh, the elephant God, destroyer of obstacles, so that he can watch me as I practice. I fold my legs into Sukhasana, easy cross-legged pose and let my thoughts sink into silence, trying to ignore the irritated hunger that gnaws away at my concentration and focus.

.....

As if I was at home, on just another day, I wake with the sun. It is so early that no-one else on campus seems alive. Not even a single fat pigeon, of the many I spotted yesterday, graces the frosted patch of green onto which the tiny window looks.
My notes, on soft white sheets of paper, reflect the morning light which pours through the window. Despite their call I ignore them, unable to pay them any attention until I have run, jumped, and felt sweat ooze from my pores like filthy water from a well wrung cloth.

Every morning this compulsion snaps me awake and takes precedence over anything else. I cannot meet the day, any day, until I have felt the feeling of fat burning and liquefying in the heat of physical effort. Putting presentation fears out of my head, I pull on weather beaten running shoes to pound panic and nausea of all kinds out of my body. I circle the campus, running hard for an hour before heading back to my hidey-hole room to jump in and out of Yoga Asana.

After showering I finally sit at my window to run over my notes for the last time. I begin to see others making their way to the canteen for breakfast. A part of me wishes more than anything that I was joining them.

.....

It is with an immense sense of relief that I note the emptiness of the room to which I will present my paper. Another sociologist sits to my left. Unlike me she seems quietly confident. I have forgotten already what she is going to talk about. My heart is beating so powerfully that I can see the veins in my wiry arm throbbing. Before I can bolt for the door the convenor begins to speak. He is Dutch and for a moment I am enchanted by his accent and by the way that he pronounces my name. It is my turn to speak and I stand slowly, moving towards a position at the lectern which half hides who I am.

.....

To the hushed space of the theatre I begin to speak:

"Good morning", I say. "My paper is called *Embodying a Sociological Theory of "eating disorder(s)" and "recovery"*. Of the latter of these experiences, that is, of "recovery", there has so far been only one sociological study which has taken *this* experience as its focus. Paradoxically, it is titled *Beyond Anorexia*. It was written by Catherine Garrett back in 1998. As an ameliorant to the sociological gap in this area I am exploring both "eating disorder(s)" and "recovery" experiences. I work critically with these terms in order to deconstruct the "medicalisation" and "psychiatrisation" of "eating disorder(s)" and "recovery" experiences and the consequential construction of "eating disorder(s)" and "recovery" categories".

Though my tongue has to work hard to get itself around the big and fancy words I use when I write, these grand sounding words are somehow a comfort to me and they help me to concentrate and go on.

"In my thesis", I say, "I seek to challenge the social construction of "eating disorder(s)" and "recovery" as seemingly binary oppositions. I want to argue that if we think about "eating disorder(s)" and "recovery" as oppositional experiences

we facilitate a discursive exclusion of one from the other that elides the fluid and dynamic nature of all embodied experiences. "Eating disorder(s)" and "recovery" experiences will always overflow the neat little reificatory bundles that the institution of medicine with all of its physiological and psychological examination and testing has constructed. I believe that contrary to the medical reification of "eating disorder(s)" and "recovery" as separate categories of being, lived experience contains multitudinous possibilities and can never truly be contained by typologies, categories or labels".

"In *this* paper", I say "I will firstly locate my work in terms of how I understand "embodiment" and how I employ "embodiment" as an analytical (Csordas, 1994, 1999) and methodological paradigm (Bendelow & Williams, 1998b; Inckle, 2007). Secondly, I will argue that existing sociological theories of "eating disorder(s)" are constructed from within Cartesian frameworks of understanding and employ a disembodied model of the self. I want to suggest that for this reason they are inadequate grounds for further development of how we understand "eating disorder(s)" and "recovery" experiences. What *is* required, I propose, is an increase in the attention paid to "the lived body" (Bendelow & Williams, 1998b; Young, 2005) of "eating disorder(s)" and "recovery" experiences combined with a process metaphysic which underlines the fluid and dynamic nature of "being in the world" (Merleau-Ponty, 1962; Williams, 1998)".

"Finally, in this paper, I want to think about lived experiences of "eating disorder(s)" and "recovery" in terms of "trust". Here I will revisit Anthony Giddens (Giddens, 1991b) theorisation of trust as central to the construction of modern identities. I will argue that Giddens', while rightly identifying the importance of modern trust investiture in "abstract symbolic" and "abstract expert" systems of knowledge, neglects reflection on the practice of placing or investing trust or mistrust in the body. To reflect further on the practice of trusting or not trusting the body, I want to draw on Philip Mellor's and Chris Shilling's (Mellor & Shilling, 1994, 1997) discussions of the bodily re-formations inherent in processes of socio-historical re-formations. By mimicking their focus on "bodily practices" or "techniques of the body", I try to think about how bodies in modernity tend

towards the investiture of trust outside of themselves rather than in their own fluctuating fleshy, carnal and libidinal bodies. I want to explore whether or not focussing on "bodily practices", a concept which evokes the homo-duplex nature of human being (Durkheim, 1976 [1914]; Shilling, 2003, 2005), i.e. the fact that we both have, and are, bodies, allows us to study the practices of body trust and mistrust which, I want to suggest, are present and central throughout the lived experiences of both "eating disorder(s)" and "recovery". I also want to make some connections between the practice of body mistrust and the "technologies of power" employed by bio-political states and contrastingly between "technologies of self" and the practice of body trust".

I look up from my notes for a minute to scan the blank faces in audience and to take a long slow deep breath before I go on. I am so nervous my hands are trembling visibly and I am wishing they would stop. I am going to explain how I understand "embodiment". Will they agree with me? Will it make sense? Will I make sense? My stomach clenches and twists. I feel sick.

Embodiment

"Because I am going to be talking a lot about "the lived body", and about embodiment", I say, "I am going to try to be as clear as possible about what I mean when I invoke these terms".

A little self-consciously I push a slide onto the rickety projector standing to the side of the lectern. The flimsy acetate is coloured and decorated with autumn leaves pressed painstakingly onto heavy woven paper and scanned into the computer. Inset amongst the leaves is a poem by Roger Keyes. It is called Hokusai says and I read it for the audience unintentionally inflecting the phrases with my wavering emotions.

Hokusai says

Hokusai says look carefully.
He says pay attention, notice.
He says keep looking, stay curious.
He says there is no end to seeing…

He says everything is alive
Shells, buildings, people fish
Mountains, trees. Wood is alive.
Water is alive.

Everything has its own life.
Everything lives inside us.
He says live with the world inside you…

It matters that you care
It matters that you feel.
It matters that you notice.
It matters that life lives through you…

Look, feel, let life take you by the hand.
Let life live through you

(Keyes, 2003: 237)

Leaving the poem on the projector I go on nervously with my presentation.

"Embodiment, to me, is a little like this", I say, "Everything is inside and outside all at once. This inside and outside-ness is me sensing the world, feeling the world, caring about what happens, being attracted, being repulsed (Shilling, 2005). This inside and outsides-ness is me living in the world and the world living in me. It is history, society (composed of other people and the social structures we construct

together), culture and environment folding into me and me pouring and folding myself back into it in return".

I wonder for a split second if this is a little too mystical and airy fairy for a sociological audience and then rush on to read the next paragraphs.

"Embodiment", I enunciate the term clearly and laboriously, "is a term which has come a long way in Sociology since the late 80s. At this time sociologists began to pay attention to the centrality and omnipresence of the body in modernity and started asking questions about the relevance of the body to the self and to social theory (e.g. Freund, 1982; Hirst & Wooley, 1982; Turner, 1992). In this initial period of development in body studies, the term embodiment began to enter into common sociological usage. It was invoked as a way of getting at the relationships between self-identity and the physical assemblage (the body) to which this identity belonged. It was also a way of integrating the "body-politics" long emphasised by feminism into sociological analysis. Invigorated by the quest to "bring the body back in", and influenced by "anthropologies of the body" such as those proposed by Mary Douglas (Douglas, 1969, 1973), historical "genealogies" of the body such as those proposed by Elias (Elias, 1982) and Foucault (Foucault, 1972, 1973, 1979) and symbolic interactionist type accounts such as those provided by Goffman (Goffman, 1975a, 1975b, 1976) and Bordieu (Bordieu, 1984) sociologists began to approach the body as a rich cultural text which had much to offer in terms of thinking about the relationships between self, body and the structural and cultural forms of modernity".

"Important though this work may have been", I continue, "Much of it has been criticised for its tendencies towards social reductionism and "Cartesian Dualisms" (Crossley, 1995, 1996; Shilling, 1998, 2000; Turner, 1992). By focussing on representations of the body rather than on lived experience, a vast amount of work in the newly developing "sociology of the body" neglected the underlying materiality of embodiment. It therefore produced models of self-identity and models of embodiment that emphasised reflexivity and performativity without attributing any generative or limiting capacities to the physical body itself (e.g.

Butler, 1990; Giddens, 1991b). It seems when reading these studies that people construct and represent their selves through, and on, their bodies via an entirely cognitive interaction with social and cultural forms. Taking the body as part of their "self- project" (Giddens, ibid; Shilling, 2000) these seemingly free-floating minds (archetypical brains in vats) tailor and work on their bodies so as to align their bodily self-representation with the stories and pictures of themselves that they make-up, imagine or create in their minds".

"On the other hand," I say, changing the tone of my voice to sound sensible and balanced, "Chris Shilling (Shilling, 1993, 2000) has noted that naturalistic or socio-biological theories also shared the discursive arena developing around the body at this time. By contrast with the social reductionist or social constructionist strands of theory "naturalist" theories tended to overemphasise and thus essentialise materiality, attributing causality to factors such as genetics, DNA coding, hormones or essential qualities and characteristics produced by particular bodies. Luce Irigaray (Irigaray, 1985a, 1985b), Hélène Cixous (Cixous, 1986) and Adrienne Rich (Rich, 1986) while not strictly sociological theorists are good examples here, focussing as they do on the primordial pre-linguistic capacities of the female body and on the possibilities of an "*écriture feminine*". Here reverse Cartesianism is the problem, with the importance of body materiality and body determinism standing in for the importance of social structures and social determinism. However, by the mid-90s, recognising that Cartesian frameworks of understanding are not the only ways of viewing reality, sociologists such as Arthur Frank (Frank, 1991), Chris Shilling (Shilling, 1993, 2000), Nick Crossley (Crossley, 1995a, 1995b, 1996, 1998) and Gillian Bendelow with Simon Williams (Bendelow & Williams, 1998a, 1998b) began to challenge the dualisms in the sociology of the body and develop what Nick Crossley has called a "carnal sociology" (Crossley, 1995) and Bendelow & Williams (Bendelow & Williams, 1998b) have called "an embodied sociology". It is from *this* "embodied sociology that I draw my conceptualisation of the term embodiment".

I have stopped shaking. My voice seems to me to be getting clearer, more rounded in tone as I speak. It is as if the grey phlegm fear cloud in my throat is dissolving the more I speak.

I am louder, more firm, as I say:

"Consequently, when I use the term "embodiment" I follow Chris Shilling (Shilling, 2000) in understanding the body as:

> A simultaneously biological and social phenomenon that is both shaped by but irreducible to contemporary social relations and structures (Shilling, 2000: 182).

Frank (Frank, 1991), Shilling (Shilling, 2000, 2005) (see also Mellor & Shilling, 1996) and Bendelow & William's (Bendelow & Williams,1998b) embodied sociologies all owe something, as I interpret them, to Anthony Giddens' (Giddens, 1984) work on structuration where dynamic and dialectical processes of negotiation are of central importance. Bringing the dialectical perspective to the body, these theorists use embodiment as a means of signifying ongoing processes of negotiation, inflection, and constitutive mutuality between body, self and society. In this "process- metaphysical" (Williams, 1998) view, embodiment is reframed as series of interconnections, mobius-strip like inflections (Grosz, 1994, 1995) and foldings (Deleuze & Guattari, 1984, 1988) which constitute both the living breathing body/subject[2] *and* society".

"An early example of this dialectical re-view of self/social dynamics may be found", I say, "in Arthur Frank's (Frank, 1991) "*For A Sociology Of The Body: An Analytical Review*". Here, instead of seeing discourse and institutions as objective

[2] The term "body-subject" is one which comes from the philosophy of Merleau-Ponty, although, as Crossley points out it was not often used by Ponty himself. My understanding of the term body/subject is indebted to Crossley's study of Pontian Philosophies of embodiment. It signifies that the body is "more than an object". It is a sentient being whose primary relation to its environment should be understood in terms of its meaningful sentience (Crossley, 1995: 46). It also signifies that the body has two sides: it is both sentient and sensible. It sees and can be seen, hears and can be heard, touches and can be touched. These sides are not separate from each other as are Descartes' mind and body. They are reversible aspects of one and the same body (ibid.).

social constructions which impose particularised practices upon the body, Frank "re-views" the domains of institution and discourse as phenomena which are constantly emerging in a complex dialectic with materiality. Following through on this he suggests that when we think and talk about "the body" in sociology, we should try to understand that:

> "The body" is constituted at the intersection of an equilateral triangle the points of which are institutions, discourse and corporeality (Frank, 1991: 49).

(I flip this quote onto the projector and let it sink in for a moment)

"Apprehending "the body" as both the medium and outcome of social "body techniques" and", I say, "I'll get to these later on in the paper, Frank reframes discourses as social "mappings" of the body's possibilities. Accordingly, institutions become the places and contexts in which these discursive practices take form and take place. His dialectical reconstruction of the problem of social order from the bottom up (c.f. Turner, 1996), i.e. theorising from the level of the body to the level of the social, challenges both the production of dualistic theories of self/social, structure/agency and the dismissal or marginalisation of materiality in sociological theory".

I take a swift sip of water to take the dry edge out of my voice, take a deep breath, glance again at the silent bodies in the room and then continue reading from the sheaf of quivering pages I hold in my shaking hands.

"Chris Shilling, in *The Body and Society* (Shilling, 2000, 2003) enhances this anti-dualistic positioning of the body to argue that the body must be viewed as the origin, medium and outcome of social structures and forms. He suggests the body is not only a location for social classifications but is actually generative of social relations and human knowledge (Shilling, 2000: ix). Furthermore, he argues that bodily materiality is a key source of attraction to as well as repulsion from these social and cultural forms".

(I flip another acetated quote onto the projector)

> The body is not only a source of and location for society, but is a vital means through which individuals are positioned within and oriented towards society. The sensory and sensual engagement of embodied subjects with the structural properties of social life can either attach them in particular ways to their environment or distance them from it (Shilling, 2005: 11)

"Disturbing the social reductionism of much of classical social theory, Shilling persuades us in *The Body and Social Theory*, in *The Body in Culture, Technology & Society* and, in work with Philip Mellor (Mellor & Shilling, 1994, 1996, 1997) that":

> The body is central to our ability "to make a difference to", to intervene in or to exercise agency in our world and our bodily emotions, preferences sensory capacities and actions are a fundamental source of social forms (Shilling, 2000: ix).

"From this kind of dialectical perspective it is not too much of a jump to suggest, as I want to, that we can understand embodiment using the analogy of an ongoing open and transformative conversation or dialogue between the lived body and society, a conversation which very often focuses on, and expresses a degree of concern about, the body as an object. In my view, or perhaps I should say in my experience, "the lived body" is a speaking entity; it has a voice. As the fluctuating experience of physicality, sensuality, emotionality, intuition and all kinds of physiological experiences such as hormonal flux, neuronal impulses, synapse responses, that I do not have conscious or linguistic access to (Leder, 1991), my body produces knowledge which speaks to me".

"I want to suggest that this conversational analogy evokes the reflexivity of human embodiment and the possibility that I may hear and listen to a body-voice that is at

the same time that I am and the material I work upon to transform who I am (see Crossley, 2000; 2005). This analogy also evokes the inter-subjectivity or inter-corporeality (Grosz, 1993) of human embodiment since conversation implies entrance into a linguistic system which is shared by other speakers (Crossley, 1998; Mead, 1934). Furthermore, it evokes the voice of society, a voice that utters itself through social and cultural forms. Finally, it offers us multiple metaphoric possibilities, for example loud voices, soft voices, silent voices, marginalised voices and hidden voices."

"Yet", I say with a tone impregnated with the immanence of a deep and heavy sigh, "viewing embodiment in this way and setting myself the task of "listening" to the voice of the "lived body" sets up a whole lot of challenges. Not least of these, as is often taken up in contemporary sociological debate (e.g. Newton, 2003; Williams et al, 2003), is the problem of *how* sociologists can speak of and think with the materiality and voice of the body so that an embodied sociology can develop further? How can sociologists deal in matters which seem better suited to biology, psychology or medicine or even fiction and science fiction?"

"One solution, offered for example by Benton (Benton, 1991), Freund (Freund, 1982), and Williams et al (Williams et al, 2003) is to engage with other disciplines and the knowledge(s) they produce of the body's life (bio-knowledges). This has led to social scientists essaying the incorporation of medical and biological science into their theory building. Freund (1982), for example, as one of the first to work in this way, has tried to make use of the research findings of psychological medicine vis-à-vis the endocrinological and physiological bridges between social pressures and disease. His arguments about the relationship between stress and modern social structures and institutions depend upon the employment of medical scientific measurements of bio-physical stress and stressors. However, as critics often warn, (e.g. Fee, 1981; Harraway, 1971, 1981, 1988; Martin, 1989; Shildrick, 1997) there is also an obligation to maintain sociological awareness that all knowledge(s) (including our own) are narrative and social constructions. The narratives produced by the somatic sciences, which emerged in the period of "enlightenment"; medicine, psychology, anthropology and sociology are all, in

Foucault's (Foucault, 1974, 1975) terms, both truth formations and "regimes of truth". They are tied to this particular moment in time and to power/knowledge binaries, which form the basis of undeniably hierarchical and inequitable modern societies".

"Besides the caution warranted by the usage of "scientific" narratives which are no more "truthful" than any other, the sociology of "eating disorder(s)' and "recovery" has had other reasons for neglecting the "lived experience" that I am now calling for it to engage with. Resisting essentialising discourses of "women's madness" (Ussher, 1991) and maintaining the boundaries of the discipline are paramount amongst these. Strategies of avoidance and critique have thus guarded sociological theories against the tendency to attribute "eating disorders(s)" to either a biological (e.g. genetic) or mental pathology of the individual (contra medicine and psychology). Conversely these strategies of avoidance and critique have guarded sociology from making the assumption that "recovery" is contingent on the reversal of such biological or mental pathologies. Rather, sociological theories of "eating disorder(s)" and "recovery" have focussed on the social and cultural forms which seem causal, contributory or productive of "eating disorder(s)" and "recovery" experiences".

'However", I say, "as Rebecca J. Lester (Lester, 1997) has argued, this focus on structures and discourse, besides predisposing theory towards social determinism, helps to reify a schism between the outside (social structures and discourse) and the inside (biology, emotion, psyche), between the body as a malleable object (korper) and the body as a living subject (lieb). This schism constitutes a separation of embodied self from social structures which is nothing more than another social construction put in place to maintain the boundaries of various academic and professional disciplines. Nonetheless, despite treading this fault-line, sociological theories *have* contributed a lot to our understanding of "eating disorder(s)"and "recovery" experiences by focussing on, and analysing, the "korper" (body as an object) or "inscribed body" of "eating disorder(s)" subjects. In this endeavour the writings of Foucault have been central, for in his work we find foundation theories of body inscription. In *Discipline and Punish* and in *The*

Birth of the Clinic his "archaeologies" of our modern western nation states reveal a history of "docile bodies", bodies without power/knowledge, inscribed by nation state interests".

"In Foucault's early work", I continue, "he describes bio-political "technologies of power" as state instituted disciplines of division, classification, time tabling and normitavisation. These technologies facilitated inscription of docile bodies (the blank text body) with the mark of social order. In this work we find recognition of the key role played by the institution of medicine and the hierarchical clinical gaze which gained focus through the surveillance of women. We can use this concept to understand the part medicine has played in the construction of categories of "eating disorder(s)" and "recovery". We can also use this concept to understand the medico/scientific mediation of modern "eating practices" by circuits of knowledge/power which connect "good" health and "good" life with "good" eating. Feminists taking this perspective have argued that diet is a central technology of power in modern formations of hetero-normative feminine corporealities. Dietary regimes reside in the matrix in which women, medicine, health and bio-political states interested in policing the reproductive boundaries of women's bodies come into play (e.g. Spitzak, 1990). It is within this matrix that "eating disorder(s)" and "recovery" experiences are constituted".

"Focusing on how bodies are inscribed", I insist with breathy emphasis, "is thus important to theories of "eating disorder(s) and "recovery" experiences and I use them especially in my efforts to analyse the diagnosis and treatment of "eating disorder(s)" within bio-medical settings. However, the consequence of an unmediated focus on bodily inscription is that we forget the body as an active living and emotional subject. In focusing on inscriptions, the lived body is erased and this, I want to argue, is exactly what has happened in our sociological theories of "eating disorder(s) and "recovery" experiences. Just as in the socially deterministic theories produced in initial sociologies of the body, sociology has constructed the subjects of "eating disorder(s)" and by association the subjects of "recovery" as the outcome of an interaction between a disembodied mind and the social and cultural forms this seemingly body-less mind must negotiate in the

articulation of self [3]. Sociologies of "eating disorder(s)" and "recovery" have thus reproduced the dominance of social constructionism in sociology as a whole, to slide over the embodied basis of the mind (Crossley, 2001; Damasio, 1995, 1999; Johnson & Lakoff, 1999). Importantly this disembodiment of the theory fits into the schematic distinction between "eating disorder(s)" and "recovery" and facilitates assumptions that the process of "recovery" is based upon cognitive changes instigated by a rational self[4]".

I sip again at my water bottle, this time to quench some of the anger that creeps up on me when I think and talk about the theoretical purchase on the bodies of those living through "eating disorder(s)" and "recovery" experiences. Having taken my pause I continue.

"Undoubtedly", I say, "the inscription of the body in "eating disorder(s)", the marking out of the body's boundaries, the relation between the surface presentation of self and individual identity construction and management is an essential component of "eating disorder(s)" and "recovery" experiences. However, by emphasising inscription, and by taking self inscription/self-(re)presentation as the only sociological field of analysis, by focussing on *what is done* to the body rather than *what the body does* (see Crossley, 1996), these theories fail to consider the physiological, sensual, intuitive and emotional body as the material grounds of "eating disorder(s)" and 'recovery" experience (c.f. Kiesinger, 1998; Tillman-Healy, 1996). By refusing to entertain the possibility that the body has a voice in this dialectic of embodiment, sociologists have neglected to consider aspects of "eating disorder(s)" and "recovery" experiences, such as, for example, the relationships between the mind and the body, the emotions or the physiological response and responsiveness of the body to certain body practices. These, I want to argue, may be equally important sociological fields of analysis".

---

[3] Admittedly this construction reflects the auto/biographical narratives of many people who live through "eating disorder(s)" experiences. Some of these narratives speak about an "eating disorder self" who sits much like the ghost in Descarte's and Rhyle's machines, controlling and ordering the body to follow its directions. In fact some auto/biographical therapeutic interventions encourage subjects to objectivise and write about their "eating disorder(s)" experiences in this way.
[4] This is the basic assumption of cognitive behavioural therapies and neuro linguistic reprogrammings.

"In this regard sociological theories of "eating disorder(s)" and "recovery" have much to learn from recent work in "embodied sociology" where theorists of modern consumption engage with the "psychological" and "biological" components of the embodied self as it consumes (both food and other commodities). For instance, Falk's (1994) work on the consuming self of Western modernity draws upon post-structuralist psychologies and Kleinian theories of object relations to think about how the self constitutes itself in relation to others, through individuation and self-completion, via the medium of consumption. This, he describes as:

> An opening up of a perspective which aims at overcoming the unsolvable duality of psychology and sociology-the two mutually incompatible approaches both of which tend to by-pass the human body (Falk, 1994: 4).

Deborah Lupton's (Lupton, 1996) work on food and identity investigates the emotionality of food and eating, linking such emotions to the meanings circulating around food and eating in our time. For Lupton, there is a "strong link between food preferences and practices, the emotions, embodiment and subjectivity" (Lupton, 1996: 154). She also surmises that the meanings which circulate around food and eating in our time are extraordinarily contradictory, even to the point of paradox, so that:

> The supremely embodied and sensual nature of food and eating and the emotions they inspire are primary sources of struggle (Lupton, 1996: 155).

Lupton suggests that in order to understand food and eating practices the emotional aspects of food, on every level, and the centrality of emotion to subjectivity and sense of self must be considered".

"A final example", I continue, "is the work of Elspeth Probyn (Probyn, 2005), a cultural theorist who draws on Marcel Mauss's (Mauss, 1935/1973) essay "*Techniques of the Body*" to view eating as a "physio-psycho-social" assemblage

and articulation of the self. Probyn expresses the view that food and eating have come to play a most important role in modern identity construction. Probyn calls these identities "alimentary identities", identities forged in the alimentary canal through the consumption of the rich symbolism food discourse now affords us. As Probyn points out, texts of food and eating proliferate in our time, even exceeding the grip that sex and sexuality once had on the imagination. Probyn suggests that if food is the new porn then there is a need to develop ways of looking at eating and "alimentary identities" through the analysis of shame, hunger, pleasure and disgust all of which are corporeally grounded aspects of the socially malleable libidinal body[5] . This kind of work seems to be a more likely starting point for thinking with and thinking about the voice of "the lived body" because it engages in some way with the corporeality of human-being".

It feels like a natural break in my monologue has broken and I once again use my water bottle to take it. I do not catch anyone's eyes as I sip my water. I am beginning to think I am taking too long, talking too much but the kindly Dutch moderator has given me no warnings yet so I get ready to explain to my audience how I am trying to get at lived experience.

Accessing Lived Experience.

With a voice well lubricated by the water I continue:

"I want to go on now", I say, "to explain the method I use to approach and listen to the voice of the lived body of "eating disorder(s)" and "recovery" experiences. Having challenged most sociology(s) of "eating disorder(s)" and "recovery" with the offence of disembodying the theory, I have been trying, in my thesis, to find ways to access and think with the lived body voice as it experiences "eating disorder(s)" and "recovery". The way I have finally chosen, is to explore creative

[5] Stephen Mennell's (Mennell, 1991) work on the shaping of modern eating attitudes is relevant here as he calls our attention to Elias' socio-history of shame and other body reactions to moral codes and increasing regulations of body behaviour. Also see Evie Fursland's analysis of women, desire and shame in Marilyn Lawrence and Mira Dana's Fed Up and Hungry (1990).

sociological methodologies such as those developing in contemporary qualitative research. I think particularly of sociological researchers who are using fiction, poetic narratives and stories to think with (e.g. Banks & Banks 1998; Ellis & Bochner, 1996). More specifically again I think of those who engage in auto-ethnographic, and auto/biographic research methodologies, those who use their own embodied experiences to think with".

"Two women using this method in sociology are Christine Kiesinger (Kiesinger , 1998) and Lisa Tilman-Healy (Tilman-Healy, 1996). Kiesinger (1998), who lives with experiences of "bulimia", writes narrative poems about her research participant Liz. These poems draw out facets of gender and emotional complexity occluded in conventional surface readings of "eating disorder(s)" experiences. Tillman-Healy (1996) writes evocative, lyrical snapshot stories of her own bulimic experiences with the express desire of drawing the reader into a sensual accounting of her life-world, an accounting which refuses to use the psychologising reifying categories of medicine. She writes of her work:

> I wrote a sensual text to pull you away from the abstractions and categories that fill traditional research on "eating disorder(s)" and into the experience to help you engage with how it feels (Tillman-Healy, 1996: 86).

In another interesting development in the conversation these sociologists have opened up through the brave publication of their work, Kiesinger and Tillman-Healy come together with their shared supervisor Carolyn Ellis (Ellis et al, 1997) to produce a poly-vocal paper which reflects many of the culturally shaped attitudes that women have towards their own eating and towards the eating habits of others. Speaking volumes of stigma as it relates to the presentation of the self in every day life (Goffman, 1976a, 1975), this fictionalised reconstruction of a dinner conversation lets readers into the dialectical constitution of eating experiences and provides food for further thinking about shame and women's construction of acceptable social selves (see also Fursland, 1990). All of these narratives, by focussing on lived experience, particularly the emotional flux at play in interactional encounter, rather than on a reading of the exterior body self and a

theorisation of what is done to the body, go beyond the disembodied, skin deep accounts of disembodied sociologies. It is this kind of work in which I am interested in this thesis".

As I read the next section I feel as if I am jumping into a glacial lake and it is advisable to hold my breath and dig down deep into some warm source within.

My voice has lowered again. I want to mumble… I try not to. I read:

"At the age of 16 I was diagnosed with "anorexia-nervosa", an "eating disorder" most of you will probably be familiar with, either from the shocking images which are often printed and shown in the media, or from personal experience; knowing someone or being someone who, as Emily Martin (Martin, 2007) terms it "lives under the description of" "anorexia-nervosa". From the age of 16 until now and perhaps into my future, "eating disorder(s)" is part of my lived experience. Yet, so too is "recovery". I am, and have been for a long time now, actively seeking embodied positions that I can describe with this name. Following in the trend towards more creative forms of sociology I am trying to write auto-ethnographic poems, fictions and performances which evoke the realm of these lived body experiences and which provide the lived grounds of a sociological analysis of "eating disorder(s)" and "recovery" from the "bottom up" (see Frank, 1991). In the evocative poems and fictions that I have written, the voice of my body and the voices of other bodies living through these experiences with me, emerge as much from gaps and silences as from descriptions and narrative voices. The task that I challenge my readers and my audience with then becomes, as Arthur Frank (1995) has argued, the task of finding ways to *listen* to the body-voice and finding ways of integrating it within the sociological theories of "eating disorder(s)" and "recovery" which already exist".

"Before I go any further I want to share some of these evocative narratives with you. The following short extract is entitled: "eating disorder(s), daze in the life". It uses the narrative voices of my parents and my partner as well as my own. I include their narrative voices as part of my projected intention to represent "eating

disorder(s)" and "recovery" experiences as intersubjectively constituted. Counteracting the hegemonic, pathologising, mono-vocal narratives of medicine and the sometimes solipsistic consequences of the auto/biographical narrative, I want to include the experiences of those who also live through "eating disorder(s)" and "recovery" experiences with me, even if in a qualitatively different mode and developing a completely different understanding".

A wave of nausea swells through my body as I begin to read the extract which reveals a little of the shadow behind the walls I have been busy building through this professional- seeming interaction with my audience. I feel the blood rising to my cheeks, sweat beading on my forehead. I feel vulnerable. I breathe deeply and read slowly.

.....

"Eating Disorder(s)"; Daze in the Life

Bríd

I weigh my day.

Weak and woozy stepping on the scales
Feeling light, thinking heavy,
Numbers setting plan of action for the day,
Victuals Verboten.

Hunger Pangs,
Sadness trails beneath it,
Constant tugging-
Tension seeking attention

Feed me,

Trust me,
I am hungry.

Love me,
Touch me,
I am lonely.

Stop now-
I am frightened,
I am full.

.....

Bríd

Black is the colour of my true love's hair… the song plays over and over in my head as I tramp around the city of Dublin. Black is the colour of my true love's hair and black is the colour of my mood. To earn my food I walk, walk, walk. Fearful of the calories accumulating in my body, fearful of the next meal I will have to eat, fearful of the ravenous hunger that niggles constantly.

I know the whole of county Dublin through the soles of my feet. With every step I count off a calorie and a kilojoule of flesh. I feel tired, cold, electrically wired to my unsheathed nerves. I feel carried forward by a logic borne of ingrained practice, a method of walking right out of my body, escaping its hungers, its emotions, its chaos.

.....
.....

Michael and Bríd

Before going to bed she plays one of her favourite songs to him; "crazy man Michael". Sandra Denny's voice haunts as it lilts the melody of Michael's madness. Tears in her eyes she sings along, changing the words to suit her, just as she always does.

"Your future, your future
I will tell to you
Your future
You often have asked me
Your true love will die
By her own quiet hand[6]
And crazy man Michael
Will cursed be".

She kisses him goodnight. They embrace. He holds her tight, promises her she will feel better in the morning.

Once she has left the room he sprawls out on the couch, a position of slothful release she loathes. If she could just eat properly, he thinks to himself, as he luxuriates in the full length of the couch, she might not feel so weak and tired all the time and then she might not be so depressed. Vegetables, just vegetables, he's sick of seeing vegetables, smelling vegetables, hearing the crunch and slurp of vegetables. He has told her he loves her, he has told her he will always love her no matter what size or shape she is. He wonders why she cannot just let herself eat something other than carrots. He wonders what he can do.

.....
.....

Bríd.

[6] In the original version it goes your true love will die by your own right hand.

This thing hits me in cyclical vortices which suck me right into the depths of my self-loathing leaving me no alternative but to meddle with food intake so as to numb it all. When things get difficult that's when I start fiddling the food again. It's such a self fulfilling activity. I stop eating properly because I am terrifed I am not good enough and my work is abominable… but when I stop eating properly my mind turns to mush and my heart and body weaken and ache. I can't concentrate, can't string words together, can't see outside of the dark forest of sadness that grows wildly inside of me. Sadness sweeps me away sometimes. I have failed so often to find a way out of this that there is only one way now left to me. How can I escape this giant absurdity that is the life I live? I can't even figure out how or what to eat so that I could go about my business without feeling tired sick and so very, very sad all of the time. I am 29, 29, 29… over 12 years now letting it all slip by me, wanting to change but unable to wriggle under the fence and boundaries created by my fears. I don't understand what is wrong with me. I am broken but no one can fix me.

I am broken.

Grapefruit,
Blush and pink with promise,
Pit pocketed artfully
With powdery dust
And tempting with subtle sheen
Heavy and full in the hand
A satisfying weight
A good fruit.

Nails dig in with certainty and anticipation
splitting the thick white pith
and spraying citrus across the room.
Renegade arch of vitamins
splattering onto a cool pine floor.

Bitter-sweet scent
cutting through the thick fug
of a heavy autumn.

Segments are slowly split apart,
considered, deft incisisions
made with white tipped mottled nails.
Each segment set apart and
tweezed with precision to eradicate the fruits bitter
spider veins.

This close inspection locates the sickening irony of the fruit
a droopy pouch of air and fluff
in segment number 8-
an empty carapace
flesh fouled and filched
by the gross creature
who falls from his bed
in the careful dissection.

A squirming maggot
Framed by the four corners of the table
So vulnerable now-
I could squash him with my thumb
I could kill him with my anger
I could hate him
If I did not love him too.

Disgust in me bubbles, anger rises, anger falls.
This grapefruit- It looked
So perfectly ripe and healthy,
But inside- was rotten to the core
A repulsive and foul creature

Eats insides away.

There is nothing here but an empty pouch
And any sweet scent that you might smell
Is but an effigy of the image(inaray)

.....
.....

Mary and Liam

After the party Mary and Liam take a taxi home. The night sky is navy velvet sequinned with teardrop stars. Seat belts fasten them into the easy and amicable distance between each other.

Liam sighs, "It would have been nice to have seen her try some of her birthday cake".

"Yes", Mary says, "yes it would".

They take the journey home in silence, Mary wanting to rest her nostalgia in her husband's lap.

.....
.....

Back to the Presentation

"As I have said", I go on, after pausing again to catch my breath and to wash some of the quivering fear from my voice with swirling water, "I was diagnosed with

"anorexia nervosa" at the age of 16. I am now 29[7], and while I may now "pass" (Frank, 1995) as a thin person rather than attracting the label of "anorexic", "eating disorder(s)" and struggling for embodied positions I can name "recovery" are still, as I have said, a large component of my lived experience. Through all the research I have done on this subject, and like most people with "eating disorder(s) I have done a lot, it is my own body which has given me the most direction and most insight".

"In reflexively exploring my embodiment of 'eating disorder(s)", in feeling it, reflecting upon it and transforming it at times, I have been able to make considerable usage of sociological theories which understand that the construction of a socially embedded self via the body-surface is an essential component of "eating disorder(s)" and "recovery" experiences (see above). However, as I have already argued, these theories have missed out on a continuous engagement with the lived body that underlies this self-construction. Yet any construction of self, even when its most obvious presentation is via the textual surface of the body (and for some theorists this exterior surface presentation is in any case a mask; Featherstone, 1991; Goffman, 1975b; Howson, 2004; Tseelon, 1995), only ever happens in conjunction with constant interactive connectivity between the texts of self and the physiological, sensual, emotional and intuitive body. This is why the theories offered by Falk (Falk, 1994), Lupton (Lupton, 1996) and Probyn (Probyn, 2005), those I have mentioned earlier, which deal in the emotional and psycho-socially embodied aspects of eating, have given me much more depth to the understanding that I may develop from my experiences".

"What I want to do now", I explain, "is to work from this corporeally grounded theoretical framework in order to draw some lines between the micro-cosm of my "eating disorder(s)" experiences to the macro-cosm of the social world in which I, as a white woman of privileged background, am embedded. This, I want to suggest, resembles the activity of map making (Grosz, 1994). It is a process of tracing the emotionally weighted tight-ropes between the possibilities,

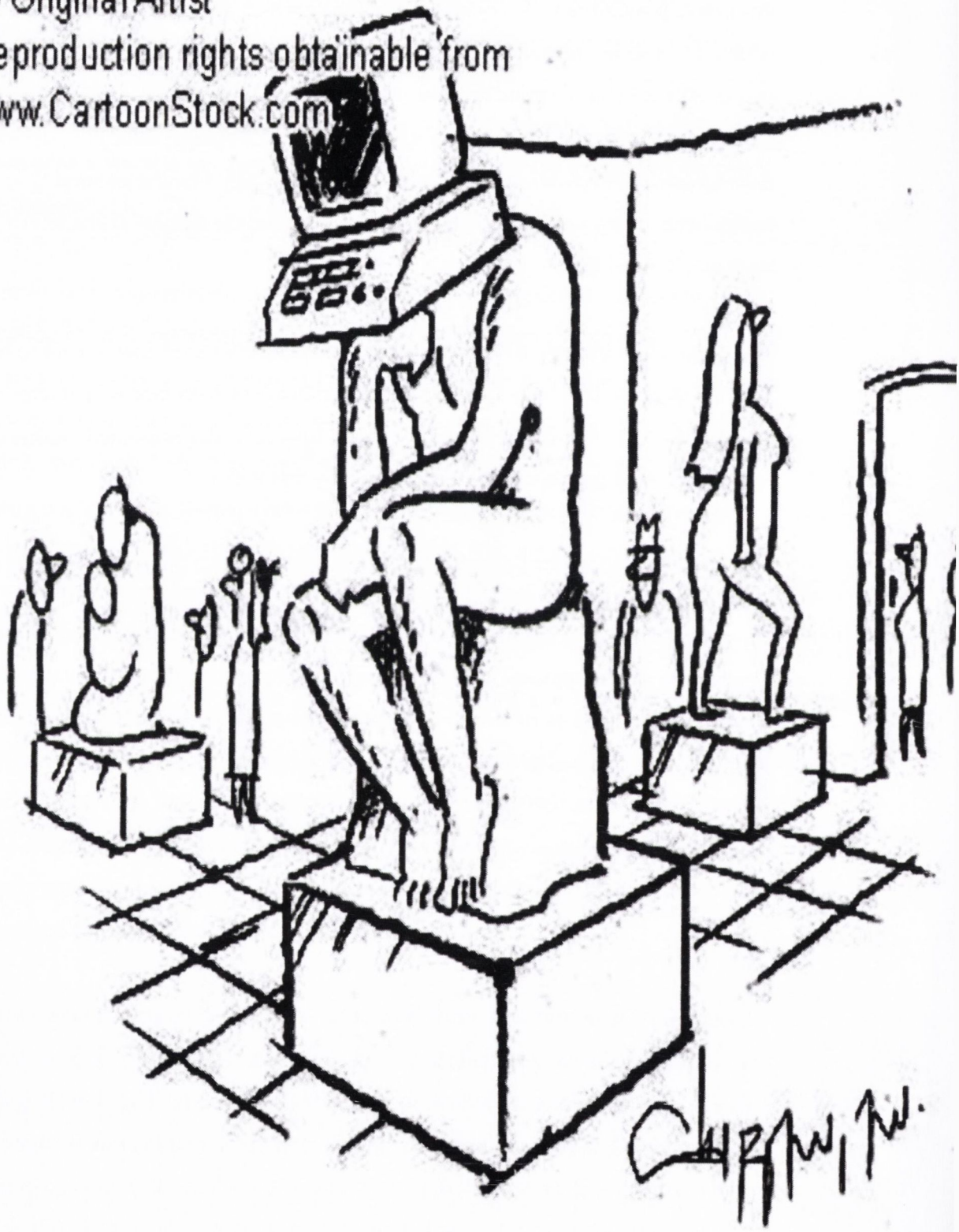
[7] I think I was 29 when I remember presenting this paper.

potentialities and limits of my malleable body/self as I eat or do not eat and the discursive possibilities, potentialities and limits which my practices map onto and which are also my resources for both action and interpretation. This is an essential part of an auto-ethnographic process which, to paraphrase Christina Gonzalez who speaks at a conference in Ellis & Bochner's (Ellis & Bochner, 2002) *Ethnographically Speaking* "goes back to systematically find the cultural components of my own experience, goes back to find the theory" (Ellis & Bochner, 2002: 118)."

"To ground this embodied theorisation in contemporary experience I want to begin with the question of whether or not modern embodied experience is characterised by an overwhelming sense of, and propensity towards, "dis-embodied" forms of self-hood. The dis-embodied self is typified by this image":

I flip a cartoon up on the projector and smile in response to the smiles curving out the previously flat and down-turned lines of my audience's mouths.

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



"The disembodied self is most often considered as rational and calculating as this computerised body. The disembodied self relates to the body only as a vessel or machine over which it has total control. Ostensibly the disembodied self, a self totally bound up in its thoughts and reflections, transcends the body, forgets the body, and experiences the world via the mental. Through cognitive absorption and imaginative travelling the mind may create for itself the illusion of complete liberation from its corporeal grounding".

"As Shilling (Shilling, 2005) notes", I continue, "Drew Leder's (Leder, 1990) theory of the latent body, in many ways affirms the possibility of disembodied modes of self-hood. Leder argues that the "lived body" slips from consciousness in mundane day to day praxis but re-appears or *dys*-appears (re-appears as problematic) when physiology, emotion, sensation or intuition come to the foreground of our lived experience. However, as Young (Young, 2005) has argued and as Shilling (Shilling, 2005), Crossley (Crossley, 2000) and Williams (Williams, 1998) have all picked up on, the ability to lose one's self in the realm of the mental depends on many factors, not least of which is the gender assignment of the body one lives in. Women, Young's (Young, 2005) phenomenologies suggest, are not afforded the luxury of losing self-consciousness of their bodies since they are consistently monitoring and controlling the body's perimeters and containment".

"Making an interesting juxtaposition to this", I add, "Peter Freund (Freund, 1982) surmises that one of the factors which contributes to "good health" (he calls these factors "forms of bodily regulation") is the ability to let go of such conscious control of the body and thus "bring into play the body's automatic regulating forces" (Freund, 1982: 8). Moreover, he suggests that the "forms of bodily regulation" which bring about good health are not synonymous with self-control and that:

> Letting go is a form of bodily regulation that (...) permits information from the internal and external environment to be "heard" (Freund, 1982: 9).

"Information from the internal and external environment to be heard", I repeat, as if the words were a mystery waiting to be solved. "It is worth repeating this phrase", I say, "as a means of reconnecting with my analogy of embodiment as a conversation which includes the knowledge(s) the lived body itself produces, knowledge, as Freund proposes, of its inner and outer environments (c.f. Turner, 1996), i.e. physiological and neural responses, emotions, sensations, intuitions, hunger, sadness, weakness, tiredness, desperation. In my "eating disorder(s)" and in my "recovery" experiences my lived body is far from latent and silent, it is loud (loud but not proud). My physiological, sensual, intuitive and emotional body resonates like a wild minor chord in the practices I put it through. Often times this resonance is a form of resistance, it is hunger, it is tiredness, it is stomach cramp, weakness and diminished capacities of concentration and focus".

"As Bendelow & Williams (Bendelow & Williams, 1998b) have suggested, I come to know who I am, come to know my living breathing emotional body when I meet this resistance. When I do not listen, when I push this part of me down below the surface once more, more resistance is produced; black moods, raw nervousness, intense anxiety and obsessions[8]. Still, I do not "let go", I do not relinquish the consciously practiced control of the corporeal which I use to manage and control the many different voices my body produces. While my attention is drawn again and again to resistance, to the voice of my body protesting, I do not listen. Instead, I try my best to silence my body voice, to silence resistance by walking and starving myself into numbness. Instead of trusting my body, and the knowledge *it* produces, instead of permitting information from the internal and unmediated external environment to be heard, I trust a scientific database of calories, pinning my security and safety upon a number on the scales and on the reassurance of loosely fitting clothes".

[8] Bryan Turner (Turner, 1996) teases out the possibility of viewing these kinds of experiences as the body taking over the mind, biology getting out of hand, but this kind of perspective once again sets itself up for dualistic schematism. The voice of the body can never obliterate the voice of the social; it constitutes itself in dialogue with it.

Body Trust

"Rest assured this is not a Cartesian embodiment of self, my reflexive relationship with my body is a continuous dialogue, a dervish dance of moving and using my body in different ways. Therefore, in what remains of this paper I want to try and undermine a Cartesian understanding of this relationship between my mind and my body, a mind-over-matter-type explanation, by focussing on the dynamic relations between my body and society, between corporeality, institution and discourse, which pertain when I manage my body voice in this way. In this section of the paper I use Anthony Giddens' (Giddens, 1991b) work on modern identity and Mellor & Shilling's (Mellor & Shilling, 1997) work on the historically variable relationships between corporeality, institution and discourse, to think about how not trusting my body is something I learn, something I do, and something I practice. Just as trust is practiced (which may be seen in the test of falling backwards into the arms of a friend or colleague), not trusting may be practiced as well. I want to think about how practicing not trusting the body voice, a practice which is central to my "eating disorder(s)" experiences connects into gendering hegemonic discourses of Western modern bodily being".

"I want to suggest here that it is possible and probable that modern social life expands the discursive space for embodying a self which is experienced as relatively disembodied. The preponderance in late capitalist societies of work forms which emphasise long hours in the realm of cognitive enquiry and calculation (working with computers all day) and the modern form given to education and learning (sitting at desks, reading, writing and arithme-ticking) would suggest that this is so. Chris Shilling and Philip Mellor (Mellor & Shilling, 1997) have engaged directly with this possibility in their historical study of corporeal and societal re-formations. Their studies suggest that the "ideal-typical" embodied self of late modern societies privileges "cognitive apprehension" as both a "way of knowing" and a "way of being" in the world. Importantly though, while the privileging of "cognitive apprehension" implies a relation to the world and body which filters experience through "cognitive symbol oriented thought" (Mellor & Shilling, 1997: 60) this does not mean that the body voice in any way

disappears, rather it comes more and more to be mediated by reflections which are shaped by the institutions and discourse of modernity".

"Mellor & Shilling explain how this form of knowing, and this form of embodiment sediments years of training and re-forming the body in line with the development of technologies and knowledge which have facilitated the bio/psycho/social objectification of corporeality. The more that we know about the body, the more we filter lived experience through such knowledge. This perspective resonates with Foucault's theorisation of power/knowledge (see Gordon, 1980). However, as Mellor & Shilling suggest, this mediation of power/knowledge causes a tendency to lose touch with the body and in particular with somatic forms of awareness or knowledge. As they explain it:

> We may "know" more than our fore-bears did, but our sensory bodies frequently have very little contact with this knowledge. What we learn through our bodies is no longer validated in the way it used to be (Mellor & Shilling, 1994: 24).

One critic writing in the arena of "alternative" body practices puts this more forcefully:

> Contemporary education and culture are designed to limit and stifle the development of self-sensing, so that by the time adulthood is reached, the individual's awareness of his (sic) own physiological being is so dulled and obscured that he feels his consciousness is lodged inside a foreign casement
> (Hanna, 1979: x).

To explore this loss of contact with the sensory body, to explore not practicing trusting the body voice, I, like Mellor & Shilling have done, want to think about "bodily practices" or "bodily techniques", some of the terms often used in sociology to conceive of the many different ways we use, and learn to use, our bodies. This concept is often traced back to the writings of cultural anthropologist

Marcel Mauss (Mauss, 1935/1979). As Mauss pointed out, "the ways in which from society to society men [sic] know how to use their bodies" (Mauss 1979: 79) may change and differ dramatically. Bryan Turner (Turner, 1996) changing the terminology slightly to "bodily practices" adds another important dimension when he notes that bodily practices:

> Tie us into the natural world since our bodies are environments, while also locating us into a dense system of social norms and regulations (Turner, 1996: 185).

Thus the ways that we use our bodies, better, the ways that we learn to use our bodies must be understood as a complex dialectic (or conversation) between the body and historically variable social and cultural forms that are oriented towards the regulation and reproduction of society as well as the regulation and reproduction of embodied selves".

"Giddens (Giddens, 1991b)", I continue, "writing on modern identity, addresses changes in the usage of the body and thus in the embodiment of the self, through the notion of heightened or chronic reflexivity. For Giddens, the modern form of embodied self is eminently characterised by heightened reflexivity. Mellor & Shilling (Mellor & Shilling, 1997) extend Giddens' thesis through an historical study that traces the increasing tendency towards structuring the embodied self via "cognitive apprehension". Drawing on the work of Weber and Elias, they locate the seeds for changes in the "hierarchies of the senses" in the progressive religious re-formations which Western societies have undergone. In particular, they see the Protestant re-formation, with its "autonomisation of the sign" and its dissociation of the body from "the sacred" as a key source for increasing use of cognition and a heightening of the visual senses (see also Denzin, 1997; Synnott, 1991). Alongside the rise of knowledge that objectified the body and complicated its bio/psycho/social engineering, the body, and the body-voice, came ever more to be understood as a profane material subject to management and manipulation, rather than an experiential ground of connectivity to the sacred".

"Modern forms of embodied reflexivity can in this sense", I say, "be thought to increase the use of the mental or cognitive aspects of the body. In Giddens' studies, our increased use of cognition develops alongside the rise of "abstract symbols" and "expert-systems". Giddens reflects that in modernity these abstract symbolic and expert systems:

> Penetrate virtually all aspects of social life (...) in respect of the food we eat, the medicines we take, the buildings we inhabit, the forms of transport we use and a multiplicity of other phenomenon, Expert systems are not confined to areas of technological expertise. They extend to social relations themselves and to the intimacy of the self. The doctor, counsellor and therapist are as central to the expert systems of modernity as the scientist, technical or engineer (Giddens, 1991b: 18).

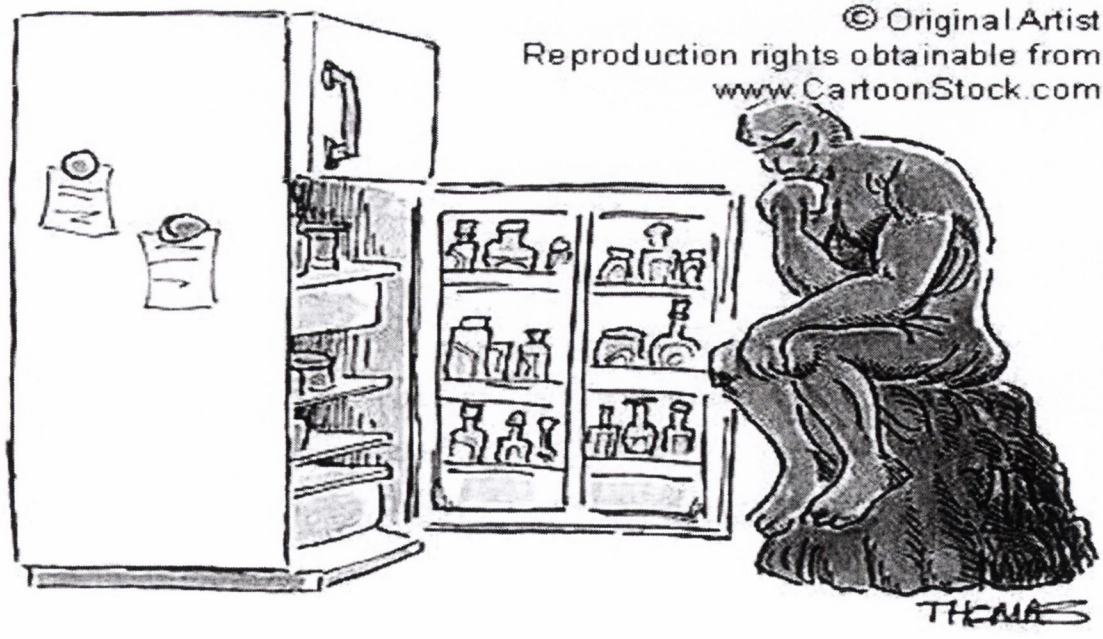
His thesis is that "ontological security" or a secure sense of embodied self is increasingly reliant upon the ability to trust in these abstract, internally referential symbolic and expert systems. In order to protect against the "risky" (Beck, 1992) nature of modernity, he argues, modern individuals practice placing their trust in expert systems of knowledge. He goes on to suggest this requires a reflexive "leap of faith", an act of trusting "the expert's" voice and turning expert or technological advice and elaborate abstract symbols back onto the reflexively mobilised body".

"For Giddens", I explain, "the body in modernity is taken as part of a modern risk environment, the last territory over which we may have any control. Foucauldian studies of the bio-political government of modern society have discussed how this construction of the body as a risky, unruly and volatile territory may be deconstructed to reveal an insidious social construction which has historically been used to tie women to their "irrationalised" bodies and to oppose nature to culture (Jordanova, 1989; Turner, 1992, 1996; Ussher, 1991). The perception of the body as a risky territory gains strength, these studies show, in social formations where medicine features as a key institution of governance. Giddens fails to question this mechanism of governance. However, what he does is to give us a picture of a

modern "form" of reflexive embodiment that requires us to practice placing trust in the voice of the expert. Conversely, what Giddens does not give us is some consideration of how practicing the placement of trust in the voice of the expert in many ways implies practicing mis-trust in the voice of the body".

"Giddens' and Mellor & Shilling's studies discuss how modern "forms of embodiment" are characterised by the mediation of lived experience through increasingly elaborate and complex abstract systems. Perhaps in no other area is this as evident as in the domain of food and eating. Eating, as one of the reflexive body techniques common to us all, has been the focus of intensive scientific and technological exploration and innovation since the late 18th century (see Crawford, 1994, 2000; Lupton, 1996, 1997; Turner, 1991, 1992, 1996). It could be argued that modern forms of eating are developed around the most elaborate and confusing abstract system of social norms, regulations and symbolism of our time. I'll let another cartoon illustrate":

I flip the second cartoon up on the screen to illustrate what I mean and this time laughter ripples through the room like a welcome breath of relief:



Once the laughter ceases and I have taken another sip of water, for my throat is once more dry, I continue.

"First", I say, "we have the obvious elaborations of "manners" (Elias, 1994; Mennel, 1985, 1991, 1992) and eating etiquette that normalise and regulate eating practice in time and space. Beside this social ordering of food and eating practice we have the development of the "dietary regime" as a disciplinary technology grounded in scientific narratives of instrumental rational (Turner, 1991, 1992, 1996). Dietary regimes, most of which seem to be geared towards managing women's bodies are, as I have suggested above, representative forms of an institutional alliance between medical or pseudo-sciences and consumer driven capitalism (see Bartky, 1991; Bordo, 1993a, 1993b; Ensler, 2004; Orbach, 2002; Spitzack, 1990; Wolf, 1991). They are an institutionalised mis-trust of the carnal body written into scientific narratives of control. These regimens represent the continuance of the tendency in Western thought to treat the body as a machine, thus disallowing the possibility that the body might have a voice, or might have reason. One best selling text epitomises this approach:

> The food we eat is like fuel. It gives our bodies the energy they need to function well. If you don't make sure that the fuel you pump into your body is of the right quality or quantity, you just won't feel as healthy as you could (McKeith, 2004: 12).

Here the body has no voice at all, it is just a machine which will blow out and break down if the "right" food is not pumped in. The modern form given to the reflexive body technique of dieting seems to require that we listen very carefully to the voice of the expert. "The expert" can be a well known commodity such as Dr. Gillian Mc Keith[9], Dr. Phil McGraw, Dr. Atkins or The Food Doctor (note the

[9] There has been an interesting quarrel in recent times about the doctoral qualifications of Gillian Mc Keith. It has emerged that Dr. Mc Keith bought her qualifications, that her qualifications are,

importance of the title "doctor"), or the expert can be the generalised other, constituted through the mass production and dissemination of dietary knowledge and technique in the media forum of TV programmes and newspaper and magazine articles which for the better part target more women than men. I want to suggest that engaging with this expertise requires us to practice placing trust in the expert over and above our bodies. I would also want to suggest that practicing trusting in the experts is also practicing not trusting in our bodies. It is to practice diminishing the amount of attention paid to the voice of the body".

"It is not uncommon in work on "eating disorder(s)"", I tell my audience, "to assert that diets and dieting are at the root of "eating disorder(s)" experiences (Palmer, 2000; Polivy & Herman, 1989; Standbeck, 1990). Echoing Freund's (Freund, 1982) musings on the self-regulating properties of the human body, researchers in this area have begun to argue that that the body has a natural set point which diet disrupts. This research often describes the body as running on an internal furnace which has a set thermostat, with individually specific requirements. The furnace is the body's metabolism and if you don't feed it enough, if you feed it too much or if you don't feed it the right kinds of foods it slows down leaving you feeling tired and weak and light headed. What's more, this theory suggests that the body knows what weight suits it best and will resist any changes to this weight. It will try to get back to this weight with all of the methods available to it, from producing constant hunger to producing chronic tiredness and illness. The body has its own knowledge of what suits it best; it is its own expert. For this reason critics like Polivy & Herman (1989) suggest that:

> The enterprise of dieting is itself seriously flawed and not just in execution, but in conception…dieters behaviour should be studied not for what it teaches us about how to make dieting more effective, but for what it teaches us about the damage that deliberate interference may do to a naturally regulated system (Polivy & Herman, 1989: 97).

---

some argue, in pseudo-science. Mckeith's determination to keep her title of doctor speak volumes of the marketing power of medicalised expertise.

"Dieting is a rational instrumental body practice", I say, "a practice which I, in my own way, do on a daily basis. Yet, while this is a rational and calculative relationship to my body, my body does not disappear in this practice, nor does my body voice absent itself. Because I am practicing not trusting my body when I am practicing diet, I try not to listen to resisting body voices, the emotions, the hunger, the dizziness and inability to focus, even though, the more I practice not listening, the louder these body voices get".

"Dietary regimens are an easy target for this kind of analysis of practicing body trust or mistrust. However, to draw back again to the embodied food and eating theories I discussed earlier, there are many more aspects of eating in modernity which expand the discursive potential for practicing not trusting the body. At the core of these is the incorporation of food and eating to the "project" of the self (Giddens, 1991b; Shilling, 2000, 2005). Food and eating have come to be central to modern persons' sense of an individually cultivated self (Falk, 1997; Lupton, 1996; Probyn, 2005). As a companion to this, there has, in the past 50 years or so, been an exponential growth in food discourse, language and practices through which rich tapestries of meaning are woven. In Giddens' terms these are part of the abstract symbolic wealth of modern life in which we invest our trust so as to construct and stabilise our self-identities".

"Food discourse accosts us at every turn", I state this as if it were irrefutable. "Using Mike Featherstone's (Featherstone, 1991) distinction between the inner and outer body one might say that on the one hand these discourses address the inner body; the good health of the body, the maximum health potential which can be derived from eating right and the pleasurable and sensual affect that eating can have on the embodied self. On the other hand these discourses address the "outer body"; the beautiful body, the slender body or the class representative body (Bordieu, 1984) that may be achieved by eating particular foods in particular places, in particular ways. As Falk (Falk, 1994) points out, these discourses no longer connect people through their bodies to an experience of something bigger than themselves such as community (see also Mellor & Shilling, 1997); they

connect people to their bodies as a means of signalling their individual identity via the body surface".

"Is adopting this train of thought a falling back upon a cognitive theorisation of "eating disorder(s) experiences", one where the cognitive self is inscribing and performing an identity text on the surface of the body?" I ask, then shake my head saying, "no, it is not a disembodied model, I want to argue, if I recognise the emotional (Lupton, 1996) and sensory (Falk, 1994) components of consuming and employing meanings. For me, this is to consider how, for example, eating carrots makes me feel good because the meanings circulating around carrots at this time include health, nature, detoxification and lightness, to name just a few. Eating carrots makes me feel something which I consider important to my sense of self. Eating carrots, I am embarrassed to admit, makes me feel safe. In many ways, in order to get this feeling I am practicing trusting in the abstract symbolic system built up around food and eating, a system which as Lupton argues is highly contradictory and highly gendered. Look for instance at the predominant imagery used to sell chocolate. Men may deliver the chocolate, but it is women who eat it and usually they do so alone. These kinds of symbolic registers allow me a trusting feeling that I make in my body through the practice of routinised/ ritualised eating of, for me, richly symbolic foods".

"This relationship complicates the Cartesian explanation that when I am not eating I am imposing mind over matter, for I am listening to the embodied emotionality of feeling safe and light and good. There is an important link here in understanding the habituation of eating practice and in turn "eating disorder(s)" and "recovery" experiences. For, as Lester argues of her research participants, when I engage in the ritual of not eating foods or of eating only particular foods, I connect to emotions I associate with security and protection and I thus align my body feelings with a particular attitude or intention that I have set for myself. This is why Lester terms the rituals of not eating "technologies of the self". She writes:

> Specifically, a "technology of the self" is an art of existence, a theoretical project, an ensemble of meaningful practices worked on the body which

> both constitute and transform the self. It is the relation of the self with the self and the forming of one-self as subject. But more than merely a collection of practices, the self is an attitude, a way of thinking, feeling and relating to contemporary society. It is the conscious and deliberate shaping of the self according to a particular philosophy of living and through a given set of culturally meaningful bodily practices (Lester, 1997: 482).

"Lester, in an argument which resonates with Falk's theorisation of modern consumption argues that, in this framework of close connection between self and body, the meanings manifest in foods and in eating are enfolded into the self via the rituals of eating certain foods or of not eating. This is important in understanding how important the emotional and sensational components of eating are to the self, why not eating can remain attractive in spite of pain and disorder, why it can even perhaps remain necessary. At the same time, as ongoing studies such as those sponsored by the Food and Mood project (Food and Mood Project, 1998) are keen to point out, there are other physiological, emotional and sensational affects that eating or not eating has on my body. The kinds of foods I eat, or don't eat, affect my organic, nervous and hormonal systems; preventing me from forgetting that while not eating may make me feel good on many levels it also causes bodily resistance. As Foucault (Foucault, 1977) surmised, when:

> The body is broken down by a great many distinct regimes, it is broken down by the rhythms of work, rest and holidays, it is poisoned by food or values; through eating habits or moral laws, it constructs resistances (Foucault, 1977: 153).

Returning to the Body

"I hope that this last part of my discussion has made it clear how complex "eating disorder(s)" can be and how Cartesian models of "eating disorder(s)" are displaced by acknowledgement of the relationality between body and self and society in these experiences. At the last, however, I want to reinforce the point that in

consistently placing my trust in expert systems of knowledge, especially dietary regimes and in alimentary identity discourse, rather than in the knowledge produced by my malnourished body, I experience my ontology as far from secure. This contradicts Giddens' model of ontological security, where, I argue, practicing trust in abstract symbolic and expert systems and practicing not trusting the body voice is the key. When I privilege the knowledge produced by "the expert" and abstract systems of the social and cultural order in which I am embedded and when I marginalise the knowledge produced by my own body I do not experience the "order" one might expect of an ontologically secure self. I experience "*dys*-order", a problematic lived experience of my embodied self which lies all too close beneath the surfaces of my "orderly" and "ordered" presentation of this self to the world. Another way to look at this is to consider how, in placing my trust in expert power/knowledge, I am employing "technologies of power", for "technologies of power" depend upon mistrusting the body[10]. "Technologies of power" are explicit in their deployment of rational-instrumental calculations of the body.

By contrast, I am wondering if we could think about or imagine possibilities for "technologies of the self" which are based upon a more trusting relationship with the body and which are not set into discourses which pathologise or stigmatise bodily-being in any of its abject or normative forms. This is to wiggle the concept out from underneath Lester's theorisation discussed above, for, in her theory, "technologies of self" are still rooted in discourses which understand the body as an object of distrust, to be rationally managed and manipulated in order to transform the self. I am wiggling this concept around and changing it a little to see if it could fit with a model of self which is based in the celebration of diverse body experience rather than its manipulation in line with an exceedingly cognitive "attitude". I am wondering if there may be a connection between "technologies of self" as I use the term, and positions of embodiment which women might call "recovery". I get to turn to this question in the last chapter of my thesis where I consider how, even though there is a wealth of institutional and discursive support

[10] I will look at this in more detail in the next chapter as I explore the relations between misogyny and the birth of the clinic with its related "technologies of power" for the governance of women's deviance.

for the practice of "eating disorder(s)" in modern Western society, there are also, in the same society (Garrett, 1996, 1998), "different ways of knowing" and "different ways of being" which are "technologies of self" based in body trust".

"In relation to the ebullient and resilient nature of the body voice, Chris Shilling (Shilling, 2004), as I have discussed above, offers a vision of the body as the source of both attraction to, and repulsion from, social and cultural forms. My "eating disorder(s)" and "recovery" experiences consist in these attractions and repulsions. I need the body practices I habituate in ritualised practice because they make me feel safe and secure on many levels, because they contain my feelings on other levels and because they are often highly pleasurable and sensual modalities of being in the world. At the same time, I am repulsed by these very same practices, and moved to change, because they lead to ever increasing circles of "*dys*-order" in my lived world. Perhaps what is interesting, as an academic committed to an embodied sociology, is that these experiences are constantly making me think about why I do not practice trusting the voice of my body, and where this body mistrust intersects with modern social and cultural forms. This is the nature of my exploration in this thesis. This is why I return to the stories of mistrust which have been laid into my body over time and in turn to the stories of body trust which I am trying to construct and feel as I try to find positions I can call recovery".

I am just about ready to collapse with exhaustion. My impassioned monologue has come to an end. I face the audience; I am faced with the audience. There is to be space for questions, there is to be space for comments… I am asking you reader to fill them in.

.....
.....

CHAPTER 5: STORIES OF DIAGNOSIS AND TREATMENT PART 1.

> First gent: Our Deeds are fetters that we forge oursleves.
> Second gent: Ay truly, but I think it is the world that brings the iron.
> George Eliot, *Middlemarch*

Introduction.

In this chapter I write "body stories" of how I came to be diagnosed with "eating disorder(s)" and I follow these stories with my reflections on the relations between the socio-historic positioning of "eating disorder(s)" categories in this period of western society and the corresponding positioning of my woman's body within this discursive and social formation.

Bríd

Someone slowly hoists open an eyelid in a melee of limbs. I think it could be me but my brains are throbbing so, I can't access the rest of my body. Rosalyn whimpers gently in her sleep and the caravan rocks back and forth in the Kerry wind.

Topsy turvy, higgledy piggledy, scattered disorganisation envelops us as we four best-friends, Andrea, Rosalyn, Michelle and I, lie together on the single unsprung bed in our holiday caravan. The mess, the detritus of a crazy night prepared for by hours of dressing up, making up and getting very very drunk. This is how, at this point in my life, I attempt to be a little more than who I normally am, to escape memories and feelings I need to forget or avoid and to protect myself from any further invasion. While my friends perform temptress on the stage of the Kerry disco scene, I perform a body carven into slenderness

with weeks wasting away on a diet of apples and vodka and I defy anyone to penetrate my hardened exterior.

Harsh and insistent stacatto knocking on the door breaks the silence. It jars like a pneumatic drill invading the quiet and serene mornings of leafy suburbia. I wonder if I am dreaming? Andrea sits up poker straight in the bed, her hair mussed up and her face creased with the imprints of sleep. I'm not dreaming. Rosalyn is scrambling for clothes.

" Bríd O'Farrell",

gruff shouting in a Kerry accent.

Panic explodes through my body and I am hyper-awake with the thoughts which race through my mind. I can remember nothing about last night and I am terrified I have done something wrong, something really wrong. I pull the sheets around me as Rosalyn yanks the door open. There are two Gardaí on our caravan doorstep. I think about hiding but there is nowhere to hide. I want to disappear, to escape, to avoid the reality of the two big, uniformed men in the tiny room. Two Gardai means either I am in trouble, or someone is dead. I start to cry.

"Is one of you Bríd?"

It is a gentle voice, a calm voice, and it appeases the panic, tangible now, in the messy stuffy room.

"Yes".

I am meek, afraid, apologetic.

"Bríd, you need to ring home. It's important" .

"Ok".

I stumble on the letters. O.o.o.ca kaaay. I am confused. I forget to say thanks, I never forget to say thanks. I want to go back to bed.The wind keeps rocking the caravan and howling round its edges.

.....

.....

Two hours later I am in a Taxi on the way to my grandmother's funeral in Wexford. The taxi driver thought I was of unsound mind when I told him I wanted to go from Ballybunion in County Kerry to New Ross in County Wexford. It must be over a hundred miles, a long way when you are Irish! Sitting back into the plush sun warmed seats of the taxi I wonder if he is right and if I am crazy.

I am replete with thoughts and feelings. I am spilling over the top and edges of myself. I feel like something is squeezing thoughts and feelings out of me like coloured plasticine through a tightly clenched fist. I am a dishcloth wrung by a fierce washerwoman. I am tight and tense and erect. I think to myself "I am going to explode". I hold onto the top of my head, pressing firmly on my skull to keep my thoughts and feelings inside.

.....

.....

Mammy was earnest and gentle when she told me about Granny dying.

"Granny is dead, your father and brother are in Lacken helping to wake her, your father needs you there, get home quick as you can"

Andrea holds my hand as we watch the towns, villages and countryside roll behind us through the windows. I try not to think of Granny dying. I think instead of being with my family. It was my first holiday away alone and I have missed them.

Rolling up to the front gate of my Aunt's house in Lacken the car tyres pull and scratch on the loose stones and I feel every one of them piercing my nerve endings. I am alive to this moment. I am fuelled by the adrenalin of

apprehension combined with the high of starvation. I have not eaten since the apple I had yesterday morning. Someone pays the driver. I don't know who, I see no faces, recognise nobody. Andrea falls into the background, death and grief to the foreground. I think I can smell it. It smells old and heavy and of the earth.

Someone leads me inside the house and my father enfolds me into his vast heart. It is a long embrace. I feel some of the pain he is holding inside his body.

... ...

make myself sick. I do it because I am afraid of getting fat, because I tell myself "I am fat".

.....

Daddy and my uncles hoist my granny in her sleek black coffin on their shoulders. I see my father sobbing and breaking inside with the grief that wracks him through and through. My heart tears and twists with his. It is the first time I see him cry like this. It will not be the last time.

.....

Clear Broth and Apples.

Green shiny apples.
Sharp biting apples.
Acid, crispy, crunchy apples.

Slowly savoured bites and biting,
100 careful chews from
every sculpted segment.

I hang all day on tenterhooks,
Waiting, for an apple-
To pierce my impermanece.

I crave,
I am craven,
from rising, to falling under,
when sleep comes
to dull and silence my hungry body
and lead me mutely through Hades decadent halls.

Measuring days

by apples and soup
apples and soup
apples and soup
is not much fun.

But when I measure
The growing space
In the circle
from thumb to middle finger
around my wrist.
It is worth it.

.....
.....

Bríd

Days flow into each other, a blurring of study, routines and labour upon my body. I wake thinking about food and I go to bed thinking about food. I can't concentrate… or at least, I can't think as clearly as I am used to thinking. I am weak and cold and tired. My periods don't come anymore and my skin and hair and bones feel dried out inside. It is an immense effort to focus my thoughts, to concentrate, to study, to learn. It is an immense effort not to eat, but this I can do, beacuse I am terrified of what food does to my body. I am terrified of weight and fat. If I eat, I go running. I run for miles to the pace set by repeating "I am fat, I am fat , I am fat". If I can't go running, if there is no time, or if it is late a night, then I am sick. I make myself sick.

Most of the time I push past the hunger with my thoughts. I tell myself I don't need to eat…that much. I tell myself that hunger is a tricky game which can be played intelligently and successfully by the mind; hunger can be beaten if the body can be defeated. I tell myself that my body is the enemy in this game, that it will deceive and lie. I learn how to defend against this enemy and to temper its shouting demands into muted submissive whisperings. I eat apples and drink clear vegetable broth made to my own recipe. I have a precise and counted method of soup making, carrots first, then cauliflower, ginger and

chile all chopped up fine as pine splinters. It can take me an hour to prepare and an hour to eat. My flat mates wish I would go out with them some night. I am too busy losing weight for that.

I go home at weekends. I notice that my mother begins to look worried… a lot. She furrows her brows more than she ever did. I notice, or think I notice, that a series of wrinkles begins to settle her forehead skin into faint folds. She keeps asking if I am o.k.. She keeps asking me to have dinner with the family, to eat at the table, to have Sunday lunch. I refuse.

"Are you o.k. Bríd? Are you sure you're ok? I thought I heard you being sick last night. Were you sick last night? Will you not have some bread or something with that soup, it might make your stomach feel better?".

" I'm grand Mum, just fine, I wasn't sick at all last night, just had a bit of a coughing fit in the toilet, something caught in my throat… No need for bread with soup, bread's not really good for you, you know?".

Mum nods and shakes her head all at the same time thinking to herself;

"She's lying to me".

……
……..

Mary

Mary cannot concentrate on the book she is reading. The sun has moved past the limits of the glass room she sits in but the air in the conservatory is still warm and pleasant with its memory. Her brow is furrowed, not with frustration at the book she is reading but with worry. Frenzied, harried thoughts crash through her mind incessantly. The crashing and trashing inside belies the peace of the still, silent room. She clenches and unclenches her fists, worries her bottom lip with her perfect front teeth. She is deaf to the birdsong outside, alive to the internal noise that bothers her now and keeps her awake at nights.

She is thinking,

"Something is wrong with Bríd. I know it is. I just know it. Why won't she tell me? I'm her mother".

"I definitely heard her being sick last night".
"There was vomit on the rim of the toilet and underneath the seat".

"She's lying to me".

"What the hell can I do? What the hell are we going to do?".

Tap, tap, tap…the branches of leaf heavy limbs on the window pane.

……
……..

Mary and Liam

Morning smells pervade the forest green kitchen. Burnt toast, freshly brewed coffee and Liam's first cigarette of the day. He sucks hard on the sand and snow white stick, taking the smoke deep into his lungs through lips pursed tighter than usual.

"Can you not make her sit down and eat with us?".

There is pleading in his tone, accusation too, she thinks.

Mary puts down the breakfast bowls in the sink and turns around in anger and frustration. She feels like crying.

"Look I just don't know what to do. If I *make* her eat a meal with us she will make herself sick. If I try to get her to sit still or stop her from going for her run she goes mad…. I can't keep her in… I can't lock her in her room…She's seventeen for God's sake… And she just keeps saying there is nothing wrong with her … to leave her alone... She won't come home any more if I push

her…I'm at my wit's end. I don't know what to do. I just don't know what to do".

Her voice breaks towards the end of this tirade and tears begin to roll down her cheek. Liam is off his chair, arms around her. He doesn't know either. He has never not known before. He is afraid.

"It's all right love, we'll figure something out".

Bríd

It is the first Christmas I experience dreading the festival. Behind the thrill of the lights, the sparkle, the music and the mood I love so much, lies the panic about eating which taints my every experience in these days. Every bite I allow myself, celery stick, carrot chunk or green apple, I disallow myself with an equally calculated process of purgation. I hate to eat and I hate to be sick, but I am locked into a cycle which stops me from getting fat…. And I am so afraid of getting fat and so afraid of food.

Christmas, this year, builds the pressure of desperation in my body. I am like a pressurised fire extinguisher waiting for someone to press the lever and let all this dirty, foamy mess out of me. At the Christmas table I drink to quiet the insistent pulsation of this desperation. I drink to quell its dragging at my guts to blot out its knot like presence in my head. The wine is like red silk going down my throat. It is soft, it quietens, it is easy to drink.

There are friends and neighbours in the house. Andrea and Peter are here and the drinking is in full swing. There is a lot of light and a lot of noise. "Jingle Bell Rock" plays over and over again. Liam puts the pulp fiction sound track on and we do the Uma Thurman, John Travolta dance, passing V'd fingers across our faces and performing "deathly serious and alluring". I wobble a little on my fancy heels but manage to pout my lips like the raven icon.

I drink too much. My mind is no longer quiet. It remembers and counts the calorie content in each of the glasses of wine I have drunk. It remembers and

counts the calorie content in the Christmas salad I have eaten and allowed to settle … because after all, I told myself, "It's Christmas".

I am overtaken with feelings of shame. I drink more. I drink dissolutely in the hope of inducing sickness. It is with relief that I find myself rushing to the toilet. I am loud and messy because I am drunk. My Mother is at the door. She knock*s*.

"Bríd, are you ok love?".

It is hazy, It is messy. I am weak, I am tired, I am hopeless. I am not o.k. It is Christmas, why am I still not allowed to have food in my stomach? Why will I not allow myself to have food in my stomach? Why do I… not want … food in my stomach?

I begin to cry.

Mammy bangs harder on the door.

"Bríd…. Bríd".

She shouts. It comes somewhere from the pit of her stomach and the deepest of her instincts.

"Bríd let me in".

Something makes me turn the key. I can't do it anymore. I want to tell. I want help. I don't want to want no food in my stomach any more.

Sentences spill from me through wine stained spit bubbles. I slobber through them as convulsive sobbing moves through me in tremendous waves.

"I think I have bulimia Mammy. I'm sorry Mammy, I'm so sorry".

She holds me.

"It's all right Bríd, we know. We knew. We'll get help. We'll get help. Shush now, don't worry. Quiet now, we'll get help".

She strokes my head, she wipes my tears, it's hazy, it's unclear, but I feel safe. I am tucked in to my bed. I sleep the sleep of one who has found refuge from the storm.

Liam and Mary

Heavy curtains on the window contain the fear in the darkened room. Husband and Wife…Parents, prepare to sleep, or at least to try.

"What now?" Mary whispers.

"I'll ring the doctor, soon as I can", Liam's deep tones reassure.

"Don't worry", he tells her, "I'll find the best there is. Try to get some sleep now", he tells her, squezing her hand, dropping a kiss on her forehead. He turns away from her in the bed, turning on his side, to ask questions of the darkness. Mary takes her beads from the cluttered dresser by her bed and begins to pray.

Neither of them sleep that night. Each of them wondering if it is their fault this has happened.

……

……..

Anorexia-Nervosa-Type B

I got my diagnosis,
My label,
My "is-ness',
"Anorexia- Nervosa"…
Type B…

They say.

We don't call it Bulimia

No-more

We call it Anorexia

It tells people

Why?

I am thin

Why?

I don't eat bread or potatoes

Why?

Oil and butter makes me cry.

Funny thing…

We can talk about Anorexia,

Not bulimia…

Why?

……

……..

Bríd

Sunlight bounces off the plastic looking flooring creating glaring pockets of brightness down the long corridoor. Long rectangular rooms shoot off to the side, four beds in each one like peas in a pod. "Patients" spot the long walk to "the consultant's room"… a "professor you know", only the best for me. The "psych" patients mostly cast their eyes to the floor. They don't look very happy. I want them to look at me. I want to make them smile. I want them to know what I know…that this is the cure…this place, this man, these pills we take…this is the cure. Daddy holds my hand tight. I am full of apprehension but also full of hope.

The professor shakes my father's hand. My father thanks him, he embodies gratitude in his demeanour, nodding and bowing towards the professor with his handshake, sincerity pooling in his eyes. The professor shakes my hand too. Owww, he grips so firm that the ring on my ring finger bruises the knuckle of my middle finger.

"Come inside Bríd, let's have a talk"

I don't want Daddy to go.

Daddy goes.

I go inside and sit in the chair the professor assigns me with a wave of his hand.

He is old and carbuncled.

He has the air of one who appreciates fine wines, and Opera.

He is the cure?

He knows how to help me?

"Tell me why you are here, Bríd",

His voice is soft yet persuasive.

I begin to cry. I tell him I can't eat. I tell him I am terrified of putting on weight. I tell him I feel fat but that others tell me I am too thin. I tell him that I can't see I am too thin, that when I look in the mirror I see big trunky limbs and bulky mass.

"Where do you feel fat, Bríd?".

"My stomach my thighs, everywhere, just everywhere. I am too big, there's just too much of me".

"MMMMMMMMMMMM." He says

He says it often. I grow to hate that. Is he listening to me?

"Tell me about your relationship with your parents"....

MMMMMMMMMMMMMMMMMMMM

AAAAAAAAGGGGGGHHHHH !!!!!

.....

.....

Mary and Liam

Sarah and young Liam have gone to bed and the fire crackles through its last sticks of the night. Images flicker on the tv screen casting a playful light onto the peachy wall of the sitting room... No-one really watches.

" The Professor told me she'll just grow out of it. He said it will be gone by the time she's 21. It's just part of growing up. We just have to stick with this. She knows now what to do. They've given her all the information in the hospital, she has seen the dietician. She sees him every week. What more can we do? It will be fine".

Liam turns back to the cross-word, acting out for her, in this mundane activity, his belief that everything will be ok.

"I hope so Liam". Mary says, but she is furrowing her brow and fidgeting with her hands and as she gets up to throw a lichen patterned log on the fire she adds. " I am hoping and I'm trying to help, but I don't think she's getting any better, and I don't think those tablets are doing her any good".

Liam looks up from the crossword .

"It will work, Mary". He says this with a determined fierceness, as if to claim anything else were to endanger the process. "It will work. It has to work. You just have to give it time. We all have to give it time".

.....

.....

Bríd

Months pass, long, long months… I talk about "anorexia" for an hour every week, I talk about my family and I talk about my friends. I talk and talk and talk. I think and think and think. I "do" very little any differently, save for popping some blue and white pills three times a day.

.....

.....

Liam

"Let's have Bríd come in for a while and do our programme",

The professor says to my Father.

"It will normalise her eating patterns, we just need to break her routines, get her eating normally".

The professor seems convinced, confident, assured.

Liam's respone is heavy with his resignation.

"If *you* think that would work… we'll do whatever you think will work".

.....

.....

Bríd and Liamo ("Young Liam")

Smoke drifts in long plumes from the cigarettes resting momentarily in smudged ashtrays. It is a week-day and the Ivy Lounge is empty save for a few wisened regulars, the kind who chase pints with shorts and know the names of all the bar staff. Liam, Bríd and Peter sit around a small round table in the back of the lounge.Nervous tension hangs thick in the air alongside the clouds of smoke.

"I have something I want to tell you both"

I fidget. I am embarrassed. My stomach is turning and squeezing itself into convulsive knots.

Liam puts on his serious face and takes a considered puff on his cigarette. Through the glare in his glasses he peers with intent into the space where my problem will state itself.

"What's up?",

He says.

Peter sits still, jumping bubbles into his coke with the tap, tap, tapping of a five penny piece.

With a rushing exhalation laced with dread, I try to explain to my brother who I have become and why I have become her.

" emmmmmm…first of all, I want to really apologise for being so weird these past couple of months".

Liam interrupts. He is almost indignant, intolerant of any of my attempts at self-deprecation. I am his older sister. He looks up to me.

"What do you mean weird?, You've been o.k., you just get a bit too drunk sometimes, we all do".

Liam is earnest, he wants to reassure. He sees something is wrong and he is uncomfortable with that.

"Look Liam, I… I have an eating disorder, I've been seeing a psychologist for a while now and he thinks it would help me if I go into hospital".

It rushes out of me. Statements that feel like they are also pleas for help, understanding and forgiveness.

Peter is nodding empathy in my direction. Andrea has told him. She had no one else to talk to about why her friend no longer wanted to spend any time with her.

Liam is dumbfounded. Shock and disbelief paste themselves across his face. He does not know what to say. He can't believe he did not know, that she did not tell him, that Peter knew and he did not. He feels a bit sick, doesn't want the cigarette any more. Thoughts and images skip through his mind; the crying last Christmas, the refusal to eat Sunday dinner with them anymore, the weight loss, the not going out with the gang anymore. He is wondering, is she going to turn into one of those walking skeletons? Is she anorexic? Is she bulimic? Jesus, does she make herself sick? Will she be o.k?

Will she be o.k?

Shards of fear sneak themselves into the darker corners of his mind and hide themselves there but he guesses that if she is seeing somebody then she will be o.k. She will be back to normal soon.

Liam rounds the table with some awkwardness and puts his arms around me. I want to cry but instead I say

"I promise I will be a much better sister and friend when I come out. It will all be back to normal then. I promise, I really do. I'm going to beat this thing".

Liam and I get drunk

.....

.....

Sarah

Take That posters jigsaw together hiding the rose - pink paint of Sarah's walls. Like most 11 year olds she is a fan. She is reading a Judy Blume book taken from Bríd's bookshelves and at the same time wondering…

"What is going on?"

.....

.....

Bríd

My room is near the nurse's station. It is shared with Brenda. She is 36 and has been bulimic since she was 16…at least that is the story which travels around the wards. I only catch glimpses of her because she keeps the sterile blue curtain pulled tightly round her bed. This suits me. Her gnarled, wasted limbs have shocked me. I don't want to look like that… ever. A nurse sits constantly by her bed on "suicide watch" but Brenda never speaks to her or to the doctors and nurses who visit her except to rasp out demands for laxatives. Her laboured breathing keeps me awake at night. I feel alone. I hug my bear tight. I miss my mother.I want my father to come back and bring me home.

.....

.....

I am weighed the morning after spending my first sleepless night in the high hospital bed. I am ordered to the toilet to empty my bladder first. In a small room off the nurse's station I step on the scales. I am mortified.

I plan meals with dietitians, ticking boxes on a menu card each morning. The dieticican teaches me how to make "healthy choices", she teaches me "a normal way of eating". I am encouraged to eat three healthy meals a day with

snacks. I am aghast at the way she proposes this as an easy and rational thing to do.

I am the only "anorexic" on the ward who is near enough to her target weight. I look "normal". I feel enormous beside the slivers of people who sit beside me in group therapy. I feel like I should not be here. I feel like I cannot talk about the difficulties I have with eating. I feel that no one in this group will believe me because I believe I am so big by comparison.

I resolve to lose more weight. I cannot eat the meals that I order even though there are nurses watching me who report my every move back to the "professor" . I cry at every "normal" meal and sneak fruit from the basket my Mum brought me instead.

.....
.....

Bríd's Diary.

I'm going to try and put down some of what I'm feeling now on paper, just in case I ever forget what this is like and begin starving myself again. FAT,FAT, FAT. That is all I can see think and feel. It's not a cheese sandwich going down my throat it's a block of lard, a few hundred squidgy fat marbles journeying through my gullet to lodge themselves under the flaccid skin on my thighs and ass. My mind is racing. I want to exercise. I want to regurgitate everything I've put in my stomach. I want to stop eating altogether, to hide from the nurses who watch me forking these fat goblets into my fat face. I am already too heavy even though I eat only fruit and vegetables. What weight will I be when all this fat inside me makes my thighs balloon so that they touch at the tops, make my stomach fall over my knicker's band in wrinkles and folds, my cheeks puff and my arms and ankles swell? I feel physically sick and absolutely horrified at the amount of calories I've consumed. How am I going to know how much to eat when I go home? I still don't know when I'm empty or full. I just eat when and what I'm given and salt it with my tears.

.....
.....

The ward increases my knowledge about "anorexia". In group therapy I learn all about "the disorder(s)", especially about "anorexia- nervosa" and "bulimia-nervosa". I learn that I have a "psycho-pathology" which drives me to be secretive and manipulative. I learn that I am afraid of, or avoiding, "maturation" and that starvation is causing me to have "faulty thinking". I learn that this is an "illness" which is out of my control, that the illness has overtaken me, that I am the illness.

Outside of the expert led therapy I learn from other "patients". I am taught how to devour labels for calorie and fat content instead of devouring substances locked away inside forbidden foil pockets. I am taught how to trick my body into thinking it is full. I am taught the kinds of foods that an "anorexic" may eat and the kinds she may not. Fat is invested with renewed abhorrence, fat in food and fat in body. We talk about fat and calories and we wonder if staff sneak and hide extra fat and claories into our foods. We talk about how hateful eating is, about our wishes for some kind of pill which would absolve us from the need to eat. I look and listen and learn.

.....

.....

A Family Outing

I am allowed leave the hospital for one day with my family on the condition that I eat a lunch and evening meal with them. My father plans a family Sunday lunch in a restaurant he has eaten in before. He is absolutely sure we will all like it. Liam is wearing his suede jacket and looks smart. Sarah looks a little frightened and a little unsure as to what she should say to me. We don't fight over who has to take the middle seat in the back of the car. We are all trying to smile a lot and act like this is a completely normal situation.

"Nice day, isn't it", I say, " Where are we going for dinner?".

Liam and Sarah remain quiet. Mum and I talk about the weather.

……

It *is* a nice restaurant and it is very full. The lively buzz of animated conversations is punctuated only by the silver "tinging" of knives and forks together and the occasional clatter of plates being collected. I am scanning the menu looking for something, anything that "an anorexic" could eat. Mum and Dad are scanning me as I go through this inner wrangling and I am aware that I am being watched and worried over. They need me to be better. I need to have them think I am better. I order a risotto. I have never had a risotto before and from the description on the menu I believe it is plain rice with some vegetables. I figure I will focus on eating the vegetables and maybe some of the rice.

Dad orders wine. Relieved, I gulp it down.

A hollowed out porcelain plate filled with a sticky gloopy mess is placed in front of me with some pomp. I look at it in horror. I can see an oily viscoscity filming over the puddle of rice. Flecks of cheese speckle the surface. I poke at the rice with my fork. I just can't eat it. It disgusts me. My parent's glances are pleading. I want to eat for them. I really do. I really can't.

"Is it o.k for you love?".

Dad's tones are anxious. He wants me to be able to eat this dinner.

"Do you not like it Bríd? What's wrong with it?".

Mum is looking at me anxiously, I am afraid she is angry with me.

"I'm just not hungry yet", I say. "Breakfast was late today, I'll have something later".

No-one wants a scene, got to keep on looking normal. I push rice around the plate and eat some of my side salad making plenty of ooohing noises over the tomatoes.

"Really tasty tomatoes, lovely salad, thanks so much".

Sarah talks about school and scouting and anything she can think of. She fills the silence. Liam concentrates on a spot on the wall somewhere behind my head. He is thinking to himself that "Bríd does not really seem any better at all".

……

At the end of the day we go to a pub opposite the hospital for some sandwiches. Dad orders for us all. I just see a plate of fat and carbohydrates and I panic.

"I can't eat the sandwich. I can't".

"Please Bríd", Mum *says*, "Please… have a sandwich".

Again; frustration, fear, anger?

I shake my head, I am about to cry.

"I don't want it".

Liam butts in.

"***I'll*** have the sandwich, ***I'll*** eat it!"

Liam is starving, he couldn't really eat his meal in the restaurant either. The tension filled us all up.

……

It is time to go back. Mum and Sarah walk with me the long walk down the corridor to my bed in the hospital. Sarah stays close to my mother. She is terrifed.

I am hysterical. I don't want my mother to go. I don't want to stay here any more. I want to go home. I cling to Mammy. I make it hard for her to leave. Sarah starts to cry as well. She is thinking; "Bríd is going to die".

"Ring me tomorrow Bríd".

Mammy whispers into my hair, I can hear the effort not to cry in the straining of her tones.

"I love you. Keep trying. You'll be home soon".

.....

.....

Sarah

Diary entry August 28th

Dear diary. I feel sad today. Mammy is in the hospital with Bríd and Kathleen is here minding me. She won't let me watch the television, so now I am in my bedroom writing to you. I never ever want to go to a hospital ever, ever again. I was so scared I felt sick.

Bríd might come home soon. I hope so. I've really missed her. I hope she will not be an anorexic anymore. Mammy says she will be much better once she comes out of the hospital.

.....

.....

Sociological Reflections: "Gendering" and "Othering" Rationality.

In the snapshot stories and poems presented in this chapter I recall how I came to be "diagnosed" as "anorexic" and I try to evoke some of the epistemological and ontological consequences for my family and I. The stories recounted above describe how we, as historically situated members of a "medicalised society" (Lupton, 1995, 2003; Turner, 1992), where discourse on "eating disorder(s)" and "recovery" has grown steadily since the 1980s (Gordon, 2000), were able to name embodied experience with the terms given in the DSM-IV (APA, 2000), under the heading "eating disorders", even before our first confessional to the clinic. Once the first confession was made we began to interpret our experiences with a particularised "way of knowing", a bio-medical "way of knowing", a Cartesian "way of knowing". This is a "way of knowing" which splits mind from body and culture from embodiment. It is a "way of knowing" which has categorised me as one amongst many "mad women" (Ussher, 1991) and designated me to panoptical spaces where technologies of power objectify and reify my "being in the world"; turning this "being in the world" of mine into a problem which must be contained and controlled .

From the time of our first medical confessional, medical "technologies of power" (Foucault, 1979):

> Hybrid assemblages of knowledges, instruments, persons, systems of judgement, buildings and spaces, underpinned at the programmatic level by certain presuppositions and objectives about human beings... operating through procedures of hierarchical observation and normalising judgement, through attempts to enfold these judgements into the procedures and judgements that the individual uses in order to conduct his or her own conduct (Rose, 1996: 26).

began to layer themselves through our daily routines. Our bodily practices came to be structured with reference to the expert knoweldges which came to mediate our lived experiences. As these technologies and the knowledge which

accompanies them became part of our lives they were no longer imposed from without, they became the reflexive tools that we used to structure and interpret our interactions with each other. Does this make us, in Foucualt's terms "docile bodies"? We embodied medicalised epistemologies of "eating disorder(s)" and "recovery" because we saw no other way to understand our experiences. There *was* no other way for us to understand them. This is the trap created by ruling hegemonies. When bodies are not viewed as knowledgeable and when, by contrast, hegemonic institutions are, then the docile unknowledgable body comes to be dependent on the knowledge power of the governmental institutions (Mellor & Shilling, 1997; Turner, 1992, 1995). The term "docile bodies" is criticised and deconstructed in theoretical debates over Foucault's work (e.g. see Bartky ,1988; McNay, 1992). This debate is not of concern here. What is important is that the central paradigm we drew on to understand "eating disorder(s)" experiences, served as a subsititution for our own power and our own meaning making abilities.We made our meanings of our experiences through interaction with the hegemonic institutions of our time and with the hegemonic discourse they produce. Accordingly we deployed Cartesian perspectives to our experiences and so, it became our experience that I was sick, my body was sick, my mind was sick. I was a woman out of control, and I needed medicine and the regimens it would provide me with to fix me.

At the same time it is fair to say that from the outset bio-medical epistemologies of "eating disorder(s)" and "recovery" confused and distressed us. Even my diagnosis confused us. I overflowed my category. Unlike the well-known image of an "anorexic" emaciated through her refusal to eat ("anorexia nervosa" etymologically signifies a failure to eat due to a nervous loss of appetite), I have always eaten carefully calculated amounts of low calorie vegetables. Sometimes uncomfortable with how this fibrous mass feels inside of me, I make myself sick. Yet because I fulfill all of the criteria listed in the DSM-IV under the category of "anorexia- nervosa" this is how bio-medicine "labels" me (Scheff, 1984, 1990). We took this label eagerly because it offered us certainty. With its confident ability to "diagnose" came confidence in its ability to "cure" the "symptoms" of diagnosed "illnesses" and "disorder(s)". A

diagnosed "anorexic" or "bulimic" may be treated and returned to a position of normality which bio-medicine describes as "recovery".

Yet as Turner (Turner, 1992, 1994), drawing heavily on Foucault, has pointed out, the "norm" or normality to which medicine regulates is a historically specific gendered social construction, inextricable from the governmental strategies of bio-power which give form to modern social order. Gendered norms issuing from bio-political knowedge/power configurations are those to which medicine regulates subjects of "eating disorder(s)" experiences. These norms depend upon and employ "ways of knowing" bodies and selves, gendering , rational- instrumental, expert dependent "ways of knowing", out of which, as I have suggested in chapter 4, the experiences of "eating disorder(s)" emerge in the first place.

Deconstructions of the practice of diagnosing and treating "eating disorder(s)" betray the hegemony of these practices as part of an ongoing scientific objectification of women's bodies which act to construct gendered identities tied to disempowering versions of hetero-normative femininity (Hepworth, 1999; Hepworth & Griffin, 1996; Shildrick, 1997; Ussher, 1991; Ussher & Malson, 1996). I want to apply these deconstructions to my own experiences in the reflections I make here. What I am suggesting throughout is that my experience of diagnosis is inflected by and inflects socio-historically evolving processes of gendering and medicalising women's bodies as weak, inferior, unruly and unworthy of trust. What I am suggesting is that my experiences of being diagnosed and treated for "eating disorder(s)" is inextricably linked into the part medicine plays in the construction of women's experiences of their bodies as an object replete with pathology, an object unworthy of trust.

In chapter 3, I reviewed deconstructions of bio-medical models of "eating disorder(s)" which have argued that the discursive formation of "eating disorder(s)" constituted an important part of the power/knowledge accumulation of modern medicine. "Eating disorder(s)" categories in this sense are representative of historical processes of making women's bodies bear the burden of marking out irrationality for a science based somatic society. Women's bodies in these schemata are the signifiers continually upheld as the

fearful possibility of abnormality. They are also upheld as the marker of the perpetual need to control and master the body and as the need for institutions which will mediate in this requirement. Furthermore, women's bodies are taken as the oppositional marker against which men may construct their rational, disembodied, dominant and dominating masculine selves.

Women as body signifiers are identified in western modern societies through Cartesian cultures of the body with historical lineage traceable to ancient civilisations (Bordo, 1991a ; Synnott, 1999). Contemporarily women are increasingly identified and identifiable as body signifiers via medical technologies of power: survey, confessional and examination, technologies which refine and reify the categories and norms into which women may fit. These technologies of power are used to regulate other members of society towards the gendered positions of healthful normativity which, in medicalised societies, will always be dependent upon the consumption of "expert" medical knoweldge(s) . Women, as Nettleton (Nettleton, 1996) and Lupton (Lupton, 1994, 1995, 1997) argue, are key consumers of these knowledges as well as being the objectified materials from which such knowledges are gathered. The snap-shot stories above are evocative of a process of "diagnosing" women's deviance from norms, a process where the woman's body is made to mark out "irrationality". My woman's body is also used here to mark out, and come to bear the mark of, all of the rational knowledges (Psycho-therapy, pharmaceutical management, dietary regimens, elecro-shock therapy) that are contemporarily used to correct and contain devaint forms of embodiment.

In the process of being diagnosed I became the embodiment of a "female" madness (Showalter, 1987, 1998; Ussher, 1991) which inherits themes, tones, dreams and nightmares from an ancient western discourse on deviant femininities. This discourse spans from biblical stories of Eve and Lillith, through the mass slaughter of "witches" to the hysterics treated by the misogynistic methods of Freud and Charcot (Tseelon, 1995; Ussher, 1991) . Women's bodies here have been made to signify desire and excess, a spilling over the boundaries; a key threat to formations of social order. Women's bodies, in this construction of their excess and susceptibility to the temptations

of the desiring body, are already inherently deviant, must be contained, must be regulated. Women's madness is one aspect of this deviant excess of women in our societies and it too must be contained and corrected. Yet to contain and correct women, power must be generated through the definition or redefintions of women's bodily practices, i.e. though the generation of a power/knoweldge matrix. My experience is an example of this since, in order to have my experiences corrected and contained by medicine, my bodily practices and my embodiment of self had to be redefined through the knowledge/power configurations of bio-medicine. In the duration of this redefinition I became more of a stranger to my family than the girl who could not eat. I became an unfathomable, recalcitrant miscreant. I became the other to them of rationality and normality.

In this way, bio-medicine perpetuates a historical lineage of irrationalising women who differ from the norm and who exceed socio-cultural definitions of hetero-normative femininity. Moreover, medical practice as I will discuss below and in more detail in the next chapter, constructs infantilised and dependent feminities. Most important of all is that in my diagnosis and in this first treatment setting I was the object of bio-medical practices which reinforced multiple splits between my body and mind, and between my body and society. How could I feel "rational" when my embodied self was so split and torn in this way? Sitting in a psychologist's study with an old man who barely listented to my stories, eating under the watch of the nurses, having my foods measured out by my parents. To repeat, these kinds of practices facilitate the description and understanding of the subjects of "eating disorder(s)" as irrational, unruly and in desperate need of medical regimens. Furthermore, they actually construct the subjects of "eating disorder(s)" experiences as irrational and needy by training the body in ways which create dependecy on medical regimes and rationalised forms of knowledge. To fall back to my metaphor of body voice, this is the voice of a dualistic and patriarchal social formation marginalising and limiting the voice of the carnal and sensual lived body.

I will turn in more detail to this marginalisation in the next chapter. Here I want to focus on the socio-historical context in which my family and I came to

interpret this body and my mind of mine as faulty and *dys*-functional[1]. I want to contextualise our placing of faith in medicine within a socio-hisotrical matrix which has moved understanding of women's eating practices from spiritual and religious frameworks to medical pathologising and normitavising frameworks. I want to consider the social formational power of medicine in contemporary society as the key to our acceptance of medicine's explanations. This Western medicalised society is the context wherein my family and I accepted the possibility that the distress and anxiety of "eating disorder(s)" and the avenues for "recovery" were to be given to us through the medic; the doctor, the psych-consultant, the therapists and counsellor. This is the context where we believed that my "eating disorder(s)" experiences could be tracked down and located in neural pathways in the brain, which could be altered? blocked? opened up?, through pharmaceutical management. This is the context wherein we thought not, as some sociologists are now thinking, about the connections between neural pathways, cultural contexts and social action (eg. Williams, 2000) but about the need to increase medication up to two blue and white pills, three blue and white pills, four blue and white pills a day, because my brain was not responding, my symptoms, my experiences were not getting any less *dys*-orderly. We accepted every explanation offered us; that I was immature (Crisp, 1986), that I had developed a *dys*-functional personality (Bruch, 1974) that the issue was one of control and my need to hand over this control to medicine. We did this because we had no other choice. We were frightened, there was nowhere else to turn, no other explanations available.

Believing Powerful Stories.

As I have discussed in chapter 3, over years of surveillance and knowledge production medicine has constructed many stories of the lived experiences of "eating disorder(s)". Convinced by the powerful "truth effect" of this science based insitution, my family and I believed the stories medicine told us. Entangled in these discourses, entangled in these stories and in the subject

[1] I use the term *dys*-functional here in the same way that I use *dys*-order; as a means of signalling the dynamic relation between "*dys*" experiences and the social order or social function from which they emerge and in which they are embedded.

positions these stories describe, it was difficult to recognise the gender hierarchies, the training and shaping of women's bodies and the training and shaping of their sensual experience which bio-medical discourse on "eating disorder(s)" and "recovery" deploys. Now, however, I can make connections between my treatment at this time and socio-historical processes of medicalisation which have depended upon the construction of subservient and passive women.

In chapter 4 I touched upon the theory that there have been many successive and accumulating re-formations (Mellor & Shilling, 1997) of society which have impacted on and changed the body over time by changing the form of reflexive relationships with the carnal and sensual body. These reformations imply historical processes. They imply the hand-over of the "truth effect" from one institution to another. Medicalisation is one such process and the handover of "eating disorder(s)" and "recovery" experiences from the church to medicine (Brumberg, 1991) exemplifies the transfer of power from one instutitution to another while at the same time making a link between the two vis a vis the positioning of women and women's bodies within discourses on "eating disorder(s)" experiences.

In William Bell's *Holy Anorexia (*Bell, 1985) and in Caroline Bynum's (Bynum, 1987) *Holy Feast, Holy Fast*, both of which address Medieval experiences of "eating disorder(s)" the hegemonic institution of church is depicted as providing sanction for women and men who fasted as a display of their devotion to God. Such aescetisism was an honorable activity and those who embarked on such praxis were venerated and honoured. Rudolph Bell discusses Western medieval depictions, from the 13th to the 16th centurie, of *anorexia mirabilus*, a term which translates as: miraculously inspired fasting. "Miraculaously inspired" underlines the historically specific perception that fasting provided, at that time, a mechanism for channeling or connecting with divinity. Bell argues that the miraculous loss of appetite and the "neurotic" loss of appetite ("anorexia –nervosa") described in psychological discourse of the 20th and 21st century are psychologically analogous. Bynum (Bynum, 1987), however, rejects this equation entirely, arguing that fasting for medieval women was only one part of women's complex and ritually elaborate

experiences of spirituality. Nonetheless, Bynum and Bell are both agreed on the issue of women's use of fasting to cultivate a space outside of the strictures of patriarchal society. Gooldin (Gooldin, 2003), discussing both Bell and Bynum concisely formulates the argument:

> Within the limitations of a patriarchal social structure, food and its rejection, was an available channel for women to express their religious conviction. Not only was it the sole resource controlled by women but it was also a unique channel through which they could control themselves (their bodies, emotions, sexuality) and their social world (Gooldin, 2003: 29).

Joan Brumberg (Brumberg, 1989) in *Fasting Girls* extends these arguments and traces a historical lineage of fasting women to depict the process whereby women who fasted judiciously came to represent a threat to patriarchal power. Brumberg shows how changing social contexts influenced the interpretations that people make of "eating disorder(s)" experiences. In medieval Europe, the dominant interpretive system was Christianity and in accordance with these interpretations many of the women were considered saints (see also Mellor & Shilling, 1997). By the end of the 19th century the hegemonic body narratives were medical and the same behaviours, fasting and starvation were considered illnesses. As a result women fasting came to be pathologised; reproached for their actions and for their "wasting away" rather than celebrated for their will and their conviction. The more it became clear that fasting was a way for women to cultivate a space outside of patriarchal control, the more it became clear that fasting was an assertion of women's power, the more wasting away, and refusal to eat, were repositioned as signs of madness and pathology and not of holiness or spirituality.

Women in the 19th century who followed medieval women in using fasting as a strategy to resist partriarchal control, in this instance the strict control of the bourgeois family unit, thus found themselves judged reprobate by medicine. Nonetheless, as Brumberg discusses, more and more women found that this was their only means of resisting the new codes of femininity which were being forced upon them (see also Showalter, 1987; Ussher, 1991). This

enlarged the space for questioning women's eating praxis and instigated the quest for a repository of truth which could facilitate regulation towards normative embodied positions. Feminist historians show that the rising hegemony of medicine in this juncture in the 19th century, between pre-modern largely religious societies and modern medicalised socities (Ehrenreich & English, 1976, 1989; Jordanova, 1989) was dependent upon the hand-over of responsibility for the moral control of women from the church to the clinic. This was a transitional period in which both cleric and medic were sought to explain women's wasting away. However because medicine was coming to be positioned at this time as the source of "cure" for all ill health more and more people began to remove or shift their faith in religious explanations for health and illness to place their faith in the abilities and power of the medic. Thet more they did this, the more they submitted women's bodies to a clinical gaze and a medical confessional.

This transtional period in the early 19th century was also, as Ehrenreich & English (Ehrenreich & English, 1976) and Ussher (Ussher, 1991) point out, a period in which women were stripped of the right to any discourse of health and healing of their own. It was at this time that a forceful denial and culling of women-centred meanings of lived experiences gathered strengh and momentum. Included in this stripping away of women's power was the discounting of women health carers, midwives, herbalists and witches. Women's own explanations of, and for, health and well being, moral and physical, were discounted and set aside as an increasingly powerful male dominated medicine began the task of classifying and dividing women into categories of deviance and normativity and creating regimes repelete with "technologies of power" which would "cure" women of their various pathologies and "madness".

In the transference of confessions of "eating disorder(s)" experiences from the clergy to the medic we can see the play of institutional power as it flexes and bends to the developments and productions of knowledge. We can see that the key to this transfer was the power bequeathed to medicine by virtue of its ability to posit the knowledge *it* produced as rational and scientific (rather than faith based) and its ability to subordinate women and reinforce gender norms

by tying them to a body which their Cartesian scientific epistemology allowed them to further "irrationalise". As I have suggested above, this means that the marker and site of bodily irrationality becomes the body of women (Crawley & Himmelweit, 1992; Inckle, 2007; Mitchell and Rose, 1982; Nicholson, 1990; Ussher, 1991). Women here are made to embody and represent the instabilty and fluctuations of nature and society, fluctuations and instability which, it is assumed, bio-medical rational knowledge can master and control (Bendelow & Williams, 1998b; Williams, 1998, 2001). These are the foundations of modern medicine.

Processes of medicalisation are often theorised through the work of Foucault and his theorisations of bio-politics. Foucault, in his historical excavations of Western societies, detected a historical rupture between disciplinary power where the self is governed by a sovereign power external to it, and bio-power, a method of state government which operates through the regulation of the way life flows through individual bodies both as an internal experience of health and well being and as an external representation of self in society. Turner (Turner, 1991, 1992), Armstrong (Armstrong, 1980, 1983) and Rose (Rose, 1990, 1996) are good examples of theorists who use Foucault's work to consider the increasing power of medicine and its various specialities in modern late capitalist society. However there is more at issue than just the increasing power of medicine. What is at issue is the way that medicine regulates and shapes snd genders embodiment. What is at issue is the knowledge and the meaning that medicine offers us for understanding and acting upon our lived bodies. For as Comoroff has pointed out:

> A culture's hegemonic system of healing does not just restore the body's functionality; it is also charged wiht reaffirming for the patient, the integrity of the wider cultural order (Comoroff, 1982: 51).

Truths of Women's Bodies.

In Western and Westernised societies, where the institution of medicine has established its claims to truth incessant testing and examination of women's

bodies is sanctioned. This testing and examining is itself a shaping and moulding of women's embodied experiences (Martin, 1989, 1990; Young, 2005). As Turner (Turner, 1996) notes, women's reproductive capacities fall particularly under the aegis of this clinical gaze. Hence pregnancy, menstruation and in the last two decades, menopause, have borne the intensive, often invasive, gaze of "surveillance medicine" (Armstrong, 1980; Ussher, 1991). In return for their "subjectification" via this dynamic process, many women have found themselves caught up in a way of understanding bodily flux and rhythm as problems and even disease or *dys*-order. This disease and *dys*-order, often viewed as disruptive of social efficacy, is regulated through bio-medicine's developing technologies, despite ongoing consternation as to the "iatrogenic" (Illich, 1976) effects of drug treatments such as hormone replacement therapies and harsh surgical procedures such as hysterectomies. Whether or not women choose to consume and employ medicine's various regulatory technologies when it comes to their reproductive systems, it is certain that the rhythms of the female body are not something that women are taught to listen to in heavily medicalised cultures.

In this context it is no coincidence that the bio-medical discourse around "eating disorder(s)" often addresses "problems" in the hormonal and reproductive systems which arise as a result of non-normative eating praxis. Interestingly, Helen Malson and Jane Ussher (Malson & Ussher, 1996) have, in a joint study, used discursive analysis of interviews with 23 adult women diagnosed with "anorexia-nervosa" to suggest that for many of the women they spoke to, menstruation was to be avoided precisely because it has been constructed as "alien, out of control, highly emotional, sexual, vulnerable and dangerous". Understandably then in a culture where rational control and tightened body boundaries (Douglas, 1969; Mac Sween, 1993[2]) are so highly valued, menstruation is not something to which women attend as a medium of embodied information (unlike in other cultures where menstrual flow is neither problematised nor controlled).

[2] See also Mira Dana's (1990) important article for a discussion of "eating disorder(s)" experiences and body boundaries

In looking carefully at the historical emergence of the "eating disorder(s)" categories, as both Hepworth (Hepworth, 1999) and Malson (Malson, 1998) have done, we can see that the moral and irrationalising reproach directed towards women's bodies, incipient towards the end of the religious treatment of women's eating praxis, was retained and carried over into the production of a bio-medical database of "eating disorder(s)" and "recovery" experiences and the rise of medical power and dominance over the subjects of this experience. Hence William Gull states :

> It will be admitted that young women at the ages named are specially obnoxious to mental perversity" and "This story *in fine* is an illustration of most of these cases, "perversions" of the ego being the cause and determinng the course of the malady (Gull, 1874: 25, quoted in Hepworth, 1999).

"Perveristy", "perversion"! Strong words indeed. According to both Hepworth and Malson, this moral and irrationalising view of the subject is retained even to this day in the language and practices of contemporary diagnosis and treatment of "eating disorder(s)". Indeed, Hepworth and Griffin argue that:

> The elements contributing to the contemporary status of AN[3] within the popular, medical and feminist domains are enmeshed within the language and the discursive forms through which AN was constructed during the 19th century (Hepworth & Griffin, 1996: 69).

More importantly, contemporary bio-medical discourses of "eating disorder(s)" and "recovery" continue to construct the subjects of these experiences through the same body fearing logic of 19th century.

At the same time, medical surveillance and bio-medical epistemologies of "eating disorder(s)" and "recovery" have constructed databases and resources for subjects of "eating disorder(s)" and "recovery" experiences which might be considered as possible "technologies of self", because they help the subjects of

---

[3] Hepworth & Griffin (1996) replace the diagnostic label of anorexia nervosa with AN as a deconstructive strategy.

"eating disorder(s)" to understand their experiences and to know, perhaps most importantly, that they are not alone. Thus I can read a passage like this extract from Hall & Ostroff:

> Anorexics develop and adhere to rigid beliefs and rules. Most only permit thmselves a limited number of calories each day, usually no more than a few hundred (...) Throughout the course of their day, many anorexics religiously record the number of calories they have consumed, and if the allotted quota is surpassed, whether accidentally or in the course of a binge, they feel overwhelmed by anxiety, anger, frustration and fear. In an attempt to alleviate this extreme sense of discomfort, many compensate by adding additional exercise to their daily workout (...) Anorexics will delay or avoid meals for as long as possible, because while they may be obsessed with thoughts of food, the acutal act of eating is frightening (...) Most anorexics limit themselves to foods which are low in calories, such as fruits or vegetables. Because eating these foods is unlikely to result in weight gain, the individual considers them to be "safe" and can consume them with less anxiety (Hall & Ostroff, 1998: 19-20).

-and as I read this passage and many similar passages in the eating disorders texts which line my book shelves, I am shouting inside, repeating over and over: "yes that is me, that is what I do, I'm an anorexic". My family too, are shouting, jumping up and down inside going "yes yes that's Bríd, that's what she does...because she's an anorexic". In these kinds of readings we are caught up in a process of subjectification where medicine provides us, provides me with the means for knowing and being who I am. Yet in this subject position there is little room to question the relationship between my body/self and the social and cultural structures which mediate this relationship. The problem is me, the problem is the anorexia, and the anorexia must be destroyed. The problem is I am an anorexic, and the anorexic must be destroyed.

Therefore, while this process of indentification or subjectification may in some ways be useful for me, not least in the way it positions me amongst other young women who I can turn to for empathy and support, one of the problems

to be reflected on here is that the moral, irrationalising, and pathologising bent of early work on "eating diorder(s)", as noted by the feminist theorists discussed above, continues to thread itself through the discourse which webs itself around these categories. As feminist texts such as *Fed Up and Hungry* (Lawrence, 1987) [4]and *Consuming Passions* (Brown, 1993) elucidate, this irrationalising discourse is woven with moral discourses of appetite control which make of women's eating praxis a potentially shameful and abject behaviour (see also Bordo, 1991; Chernin, 1981, 1983, 1996; Wetherell, 1996). It is for this reason perhaps that we have fewer studies which speak of the experiences of "bulimia-nervosa", or any of the other eating disorder categories apart from anorexia (Burns, 2004; Cooper, 1987). Eating, is for women, far more shameful than not eating, and vomiting and fatness come to be abject positions in medicalised cultures where health is associated with rational and instrumental control over eating praxis rather than irrational, lack of control over appetite and eating.

Hence the DSM-IV has as symptom no.2 in the "bulimia-nervosa" category:

> A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

My greatest sense of shame about my experience with "eating disorder(s) relates to the fact that I sometimes make myself sick. My family too find it easier to think about me in terms of "anorexia nervosa" rather than "bulimia-nervosa". This is strange when, for example, research suggests that 79 percent of female college students in America experience "bulimic episodes" (Halmi et al, 1980). Yet shame, as social theorists such as Elias (Elias,1982, 2000), Goffman (Goffman, 1976), Giddens (Giddens, 1991b) and Scheff(Scheff, 1990) point out is is inextricable from the individualising arch of civilisation and modernisation where the body and its boundaries must be tightly monitored and controlled so as to produce a self which is socially valuable.

---

[4] Troy Cooper makes a nice argument in this text about the ways that therapists relate to "bulimia" and bulimics. Both Cooper and Burns seem to suggest that feminists may relate differently to "anorexia" and anorexics than to "bulimia" and bulimics. This is because feminists value the extremely disciplined and strong will that the anorexic seems to embody as well as valuing the imagery of resistance which many theorists have imposed upon the thin body of the anorexic through complex theorisation of her body surface and behaviours.

Both times I was hospitalised I found it almost impossible to talk about vomiting because most of the girls around me seemed to embody the culturally valuable behaviours of self-control. I have met other girls in treatment who have shared similar feelings and I would suggest that because society continues to value control "over" the body, the focus for discussion remains on "anorexia" rather than "bulimia" and the space for discussion of these experiences is narrowed and diminished

Yet whether a woman is considered irrational and unruly because of her excessive control or because of her loss of control, the central point that genealogies of the "eating disorder(s)" allow us to make is that the discourse through which the subjects of "eating disorder(s)" are constituted irrevocably links woman's embodied self with irrationality, disorder and nervous health problems (Hepworth, 1990; Lupton, 1995). In doing so it positions the subjects of "eating disorder(s)" in a problematic relationship with their bodies. Furthermore, it then offers women living through this experience the suggestion that this conflict may be diminished by gaining a "rational" (one could read male) control over the body which *they* can facilitate through the provision of their expert knoweldges via a number of specialising professions (Malson, 1991; Malson & Ussher, 1996). The bio-medical model of "eating disorder(s)" thus serves to normalise women towards a Cartesian model of the disembodied rational actor in full control and mastery of the flux and flow of the lived body through the consumption of rational expert knowledge. The body remains an object of fear and distrust. In other words the bio-medical model always serves only to further irrationalise the body .

Handing over trust.

Implicit in our handover of trust to the institution of medicine, and implicit in the handover of my gut wrenching confessions to doctor and then psychologist, was an understanding, or perhaps better (bad?) faith, that if I followed a medical regimen (Turner, 1990, 1992, 1996) my "symptoms" i.e.

my :

"Refusal to maintain body weight at or above a minimally normal weight for age and height"

my:

"Intense fear of gaining weight or becoming fat, even though underweight."

my:

"Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self evaluation, or denial of the seriousness of the current low body weight."

And my:

"In postmenarcheal females, amenorrhea (for example, absence of at least three consecutive menstrual cycles)."

Oh and lets not forget to mention my Type B symptom:

"Binge Eating/ Purging type: During the current episode of anorexia nervosa, the person had regularly engaged in binge eating or purging behaviour (for example, self induced vomiting or the misuse of laxatives, diuretics or enemas)."

(All quoted directly from the DSM-IV (APA, 2000))

...All of these were to disappear if I were to follow a medicalised regimen for the living of a "normal" life. This was to include, in my case, the use of Serrotonin inhibitors to adjust deficiencies in the Serrotonin production of my brain (see Crossley, 2002 for a problematisation of these kinds of prescriptions) and weekly confessions to the moral expert (psychologist) as well as a strict set of dietary practices stipulated for the "normalisation" of

eating. Zerbe's (Zerbe, 1993) accessible text, written to provide "sufferers" and "family" with explanations and hope provides a nice example of the bio-medical promise we were asked to have faith in. Describing how "eating disorder(s)" are often "comorbid" with other forms of mental illness such as depression she states:

> Fortunately for many patients, both of these disorders can be corrected simultaneously with a combination of appropriate antidepressant medication and simple strategies for managing the eating disorder.(...) This point marks only the beginning of treatment. The "choice" of symptom is predicated on deeper struggles and necessitates a variety of psychotherapeutic techniques to uncover and intervene with the underlying problem (Zerbe, 1993:32).

The prescription of brain altering chemicals has come to be a key component in the treatment of "mental illness". As many critics of medicalisation suggest, these prescriptions are simply an artefact of bio-medicine's persistent desire to tack all bodily dis-ease to the malfunctioning biological body . Apart from the medication, as Hepworth (Hepworth, 1999) wryly comments, not much in the basic methodologies of treatment have changed since the 19th Century when William Gull[5], one of the men credited with the "discovery" of "eating disorder(s)" to bio-medicine claimed:

> Food should be administered at intervals varying inversely with the exhaustion and emaciation. The inclination of the patient must be in no way consulted (Gull,1874: 25).

and

> The patient should be fed at regular intervals, and surrounded by persons who would have moral control over them (Gull, 1874: 26).

[5] Quotations from both William Gull and Charles Laseque are taken from Julie Hepworth's (1999) study: *The Social Construction of Anorexia Nervosa.*

I followed these medical regimens as prescribed. In fact I have done, on and off, for over 12 years now. Yet, as my stories will go on to describe, mediating my experiences of "eating disorder(s)" through a bio- medical "way of knowing" and "being in the body", where the body needs to be controlled with a rational implementation of medical regimen and the mind split into irrational self (the eating disordered self) and rational self[6], facilitated the habituation and entrenchment of the fear and mistrust of my body which as I have argued is an integral component of the experience of "eating disorder(s)" itself. I want this story of my family's experience to open this problem for discussion and to ask if it is helpful to "treat" a troubled relation between body and mind with more and more splitting which continuously emphasises the need to move towards adopting more "rational" relationships towards the body. How is it helpful in any way that I, and my family too, began to think of Bríd as "suffering" from a "mental illness", as if someone had taken over the real me, someone who could not help but manipulate, lie and act under the duress of "the voices in my head"...the culprit who was blamed and scapegoated for making me think there is too much of me and I must eat less.

Criticisms of bio-medicine are well rehearsed in sociology and I hope that the above may be read as part of this critique. While medical acheivements are irrefutable I believe it is important in reflections on "eating disorder(s)" to understand that the epistemology of medicine is thoroughly saturated by a misogynistic Cartesian world-view, a dualisitic, splitting, disembodied way of knowing the world and its many component parts. Bio-medical understandings of "eating disorder(s)" and "recovery", despite noting that "eating disorder(s)" are multiply determined (e.g. Garner & Garfinkel, 1997), provide little in the way of understanding "eating disorder(s)" or "recovery" as "bio/psycho/social" (Freund, 1998) illnesses which express subjectivity as and through connectedness to and inflection with social environment and fluctuating diffuse networks of power/knoweldge which are structured by subjects at the same time that subjects are structured through them (Shilling, 2000, 2005).

---

[6] This construction of "eating disorder(s)" experience may be found in texts such as Hilde Bruch's classic text *The Golden Cage*. Here Bruch notes that women diagnosed as anorexic tend to talk of experiencing two selves at war with each other. One of the selves is intellectual, spiritual, strong willed and male and the other is bodily, uncontrollable, impure, weak willed and female. (See also next chapter Bruch, 1982, Minuchin et al, 1978; Palazzoli, 1974)

Sociality as part of the dynamic form of eating disorders is forgotten in the bio-medical context because the originary faultiness, or malfunction is always located within the body and mind of the individual (Lester, 1999). This creates space for assumptions like this archetypal charactier might make:

> "even though all of us are subject to the same kinds of pressures to be thin, or beautiful, "she" has an eating disorder because there is some kind of weakness in her, some wound in her psyche maybe, some immaturity which causes her to behave this way"

or as this character, influenced by studies which continue to search for the etiology of eating disorders within the biological body would have us believe:

> "the serrotonin levels in her brain and the zinc levels in her body are so low that she cannot understand when she is hungry or full, and her hormones are all over the place, no wonder she is so depressed, no wonder she can't eat, she just can't manage things when she's feeling like that".

(these are both sentiments which have been considered and expressed by me and by my mother and father, my brother preferring just to say:

"Oh Bríd's just a little messed up in the head"

and my sister to wonder if:

"she's just looking for attention?".

Assumptions like these, are based, I want to suggest in bio-medical epistemologies. This is an epistemology of body and mind which facilitates the gliding over of the connectedness between "eating disorder(s)" culture and society. It especially facilitates the masking of the gendered social structures and practices which mediate embodied praxis at any give time, including the gendering of women's bodies inscribed in medical diagnosis and

treatment. Consequently, when my family and I first found ourselves caught up in the bio-medical discourse of "eating disorder(s)", we followed medicine in sourcing the roots of my experience in my pathological woman's body and not in my position as an embodied subject within modern gendered cultures.... Later, as my story will show, the whole family were pathologised. The final important point to be made here is that in using the bio-medical paradigm to explain "eating disorders(s)" we came to be positioned in relation to a pathologised body. This body, my body had to be distrusted, and we were all to have no relationship with it other than to control it with the "rational" knoweldges the medical experts provided us with.

Chapter 6:

Three Ways of Recovering a Body

Next I decided to become a virgin. Without a body
it was easy to make up a new story. In seven years
every invisible cell would be renewed
And none of them would have touched any of you.
I went to a cold lake, to a grey-lichened island,
I was gold in the wallet of the water.
I was known to the inhabitants, who were in love
with the coveted whisper of my virginity:
all too soon they were bringing me coffee and perfume,
cash under stones.
I could really do something for them.
By Helen Dunmore
(Dunmore, 1994:10)

Bríd

In the library basement the air is heavy and still and smells like old books and damp. A white trolley loaded with academic tomes awaits my filing skills. Resignation moves through me as I bungle slowly through the stalls replacing books which seem almost as heavy as I am.

It has happened again.

I can't eat.

I can't eat and I am tired and weak and so frightened.

I push my legs and arms and sometimes my speech into motion with jaw-clenching determination but I am hollow and empty and feel no real connection to anything I am doing...except to not eating.

Sweat beads at my fore-head, black fog floats before my eyes, I teeter at the edge of a falling I long for. I could lie down and sleep forever.

.....

Poem for my brother Liam

The fogged bathroom mirror
Reflects your face.
My brother,
my minder.

The fog is everywhere,
occluding vision
and memory,

but somewhere-

blood drips …
from deep dragged cuts,

And pain pierces-
Someone.

And
In the mirror
I read the horror on your face,
The anger-

As you grip and bind my wrists,
And the fog.

I can't remember
The colour of the bathroom
The feeling of the blade
Across my wrist

Or even why
I wanted to die
That night

Or why
You so desperately
Wanted to save me.

But I remember
A foggy mirror
Filled with your face
And filled with your fear

And I wish
I could replace
That mirror
For both of us.

.....
.....

Liam, Mary and Bríd.

"Oh my God, what have you done to yourself?" Mary pales as she carefully holds Bríd close. She grips Bríd's wrist, feels at an upper arm, and starts to cry.
"You shouldn't be driving", she says.

"How could you do this again?" she implores, "Why are you doing this?"

Liam walks through to the kitchen to put the kettle on. He is stoic. Young Liam has told him about finding Bríd…
He can't think about that.

He is determined to find her help. He is determined to find her the best help he can. He will bring her to the doctor in the morning, he will get the best advice, he will get the best help, he will do anything he can do, to help her get better.

"Mum, Dad I'm so so sorry".

Bríd whispers through her tears.

"I don't know why it happened, it just came back and I couldn't eat".

"But you didn't look so awful a month ago. Now you look like a cancer patient. I don't understand. What happened, what happened to you?"

Liam is genuinely bewildered. Bríd had looked just fine the last time she was home… fine for her that is.

"Daddy, I'm sorry, I don't know what happened, it just got worse, the hateful, hating noise in my head, and I couldn't eat, I just couldn't bear it anymore, I had to make it stop".

"This bloody "anorexia"", Mary spits out, "you have so much, we give you so much, we give you the best of everything. Why are you throwing it all away?"

Flashing words out in anger Bríd shouts,

"You think I want to be this way, you think I'm doing this on purpose?"

Deflating quickly, beginning to rock slowly, rhythmically she whispers through her tears, her face and body twisted with pain of guilt.

"I'm sorry, I'm sorry, I'm sorry..... I want to get better, I really do. Please don't be mad. Please. I'm so sorry. I couldn't help it, it got so hard. Please Mum. Please Dad, I want it to go away, I want to get better".

"We'll get you to the doctor tomorrow- we'll get help".

Liam reinforces his intentions with a gentle hug. Mary holds Bríd's scrawny, yellowed hand, inwardly cringing at the fragility she senses in her daughters wasted limbs. They sit for a long time in silence. Mary is frightened to ask Bríd if she will eat something. Eventually Bríd gets up professing tiredness and goes to her room. Mary sits alone in the kitchen with her thoughts. Liam sups tea in the living room. Both feel like a devastating bomb has been dropped into the midst of their rebuilt lives. They are too shocked to talk to each other.

.....
.....

Mary, Sarah, Bríd.

Mary, Sarah and Bríd are sitting together in the living room. Bríd shivers a little under a red woollen blanket and Mary moves to shut the window.

"Mum", Sarah protests, "it is bloody roasting in here, leave the window open."

"Your sister is cold",

Mary retorts as she firmly closes over the window and shuts both doors.

Sarah is angry, her mouth and face hard as she jumps up from her seat muttering "Oh for God's sake".

Cushions scatter in her wake.

Mary follows her through to the cooler kitchen.

"Will you not talk to your sister? She's not well right now".

"I can see that,"

Sarah snaps.

"I can't be near her right now and I don't want to talk to her".

Sarah storms out of the kitchen and out of the house, grabbing cigarettes, keys and lighter on the way. She will wait with neighbour-friends until Bríd has eaten her single meal and gone to bed. It makes her sick to watch Bríd pick and poke at her food for hours, eking five or six minutes out of each slice of vegetable, mournful expressions accompanying each laboured cut and slow swoop towards the mouth. She is sick of it; she can't bear it any longer. She can't wait for the hospital to ring with a bed space for Bríd. She can't wait for Bríd to be gone and for life in the house to be normal again.

.....

.....

Bríd and Mary

Bríd and Mary find the sunshine on the back lawn of the house. Mary lays cushions "for lounging" and arranges herself to catch the most of the sun's rays. Bríd forgoes the cushions folding her legs under herself, keenly attentive to the touch and tickle of warm grass blades against her skin.

"You really are going to try hard to beat it this time, won't you Bríd?"

Mary peers into Bríd's small face as she speaks-

"This is your chance, this will really work for you, you can beat it this time, you really can".

"I will Mammy- I promise- I'm going to really do everything they tell me this time. I know this is my chance. I want to get better- I really do".

Mary lays back onto the cushions grateful for the charm of buttercup sunshine, grateful for the penetrating joy of warmth and hope.

After some time spent this way, the phone, barely audible from the garden, rings in the kitchen. Its ring is an insistent harbinger. Mary rises awkwardly but quickly from the cushions and rescues the line from silence before the ringing ceases.

Moments later she rushes in a flurry to their seat in the garden.

"That was Dr. Conrad. They have a bed for you now. You can be admitted this evening. I rang Dad. He's leaving work now. He's on his way home to take you there".

Fear, hope, desire, movement, scurrying, flurrying, packing, checking, leaving, crying, settling into the front seat of the car in silence, letting go, giving over… giving up?

Brid's Diary May 20th 2000

I finally made it onto St. Camillus's ward late last night after a tiring, tedious circulation of administration. Dad held my hand and carried my case as I climbed stairs which seemed like they had been built to suit a Giant. At the top, we opened the door to the ward, with me feeling as if it was the door to a new life.

I couldn't help but notice the gaunt looking group of young women and one young man huddled together on a faded, poorly-stuffed couch near by the nurse's desk. I couldn't help it because they were each sneaking furtive glances at me. I am sure of it. Measuring me up, measuring my weight and size against their own, just as I was measuring their weight and size against mine.

As the nurses prepared my room they left me with a plate of food. Dad waited to see me take a mouthful of bread saying,

"Well done, more of that now and you'll be grand in no time".

When he left my heart sank and I felt alone and scared.

Soon after my father left, the nurses showed me to my room. It is near the end of the ward opposite the smoking room. It is bright and airy and I have chosen the bed nearest to the window. It is a large old sash window, varnished white and locked up tight against the possibility of suicide jumpers. It lifts just enough to let a breath of air blow away the stench of smoke slinking like fog from the smoking room. From the window I can see the sea in the distance and the verdant gardens below. The view is beautiful. It calms me. It makes me happy.

Tonight I am alone but tomorrow another patient will come to share my space. I am worried about that. I have a locker, a bedside table and a sink of my own. I have a wardrobe. I have hung and arranged my clothes in order. I have tacked a picture of Mum and Dad above the head of my bed. It does not smell or feel like a

hospital here, it smells and feels like a bustling and busy old house full of many, many, sad faced people.

I hid in my room afraid to move until a doctor, my registrar he tells me, arrived. **HE IS VERY ATTRACTIVE** and can't be much older than me! His name is Doctor Dunne. He checked my pulse and placed the cold steel of his stethoscope over my heart.

"So", I teased, "what can you tell?"

"You are cachectic", he said with a smile.

"What does that mean" I asked. I had never heard the word before.

"You are too thin." He said

I like him. I like him a lot. Cachechtic- I like the word too, its a new one for me. I have written it into my word note-book. In it are all the words I have met in the past years which have shaken me awake by the way they stand out from flat day to day vocabulary. I will use this new word as often as I can before it no longer applies to me. Cachectic, cachectic, cachectic…

……
……

Mary and Liam

"You took ages", Mary says as she opens the blonde wood front door to Liam. She had been waiting in the dusk-lit living room, looking through papers but not reading anything, watching t.v. but not really seeing what was playing.

"Traffic was terrible", Liam says, "and then it took ages to make our way around admissions. I left her with a plate of food. She ate some bread. She's ok".

"Bread! She ate bread? Thank God. Thank God. She's in the right place now Liam, isn't she?"

"She is love, she is".

.....

.....

Bríd's Diary:

First day on St. Camillus's ward. Acceptance to Eating Disorder Recovery Programme pending two weeks "weight restoration". Time to leave "anorexia"/ "bulimia" / "disordered eating" behind. Now if only I could sit and write this diary without all the jumbled torturous thinking about food and eating getting in the way.

I couldn't really sleep last night. It will take a while to get used to having a torch shone in my face every hour. They do this, I presume, to make sure we are still here and still breathing. With the sun-rise I hopped out of bed, tried to stretch some life into my limbs, and settled finally for meditation.

A nurse came at 8 a.m., handing me a menu card and urging me to prepare for my first "weigh in". The menu was beyond me, overwhelming me with panic, routing my mind once more into frantic calculations. How could I choose from amongst an array of foods so foreign now to my tastes, an array of foods which had been prepared by someone else?

I didn't have long to dither before the nurse was back and motioning me out of the room for "weigh in". I grabbed my hooded pale blue robe and slipped cold feet into slippers to follow the harried nurse into a dull brown conference room where robotic-looking weighing scales loomed in the corner.

"We have to weigh you for the programme", the nurse explained. "Take your robe off and remove your slippers and step up".

Just like at home, I thought to myself. Weighing, every morning, my infuriatingly stubborn body. Every morning, praying for lower, smaller, lighter numbers, the numbers that sing the highest brightest notes on chords of jubilant victory.

Devilishly, the digits on that electronic grey screen danced between numbers before settling on figures the nurse, her name is Elaine, blocked into her notes with a thick red marker pen. With that pen she made the numbers fatter and rounder than I could bare.

.....
.....

Irene, the nurse in charge of the Eating Disorder Recovery Programme came to my room after breakfast with contract in hand for me to look over. Irene is short haired, sturdy and robust. She reminds me of the farmer's wives in children's stories, wives who were practical and shrewd and who knew what to do with the golden goose or the magic beans. Her voice is quiet and gentle with the subtle lacing of humour barely detectable around the edges. She snips her sentences premorse with pursed lips as she reaches the end of her breath.

"We are going to set you a target weight", she explained "and we are going to create a graph which will represent for you the targets you will have to meet on a weekly basis".

She went into detail but it was all a bit confusing and I began to see number ladders in my head and pounds of flesh circling around like flies that I, fat toad, would have to swallow into me.

I read through the papers over and over after she left. Here is some of what it says in the black and white contract:

Weight Target

During the pre-contact phase, a decision will be taken regarding the target weight range for each individual and will be explained in discussion with the patient, their family and staff members. The target weight range will be in keeping with the accepted norms within our society, and have been independently verified by numerous bodies (e.g. The Royal College of Physicians) in a scientific manner. A single measure, called the Body Mass Index, which represents weight in kilograms divided by height in meters squared is used. Everyone entering the programme will have a **Target Weight Range** to achieve, which is equivalent to a **B.M.I. of 21.**

Rate of Weight Increase

From the time the weight restoration contract is signed, weight is expected to increase by 1kg per week from Wednesday to Wednesday, until the Target Weight Range is reached.

Weighing Frequency

Weighing will take place three times weekly, Monday, Wednesday and Friday mornings prior to breakfast, in similar type clothing each week. This will be graphed on a chart, which will be kept in the E.D.R.P. office.

A graph, a chart of me, of mine, of the food I put into me and the flesh it puts on to me. If this is what it takes for me to leave "anorexia" behind then this is what I will bind myself to. This is why I am here. I will do everything they tell me to do if this is what it takes to get better. Is this what it takes to get better?

.....

.....

Sarah and Liam

"Hiya, it's me".
Sarah is poised on the edge of the double bed in Mary and Liam's room reaching out through the phone lines to her brother in America.

"Heyya, little sister, how are you? How's it going there?"

Sarah is delighted and a little proud that Liam has lost none of his flat Kildare accent to the drawl and twang of the American Deep South.

"I miss you", she says, "You've left me in a mad-house. There's no-one normal to talk to here. Mam and Dad are obsessed with Bríd. Mum rang me yesterday, after not having seen me for days, delirious because Bríd had eaten a slice of Pizza…She didn't even ask me how I was!".

"Is Bríd all right?" Liam interrupts, "did she get into that hospital yet?"

"Yeah, she's gone, thank god. I couldn't look at her anymore. She doesn't look like Bríd, you know and it's just really hard on Mam and Dad and so bloody selfish".

"I think she can't help it Sarah", Liam says.

"Of course she can help it, she can help it alright, she just doesn't want to… Anyway I have to get out of here, I have to get away, I wish I was away with you, away from all of this. Me and the girls we're going to get away for a while, we're planning some time away. It will be a laugh. It will be better away from here. Anywhere would be better than here right now".

.....
.....

Sarah.

With an electric shock like panic crash to the heart Sarah bolts upright in the bed, sheets drenched and twisted around her lower limbs. Sobbing tears roll down her cheeks, her breath comes fast, laboured, catching. Bríd had died in her dream, Bríd, who was a skeleton before she even met her coffin, Bríd who was grey and dry and not the sister she loved, not the sister she wanted to know, someone who had stolen her sister away from her…

.....
.....

Bríd

I have come to sit in the gardens, beneath the lilac bush, in an attempt to banish fear and panic about the foods that I HAVE BEEN EATING. Confounding, confusing convulsions of guilt, remorse, panic, sadness, anger move through me each time my mouth opens to accept wet, dry, sloppy, crunchy, tasty, soothing morsels of food. What twisting track takes food inside me that I can want and love it as deeply and vehemently as I hate and reject it?

Here under the lilac bushes I am far away from the weight of pained life which wanders with incessant step through the ward. I can believe myself without the pain, without the sad story, without an eating disorder. I can feel myself a part of the peaty earth beneath me, the summer grass which turns over into threat of shearing, the heavy scent of tightly packed purple flowers and the gentle sailing of the single white butterfly gathering nectar from May-flower and Lilac.

I have been here almost two weeks now. I have eaten every day in my room, hung in the hour which ends with meal time, at the corridors by the stairs where the ramshackle food trolley completes it ascent. I have once or twice cried as I lifted the silver dome covering the heavy-duty hospital plate. I have once or twice

refused to entertain the possibility that the mounds of fat laced food on my plate could ever do my body any good. I have gained weight and I have lost weight. My days start and end and get planned and get talked about in relation to food, eating and weight. Mum and Dad come every day and we talk about food and eating and weight. Absurdly, I need them to congratulate me for eating, to encourage me, to tell me it is o.k., it is normal to eat the things I am eating. Mum brings me the only bread that I will eat. She brings me fruit and clean clothes and scented oils to burn away the stale food smells from my room. I wish I could be better for them. I wish I could just leave it all behind. I wish I could just stay here under the trees, without ever having to eat or think about eating or talk about eating. I am just sick of it.

.....

.....

Irene has come to visit again with that dreaded chart and the red line that maps my body into this hospital's weight restoration programme. I have signed the contract. I have agreed that I WILL GAIN 1 KILO per week until I reach my target weight. I have a long way to go and Irene tells me that those who do better manage to reach their target weight and a level of maintenance a couple of weeks before they are discharged.

If I don't gain the weight, or, if I lose weight, then I get put on "bed rest", meals in my room, confined to the bed excepting monitored toilet breaks and E.D.R.P. sessions. I am to become part of "the E.D.R.P. group". We have our own table in the ominously dark dining room on the ground floor. A student nurse will sit with us at every meal, watching over, telling tales. Irene tells me that members of the group are urged to encourage each other to eat "normal meals". This seems hilarious to me. How are *we* supposed to know what "normal meals" are? But like a painter accentuating figures in chiaroscuro she has gone over and over and over the picture of "normal meals". A pyramid of food she paints; a pyramid as important and central to our E.D.R.P.[1] experience as the magically real pyramids are to being Egyptian. I am beginning to obsess about what is normal and what is

[1] E.D.R.P., was the abbreviation of and how we all referred to Eating Disorder Recovery Programme.

not. I am beginning to feel like a child annoying knowing elders with a singular perpetual question at my lips, Is this normal? I ask friends and family, I ask nurses and doctors, I have even, embarrassingly asked Dr. Dunne for his advice about the scones which come onto the wards each day as a teasing offer to practice "snacking". Actually, I wrote him a letter, imagine writing to your therapist about a scone! It went like this:

Hi Dr. Dunne,

I thought I'd write a letter since by Monday I may be happy again and have forgotten how desperate I feel right now. You see I'm struggling with a lot of guilt about what I am eating here, guilt about enjoying the food I am eating to "gain weight". I have to eat to gain weight, obviously, but this enjoying it so much is not something I'm really all that comfortable with!

I'm fretting constantly about gaining weight and losing control. I'm fretting about the unknown and the unknowable. When will I put on 1K? When 2K? How long will it take? I'm fretting about my desire to eat a scone? Do I want the scone because I'm hungry, because I want a scone, or because I'm trying to put on weight? If it's the latter, does this mean in ordinary circumstances, i.e. after I've reached my target weight, I could not have the scone? I'm confused and I'm disgusted with myself for causing this confusion. I realise that these thoughts are irrational so why do I have such trouble rejecting them? I am so ashamed to admit these thoughts to someone who might deem them silly and unfounded but my life is being made ridiculous by the feeling that I am dwelling with the singular idea of a scone. I am dwelling with the nutritional analysis of the scone, with the imagined taste and texture of the scone, with the weight of the scone's meanings sitting in my being. So you see, more or less these days, I am a scone or at least the wanting of a scone. How absurd!

As I write now I am worrying too that I am misinterpreting your role in my recovery. Perhaps you could tell me exactly what that role is? Is it wrong for me to write to you like this? It's my only way of being articulate and open about a

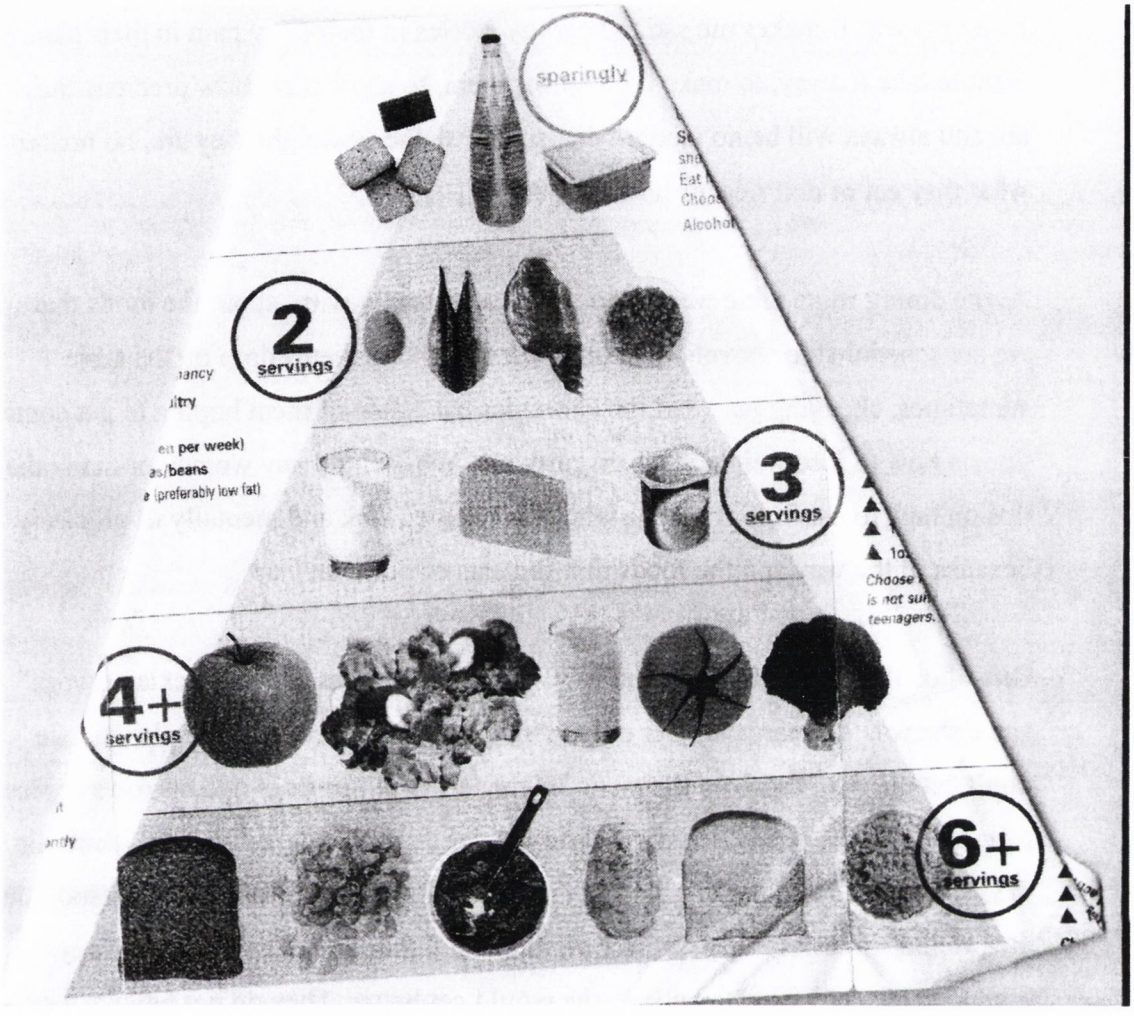
subject that embarrasses me so much. Is it wrong to ask you why I am a scone these days? If not you then who should I ask? Every time I eat something my heart races and my thoughts keep time. I hate this torrential and torturous thinking, is there anything I can do to stop it or is it best just to work through it in the hope that it will eventually go away? Will it go away? Can you explain why it happens? I realise I am asking a lot of questions. My apologies. Answers are not expected to all of them, although these would be appreciated if it is within your capabilities to furnish them! Thank you anyway for listening, thank you for your attention and your time. I hope you had a good weekend and that you enjoyed both the sun and the rain.

See you soon

Bríd

I dropped the letter in his cubby hole. I wait with a sense of impending mortification, ashamed, and still that bloody scone floats its sweet and lemony scent down the corridor to my room as it arrives warm from the kitchen sweating slightly under the transparent film of cling I may never be able to reach under.

.....
.....



I am a fully paid up member of the E.D.R.P. There are seven of us; all of us talking incessantly about what we have eaten, about what we *will* eat, about how much weight we have gained or lost, about how gigantic we feel, about what we have ordered for breakfast, dinner and tea, about what we think might be on the menu tomorrow, about what type of scone will be sent up to the ward, plain, cherry or lemon peel?

We sit every morning and most afternoons in a circle of unforgiving plastic chairs with Irene and Tracey, the student nurse. The room is a windowless dungeon lit with fluorescent. It smells of grey masked with fake floral and can be too cold in the mornings. We talk, we listen, we cry. It is excruciating. It is hard. It is helpful some days, others it is not. I am beginning to love each of the girls as if they were my sisters or best friends. I want them to get better just as much as I want to get

better myself. It makes me sad to hear my stories in theirs, my pain in their pain. I want to take it away, to make it better for them, to show them how precious they are and always will be no matter what size or shape or weight they are, no matter what they eat or don't eat or how they eat it.

At the dining room table we are stony and acerbically witty about the foods that we are scheduled to shovel down our gullets. Other patients drop by the table sometimes, checking out what the anorexics eat, some of them hoping to get some tips on how to lose weight. This disgusts me. Why would any woman or man take tips on how to eat from someone who was deemed sick and mentally ill precisely because of the way and the foods that she eats or does not eat?

One of us finds it really hard. She is 30 years old and has had "anorexia nervosa" since she was 11 years old. Her only manageable food item is the apple, and we don't get many of those on the menu let me tell you! She begs and borrows apples from the fruit baskets which come onto the wards for the depressed, the alcoholic the self-harming and the bi-polar. My mother cries when she comes to my room in the evenings to ask for her fix. Her mother and father do not come at all. They used to care. They used to believe she would get better. They do not believe that any more. I have promised myself that "anorexia" will be a distant memory by the time I am 30. I have promised my mother and father that I will never be back in a hospital ward looking for apples.

.....
.....

Would you have an apple?

Her eyes are chasms of sadness-
My heart breaks open into them.
She is 30-
I am 20.
I have an apple-
She has none.

In her white hospital gown,
She walks the ward like a ghost.
Marble stick legs-
elaborately veined.
Blue black blood-
pulsing too close-
to the too-tight skin
shrink wrapped around her narrow bones.

She frightens me still-
a spectre at 30.
A yawning, fawning, emptied out
Hollow being.
Walking, walking, walking,
Walking, walking, walking,
Up and down the corridoor,
Each step a calorie counted off,
Wringing her hands like Lady Macbeth,
Shamed, guilt ridden.

She eats only apples.
I have apples-
She has none.

I have decided.
I don't want these apples anymore.

Exercises from Group Work

Worksheet 2: What problem does anorexia nervosa causes you?

How does the burden of the anorexic minx affect you? Think about your physical health, your psychological health, your social life, your family life,. your romantic life, your education, career and security.



Write a letter to the anorexic minx, your enemy.

How does the burden of the anorexic minx affect me?

The anorexic minx has captured me. The anorexic minx is king of my head and reigns supreme. He has imprisoned me within the confines of the smallest possible space in my brain. I am shouting but no-one can hear because he has taken my voice as well.

(i) My physical health

I feel tired all of the time when the anorexic minx is in control. My brain feels dead and heavy. I lose the words and poems I have spent years collecting. I lose the lyrics and the songs that once drifted constantly through my head.
Mr Minx, how many cells and memory pockets have you erased from the walnut contours of my brain?

My knees and legs are no longer strong enough to support the running I once loved. My back pains me, my sciatica pinches. They tell me this happens because lack of fatty tissue causes disks to rub together.
Mr Minx is that you down there in my spine, hurting me, pinching me, punishing me?

My periods have stopped. They stopped when I was 16 and have never returned. I wonder if I will be able to have children?
Mr. Minx, would you prefer it if I had no children, if I were only to belong to you?

My glands are perpetually swollen, my hands and feet cracked and yellowed. My singing voice is gone.
Mr Minx, only you could love a shrivelled,voiceless hag such as I am.

(ii)My psychological Health

I have become a walking talking eating disorder. I worry my grip on sanity is slipping. There is a thick black duvet I long to slip under.
Mr. Minx, will you lie with me?

(iii) My Social Life

If you listen carefully you can hear Mr. Minx laughing gleefully.

It is comical to imagine me speaking of a social life. Losing weight is a full time occupation and interruption of my task is unwelcome.
I want to be left alone, undisturbed.
I don't want anyone else to see me, to judge me.
Mr. Minx is my only judge, he has the calculator and the weighing scales. He is my friend. I only need the one.

(iv) My Family Life
My sister and brother have both told me that they are angry. They are angry because I have allowed their sister to be seduced by the anorexic minx.

Sarah tells me bluntly that she does not know me, she tells me I took that chance away from her, that she has never known or had an older sister.

Liam tells me he misses his laughing, singing, strong-willed sister, the sister who shared his melancholy penchant for Nirvana played loud in a smokey room, the sister who dragged him protesting into the icy waters of the Irish sea, the sister who pumped up his dwindling self-esteem and dragged him into dingy disco halls long before it was legal for him to be there.

Both of them react to my body, to my behaviours to my protests, with anger, resentment and frustration. I am afraid they hate me.

I cannot write about my parents without forming tears and sadness. I see how their lives are consumed with "anorexia". I see their fear, their guilt, their helplessness. I see that I have caused this, that I am to blame.
The anorexic minx does not care.

(v) (vi) Romantic Life and Career.

As for the final two; romance? Career? The anorexic minx laughs on and laughs louder. Romance is not possible for me. I am the mermaid who has given up her voice to walk in a body which pains me. No-one will love me this way.

Without my voice how can I think of a career? How can I find the words to say what I believe? How can I find the listener to hear me?

The anorexic minx knows that without the food of life there are no words there is no connection, there is only silence...

(vii)My Future

??

Letter to my Anorexic Minx

Dear Anorexic Minx,
I hate, loathe, detest and deplore you. Knowing you reside within me sends my fingers and hands searching to tear you out of my mind. You have invaded my being. Progressively you have destroyed who I am.

But I have news for you. You have not destroyed me. Yes I have been banished and hidden in your round tower of malice and fear but I will wreak destruction on this tower even if I have to eat it brick by stolid brick.

You can be beaten and I know that I can, that *I will* win. Look out Mr. Minx. Here I come.
Love Bríd

P.S. Prepare to have your ass kicked

I'll be back!

Worksheet 3: Difficulties of Recovery

What will you miss when your try to prise of the anorexic minx. What difficulties will you have to face alone? How many new solutions will you have to come up with? What are the ways that anorexia nervosa helps you, physically, psychologically, socially, at work or studying, in relationships and with your family?.



Write a letter to your friend, the anorexic minx

Letter to my friend Anorexia.

When I was at my lowest, feeling lost and beyond despair, you came along. I thought you were the answer to my prayers, that you could provide all of the solutions. Although I had been hurt by others I knew that you would not hurt me. I devoted myself to our relationship. By focussing all my energies on you I was able to block out reality. We lived together in our own safe and controlled place. You taught me that control was possible in some areas . I believed that permanence would provide security in the face of impermanence. You were permanence, unchanging, unconditional.

As time wore on you provided me with even more answers to my problems. By involving myself so immediately with you I was able to secure the attention of my parents. I felt I could control my relationship with them because if I was sick then they would have to love me.

When things distressed me you always provided me with something to think about instead. Other friends fell by the wayside as you took up more and more of my time. We became so close that I even began to speak your thoughts rather than my own. In time I could not even distinguish my own thoughts from yours. Needs and desires became muddled and entangled. Were they mine or yours? Inseparable as we were it was impossible to tell.

For almost ten years now you have been my constant companion. You have never left me alone or let me down as others have. You did not leave me, you would never leave me. Being with you provided comfort, safety and security. That is why it is so hard to say goodbye.

I know it is the right thing to do but I am very scared of facing life without you. I wish I could ask you for help but the more I turn to you for help the more I destroy myself. Some friendships are destructive and I now see that this is the case with ours. I know that you plan on staying around for a while to see if I will change my mind. I may even meet with you from time to time when my strength is diminished. Eventually though you will have to leave.

I suppose what I am demanding is that you will banish yourself from my life. I would ask forgiveness but really I owe you nothing. I have given as much energy to you as you have given to me and now it is time for us to part.

Goodbye

Love Bríd

.....

.....

Mary and Liam

Mary and Liam are on their way to their first family support meeting. The traffic is heavy and at a stand-still. Windows are rolled down in every car before and behind them, bodi-less arms thrown out into the air and onto car roofs like pieces of meat jointed for roasting. Liam wears his best suit but has thrown off his jacket for want of ventilation. Mary is elegant and serene in light cotton blouse and pants. They are nervous but not anxious. Liam is looking forward to the meeting. He is sure it is going to help. He is glad to be part of the helping.

Mary too is convinced that this will help her fit together the jigsaw puzzle of Bríd's eating disorder, a puzzle which keeps her awake at night and haunts her dreams when she finally manages to fall into some kind of sleep. She is glad to feel part of the process of Bríd's recovery. She wants to feel that she is doing everything to help. *She is* doing everything she can to help, visiting every day, filling Bríd's every request for oils or teas or coffees; one in the red jar, one in the black jar. She stifles a yawn. She is tired.

As they park the car to the front of the hospital Liam calls Bríd on her mobile.

"We're just arrived. Can you meet us for a minute?"

"See you in the lobby," Bríd trills, excited.

In the lobby Mary and Liam wait with an enormous bunch of flowers and round the corner Bríd rushes like a whilrling dervish of pink and blue down the corridor towards them.

"Slow down, will you?" Liam says, "No wonder you're having a hard time meeting your targets".

"Sorry Dad" Bríd says as she kisses and hugs her Mum and Dad and delights in and eulogises over the flowers.

"Are ye ready for the big meeting?" Bríd asks drily"Are ye nervous?"
She is nervous. She wants to know what will be said about her behind the closed door of the E.D.R.P.. She hates the thought of being talked about and dissected and analysed, the thought that therapists and counsellors will tell her parents things about her that will upset them or turn them against her.She feels anxious as Mary and Liam follow Irene and the social worker Dierdre and the parents of the other girls through the door. She feels locked out.

While Liam and Mary are in the closed room Bríd sits with the other E.D.R.P. members in the Occupational Therapy Art Room. She half-heartedly paints a picture, mixing paints into murky cirlces of the colour she feels. At sessions end she shows it to the art therapist and the art therapist offers her interpretation. Bríd seethes silently. Don't tell me what I am feeling she thinks, don't tell me what I mean, you have no idea, you have no idea.

Liam and Mary leave the hospital far more dishevelled than when they arrived. They have said goodbye to Bríd, excusing themselves early from visiting hours to beat the traffic. As they settle into the car seats Liam folds in the middle and places his warm hands over his cheeks and eyes.

"Well that wasn't too pleasant was it? I feel like I've been kicked in the stomach" he says.
" Is it that simple then? Finding out who's to blame here?" Blaming everyone and anyone. Is that going to help?"

"We should listen to what they say Liam, they're trying to help us. Its part of the programme".

Mary had been crying in the meeting. She feels empty now and a little bit sick to the stomach. If only she had a magic wand to take this all away. If she had only a single wish it would be that all of this had never happened, that Bríd was well, the nightmare over, the nightmare never begun.

.....
.....

Sarah

Sarah is alone again and the house feels vast and mockingly empty. She watches tv and smokes. She phones friends to talk. She varnishes her nails, hands and feet, over and over. She paints, she waits and then she peels, with the apex of her thumb nail, ruffling strips of luminous colour from nuded half moons and talons. She is alone most of the time now. Mary is always in the hospital, Liam too and now they want *her* to go and see some kind of counsellor or family therapist, part of the programme they say, it will help to make Bríd better they say. Damn, she's gone over the line of the nail, painted onto the skin. She waits for the paint to dry, then peels, then starts again and again and again.

.....
.....

Bríd, Liam and Mary

Men and women saunter from the dining room and down from the wards into the bright cafeteria. Some meet friends and family who have come to visit and others gather with friends they have made in the hospital.

Mary, Liam and Bríd meet here, a neutral open space before doors close them into family therapy. Other people to focus on, to wonder about, to feel sad about. Movement, noise, the largess of verdant garden to look out upon through giant windows which curve round the lemon painted room.

"Why don't you tell your parents about everything that happened at school Bríd? They are ready to hear".

They were not ready to hear.

For the second time in her life Bríd watches her father crumble with painful emotion, crying devastated tears, holding his stomach, grasping at his heart in horror. Bríd holds his hand, moves to hug him.

Mary, crying in the corner, feeling in the corner, feeling this is somehow her fault, holding Bríd's other hand, holding sodden tissues, begging silently for this relentless interrogation and exposure of their lives to end.

.....

Sarah and Bríd

Sarah and Bríd sit silently together in the smoking room. Sarah pulls hard on her fifth cigarette, the orange craggy ridge of incinerated tobacco creeping, crackling swiftly to a pinched and soggy filter.

Bríd looks out the window, does not know what to say.

Sarah studies the floor, eyes averted from the men and women who enter and leave the smoking room. She is afraid that at any minute one of them could expose their illness to her, that Bríd might expose her illness to her. She is sick and tired of talking about eating disorders, of being told that she needs to understand what Bríd is going through, of being told how difficult it is for Bríd. WHAT ABOUT HOW DIFFICULT IT IS FOR HER?

"At least this place is nicer than the last hospital you were in. At least there are gardens", she says, finally breaking the silence when the room is empty of all but the two of them.

"It's a shame I don't get to spend too much time in them", Bríd says. "I'm stuck on the bed most of the time".

That's your own bloody fault Sarah thinks to herself.

A nurse pops his head around the corner.

"Bríd, what are you doing in here? You're supposed to be on bed-rest. Get back in your room.....NOW!".

"But, but.... I'm with my sister, she needed a cigarette, she's only here for a while before she goes to see the family therapist".

Bríd is furious, stamping mad, mortified.

Sarah stubs her cigarette out,

"It's time for me to go anyway".

Sarah's aversion to being here spills over and she needs to leave. She needs to not see her sister being treated like a child, being told what to do, needing to be told what to do. She needs to be somewhere where permission does not have to be granted to go to the toilet or light a cigarette. She needs to forget this picture of her sister pyjamaed in the middle of the day, skipping and darting to hide from the seeking out gaze of the nurses.

She plots a cold kiss on Bríd's cheek before baling down the dark brown corridoors of the ward and she does not look back as Bríd stands in the door of her room and stares wistfully after her.

Bríd's Diary

I cannot begin to find an adequate expression of sickening heart-ache which might help capture the emotions we walked out of the E.D.R.P. room with today. I am

scooped out to the bottom of a hard and rigid container, my soft centre torn from me to be eaten by horror and desparation.

I sat between Emily and Kaitlin, the younger members of the group today. Both are nearer to their target weights, both have already told us all of feeling enormous and "gross" beside those of us who are smaller and have a long way to go before reaching "target weight". Neither of them wanted to come today to the Body Image Group, to strip to the requested uniform of plain black swimsuit and otherwise unadorned flesh, to stand in front of the forcefully lit mirror revealed to us from behind the grey curtains which line the back wall of the E.D.R.P. room.

None of us wanted to stand in front of that mirror, to see our bodies in the real, to connect our bodies to our-"selves", but for Kaitlin and Emily the difficulty was overwhelming. I will never, ever, EVER forget the wailing , the sputum spilling convulsions, the catch of breath in throats broken by the sorrow of being in bodies they had only hatred and shame for. Emily clung to her black track suit pants as if the threat of having them torn from her, revealing her, was real. Kaitlin curled into herself like a child longing to be unborn. Our therapist probed. The crying couldn't stop.

"so fat", "disgusting", "Huge", "HATE,HATE,HATE,HATE".

My heart breaking and breaking again, into smaller and smaller pieces, breaking for Kaitlin and Emily, breaking for me, breaking for my family who must feel this anguish and pain when *they* see *me* hating and hurting my body. Why do we feel this way? How could these feelings get so strong? How can we stop it? Will looking in mirrors at our swimsuited bodies really help?

.....

.....

A doctor I do not know has just come into my room to examine my new room-mate Tessa. I was seated cross legged atop my freshly laundered bed sheets when she came in.

I am, as usual, on bed-rest, struggling to meet that bloody red line on that bloody, bloody, graph.

The doctor's nose went up like a blood hound as she crossed the threshold of the doorway.

Her accusatory glance went straight to me.

"You've been vomiting in your room", she said.

My head jerked up with jolting shock and hurt.

"I have not", I stammered, as she strode accross the room to open the window a little more, searching out possible receptacles as she walked, peering into the sink, and into the bin where a bannana skin sent out its sweet fermentation.

She had smelled the bannana but she had jumped immediately to the conclusion that I was vomiting and lying. They all know I'm not meeting my targets, they all know I'm never off this stupid bed and still I'm not putting on weight. They think I'm hiding something, doing something to eliminate or avoid the caloric abundance offered on the menus I choose from every day.

Patrick, the nurse on duty this weekend, patronised me in an interview which I suppose was meant to offer support around my eating and my food choices.

"Oh come on Bríd, you know what you've got to do, now what's the problem?"

His jibing and irritated manner made me bristle like a cat. I met his loathing and sarcasm with its equal.

"If it was that easy I woudn't be here now would I?"

"It's very simple, you have a kilo to put on for Monday morning, you know how to do that, you're good with all those calculations, just eat".

And now this doctor, making me feel so ashamed, making me feel as bad as if I had vomited in my room, making me feel as if she knows who I am and what I do and what I always will do, making me feel like I am "anorexia" or "bulimia" and nothing else, no-one else, not someone you would smile at and say hello to when you enter the room, but someone you would look at and judge and accuse and I hate this place, I hate it, I hate it, I hate it.

.....

Mary.

Mary bakes in the sweltering heat of the car. Yet again the traffic is at a standstill and she is stuck with her thoughts. Months now, of this, traffic jams and lonely car journeys from home to hospital and hospital to home. She misses the opportunity to soak in the summer sun that she loves, she misses the freedom to live her own life, to think of something other than Bríd's recovery, to eat without wondering if Bríd is eating too, to wake without worrying about that bloody red line.

Anger simmers and she clenches a soft fist as her thoughts drop back to the red line.
What is she doing? She thinks to herself. Why won't she let hereself put weight on? She's cheating somehow, I know it... she's making this longer, harder, unbearable for all of us.

.....

Bríd and Liam

It is father's day. Liam is sitting at the foot of Bríd's bed reading over the card Bríd has given him. Home-made and designed as a token to be exchanged for one recovered daughter.... If only.

Bríd skips back in through the door after her scheduled bathroom break.

"Were you runing down that hall again? Haven't we told you to slow down?"

Liam is as gruff and stern as he can be but his heart is so heavy that it is difficult. He is afraid that Bríd is not getting better, that maybe she never will.

Bríd quips "I wasn't running, but I'm not a snail you know",

as she hops up onto the bed beside him.

Liam holds her hand as he thanks her for the card, telling her that her recovery would mean the world to him, to her mother, telling her they will do everything to help her... but he needs to know.

"Listen, we need to know, your doctors need to know, are you doing something to control your weight? Are you exercising in the room? Are you vomiting? What are you doing Bríd? Don't you want to get better? You've only another few kilos to go now, can't you just really go for it, just eat what they give you, just eat it all, just let yourself put on the weight?"

"I'm trying Dad, I'm trying".

.....

.....

Mary and Liam

At home after a long day in the hospital Liam and Mary eat in tense silence.

"You think it's my fault don't you?",

Mary serves her words terseley.

Liam chews his food as memories of the day's family therapy flash through his mind-
Bríd telling her stories,

"I just wanted you to be proud of me", she had cried ; "I disappointed you. I thought you didn't love me".

He measures his response to Mary's question.

No I don't blame you", he says. There is more to say but he is too tired to say it.

Who else is to blame, Mary thinks to herself. Who else is to blame?
.....
.....

Liam

An All Ireland Senior Hurling Final

She had one day,
only one in the week,
when she was free.

They untied her from the bed,
let her dress up nice,
swap her cotton pyjamas
For a pair of jeans and a jumper-
warm enough to keep out the cold.

I picked her up on the dot,
smiled at the purple and gold ribbons
tied into her hair,
ready to watch the
yellow-bellies beating the lard out of the auld piss in the powders.

Her Mother gave up the seat.
a fine seat high in the stadium,
a fine view.
Patches, we were, in a rippling flag of purple and gold.

And I forgot all through the match.
And she forgot too, I think,
as the sliotar cracked against the ash
and arched from post to post-

and the barrel chested boys
ran and caught and whipped their shoulders round,
to lash it on and stick it in the net.

And I forgot until the last shot was sunk deep in the net,
joyous, jubilant explosions from the world around and in me,
the purple and gold flag jumping and dancing
Singing and crying.

And I picked her up
and she was a feather,
a paper light painting of the girl she was.

And I remembered.
And tears of joy slid down one cheek
as tears of sadness slid down the other.

.....
.....

Bríd.

It is almost September. The roses in the gardens have dropped their pink and yellow petals and the earth begins to smell darker. It is four months since beginning E.D.R.P..

Four months of being weighed three times a week. Four months of following with my finger the peaks and troughs of a graph I have made by eating. Four months of ringing my parents at their breakfast table and even waking them from fitful sleep with the news,

"I gained" (They are ecstatic).

"I lost" (They are distraught).

"No gain, stayed the same" (flat silence).

I look over my journal and I am mortified with the spatial devotion to numbers and calculations and strategising increases and decreases in weight. Before I came here I could not find space in my being to be me, I was food thoughts and the moving intention to make myself smaller. I was measurements and numbers. I was computer-like analyses of food content. Am I any different now, or am I as one nurse asked me,

"Just anorexic at a higher weight?"

Each day I present a calm and smiling face to the world while inside I am panicking about a red line and panicking about the increasing weight the line demands. Behind the smile, behind the colourful clothing and pixie plaited hair, behind the pithy maxims and platitudes I spout in therapy, my frantic brain is figuring its way around that red line.

There was a moment yesterday in therapy when I began to feel the solid certainty of the weight I have gained here in hopsital. This was the moment when it all began to crumble. Like a tidal wave from out of nowhere despair began to wrack my body, sobbing tears exploding out from deep behind my heart.

I can't put on any more weight, I can't put on any more weight, I can't, I can't.

I can't.

I ran from the E.D.R.P. ran through the halls, up the stairs to my room without a door. I stood by the window, shaking, wailing like an old woman at a wake. My pain was raw and loud enough to move a man I do not know, to enter my room and place his questioning hands on my heaving shoulders. He did not understand, I do not understand, why I can't be this big, why I can't get any bigger, why I can't meet the red line.

For weeks now I have been rising early to drink litres of water before I am weighed. I do not know what I really weigh. I do not care to know. It will always be too much.

.....

Bríd and Liam

"Dad you've got to get me out of here. I've packed my things. I need to go. I've got to go now".

"WHAT? Calm down , Bríd, what are you saying. You've got another few weeks to complete the programme. You're not finished there yet".

"Daddy", Bríds voice is rising to a crescendo, "I can't take it any more, not one more weigh day, not one more therapy session, not one more stinking hospital meal, not one more discussion about eating disorders. I've had enough. TAKE ME HOME".

"I'm on my way".

Liam clicks the phone dead. Bríd packs maniacally, yanking clothes from their hangers in the wardrobe, tearing photos as she rips them inelegantly from the tacs pinned above her bed. The girls from the programme drop in and out with words of encouragement.

"You'll keep it up when you leave won't you Bríd?"

.....

.....

Bríd and Sarah

A giant stainless steel pot bellows steam into a lidded colander full of cauliflower. Bríd stands watch, flicking attention between the pot and a poem she is committing to heart. Mary and Liam are away. Only Sarah and Bríd remain in the house. It is quiet. It is lonely.

Sarah strides into the kitchen, her stack heels clacking as they strike the slated floor. She glances at the steaming pot. She looks hard at Bríd. Her face is stony. Her face is angry.

Here is a moment- a live-wire between sisters.

Bríd speaks.

"Sarah, what is the matter? Why won't you talk to me? I'm trying to reach out to you? I need you now more than ever? I need you to support me?"

Turning her back, catching her keys up from the sill Sarah's words are cutting.

"I don't want to talk to you. You are doing it again. I won't support that. All the time, all the attention and now you are doing it again. Leave me alone and don't talk to me-ever".

Sarah storms out, slamming the door behind her.

Shaken, Bríd moves to sit in the window seat and looks out into the garden. She feels indignant, self-righteous, hurt, alone. She begins to write in her diary:

Trying to get better, trying to beat this is hard and Sarah treating me the way she does makes me feel even more rejected and even less hopeful that Bríd could be someone worth knowing.....Maybe she's right, Maybe, I'm not worth knowing.

Sarah's Diary?

Why is she doing this again? So selfish. If I did not love her so much I would hate her...

.....

.....

Sociological Reflections on Medicalisation part II.

Extending the sociological reflections of chapter 5, there are two issues I want to think about in relation to the stories told above. First of all, I want to reflect on the "technologies of power" employed in medical regimes for the "treatment" of "eating disorder(s)", which lead to the construction of an "anorexogenic" (Minuchin, 1978, 1981) pathologised family[2] and to consider the epistemological, ontological and emotional consequences of these techniques. I want to think about how the "technologies of power" which enable the constitution and growth of the "psy" and "soc" (psychological and sociological) disciplines (Rose, 1990, 1996), impact upon the ways that a family may come to understand and interpret its failure to reproduce the family versions of healthful normativity which have been set out in psycho-social discourse since the emergence of these disciplines in the 1900s. I want to raise questions about the ways that both "psy" and "soc" disciplines problematise human relation and interconnectivity in order to empower their own divergent professions and about the connections between this power/knowledge configuration and gendered bio-political governmentalities.

Secondly I want to use the stories above to reflect upon the positioning of my woman's body within the medical regimen that I contracted myself to embark upon and the consequential Cartesian shaping of the reflexive relationship between my body and my mind. These are reflections on the panoptic control in "eating

[2] I think it is interesting that in psychological discourse on family pathology it has been suggested that there are more instances of pathology in the families of males with "eating disorder(s)" than in females (e.g. Sterling & Segal, 1985).

disorder(s)" recovery programmes and the normative femininites they serve to produce. My reflections on this issue hinge upon a question about whether or how particular bodily practices and "technologies of power" may cultivate mistrust of the body, or , contrarily, how particular bodily practices and "technologies of power" may cultivate body trust?

The Anorexogenic Family.

It was not I alone who fell under the gaze of the normalising clinic. It was my whole family. "Anorexogenic", a term coined by Salvador Minuchin in 1978, describes the "*dys*-functional" family context which produces "eating disorder(s)" experiences. Along with the physiological, genetic and cognitive theories offered to us, our experiences were also neatly packaged as the consequence of an "enmeshed" family life, "too close", "over-protective", "overly-dependent". The etiology of "eating disorder(s)" experiences in this context was traced and narrowed down to the confines of family and our family life was pathologised, made subject to correction. "Family therapy" was thus presented to us as an important and necessary part of the treatment regime for "eating disorder(s)". It was considered necessary that the whole family be "educated" about "eating disorder(s)", especially the "eating disorder(s)" behaviours that I had revealed in my many confessionals to the psychologists and family therapists. The task of "educating" the whole family is one among "the multi-dimensional" and "extensive" (Costyn, 1999) tasks of the family therapist. Other tasks, according to Costyn's contemporary manual of treatment include:

> Correcting any dysfunction occurring in the various relationships, for this may be where the underlying causal issues have developed or at least are sustained

And

> (Correcting) Faulty organisational structure in the family such as too much intrusiveness on the part of the parents, too much rigidity or fused boundary issues must be pointed out and corrected (Costyn, 1999:172).

As with every bodily practice, as with every "technology of power" and "technology of self" which forms part of the discourse on "eating disorder(s)" and "recovery", the positioning of "family therapy", the correction of our "faulty organisational structure" and "fused boundaries" as an essential component of the process of "recovery" must be viewed as having a history which is tied to gendered bio-politics and government. Furthermore, these epistemolgies and the bodily practices such epistemology implies has ontological and emotional consequences for the subjects who find themselves tangled (enmeshed) in these webs of discourse.

Bringing the family into therapeutic management follows through on an historic process in which:

> The family has come to operate as a social mechanism for producing and regulating the subjective capacities of future citizens and as the privileged pathway for the fulfillment of individual wishes and hopes (Rose, 1990: 151).

Over the past century, parents, grandparents, aunts and uncles, sisters and brothers came less and less to be considered "experts" on family life and family relations. As family came more and more to be viewed as the forge for successful individuals, expert intervention was accepted, was expected, was welcomed. Psychologists and sociologists, bent upon tracing the locus of deviance in society found their ways into the depths of family life. Studies like the Bowlby studies of the 1950s (see Bowlby, 1953, 1969, 1973) confirmed that it was in childhood and in particular in the relationship between mother and child that deviance could be nipped at the bud. Ideals of family life were set up by these burgeoning discourses, and technologies of parenting were increasingly offerered, in self-help books, in health clinics, and in magazines to meet these ideals. These technologies transformed the mundane bodily practices involved in family life into specific techniques for the production of gendered healthful normativity(s), self-reliant, self-actualising individuals. They ensured a deferential dialoguing between

families and "experts" about every aspect of family life from potty training to displays of affection. This need for dialogue and expertise was reinforced in instances where the reality of the family began to deviate considerably from idealised norms. As Nikolas Rose writes:

> the wish to achieve the ideal was a source of pleasure when it was satisfied, but it was also the incentive to seek anxiously for guidance and assistance from family technicians when the register of the actual diverged from the ideal. Love and pleasure, far from representing the spontaneous and asocial humanity within us all, were to become the dimensions through which these new technologies of government could achieve their purchase on reality (Rose, 1990: 156).

Hence even love and the way that love is given and experienced comes to be mediated through the "psy" and "soc" power/knowledge configurations. According to this configuration, children who defy the norms of society may be positioned as the product of bad parenting or a pathogenic family context. Even though these are "truths" that may be deconstructed they have an indefatigable grip upon our culture and are sewn into our institutions of government.

The nature of family has changed over time from extended family networks to nuclear families to the diverse family formations of modernity. Feminist positions on these historically shifting forms of family hinge upon social constructions of gender and the ways in which gender articulates with society to shape family experiences (e.g. Lucy & Walkerdine, 1989; Nelson, 1997; Stacey, 1990). Changes in the positioning of women in society and changes in ideas about the "proper" social role for women have had enormous impact on ideas about both "mothering" and "fathering" (Lang et al, 2006). At the same time, the regulation of mothers or perhaps more cogently the regulation of "mothering" (the caring for, and nurturing of, a child) remains of central impoprtance to bio-political government. However, consonant with Nick Rose's (Rose, 1990) Foucauldian genealogy of the "psy" disciplines, Helen Lucy and Valerie Walkerdine argue that:

> Current ideas about children as having needs to be met by a mother are not universal timeless laws but were developed in specific historical and political conditions which make mothering a function that is central to the way that our modern state educational and social welfare practice operate (Lucy & Walkerdine, 1989: 20) .

Walkerdine, Lucy and Rose all point to the ways in which family, "mothering"in particular, operates functionally as a means of upholding and bolstering the "fantasies and fictions" of personal autonomy which maintain an inequitable society. By taking on the knowledge produced by "psy" and "soc" disciplines, by exercising the technologies provided therein, by sensitively training children in good "reason" and self-regulation, family becomes an essential apperatus of the production of self-surveilling gendered normativity(s) based upon Cartesian "mastery" (Walkerdine, 1988) of the body. It is within the family that children learn to operate within the confines of normative discourse and not to step outside of it. Without a feminist, critical, socio-historical lens therefore, the family is positioned as the locus of healthy, strong, individuated, creative and hardworking persons. With the feminist, critical, socio-historical lens in place, the family is seen as an institution which is called upon to produce normative, non-deviant citizens of the state and of a capitalist economy. These citizens may easily be described under Foucault's term, "docile bodies". Within this kind of family the mother is seen as the key-holder of this normative reproduction but at the same time, the mother as woman is:

> Consistently positioned as lacking , as abnormal and this has great and painful effect in their insertion into the practices that regulate them (Lucy & Walkerdine, 1989: 172).

As discussed in Chapter 3, "family" has been encompassed in discourse on "eating disorder(s)" experiences from the initial written studies of the 1870s. Minuchin, the originator of "family systems" approaches, quotes Laseque as having observed that attempts to understand "eating disorder(s)" experiences :

> Would be incomplete without reference to their home life. Both the patient and her family form a tightly knit whole, and we obtain a false picture of the disease if we limit our observation to the patient alone (Laseque, 1873, quoted in Minuchin, 1978 :12).

As this discourse developed it reflected a dominant yet fluctuating theme in social science literature for the past century: the primacy of the mother-child relationship as the root of developmental pathologies (Vander Ven & Vander Ven, 2004). This phenomenon, often called "mother blame" (Caplan, 1989; Yager, 1982), has been written into the major works on "eating disorder(s)" and "recovery", those of Bruch (Bruch, 1973, 1978, 1982, 1994) Crisp (Crisp, 1995, 1996) Palazzoli (Palazzoli, 1974) and Minuchin (Minuchin, 1978, 1981). Thomas and Marikay Vander Ven (Vander Ven & Vander Ven, 2004) have produced a useful textual analysis tracing mother-blame in "eating disorder(s)" scholarship to make connections between the changing role of women in society, the blaming of mothers for their daughter's illness and contemporaneously the turning of the psychological gaze to the entire family rather than just the mother. In their study they find that initial focus in the 1940s and 1950s was on the "bad mother". In this "bad mother" discourse the origin of "eating disorder(s)" experiences is traced to the tense and internecine relationship between the mother and daughter. Here the mother is depicted as a "restless", "unhapy" woman vicariously living her ambitious through her attempts to control her daughter's environment.

According to VanderVen & VanderVen (Vander Ven & Vander Ven, 2004) there was little change in the ways that the mother and daughter relationship was understood vis-à-vis "eating disorder(s)" experiences in the 1960s and 1970s. However, at this time, it was bad mother-daughter communication, rather than the personal pathologies of mothers that contributed to "eating disorder(s)" experiences. In this period, "the golden age" of "eating disorder(s)" scholarship (Gordon, 2000), Hilde Bruch (Bruch, 1973, 1978, 1988), Arthur Crisp (Crisp, 1980, 1985) and Mara Selvini-Palazzoli (Palazzoli,1963) anchored ideas about mothers and family stability in the psychological meta-narrative of "eating-disorder(s)" experiences. These ideas, as Malson's (Malson, 1998) study of

practitioners reveals, remain to this day influential on the way that families are treated.

Through the 1960s and 1970s object-relations theories swayed scholars to trace "eating disorder(s)" experiences right back to early maternal feeding patterns, centralising the role of the mother as the key provider of nourishment for the family (see also sociologists on the role of the mother as food provider e.g. Murcott, 1983)). According to Bruch (Bruch, 1974) for example, the mother is the primary object that serves to form the pleasurable or negative experiences of a child. Mothers who disrupt the "natural" flow of this experiential learning pattern, by imposing their own limits and controls upon the child's needs, set their children up for "eating disorder(s)" experiences in the future. Bruch suggests that this motherly control over the child's needs continues in the growing years and succeeds in constraining the child's autonomy and independence. Bruch's families were all middle-class, success and achievement orientated. Primarily concerned with appearance to others, other directed in the extreme, these families, Bruch suggests, particularly the mother, produce children who do not and cannot know their own needs.

Arthur Crisp (Crisp, 1995) goes further in making the entire family responsible for the production of "eating disorder(s)" experiences. According to Crisp, such families have difficulties in permitting their children "to be". They fail to equip their children with the requisite tools for maturation and individuation. However, just as with other object-relations theorists Crisp does consider maternal impact on the children, making much of the mother's experience of pregnancy and of the impact of pregnancy and the pregnant body upon relationships between the mother and her partner. Crisp suggests that a woman's worries about her body during the time of pregnancy, her horror at the loss of control over its size, shape and weight have long term consequences for family functioning.

The apogee of the "psy" gaze upon the family can be said to converge in the work of Salvador Minuchin (Minuchin,1978). Minuchin developed a systems model

which would move the study of "eating disorder(s)" experiences beyond the linear approaches which foccused on the individual patient. The systems model:

> Postulates that certain types of family organisation are closely related to the development and maintenance of psyhcosomatic syndromes in children, and that the child's psychosomatic symptoms in turn play an important role in maintaining the family homeo-stasis (Minuchin, 1978: 21).

"Eating disorder(s)" experiences here are "defined not only by the behaviour of one family member, but also by the interrelationship of all family members" (Minuchin, 1978: 21). Minuchin argued that all families can be conceived of as falling along a continuum whose poles are two extremes of diffuse boudaries or enmeshment and overly rigid boundaries or disengagement. The "enmeshed" family, he states:

> is a system which has turned upon itself, developing its own micro-cosm. There is a high degree of communication and concern among family members, boundaries are blurred, and diffferentiation is diffused. Such a system may lack the resources necessary to adapt and change under stressful circumstances (Minuchin, 1978: 57).

In Minuchin's view this type of system becomes the context for "eating disorder(s)" experiences, it produces children who are trained to "subordinate the self" (Minuchin,1978: 59) and who function as a bargaining ploy or tool of manipulation between the other family members, particularly between the mother and father. The mother, in Minuchin's writings, ends up in the position of key manipulator. Unhapppy, Minuchin suggests, with her subservient role in the family, the mother will try to gain her power through the daughter. According to this view the mother needs "eating disorder(s)" experiences in the family.She must be interrupted for fear that it is she who perpetuates and reproduces disorderly experiences.

Vander Ven & Vander Ven (Vander Ven & Vander Ven, 2004) suggest that feminist work on "eating disorder(s)" experiences may also be seen as contributing to both mother blaming and the clinical gaze upon the family in discourses on "eating disorder(s)" and "recovery" experiences. Feminists, they argue, continued the focus on feeding relationships between mothers and children suggesting that patriarchal negativisation of women's appetites impacts upon the ways that women feed their daughters (Orbach, 1985). They have also offered insight into the manner in which patriarchal "ways of seeing" and patriarchal disciplines are passed on through the family. Susie Orbach (Orbach, 1985), for example, argues that it is from mother to daughter that society's oppressive prescriptions for the ideal shape are transmitted. In addition the feminists perspective has focused on the relationship between the changing position of women in society and the emergence of "eating disorder(s)". Kim Chernin (Chernin, 1981, 1985) is exemplary here, commenting upon a socio-structural chasm opened up between mothers and daughters in the increasing availability of new opportunities for women. Chernin suggested that such a chasm may lead daughters to "self-sabotage" their opportunities in a guilt complex which keeps them forever dependent on their mothers. Insightful though these theorisations might be they also reinforce the "psy" binding of the problem of "eating disorder(s)" to the mother.

Most recently, Vander Ven & Vander Ven(Vander Ven & Vander Ven, 2004) argue, "mother-blaming" has shifted to forms of "mother pity" as, instead of pathologising mothers, mothers are positioned as the victims of a society in which women's bodies are objectified and women and women's work is devalued. Yet the implications in these discourses only changes very slightly. Bloom and Kogel (Bloom & Kogel, 1995) argue that it is because of the mother's " second class status in society" that mothers naturally fail "to help their daughters through their journey with confidence and security". The responsibility for the steering of women through the body- hating discourses of contemporary society falls upon mothers even though mothers are women who are themselves victims of these body-hating discourses. Yet, it remains the mother's fault if the daughter does not have the requisite self-esteem to eschew the mis-trust of the body in contemporary

society. It is also, however, the responsibility of the father. Fathers too are seen as the key-holders of daughter's self-esteem. Margo Maine's (Maine, 1993) work is an example of this belief.

Maine discusses "Father Hunger":

> Father hunger is a deep persistent desire for emotional connection with the father...Often this yearning is not acknowledged and the child's hunger and need for a bond with the Father grows. This causes self-doubt, pain, anxiety and depression as well as learning and behaviour problems (Maine, 1993: 4).

Maine argues the position that contemporary social structures shape male subjectivities into uncaring patriarchs who may lacerate the subjectivities of their daughters with their negativity and sexism. Fathers, by debilitating daughter's self-esteem, may set their daughters up for "eating disorder(s)" experiences. The suggestion here is that daughters begin to manifest "eating disorder(s)" experiences as a means of gaining the attention and love of their fathers . Thus while the majority of theories on "eating disorder(s)" seem to emerge out of a Freudian imaginary of the *Oedipal* complex there are some theories which develop out of the imaginary of the *Electra* complex. Even in this text however, the responsibility for "eating disorder(s)" experiences shifts back to the family. Hence chapter 8 of *Father Hunge*r describes "The Family's functional dysfunction" arguing that:

> The accepted social roles for men and women in the family structure itself have evolved to support this condition (Father Hunger) rather than to challenge it (Maine, 1993: 5).

Even though responsibility is shared here between the macro-cosm of societal structures and the micro-cosm of family life, the family, or more cogently the care-taking figures in the family, are still fingered as the locus of the pathology and the object of transformational "technologies of power". Additionally, mothers

continue to be centrally implicated. Thus while chapter 10 of Maine's book describes how men can overcome *Father Hunger*, chapter 11 describes how mothers can help.

Vander Ven and Vander Ven (Vander Ven & Vander Ven, 2004) also argue that there has been some movement against the blaming of mothers and the blaming of families for the production of "eating disorder(s)" exeriences. Hesse-Biber et al, for example, have argued that the women in their study "remind us that intrapsychic explanations that are predicted solely on mother-daughter relationsips do not suffice" (Hesse-Biber et al,1999: 403). Eisler (Eisler, 1995), another critic of family centred models of "eating disorder(s)" experiences, bases his attack on the failure of survey research and quantitative analysis to support any of psychodynamic or family systems theories which locate the origin of "eating disorder(s)" in the family. However, Helen Gremillion (Gremillion, 2003) has argued in her ethnographic study of a treatment centre for young women experiencing "eating disorder(s)" that psychiatric discourse about family dynamics in the treatment of "eating disorder(s)" continue to recycle and refigure contradictions around individualism and family life that have been present, as discussed above, since the 1950s. Mothers and fathers are no longer blamed outright but they still carry the burden of revised contradictions within psychiatric discourse on family relations (Gremillion, 2003: 94). Gremillion discusses how concepts of "minimal mothering", drawn from the work of Winnicott (Winnicott, 1965), are deployed in treatment programmes, gendering parenting so that the father is positioned as the rational forward thinker and the mother as the emotional "holding environment" for their children's individuation. The good mother is asked to step back from the treatment process but at the same time it is assumed that:

> A good mother will know what is best for her daughter and intuitively choose what is best even in the face of compelling alternatives (Gremillion, 2003: 105).

All of these discourses on the families of women experiencing "eating disorder(s)" has filtered into practices which treat the family as well as the "patient". These discourses have produced and relied upon specific "technologies of power" which target and pathologise the family as well as the individual who experiences "eating disorder(s)" and seeks medical treatment to support "recovery". The key "technology of power" here is the family confessional. In the extracts above I have touched a little on these confessionals. Sometimes these were group confessionals made up of my Mum, Dad and I or my Mum, Dad and the mothers and fathers of other patients in the E.D.R.P.. Sometimes they involved my Mum and Dad alone, my sister alone or me alone. In these confessionals we, as the subjects of "eating disorder(s)" experiences, were expected to reveal and reflect upon our relations with one another in the light of information which was disseminated by experts. Beyond our own experiences of "eating disorder(s)" and beyond our own interpretations we were educated about aspects of "eating disorder(s)" experiences which forced us to look at our relationships in a different light. We began to see our relationships through the critical lens of "psy" knowledges. We began to question the form of our relationships and the bodily practices that bound us together, including our love for each other. Was it too much, too little, not enough?.

In these sessions we were encouraged to question the closeness of intrafamilial relationships, and our desire to want "the best" for each other. Much talk time was devoted to discussing ambitions and expectations perceived by me to be held by my Mum and Dad. These expectations and ambitions hinged on the presentation of an acceptable version of self to the world, a version of self which would reflect my upper-middle class background; achieving academically, getting a job, being sociable, "respectable". It seemed that such expectations and ambitions added to the "dys-function" of our family despite the fact that these are culturally sanctioned values, they are not specific to my family, they are specific to the location of my gendered body in the cultures of late modernity. Rakoff (Rakoff, 1983), for this reason, has argued that assumptions about family *dys*-function which are based on the presence of a family focus on appearance or academic achievements are flawed. The "anorexogenic family", he argues, is simply the

bearer of the values which are common to modern families and indeed to modern individuals.Yet this was never acknowledged in our dealings with the "family therapists".

Other technologies which transformed our "ways of being" with each other included the radical scheduling and apportioning of our time-space relationality. As Gremillion (Gremillion, 2003) argues in her ethnography of a treatment centre, "*dys*-functional" families are substituted by a hospital family which dictates rules and regulations around time and space. These conditions are posited as a necessary part of the "programme", since, it is assumed, patients' relations with their family are part of the problem and time spent with the family ought not offset time spent in the programme. Gremillion theorises:

> It is the clinician's primary goal to help effect patients' separation and individuation from their families while still expecting a degree of authentic family togetherness to emerge in the process. This goal can only be achieved once patients' parents align with the treatment team to the extent that they willingly relinquish control over their daughter's medical care (Gremillion, 2003: 100).

Time spent with family in the hospital is thus institutionalised and conventionalised and is balanced out against time spent with the "functional family"; the doctors, nurses, therapists and counsellors. Just as Foucault (Faoucault, 1976, 1979) supposes that timetables and scheduling come to operate as central disciplinary practices in bio-politically governed states, we arranged our family life around the schedules and timetables provided by the disciplinary apperatus of the E.D.R.P. programme. Not only was I moved through my time in space in accordance with strict rules and regulations, so too were Mum,Dad and Sarah. They were allocated specific hours of visitation, which they were expected to attend as a gesture of support and care around the process I was going through.

During these visits we were not allowed to wander too far from the nurse's desk. Should we be missing during the routine checks performed hourly by the staff, an

anonymous voice would boom through the hospitals intercom calling for me to check back onto the ward. We were all, in effect, under surveillance. In addition to the infantililsing and interrogating gaze upon our family relations during hours of visitation there were strict rules around food and eating which ostensibly served to move eating dynamics away from the "*dys*-functional" family to the "functional family" of the E.D.R.P.. Consequently, Mum and Dad often had to leave my room, at the behest of staff, when meals arrived. They were not allowed to stay with me while I ate. Gremillion (Gremillion, 2003) and Warin (Warin, 2005) have both made the point that such practices feed into, and enlarge upon, bodily practices which are key to "eating disorder(s)" experiences: eating alone, hiding what is eaten from the family, creating spaces away from the gaze of others where food is eaten or not eaten in secret.

Undoubtedly there were emotional consequences to the entanglement of our family in these discourses of "anorexogenic" families. Guilt loomed large. For my mother and father guilt was accompanied by shame. They felt they were bad parents, that *they* had created the conditions from which "eating disorder(s)" experiences emerge. They also felt confused and scared because, though they believed they had a role to play and a reponsibility for my recovery, they could not figure out what this was or what to do. Figuring out what to do is difficult in time and space so limited and controlled by the diagnostic voices of "experts" who pathologise past actions and relations and thus problematise future ones.

In part this confusion and difficulty in figuring out what to do can be traced, as Gremillion (Gremillion, 2003) attempts in her ethnographic work with families "in treatment", to the glaring contradictions in discourses of family therapy. On the one hand the family is represented as the context of pathology, yet on the other, the family is continuously represented as the unique institution for the production of self-sufficient and self-actualised individuals. Thus, it is demanded of families that they relinquish control and effectively step back and disappear, yet at the same time they must maintain the unconditional and constant love which is consonant with the production of sucessful individualites. Gremillion best states her point

about the consequences of this ambiguity in relation to institutionalised attempts to wrestle intimacy from mother and daughter:

> I have argued that by focusing on mother-daughter separation and individuation as the solution to "enmeshment", the treatment program itself produces both of these extremes. In particular the provision of a substitute family allows for separation and individuation through parental exclusion, which generates guilt and involvement, which in turn seeks to confirm the problem of enmeshment (Gremillion, 2003: 109).

Rather problematically, Gremillion reproduces the terms of psychiatriatic discourse in her use of the concept "enmeshment", however her point, one which I will continue with throughout this discussion, is that treatment may actually reproduce and enlarge upon the "conditions of possibility" from which "eating disorder(s)" experiences emerge in the first place.

Panoptic Treatment Regimes: Practicing Normative Femininities.

I want to turn now to reflections on the panopticon of the treatment regime I dscribe in the stories and poems above. I am concerned here with the ways in which, through this panopticon and the technologies deployed there, hetero-normative femininities are reproduced. These are normative femininities[3] which, I will argue, depend upon the splitting of a woman in her relationship with her body and the creation of dependencies between women and expertise. Invoking the metaphor of voice I want to argue that "in treatment" body voices are marginalised and increasingly problematised. Thus, in the discussion which follows I want to think about how the "bodily practices", offered as part of the treatment

[3] Though I do not address it in my thesis, I believe there is a glaring need for investigations into the relations between the gendered hierarchies of power which describe hegemonic masculinities and hegemonic femininities and male experiences of "eating disorder(s)". There are important questions to be asked about the extent, for example, that males experiencing "eating disorder(s)" find themselves "feminised" or how they are returned to versions of "hegemonic masculinity" (Connell, 1995; Shilling, 2000; 2005) through the invocation of their supposed inherent capabilities of male rational and self control.

programme for "eating disorder(s)" described above, reproduce forms of feminine embodiment which are anchored in body mistrust. These are "bodily practices" which collude with versions of normative femininity where the body is both the resource for cultivating femininity and also its irrascible limitation. Most of all however, the "bodily practices" offered in the treatment programme described above collude with and reproduce cultural imaginings of the female body as inherently labile and excessive and as subject to the continuous interventions of rational controls, of body instrumentalisation and expert knowledge. As Gremillion writes, the psychiatric representation of the body experiencing "eating disorder(s)" :

> As a pathologised object of therapeutic knowledge and practice re-creates the culturally dominant idea that the female body is an obstacle in the making of fitness/ health and it also reiniforces patients perceived dependence on others even as they seek self-control (Gremillion, 2003: 47).

I will deal with three practices which create such dependencies and accordingly, I argue, increase mistrust of the body in the discussion which follows: the weighing of the body, the surveillance of the body and the splitting of subjectivities.

Weighing the Body.

I have touched, in chapter 4, on the development of power/knowledge binaries configured around the social regulatory problem of body weights. As part of the rational instrumentalisation of the body described by writers such as Bryan Turner (Turner, 1991, 1992, 1996) and Chris Shilling (Shilling, 2000, 2005), normative body weights have been calculated and tabulated to serve as established parameters for "healthful" forms of embodiment. Measuring weight may be considered a "technology of power" and a disciplinary practice, one which has filtered down from the examination rooms of the clinic to the bedrooms and bathrooms of individuals. Then, the individual embodies the practice, by stepping

on the scale and noting the number. Often, this process of self-surveillance is carried through in practices designed to regulate body weight so that it accords with the normative weight indices created, over the past hundred years, by medicine. To weigh the body is to weigh it up against the norm and, sometimes, to judge it as lacking. Through the identification of either excess or deficiency the body falls under the gaze of the clinic, objectified, to be controlled and (re) moulded, through the deployment of expert knowledge until it rests in the positions of health which are deemed normative.

Just as for many women living through experiences of "eating disorder(s)", weighing the body every day was for me a central practice, the fulcrum of my emotional and practical "being in the world". It was an apperatus for gauging how much walking and how little eating had to be done in a day. The weight, the number lit up on the scales in electronic green, was something I thought about all the time, something I invested immense importance in, something I could never get away from. At the same time it was also a number empowered with the possibility of granting me transient happiness. Measurement, achievement, failure, judgement, fear, hope, good and bad, these are all somehow mixed up when I step onto the scale. This was no less the case every time I stepped up onto the scale during my time in hospital. Every time my body was weighed a power/knowledge dynamic, coding my thin body as both deviant and defiant was in operation. At the same time, every time my body was weighed, practices of objectifying, measuring and calculating the body were reinforced.

As I describe above, on the programme, weight is watched over and noted three times weekly. These weights are plotted as a graph which sits alongside a red-line mapping ideal progress towards the "target" weight. There is no clearer example of the rational instrumentalisation of the bodies in these programmes then these graphs of weight. The body must be made to reach the target numbers, the body must be added to, or taken away from, to meet the red plotted points. The graph demands the rational instrumentalisation of eating practices. Food must be consumed to meet the targets. Emotions around the eating of this food must be broken through, these emotions, psychiatric discourse dictates, are irrational,

pathological. Not reaching targets means not enough food has been eaten, not enough calories have been consumed or too much exercise has been taken. Connections between food and weight and exercise, already central in the lives of people living with "eating disorder(s)" are thus reinforced through constant emphasis.

The numbers on the graphs, the red line, came to be central to my E.D.R.P. experience, not just for me but for my family as well. In my family's eyes my progress in "recovering" from "eating disorder(s)" could, in part, be measured by increases in weight. It was as if my body could be a separate object, which if fed up to the right weight, could somehow cure me. This perception of "ideal weight" as some kind of magic number is one which is reflected in popular discourse on health and fitness. It is as if reaching "ideal weight" brings joyful mental and phsyiological health to the lives of the rational calculators who meet it. Centrally, ideal weight is to be achieved, through hard work and rational deployment of the various knowledge(s) about food, eating and human physiology. However, Gremillion suggests that the criteria of weight in "eating disorder(s)" programmes "literally creates the body as an objectified other; a number, an obstacle to fight against" (Gremillion, 2003:62), for, in accordance with social and cultural imaginations of the female body, the female body will always defy normative weight, will always have to be worked on, will always have to be regulated. Robin Sesan (Sesan, 1994) makes a similar point when she argues:

> by narrowly defining the acceptable form for a woman's body, current in-patient programmes collude with oppressive standards for thinness (Sesan, 1994: 257).

Alongside the weight graphs the food pyramid acts as a symbolic representation of the rationalisation of bodily practices required so as to instrumentalise eating practices for the achievement of good health. This "eating for health" is, Gremillion suggests, a desire which must be instilled in participants in treatment. Participants in treatment programmes must be trained in the yearning for "healthful eating practice" and "healthy" or "fit" bodies. However, in order to

achieve healthful eating practice and healthy fit bodies participants must apply the Cartesian knowledges of food, eating and body, which have been constructed in the power/knowledge dynamics of dietetic and medical science and based in ideologies of body control and mastery. Micro-scoping the internal organic and mechanic systems of the body, medicine and dietetics have constructed rationally calculated measurements of the quantity and quality of foods needed to produce healthful bodies (Crawford, 1994, 2004; Lupton, 1996; Turner, 1992). These are the knowledges women in recovery are expected to employ. Six or more portions of carbohydrate, two to three of protein, three to four of vegetables and four to five of fruit. Oils and fats and fizzy drinks *sparingly.* Eating this way, must be learned, must be practiced, must become part of the body project of health. This body project, however, is still enacted in cultural and social formations which construct ambiguous and tensile meanings around the practices involved in producing healthy bodies. The very existence of precise measurements indicates the foundation premise that bodies are inclined towards excess, that excess is dangerous and that excess must be rationally controlled. Leaning on the body's own regulatory system is not encouraged or even offered as a suggested bodily practice. What is normal has been clearly defined by science. The body voice in this scenario is not only made obsolete but is also transmogrififed into the unruly temptress, the saboteur of rational and socially desirable body projects. As I have argued in chapter 5, these are socio-historically specific meanings, they are narrow and mysogynistic and body hating. Bynum's refelctions seem to fit here:

> Compared to the range of meanings in medieval poetry and piety, our use of body and food as symbols is narrow and negative. And because our understanding of food and flesh is fearful and awkward, our therapies for those who suffer from eating disorders are narrow and awkward too. Our answer to those who see no beauty or hope in the fact of embodiment is concentration on the issue of control. And such a concnetraion appears to me to reflect exactly the cultural emphasis that produces the problem (Bynum, 1995: 299-300).

Recent work on "eating disorder(s)" in psychology and in health sciences resonates with this critique. There is strong agreement that "eating disorder(s) experiences" are confluent with the practice of dieting (Polivy & Hermann, 1987; Palmer, 2000). Dieting may be a means of achieving a "healthy body" but as I have touched on in previous chapters, health and the slender aesthetics of modern societies have been conflated in recent times. For this reason, Gwen E. Chapman in her chapter "*From Dieting to Healthy Eating*" argues that healthy eating discourse:

> Is not separable from the discourse of dieting. Both discourses for example, promote an understanding of body weight as controllable through control of food intake, and both assume that the ideal body is slender...according to the healthy eating discourse weight control is needed not only to enhance appearance but to acheive overall well-being. A healthy (i.e. slender body) is associated with better physical health-living and being active for more years and good psychological health (Chapman, 1999:81).

Health, slenderness, dieting, weighing, watching, appearances; all are confused in this discourse which centralises the mechanism of instrumental "rational", which, it is posited, leads to the good physiological and psychological health of women. Another study by Maree Burns and Nicola Garvey (Burns & Garvey, 2004) argues that the discursive positioning of women in discourses of healthy weight leads to the cultivation of subjectivities based in a logic which is continuous with "eating disorder(s)" experiences[4]. Burns and Garvey (Burns & Garvey, ibid.) take one step further, the scholarship that posits a relationship between "healthy living rhetoric and women's problematic body management (e.g. Lupton & Chapman, 1994; Spitzack, 1990). They argue that discourses of healthy weight focus too heavily on weight ideals and on the cultivation of forms of instrumental rationality which make reaching normative weights more important than being healthy. Burns and Garvey emphasise that these practices must be viewed in an overall context where non-normative weights, in particular "excess" weights are culturally

[4] In Burns & Garvey's study they write mainly about Bulimia Nervosa.

abhorrent (see also Malson,1998; Wetherell, 1996). Yet in interviews with women, Burns and Garvey discovered that when health and slenderness come to be conflated, women may engage in practices aimed at remaining or becoming slender and that, while they may do so in the name of health, these are practices which are not healthful. Such are practices of instrumental rationality which fit neatly into cultures of rational hedonism and flexible bodies; practices of indulging and compensating for indulgences, maintaining the look of health (slenderness) at all costs, practices which are confluent in particular, Burns and Garvey argue, with "bulimia nervosa"[5]. Burns & Garvey argue that:

> Focusing on healthy weight rather than health per se is therefore paradoxically implicated in the shaping and production of subjectivities, practices and bodies for some women in ways that are antithetical to an overt health message. We argue then, that the practices derived from this discourse are not neutral practices but can be understood as one more technology of femininity involved in the production of the "ideal" slender body (Burns & Garvey, 2004: 562).

For Burns and Garvey therefore there are worrying side effects to the ubiquitous message that weight status is so absolutely linked to health. A discourse of healthy weight, they say, legitimises unhealthy practices for women. Their alternative suggestion:

> It might be helpful to shift attention away from the external quantifiable indices of health that function to reinforce IMAGES of health (Burns & Garvey, 2004: 562) (my emphasis on their emphasis)

Surveillance.

An important point about being in treatment for "eating disorder(s)" extends from Foucault's (Foucault, 1977) theorisation of the panopticon. Being in treatment

[5] It might be noted that many anorexics develop Bulimia Nervosa (Striegel-Moore et al 1989)

subjects the body to an intensified and ineluctable gaze; the implication being that without the gaze the body would revert to its labile, deviant and defiant ways. This means, as Mebbie Bell suggests that:

> Standard medical treatments, particularly those in institutional settings , reinforce societal controls over women's bodies and the disciplinary boudaries of normative femininity (Bell, 2006: 286).

Normative forms of femininity, it is often argued, depend upon the embodiment of an "othering" male gaze (eg. Bartky,1988, 1998; Bordo1993a, 1993b; Frost, 2001, Tseelon, 1995). John Berger's observations are often used to describe this experience:

> Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women, but also the relation of women to themselves. The surveyor of women in herself is male, the surveyed female. Thus she turns herself into an object-and most particularly an object of vision: a sight (Berger, 1972: 47).

In part the gaze acts to fetishise the female or feminine body as an object of desire. Additionally the gaze operates as a means of surveilling the unruly, threatening and thus "shameful"(Bartky, 1990; Frost, 2000) domain of the female body. Normative forms of femininity imply a gaze turned onto a body which cannot be and is not trusted. Medical treatment programmes reproduce and reinforce this surveillance. Mebbie Bell's (Bell, 2006) insights are appropriate here:

> Routinisation, surveillance and the normalising gaze of the physician replace the self-discipline that is read by the medical model as lacking in eating disordered women (Bell, 2006: 287).

Reading texts of treatment protocol which underlie the practice carried out on the wards of eating disorder(s) treatment programmes, Bell argues that:

> Textual representations of anorexia treatment reveal a collusion between medical discourse and societal disciplinary regimes of femininity... Instances of treatment become mechanisms by which these disciplinary power relations are practiced but simultaneously hidden. The physician's desire to cure ...beomces a discursive mask for the normalising and punitive expectations placed upon women (Bell, 2006: 288).

Treatment centres, according to Bell, have been identified as distinctly disciplinary environments (see also Gremillion, 2003; Malson, 1998; Sesan, 1994). Gremillion (ibid.), Warin (Warin, 2002) and Bell (Bell, 2006) have all noted that the design of many psychiatric wards espouses the principles of Bentham's panopticon. From a centralised glass box, nurses and doctors may always see into the open-doored rooms of each patient on the ward. In the wards that I have stayed on, the "glass box" from which observation extended was not so central and the nurses and doctors, from their positions at the top of the ward, could not see into all of the rooms. However, as I describe above, checks were carried out every half hour when on bed rest and every hour on the hour otherwise. Checks continued through the night, during free time, during visits from friends and family. Thus, the "on the ward" bodies of women experiencing "eating disorder(s)" are perpetually constructed as "at risk" and perpetually subjected to surveillance. They are "at risk" of lapsing into "eating disorder(s)" behaviours; of purgeing by vomiting or exercising, of hiding food or loading water. They are at risk, in short, of defying misogynistic "technologies of power" rooted in knowledge(s) constructing women with "eating disorder(s)" as manipulative and secretive and as utterly unworthy of trust. Gremillion (Gremillion, 2003) points out however, that such resistance must not be romanticised and is more usefully understood using Lila Abu-Lughod's (Abu-Lughod, 1990) theorisation of resistance as a "diagnostic of power". Abu-Lughod replaces Foucault's (Foucault, 1978: 75) assertion that "where there is power, there is resistance" to read "where there is resistance there is power" (Abu-Lughod, 1990: 42). It follows that resistance to the normativising technologies imposed through treatment regimes reflects the exercise of power upon bodies. It

is not heroic, neither is it pathological, it is simply the aposematic signal of hierarchical forms of power at work.

However, in order to participate in treatment regimes such as the one I describe above individuals must indicate willingness to agree to constant surveillance. Malson's (Malson, 1998) work on "anorexia" helps us to locate this agreement, and the need for it, through her argument that in contemporary surveillance society it is by being made visible that one is constituted as a disciplined (and therefore normative) individual (Malson, 1998: 173). Medicalised treatment regimes hinge upon the notion that being under surveillance is necessary for "recovery" to positions of healthful normativity. In committing the self to being perpetually watched, the effect of signing the contract, the individual shows that she has recovered her rational senses, that she is willing to be watched, that she agrees she *must* be watched. "Recovery" is thus tied in with notions of being visible, being watched, being able to be open and uninhibited about "eating practices" and the body. Once more, "recovery" is connected to the visible. An illusion is created and sustained by treatment regimes based upon surveillance whereby "recovery" may be associated, as argued in chapter 3, with an image. If self presentation appears to the gaze of "others" as normative, then everything must be o.k..

As part of watching women's bodies in the treatment programme I describe above, the *Body Image* group session, held once a week in the E.D.R.P., raises a number of issues. During this group our E.D.R.P. nurse, guided by a cognitive behavioural therapist specialising in body image, drew back the grey curtain to reveal the full length wall wide mirror which otherwise remained hidden in our daily sessions in the E.D.R.P. room. We were asked to approach the mirror in swimsuits, watch ourselves in the mirror, engage with our images. As a bodily practice, this training in mirror watching, resonates with the practices of normative femininity, where, as Bartky (Bartky, 1988) argues, women become practiced in checking their images wherever reflections may be made apparent. Mirror work such as this:

> Reproduces the common-sense view of women's bodies as an object of the gaze and reinforces the idea of women as observers of their own bodies (Blood, 2005: 37).

Mirror work is furthermore a training which centralises the image of the body rather than the experience of the body. It is a practice which reinforces dominant social and cultural imaginations of the body-surface as the most important, most telling aspect of the self.

Body Image Work in the programme I attended did not always involve the mirror. On another occasion that I can recall, we were asked to walk a mock catwalk, "modelling" to each other as we strode from one end of the room to the other and back again. Crying during this exercise I was told by another woman to count myself lucky, as, in her last in-patient stint on the same programme, the women walking the "catwalk" had been video-taped and asked to watch their walks played over with other members of the group. I could not take relief from this information. After modelling for each other on that occasion we were asked to "help each other out" with comments, a practice which reinforces feelings of being watched and judged by others based solely on the exterior presentation of self and implicitly, I believe, on the presentation of normative femininitites. As Blood writes:

> Asking women to describe the way they look and compare their own judgement to that of others normalises women's bodies as an object of scrutiny, promoting self-criticism and self-surveillance, and positioning women as passive reicpients of others' gaze and judgements (Blood, 1995:73).

Sylvia Blood's text *Body Work* provides an effective critique of the "psy" discourses of women's body images which underly the surveillance practices I describe above. While technologies of "adjusting body image distortions" are often considered central to regimes for the treatment of "eating disorder(s)",

Blood points out the Cartesian basis of these discourses; the presumption contained within them that :

> The body is viewed as an object of perception objectively separate from the mind of the person doing the perceiving. It is assumed that the body can be perceived accurately or inaccurately. Failure to "accurately" perceive ones body "as it really is" is understood to be the result of a perceptual or cognitive disturbance within the individual (Blood, 1995: 7).

Consequently, body image "treament" discourse is without socio-political context. It fails to acknowledge how, due to social and cultural imaginings of hegemonic femininities, the experience of being in a woman's body, is for most women, ambiguous and sometimes distressing (Bartky, 1990; Frost, 2000; Tseelon, 1995). Body image discourse (and practice) may thus be considered as lacking in focused awareness on the impact of complex emotion upon the experience of the body. "Psy" disciplines' body image discourse thus facilitates technologies of looking without considering feeling and, most importantly, without considering how (shameful) it may feel to be looked at. The practices I have described here then, are practices which train participants in a relationship with the body which is based upon objectification and a focus on the exterior presentation of self. These are practices which mask the practical connections between "*dys*-order(s)" of embodiment and socio-cultural contexts which channel normativity through misogynistic Cartesian epistemology and the primacy of visible texts of femininity and masculinity. They are also practices which reinforce shame, perhaps a "condition of possiblity" for "eating disorder(s)" experiences (Frost, 2000; Giddens, 1991) as a central component of female embodiment.

I repeat Burns & Garvey's suggestion printed above:

It might be helpful to shift attention away from external quantifiable indices of health that function to reinforce IMAGES of health.

Splitting Embodied Subjectivities.

It is because the pathology which is understood as causative of "eating disorder(s)" is located within individuals and families that practices which seek to cultivate the path towards recovery depend upon the separation or eradication of the perceived pathology from the individual or family. The two exercises from group therapy provided in the story above are good examples of the exercise of these techniques in practice. I have included the actual pages from the worksheets we were given so that you may see how "anorexia" or "eating disorder(s)" were depicted as evil little hob-goblin like men - as "Minx". On the one hand this depiction is representative of the descriptions offered by some women of their eating disorder(s) experiences where they tell of being tyrannised by voices in their heads, voices which are (unsurprisingly) usually male (see Bruch, 1978). On the other hand, however, these depictions present "eating disorder(s)" as something separate from individual experiences of female embodiment, as something evil which somehow got inside or on top of you and which must now be thrown off by turning rational reflection to the pathology and its symptoms. While these representations are perhaps important in that they underline and reinforce the feminist charge that it is male tyranny that constitutes "eating disorder(s)" experiences, they are also dangerous because of the splitting they incur and the further reinforcement of male rational, and thus patriarchal, dominance.

Reflective practices such as the "anorexic minx" and the "anorexia" as a friend, exercises that I include from my diaries in the story which begins this chapter, seem rooted in theories of "externalisation"(White & Epston, 1990) which have been considered as having increased positive effect in the treatment of women experiencing "eating disorder(s)". Externalisation allows participants to identify problems in their life worlds:

> Identified problems often have totalising effects that are devastatingly real; externalising them means insisting that these effects do not originate inside individual persons...naming and externalising problems denaturalizes their power (Gremillion, 2003: 204).

I would not want to argue that this (externalisation), is not an effective technique (an argument to be taken up by psychologists and not sociologists!).What I do want to reflect upon is how in practicing thinking about "pathology" or "symptom" as somehow separable from the experience of embodied self, subjectivity is split against itself with one aspect of self positioned as irrational and pathological and the other as rational and healthful. This kind of reflexive practice however, belies the fact that the pathology and the "symptoms" of "eating disorder(s)" experiences are very often "body practices" which are congruent with being in a woman's body in contemporary Western social and cultural formations. They are body practices which facilitate the negotiation (Probyn, 1994) of experiences of female embodiment through contemporary discourses of "being in bodies". Lester (Lester, 1997) considers this problem through the lens of post-strucural theory using Foucault's later work on "technologies of self"(Foucault, 1989) to think about the formation of embodied subjectivities. While Foucault disregards the importance of gender Lester attends:

> to the question of "self-subjectification" and the construction of the subject through culturally produced technologies of both gender and the body (Lester, 1997: 482).

The practices, she argues:

> Labelled as so "strange" and "bizarre" in medical texts and popular culture alike, take on a new hue when viewed as deliberate behaviours designed to bring about a transformation of the self (Lester, 1997: 486).

My problem with Lester's decision to encompass life controlling and life mastering technologies under her definition of "technologies of self", lies, as I have said, in my need to cultivate a terminology which describes practices of cultivating and transforming and knowing the self which are based in trusting the body and not in its willful mastery. Nonetheless, Lester's points and use of self technologies helps us to trace the faultlines in medicine's models of "eating

disorder(s)" and thus the treatment regimes offered for recovery from "eating disorder(s)". For, medicine's regimens completley overlook the crucial connections between the social construction of bodily practices and the construction of gendered identitites. Medicine, without acknowledging the self formational power of bodily practices, insists that individuals in treatment must eradicate the "eating disordered" part of self even while it asks women to employ the very same practices through which they have formed disorderly experiences of the embodied self. Medicine's "rational" and objective" orientation to the "eating disordered self" obscures how "eating disorder(s)" may still form part of the experience of "being in the world" even in the process of "recovery". It is one part of the self, not the whole of the self, yet it must be allowed that this part of self cannot be eradicated, it is alive in particular socio-cultural contexts where a woman's body is an object of mistrust, hatred and misogyny. Splitting subjectivites so that this one part of the self is seen as the villain and root of distress obscures the complexity of "eating disorder(s)" experiences. It also paves the road for further Cartesian hierarchies, this time between the non-"eating disorder(s)" self and the "eating disorder(s)" self , which depend upon the uptake of "rational practices" as a means of diminishing the irrational and pathological components of the embodied self.

CHAPTER 7: DEMEDICALISATION?

From Diving into the wreck

We are, I am, you are
By cowardice or courage
The one who find our way
Back to this scene
Carrying a knife, a camera
A book of myths
In which our names do not appear

(Rich, 1996: 70)

Introduction

In this chapter I tell the body stories of my interactions with alternatives to the conventional medical paradigms I have been discussing up until now. I engage here with the debate as to how, or whether, alternative and holistic medicines are actually different in their use of power and truth and picking up the theme carried throughout the thesis; whether or not alternative and holistic medicines offer "technologies of the self" which are based on trusting and accepting the body.

.....
.....

Bríd

They said

They said-
That I should throw my wardrobe in the street
Send it to the children
Who have little or nothing

So that I could feel my naked shape
And know,
With accuracy,
How to fit a skin over bones
And sew it up tight
Without any gaping flaps
Or leaking bosom.

But I like to wear my old clothes.
To try them on
Every now and then.

To stretch my fingers
Into surgeons shrinking gloves
My legs into sucking pipes of shrunken leather.

And totter about in heels
That don't quite strike the ground
Or- if they do,
They make no sound

.....
.....

A morning sun splits net curtains to paint itself in dappled butterscotch on the wall above my head. Slowly I waken from a sleep that flirted all night at the edges of feverish dreams and never deepened into soft release. My limbs are heavy. I am anchored into the centre of my mattress by a boulder which has lodged itself in the pit of my stomach. I am like a beetle knocked on its back, an insect pinned to a white sheet tired of thrashing around to be put upright.

Today I am going to see my Mum. It has been months since we have seen each other. I no longer live at home. I live alone in the city now. It is better for all of us this way. I don't worry about how I upset them and they don't worry about how they might upset me. I like being alone. I have few friends and keep myself to myself, triple locking the door when I shut it after coming back from the shops in the evenings, keeping the inside in, hidden.

Occasionally, in the streets or in the shops I catch people staring at my spider limbs or at my parsimonious desperation as I count mushrooms into the plastic weighing bags. These people who stare, they are mothers maybe, hoping, wishing that their daughters will never want to be thin the way I want to be thin. Or maybe they are women wondering how a person could let dieting go so far, or, maybe, they are the women who are wishing they *could* go that far.

An alarm is ringing in the apartment underneath me. It is one of those phone alarms which screams bilious tunes in ascending volumes. If I had magic powers I would put my foot through the ceiling/floor which separates us and smash the stupid thing to smithereens. Turn it off, turn it off, **TURN IT OFF**. It becomes unbearable to lie in this bed, a futon mattress, which is too close to the floor and too close to the downstairs repeating alarm. I roll off the mattress. I come to my feet. There is a dizzy moment where grey clouds fill the corners of my vision and there is no sound. I wait for this to clear; I wait to get the feeling of my head somehow connected to legs which are planted firmly on the floor. When I get this feeling, it takes a minute or two every morning, I head for the shower.

A good half hour later I am clean and fresh smelling and I am standing in front of the wardrobe wondering what to wear and how to fancy dress myself as a person who is "very well thank you very much".

I choose a yellow collared cardigan and slip it over my head without opening any of the buttons. I pull black crepe trousers from a hanger and step into them. I take pleasure in fastening the silver hook into a square eye. I let go. They fall to the floor at once with a quiet hush, surprised to find that where there once was arse, now there is none.

Shit – I think and wonder for a moment if I could pin them, pucker them in on my hips with two elastic bands, tie them at the back or belt them tight. No, too risky, Mum might notice. I reach for a skirt with an elastic band. Better. Just right. Pretty and nice. I look in the mirror scrutinising the image which opposes me in my fierce determination to look well for Mum. My cheeks need help. There is something too grey around the bones. I rummage through a make-up bag which has not been opened in months and which is multicoloured with shimmer dust and sticky globs knocked from eye shadow palettes and lidless lipsticks. With a squat brush almost half the size of my head I make my cheeks take a perma-blush and my nose, chin and brow take the ruddiness of health. I look again in the mirror, in judgement. I am not happy with what I see but it will have to do. I will be late if I don't leave now. I leave the mess of make-up and dress-up until I come back.

.....
.....

I meet Mum on main street Naas outside the big supermarket where she does her weekly shop. The street is busy with mid-day shoppers, with mothers and fathers taking young children home from the crèche and with business people doing their business. My sister, Sarah, is standing chatting with Mum beside a tweeded man who is shouting the praises of his Wexford potatoes. Sarah must be on her lunch break. With Mum she has a together easiness I am envious of and I approach,

reluctant to disturb it, fearful of tipping the balance into heavy humours. Sarah catches me out of the corner of her eye and waves, Mum waves too.

Our re-running script clicks into action. Disappointment drops like a thin film over the eyes of my sister and mother. I register the disappointment and over-compensate with a giant smile and manic loco-motions rushing in for kisses and embraces. The hugs returned are gentle and cautious. Sarah's touch is a whisper forced from an exhausted set of emotions. She does not look in my eyes, I do not look in hers. She has to get back to work she says. Maybe she does, or maybe she is leaving because she has nothing to say to me and nothing she wants me to say to her or hear me say. She squeezes Mum's hand before breaking in the opposite direction, her mouth clamped just as firmly as the purse under her arm-pit struggling to contain its chaos inside.

Mum and I go to the small chapel café. There are seats and tables set up outside to catch the slanting light which hits the pedestrian side street at mid-day and we choose one of these and order from a friendly school-age waitress.

Mum sips at water with lemon, I savour the dark tones of coffee, black, no sugar, extra strong. Mum's sighs are thunder.

"You look awful", she says eventually.

"What do you mean mum", I am spilling coffee, I am spilling words, "I'm doing much better now, I've been trying really hard since I left the hospital".

"Don't give me your lies Bríd", her voice trembles painfully, "I can see for myself what you've been doing. I can tell, I can see it in your eyes. I know its still there".

ANOREXIA

"Why are you doing this to yourself? After all we've been through, why are you doing this to us? Are you trying to punish us? "

"Mum. Don't". I catch at Mum's hand, biting back and holding down tears and trying to suppress the tremors in my voice. "I'm not trying to punish you or Dad or anybody. I'm just trying to get on with my life, do my work, do what I can".

"But you are sick", Mum's voice raises one pitch higher, "how can you do any work when you are starving yourself?"

"Please Mum don't worry", I say, "I'm fine, I'm really fine- I'm eating plenty, please don't worry about me any more. Don't worry".

"Bríd", she is stern now, her jaw is set, "You are my daughter, how can I not worry? I will always worry".

.....
.....

Mary

She is my bright pin of penance
A shard of bone, painfully polished, humbly worn.

Reflector, Projector, Catching light and colour
To fling dark images onto a quivering mind screen

Here, a razor blade or glinting knife
Drawn slow across her arm as if to play a sad note

Or sawing, craven-
Teeth biting skin and flesh crying tears of blood.

Closer, starker still-the ghost who walks on bones
An effigy of the soft and bonny body we made

We made- with love-with care
Forgetting some vital part,

Or making some fatal error
That shrunk my daughter's chances along with her bones.

And now I wear her like a pin
That sticks at night in my twisted heart and gut

And though I can't sleep
And though the watchers whisper and judge.

I will wear her with me.

For she is my bright pin of penance
My shard of bone, painfully polished, humbly worn.

.....
.....

Mary

Mary and Audeon swing their arms as they walk and talk their way around the block. Grey puddles form in every pothole, drops of rain settle in their hair and a thickening lip of mud curls up around the white of walking shoes, but they brave the weather because they need the walk.

"Mammy is not sleeping at all these nights", Audeon tells Mary, "one of us has to stay with her at night, it's too hard for her on her own now, and she's getting old you know".

Mary nods her understanding. "Is she still having those terrible nightmares?", she asks.

"No, thank God", Audeon says, "we've been taking her to see a healer and she's been much better since then, less nervous...much calmer. She says she sleeps like a baby after this woman does her work on her. It gives her something, just for herself, to look forward to".

"That's great", Mary says. "That's really important".

"Would you believe Mary", Audeon asks with half sceptic embarrassment, "that she has healed all kinds of people with addictions and depressions and once, after a man had fallen into a coma, she brought him back to life?"

"You're not serious", Mary says.

"Oh yes. She did, that's what they say". Audeon affirms her seriousness with nodding. "I have an article about her at home, it was in the papers a couple of weeks ago, I'll show it to you when we get back if you like. You'll have time for a cup of tea won't you? "

"We'll need the cup of tea after this", Mary says as the rain whips viciously in their faces.

To the rhythm of the walk Audeon's short story about healers and healing swims, flickering through Mary's consciousness, glinting like slick mackerel out of murky waters. She hooks onto this shard of hope. Maybe Bríd could see her? Maybe she could do something for Bríd.

As she reads the fading print of weeks old paper, where a picture of a woman dressed in clinical whites leans over an old fence to smile encouragement at her, the hope becomes stronger, more solid.

"You know Audeon", she says looking up, "I think it might be good for Bríd to see someone like that. Maybe this woman could help us".

"Well", Audeon says, "it couldn't hurt anyway, I have her number if you want it. Bríd could give her a call and sure if it's meant to be it's meant to be".

Mary looks back at the face smiling at her from the paper. This might work, she thinks to herself. It's worth a try, anything is worth a try.

.....
.....

Bríd

Bríd smoothes numbers on a crumpled page into flattened legibility and picks up the phone to dial.

"Hello, Institute of Natural Medicine", a woman's voice on the phone cuts the ring tone dead.

"Um hello, my name is Bríd.
Emmm My Mum got me this phone number, she thought maybe you could help me, I've not been feeling so well lately".

"Hold on a minute, I'll get Mona to talk to you", the voice says.

Bríd moves to sit as she waits. Poising herself in semi-painful balance on the wooden arm of the couch she tries to take deep breaths to slow and silence the powerful drumbeat her heart is pounding out. She is cringing, she is tearful, she is frightened, she is hopeful.

"Hello", a loud woman's voice booms assertively down the phone lines.

"Hello", Bríd says, "is that Mona?"

"Yes, Bríd, is it? How can we help you?"

Bríd begins to pour out some of her story. Eating disorder, Hospitals, many therapists, depression, not eating, not wanting to live, wanting to live, Yoga, Woods and Walks and Sea and Song and…

Mona says, "We run a centre for healing here. We have a drug-free naturopathic programme. You have to commit yourself to the programme. You have to give yourself over in faith. Can you do that? "

"Yes", Bríd says with force and conviction, "I want to change- I want to be different. I want the eating disorder to go away".

"O.K". Mona says, "well the best thing for you to do now is to come and see us. Aileen will give you the directions and the time and what I want you to do is to write down now exactly what you think your problem is and I want you to bring that with you when you come here to see me. Will you do that?"

"Yes, of course". Bríd replies, breathless with emotion and with the quickening and concentration of time and space as she spilled her stories into the phone. She takes a pen to write down directions and listens as if her life depended on it.

.....
.....

Bríd's diary

Driving out of the city I felt like Persephone driving out of the mouth of hell in a golden chariot filled with jubilant song. Joni Mitchell plucked out sweet high notes with her voice and I tried to sing along. I had Aileen's clearly written directions on

the seat behind me, a car tank full of petrol, and a belly tank full of brightest hope. I knew where I was going.

The further I got from the city the more a peculiar kind of spaciousness filled me. It was as if I was leaving behind my eating disorder, running away from it, going somewhere so far away it would never find me. The mountains began to creep up around me and the lakes I had spent time walking round when young appeared as welcoming sign posts along the way. The centre is just outside a tiny village in the Wicklow Mountains. It is nestled at the foot of Lugnaquilla, in the epicentre of the Glen. Trees and mountains surround its white walls. Just standing out of the car into the centre of this natural vortex made me feel different.

I was nervous to meet Mona, literally quaking in my boots. I knocked at the front door and waited an age for someone to answer. A woman came to the door. It was Aileen, the woman I had spoken to on the phone, and she was smiling and welcoming and after asking me to leave my shoes at the door, ushered me into a bright sun-filled room where candles and incense burned on the mantle of an empty open fireplace. She motioned me to sit on a couch covered with woven white and offered me tea or water.

"Mona is preparing for your visit", she said, "she'll be a while. Just sit and relax. There are books in the corner to read if you like and make yourself at home if you want to take anything from the kitchen".

Impatience and patience wrestled inside of me. I tried to practice calm. I tried to practice presence but my mind was racing ahead to the possibilities of this place, this light filled bright white solid smelling place. I felt like a sapling spreading inquisitive roots into unfamiliar earth. I waited.

Mona did not just come into the room, she manifested, or at least that was how it seemed. She is small but her presence is gigantic. She is motherly and fatherly at once. She is stern but good humoured and she likes to test demands and platitudes

with an implacable smile. I can handle anything, her smile says, I am justified, her smile says, I know the energetic laws, her smile says, I see all.

She asked me so many questions I became tired of listening to my own voice. She asked questions about me, my life in Dublin, the work I am involved in. She asked about friends and boyfriends. She asked me to tell her about Liam and Sarah and my relationships with them. She asked me to tell her what I knew of Mum and Dad's, and even my grandparent's, lives. Then, after all this asking and telling she began to ask me about why I needed to see her.

"Did you write it down for me?", she asked, "did you do as I said and write down why you need to see me?"

"Yes, yes I did", I said, pulling the printed page out of my pocket.

I had typed out the letter to Mona at four o' clock in the morning. Lately, I don't sleep so well. Hunger, like the need to urinate, wakes the body up at inconvenient hours and I can never get back to the surreal dream states which characterise my sleeping hours. When hunger wakes me like this I go to sit at my work desk where the computer waits like a reliable friend and my notes and books are spreading out trying to make maps for me to find my way into understanding my subject.

My subject is "recovery from eating disorders", how could it be any other? I want to know what it is that helps people to recover. I search all kinds of texts, from many disciplines, medicine, psychology, sociology, theology. In the mad light of the half morning these texts are a shattered mirror in which I find myself in many different forms, some grossly distorted, with many different motives. I look in the shattered mirror and watch myself moving and shifting shape. Here I am a child not wanting to grow up, here I am a woman using food to control my emotions, here I am a woman asserting an individual identity, here I am a susceptible body seeking succour from a risk riddled society, here I am a lost soul, mendicant searching for meanings in the detritus of secularism. I am all these women and none of these women. I keep searching.

Mona coughs and adjusts her glasses as she reads over the letter I prepared for her in the half-light of such a morning.

Letter to Mona

My Problem

I am seeking guidance and help because for 6 years I have (ab)used both food and my body as it relates to food. Food has become my way of finding security, sameness, predictability, unconditionality, my refuge from impermanence. The way I relate to food has become habitual; my body enacts the patterns in a repetitive and unthinking way. Changing these patterns induces fears which accumulates and manifests as another manifestation of food abuse.

I am attached to food as a way of guaranteeing permanence. I am attached to a bodily size which also guarantees me this sense of permanence and safety which provides me with a place to live from where relationships with the outer world and with others in it can be controlled and manipulated. I focus all of my attention on the maintenance of the routines which perpetuate the predictability of my meals my body and what my meals will do to my body.

Medicine provides a language which names the way I live my life as Anorexia Nervosa. My life is more complex than this classification can contain. I want to be free of the need to make safety through food and body. I want to open my body and my heart up to an acceptance of change and impermanence. I want to be able to listen to my body and not to what society tells us about food, what we need, when we need it, how we should eat it. I want to know and believe that ultimately food and being thin is not the most important thing in life. I need food. It will pass through my body becoming faecal matter on the way and eventually decompose, just as I will in time. Food should be giving me the fuel to experience consciousness and not the fuel to build a destructive ego.

I want to change. I want to trust my self to trust my body to trust life. I want to trust in the omnipresence and infinite nature of consciousness, the interconnectedness of all. I want to learn. I want to relearn who I am and with that knowledge I want to be who I am in the world that is here today, right now, with whoever and wherever.

Sincerely

Bríd O'Farrell

"Hmm, this isn't really what I wanted", she said. "I wanted you to tell me what your problem is".

"But that's what I've done", I said, thinking of the hours of reflection and condensation of reflection that I have put into this piece of writing -can't she see that's what I've done, I think, does she not understand?

She nodded thoughtfully and looked the letter over again.

"You are not on medication are you?"

"No", I told her, "I stopped taking anti-depressants months ago, they didn't work for me. I actually thought more about finding a way not to live when I was on them than when I was off them".

"Well you did the right thing in stopping them", she said. "Taking anti-depressants is like caking cement onto joints that need to move and free themselves. They just make you numb, smothering symptoms so that you can't locate the wound from which these symptoms are communicated".

I was glad of her approval. I wanted her to approve of me.

"So now Bríd", she said, "I'll explain to you how we can help you. I've told you that this is an institute of naturopathic medicine haven't I?"

I nodded. She smiled and continued. "We help the body to help itself using only natural methods. When the body is on its path to natural healing it begins to reveal to us what needs to be removed from its system, what needs to be worked on and worked with, so as to achieve its full potential. Do you understand?"

"I think so", I said.

"We work with this body", she went on. "We build a person-centred programme upon it. Everyone who comes to us goes through their own process".

With eyes set upon convincing she locked my gaze as she said,

"We believe Bríd, that eating disorders are a form of addiction and that these addictions are deep rooted in the whole family system. In the hospitals and in the other therapies you have tried they just tried to get rid of your symptoms, they did not look to the root of the problem. We will work with the root of the problem. We will look at the whole and not just the part and the whole will be healed".

Here is how I felt and what I was thinking as she sat there explaining and crafting a vision of a healed and whole person. I was feeling a longing, desperation, a willingness and openness to belief. I was feeling the shame of failed attempts to get rid of this stupid eating disorder. I was feeling the fear that my failure to recover marks me out as broken, faulty, not clever enough, not strong enough, something wrong somewhere, a reject on the factory line of normal people, I was hearing the siren going off as it sometimes does in my dreams and the room flashing bright red in synch and the giant pincers sweeping down from high to take me off the line and fling me in the botched people bin. And here this woman was saying, or I heard her saying, you don't have to be broken, I can find the broken part and fix it and make you whole again and then the eating disorder will be gone

and then you will be strong and healthy and happy and from there the possibilities multiply endlessly.

"Do you want to begin with your first treatment?", Mona asked, bringing me back from my thoughts and feelings.

"Yes please", I said and stood up with her following her into the adjacent room. This second room at the front of the house was another bright white room with pine floors and incense and candles burning, this time over a hearth filled with an eager fire which crackled and spat orange tongues from fragrant hunks of wood. In the centre of the room, in full reception of light from the floor to ceiling window, a long plinth and a chair on roisters. On the dark wood table, white blankets and sheets, a selection of rocks and stones and a skull. On the wall, paintings of whirling colours, mostly blues and pinks. "Done by my nephew", Mona explained, "he sees the energies". She motioned to the plinth and I lay myself down feeling like a maiden offering made to the Gods, feeling like a prayer. Mona went to my feet, then to my head and there she stayed as time stopped while she held my skull in her hands and felt, she told me, her way energetically around my body. I fell into deepest peace, the greenest forest glade, the space between clouds. I felt whole. I felt new. I felt real.

.....
.....

I call on Mum on my way back to Dublin. She sees me pull in the driveway and meets me at the door with the dog snapping and barking excitedly at her heels. "Stay quiet", she is telling him, "be good, silly dog, it's only Bríd. She's come to tell us her news". Mum talks to the dog like this all the time, it makes us all laugh.

"It's cold in here", I say, suppressing a shiver as I hug her hello. "Has the heat not come on?"

"Here", Mum takes off and hands me her woollen cardigan as we walk through to the kitchen. "Put this on, I'm not cold".

"Thanks Mum", I say, pulling on the cardigan and hopping up onto the high stool by the kitchen window. From here I can detect the humming noise in the background. "I see our neighbour is out playing on his tractor I say". We both laugh. The man next door is not a farmer but has enough money to pretend he is. I imagine the squirrels in our trees firing their nuts at his silly head. I must be a little giddy from all that has happened up the mountains.

"So", Mum says, "what did she say? What do you think? Did she help? ". Mum is eager to know everything, eager to know if she has found something, someone who might help.

"Well", I reply, after a reflective pause and a welcome sip of the hot water Mum has left on the counter for me, "Mona seems like a no-nonsense kind of person. She used to work in prisons you know, helping drug addicts, helping men and women with severe depression, men and women who didn't want to live anymore. Actually, she acts a bit like a prison guard authoritarian, disciplinarian, stern".

"No harm", Mum says.

"MMM", I agree distracting myself with the window scene again as my thoughts wander into an uncomfortable patch of doubt and fear.

"And what else?", Mum prompts, dragging me back into my story telling.

"Oh," I say, "Sorry, em well let me see. She told me a bit about her work in the prisons. When she was there she helped people come off drugs without taking drugs".

"Such a terrible problem with drugs in the prisons", Mum wants to acknowledge.

"Yes, terrible", I say, "and well, while she worked there, with all kinds of different therapists, doctors, prison guards and prisoners, she developed this programme, a person centred programme, a naturopathic programme she calls it and when she finished in the prisons-cos the money ran out- she decided to set up a centre here in Ireland, so that way you see, she could still use the programme to help people with all kinds of problems- addictions, depression, stress related disorders, and", I say with emphasis, "to pull people back from the brink when they think they can't go on and when they want to die".

"I see", Mum says, a little upset and uneasy at my mention of people wanting death, "but what is it she does then Bríd? How does she actually help people?"

"Well," I say, "she helps people by bringing them through this programme she has developed and she helps people by using her powers of healing". I use this phrase "powers of healing" because I know it is one Mum is familiar with and one, with her strong faith in Catholic miracles and the power of prayer, which she believes in.

"What kind of healing?", Mum asks.

"I think it's called cranio-sacral therapy", I say. "It's very gentle. I had it today".

"And do you feel any different?", Mum probes, searching my face as if she might see the difference in me just by looking.

My laugh whinnies out through my nostrils. "No Mum, no change today, although I feel relaxed, --- I think it takes a while".

"How long does it take?", Mum asks.

"Well", I say again, I say well a lot! "That depends on the person I think, and it depends on how closely that person follows her programme. I can start as soon as I am ready she says. When I do, I will have to go and see her at least twice a week".

I am beginning to squirm with the uneasy request building up inside me. "She's asking for a lot of money Mum", I say, "It's expensive, it's really expensive".

"Will it help Bríd? Will it help you? "

"I really believe in this Mum. I really do".

"Well then let's give it a try".

.....
.....

Bríd's diary

I am lying down to write this, having spent hours in traffic on the way back from Mona's this afternoon. My mind is whirling with all that she has given me to think about. I have in front of me a sheaf of articles she has written about addictions and recovery. She tells me that my symptoms of eating disorder and depression are energetic responses to a holding of stress and trauma in my body and that Nature is trying to remove and overcome these hostile forces by producing symptoms that force me to look harder and understand better what is happening, what has happened, and what I must do to change.

Here, in this first article I am tracing now with my fingers, she explains her approach. Her approach, she writes, is based upon "the Law of Cure" which states that the movement of energy is governed by fixed laws. Nothing can exist if it does not conform to some or other aspect of Law. Specifically, she writes, the Law of Cure informs us that disease states in the physical body are a restriction of energy flow and reflect inner *dys*-function of mind and emotions: "the cure of the part should not be attempted without treatment of the whole". She credits Plato

with this philosophy, much good he has done us with all of his inherent dualisms…

> "The seeds of disease, whether originating from apparently physical causes or genetic tendencies, can only develop in the fertile soil of inner dysfunction. Disease patterns held in the subtle body, that is the energetic systems of the body and collective blueprint together with the emotional, mental and causal forces, are released thereby obviating their physical manifestation. Natural medicine focuses attention on strengthening the defence system and, in doing so, challenges the disease or point of resistance".

When I am lying on the plinth in the white room, Mona feels her way into my body, telling me my system is weak, that because my system is weak I am not thriving in the life I am now leading. She says that because my system is weak I have not been able to overthrow the "eating disorder(s)" behaviours that still narrow down the borders of my life. She says that because my system is weak stress invades me. Stress, she says breaches weakened systems, causes toxicity, depressions, desperation.

She says that my system, my life force is weak because I am the bearer of a fault line in my family system. She says I am holding the family illness. That my family, Mum, Dad Sarah and Liam and probably aunts, uncles, grand-mothers and fathers, they are the truly sick and hurting individuals, but they are in denial. I am sick- she says-so that they can project all stagnancy and dis-ease onto me but really she says, I am not the sick one, I am the one who has woken up and realized that something needs to be changed.

I feel drawn to these explanations. I want them. I want them for myself. I want them to explain why I am different from others, from my family and from my friends, why I don't fit in, why I can't fit in. I can't fit a world where people want and need me to be the same as they are and where I have to act as though I am the same.

When I am in the centre I feel the peace and calm that I have found in meditation. When I am on Mona's table, while she pulses energy through my body, as I feel this energy pulsing, thoughts and feelings fall away from a bright central tower of piercing consciousness. This is the consciousness I have been chasing for a long time now, the consciousness untrammelled by the pull of "eating disorder(s)", the consciousness that creates the space between my feelings and my actions. If I could just make this consciousness expand, if Mona could just make this consciousness expand, then I could stop the eating disorder, I could stop the bursting feelings of chaos and explosion. I could stop the purple and black bruising of my darkness rumbling in.

Mona is happy that I practice Yoga. She has practiced Yoga too she tells me. Once, when she was telling me stories of her work in the prison she said that her journey into healing began with her teaching of Yoga. This, more than anything, made me feel like I am in the right place. On the table, I have told Mona that I have been practicing Yoga to find, strengthen and refine the calm, watchful and vigilant consciousness that Mona puts me in when she opens up the energetic rivers in my body. With her knowing touch, Mona, who tells me she has studied with great Yogis, plunges me into a feeling state of transcendent bliss, submerges me like a dried up cloth until I am saturated with the feeling of this state, saturated with the memory of the feeling when I come to the surface to dry out once more in the fires of my everyday madness.

I come back from the centre and the schism between my world there and my world here is so vast that it builds like the pressure of swollen sky before a storm. Soon and swift the storm comes, it bursts into me, it bursts through me and I want to tear myself apart, peel flesh from my bones, run miles in the rain, leap stairs times two while pushing stinking breaths from body till it reaches collapse, wanting it to fail, wanting it to die and leave me go.

I can't stay in this place anymore. I need to be somewhere I can clear my head and understand these explanations that Mona gives me. I need to be away from people,

from my family, from my friends, from the dirt and smut and sleeze of the city. I have asked Mona if I can stay in the centre. She thinks about it. She sits with the question she says, she will know the answer, she says. She will tell me when I visit on Thursday. I'm not sure I can wait that long…

.....
.....

Bríd and Liam

"Dad, it's me Bríd".

"Hello love, how are you?"

"I'm not so good Dad. I've not been doing so well lately".

"But you're seeing that woman in the mountains aren't you? Is it helping?"

"Oh it is Dad, it really is. She's helping me to get better, dealing with the root of the problem and not just the symptom and it's sort of like a retreat centre up there, a place to clear my head and really understand why this thing in me won't go away".

"O.K.", Liam says.

"So, I'm ringing Dad, because I wanted to tell you I'm going to take a year out of college, I'm going to go stay up in the centre to really try and deal with it, to really get rid of the eating disorder".

"But", Liam stutters, "you've just started, you've made friends, you like what you're doing, why would you want to leave all that and go somewhere so totally isolated?"

"I have to do it Dad, I have to do this, for me, to recover, I can't do my work with all this stuff, with all this mess still in me, I have to do it".

"Look Bríd", Liam says, "you'll do it anyway, whatever I say, but I don't think this is the right thing for you, I don't".

.....
.....

Bríd

I arrived late yesterday evening with a bag of clothes and my Yoga mat. I am here to stay. I am here to be part of the centre. I am here to work on my "recovery".

Aileen showed me up to the room upstairs; it is long and airy, almost loftish, with high pine beams and an immense floor to ceiling window which frames the solid form of the mountain–Lug. Lug the mountain is the stone shot from the sling of Lugh, Celtic warrior, to slay Baylor King of the Formarians. Lugh is connected with harvest and feasting, Lugh brought life back from the underworld, Lugh will watch over me as I try to do the same.

There are only two of us living in the centre. Kevin came here after many cycles in and out of locked psychiatric wards. Hopeless, wanting death, his family brought him here in desperation. He is mostly silent and withdrawn. I have yet to see him smile.

We keep the place clean for the visitors who come, that is our job here. We light fires to make the place warm and welcoming, we make light wholesome meals, with live foods, whole grains, herbs and greens and fruits and juice. Health, Mona says, depends on these non-toxic, pure and natural foods, foods which support the system in its fight against the diseases and disorders of modern life. The body, she tells me, needs this nutrition, needs the highest forms of energy to keep it going.

"You must eat these foods", she says, "to support recovery, eating light, eating energy, the right foods become vibrations in the system, the right foods are life".

I eat what I can. I eat what I have always eaten, vegetables, and then, when the centre is clean and Mona has left or is with someone else, I walk.
I walk and walk and walk and walk.

For still I can't bear the thought of getting bigger, I can't bear the feeling of food in my stomach, the feeling of fat leeching through my intestines and spreading itself like thick butter onto my bones. I wonder when these feelings will go away.

Meanwhile, I have my treatment every day. Mona works on my energy body, releasing energy blocks, loosening up patterns around trauma. She senses injury in my solar plexus, wounds in the psychic body. She works on these and while she works and repairs my energy fields I tell her about past and present, about my relationships with my family and friends and with Michael. I tell her about the comings and goings of my thoughts and feelings. I tell her of my longing for the undeterred calm and spaciousness of my meditations. I tell her of my longing to be free from the closing down thoughts and practices of "anorexia". She keeps working on my energies telling me that will come, that will come.

.....
.....

The white house in the mountains is serene and still until a silver car surfs a metre of drive-way gravel on its brakes cutting mountain silence with a roaring wave of shingle and stone. Kevin slips out the back door of the house into the annex he is building onto the centre. It is his hiding place.

Bríd pulls back net curtains curious to know who has come visiting while Mona is away. With a shocked flick the upturned hem of curtain is released and the window clouds over again as Bríd rushes down the staircase to the front door.

"Mum, Dad, what are you doing here?", she cries, as Mary stretches herself out of the car opening her arms for a hug.

"We came to see you, of course!", Mary answers, in injured tones, "why wouldn't we come to see you?"

"Let's go for a drive," Liam says. "Get in. we'll take you for dinner in the village".

"Oh", Bríd falters, "I don't know, I don't know if I'm supposed to leave the centre".

"The centre will be fine", Liam is stern in his response. "I just saw that other fellow who lives here skulking off into his little house. He'll look after the place. You just get your coat and come with us, O.K.? "

There is really no room for negotiation. Bríd takes her coat from the hook in the hallway and curls apprehensively into the car. Liam starts the engine with a roar and they swoosh down the driveway in another wave of gravel.

In the dimly lit pub they sit on dark wood high stools studying a dinner menu. Both Liam and Mary are covertly watching and noting Bríd's furrowed brow and chewing of cheek and lip as she dissects the menu and worries about what she could choose.

"So", Liam says, "how are you?"

"I'm good, Dad", Bríd replies, "it's good in the centre, it's working".

"Don't give me that crap Bríd. How is it working? You look worse now than before you left. You're like death walking".

"No I'm not, I don't know what you mean, I'm doing well here, I'm really trying to work things out".

"You need somewhere else", Liam says. "We need to get you out of that place. We're looking for somewhere else. Will you go if we find somewhere else? Somewhere that will really help you. You're just avoiding now, all that stuff she spouts to you, just twisting your mind. You need to deal with your eating, this Yoga stuff and all the other stuff, that's always been part of your problem, won't eat this, won't eat that, can't do this, can't do that. For God's sake can't you see it?"

"God", Bríd splutters in frustration, "you just don't understand, you have no idea what I'm trying to do, what I am doing there".

"You're damn right we have no idea, because no-one is telling us what is going on up there. I mean what are you doing? What is she telling you? We don't see you for months, you don't ring us or come home to visit and now we get a call from that woman saying she wants us all to meet to discuss the situation. What does she know about the situation? I warn you Bríd, we've been down this route before and I'm not having it again".

Mary is all the while twisting her skirt with one hand and clutching at Bríd's hand with the other. She is near tears. This is her fault, she thinks. She introduced Bríd to this woman. Desperate, stomach clenching thoughts and images sweep through her like a storm, like pain flashing, like the Banshee, howling in death and sorrow and loss. Is Bríd losing her mind?

.....
.....

Bríd, Liam and Mary

The fires are lit in both rooms. Halloween magic lingers over the house, autumn gloaming. Bríd is deep in thought in one room. Mona prepares the other for the arrival of Mary and Liam.

Today, as Mona held Bríd's skull in her hands, she explained the need to be strong for the meeting.

"Within a sick family system", she said, "individuals meet with resistance from others as they confront their disease and strive for recovery. This resistance comes not just from your peers but most of all from members of your own family".

"You see", she said, "the family of the sick person has an investment in keeping him sick; there is security in the known. The sick family is blind to this pattern because the pattern is so important to them and because they need the focus on, and control of, the sick person so that they can remain in denial of their own unhealthy life patterns".

Bríd is sick with worry about what Mona will say to her parents. She needs to please and appease Mona who represents and holds spirituality, healing, knowledge, recovery. At the same time she needs to please and appease her parents, who love her, who she loves.

It's confusing. Mona tells her to be strong to face her parents and fight for her recovery...as if choosing recovery means not choosing her parents...as if growth into recovery were to be found in opposing her parents...as if choosing to oppose her parents was choosing to be well.

The fire flickers and paints shadow dances on Bríd's face as she sits and waits.

.....
.....

They are here.

Aileen answers the door. Liam moves to enter the room where Bríd sits by the fire but Mona, stalwart and formidable in white, silver-blonde hair glistening in the evanescence of many candles, ushers Liam and Mary into her room, blocking interaction between parents and daughter, setting boundaries.

It is a face-off. Liam serves a cold and wrathful stare. Mona returns, unperturbed, knowing eyes, humorous eyes, victor's eyes. Mary watches the candle on the mantle- piece, biting down the questions she has been building into towers of ammunition to throw at Mona.

"So", Liam eventually says, "why are we here? What have you brought us here to tell us?"

"We are here for Bríd". Mona says. "We are here to support her recovery. I need to know, will you support her recovery? ".

"Bríd's not well", Mary interrupts.

"Yes," comes Mona's measured reply, "I have worked extensively with Bríd's energetic systems, there are many blockages and weaknesses which must be worked on. She is in a healing crisis. There is systems failure. It will take time".

"What do you mean," Mary says in a flustered trembling pitch of voice, "systems failure? What do you know about systems failure? You use these words, you tell us about these failings but you know nothing about Bríd's systems. I was a nurse", Mary is getting increasingly angry and tearful, "don't think you can fool me with your talk about Bríd's organs and systems, don't think you can fool us".

"We both know", Mona says in clipped tones, "that Bríd's reproductive system is in failure, that is merely one component of the whole but it makes it quite obvious that Bríd's system is not strong enough…yet".

"Strong enough for what?" Liam asks. "Strong enough to be doing your horse work? Strong enough to be writing your letters and answering your phones?"

"Strong enough for her recovery", Mona states plainly. "Are you opposing your daughter's recovery?"

"Look", Liam boils inwardly with rage, "we know what you are doing here. You are manipulating our daughter. She thinks the only way she will recover is if she listens to you, lies on your table every day having her healing or whatever it is you give to her". Liam begins to point and shake his finger at Mona in anger. "She thinks you are going to cure her and you are letting her think that...and what's more", his voce is rising incrementally..., "you are letting her think that anyone who opposes, as you say, her being here, is opposing her recovery. I've never heard such shite. In all my life, I've never heard such shite. You, Mona Molloy, are the most manipulative woman I have ever met in my entire life".

"Thank you!" Mona replies with galling beatitude..."I suppose then", she says, "we will have to leave it up to Bríd to make the choice. Shall we go and ask her?"

.....
.....

The door opens and the trio of carers enter the room where Bríd has been reading and writing notes. Bríd stands to embrace her mother and father, Mona stands off centre but imposes on the family space nevertheless. "We need to know Bríd", Liam says, "will you come home with us? This place, it's not doing you any good, you're sick, come home with us".

Bríd can feel Mona to the side, nodding at her, encouraging her, remembering her advice to her.

It's a trap.

Where is recovery? Is that the prize?

Bríd feels sick and desperate. What if she walks away, and the walk away, as Mona tells her, is the walk away from her recovery? Hospital programmes did not

work, trying to do it on her own did not work, this programme, this woman Mona, is, it seems, her last chance.

"I have to stay here Dad. I have to finish this out. I have to do what Mona says. Please… it seems like the only way for me, if I leave I may never get better. It has to be finished. It has to be finished here".

"You're making the wrong choice here Bríd. You're making the wrong choice", Liam steps back, Mary steps back. Mona collects their coats from the stand in the hall. "You can leave Bríd now to rest", she says. "It's getting late, we'll be in touch".

"Oh, I'm sure you will", Liam spits, "when you need your money. You're making the wrong choice Bríd", he says again, "but if you think it's what you need, if you think this will help you get better, then do it, but it's the last time we will help you out with this. From now on you are on your own".

Tears are falling down Bríd's cheeks just as fast as they are falling down Mary's who sees her daughter's confusion and pain. Embraces are exchanged and held long. Mona stands at the front door, holding it open, letting in a cold dart of mountain air to remind the visitors that it is time for them to leave.

.....
.....

Bríd's diary

Parents, brother and sister are watching from afar. They don't believe in what I am doing here. They think I have lost my mind. I feel, more than ever, a source of disappointment, disapproval, disdain and despair. In their limited interactions with me they convey anger in minute movements and expressions. They see my being here as a deliberately manipulative emotional punishment of the family. They see selfishness at my core…

And it is so hard to accept all that emerges in the work here with Mona…because I do feel like it betrays them all in some way. It feels almost accusatory and I feel guilty because one of its appeals is that Mona's perspective exonerates me from any wrong doing, Mona's perspective makes me the victim, Mona's perspective makes me the heroine fighting the evils of toxic life and living. I thought I would be fighting the eating disorder.

……
……

Liam

Breaking Brídges

Dependencies

Like this word-

Waiting for the next one

Are hard to break

We gave time

We gave love, energy, thought

Money and clothes

We gave her a hand when she needed

We built Brídges for her

So she wouldn't have to step in the mud

And dirty the good shoes

Her mother bought for her

I'll have to break those bridges now

Stamp them through with my builder's boots

Hack through the high nerve suspension

Keeping her above the water and the dirt

What do you do then?

When you see her lift each stone in puzzlement

Wetting cement with tears of disappointment and frustration

Turning left and right to see who comes to help

But knowing you can only watch from the half open windows

Of your own firm, four walls

Knowing she will never build her own house

For her own dreams

If she comes to you, if you go to her.

.....

.....

Sarah

It is the week before her 21st birthday and Sarah is busy preparing for the party that her Mum and Dad have agreed to host for her in the family home in Kildare. There will be food and drink, fairy lights strung over the stairs and the lintels of the doors, bonfires in the garden, a dj with disco lights and a set of cheesy dance tunes, a birthday cake, family, friends, and fun.

She is going over the list of invited guests with her friend Carol and Carol's sister Claire, who was once close to Bríd but is now closer to Sarah. Sometimes, Sarah thinks that Claire is more a big sister to her than Bríd ever was. They are placing bright red ticks beside the names of guests who have already confirmed they will be going to the party. Claire peers over Sarah's shoulder approving the long trail of red then sits back to light a cigarette.

"How's Bríd?", she asks, trying to appear nonchalant but really very anxious to have news of her friend. Bríd has not contacted her at all. From what she has gleaned from Sarah she knows that Bríd has not contacted any of her friends since she went up the mountains.

"I don't know", Sarah answers in tones offended by the suggestion that she might know anything about her sister's world.

"She's lost it. Nobody knows what she's doing up there. I don't even know if she'll come to the party".

"Do you think she's getting better?" Claire asks.

"No. I don't", Sarah says firmly. "She might think she is getting better up there, but I don't think she is and I don't think Mum, Dad or Liam think she is either. She's hiding, just like she always has, she needs to live in the real world where the rest of us are getting on with life and making a go of it".

Sarah takes a light off Claire and drops the list on the table as she too sits back to focus on inhaling and exhaling. Part of her wants Bríd to come to the party and part of her is afraid that she will come.

.....

Liam Junior

"Ah Liamo", Connor slaps Liam on the back causing Liam to spill beer foam over the edge of his pint glass. "How's she cutting?"

Liam's face splits into a wide grin as he settles back into a balanced stance.

"Connor, how are you? What's the crack?"

"No bother? Liamo, no bother at all...Where's your sister? Is she here? How is she?"

"Don't know to tell you the truth, Connor, just don't know".

.....

Bríd's Diary

I am fearful of writing this down, in case writing it, recording it, betrays the oath of secrecy and silence that Mona has placed around the work we did today as part of my process.

I will sketch it. I will short-hand it. I will try to write it without writing questions into it...even though I have many question, even though questions keep pushing out of niggling doubt.

People began to arrive at the centre at 10 am this morning. They were all faces I knew, clients who come to Mona for treatment, clients I open the door for and make juices and detoxifying teas for. When Mona called me into the room all of

the familiar faces and their bodies were sat in a semi-circle around the white clothed plinth. A fire flickered in the hearth but the room seemed cold and grey as the day outside. Mona bade me sit on the plinth. It was prickling uncomfortable, every gaze was upon me. For some manic reason my thoughts flew to Sociology and the sick role. Here I was centre of attention, playing the sick role in a play that seemed to be written or at least orchestrated by Mona.

"Now Bríd", Mona said. I was concentrating on her, trying not to look at my audience. "I want you to choose people from this group before you, to represent your family".

What is this about?- I was thinking- what is she trying to make me do in front of all these people and what will these people think of me and of my family?- and oh- there are all the questions flooding in again, back questions-back.

So I chose, without catching anyone's eye, I rested my hand gently on shoulders. Four shoulders, one each for my parents brother and sister. "Dad" I said, "Mum", "Sarah", "Liam".

"Stand", Mona commanded motioning simultaneously with her hands.

The touched shoulders stood.

"Now Bríd", she said. "I want you to arrange these people in order of importance".

So I arranged and looked to Mona.

"Does that feel right Bríd?" Her look was searching, querying. "Energetically, does that feel right?"

I heard and felt in her question that I had placed my family wrongly. I was confused. This was important; if this was going to heal me I would have to get it right. I was panicking. I looked to her for help, help me I begged her with my eyes.

"I don't know", I said. "I'm not sure now, I'm confused".

"Here", Mona took elbows and rearranged the line-up. "Now Bríd", she said, "doesn't that feel better, stronger energetically?"

I nodded, wanting to feel that what she was telling me was right was right.

"Now Bríd, I want you to go to your sister and say these words":

I went to the body that stood for my sister,

Mona said:

"I love you Sarah but I will not die for you".

The room was shocked and stunned into silence. I was shocked and stunned into silence. I balked, stuck momentarily in a sweeping wave of horrification. I flung a tearful question from my eyes to Mona's.

"For your healing… for the healing of the energetic wound which afflicts your family Bríd".

"I love you Sarah but I will not die for you"- I say it in a voice which belies the pain it causes me to say it.

I say it to the shoulders which stand for my brother too.

Then as I move to stand opposite the shoulders standing for my Mum, and I say the words Mona serves me the tears begin to flow and the tears start to flow as well from the woman who is standing in for my mother and from the man who stands for my father.

As I move to stand opposite him I want to run. Why am I saying these words? Why is Mona asking me to say these words to my mother and father? What is she making me say with these words? I don't want to say what she wants me to say. It doesn't feel right.

"For the healing Bríd"- she coaxes me once again.

So I say the words through my tears and feelings of dirty betrayal.

And she sweeps her arms in a circle, and she weaves energetic chords around us and she hums our healing in and I am praying that this is it and that something energetic has moved and that our family will no longer be a family which holds a psychic wound and that, please God, please, please, please, that Mum and Dad will never know of this. That I will forget this…

And now I am sitting here writing and wondering if these feelings I have mean that it did not work for me, if I did it wrong, if I did not give myself completely to the process, if I, if some malevolent madness in me tried to keep our wound, tried to pull back, pull away from Mona's healing. I don't feel any different except for this sick feeling I have of betrayal. I don't feel any different.

.....
.....

Charged with meaning

Each day, I put my head in your hands

Its thoughts swarm like bees to your queenly deference.

I am seduced by the patterns you make of the light and the dark
when you drag stolen gold through a sun-less hive.

There are Holes in the comb to be filled, you say
And you point them out with your stinging tip.

So I fly out, now and then,
to drink myself full from a soft cup.

Oh, I could sleep in the folds of the rose buds,
In the purple canopy of the fox-glove.

Instead, I return to the hive,
To the coins plinking in through tight slots,

Where patterns are solid and bold
Where amber pours in hypnotically

Where the queen humming sings
Of the good and the bad

And we die
Listening to her song

Drunk on the nectar
That will keep her alive

Though it has sickened us to make it

.....
.....

Bríd's Diary

I start to panic. The teeth of this cage I am in bite down. Something is wrong here and I cannot escape it.

Each time I go to Mona, saying I need to leave, she tells me it is the darkness in me which calls me to leave, she tells me that I have to be vigilant, that I have to stay with the light, stay with the Yoga which is to be found in the centre.

She tells me I am part of the team, that I am part of a functional system now. She looks up from her morning papers and says "we need to ask your father for more money for your recovery". Then half laughing, half serious-"it will be good for his soul to give money to this centre".

What will I do? Part of me thinks I am not getting better. I still can't bear to eat, I still sometimes make myself vomit what I have eaten or walk miles in the dark without care for the dangers of being a woman alone on the back-roads. Keeping my weight low is still the fulcrum of my waking and sleeping hours, of my every hour. This knowing fights with the part of me that has lain on Mona's table for months now. Is it my fault that I am no different? If you leave, this part screams, you will undo all of the healing that Mona has poured into you. It is your fault you are no better, you disbelieve, you doubt.

I can't leave yet. I have to believe I can recover. I have to believe I can be whole. But the doubts are creeping in, it is they which are gaining strength.

.....
....

True Healing: 1

A real clown has come to visit the centre, and yes, behind his oil and chalk masks hide tears. He, like me, is here to find something to take the pain away, something to mend and mould and transform.

He helped me find my laugh.

"Mona", he said one morning, as she scanned the papers at the breakfast table and sipped at her fragrant Lady Grey, "may I take Bríd out for an adventure?"

Mona raised her eyebrow in an arch above the moon of her glasses and twisted her lips into a question.

"I mean", he explained, "to find some stone circles in the hills nearby. I have the maps, I have the car, I just need some company. May I take Bríd?"

"Do you want to go Bríd?", Mona asked.

Of course I wanted to go.

His little red hatchback is as ramshackle and patched as he is, the seats strewn with colourful rugs and throws covered in dog-hairs. Gallant as ever, he swept the passenger seat with intense diligence before letting me settle in to the car, before setting off.

We sped along stony back roads in an amicable silence absorbed by the brown and green patchwork of the hills around us. It was not far to our first stop.

He brought me deep into the woods, "real woods", he said, "hazel and oak and birch, not those silly billy needle nellies, those lanky piddly pine trees". Sparse light tinged with the green of chlorophyll pierced the forest ceiling in random beaming. Soft wood silences, broken only by the snapping of twigs under footfall and the occasional cooing and cawing of doves and crows surrounded us. I followed him, he followed the map and before long we arrived at the stone gate of the ancient circle. We entered, we paced circumferences, inner and outer and then we lay for a while, each of us choosing our own stone, on the deep magic of ancient Ireland.

Time passed quickly in the forest and the crepuscular light was fading in as we reached the car once again.

"Let's try a short-cut home shall we?", he said.

I didn't mind.

The car, however, did not feel inclined to move at all.

"The engine is cold", he said, "poor thing, waiting all that time for us in this icy weather".

After choking and clutching and revving we were eventually on our way again. Winding up small mountain roads, chatting about the centre, about families, about books we had both read. As darkness fell even lower he swung the car up an unmarked road and I looked over in askance. "Just to see where it goes", he said.

It went up a mountain. It went into a narrow eye at the head of a needle path on one side of which solid climbing rock, on the other a steep and perilous drop.

"Ooops", he said, "that might not have been a good idea".

"Are we stuck?" I was saying, "are we stuck up a mountain?"

"Em…" he said, "we might be".

I started to laugh. It was soft at first, like a river at its source, a soft bubbling, enchanting. I loved to hear it. It had been years. I let it come louder, river gushing out of me, laughing, crying unstoppable.

"Stop laughing", he was saying, "Mona will kill me, it's late and we have to get home. Get out, get out of the car, you have to help me reverse back down. Its too narrow to turn here".

I get out of the car but I am too taken with the river running out of me to be of any help. My whole body is laughing now. My stomach aches, tears roll down my cheeks. I lay myself on the cold stones of this road which is not a road for cars. He begins to laugh as well. We sit together on the road that is not a road letting the ice in the winter mountain cool the fever of our laughter.

"Thank you", I say after what seems like hours pass and we are finally on our way back to the centre. "Thank you, you helped me find my laugh. I'm so happy it came back. I'm so happy we found it".

I sleep that night without waking till morning.

.....
.....

Time swims past in a swirling river of changing colours. Winter turns to Spring turns to Summer, turns to Autumn. Buds form, burst to leaf, become golden in the sun, fall like coins cast to call future choices, heads I stay, tails I go.

There are routines now, that I am used to, that make me. I rise before the house becomes a centre for healing, to practice Yoga under the amused gaze of the mountain. I do my house chores, I see Mona for my healing and then I take my thoughts to the hills and the woods nearby. I walk till my thoughts are tired of thinking and my body settles a little tighter on my bones.

"It" has not gone away. This is a secret I keep from everyone who asks to know. "It" is still there. "It" is always with me. "It" is beside me now as I walk through the scenic patchwork of the glen, as the colours and smells of Autumn swirl and fill me. Gorse aflame, fields tilled over into neat tendrils of deep scented earth, hills wearing velvet cloaks of different greens folding into each other, hugging, deep bosoms of heaving power. I walk because I love to walk, because it puts me here, it makes me part of the mountains...but I also walk because I can't stay still enough to let the signs of foods eaten sneak onto my familiar frame. I can't let food make me unfamiliar to myself.

And yes, still the guilt and hate and fear with every bite and drop that breaches the barriers of my judging lips.

But it is a secret, for I must be well to leave, and I must be well to show, and I must be well to know, when enough is enough.

.....
.....

True Healing: 2

This day I climbed to the very top of the mountain. We set out at dawn. There are no words adequate to describe the beauty of this morning laid out like a Brídal gown in virgin frost over the glen. On the way back down, almost at the foot of the mountain, Kevin found some rose quartz in the scree. "Here", he said, handing the

precious stone to me, "I knew I would find some today. It's for you". I squeezed his hand in thanks slipping the rough edged blushing quartz into my breast pocket. I will treasure it always.



Bríd

Bríd and Kevin sit doing the crossword together. After months living each beside the other and working side by side to keep the centre clean and warm they are close. They share laughter and stories when the centre has emptied of visitors and Mona has gone home for the evening.

"I've got it", Bríd shouts triumphant, "it's wag that's the answer".

They laugh in joint admiration for the clue maker as they fill in the black boxes with clear red letters.

"You know Kevin, I've got something I've been wanting to tell you", Bríd says as she looks at him with fond caring. "I've been thinking it's time for me to go. I've been thinking that the recovery I've been working for here is just a building towards having the strength to stand up to Mona and tell her I see what she's been doing here and I want to leave".

"Yeah", Kevin says, "I've been thinking that for a while now too. We need to leave here. You should do it".

"I'll miss you", Bríd says, as she catches his hand across the table.

"I'll miss you too", he says.

They clear the table of papers and mugs and set the dishwasher singing its cleaning song and before snapping out the light in the kitchen they embrace.

Bríd leaves the next day.

.....
.....

Sociological Reflections on Demedicalising Bodies.

It has been difficult for me to write these stories. I write what I have lived through, what my family has lived through, fearing it might seem fantastical and ridiculous to my reader and still feeling and fearing at times that I am betraying the healing energies my family and I have had "channelled" into us. Before I reflect on some of the sociological themes which may be drawn from the stories presented in this chapter, I want to start by explaining that I am not intending to write critiques of holism or of alternative methods of healing. In actual fact I practice these methods on a daily basis. Intrepidly, almost embarrassed by how it sounds, I admit to considering myself sensitive and sensitized to energy moving and shifting. I feel openings and flow and blockage of the kinds accounted for in holistic medicines discourse when I practice Yoga or Reiki and sometimes when I meditate. I assure you, I am not a sceptic.

Nevertheless, I need to theorise and account for the way that my *dys*-ordered body was caught up in these discourses when I turned to them asking for explanations of my continuing experiences of "eating disorder(s)" and perhaps more importantly when I, when we, turned to alternative medicine looking for a cure. The centre for alternative medicine in the mountain was real but it might be better to think of it here as an "ideal type". This ideal type represents a particular form of Western holistic medicine; the form taken by alternatives which proclaim themselves the key to the dissolution of illness, disorder, disease and pain. McKee (McKee, 1988), in her discussion of the many critiques of holistic medicine, notes that many traditionally holistic practices have been modified in the West so that their holistic applications as part of a life philosophy is lost to the process of commodification. This is the type of holistic practice I am looking at here. One which has been parcelled and packaged as something which may be bought and sold just as easily as a packet of paracetamol could be bought off a chemist shelf by a man with a toothache or a woman with a hangover.

The centre in the mountains embodies principles of natural cure, the body as a vital energy system and the importance of individual responsibility for alignment

with nature and by implication with harmony and balance. As I understood the philosophies behind the centre, they match well with McKee's (McKee, 1988) ideal type descriptions of Naturopathy:

> Naturopathic therapies do not treat diseases but treat the person by stimulating the individual's vital force. These therapies are directed at cleansing, detoxification and regeneration. In naturopathic treatment the body is provided with the materials necessary to cleanse and rebuild itself, such as pure and nutritious foods, herbs and exercises; toxins in the environment may be avoided. Psychological stress may be reduced using relaxation techniques and positive emotions and thinking patterns may be developed. Pathways along which the "vital force" or body energies flow may be cleared using techniques such as colour or sound therapy, massage, chiropractic, acupuncture or reflexology (McKee, 1988: 778).

The centre was set up to offer healing to those who had found no relief or measure of success with the conventional methods of treating pain and disorder. Both conventional and alternative medicines offer meanings and explanations for health and illness. Unfortunately individualisation, scapegoating, a-socialism and gender blindness seems to whisper through these discourses like feathers, sticking to the tarred bodies of those who remain in emotional and physical pain despite their attempts to "be open" to the cure which some holistic medicines offer.

Between my second hospitalisation and finding my way to the centre of healing in the mountains, I had begun this doctoral research project and had immersed myself in the task of tracking down and mapping out the many different theories of "eating disorder(s)" that were to be found in my university's library. My life was no less characterised by "eating disorder(s)" than it had been before I spent those long months in hospital. I weighed a lot more, it is true, but "eating disorder(s)" experiences bubbled and percolated below the surface. I was searching desperately at this time for "the key" to "recovery". Conventional medicines treatment regimes had not revealed this key. In many ways, the hospital regime had buried "eating disorder(s)" experiences deeper into my being by training me in a rational instrumental set of body techniques, which were fundamentally based in body

mistrust. Just as the hospital regime had fostered my inability to trust my body it had nurtured in my friends and family a similar inability to trust the perceived mad and manipulative mind controlling my body and controlling my body's relationships with others. We were lost; in doubt, in confusion, in hopelessness and in pain...and then we turned to alternative medicine.

If alternative medicine was the answer for us, what, really, was the question? For me, the question was one about trusting my body. If conventional medicine, with its dualistic epistemology, its plethora of expertise and its instrumentalisation of the body had refined and consolidated my everyday practices of mistrusting my body, could alternative medicine move me into other ways of knowing, where body trust might figure strongly, where the body might be configured not as an object to be controlled with rational/ scientific knowledges but as the grounds of my subjective experience, my "me-ness", my "I-ness", my experience of "we-ness? Perhaps for my parents, the question was more along the lines of: can you help our daughter back to happiness? Back to health? My parents, though I tried very hard to conceal it from them, knew well that the hospital regime had not worked for me. Between us we combined-embodied the key reasons and the key questions that cause people turn to alternative medicine, with counter-cultural proclivity (Bakx, 1991; Glasner, 1989; Lupton, 1994) and disappointment with a specific facet of conventional medical treatment (Goldstein, 1998).

In these sociological reflections, I want to look now at the answers that were given to us in our interactions with alternative medicine, asking more questions about norms of health, about the positioning of family in discourses of health and illness and about practices of body trust. There are three threads in particular, falling from the edges of the stories presented above which I want to pick up now to weave into some kind of sociology of our experiences. These threads are; first, the symmetry between the health norms of alternative and conventional medicines, secondly, the continuing projection of etiology of illness and disorder onto the locus of family and individual and; finally the dematerialization of the body into etheric levels of being which are yet subject to the manipulations of the expert and which come to

be viewed as centrally instrumental in achieving the good self-actualised health of the body.

Health Norms.

A recurring argument in sociologies of health and illness is that alternative and holistic medicine is not representative of a process of de-medicalisation at all but is instead an aspect of the extension of medicine, through discourses of health risks and optimal well-being, into an expanded sphere of bio-potential. Bio-politics, from this perspective, may, through alternative medicines, enter into the previously untouched realms of every-day life-styling, spirituality and emotions management to produce:

> The harmonious, tranquil, "spiritual" individual, devoid of inner and outer conflict, who is focused on nutrition, exercise and relaxation in the pursuit of health (Coward, 1999: 193).

In Lowenberg and Davis's (Lowenberg & Davis, 1994) seminal paper on de-medicalisation, it is argued that:

> The application of a health illness paradigm to nearly every domain of life represents, if anything, a massive thrust in the direction of medicalisation (Lowenberg & Davis, 1994: 584).

At the same time, those in the business of alternative health are adamant that holistic medicine operates fundamentally within a different epistemology to that of conventional medicine. For this reason, alternative medicine's proponents would argue, "the extension of the health and illness paradigm into nearly every domain of life" reflects back upon holistic paradigms of embodiment, paradigms which first and foremost consider the whole irreducible to the part and consider every part of the life world of an individual, body, mind and spirit, as integral to over-all constructions of health and happiness. Holism turns medicine's focus on the part

and on the pathogen on its head moving like a microscope in reverse to get a broader, bigger picture of body/selves in action in their worlds. Holistic medicines, it is argued, treat people as a whole not as split into parts which may be thus treated by specialists. Evidently, as increases in use of holistic medicines attest, this is how people want to be treated (Vincent & Furnham, 1996: 46). This de-segregating promise of holistic treatment may be at the heart of the increasing appeal to populations dissembled and disheartened by the divisive and objectifying practices of medicine. Yet, and here is the rub, and here, in my opinion, is the key locus of the convergence between holistic and conventional medicines, holistic medicines are founded upon, and work towards, achieving the same health norms as those of conventional medicines. These socially valuable health norms (Crawford, 1985, 2000) are theorised as contingent upon the development of a calm (rational) management and control of every aspect of the embodied self.

I have touched in the preceding chapters on the ways in which modern medicine establishes gendered health norms with which it expects populations to comply. I have viewed these health norms as socially constructed, considering how norms of health, psychological and physiological, are measured and fixed through the surveillance and control of deviances such as "eating disorder(s)" experiences. I have looked at the pathologisation of forms of deviance such as those embodied in "eating disorder(s)" experiences and at the ascribing of responsibility for these illness experiences to the pathological within the individual and the family. I have also looked in these preceding chapters at the ways in which deviants are made to normalise, through confessionals, self-surveillance and rationally instrumental bodily practices which connect with imaginings of bodies as perfectible to bio-political visions of social order and maximal efficiency of populations. I have looked at how this rational instrumental vision of bodies and embodied selves is brought to life via the control and management of the body with expert knowledges and techniques and the continued fostering of body mistrust. Implicit within the discourse I have looked at is the elevation of norms of physical and psychological health to moral objectives available to all. Anyone can recover, or be well, if the techniques and expertise of medicine are followed closely. Everyone could recover, everyone should recover. Painless health can be restored, health is

the denouement of the narrative, health is the prize for the rational hard-worker (Gremillion, 1998, 2000, 2003).

In some ways the health norms which are subscribed to in the discourses of holistic medicines are more stringent and heavier with the moralised value of good health and the immorality of illness than discourses of conventional medicine. In holistic discourse health is the natural state of the body, although, tautologically, health must be constantly worked at and achieved (Coward, 1989). Health in this discourse is a state of balance. Balance is achieved through the management of all parts of life. When balance is in effect, energy runs freely through the system. When balanced, the system is strong and stable and at the same time flexible and adaptive. The balanced system may endure the toxic stressors of contemporary life without collapsing under pressure. Emily Martin (Martin, 1990, 2000) has noted that, contemporarily, these representations of body health coincide with socio-economic frameworks which require flexibility and balance. Martin claims that in thinking through the health of the body there has been a move away from the central organising principle of the heart as a pump to the organizing principle of the immune system. This is a move away from the focus on the mechanised part to the fluctuating energetic system. It is a move which corresponds to the declining importance of Fordist bodies rooted in standardised and mechanised mass production; a move into the consumerist paradigm of individual flexible adaptation and consumption. Flexibility and balance are necessary skills in Western socio-cultural climate of abundance, where (over)indulgence is an every-day possibility, where rational-hedonism is a stipulated norm (Featherstone, 1991; Turner, 1996).

In the face of the (synthetic) abundance of contemporary society, and the illness that holistic medicine maintains it causes, a return to the "natural" is what is required and stipulated. Jonathan Geczik and Mathew Schneirov (Geczik & Schneirov, 1998) explain how nature is understood in this context and though it is a lengthy quote I include it here out of reluctance to paraphrase such clarity:

> The natural, in the discourse of alternative health, means three things. First, what is natural conforms to an original structure of balance and harmony of which the body is a part. In metaphysical branches of alternative health, the

> body as both non-physical and physical dimensions that, under optimal conditions, are in harmony. In other alternative health approaches, the body is primarily a physical-biological system that can regulate itself perfectly, unless contaminated by pollution, mineral deficient food or other aspects of modern life. Either way, the natural body, is a perfect body, that exists outside of history and society. Second, the natural is an aesthetic source of guidance and orientation that must be recovered. Because the natural body is outside of history, its perfection (however conceived) can provide a critical standard against which modern eating, dietary, and medical practices can be judged. Third, the natural is not a human creation and operates apart from the process of self-intervention. If recovered it provides safety in a technologically driven world that is understood to be increasingly losing contact with it (Geczik & Schneirov, 1998: 440)

Natural health in holistic discourse is thus more all-encompassing than the health norms of conventional medicine (it even provides a haven of safety from the unnatural technologies of conventional medicine). This may be discernible in holistic medicine's preference for terms like "well-being" and "full health potential". Eva Sointu (Sointu, 2006) makes the point that:

> When health is conceptualized as "well-being", the role of alternative and complementary medicines comes to consist of allowing participants to experience that they are moving back-or reaching towards the future–to well-being that is perceived as the natural contentment fulfilment and harmony....well-being results from the person "being at peace" primarily emotionally: "if you have peace of mind everything seems to tick over nicely"...well-being entails being serene and tranquil, well-being emerges from feeling comfortable and at ease with yourself (Sointu, 2006: 332).

Well-being and health here are restorations or recovery to an original state in which peace, harmony and serenity reign. The well-being described by Sointu's (2006) research participants, all of whom were either holistic health practitioners or consumers of alternative health practices, seems very close to Drew Leder's (Leder, 1991) model of a self with an absent body. Yet when we looked at Leder's

model in chapter four it was pointed out that the absent body thesis, stating that in day to day praxis the lived body recedes to the background and the transcending and controlling consciousness appears as the foreground, is problematised by gendered social interactions which necessarily activate emotion, sensation and physiological responsiveness. Holistic health's constructed health norms however, promote the idea that when the body is experiencing its true health potential, it somehow recedes to the background, for all is serene, there is no chaos, no disturbance, no pain, no limitation; there is only the controlling consciousness, or rational mind/self, implementing natural technologies of energy management. Once again, the image of a self who manages and controls the body is mirrored.

This allows for what is perhaps the greatest ambiguity of holistic medicine; its tendency to make people responsible for their own pain, disorder and disease. It is ambiguous because on the one hand, as Lowenberg & Davis (Lowenberg & Davis, 1994) have argued, making people responsible for their illness and their health indicates a step away from the part of medicalisation which sought to reduce illness to a specific pathogen. On the other hand, as well as diminishing the socio-cultural factors which give rise to pain and illness, making people solely responsible for their illness and for their health enlarges the space for feeling guilt and blame about continuing pain and disorder (c.f. McClean, 2005). For some this is a political problem (Scott, 1998, 1999), for it undermines the libratory potential of holistic models. For others it is not just political it is intensely personal, for they are caught up in a crushing vortex of moral repercussions due to their perceived failure to manage their emotional and physiological pain and *dys*-order.

Furthermore, when Lowenberg and Davis (Lowenberg & Davis, 1994) were considering medicalisation and demedicalisation in the early 1990s, processes of medicalisation had not fully entered into the current socio-cultural climate where, as Sarah Nettleton (Nettleton, 1996) has argued, a "new paradigm of health" has taken over. Nettleton's analysis offers a critique of new "psycho-social-epidemiological" forms of conventional medicine which centralise the rational and knowledgeable individual who is aware of risks and works hard to prevent them. Working with Nettleton's perspective, a perspective which resonates with

Armstrong's (Armstrong, 1983, 1995) work on "surveillance medicine" and Deborah Lupton's (Lupton, 1994, 2000) analyses of health promotion and consumption, conventional and holistic medicine can be seen as increasingly convergent on the issue of individual responsibility for health and culpability for illness (Scott, 1999).

Perhaps this accounts for the wishes of some practitioners, alternative and conventional alike, to think of alternative medicine as complementary to conventional medicine. For scientific investigations have shown that there is a role, in the drama of health and illness, to be played by technicians or experts who specialise in putting clients into states of ease and relaxation which may counteract and ameliorate stress activated and chronic conditions. Together as complements, conventional and alternative medicines add to the subjectification inherent in the socio-cultural formations of today, which imagine the body as the malleable clay of the modern sculpting mind and make health one of its central goals. If there is pain, illness or *dys*-order then it is the individual's responsibility to search out its origins in the body and take steps to restore it to its natural good health. Combining individual responsibility with visions of perfectible health makes for a marriage which might blend perfectly into the teleological narratives described in chapter 3, narratives which begin with pain, illness and *dys*-order but which end with harmonious health and well-being. Indeed this is the narrative promise which is held out by certain forms of holistic medicine, a perfect ending to a "healing crisis", success in healing where conventional medicine has had none. Such claims, by definition, do not allow for the messy, blurred and paradoxical narratives of illness and "recovery" which I try to (re)present in this thesis.

This creates a problem if, as some claim, alternative medicine works best as a means of reclaiming the spiritual from secularised explanations of health and illness. Spirituality, it is argued, helps people to find personal meaning in the presence of ill health (Martin 2001; Siegel & Scrimshaw, 2002). In holistic medicine, individuals are encouraged, required even, to retrace illness through their biography and to search out the "karmic" seeds of their current pain and disorder. Borrowed from oriental philosophies, karma is taken to signify natural

laws of cause and effect. Every individual action has consequence in this holistic model of being. Individuals cause their own illness, pain and *dys*-order. Sometimes, it is even suggested that individuals call in *dys*-order and *dys*-ease as part of their spiritual journey, as indicators of where they need to change or what direction they need to go in next. Stuart McClean (McClean, 2003), in a participant observation exercise in a spiritual healing clinic, alerts us to the fact that these constructions of health and illness are also used to explain pain and *dys*-order which persists, sometimes even with holistic/alternative treatment. McClean lets us into a conversation between healers about a patient with chronic eczema. The first healer; Stella, says:

> He had visited me a number of times over the past three years and every time the same problem occurs. He has quite a bad skin complaint-eczema-and he has said that he has spent thousands of pounds on different drugs and therapies and nothing has helped him, and I know that's because he blames it on everyone else except himself, and now he wants the eczema, I think. It isn't going to go away because he seems to want it.

Mc Lean tells us that another healer, Charlie, joins in here saying:

> Yeah, you see, he wants the eczema now it probably keeps him company. He doesn't seem to want to help himself or anything like that (McClean, 2005: 637).

I have personally encountered these kinds of beliefs many times over in my interactions with alternative medicine. They resonate with the pathologising psychological discourses of conventional medicine, "something in you won't let this go, something in you calls this illness in to you, and something in you clings on, you cling on". This sort of belief system makes it difficult to admit to or explain continuing pain and *dys*-order except in terms of personal responsibility and fault. It seems to make health into a choice and illness into an immoral failure. This is an uncomfortable interpretation for men and women struggling to manage pain and *dys*-order, but perhaps some holistic practitioners would explain this away as the karmic debt for not "choosing", or "calling in", full health. If I have

strayed a little from the original point here it is only because the web woven around the norm of health in holistic medicine is rather complex and sticky. The central point remains: a norm of health has been established as the fulcrum of these practices, anything less than this norm, anything more than this norm, is deviant and morally unacceptable.

Family Wounds: Karmic Retribution for Breaking the "Natural Laws".

There is a thread running from the holistic norm of health, through the law of karma into the positioning of family in holistic health discourses. In the last chapter I have drawn on Nikolas Rose's (Rose, 1990, 1996) accounts of the rise and sweep of "psy" discourse to help situate the pathologisation of families from whence come the social deviants whom "psy" seeks to normalise in regimes of treatment for "eating disorder(s)". The "psy" discourses discussed in the last chapter, like the conventional medicine of which they form part, are convergent with the strands of holistic health and new age discourse which centralise family systems. This discourse is wide-raging in its search for explanation and cause of pain, illness and disease. It may reach back in time to the mother's womb as in the case of "embryonics", it may ask clients to journey back in time to their birth traumas as in "re-birthing" and "metamorphosis" or it may focus on the "toxicity" of family relations in the present as befits a holistic understanding of individuals as part of a wider context in which human relations have become dislocated from "the natural".

I do not dispute the value in these practices of centralizing the family and looking hard at the relationships that are formed in contemporary family life. The point to be made here , following Rose, relates to the historicity of this practice and the connection of family responsibility for pain and *dys*-order to the broader social order which depends upon family for the construction of normative moral subjects. Holistic discourses fit easily into this space, serving to discipline families

alongside those who present to them with pain and *dys*-order. For, within holistic discourse, just as in conventional medicine, it is understood that it is the family's (parent's) responsibility to instil in children the rational knowledges which contribute to healthful and emotionally stable life. In holistic discourse there is a sense in which parents come to be positioned as the gatekeepers to worlds of artificial and technological alienation which, if opened to children, will destroy and attack their healthful immunities as well as their ability to maintain their immunity. Parents are responsible for the introduction of toxins into a child's life and indeed parents themselves may be understood as toxins if they themselves have fallen far from nature's table and nature's way.

Yet one of the key concepts which ties "psy" and holistic health discourse together is that of self-esteem. For it is understood that the primary source of self-esteem in children is the family and the ability of the family to nurture the child's sense of self. Psycho-spiritual models of illness centralise the connection between mind and body when they insist that selves weakened by lack of love are selves with weak immune systems and thus immense susceptibility to disease. Parents are thus made responsible for disease and illness because of their failure to provide the child with the strong sense of self which parental love should cultivate. This resonates with the Bowlby studies of the 1950s which were mentioned in the last chapter as key documents in the development of the "psy" discourses that sought to transform relationships between parents and children. However, love, it is widely acknowledged in holistic discourse, must be unconditional. Parents must not have any hopes, wishes or dreams for their children and must not show disappointment when their dreams are dashed. Parents must accept all choices made by their child and must never, ever, ever try to intercede or control the outcome of these choices.

Now time has turned for me to think about the ways that Mona theorised my family and its role in my illness. According to Mona's karmic theory of family systems I came to her as the weak link in a karmic chain of injury. As is conventional in holistic medicine, Mona explained my "eating disorder(s)" as symptoms of the "weakness in my system". This weakness in the system was caused, she believed, by "psychic wounds" which other family members were

masking by turning to the normative addictions of modern Ireland; accumulation of wealth and alcohol. Instead of turning to these, I had turned to food. Food had become my addiction, food my means of masking the psychic wound we were all carrying. It was always unclear to me what this psychic wound is or was but in Mona's vision I was carrying it for others because they would not deal with it themselves; hence her having me tell each member of my family that I would not die for them. Occasionally, as Mona held my head prone in her hands, she would whisper to me that my mother had a secret from my father (my mother assures me indignantly she did not, she does not). I wondered sometimes was this the wound. Other times in her diatribes against the toxins of modern life I was under the impression that the wound in our family was one caused by the turn away from natural and pure living. My family had chosen the wrong path, she would imply, then make me feel better by implying that I, by contrast, was now on the right path. Yet again there were times when birth wounds and birth traumas were mentioned. Unconditional love was discussed over and over. "A parent's love should make you strong enough to withstand anything", she would say. Thus, as in the hospital treatment regime, it became my parents' fault that I had developed and now could not "un-develop" my "eating disorder(s)" experiences. How painful it was for them to yet again find themselves at fault, their history and their ways of acting and interacting in the world subjected to scrutiny and judgement. How fraught relations became as we each watched the other, always wondering, is this part of our illness? Is this wrong? Is this? Is this?

Anne Scott (Scott, 1999) provides one means of thinking this through when she outlines and critiques patterns of bio/graphical treatment in holistic medicine. Pain and *dys*-order in this pattern of treatment are understood as expressive of the biography or lived experience of the body. Biography, which is elicited in confessional auto/biographical explanation as well as read from the body script presented in symptoms, is open to interpretation, and indeed must be interpreted in order to be made meaningful. The problem Scott addresses is the interpretive power which falls to "healers" in treatment scenarios. Scott argues that in such scenarios:

> The expressive body model...tends to increase the interpretive and thus the social power of medical practitioners-shifting power differential-shifting its mode of operation (Scott, 1999: 138)

In holistic medicine the healer's interpretive powers come to be almost as central as the healing itself because meanings around health and illness are so important for people experiencing pain and *dys*-order. From where, though, are the meanings made by the healer drawn? Holistic healers are situated in the same cultural and social formations as conventional medicine's healers. They draw their meanings from the same pool of discourse, discourse which at this moment in time has much scope for finding fault in families and scope too for taking individuals out of the family to place them firmly in the hands of the professional.

The discourse on family in holism filters through its broader focus on the person as part of a whole. Relating micro-cosm to macro-cosm, pain and *dys*-order is always traceable to this whole. Yet often, instead of taking society as the whole to which body distress may be traced, holistic discourse ends at the boundaries of the family. Consequently, social critique, and a politics based in such a critique, is minimised. Instead of following the links between bodies experiencing pain and *dys*-order to the social and cultural formations in which this experience comes alive and is made meaningful, holistic discourse falls back on contemporarily familiar discourses of individualism (self-realisation, self-actualisation) and on "psy" discourses of deviance beginning and ending with *dys*-functional families.

Dualism and Body Mistrust.

There is another thread here running through from above. It is a split thread; it niggles. This niggling causes me to look now at the extent to which disembodying dualisms are located in the discourses and practices of holistic medicine and the extent to which such dualisms may continue to foster, and even further develop, the possibility of practicing body distrust. As Anne Scott (Scott, 1999) has argued,

there is a very worrying sense in which holistic medicine, despite offering itself as an alternative to the iatrogenic dualisms of medicine, actually reproduces these dualisms, reincarnates dualism, you could say, so that while the look and shape might be a little different, it is still, in many ways the same thing.

Central to this analysis is the understanding that, as part of the "new paradigms of medicine" (Nettleton, 1996) discussed above, there is an increasing tendency to view the body in its virtual, rather than in its material, complexity. New technologies, particularly computer technologies, have facilitated this move into a virtual mapping of bodies. We may now track bodily being across screens and monitors which become part of visual and spectator culture, heightening the sense of vision and the importance of watching and seeing objects, heightening also the experience of the body as an object watched by the rational observer. The heart blip upon the screen of patients hooked up to machinery while they wait for cardio-thoracic surgery is only one of the multiple examples of how the body is carried across to the virtual and placed outside of the actual, once removed. This once removed body, translated into a set of virtual images, links us back into Emily Martin's (Martin, 1990, 2000) assertion that health and healing modalities have moved from a focus on the mechanical to a focus on the energetic. Doesn't that blip of heart on the monitor look like a current of energy rising and falling?

Deborah Lupton (Lupton, 1994, 1995), like Martin, has thought hard about how conceptions of the body have moved from the mechanical to the virtual. Tracing these changes through historically dominant metaphors, Lupton highlights the progression from clockwork through hydraulic to the computer metaphors that are popular today. In this latest re-visioning of body metaphor the body comes to be seen as an information system. This body, as Judith Fadlon (Fadlon, 2004) points out, may simultaneously exist in a number of dimensions and planes. It is a "dematerialised body". Similarly, Simon Williams argues that the "modernist concern with corporeality is slowly but surely giving way to hyper-reality" (Williams, 1997: 1047).

In holistic medicine the body's energetic system is the hyper-real. It may actually be more important than the real itself! It is in the energetic body, after all, that root injuries are incurred and stored. It is the energetic body which must be worked on. This, at least, was the explanation my family and I were given in our interactions with holistic medicine. Such explanations draw upon metaphysical models in which the universe is conceptualised as a hierarchy of levels containing matter/energy of increasing subtlety (Scott, 1999). As Scott points out:

> This model reinstates the spirit/matter distinction in a new form, the higher or more energetic levels of matter/energy are held to be more conscious than the lower levels (Scott, 1999: 141).

Scott believes that this reconstitutes reason/nature dualisms anew as hierarchical distinctions between abstract form and material content. The body becomes the receptacle of all the dull and base instinct of humanity, while the higher soul levels are those which represent the self's highest potential. Unblocking and clearing energies which have become trapped in the physical body allows for a connection to be made with the higher energies of the self. These higher energies are remarkably similar to the rational self so valued in the Western world. They choose in the interests of self-actualisation and self-fulfilment and they are in control of the body rather than the body being in control of them. Higher selves, for example, know to eat right, practice meditation and Yoga and how to avoid toxic relationships with others.

Chasing this point I am seeing myself back on the table in Mona's centre of healing and I am thinking about how I felt as I lay there, that I was not in my body but somewhere else in energies outside of it. Coming back to my reflections on body trust and mistrust I am wondering if my lying on the table asking someone to work with my higher body energies was a practice of body trust or a practice of body mistrust. How I longed for that connection to a higher self which might steer me out of my "eating disorder(s)" experiences. How I longed not to be in my actual body but to be up there in the cosmic whirl of higher energies, perfect and pure and vital and free. Back in my body, putting it into the same efforts to be a

thin woman, becoming a gendered subject again, I felt utterly split from the higher (disembodied) self I thought I was connecting to on the table. I wonder if part of the appeal of energy based healing modalities is that they can, at times when such is the intention, facilitate an enhanced absent-body experience and an experience of a hyper-reality where the lived body truly fades to the background and the transcendent relaxed, harmonious body floats to the foreground?

In these higher realms of embodiment there is no gender, there is no social or cultural mediation of experience. There is no dynamic of embodiment. There is only the experience of the vital energies of the unhindered system. It is easy to practice trusting this body. However, it is unclear to me if practicing trusting this higher body actually helps to practice trusting the real and material body. Something else occurs to me: does this practice of connecting with ethereal spiritual bodies actually make it more difficult to trust the material body, especially when that material body presents pain and *dys*-order over and over? When the real body refuses to emulate the perfect and idealised body of the higher levels of being? I wonder.....

My family and I turned to Holistic Medicine and holistic models in our search for explanations and our search for a cure. We were helped to find many meanings in this process. We were continuously assured that from the acceptance and understanding of these meanings along with the input of healing energies, a cure to "eating disorder(s)" experiences would be forthcoming. The cure did not come. We kept searching.

CHAPTER 8

From Diving Into the Wreck

The sea is another story
The sea is not a question of power.
I have to learn alone
To turn my body without force
In the deep element.

By Adrienne Rich
(Rich, 1996:68)

Changes don't automatically eradicate what went before- neither in structure nor in the way that practices, powers and meanings have been produced historically. Consciousness-changing is not accomplished by new discourses replacing old ones. It is accomplished as a result of the contradictions in our positionings, desires and practices- and thus in our subjectivities- which result from the coexistence of the old and the new. Every relation and every practice to some extent articulates such contradictions and therefore is a site of potential change as much as it is a site of reproduction (Holloway, 1984: 260)

Morning Blues in a cup.

Cream brown swirls in a coffee cup.
Circles of foam and froth,
Frilled brown earth of the morning-
Dirt tracks on my china
And small coffee freckles
At the edges of my mouth,
Tell-tale signs
of
"My only vice"
In this
"Healthy", "disciplined" life.

Who was watching?
When I parked a lazy mind
In front of day-time t.v. drivel,
Lapping up the latest tips on:
"How to get a perfect seam in this season's stockings"?

Who was watching?
When I chased my thoughts-
Like a rabid dog, mouth foaming,
Tail flying back in the wind,
Coat matted and filth embedded under nails-
-And round the mouth -
RINGS OF SHAME.
Who was watching?
When I, trapeze artist,
-SWUNG-
From ecstasy- to -desperation,
Slicing time with my body?

Who was watching?

When I sat and carved

-MY OWN ARM -

Instead of the nut roast

Planned for my "healthy" dinner?

Stories are funny things.

Meaning so much and so little-

All at the same time-because-

I am so much and so little-

All at the same time.

This is all I can tell you right now

AND IT IS TRUE...

SORT OF.

.....

.....

Old Stories

I peel off skins
Rejecting
Chitinous masses of storied carapace-
Become so heavy and solid
I am made old
And tearfully martyrish.

Now I can feel the cold.
I own this raw-ness.
I own this virulent, thrilled skin
But oh-

My feet are caught
In these clod heavy boots
I struggle, I squirm
I battle with the beginning-
And the end of something.

Something not coming undone-
Quite-
-Yet-….

So I button the old skin back up-
For the moment-
Because-
I am vulnerable
Standing naked and still
In the cold.

Bird Sings a Paean

No more than two scooped hands
Eaten with a sparrow's
Chipping beak.

No more than a supplicating sip,
Slow as your last breath,
Conscious as your last word.

There are storms all over summer.
Winds blow back the curtains.
Chaos flips over neat piles of letters on the table.

Two scooped hands,
Seem solid, seem just, seem adequate,
Seem sadder than the wind.

I ushered it in this time.
Pushed, mother-like,
The feckless child onto the stage.

"Don't look in those poppies "
My mother would warn of danger-
But-

I would stare,
For hours-
In their hearts of darkness.

I am hoping for escape.
I am hoping for recognition.
I am hoping to feel something dark and deep.

I ushered it in
To help me play my part,
To hide my part, to kill me off…

……
……

Carrot craze, carrot daze

There once was a girl who ate only carrots. She ate only the brightest, most glowing orange carrots she could find. She ate only those which were fat and round and long as the thorax of the black winged butterflies of the East. She nibbled and gnawed and gnashed. She peeled, with her teeth, circular mosaics of fibre from a sweet phallic core. She savoured the sweetness, the centre, the magic last minutes of taste. She consumed carrots. They consumed her.
This girl, she turned bright orange.
And she could not see so very well-
In the dark.

……
……

Swimming through

Sometimes I get in the water to live-
Sometimes to die.
It's that fault line,
Threading through my life.
The one *you* marked with a question-
Pointed like a finger.

Which one are you doing?-You asked-
Of a head stuck in the Tibetan book of Living and Dying.

And I did not know-
Spluttered an answer
Which made sense-
Only because
The words fit in the sentence

.....
.....

Bríd

The morning has not yet swallowed the stars and it is still dark as I scuttle along the rain shone path by the river on my way to work. In the undergrowth around me small creatures snuffle and scratch and wear at the edges of urban illusion. Thrushes, Tits and Sparrows strike at the dark with chirping persistence fighting off the night and calling the sun in. The river giggles a copper coloured morning song, longing its way to the sea. I pick up the laughing speed of the river. As I begin to run, the oblong red rucksack on my back jigs and jogs awkwardly. It is filled with heavy books and the notes for a lecture, my lecture; the lecture I will give this morning. I run faster, my feet barely striking ground.

An empty lecture hall is a strange place. A ghost of learning leans against the open door, looks up with eager face from empty seats, listens with patient ear for the right chords to fit her orchestrations. I feel humble in her presence. I switch switches, light lights, project projectors. With all the doings done I have only to sit and wait - with my thoughts and my fear and my empty, coffee fuelled nausea...

I look over my notes for the millionth time. The pages are all in the correct order. Some paragraphs are highlighted, some are starred with red stickers and here and there arrows worm and weave connections between ideas and points. I settle the cover page back on top of the word sandwich. A small box with discrete font announces the title "eating disorder(s)".

Time races students into the room. It is fuller, I think, than it has ever been before. There is my curly soul sister in the corner. She has come to be my witness. Other curious bodies sit and wait for the lecture to begin. They sit cradling coffee cups in their laps or cupped in gloved hands, supping caffeinated clarity into their bodies and chatting quietly about last nights soaps, reality t.v. and work projects due to be handed in at the end of the week. In this crowding room we are mostly women. I see only one, of the five men enrolled for this sociology and the body course, in the seats arranged in neat rows in front of me. One in five of you, I think, will be living through "eating disorder(s)" experiences. There is a prayer in this lecture for you. May you hear hope and feel empathy in this room. May these words and ideas cause you no pain, do no harm. I rest the prayer in my heart as I begin.

Normally my voice is a little too soft but stable when I give these lectures. Today it trembles and quivers, a reed which could at any moment break to the river of emotion swelling behind my external composure. I am teaching sociologies of "eating disorder(s)" as if it were not a part of who I am. I am standing up here, on a stage to a captive audience, dressed in the garb of "wellness", "togetherness" and "knowledgeability" when just below the dressage "eating disorder(s)" experiences live, bubbling and brewing emotions, scalding me sometimes with boiling overflow. These students won't know of my not-eating these past days as a means of blocking out the fearful anticipation of this lecture. They won't feel the dizzy

blackness swimming in when I stand to change a slide. They can't know the high pitch of nervous sensitivity that not-eating has set my body into. They won't even guess it, because I am dressed in wellness, because I am a bigger body now and because I hide the chaos of my world well. I have learned how to do that.

I teach feminist theories of "eating disorder(s)" and a critique of the medical models. I teach a problematisation of rational instrumental approaches to diet and weight control and an introduction of ideas about body trust to discourses of "eating disorder(s)". I am passionately angry about this subject. My sister watches and listens, she counts time and calls it out with silent fingers. As the hour's end draws close I feel buoyed along by the current of my arguments. I am caught in their swirling energies. I feel the class with me, interested, wanting to know more. I am coming to the end and I have one more thing I want to tell them;

"This lecture", I tell them, "has come from personal experience". "We have talked so far about how sociology may become a forum for embodied theories. This has been one of those. I...was diagnosed with an "eating disorder" when I was 16 and I have struggled with "eating disorder(s)" experiences on and off ever since".

One girl in the audience is nodding her head. I don't know if this nod is empathetic or if she is confirming to herself or to me that she knew, that I had not hidden it all so well. I keep going. The reed that was my voice has broken to the river and tears flow through the crack. I am helpless in my fight against this emotion. I know my sister hears my words with care, I know she holds my words with care. She nods to my tears. I let the tears come as I tell the class; "I really believe that we need to think about how to develop ways of trusting the body in this world. The sociology we have looked at in the past weeks has helped us think about how technologised and rationalised and problematised bodies have become in our society. People with "eating disorder(s)" have to work at body trust in that context and it is hard. I don't know the answers to questions about recovery, I haven't quite gotten there myself yet but I just wanted to share with you something that gets me through my fears about not knowing".

I read for them the quotation I began this thesis with:

> I beg you… to have patience with everything unresolved in your heart and try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don't search for the answers, which could not be given you now, because you would not be able to live them and the point is, to live everything. Live the questions now. Perhaps then, someday far into the future you will gradually, without ever noticing it, live your way into the answer.
>
> Rainer Maria Rilke

.....
.....

Sunday Roast

Mary clears the table of gravy smeared plates and blows out the guttering candle before sitting again with Bríd and Liam. Young Liam and Sarah have passed on tea to watch television in the next room and look over some of the Sunday papers.

"I love Sunday dinner", Mary says with a grand air of satisfaction as she pats her belly. "It's so nice to have the whole family around. It's so good to see you all happy. You are happy Bríd aren't you? ".

"Yes Mum, of course I am". Bríd insists. "I just get a bit stressed sometimes... with the work, that's all, just like anyone else..."

"That bloody phd", Mary says, "we wish you would give it up... we wish you would just let go of "eating disorders"...How can you let go of it yourself if you're studying it and thinking about it every day? "

"But Mum, I have to finish it, I have to finish what I've started...and anyway what would I do without the qualifications, what could I do, what could I be?"

"Bríd", Liam Interjects from over the tip of the business pages. "We don't care what you do...we will love you regardless. You have nothing to prove, you have nothing to put right. Just do what's right for you, whatever that is. We will always be there for you and we will always love you no matter what".

"You know that Bríd", Mary says, "haven't you always known that?"

"I have". I have.

And something fluttered out... from the satiated bodies, over the table and out through the window and there was stillness and there was hope.....

Rusted Keys

Daily, ritually,

I go to the sea and dive-
A flesh coloured knife into blue grey waters,
Cutting ice-cold contrast to
body burning incandescent with

LIFE.
LOVE.
ANGER.
DESIRE.

Naked and strong-
My body protests
Dogmas of diminution,
Thrown in resentful glances
From crumbly old patriarchs
Sat beneath the half moon sigma-

And others who judge by the same standards

Emptied of longing
I climb from the sunken sea-bath
Slowly, sensitively, sensually.
Knowing each bead of sea
Rolling from arms and legs and
Back…to the waves, to the waves

Wanting to need what I own
Wanting to own what I need
I fold clothes over wet limbs
Soak linings and pockets with brine
Rust the once silver keys
no longer fitting the doors
life intended for me.

.....

.....

A Friend

Your eyes flecked with autumn,
whispered secrets.

"You can trust me",
You said-

And I knew I could

Even as we spilled each other's tears-
You crying for me,
And I for you-

I knew I could.

Even as something old fluttered out,
From our soft breathing bodies-

And you said-
"We are flowers of the same field"
-And this-
"This is just the warm breath of past moving through."

Line up dem bones

It began with lines
It began from outside.
From the skin and the bones.

"Line this up with this"
Men/Women pointed and shouted.
"Look here, look, look, look"

At the shapes-
"See how it looks so straight and good".
"See the perfect function in the form".

And I tried-
To make my body line up-
With aesthetic lines of perfection.

To push my body,
With my mind's eye-
With my clench-toothed lock-jawed wrinkled efforts.

And I tried-
To master the dense and unintelligent body
So that I might sit with my soul in the heavens.

So that my body
Would not bother me
With its mundane eruptions

But my body broke from the pushing,

Snapped like a willow in a storm-
when I practiced the pea-cock.

I cried to my ribs in anger and despair-
What have you to say for your sorry weeping selves?
No more deep breaths of high-faluting air for you.

And then I met the woman
Who was the sea and the land and
The trees bending to the dance.

And she helped me to sense
The body as life,
The body of life.

She circled me round,
Over and over-
weaving inside and outside together.

Promising-
There is nothing outside the body
Il n'y a pas dehors de corp.

Promising- as we cycled round
That light would turn to dark,
And dark to light.

Promising -that the body
Needs no master-
That soft acceptance breathes fuller breaths.

With her I began to learn how to trust.
Placing my body softly in every day.

Purring feline with pleasure.

And I noticed-
How shapes came differently into my body
How they rolled in like waves.

Where once
Skin and muscle lagged hard as the rock face
And bones locked lob-sided in their joints,

Now soft skin rivers trailed down my shoulders,
And bones, in welcoming joints,
Breathed and opened to feeling.

With the woman
I let my belly be round
and free.

And something fluttered out.
And I felt strong, I felt it all
And I was not afraid.

.....
.....

My Love

Sometimes,
I lie like a peach stone
In the soft scented groove of his arms,
Feeling as if a farmer had taken his strong hoe
And torn away at the tangles of nettles and briars
In the broad plains of my belly.

I feel emptied out of the superficial snags,
The thorny bramble of self.
I feel the kind of emptiness
Which contains all things-
Which is, matter of this fact,
A different kind of fullness.

.....
.....

The day of the Dragon fly

Dragons fly for one day only,
a strong streak of turquoise
caught up and gliding
between silver-wing gauze.

On this day,
morning sweeps in
like a set of fresh linen sheets
clean and new.

In the sky the moon lingers on,

a dainty china tea cup
upturned in a sea of blue.

Sand like ghost mist in the wind
Wisps and whirls in long races through the dunes
And back to shore.

Sticks to the basted bodies of obdurate bathers
baring the brace and bite of the wind
to feel sun soften old pains

and spread new joy
like golden butter
over toasted limbs and torso.

In waves which catch the rose gold sunset
-Just before they crash-
Your head and arms emerge every once in a while.

I can see you throwing yourself
into the very heart of the surge,
surfing the wave's crest with your happy body,

opening your arms out like wings
to catch the currents rolling home
to me.

Still.
None of the clouds move,
they yellow and grey with portent

shading the edges and the centre
and I think;

How lucky the dragon fly living today
For tomorrow
It will rain
.....
.....

Longing

In his arms, she is melting
in time
with the sun's last crepuscular crescendo.

Their bodies fitting neatly,
marking their limits,
a sphere in the sand, impregnable.

She is finding the hollow in him
and filling it with her soft curve,
nestling her head in the crook of his generous arm.

He is rising and falling,
to the breath of inhale, exhale.
She is arching in pleasure-

around the faint pulse of sex
aroused in the closeness, and the open air
and the relentless thrashing of the waves rolling up the beach.

Her hollow is gaping open to the sea
And she is folding crab arms around a belly
That may never be filled with child.

She is watching
the children still playing on the beach

and the day lagging into sorrowful longing

.....

.....

Michael and Bríd

"Of course I have been frightened" Michael gasps exasperated. "How do you think it feels to have to half carry you home after you've fallen with the weakness from not eating, or to have to chase out after you when you rush out like this in the middle of a storm? There's no other mad eejit out here walking today, the rain is coming down in sheets".

"I'm sorry, I'm so sorry," I am saying in stricken consternation… He worries about me?

"I just don't see you get worried" I am saying… "You never tell me you're worried. You act like everything is ok".

"And it is ok"…Michael measures out his words… "But sometimes I *am* scared because I know that you still struggle and I know that you feel hopeless sometimes and I know you don't eat enough for all the walking and the swimming and the Yoga that you do…and I don't know how to help".

"You are helping, you are with me. I trust you".....

And something flutters out.....

My Body Is A Pop-Up-Book

My body is a pop-up-book,
Just full of surprises- but-
always falling open on well worn pages,
where a pop-up crocodile roars silently
Amongst puffed-up-pop-up pigeons.

The pigeon's beaks will open and shut
If you catch and wobble the slats to the side
But there will be no noise-
So don't expect any!

The crocodile's more interesting-
straining there to bind the book together
before the old spine cracks.

Pushing claws in pleading.
Pushing claws till bleeding-
Cold blood.

You can make his jaws snap if you like
But he will never catch his prey
.....
.....

Travelling Companion

There you were.
Bags all packed
and ready to come
along for the ride
and the adventure
and the chance
to see another new place with me.

And there I was-
thinking I could sneak away
be a wonton woman of nature
without a history or story

I thought I could bind up
the oozing crevice in my navel
and chord myself unbillically
to new stories, new friends…
to a world without any shadows.

But you, my lovely,
follow me everywhere.

It doesn't matter what place,
what planet-
You are part of me.

And I am happy that you show yourself
with your stuffed case
and your soulful eyes
each time I try to run away.
each time I try to escape-

who I am?

.....

.....

India Story

I have made it to India after many years of dreaming and longing. Spiced warmth embalms me, caresses me, and urges me to wake up, to live more- to see more, to hear more. I am looking, I am listening, I am tasting. I am feeling the sweet softening currents of ocean breath travelling over the welcoming contours of my body.

Yet, I am feeling the on/off switch has been knocked the wrong way by some sly saboteur inside me. Maybe a fuse has blown- maybe I've blown a gasket- whatever it is, something feels wrong, muted, dampened, unreal, surreal, inaccessible.

It feels like I am standing in a picture of paradise-palm trees, Arabian Sea of aquamarine and white frothed waves, blue sky clear as a still-water lake, happy sun-bathed earth and animals in honeyed light, bird sound, wave sound, sounds of laughter, sounds of joyful ease.

I am standing in this picture. I am reaching out into it. I am calling it in, trying to touch trying to feel- but I must be the flaw in this picture- the clot of shadow the photographer would cut before mounting his print of beauty for exhibition. I…

I can't feel it. Its right here and I can't touch it and it can't touch me.
Is something broken inside me? Is something broken, something I can't fix…

I knew before I came here- I say this all the time at home- "do you know" I say candidly, brightly- "I think there is something quite badly broken in me".

"Don't be silly"- "silly talk"- Michael, my charming Irish Prince teases- "We'll fix it".

Oh the fixing- that's what you do when something is broken, isn't it?

Well I've tried fixing. I've seen men and women and sat and talked serious talk with sad faces and cried rivers of salty tears and clear fast flowing snot.

I've tried pills and potions and black and white magics. I've entered the fire, taken the waters swallowed religions whole in one go-then-spat them out-spat them all out- vomited them out when they didn't work.

Then I tried to fix it with buying things; clothes, food, alcohol, cigarettes. I tried to construct a multi-coloured collage of incandescent imagery-a mask- a slimmed down, kitted out, highly stylised body-suit.

Thin worked- got me approval, got me attention- let me drop my strengths like my heavy school satchel and lean into desperate love and attention and "don't you dare die on us" interventions-

And hands reached out to help me all along-

Pity I got, and sadness, one therapist-a healer, began to cry when she touched my feeble frame. "Your navel chakra is blown out like a wind blasted flower", she sobbed, dropping tears, one rolling into my belly button.

I look back in amazement at the self that I was, before I was weak and thin and dependent. The self with an appetite for all things and a sweet voice often to be heard singing loudly and joyfully along with the birds…but that was the self to be ashamed of, the self that did not, could not fit- too ugly, too fat, too stupid, too obstinate, stubborn, bold, bad, bad, bad-too much of a big fat disappointment.

"Oh Bríd How could you do this to me?"

Stone cold sweet heart on the marble slab- you died- you went cold and grey and when I kissed your soft cheek it was blue ice. It was a sharp shock of desertion.

And nights after, years after- I lay in my bed, young and old as 2,3,4,5,6- each night crying-don't take them away, don't make them cold and grey and marble. I don't want to say goodbye to ice sculptures of protection and love.

I see my mother at the side of her mother's grave- falling, jumping, sobbing, calling her mother back- losing her heart- I don't want to lose mine.

And here I am on a holiday away from all of the routinised monotony that I've put in place around the big broken hole inside of me.

At home I have these fabulous cemented walls of piece-meal story and practice blocking off the breakage from view. Stories striving to fit around my heart breaking.

Nothing will fix this heart. It breaks over and over each time I don't fit somewhere, each time my body lets me down and I am shamed with throw away comments about my look or my size or my appetite or my inadequacies.

So I keep working to change this body…

But I am tired now and I am lost now and I am an open wound unfilled even by the starry night sky, even by the softly spiced sea.

With these feelings I sat in a circle of men and women each looking as if they were sharing joy, sharing practices of peace and love and connection and I felt that once again I did not fit…

I moved back and stood up from the circle. I moved further away. I began to run. I ran as fast as my legs would carry me. I ran to the sea. I ran to the white waves folding in over the amber flicker of sunset caught in water.

I wanted to climb into the heart of the waves, to have them cover me over with the comfort of a silencing duvet, bringing marvellous quiet, marvellous clarity, marvellous liquidation of thought and self.

The water won't take me.

I try over and over to stay beneath the waves but my breath takes me up and out and my courage fails.

I curse, I splash, I tramp out of the water and fall to my knees in the white sand.

I curl my body round like a tortoise and bury my forehead in the sand so as to hide the stinging tears that roll down my face.

I bury my tears, I plant them by the sea.

I can feel the sun setting. I can feel the crimson light on my curled up back. I can feel the largesse of its last performance swallowing the sounds of the day around me. Giant Sun, I am calling from my broken heart, take me with you.

As the sun drops alone into the horizon, temple bells begin to ring in the distance. The bells call in the spirit of Ganesha, destroyer of all obstacles, who turns his elephant eye to the beach and curls his task roughened trunk around the sad body of the girl in the sand.

I am empty of brine and despair. I feel nothing except the loss of my energy for death. The sun has gone and I am growing cold. I lift my head from the sand-pit dented by my fore-head. When I open my eyes I see I am surrounded by a semi-

circle of happy head-wobbling faces. A father and his two young girls, a woman in purple sari, a fisherman in dhoti, toothsome smiles.

The bells keep ringing, the faces keep smiling, the waves keep rolling in and I am not under them.

The father wants me to shake the hands of his daughters. They have hair black and shiny as pitch pulled back into tight pigtails tied with pink ribbons. They have floaty pink dresses to match. Small stones dangle from their ear lobes. They have the widest half moon smiles, their front teeth at odds and ends with each other. They smile and smile and smile.

I tell them how pretty they are, how pretty their dresses, how pretty their smiles. I shake their hands, touching happy innocence, touching curiosity, touching hope.

Waving backwards the father and his daughters trudge off through the sand with the fisherman to pick over the nets in his grounded boat.

The woman in the purple sari hovers… puts out her hand to help me up.

I take her hand.

When I wobble to my feet my legs are numb and awkward with pins and needles.

"Sit, sit", she says, and "Trust me".

I do.

She pummels the muscles in my calves until blood returns then helps me again to my feet and on the path back to the retreat centre. As I bow my thanks to her, to the sun and to the sea something flutters out……..

A Yoga Class

In the theatre beneath the palms
A red disk of earth
Breathes deeply.

Pink and Black and Tan and White
Flesh coloured unsung bones
Assemble.

Finding a groove in the earth-
which senses their longing,
which longs for their senses.

Palms sing the breeze song-
Stroking the nerves,
Softening the chitenous, coconut shell sheaths,

Hushing the crowds
Before
The dancing Bríde arrives.

In strong colours,
In auric reflections of sun light
She blurs onto the disk stage.

She is the servant Bríde of the morning,
The caller of the body hymn
We will sing, we will sing.

Shiva's dance begins-
And Shakti rises to meet
The fortunate rhythm.

Bones and muscles and nerve and sinew
begin to sing
Into lush and carnal ripening.

Flesh plumps
As limbs pump
And move like pistons.

Dripping bodies
Give back to the earth
Through their feet,

And their heart song
And their pulse and push
And wave rising

From core
To calm calling
Body making new maps

Climbing in and out of layers
Inquisitive and feeling
Explorers.

And as the dance
Moves
Into ecstacy,

As the rhythm and pulse
Grips and rocks the body
Swaying the senses

Juicing

And loose-ing
And noose-ing resistance.

On the inhale
Something flutters in-as peace and joy
As merger

On the exhale-something flutters out
As release, as softening
As the body agreeing to hold less fiercely to its past.

.....
.....

This is what I have learned

This is what I have learned;
To stand proud and still as a mountain.
Drawing the mind into the crook of its arms
And its great heart.

I have learned;
To let the breath be soft,
An auspicious guest
Followed kindly through the house.

I have learned;
To wait for the bones to settle
And drop their weight, yes weight,
Into the earth.

I have learned
That there is value in weight

As in feather light
That both can be balanced without measurement.

I have learned;
To wake up muscles,
That had gone to sleep, muscles-
That had tightened in catching knots.

I have learned:
To inhale- exhale-
Jump, step, fold-
Trikonasana- triangle pose.

I have learned;
To press down on big toe of front foot
Feel strong connection from toe through ankle
Shin, knee, femur, hip, flank, heart, head.

I have learned;
To wait, mind in body
For a pose to unfurl
For it to flower.

I have learned;
To feel- as the flash of sun
On the underbelly of sea gull gliding-
Almighty.

I have learned;
That there is a way of focusing the gaze
That there is a way of sensing the senses
In this moment moving through my body.

I have learned;
To be inquisitive and amazed
About my body-
To trust.

I have learned;
That if I let go-
The body on the mat at the last,
Is not the same as the body that began.

.....
.....

Eating Changes

Yesterday, I ate
The most perfectly
Ripened melon
Despite what "they say"
About
"to be eaten alone-ness"
Or -"indigestibility".

I savoured its candy-sweet sugars
Bite by luscious bite
Eating with eyes, ears, mouth, tongue and
The dark welcoming cavern
Of my wanting belly.

Slurping in the golden toothed smile
white flesh a crescent in the foil of forest green rind
Sticky juice dripping unselfconsciously
From the corners of my mouth

Remembering warm fuzzy beach peaches
Shared on a family picnic
Warm and lush and miraculous

I would rather be Eve any day of summer tasting
Than that cold and calculating
Un-naked Adam.

.....
.....

I try eating in the wind

I once tried
Eating soup in the wind.

From the silver bowl of the spoon
Errant gusts, whipped warmth into leaping sprays.

Thin light lashes of liquid
Taking laughing delight in my comical efforts

My chicken-like neck chucking attempts
My quickened slurping-

I thought-
Of sailors, finding ways to feed in fulsome gales.

Of astronauts chasing ribbons of cola
Across a weightless chamber

Pak men laughing
And gobbling.

And I marvel
At the many ways we learn

To find a place in the world
To take it in

And at how I find a way to fill my gut
Even on this windy night

With only the stars for light
And a sleepy instinct for the rhythms of this dance

And a willingness to learn old, very old, tricks
And to be a puppy lapping it all up

.....
.....

Mary on the Phone to Bríd

… "and so Mum, I was wondering, what do you think about recovery, Am I recovered?

"Well", she says, "I wouldn't say recovered", she pauses to choose her words with care, and then tells me, "I'd say, there is no magic button, no pill, no sure-fix solution- it comes and goes doesn't it? "

I don't know how to answer this, and am thinking about it as she rushes to reassure me with,

"But we trust you…It's your life… and you know what I always say Bríd?"

We say it together, laughing.

"Life is what you make of it. It's all going through life".

……

Sarah on the Phone to Bríd

"Look Bríd I don't mean to be harsh but I think it's stuck in your brain now…it's like it's a part of you and you never seem to forget it…"

"So you think part of me will always have an eating disorder?" , I ask.

"I think 50% of you will always be a recovering anorexic", she says.

……

Liam Senior in the sun with Bríd

I look at my Dad half afraid and ask, "Dad what do you think about recovering from "eating disorder(s)"? Do you think it can happen? "

I don't want to say, can it happen for me? even though we both know this is what I mean.

He looks back at me with a look I can't quite get the meaning of, wistful? Empathy? Longing? Reluctant and hard won acceptance?
"Naah", he says, "not really, not fully……..
Don't you agree? ", he asks.
……
…….

Liam Junior

I am driving, which allows me to ask my brother without having to look at him.

"O.k. Liamo," I say, "I Have a question for you".

"What's up?", He asks.

"Well It's for the thesis", I say, "I was wondering… what you think about recovery?" adding, "from "eating disorder(s)", I mean".

"From *your* eating disorder, you mean", he says.

I nod assent with embarrassment.

"Oowhhh, that's a hard question," he replies after an awkward few moments. "Let me think about it".
……
……..

Sociological Reflections on Chapter 8 of my life.

The sociological reflections I present here are not meant to tie themes up and together in neat bundles, but, like chapter eight itself, are meant to leave things a little messy and ambivalent yet at the same time open and hopeful. There are three themes in particular that I want to reflect upon. The first is the non-recovered form of recovery that my story seems to tell. The second is the practice of Yoga as a body practice of trust and as a practice of a different "way of being" based in embodied "ways of knowing". Finally, and connected to the theme of Yoga as a body practice of trust, I want to position such body practices within sociological discussions as to the "re-emergence" of the passions and the sensual lived body in modern western societies. In this positioning I will examine the proliferating re-births and re-sourcing of female archetypes of being and knowing. I will argue that these female archetypes of "being" and "knowing" are archetypes which depend upon and evoke the sensual and creative aspects of embodiment and that these are the archetypes which seem to me to underline attempts to develop an embodied sociology, or at least, the embodied sociology that I prefer to use in this thesis. These reflections are made as starting points for further conversations and not as taken for granted truths about contemporary experience.

Messy Forms of Recovery.

As Mol and Law (Mol & Law, 2004) warn us in their theorisation of diabetic illness experiences:

> Smooth narratives that seek to bring coherence will miss the point. If the tragic aspects of living in tension and intervening for-the-best are to be described, jagged narratives are needed (Mol & Law, 2004: 58).

In this last of the auto/ethnographic chapters I have tried to provide such a jagged narrative. Recovery from "eating disorder(s)" appears here not as something which

leaves "eating disorder(s)" experiences behind, but as an ongoing process in which the body, emotions and senses are central. This process, as Garrett (Garrett, 1998) points out, is found and located in "the same society that gives rise to the problems in the first place". It is an embodied process in deep association with historically specific gendered socio-cultural shapings of both "body practices" and body stories and in deep association with the bodies of others. Yet the association between the body and the society in which it is lived is often antagonistic and fraught, for the body, as "an excessive entity" tends towards the "transgression" (Williams, 1998) of the boundaries placed around it as a mechanism of social order. This includes the boundaries circumscribed by hegemonic stories of "recovery".

The process of "recovery" represented here is one which struggles with hegemonic, teleological and rational instrumental body narratives; narratives and associated body practices which propose that recovery, as a fixed point, may be reached through the mastery of the body. Counteracting these narratives I have shared with you the stories which come out of my body (Frank, 1995). My way of writing here is an attempt at a form of *écriture feminine* such as those which have been theorised in post-structural feminisms as a means of liberating the corporeal from the phallogocentrism of cultural representation (Cixous, 1976; Grosz, 1986; Iragaray,1985; Kristeva, 1980) It comes from "deep within" (Cixous, 1976: 226). Cixous admonishes women to:

> Write through their bodies, they must reinvent the impregnable language that will wreck partitions, classes and rhetoric, regulations and codes, they must submerge, cut through, get beyond the ultimate reserve discourse…if woman has always functioned "within" the discourse of man…it is time for her to dislocate this "within" , to explode it, turn it around and seize it; to make it hers, containing it, taking it in her own mouth, biting that tongue with her very own teeth to invent for herself a language to get inside it (Cixous, 1976: 229).

Writing from *my* body, I have tried to produce dissonant fragments which resonate with the paradoxicality of human experience, evoking the multiplicities of subjectivity, the multiplicities of body voice, the shadow as well as the light, both the painful body and the pleasurable body. Consequentially, this last chapter may appear nonsensical or estranging. Rosenwald & Ochberg (Rosenwald & Ochberg, 1992) suggest cause for this when they emphasise in their study of narrative how most people tell their stories in accordance with models of intelligibility specific to the culture:

> These models are consonant with the forces that stabilize the given organization of society. Stories that comply with such cultural models are generally recognised as sensible. Their formal compliance with these models simply makes sense. By contrast, stories that fail to conform to the models are more or less alarming (Rosenwald & Ochberg, 1992: 265).

The fragments of life shared above are not designed to be alarming. It is my belief that sharing these ambivalent body stories is an important and politically salient strategy in the face of medicalised and "masculinised" (Gergen & Gergen,1994) stories of recovery which clumsily elide the lived body emotionally acting and enacting formations and transformations of self in never-ending, never transcending experiential processes. Recovery does not happen here through the piecing together of a linear auto/boiography (c.f. Garrett, 1998), recovery is happening experientially in the body and it does not always fit the stories that are usually told about it.

In many ways the stories that I have been weaving together throughout this thesis accumulate to an approximation of "chaos narrative" (Frank, 1995). Yet they do so with a difference: for in Frank's definition of chaos narratives:

> Chaos is the opposite of restitution: its plot imagines life never getting better (Frank, 1995: 97).

The final stories here are presented without temporal sequencing and, by relying heavily on poetry, disrupt deep conventions of telling tales. However, they do not follow a plot which, as Frank states, "imagines life never getting better". Instead they imagine a different way of thinking about what "getting better" means. In this sense it might be better to think of the stories I have woven as part of a "quest narrative". In Frank's study, "quest stories reflect a confidence in what is waiting to emerge from suffering" (1995:171) and the telling of stories about suffering, is in itself a dynamic and central part of what may emerge from a body experiencing "*dys*-order". Certainly, by following and adding to the work of Catherine Garret (Garrett, 1998) on "recovery" from "eating disorder(s)" these narratives have been driven by a "sociological quest": to make meaningful the body's experiences of "recovery" and "recovery techniques", to represent "eating disorder(s)" and "recovery" experience as an intersubjective process and to theorise the body's place in these processes through the concept of body trust.

In these final representations, there is more of *my* body's story here, than there is of the loved ones around me who share my stories and who have their own stories to tell. That my family and my friends and my partner eschew restitution narrative constructions of our "recovery" process is telling. For them it seems unlikely that I could ever return to or "recover" some version of self which was lost or sacrificed to "eating disorder(s)" experiences. For each of them their stories continue to hold fear and compassion around the body that I bring to my meetings with them. They notice when I am smaller. They notice when I am bigger. They cringe when I break bones, when I burst out in blisters from stress and when I turn orange from eating too many carrots! Their stories of the experiences we have shared, if they had written them themselves, would be far messier and more chaotic than those represented here, but this messiness could only ever really be revealed through their own writing.

"Eating disorder(s)" experiences, as the above auto-ethnography portrays, have not been "conquered", in my life, through the practice of techniques of mastery and manipulation designed by the hegemonic institutions of medicine, to act on lived and living bodies so as to rid deviant subjects of "eating disorder(s)" symptoms.

"Eating disorder(s)" experiences are still a part of my life. However, I no longer see these parts of my lived experience as pathologies or irrational deviations which must be eliminated. More and more I have come to seek out philosophies and processes which allow these parts of my experience to have full expression and consideration without judgement. This is important because it may be, as Linda Hartley puts it:

> that, instead of fighting endlessly against our suffering and sickness, trying to remove or overcome it in the dominating and controlling fashion of an ego-oriented approach, with ever more sophisticated methods of medicine and therapy, we need to learn to accept and love even this part of our experience...we will be whole when we can include and accept the wounds, and the people who suffer from them most, and when we can include them we may be surprised by what they reveal to us (Hartley, 2001: 86).

Hartley's beliefs resonate with Arthur Frank's (Frank, 1995) call for a pedagogy of suffering. He writes that while:

> Modernist medicine has regarded suffering as a puzzle to be "controlled", if not eradicated. Postmodern illness culture, lay and medical, recognizes a need to accept suffering as an intractable part of the human condition (Frank, 1995:146).

A postmodern "ethics of care" (Fox, 2000) based on the narrativisation of diverse illness experiences is especially important in a world which continues to separate and contain women's deviant bodies through the use of mental illness diagnostics. It is all too easy to deny the connections between "eating disorder(s)" experiences and normative rational instrumental practices of eating when bodies which might speak of continuity through their symptoms are made abject (Kristeva, 1982) and hidden away from sight and sound.

Yoga: A practice of Body Trust?

I want to move now into a discussion of Yoga as a practice of body trust with the proviso that I am not proposing Yoga practice as a cure, rather I am thinking through different ways of reflecting on my Yoga practice and on how it has served me in my attempts to learn and practice body trust; to learn and practice a form of embodiment which is not based in the derogation and hatred of the female body and the non-normative forms a woman's body/mind may take; including women's madness. Here I theorise Yoga as part of the lived experience in which I change, which changes me, everyday. As with lived experience, I theorise Yoga as paradox, because in Yoga I am immanent and transcendent to the self at once (Young, 2005). I am individual and cosmos, self and not self. In Yoga I feel. Most importantly of all, in Yoga I know with this feeling.

In a 2005 study of three samples of women: 43 of whom practiced Yoga, 45 of whom practiced aerobic sport and 51 of whom practicing neither, Jennifer Daubenmier writes that:

> Yoga Practitioners reported less self-objectification, greater satisfaction with physical appearance, and fewer disordered eating attitudes compared to non-yoga practitioners (Daubenmier, 2005: 215).

In an expanding vein of research, Daubenmier's[1] study is one which underlines the value of mindfulness (Stewart, 2004) and mindful movements of the body; movements which emphasise the subjective experience of the body rather than the objective exterior expression of the body/self. Daubenmier's study progresses on theoretical and practical attempts to understand and counteract women's objectification of their bodies. Fredrickson and Robertson's (Fredrickson & Robertson, 1997) *Theory of Objectification* is central here. This psychological theory of objectification resonates with Young's phenomenologies of women's

[1] For an interesting perspective from a teacher and psychologist who reflects on the benefits of Yoga in supporting women with "eating disorder(s)" through the "recovery" process see: the article in *Yoga Journal* by Robin Boudette (Boudette, 2006).

embodiment in its emphasis on how women are socialized to view themselves as objects of evaluation. In Young's work:

> Contexts of discourse and interaction position persons in systems of evaluations and expectations which often evaluate their embodied being; the person experiences herself as looked at in certain ways, described in her physical being in certain ways, she experiences the bodily reactions of others to her and she reacts to them (Young, 2005: 17).

Similarly, Daubenmeir considers how, in Fredrickson and Robertson's (Fredrickson & Roberts, 1997) theory, self-objectification is defined as a form of self-consciousness which leads to the "vigilant monitoring of the body's outward appearance" and is associated with asking oneself "how do I look?" rather than "how do I feel?" Empirical investigation of this theory has led to an uncovering of the connections between objectification of the body and negative emotions such as shame as well as poor performances in cognitive testing and higher instances of restrained eating:

> Higher levels of trait self-objectification are associated with greater body shame and disordered eating symptoms in women, with body shame mediating the relationship between self-objectification and disordered eating (Daubenmeir, 2005: 208).

For Fredrickson and Roberts (Fredrickson & Roberts, 1997) the solution to this inhibiting form of female embodiment is movement. They prescribe sports participation, physical activity and related risk taking for girls and women to "experience their bodies in more direct and positive ways" (Fredrickson & Robert, 1997: 198) and "with a "sense of efficacy and empowered subjectivity" (Fredrickson et al, 1998: 281). For Fredrickson and Roberts then, the aim is to have women practice different forms of embodiment, to develop ways of moving the body outside of female norms, to counteract forms of female embodiment which, as Young (Young, 2005) notices, lead women to:

> Approach a physical engagement with things with timidity, uncertainty and hesitancy. Typically we lack an entire trust in our bodies to carry us to our aims (Young, 2005: 34).

We lack this form of trust, I am suggesting, because we do not practice it. As I have argued throughout, in the discourses in which women's bodies become objects, they also become objects of distrust.

In a 2003 study Liv Duesund and Finn Skardreud write about the use of *Adapted Physical Activity* in the treatment of "anorexia nervosa", arguing that "the body may be used to forget the body". This paradoxical statement points to the ways in which a deep involvement with the lived body may soften and alleviate intense preoccupation with the exterior objectified body, a preoccupation which is characteristic of "eating disorder(s)" experiences. Duesund and Skardreud's approach is highly influenced by Merleau-Ponty's (Merleau- Ponty, 1962) phenomenology. The body they want to listen to and theorise is phenomenal:

> That the body is phenomenal means that it is experiencing, acting and seeking meaning. The body is not a mechanical object responding to the stimuli in its environment. It is in lively interaction with and ongoing dialogue with its world. The body, in movement is not an objective thing-body, but an experiencing and experienced unity, connected to activity. The body is intentionally seeking out the world; it is always existential (Duesund & Skardreud, 2003: 57).

Yet, as the authors point out in reflections on their clinical experience:

> The person with "anorexia-nervosa" may experience "bad contact" with his/her own body. The body is experienced more via glances, on the weighing scales, in the mirror and via fantasies about by others, than *by living and feeling* one's own body (Duesund & Skardreud, 2003:58).

This point echoes the autobiographical explorations in chapter 6 and the work of Gremillion (Gremillion, 2002, 2003) discussed there. In order to counteract such overarching practices of objectification in treatment settings, Duesund and Skardreud set out to explore whether or not "the attention burdened body can have the possibility, through movement, to be freed from its oppressive self-observation". In chapter 3 I have used Drew Leder's theorisation of the lived body to discuss the constant *dys*-appearance of the body experiencing "eating disorder(s)". Duesund and Skardreud also draw on Leder's (Leder, 1991) conceptualisation, emphasising in particular his contrasting theorisation of the "ecstatic body". In their view:

> The ecstatic body forgets the own body because it is preoccupied with something else. This forgetting is decisive if we are able to live fully in the world. The body is present in an absent way. It is positively absent from our attention (Duesund & Skardreud, 2003: 59).

Duesund and Skardreud used different forms of exercise in an effort to elicit this ecstatic body experience; where the body is directed beyond the self, where we experience through our senses. One form of exercise, horse riding, seems, in their presentation, to have worked best. They quote one participant, Anna, as saying:

> It is so unbelievable good to sit there and feel it. You are using your body even though it is not your own decision. It is the rhythm of the horse which decides that you are there, sort of. I feel that I am on the inside of myself; because as a rule I feel myself to be on the outside (Duesund & Skardreud, 2003: 65).

Duesund and Skardreud deduct from this and from the context of the interview that Anna no longer felt her "anorectic corporeality", but sensed her own body in a different and more open way. Importantly, they found that activities which reduced negative attention towards the body were focused on relations with others, were non-competing and not predictable. Conversely, activities which provoked negative body attention were individually based, focused on results and

predictable. Of interest also, are the authors' suggestions that *Adapted Physical Activity* can be stimulated by integrating body-philosophy. Such traditions of thinking, they propose, can give a broader understanding of activity as being more than mechanical mastery.

It is my belief that this is where Yoga fits very well. As Daubenmeir writes, Yoga is a mind/body philosophy which:

> Cultivates a direct experience of the body, which may be particularly effective in counteracting self-objectification and its consequences (Daubenmeir, 2005: 208).

In Yoga, the body is ecstatic, but not because "it forgets the own body to be preoccupied with something else", but because it is completely preoccupied *in* itself. In Yoga, the mind is diffused throughout the entire body. Even when a part of the body is seemingly asleep or knotted, the mind is there knowing that it is asleep or knotted. The senses carry the mind; the mind carries the senses, flooding the body with life, flooding the body with feeling. At the same time, these are culturally elaborated techniques. They are replete with meanings which circulate through and come to life in the body. Many of the asanas for example, evoke the physical environment, historical figures and archetypes. Classes will often begin with *Tadasana*, mountain pose, where the body is placed so as to imitate the steadfastness and calm spaciousness of the mountain. The meaning of being mountain-like, with all its calm and all its strength comes alive in the body. Anthony Csordas (Csordas, 1999) describes similar embodiments of meaning as "the meaningfulness of meaning"; the word joy for example becomes most meaningful when we experience it filling our bodies easy and bright as the sun rising out of the night and into the morning sky. Csordas would perhaps consider Yoga practice as a "somatic mode of attention" (Csordas, 1994) (see also Smith, 2007). In a variation on Turner's bodily practices Csordas uses this term," somatic modes of attention" to describe:

> Culturally elaborated ways of attending to and with one's body in surroundings that include the embodied presence of others...attention to a bodily sensation can thus become a mode of attending to the intersubjective milieu that give rise to that sensation. Thus one is paying attention with one's body (Csordas, 1994: 224).

In Yoga there is great emphasis on paying attention with one's body and on responsiveness to bodily sensation. In a class the body responds to the voice of the teacher and to the bodies of other students around it. At the same time, in class and in particular at home, on the mat for self practice, the body is the teacher (*Hridya guru*). Students of Yoga learn to listen to the body. They practice listening to the body. They practice trusting the body.

In other contexts Yoga is described as a somatic practice because it works *through* the physiological, emotional and sensual body. It also works *on* the body. As Hartley writes of somatic practices, they are healing for the body because they:

> Access the brain and central nervous system through focused contact with the skin and cells of all the body tissues (Hartley, 2005: 37).

Eleanor Chriswell (Chriswell, 1989) writes extensively on the somatic effect of Yoga in her text *How Yoga Works*. Here she argues that Yoga practice fires up healing chains of communication between mind and body. The central nervous system- the brain and spinal chord receive and send messages. This information coming in and out is "essential for the well-being of our system" (Chriswell, 1989: 110). Neural and humoral information floods the brain during Yoga practice. Neural input comes from the skin senses, eyes, ears, nose and visceral senses. Humoral inputs include oxygen, carbon dioxide glucose and temperature. Equally the brain outputs to the body sending messages to the glands (endocrine and exocrine), the smooth muscles, viscera (gut, sphincter), blood vessels, heart, skeletal muscles (Chriswell, 1989: 110). Chriswell charts the connections from the gross levels of moving limbs and muscles to the subtle levels of oxygen and emotion enlivening the viscera arguing that:

> We should be aware that changes in the neuromuscular system automatically create changes in consciousness (Chriswell, 1989: 140).

These changes in a Yoga practice are occurring at the levels of both the absent body and the present body. They are changing and many would argue healing the body.

In the eight limbed practice of Yoga, *Asana* (movement of the body) is practiced in accordance with *Yama* (underlying ethics) and *Niyama* (personal practices) which include *Ahimsa* (non-violence), *Satya* (Truth) and *Aparigraha* (not grasping for perfection, for experience, for superiority). Practiced in conjunction with *Asana* (postures) these ethics of practice encourage non competitive and non-harming self-integral movement in the world. They combine also with the practices of *Pranayama*; becoming aware of the practice of breathing life in and breathing death out of the body, revealing to the practitioner the relation between the bodies inside and outside (Morley, 2001). *Pratyahara*: the intentional practice of experiencing the senses is another of the limbs of Yoga which puts the practitioner directly in body experience. Often practiced while lying prone on the floor in a position resembling a laid out corpse (*Shavasana*), *Pratyahara* is the practice of coming into deeper awareness of all of the senses by being quietly attentive to the body. Senses are neither feared nor suspect here, instead, they are explored and often exaggerated into a deeper experience than is possible when the mind is being dragged to other aspects of "being" and "doing". *Dhrana*, *Dhyana* and *Samadhi*, constitute the last three limbs of an eight limbed Yoga system. *Dhrana* denotes the practice of concentration, *Dhyana* the practice of absorption and *Samadhi* evokes the experience of union and connection, which again is the ecstatic body, the body involved completely in itself as a dynamic relationship and balance between itself and its environment. In this way, Yoga offers philosophy and technique which emphasise and enhance the dynamic connections between mind, body and spirit.

For me, practicing Yoga has been a way to practice and theorise body trust. When I am immersed in the practice, centred in my heart and in my intention, I can explore and feel my body with curiosity, with the inquisitive awe of a child. When I take my body in my arms, feeling its strength, feeling its flexibility, its everyday difference, its resistance and limits, I can become, as Mary Oliver (2004) wrote in her poem *When Death Comes*;
"a Bríde married to amazement". As Angela Farmer (Farmer, 1999, 2005) teaches, asana is the place to begin; the place to begin feeling. For, when we put the body in a pose, we can feel our boundaries and our limits and our resistance. We can feel, in asana, not who we should be, nor what we should look like, but who we are. In an essay on pregnant embodiment Young (Young, 2005) cites Sally Gadow as arguing that there are times when being brought to an awareness of the body:

> We can take an interest in its sensations and limitations for their own sake, experiencing them as a fullness rather than a lack (Young, 2005: 51).

This is how I believe Yoga positions me in my body. It is a different "way of being" in my body. It is an experience of being in a body which leans into the world without fear, an experience of feeling the support of the earth and the intricate dynamic of balancing the fluctuating body in fluctuating environments. It gives me the opportunity to embody all of the theory of embodiment that so occupies my intellect, theory, which in my opinion, has no foundation without practice. For, political realisations of the objectified and pathologised body of woman are nothing more than words without physical practices of putting language and politics back into bodies. At least, this has been my experience... theory and practice, epistemology and ontology do not necessarily coincide and knowing something intellectually is never the same as being different. As one Yoga teacher said to me "knowledge changes nothing". Equally, changes and shifts in ontology do not necessarily result from changes or shifts in cognition/ epistemology. We do not simply think the body differently, we practice the body differently.

In Catherine Garrett's (Garrett, 1994, 1998) work on "recovery" from "anorexia", Yoga was one of the rituals which several participants had discovered as a means of experiencing and reconnecting to their bodies. She writes:

> In Yoga the emphasis is on what the body can do, rather than on its outward appearance or as the enemy; an appendage to the self. Yoga is a way of learning about parts of oneself and the feelings associated with them. It is performed in sacred time, outside ordinary everyday activities (Garrett, 1994:1504).

Garrett highlights the ritualistic dimensions of a Yoga practice and, following Durkheim (Durkheim, 1976), points to the connection between rituals and spirituality. I have discussed Garrett's definition of spirituality in chapter 3. It is important again here because it locates spiritual experience in the context of social connectivity. She theorises spirituality as a threefold connection; connection within oneself, connection with others and connection with the natural world or the cosmos (Garrett, 1994: 1491). Yoga practice is replete with and dependent upon rituals which cultivate the experience of connection. There is the daily ritual of asana practice, the ritual of setting intention for the practice, the ritual bowing to and saluting sun and moon, the ritual of moving the body through a set of postures. These rituals move the body into states of somatic awareness set apart from every day awareness. Space and time (Thrift, 2005) are thus just as important as the rituals themselves. All three, by being set apart from the every day mundane world become sacred. In this sacred time and place embodiment is experienced as spiritual in the sense that James describes it:

> A sensation of union; of a direct connection with the cosmos, with humanity, with nature and with the Divine energy (James, 1958: 53).

This, in essence, is what Yoga implies. The word Yoga means to Yoke or tie together. The practice serves to yoke or tie together the scattered dimensions of self into a unified experience. Yoga therefore means union, not only of the mind body and self, but union with the macrocosm, that which is beyond the self. As I

have suggested above, this is a different "way of being in the world". I draw back to Garret's (Garrett, 1994, 1998) work on spirituality here because, through her working of Durkheim's (Durkheim, 1976) concept of religion as wholly produced by social forces, into modern forms of spirituality, she allows us to understand that the practice of Yoga does not serve to draw the self into a solipsistic experience of the body, but serves to connect the body in a trusting relationship with the world around it. Experiences of spirituality are experiences of being connected to and accepted by society.

Yet this is to idealise Yoga. In truth Yoga practice, like everyday mundane practices can be painful and *dys*-orderly just as often as it can be pleasurable and ecstatic. The mind does not always settle quietly into the body. The body can sometimes find itself in pain, can close up and harden around its limits and resistance. Experiences of "union" are never consistent, are elusive, transient, variable. Yoga practice is different every day. Furthermore, Yoga practice does not remain untouched by contemporary mediations of body experience where rational instrumentalism and body mastery holds sway. In many ways, Yoga practice is extremely prone to the philosophies of instrumentalism and control which pervade modern culture because it acts directly on the physical body. Yoga is often sold as a technique for the transformation of the physical body alone. It comes then, to be more about achieving weight loss or a perfect pose, a pose that LOOKS good and strong, than about the experience. Yoga also fits perfectly, both metaphorically and literally, into Emily Martin's (Martin, 1994, 2000) paradigm, discussed in the previous chapter, of "flexible bodies" and their importance to flexible accumulative modes of governmentality. Furthermore, as one teacher quoted, by Rachel Shabi (Shabi, 2005) in an *Observer* newspaper piece on Yoga and "eating disorder(s)" comments, "Paradoxically, the characteristics that create a great Yoga practice; extreme sensitivity, perfectionism and wanting to be in control, are also characteristics of "anorexia" (Shabi, 2005: 18) (see also, Bodian, 1998).

Another worrying connection made by Shabi is what she calls "the food thing". Yoga is replete with references to being "light" and "empty" and eating at certain times in relation to practice" (Shabi, 2005: 18). Paul Atkinson (Atkinson, 1983)

and Julia Twigg (Twigg, 1983) both write about such meanings invested in foods in relation to vegetarianism in Anne Murcott's (Murcott, 1983) collection of articles addressing the issue of the "sociological significance of food". The meaningfulness of lightness and emptiness lie beneath an ethic in Yoga which is, in some traditions, promoted as fundamental; an ethic of body discipline which of course fits perfectly with the cotemporary social context. Regarding such proliferations of discourse on light and empty and body transcendence, Charles Eisenstein warns Yogis to:

> Remember the psychological origins of this idea of self-improvement: media messages that your body is ugly, a medical paradigm in which the body is unreliable, religious doctrines in which your natural thoughts are sinful, societal and parental praise for behaviour that isn't really you and shame for behaviour that is. The notion that we should cleanse, purify and spiritually elevate ourselves assumes that our current state is unclean, impure and lowly. Another implicit assumption is that people, who have not made changes to their diet, are unclean, impure and lowly, callous, cruel, ignorant or benighted. NOT just in diet but in all areas of life, judgement of oneself always implies judgement of other people (Eisenstein, 2003: 22).

As Falk (Falk, 1997) writes (see chapter 4); we judge with our mouths and eat meanings into our selves in our attempts to construct socially valuable selves. At the moment, small and light is valuable. At the moment, single-pointedness, discipline and order is valuable (c.f. Mellor & Shilling, 1997; Williams, 1998). Yoga practices/ techniques and Yoga Philosophy *can* be interpreted and practiced through a dualistic paradigm. Within this paradigm some asanas, mind-states and even foods may be viewed as good and others bad. These kinds of dualisms also feed contemporary (de)valuations and meanings of good and bad bodies. This is a pitfall which may be exacerbated contemporarily by the fact that Yoga practice is often sold without any philosophy at all; as a set of exercises alone, enhancing the tendency to experience Yoga as something which is done to the body rather than a practice in which the body is experienced. To use my twisted conceptualisation of

Foucault: Yoga *can* be practiced as a "technology of power" or it can be practiced as a "technology of self". To practice Yoga as a "technology of power" is to practice Yoga as a means of disciplining the body, is to connect into all of the cultural valency of body control and mastery, is to practice in order to whittle down the body and burn its energy stores down rather than to build them up. To practice Yoga as a "technology of self", by contrast, is to practice experiencing the body and its energies without seeking to control but to learn and accept and integrate.

Shakti Rising: Yoga Tantra, The Re-emergence of The Feminine Archetype and Embodied Sociology.

From *Shajanandabhairava Sang*

I crossed two spheres:
The sphere of accumulation
And the sphere of forgetting.
Finally I opened my senses to the inexpressible.
I realized that the absolute
has no need for my theory of the world.
So I stopped obscuring the real.

I stopped opposing the concrete and the absolute,
Body and Mind.
I stopped rambling on about the clouds
And finally I saw the sky.

Fragmentation maintained,
Suffering and solitude.
In the great letting go,
Everything is luminous!
Glory be to the Goddess!
Glory be to my own absolute essence!

Translated by Daniel Odier
(Odier. 2004: 102)

In this last section I want to make some connections between the (re)development of feminine and fluid forms of Yoga with the re-emergence of the body in society and sociology, and the re-emergence of forms of embodiment which are infused with the archetype of woman/femininity in the form of the great mother goddess. I have touched in the preceding discussion on the difference between the practice of Yoga as a "technology of power" and the practice of Yoga as a "technology of self." I want to suggest a further development of the distinction between these two practices by underlining historical transitions from feminine fluid forms of yoga through masculinised and objectivising forms back again to the feminine and the fluid and the subjectivising forms of Yoga that some, mostly women teachers, are teaching today. In this circuitous flow of somatic/body practice, society is mirrored.

What I want to suggest is that the curve of Yoga practice into forms which are more fluid and feminine resonates in the spaces in contemporary Western societies where rational instrumentalism is morphing into "forms of embodiment" which confound modernity's dualisms. My suggestion fits somewhere into Mellor and Shilling's (Mellor & Shilling, 1997) discussions of *Baroque Modern Bodies*, a form of embodiment which they argue is immanently dynamised within contemporary "janus-faced", rational hedonist cultures.

As in chapter 4, I want to think about how it is the body which resists the rational instrumental forms imposed upon it by misogynistic body-fearing social formations/ institutions and how, in this resistance, different "ways of being" emerge. These different "ways of being" may be non-normative, but more and more they are being celebrated and embraced by those who would rather a world in which body was accepted, appreciated and integrated than rejected and shamed and disciplined into normativity.

Donna Farhi (Farhi, 2000), yoga teacher, writes about the translation of Yoga practices, in the 60s and 70s, from India to the West. She suggests that at this time it was difficult for teachers to make the Eastern science and art of Yoga palatable

to the Western mind. The Western mind, deeply invested in dualism and body mistrust, could not easily grapple with philosophies of mind/body/spirit:

> Form is what the Western mind understood, and so it was the forms of Yoga that were emphasised (Farhi, 2000: xiv).

The forms of Yoga asanas were represented to the West in the bodies of men who have since become undeniably famous world-wide in Yoga circles. Mr. B.K.S. Iyengar, Mr. Patabhi Jois, and Mr. V.K.S Deshikar were amongst those who translated the Vinyasa teachings of Krishnamacharya to the West, posing for photographs in which the structural forms of asana were picture perfect, strong, linear and proud. Students in the West embraced these representations and the structural forms offered within them. Aligning the body correctly, moving the body into increasingly stronger and more difficult positioning, mastering the body with the discipline of an everyday practice; these aspects of Yoga fitted seamlessly into hegemonic discourses in which the body was the weak and unruly object to be defeated by the single-pointed rational mind. Beneath this intensive practice lay the support of dualistic schools of Yoga which viewed the body as nothing more than the vehicle for the soul. Within this lineage the body must be honed into perfection, desire averted and transcended in order for the soul or the spirit to vibrate maximally.

Yet, as practice in the West intensified and developed, bodies emerged into protesting the rigid and objectivising aspects of "the form" as it had been translated to the West. These protesting bodies felt the stultification and joylessness of repetition and acquisition and they began to seek ways to throw this off. Many found their way to his throwing off through the experience of injury, wrought by the punishing the body takes as it fires its way through routinised series of postures, repeatedly jarring and jumping into the same joints, nails into sockets over and over and over. Others found their way into throwing off the rigid and linear form through their experience of dissatisfaction. Donna Farhi is one who writes of this:

> My early obsession with perfecting the forms of Yoga brought with it a greater and greater sense of unease and inner dissatisfaction. The realisation that I had bought into the dictum of a culture obsessed with achievement and the unhappiness wrought by such striving led me to a long period of deep experimentation in my own practice (Farhi, 2000: xv).

Given the burden that women's bodies bear in cultures led by the imaginary of body mastery and discipline to masculine linear and structured norms it is no surprise that it is women's bodies that seem to have begun the protest against the rigid masculine forms of Yoga and it is women who seem to be at the forefront of explorations of somatic practice which emphasise subjectivity and going inside rather than mastery and transcendence. Discussing the predominance of women innovators Hartley argues this seems to reflect:

> The direction of movement of the feminine principle, which is a deepening to the inner knowledge and power accessed within, in contrast to the masculine way of ascent and acquisition of what lies beyond- a process of immanence rather than transcendence, which implies spirit embodied in matter. Deepening to the infinite world contained within the boundaries of our skin, a microcosm of the world without is the way of somatic practices (Hartley, 2005: 31).

Donna Farhi, Angela Farmer and Shiva Rea are three such women innovators in the world of Yoga who teach practices of embodying and embracing a feminine consciousness which is at home in and loves the body. Angela Farmer records in her documentary *The Feminine Unfolding* (Farmer, 1995), that her journey into teaching a more feminine form of Yoga began with her questions about the ancient Yogis. Who were they, she wondered and why did they practice? Farmer decided that these Yogis, whose bodies she saw represented in ecstatic forms on the friezes of ancient temples, did not simply "do" poses. They empowered the body from within through moving and sensing. Farmer developed her own practice in this spirit and began to teach this form to others. A class taught by Angela Farmer looks very different to classes taught in the most traditional and classic forms. In

her classes the movement is circuitous and fluid. Coming from the belly, coming from the breath, the body moves in and out of postures, exploring and inquiring. The body is not put into an asana the body opens to asana and there it returns to the source. Donna Farhi also teaches Yoga as inquiry. Influenced by the somatic philosophies of "mind/body centering™" (BainBrídge-Cohen, 1993) Farhi teaches the possibility of accessing the various systems of the body to deepen connection to and understanding of the somatic self. Farhi explains to her students that this process is not a quick fix solution to *dys*-orders or pain but a deeply involving, lengthy journey of getting to know the self. She writes:

> Observing, Perceiving, feeling and acting from the wisdom of the natural world is nonetheless a long apprenticeship. Even the very idea of an apprenticeship is a foreign one in a society compelled to follow anything that offers immediate gratification. But the slowness of this path is part of the healing (Farhi, 2000: xv).

Shiva Rea's teachings not only invite exploration, inquiry and emphasise the "(R)evolutionary" possibilities of a Yoga practice but her teachings also invoke the dissolution of rigid dualisms through body practices infused with feminine principles of creativity and flow. These she offers as an experience of Shakti-prana moving the body. Rea teaches from a tantric perspective which may be represented through the marriage of Shakti, goddess of creativity, with Shiva, god of consciousness. In Tantra there can be no duality between these two components of the embodied self. The god Shiva's conscious direction of energies into action is only made possible through Shakti's surging creative energy in its formless and fluid aspects. The goddess Shakti is open and receptive and creative. The god Shiva is mind, intellect and will[2] working together with Shakti surging to transform, evolve, revolve. Rea follows tantric philosophy in teaching that the body is sacred, that the body is divine. There is no cause to transcend desire or sensuality, there is no cause to impose rigid form and discipline the body with a

[2] In german this aspect of self would be known as Geist, a word which connects mind, intellect and spirit.

body hating mind. In her masters thesis on Yoga as an "in-body" discipline she thus writes of:

> The body in Tantra as the basis for viewing Hatha Yoga as more than just a system of health or fitness but as a process of embodying consciousness ultimately understood as a process of embodying the divine (Rea, 1997: 20).

Rea's teaching deconstructs the forms disseminated through the linear and structured male consciousness and reaches back to the dancing forms of Yoga which precede them. In a *Prana Yoga* ™ class, the formless form taught by Rea, feminine jouissance is embraced as method. So too is emotion. Rea uses music in her classes to elicit *bhavana*, the Sanskrit term for feeling. She offers an experience of feeling music and emotion together as waves moving through and expressing the body. Rea also teaches *Yoga Trance Dance*™; a practice of experiencing the "ecstatic body", the "bliss body", the "primal body" through group participation in an intuitive dance which builds from the seed state of silence, through the roaring fire wave of rhythmic drum beats, back again to silence.

Fahri, Farmer and Rea are amongst the women who in my opinion are fulfilling a feminist vision of knowledge which must:

> Mine the warmth of women's experience and ways of knowing (dark, interior, female wisdom) as well as the cool, bright enlightenment of public male Appollo-Logos (Wiltshire, 1989: 96).

Rea for one is explicit in cultivating what Donna Wiltshire (Wiltshire, 1989) considers the "primal myth", the myth of the great goddess, the myth of seed, darkness, light, food and growth, which exposes:

> A way of thinking and being in the world that dissolves dualisms, neutralises coercive hierarchies, and puts some old taboos (especially about

> women's blood and bodies with their dark interiors) into new and positive frameworks, creating exciting possibilities for the future, for knowing more about our human nature and for revealing a more accurate (non-dualistic) view (pattern) of the world we live in (Wiltshire, 1989: 97).

Rea's body of work and Rea's body as she teaches, dances, practices asana, acknowledges women as beings with innate powers to be reckoned with. In her use of great goddess archetypal imagery as she teaches and practices she embodies a 'way of being' that allows the body to take the lead in new learning.

Through repeated injury and dissatisfaction, it was to these kinds of teachings that my body eventually led me. I pushed my body so hard in Yoga *asana,* heartlessly hating my imperfections and weaknesses that I broke several times over in several places. The more I listened to my body, the more intensity and passion I brought to my search for ways to trust the body, the more I found myself leaning into these subjectivising forms of practicing Yoga. It is this way of practicing Yoga that I invoke above as "a different way of being in the world". I believe that this different "way of being in the world" fits with the revival of the sensual, carnal and creative body in Western societies in this moment in time. I also believe that both this different "way of being" and the revival of great goddess imagery and feminine archetypes of embodiment correspond epistemologically with the revival of the body in sociology and the (r)evolution into "embodied sociologies". On retreat with Shiva Rea, I sat one morning with similar thoughts and charted the connections I was making between the new form of Yoga I was practicing and the epistemology that I had so heartily and longingly embraced in embodied sociology. Here is the chart I made there:

Themes of The Tantric world view	Themes of an Embodied Sociology
1. The emergence of the feminine/ Shakti	1. Re-emergence of the feminine principle corresponding with "resurgence of the senses".
2. The union of polarities Shiva and	2. Non-dualism, body as the existential

Shakti	grounds of culture, self and society
3. The body as microcosm of the macrocosm.	3. The body as micro-cosm of the macro-cosm.

In embodied sociologies there is some recognition that despite the large-scale influence in Western societies of a grand-narrative built upon the necessity of body mastery, discipline and control, there is also a narrative of sensuality and emotion which continues to develop and take new form in contemporary Western societies. Mellor & Shilling (Mellor & Shilling, 1997) have theorised the "forms of embodiment", associated with this narrative of sensuality as *Baroque-Modern* "ways of being in the world", through which the sensual components of experience come to be central "ways of knowing the world". Mellor & Shilling (Mellor & Shilling, 1997) and Falk (Falk, 1994) hone in on the enhanced sensory experience that vision has become, through for example the consumption of imagery in advertising which elicits desire, love or hatred in the body. Other sociologists take up the transformations of emotions in contemporary society, often using a problematised version of Hochschild's (Hochschild, 2003) work on emotion management to theorise how emotional experiences tie embodied self and society together in endless circuits of meaning making (eg. Bendelow& Williams, 1998b; Williams, 2001).

Emotions, it is argued here, reveal the non-dualism of the mind/body and the non-dualism of embodied self and society. Happiness, for example, is a socially and culturally specific experience, yet it is also dynamically embodied. Emotions like happiness are dependent on the culturally constituted meanings of a situation, for example the meaning of winning a race. However, these meanings are always in dynamic interaction with a body creating chemical surges, firing nerves and creating expressions of happiness or other emotions which are communally understood and which bind us meaningfully together. Emotions also come to play a part in theorisations of the body as a micro-cosm of the macro-cosm. This perspective can be seen in particular in the prolific writing of Peter Freund on stress, health and illness (e.g. Freund, 1990, 1993, 1998). Freund is adamant that

links between body and self can be traced through the ways that socially mediated and activated emotion lays down strictures in the body which may concatenate into pain and illness. Throughout all of this work in embodied sociologies there is continued emphasis on the body as knowledgeable and the inextricability of the knowledgeable body from society.

All of these themes, in embodied sociology and in the revival of cultural forms of bodily practice such as the practice of Yoga discussed above, emerge from the dialectical play between contemporary bodies and the social and cultural formations of today, formations which are no longer content with dominant and dominating forms of Apollonian rational instrumentalism (Maffesoli, 1996; Mestrovic, 1997). Unfortunately, Apollonian forms of culture continue to wield their influence in Western society with numerous negative consequences for women including the categorisation of deviance from rational norms as "women's madness". Yet at the same time, in the same society, forms of culture which are imbued with feminine archetypes of fluidity, creativity and care, are finding expression. I have expressed them here in my discussion of Yoga. I believe they are also finding expression in embodied sociologies where they are reframed as the forms of culture and "ways of being" which correspond to the "resurgence of the senses" in Western Societies (Mellor & Shilling, 1996, 1997; Williams, 2001).

Importantly, these resurgent, sensual "forms of embodiment", while resonating with feminine archetypes in their embrace of corporeal creativity, do not correspond to the hetero-normative forms of femininity so disparagingly criticised by feminist critics (Bartky, 1988; Bordo, 1988). The "forms of embodiment" I am thinking of here hold *jouissance*, transgression and a trusting experience of the carnal body at their core. This "way of being" in the body is not submissive and subservient; it is powerful, resilient and empathically responsive to others. It rejects forms of body discrimination based in disavowal, rejection and non-acceptance of difference. It strives to embody cultural forms and knowledges which are based less on acquisition, colonialism and mastery of the body and more on "carnal knowledge", the body voice and a collective morality and care for the other based in the body experience of empathy and sensual solidarity.

This "form of embodiment", as I understand it, draws from and adds to cultural forms and cultural movements which position themselves as alternatives to the hegemonic, body- instrumentalising structures of bio-medicine and capitalism in Western societies. Today these movements are burgeoning[1]. As Foucault (1979) supposed, power creates power and where there is power there is resistance. I have already employed the Foucauldian supposition that when the body is broken down by the time-tables and instrumentalising regimes of society it will resist (see chapter, 4). The "resurgence of the senses" and the corresponding resurgence of cultural forms which demand corporeal experience rather than corporeal control materialise this resistance. Embodied sociology has been interested in this kind of resistance from the outset. In fact, the sociology of the body is often acknowledged to have grown from the well-spring of the women's movement and from the promulgation of corporeal resistance developed within this movement. What I am getting at here is the ever present possibility, in this same society which creates *dys*-order, of "ways of being" which elide dominant/dominating representations and shapings of the embodied self. Perhaps in Western societies these are still non-normative "forms of embodiment", but they are there nevertheless, making a difference and, I believe, teaching by example, offering something different.

I think I am coming to the last of this deep breath gushing out my thoughts but I want to emphasise once more that I am not theorising any of this epistemology or practice as a cure for "eating disorder(s)" or as the solution to problems in "recovery". Just as in the myths of the great goddess, my experiences of "eating disorder(s) cycle in and out of my world. Darkness to light, light to darkness. The embodied position I name "recovery" is the acceptance and integration of this cycle and its non-judgement. I keep practicing body trust. It changes me every day but I am still learning. I hope I always will.

[1] Examples of these movements include the women's movement, the alternative health movement and the anti-psychiatry movement.

CODA:

To Conclude or to Begin Again?

From Begin

Though we live in a world that dreams of ending,
that always seems about to give in.
Something that will not acknowledge conclusion,
insists that we forever begin.

By Brendan Kenelly
(Kenelly, 1999: 10)

I have come to the last of my reflections in this auto-ethnography but, as I have discussed in the previous chapter, I have not come to the last of my experiences of "eating disorder(s)" and "recovery". My thesis has not presented solutions; it has presented sociological reflections on gendered lived experience. I have deliberately shied away from drawing conclusions either here in the coda or in the preceding chapters, for, conclusions close discussion. This thesis by contrast seeks to *open* discussion. In this interest I have (re) presented here a poly-vocal auto-ethnography of resistance, a counter-narrative, a different story, to the hegemonic stories of "eating disorder(s)" and "recovery" circulating at this moment in time.

At the beginning of this thesis, I set out to explore my experiences of "eating disorder(s)" and "recovery" as messy processes which confound the schematic boundary usually constructed of them in bio-medical models of health and illness. I set out to challenge the categorisation of my experience by a bio-medical model mired in a history of subjugating and normalising women. I set out to challenge the dominance of rationalising and normalising expertise in contemporary regimens of "treatment" for "eating disorder(s)" experiences. I wanted to elaborate on a point about trust in the body in modern Western society and to position body-

trust as a central phenomenon in experiences of "eating disorder(s)" and "recovery. This led me to move away from sociology's usual emphasise on the exterior imagery of "eating disorder(s)" (occularcentric) to a focus on the interior, or, more accurately, the dynamically embodied experience of "eating disorder(s)" and "recovery" and to seek out methods which might allow the "body voice" to be iterated, which might allow me to elaborate on a difference between "technologies of power" (Foucault, 1977, 1979) and "technologies of self" (Foucault, 1980, 1986). Furthermore, I determined from the outset that my representation of "eating disorder(s)" and "recovery" should be poly-vocal and multitudinously populated so that "eating disorder(s)" and "recovery" could both be understood as intersubjective lived experiences.

I believe that the above objectives have been met. Chapters 5 and 6 build on the theroretical foundations laid in chapters 1 to 4, to offer a substantial critique of the categoristing, normativising and disciplinary practices of bio-medicine. They deploy experiential narrative in such a way as to explore the consequences of bio-medical practices upon intersubjectively embodied selves; particularly in terms of emotionality and trust. In addition they offer theorietical reflections which secure the positioning of these chapters as counter-narratives to the "eating disorder(s)" and "recovery" narratives of bio-medicine and popular culture. Furthermore, chapter 6 offers a unique sociological discussion of the placement of the family within bio-medical discourses of "eating disorder(s)" and "recovery". It opens discussion as to the patholgosiation and problematisation of family relationships in contemporary Western society as well as to the disciplinary practices employed to assuage these family pathologies. I believe this chapter facilitates a necessary consideration of the emotional consequences of such normativising and disciplinary practices upon the the family member's of women and men who live with "eating disorder(s)' and "recovery".

In chapter 7 I have engaged in the debate around contemporary alternatives to bio-medical models of treatment and support around "eating disorder(s)" and "recovery". Here, using my own story, I have explored the possibility that certain normalising and disciplinary ideals of health may be reproduced and even

expanded in some of these alternatives, with, in my opinion, dire consequences. This chapter traces some of the dilemmas produced in the conception of "recovery" as an ideal point of perfect and unhindered health. It deconstructs the Manichean vision of the alternative health movement in the West to understand the connections between alternative health practices and the historical progession of capitalist individualism. This chapter may be employed to consider the role played by shame and guilt in alternative health discourse. It returns us to the issue of body trust; asking the centrally important question of whether or not the practices of alternative medicine can alleviate chronic mistrust of the body or whether, by contrast, they exacerbate the already culturally supported norm of body mistrust.

In chapter 8 I have offered representations of messy and open-ended process which depict how I and my family and my partner continue to live with "eating disorder(s)" and "recovery". This is a chapter without any real ending. In actuality, this is a chapter which continues. Yet here I have chosen once again, to take up the issue of body trust, considering body trust as a practice which is central to "ways of being" based in acceptance of the fluctuating and transgressive nature of corporeality and accepting of the chaotic and sometimes painful components (for women and men) of "being in the body" in this moment in time. Despite the messiness of the auto-ethnographic representations I admit that there is some sense of an arch completing in this chapter as I return to a point, considered in both chapters 1 and 3, which I have drawn from Catherine Garrett's (Garrett, 1998) work on "anorexia". This significant point is the assertion that the sources of "recovery" are found in the same society as are found the sources of "eating disorder(s)". Like Garrett I have used the somatic practice of Yoga to discuss this point. However I have gone further to make some connections between the growth of such somatic practices of body trust in Western society and discussions of transgressive sensual resurgence in the sociology of the body. My tracing of the development of Yoga in the West from linear and dogmatic, to feminine, fluid and creative forms, metaphorises the constant body leakage in Western society of creativity, transgression and defiance of the normativising categories of "being in the world" which have been defined for us by the combined institutions of bio-medicine and capitalism.

Perhaps more important than the ticking off of goals achieved, is the means by which I have gone about this process. I have argued in chapter 2 that the auto-ethnographic method facilitates a way of representing (carnal) knowledge which permits a more visceral and dialogical encounter with a sociological text. I wanted to take my reader by the hand and help my reader to feel the raw emotions which have leaked from my body and from my mother's, my father's, my brother's, my sister's and my partner's body into this text, into this experience. Auto-ethnography, I argue has helped me to do this. It has also helped me to represent my-self as both ontological and epistemological. It has given me the opportunity to reveal and explore the ways I have come to know and interpret my experience and the ways that I have come to challenge my categorisation as a "mad woman" and my pinioning in that chronic category of "non-recovery" critiqued in chapters 1 and 3. Through auto-ethnography I have invited my readers into the subterranean messy world of "eating disorder(s)" and "recovery" as "ways of being" which are lived intersubjectively. There are other voices, other perspectives in my representations which may be taken up by my readers. These other voices can be used as a means of gaining empathy into the experiences of those, who also live with "eating disorder(s)" and "recovery", albeit with different corporeal expressions of this experience.

I believe that this auto-ethnography could be of use to a society infused with the culture and knowledges of bio-medicine. It could be used to raise questions about the practices of body trust which are available to women in contemporary Western society and to raise awareness as to the consequences of certain practices and technologies within the institutional domains seeking to support "recovery". It could be used to generate debate around, perhaps even to transform medicine's regimens. I believe medicine needs to listen to counter –narratives such as mine, to learn, as Arthur Frank (Frank, 1995) argues we must, from "pedagogies of suffering".

I also think that this auto-ethnography might raise more questions and discussion about the centrality of the practice of "body trust" to the process of "recovery". In

this thesis I have theorised Yoga as such a practice of body trust. I could have theorised others, central to my own experiences of "recovery" such as swimming in the sea, being in love, having close, trust based relationships with friends and even writing. I chose Yoga because it is explicit in its positioning as a "somatic mode of attention" in which the body is used to attend with as well as be attended to.

There are questions remaining in this area in sociology which, regrettably, have not been addressed, questions which I could not get at in this thesis. I am thinking especially about the comparative absence of male stories of "eating disorder(s)" and "recovery". I think there is also much, much more to be written about the experiences of families and loved ones who share experiences of "eating disorder(s)" and "recovery" through relationality. As I have theorised in chapter 2 my family have only been able to tell me the parts of their stories which they were certain would not disturb our ethic of care for each other. There is more work to be done here, more to be told and more to be heard.

It Gave me the Daring

I didn't trust it for a moment, but I drank it anyway, the wine of my own poetry.

It gave me the daring to take hold of the darkness, and tear it down, and cut it into little pieces.

Lal Ded

Bibliography.

Abu-Lughod, L. (1990). "The Romance of Resistance: Tracing Transformations of Power

through Bedouin Women", American Ethnologist, 17 (1): 43-55.

Allison, D. (1995). Handbook of Assessment Methods for Eating Disorders, Thousand

Oaks: Sage.

Althusser, L. (1971). "Lenin and Philosophy", in Cultural Theory and Popular Culture: A

Reader, Storey, J. ed, London/ New York: Harvester & Wheatsheaf: 151-162.

Angrosino, M. (1998). Opportunity House: Ethnographic Stories of Mental Retardation,

Walnut Creek: Alta Mira Press.

Angrosino, M. (2002). "Babaji and Me", in Ethnographically Speaking:

Autoethnography, literature and aesthetics, Ellis, C. and Bochner, A. eds, Walnut

Creek California: Alta Mira Press.

Armstrong, D. (1983). Political Anatomy of the Body: Medical Knowledge in Britain in

the 20th Century, Cambridge: Cambridge University Press.

Armstrong, D. (1995). "The Rise of Surveillance Medicine", Sociology of Health and

Illness, 17(3): 393–404.

Armstrong, D. (1997). "Foucault and the Sociology of Health", in Foucault Health and

Medicine, Peterson, A. ed, London: Routledge.

Arthurs, J. and Grimshaw J, eds (1999). Women's Bodies: Discipline and Transgression,

London: Cassells.

American Psychiatric Association (2000), DSM-IV, New York: American Psychiatric

Association.

Atkinson, P. (1983). "Eating Virtue", in The Sociology of Food and Eating: Eating Diet

and Culture, Murcott, A. ed, Aldershot: Gower Publishing.

Atkinson, P. (1997). "Narrative Turn or Blind Alley?", Qualitative Health Research, 7:

325-344.

Atkinson, P. and Silverman, D. (1997). "Kundera's Immortality: The Interview Society

and the Invention of the Self", Qualitative Inquiry, 3: 304-325.

Atwood, M. (1972). Surviving, Toronto: House of Anansi.

Atwood, M. (1973). Surfacing, London: Wildwood House.

Baerveldt, C. and Voestermans, P. (1996). "The Body as a Selfing Device: The Case of

Anorexia Nervosa", Theory& Psychology, 6(4): 693-713.

Bakx, K. (1991). "The 'Eclipse' of Folk Medicine in Western Society", Sociology of

Health & Illness, 13(1): 20-38.

Banks, A. and Banks S. (1998). Fiction and Social Research, Walnut Creek: Alta Mira.

Barbalet, J. (1998). Emotion, Social Theory, and Social Structure: A Macro-sociological

Approach, Cambridge: Cambridge University Press.

Barry, A. (1999). "Power/ Knowledge", in Critical Essays on Michel Foucault,

Racevskis, K. ed, New York: G.K. Hall & Co.

Barthes, R. (1986). The Rustle of Language, Oxford: Basil Blackwell.

Barthes, R. (1990). S/ Z, Oxford: Blackwell.

Barthes, R. (1993). Mythologies, London: Vintage.

Bartky, S. (1988). "Foucault, Femininity and the Modernization of Patriarchal Power", in

Foucault and Feminism: Paths to Resistance, Quinby, L. and Diamond, I. eds,

New York: Northeastern University Press.

Bartky, S. (1998). "Body/Politics", in A companion to feminist philosophy, Jaggar, A.

and Young, I.M., eds, Oxford: Blackwell.

Baudrillard, J. (1994). Simulacra and Simulation, Ann Arbor: University of Michigan

Press.

Beck, U. (1992). Risk Society: Towards a New Modernity, London: Sage.

Beeken, C. (1997). My Body, My Enemy: My 13-Year Battle with Anorexia Nervosa,

London: Thorsons.

Behar, R. (1996). The Vulnerable Observer: Anthropology That Breaks Your Heart,

Boston: Beacon Press.

Behar, R. and Gordon, D.A. (1995). Women Writing Culture, Berkeley: University of

California Press.

Bell, M. (2006). "Re/ Forming the Anorexic "Prisoner": Inpatient Medical Treatment as

the Return to Panoptic Femininity", Cultural Studies <=> Critical Methodologies,

6(2): 282-307.

Bell, R. (1985). Holy Anorexia, Chicago: University of Chicago Press.

Bellah, R. N. (1974). Emile Durkheim on Morality and Society, Chicago: Chicago

University Press.

Bendelow, G. and Williams, S. J. (1995). "Pain and the Mind-Body Dualism", Body &

Society, 1(2): 105-126.

Bendelow, G. and Williams, S. J. eds. (1998a). Emotions in Social Life: Critical Themes

and Contemporary Issues, London: Routledge.

Bendelow, G. and Williams, S. J. (1998b). The Lived Body: Sociological Themes, Embodied Issues, London: Routledge.

Benstock, S. (1988). The Private Self: Theory and Practice of Women's Autobiographical

Writings, London: Routledge.

Benton, T. (1991). "Biology and the Social Sciences: Why the Return of the Repressed

Should be given a (Cautious) Welcome", Sociology 25(1): 1-29.

Berger, J. (1972). Ways of Seeing, London/ Harmondsworth: Penguin.

Berger, L. (1998). "Silent Movies: Scenes from a Life" in Fiction and Social Research, Banks, A. and Banks, S. eds, Walnut Creek: Alta Mira Press.

Berger, P. (1963). Invitation to Sociology: A Humanistic Perspective, Harmondsworth:

Penguin Books.

Berger, P. L. and Kellner, H. (1981). Sociology Reinterpreted: An Essay on Method and

Vocation, London: Anchor Doubleday.

Berkman, N., Lohr, K. and Bulik, C. (2007). "Outcomes of eating disorders: A

Systematic Review of the Literature", International Journal of Eating Disorders,

40(4): 293-309.

Birke, L. (1999). Feminism and the Biological Body, Edinburgh: Edinburgh University

Press.

Birke, L. (2003). "Shaping Biology: Feminism and the Idea of the Biological" in

Debating Biology, Williams, S.J. ed, London: Routledge: 69-83.

Blood, S. (2005). Body Work: The Social Construction of Women's Body Image,

London: Routledge.

Bloom, C. and Kogel, L. (1994). "Tracing Development: The Feeding Experience and the Body", in Eating Problems: A feminist Psychoanalytic Treatment Model, Women's Therapy Institute, New York: Basic Books: 40-56.

Bochner, A. P. and Ellis, C.S. (1999). "Which Way to Turn?", Journal of Contemporary Ethnography, 28(5): 485-499.

Bodian, S. (1988). "Addiction to Perfection: An Interview with Marion Woodman", Yoga Journal, Nov/Dec: 51-55.

Bordo, S. (1986). "The Cartesian Masculinisation of Thought", Signs, 11(3): 439-456.

Bordo, S. (1988). "Anorexia-Nervosa: Psychopathology as the Crystallization of Culture", in Feminism and Foucault: Reflections on Resistance, Diamond, I. and Quinby, L. eds, Boston: Northern University Press.

Bordo, S. (1992). "Eating Disorders: The Feminist Challenge to the Concept of Pathology", in The Body in Medical Thought and Practice, Leder, D. ed, New York: Kluwer.

Bordo, S. (1993b). "Feminism, Foucault and the Politics of the Body", in Up Against Foucault, Ramazanoglu, C. ed, London: Routledge.

Bordo, S. (1990). "Reading the Slender Body", in Body/Politics, Jacobus, M. ed, London: Routledge.

Bordo, S. (1993a). Unbearable Weight: Feminism, Western Culture and The Body, Berkeley/London: University of California Press.

Boskind-Lodhal, M. (1976). "Cinderella's Stepsisters: A Feminist Perspective on Anorexia Nervosa and Bulimia ", Signs, 2(2): 342-356.

Boudette, R. (2006). "Questions and Answers: Yoga in the Treatment of Disordered

Eating and Body Image Disturbance", Eating Disorders, 14(2): 167-170.

Bourdieu, P. (1984). Distinction: a Social Critique of the Judgment of Taste, London:

Routledge & Kegan Paul.

Bowlby, J. (1953). The Roots of Parenthood, London: National Children's Home Press.

Bowlby, J. (1969). Attachment and Loss, London: Hogarth.

Bowlby, J. (1973). Separation and Loss, New York: Basic Books.

Brady, I. (2000). "Anthropological Poetics", in Handbook of Qualitative Research, Denzin, N.K. and Lincoln, Y.S., eds, Thousand Oaks California: Sage.

Brady, I. (2004), "In Defense of the Sensual: Meaning Construction in Ethnography and

Poetics", Qualitative Inquiry, 10(4): 622-644.

Brady, I. (2005). "Poetics for a Planet: Discourse on Some Problems of Being-in-Space",

in Handbook of Qualitative Research, Denzin, N.K. and Lincoln, Y.S. eds, London: Sage.

Brain, J. (2002). "Unsettling 'Body Image': Anorexic Body Narratives and the Materialization of the 'Body Imaginary", Feminist Theory, 3(2): 151-168.

Brewerton, T. D. (2004). Clinical Handbook of Eating Disorders : An Integrated Approach, London: Taylor & Francis.

Brickman, B. J. (2004). "'Delicate' Cutters: Gendered Self-mutilation and Attractive Flesh

in Medical Discourse", Body & Society, 10(4): 87-111.

Brown, C. and Jasper, K. (1993). Consuming Passions: Feminist Approaches to Weight

Preoccupation and Eating Disorders, Boston: Second Story Press.

Bruch, H. (1974). Eating Disorders: Obesity, Anorexia Nervosa and the Person Within,

London: Routledge and Kegan Paul.

Bruch, H. (1978). The Golden Cage: The Enigma of Anorexia Nervosa, London: Open

Books.

Bruch, H. (1982). "Anorexia Nervosa, Therapy and Theory", American Journal of Psychiatry, 139(12): 1531-8.

Bruch, H. (1994). Conversations with Anorexics, New York: Jason Aronson.

Brumberg, J. (1988). Fasting Girls: The History of Anorexia Nervosa, Cambridge Mass:

Harvard University Press.

Bruner, E. (1986). "Experience and its Expressions", in The Anthropology of Experience, Turner, V. and Bruner, E. eds, Urbana: University of Illinois Press.

Budgeon, S. (2003). "Identity as an Embodied Event", Body & Society, 9(1): 35-55.

Bulik, C., Berkman, N., Brownley, K., Sedway, J. and Lohr, K. (2007). "Anorexia Nervosa Treatment: A systematic Review of Randomized Controlled Trials",

International Journal of Eating Disorders, 40(4): 310-320.

Burkitt, I. (1997). "Social Relationships and Emotions", Sociology, 31(1): 37-55.

Burns, M. and Garvey, N. (2004). "Healthy Weight at What Cost? Bulimia and a Discourse of "Weight Control", Journal of Health Psychology, 9(4): 594-565.

Butler, J. (1990). Gender Trouble: Feminism and the Subversion of Identity, London:

Routledge.

Butler, J. (2002). "Melancholy Gender- Refused Identification", in Gender in Psychoanalytic Space: Between Clinic and Culture, Dimen, M and Goldner, V.

eds, London: Other Press.

Bynum, C. W. (1987). Holy Feast and Holy Fast : The Religious Significance of Food to

Medieval Women, Berkeley/ London: University of California Press.

Byrne, A. and Lentin, R. eds (2000). (Re) searching Women : Feminist Research Methodologies in the Social Sciences in Ireland, Dublin: Institute of Public Relations.

Campbell, J. (1973). Myths to Live By, London: Souvenir Press.

Campbell, J. (1988). The Hero with a Thousand Faces, London: Paladin.

Cancienne, M. B. and Snowber, C.N. (2003). "Writing Rhythm: Movement as Method",

Qualitative Inquiry 9(2): 237-253.

Caplan, P. (1989). Don't blame Mother: Mending the Mother Daughter Relationship,

New York: Harper & Rowe.

Carozzi, M. J. (2005). "Talking Minds: The Scholastic Construction of Incorporeal Discourse", Body Society 11(2): 25-39.

Caskey, N. (1985). "Interpreting Anorexia Nervosa", Poetics Today, 6(1/2): 259-273.

Chernin, K. (1981). Womansize: the Tyranny of Slenderness, New York: Harper &

Rowe.

Chernin, K. (1983). The Obsession: Reflections on the Tyranny of Slenderness, New

York: Harpers Perennial.

Chernin, K. (1985). The Hungry Self: Women, Eating, and Identity, New York: Times

Books.

Chisolm, K. (2002). My Hungry Hell, London: Short Books.

Chriswell, E. (1989). How Yoga Works: An Introduction to Somatic Yoga, Novato:

Freeperson Press.

Church, K. (1995). Forbidden Narratives, London: Gordon & Breach.

Cixous, H. (1976). "The Laugh of the Medusa", Signs 1(4): 875-93.

Classen, C. (1993). The worlds of Sense, London: Routledge.

Clifford, J. and Marcus, G. eds (1986). Writing Culture: The Poetics and Politics of

Ethnography, Berkeley: University of California Press.

Clough, P. (1992). The Ends of Ethnography, Newbury Park: Sage.

Clough, P. (1993). "Response to Smith's Response", Sociological Quarterly, 34: 193-194.

Clough, P. (1994). Feminist Thought: Desire, Power and Academic Discourse,

Cambridge Mass.: Blackwell.

Clough, P. T. (2000). "Comments on Setting Criteria for Experimental Writing",

Qualitative Inquiry, 6(2): 278-291.

Coffey, A. (1999). The Ethnographic Self: Fieldwork and the Representation of Identity.

London: Sage.

Cohen, B. B. (1993). Sensing, Feeling and Action, Northampton Mass: Contact Editions.

Collins, P. (1991). Black Feminist Thought, New York: Routledge.

Comaroff, J. (1982). "Medicine: Symbol and Ideology", in The Problem of Medical

Knowledge: Examining the Social Construction of Medicine, Wright, P. and

Treacher, A. eds, Edinburgh: Edinburgh University Press.

Connell, R. W. (1987). Gender and Power: Society, the Person and Sexual Politics, London: Cambridge Polity.

Conrad, P. (1992). "Medicalisation and Social Control", Annual Review of Sociology,

18: 209–232.

Cooper, T. (1987). Anorexia and Bulimia: The Personal and the Political, in Fed Up and

Hungry, Lawrence, M. ed, Manchester: Women's Press.

Costyn, C. (1996). The Eating Disorders Sourcebook: A Comprehensive Guide to the Causes, Treatments, and Prevention of Eating Disorders, Boston: McGraw Hill.

Coward, R. (1989). The Whole Truth: The Myth of Alternative Health, London: Faber.

Craib, I. (1997). "Social Constructionism as a Social Psychosis", Sociology 31: 1-15.

Crawford, R. (1984). "A Cultural Account of Health: Control Release and the Social Body", in Issues in the Political Economy of Health Care, McKinley, J. ed, London: Tavistock.

Crawford, R. (1994). "The Boundaries of the Self and the Unhealthy Other", Social Science & Medicine, 38(10): 1347-65.

Crawford, R. (2000). "The Ritual of Health Promotion", in Theorising Medicine, Health and Society, Williams, S.J., Gabe, J. and Calnan, M. eds, London: Routledge

Crawford, R. (2004). "Risk Ritual and the Management of Control and Anxiety in a Medicalised Culture", Health, 8(4): 505-528.

Crawley, H. and Himmleweit, S. (1992). Knowing Women: Feminism and Knowledge, Cambridge and Oxford: Polity Press, Open University Press.

Crisp, A. (1995). Anorexia Nervosa: Let Me Be, Hove: Lawrence Erlbaum & Associates.

Crisp, A. (1996). Anorexia Nervosa: The Wish to Change, Self-Help and Discovery: the Thirty Steps, London: Hove Psychology Press.

Crisp, A. and Burns, T. (1990). "Outcome of Anorexia Nervosa in Males", in Males with

Eating Disorders, Anderson, A. ed, New York: Brunner Mazel.

Crisp, A. and Burns, T. (1986). "Primary Anorexia Nervosa in the Male and Female: A

Comparison of Clinical Features and Prognosis", British Journal of Medical

Psychology, 59: 123-132.

Crossley, N. (1996a). "Body-Subject/Body Power: Agency, Inscription and Control in

Foucault and Merleau-Ponty", Body & Society, 2(2): 99-116.

Crossley, N. (2004). "The Circuit Trainer's Habitus: Reflexive Body Techniques and the

Sociality of the Workout", Body & Society 10(1): 37-69.

Crossley, N. (1996b). Intersubjectivity: The Fabric of Social Becoming, London: Sage.

Crossley, N. (2005). "Mapping Reflexive Body Techniques: On Body Modification and

Maintenance", Body & Society 11(1): 1-35.

Crossley, N. (1995). "Merleau-Ponty, The Elusive Body and Carnal Sociology", Body

& Society 1(1): 43-63. .

Crossley, N. (2001). The Social Body: Habit, Identity and Desire, London: Sage.

Crossley, N. (2006). "In the Gym: Motives, Meaning and Moral Careers." Body&

Society 12(3): 23-50.

Csordas, T. (1994). Embodiment and Experience: The Existential Ground of Culture and

Self, London: Cambridge University Press.

Csordas, T. (1999). "Embodiment and Cultural Phenomenology", in Perspectives on

Embodiment: the Intersection of Nature and Culture, Weiss, G. ed, New York:

Routledge: 143-162.

D'Abundo, M. and Chally, P. (2004). "Struggling with Recovery: Participant Perspectives on Battling an Eating Disorder", Qualitative Health Research, 14: 1094-1106.

Damasio, A. (1995). Descartes' Error: Reason, Emotion and The Human Brain, New York: Harper Collins.

Damasio, A. (1999). The Feeling of What Happens: Body and Emotion In The Making of Consciousness, New York: Harcourt Brace.

Dana, M. (1987). "Boundaries: One Way Mirror to the Self", in Fed Up and Hungry, Lawrence, M. ed, Manchester: Women's Press.

Dana, M. and Lawrence, M. (1988). Women's Secret Disorder: a New Understanding of Bulimia, London: Grafton Books.

Daubenmeir, J. (2005). "The Relationship of Yoga, Body Awareness and Body Responsiveness to Self-Objectification and Disordered Eating", in Psychology of Women Quarterly, 29: 207-219.

Davis, K. ed (1997). Embodied Practices: Feminist Perspectives on the Body, London: Sage.

Deleuze, G. and Guattari, F. (1984). Anti-Oedipus: Capitalism and Schizophrenia Vol.1, London: Athlone Press.

Deleuze, G. and Guattari, F. (1988). A Thousand Plateaus: Capitalism and Schizophrenia Vol. II, London: Athlone Press.

Denzin, N. K. (1984). On Understanding Emotion, London: Jossey-Bass.

Denzin, N.K. (1987). The Recovering Alcoholic, Newbury Park London: Sage

Publications.

Denzin, N. K. (1997). Interpretive Ethnography: Ethnographic Practices for the 21st

Century, Thousand Oaks California: Sage

Denzin, N. K. and Lincoln, Y.S. eds (2000). The Handbook of Qualitative

Research, London: Sage.

Denzin, N.K and Lincoln, Y.S. eds (2003). Turning Points in Qualitative Research:

Tying Knots in a Handkerchief, Walnut Creek California: Alta Mira Press.

Denzin, N.K. and Lincoln, Y.S. eds (2005). The Handbook of Qualitative Research,

London: Sage.

Derrida, J. (1997). Of Grammatology, London: Johns Hopkins Press.

Diamond, N. (1985). "Thin is the Feminist Issue", Feminist Review, (19): 45-64.

Dias, K. (2003). "Women's Pro-Ana Narratives in Cyberspace", Journal of International

Women's Studies, 4(2).

Douglas, M. (1969). Purity and Danger: An Analysis of Concept of Pollution and Taboo,

London: Routledge & Keegan Paul.

Douglas, M. (1973). Natural Symbols: Explorations in Cosmology, Harmondsworth:

Penguin.

Dubois, B. (1983). "Passionate Scholarship: Notes on Values, Knowing and Method in

the Social Sciences", in Theories of Women's Studies, Bowles, G. and Duelli-

Klein, R. eds, London: Routledge.

Duesund, L. and Skarderud, F. (2003). "Use the Body and Forget the Body: Treating

Anorexia Nervosa with Adapted Physical Therapy", Clinical child Psychology

and Psychiatry, 8(1): 53-72.

Dumm, T. L. (1996). Michel Foucault and the Politics of Freedom, Thousand Oaks

California: Sage.

Dunmore, H. (1994). Recovering a Body, Newcastle on Tyne: Bloodaxe Books.

Durkheim, E. (1974). "The Dualism of Human Nature and its Social Conditions", in

Emile Durkheim on Morality and Society, Bellah, R.N. ed, Chicago: Chicago

University Press.

Durkheim, E. (1976). The Elementary Forms of Religious Life, London: George Allan &

Unwin.

Eckerman, L. (1997). "Foucault, Embodiment and Gendered Subjectivities: The Case of

Voluntary Starvation", in Foucault Health and Medicine, Peterson, A. ed,

London: Routledge.

Ehrenreich, B. and English, D. (1976). Complaints and Disorders: the Sexual Politics of

Sickness, London: Writers and Readers Publishing Cooperative.

Ehrenreich, B. and English, D. (1989). For her Own Good: 150 Years of the Expert's

Advice to Women, New York: Anchor Books.

Eisenstein, C. (2003). The Yoga of Eating: Transcending Diets and Dogma to Nourish

the Natural Self, Washington: New Trends Publishing.

Eisler, I. (1995). "Family Models of Eating Disorders", in Eating Disorders: Theory

Treatment and Research, Szmukler,G., Dare, C. and Treasure, J. eds, West

Sussex: Wiley: 155-176.

Elias, N. (1982). The Civilising Process, Vol. 2: State Formation and Civilisation,

Oxford: Blackwell.

Elias, N. (2000). The Civilising Process: Sociogenetic and Psychogenetic Investigations,

Oxford: Blackwell.

Ellis, C. (1995). Final Negotiations, Philadelphia: Temple University Press.

Ellis, C. (1998). ""I HATE MY VOICE": Coming to Terms with Minor Bodily Stigmas",

The Sociological Quarterly 39(4): 517-537.

Ellis, C. (2004). The Ethnographic I: A Methodological Novel About Autoethnography,

Walnut Creek California: Alta Mira Press.

Ellis, C. and Bochner, A. (1992). "Telling and Performing Personal Stories: The Constraints of Choice in Abortion", in Investigating Subjectivity: Research on

Lived Experience, Ellis, C. and Flaherty, M. eds, Newbury Park California: Sage.

Ellis, C. and Bochner, A. (1996). Composing Ethnography: Alternative Forms of Qualitative Writing, London: Sage.

Ellis, C. and Bochner, A. (2000). "Auto-ethnography, Personal Narrative, Reflexivity:

Research as Subject", Handbook of Qualitative Research, Denzin, N.K. and

Lincoln, Y.S. eds, London, Sage.

Ellis, C. and Bochner, A. eds. (2002). Ethnographically Speaking: Autoethnography,

Literature and Aesthetics, Thousand Oaks California: Alta Mira Press.

Ellis, C. and Flaherty, M. eds. (1992). Investigating Subjectivity: Research on Lived

Experience, Newbury Park: Sage.

Ellis, C., Kiesinger, C, Tillmann- Healy, L. (1997). "Interactive Interviewing: Talking

About Emotional Experience", in Reflexivity and Voice, Hertz, R. ed, Thousand
Oaks California: Sage.
Ensler, E. (2005). The Good Body, London: Random House.
Estés, C. P. (1992). Women Who Run With the Wolves: Contacting the Power of the
Wild Woman, London: Rider.
Fadlon, J. (2004). "Meridians, Chakras and Psycho-Neuro-Immunology: The
Dematerializing Body and the Domestification of Alternative Medicine", Body &
Society, 10(4): 69-86.
Falk, P. (1994). The Consuming Body, London: Sage.
Farhi, D. (2000). Yoga Mind Body and Spirit: A Return to Wholeness, New York: Henry
Holt & Company.
Farmer, A. (1999). The Feminine Unfolding.
Farmer, A. (2005). Inner Body Flow.
Featherstone, M., Hepworth, M., Turner, B.S., eds, (1990). The Body: Social Process
and Cultural Theory, London: Sage.
Fee, E. (1983). Women and Health: the Politics of Sex in Medicine, Baywood: Baywood
Publishing Company.
Fonow, M. and Cook, J. eds. (1991). Beyond Methodology: Feminist Scholarship as
Lived Research, Bloomington Indiana: Indiana University Press.
Foote, W. W. (1955). Street Corner Society: The Social Structure of an Italian Slum,
Chicago: University of Chicago Press.
Foucault, M. (1973). The Birth of the Clinic, London: Tavistock.
Foucault, M. (1976). Madness and Civilization: A History of Insanity in the Age of

Reason, London: Tavistock.

Foucault, M. (1977). Discipline and Punish: The Birth of the Prison, London: Allen

Lane.

Foucault, M. (1979). The History of Sexuality: Vol. 1, London: Allen Lane.

Foucault, M. (1979). The Order of Things: An Archaeology of the Human Sciences,

London, Tavistock.

Foucault, M. (1986). The Care of the Self, New York: Vintage.

Fox, N. (2000). "The Ethics and Politics of Caring: Postmodern Reflections", in

` Theorising Medicine, Health and Society ,Williams, S.J., Gabe, J. and Calnan,

M. eds, London: Routledge.

Frank, A. (1990). "For a Sociology of the Body: An Analytical Review", in The Body:

Social Process, Cultural Theory, Featherstone, M., Hepworth, M., Turner, B.S.,

eds, London: Sage.

Frank, A. (1995). The Wounded Storyteller: Body Illness and Ethics, Chicago: University

of Chicago Press.

Frank, A. (1996). "Reconciliatory Alchemy: Bodies, Narratives and Power", Body &

Society 2(3): 53-71.

Frank, A. W. (1997). "Narrative Witness to Bodies: A Response to Alan Radley", Body

& Society 3(3): 103-109.

Frankl, V. E. (1962). Man's Search for Meaning: An Introduction to Logotherapy,

London: Hodder & Stoughton.

Fredrickson, B. and Roberts, T. (1997). "Objectification Theory", Psychology of Women

Quarterly, 21(2): 173.

Fredrickson, B, Roberts, T., Noll, S. and Quinn, D. (1998). "That Swimsuit Becomes You: Sex Differences in Self-Objectification, Restrained Eating and Math Performance", Journal of Personality and Social Psychology, 75(1)

Freidson, E. (1970). Profession of Medicine : A Study of the Sociology of Applied Knowledge, New York: Harper & Rowe.

Freidson, E. (1973). The Professions and their Prospects, London: Sage.

Freund, P. (1982). The Civilized Body: Social Domination, Control, and Health, New York: Temple University Press.

Freund, P. (1988). "Bring Society into the Body", Theory and Society, 17: 839-864.

Freund, P. (1990). "The Expressive Body: A Common Ground for the Sociology of Emotions and Health and Illness", Sociology of Health and Illness 12(4): 452-477.

Freund, P. (1998). "Social Performances and their Discontents: The Bio-psycho-social Aspects of Dramaturgical Stress", in Emotions in Social Life: Critical Themes and Contemporary Issues, Bendelow, G. and Williams S.J. eds, London: Routledge.

Freund, P., McGuire, M. and Podhurst, L. eds (2002). Health, Illness, and the Social body: A Critical Sociology, Upper Saddle River New Jersey: Prentice Hall.

Frost, L. (1999). "Doing Looks: A Potential Source of Pleasure", in Women's Bodies:

Discipline and Transgression, in Arthurs, J. and Grimshaw, J. eds, London: Cassells.

Frost, L. (2001). Young Women and The Body: A Feminist Sociology, Basingstoke: Palgrave.

Furedi, F. (2004). Therapy Culture: Creating Vulnerability in an Uncertain age, London: Routledge.

Fursland, A. (1990). "Eve Was Framed: Food and Sex and Women's Shame", in Fed Up and Hungry, Lawrence, M. and Dana, M. eds, Manchester: Women's Press.

Game, A. and Metcalfe, A. (1996). Passionate Sociology, London: Sage.

Ganguly, K. (1992). "Accounting for Others: Feminism and Representation", in Women Making Meaning: New Feminist Directions in Communication, Rakow, L.W. ed, New York: Routledge; 60-79.

Garfinkel, P. and Garner, D. (1982). Anorexia-Nervosa: a Multidimensional Perspective, New York: Brunner Mazel.

Garner, D. and Garfinkel P. (1997). Handbook of Treatment for Eating Disorders, New York: Guilford Press.

Garrett, C. (1996). "Recovery from Anorexia-Nervosa: A Durkheimian Interpretation", Soc. Sci. Med, 43(10): 1489-1506.

Garrett, C. (1998). Beyond Anorexia : Narrative, Spirituality, and Recovery, Cambridge: Cambridge University Press.

Garrett, C. (2004). Gut Feelings: Chronic Illness and the Search for Healing, New York:

Rodopi.

Geertz, C. (1973). The Interpretation of Cultures, New York: Basic Books.

Gergen, K. and Gergen, M. (1993). "Narratives of the gendered body in popular autobiography, in The Narrative Study of Lives, Josselson, R. and Lieblich, A.

eds, Newbury Park: Sage; 191-218.

Gergen, K. and Gergen, M. (2000). "Qualitative inquiry: Generative tensions", in Handbook Of Qualitative Research, Denzin, N.K. and Lincoln, Y.S. eds, Newbury Park: Sage.

Gergen, K. (1991). The Saturated Self: Dilemmas of Identity in Contemporary Life, New

York, Basic Books.

Giddens, A. (1991a). The Consequences of modernity, London: Polity Press.

Giddens, A. (1991b). Modernity and Self Identity: Self and Society in the Late Modern

Age London: Polity Press.

Gill, R., Henwood, K. and McLean, C. (2005). "Body Projects and the Regulation of

Normative Masculinity", Body Society 11(1): 37-62.

Glaser, B and Strauss A. (1968). The Discovery of Grounded Theory: Strategies for

Qualitative Research, London: Weidenfeld & Nicolson.

Glasner, B. (1989). "Fitness and the Postmodern Self", Journal of Health and Social

Behaviour, 30: 180-91.

Godmilow, J. (1989). "Don't Tell Lies, Don't Tell the Truth, Tell Stories", American

Film 14(20-24).

Goffman, E. (1975a). Asylums: Essays on the Social Situation of Mental Patients and

Other Inmates, Harmondsworth: Penguin.

Goffman, E. (1976a). Stigma: Notes on the Management of Spoiled Identity, London:

Harmondsworth.

Goffman, E. (1975b). The Presentation of Self in Everyday Life, London: Penguin.

Goldstein, M. (1988). "Holistic Physicians and Family Practitioners: Differences and

Implications for Health Policy", Social Science & Medicine, 54(7): 2205-11.

Gooldin, S. (2003). "Fasting Women, Living Skeletons and Hunger Artists: Spectacles of

the Body and Miracles at the Turn of the Century", Body & Society 9(2): 27-53.

Gordon, C. (1980). Power/Knowledge: Selected Interviews & Other Writings, New York:

Pantheon Books.

Gordon, R. (2000). Eating Disorders: Anatomy of a Social Epidemic, Oxford: Blackwell.

Gremillion, H. (1992). "Psychiatry as Social Ordering: Anorexia Nervosa, a Paradigm?",

Social Science & Medicine, 35(1): 57-71.

Gremillion, H. (2002). "In Fitness and In Health: Crafting Bodies in the Treatment of

Anorexia Nervosa", Signs, 27(2): 381-414.

Gremillion, H. (2003). Feeding Anorexia: Gender and Power at a Treatment Centre, New

York: Duke University Press.

Grice, D., Halmi, K., Fichter, M., Strober, M., Woodside, D., Treasure, T., Kaplan, A.,

Magistretti, P., Goldman, D., Bulik, C., Kaye, W. and Berrettini, W. (2002).

"Evidence for a Susceptibility Gene for Anorexia Nervosa on Chromosome 1"

American Journal of Human Genetics, 70(3): 787-792.

Grosz, E. (1986). Volatile Bodies: Toward a Corporeal Feminism, Bloomington: Indiana

University Press.

Grosz, E. (1995). Space, Time, and Perversion : Essays on the Politics of Bodies,

London: Routledge.

Personal Narratives Group. (1989). Interpreting Women's Lives: Feminist Theory and

Personal Narratives, Bloomington: Indiana University Press.

Gull, W. (1874). "Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)",

Transactions of the Clinical society of London 7: 22-28.

Habermas, T. (1996). "In Defense of Weight Phobia as the Central Organizing Motive in

Anorexia Nervosa: Historical and Cultural Arguments for a Culture-Sensitive

Psychological Conception", International Journal of Eating Disorders, 19(4):317-

Habermas, T. (2005). "On the Uses of History in Psychiatry: Diagnostic Implications for

Anorexia Nervosa", International Journal of Eating Disorders, 38: 167-182.

Hall, L. and Ostroff, M. (1998). Anorexia Nervosa: A Guide to Recovery, Carlsbad

California: Gurze Books.

Hall, S. (1997). Representation: Cultural Representations and Signifying Practices,

London: Sage in association with the Open University.

Harraway, D. (1981). "In the Beginning was the Word: The Genesis of Biological

Theory", Signs, 6(3).

Harraway, D. (1988). "Situated Knowledges: The Science Question in Feminism and the

Privilege of Partial Perspective", Feminist Studies 14(3): 575-599.

Harding, S. (1987). “Is There a Feminist Method?”, in Feminism and Methodology:

Social Science Issues, Harding, S. ed, Bloomington Indiana: Indiana University
Press.
Harding, S. (1991a). "Who Knows? Identities and Feminist Epistemology", in
(En) gendering Knowledge: Feminists in Academia, Hartman, J. and Masser-
Davidson, E. eds, Knoxville: University of Tennessee Press.
Harding, S. (1991b). Whose Science? Whose Knowledge?: Thinking From Women's
Lives, Oxford: Open University Press.
Hartley, L. (2001). Servants of the Sacred Dream: Rebirthing the Deep Feminine, Saffron
Walden: Elmden Books.
Hartley, L. (2004). Somatic Psychology, Body, Mind and Meaning, London: Whurr
Publishers.
Hartsock, N. (1983). Money, Sex, and Power: Toward a Feminist Historical Materialism,
London: Langman.
Hartsock, N. (1987). "The Feminist Standpoint: Developing the Ground for a Specifically
Feminist Historical Materialism", in Feminism and Methodology, Harding, S. ed,
Milton Keynes: Open University Press.
Hartsock, N. (1998). The Feminist Standpoint Revisited, and Other Essays, Boulder
Colorado: Westview Press.
Hepworth, J. (1999). The Social Construction of Anorexia Nervosa, London: Sage.

Hepworth, J. and Griffin C. (1990). "The 'Discovery' of Anorexia Nervosa: Discourses of

the Late 19th Century", Text,10(4): 321-338.

Hepworth, J. and Griffin C. (1995). "Conflicting Opinions?'Anorexia Nervosa', Medicine and Feminism", in Feminism and Discourse: Psychological Perspectives, Wilkinson, S and Kitzinger, C. eds, London: Sage.

Hesse-Biber, S. (1996). Am I Thin Enough Yet? : The Cult of Thinness, Boston: Oxford.

Hesse-Biber, S, Marino, M. and Watts- Roy, D. (1999). "A Longitudinal Study of Eating Disorders amongst College Women: Factors that Influence Recovery", Gender & Society, 13: 385-408.

Hesse-Biber, S., Leavy, P., Quinn, C. and Zoino, J. (2006). "The Mass Marketing of Disordered Eating and Eating Disorders: The Social Psychology of Women, Thinness and Culture", Women's Studies International Forum, 29: 208-224.

Hirst, P & Wooley P. (1982). Social Relations and Human Attributes, London: Tavistock.

Hochschild, A. (2003). The Managed Heart : Commercialization of Human Feeling, Berkley: University of California Press.

Holman-Jones, S. (2005). Autoethnography: Making the Personal Political, in Handbook of Qualitative Research, Denzin, N.K. and Lincoln, Y.S, eds, London: Sage; 763-791.

Holstein, J. A. and Gubrium, J.F. (200). The Self We Live By: Narrative Identity in a Postmodern World, Oxford: Oxford University Press.

Hornbacher, M. (1998). Wasted: A Memoir of Anorexia and Bulimia, London: Flamingo.

Howson, A. (2004). The Body in Society, Oxford: Polity.

Hunt, C. (2001). "Assessing Personal Writing", Auto/Biography, 9(1-2): 89-94.

Hyland, M. (2002). "The Intelligent Body and its Discontents", Journal of Health Psychology, 7(1): 21-32.

Illich, I. (1976). Limits to Medicine: Medical Nemesis the Expropriation of Health, London: Boyars.

Illich, I., ed (1977). Disabling Professions, London: Boyars.

Inckle, K. (2007). Writing on the body?: Thinking Through Gendered Embodiment and Marked Flesh, Newcastle-upon-Tyne: Cambridge Scholars.

Irigaray, L. (1985). Speculum of the other Woman, Ithaca: Cornell University Press.

Iser, W. (1989). Prospecting: From Reader Response to Literary Anthropology, Baltimore; London, Johns Hopkins Press.

Jackson, M. (1989). Paths Towards a Clearing: Radical Empiricism and Ethnographic Inquiry, Bloomington: Indiana Press.

Jacobus, M., ed (1990). Body/Politics: Women and the Discourses of Science, London, Routledge.

Jaggar, A. and Bordo, S. eds (1989). Gender/ Body/ Knowledge: Feminist Reconstructions of Being and Knowing, New Jersey: Rutgers University Press.

James, W. (1901). The Varieties of Religious Experience, New York: Penguin.

Jameson, F. (1990). Postmodernism, or, the Cultural Logic of Late Capitalism, London, Verso.

Jelinek, E. (1980). "Women's Autobiography and the Male Tradition", in Women's autobiography: Essays in Criticism, Jelinek, E. ed, Bloomington: Indiana University Press.

Jenkins, R. (1996). Social Identity, London: Routledge.

Johnson, M. (1987) Body in the Mind: The Bodily Basis of Meaning, Imagination, and

Reason, Chicago: Chicago University Press.

Jordanova, L. (1989). Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries, Harvester: Wheatsheaf

Keane, H. (2000). "Setting Yourself Free: Techniques of Recovery", Health, 4(3): 324-

346.

Kee, J. M. (1988). "Holistic Health and the Critique of Western Medicine", Social Science and Medicine, **26**(8): 775-84.

Keesey, R. E. (1980). "A Set-Point Analysis of the Regulation of Body Weight", in

Obesity, Stunkard, A.J. ed, Philadelphia: Saunders.

Kennelly, B. (1999). Begin, London: Bloodaxe Books

Keyes, R. (2000) "Hokusai Says", reprinted in 365 Nirvana Here and Now, Baran, J.,

London: Element/Harper Collins

Keys, A. (1950). The Biology of Human Starvation, Minnesota: University of Minnesota

Press.

Kiesinger, C. (1998). "Portrait of an Anorexic Life", in Fiction and Social

Research, Banks, I. and Banks, S. eds, Walnut Creek: Alta Mira Press; 115-136. Kiesinger, C. (2002). "Narrative Reframing?" in Ethnographically Speaking, Ellis, C. and

Bochner, A. eds, Walnut Creek: Alta Mira Press; 95-121.

Kilby, J. (2001). "Carved in Skin: Bearing Witness to Self Harm", in Thinking Through

the Skin, Ahmed, S. and Stacey, J. eds, London: Routledge.

Kleinman, A. (1988). The Illness Narratives: Suffering, Healing and the Human Condition, New York: Basic Books.

Krieger, S. (1983). The Mirror Dance: Identity in a Women's community, New York:

Temple University Press.

Krieger, S. (1991). Social Science and the Self: Personal Essays on an Art Form, New

York: Rutgers University Press.

Kristeva, J. (1980). Desire in Language, New York: Columbia University Press.

Kristeva, J. (1982). Powers of Horror: An Essay on Abjection, New York: Colombia

University Press.

Krizek, R. (1998). "What the Hell are we Teaching the Next Generation Anyway?", in

Fiction and Social Research: By Ice or Fire. Banks, A. and Banks, S. eds, Walnut

Creek: Alta Mira Press.

Lacan, J. (1993). The Seminars of Jacques Lacan, Book 1, New York: Norton.

Lagerwey, M. (1998). Reading Auschwitz, Walnut Creek: Alta Mira Press.

Lakoff, G. (1987). Women, Fire, and Dangerous Things: What Categories Reveal About

the Mind, London: University of Chicago Press.

Lakoff, G. and Johnson, M. (1980). Metaphors We Live By, Chicago: University of

Chicago Press.

Lakoff, G., Johnson, M. (1999) Philosophy in the Flesh: The Embodied Mind and its

Challenge to Western Thought, New York: Basic Books.

Lang, M. and Risman, B. (2006). "Coming Together Through Change: Family Diversity

and Gender Convergence", in Handbook of Gender and Women's Studies, Davis,

C. ed, London: Sage.

Lasch, C. (1980). The Culture of Narcissism: American Life in an Age of Diminishing

Expectations, London: Abacus.

Lasch, C. (1984). The Minimal Self: Psychic Survival in Troubled Times, New York:

Norton.

Laseque, C. (1873a). "De L'anorexie Hysterique", Archives Generale de Medicine, 1:

385-403.

Laseque, C. (1873b). "On Hysterical Anorexia", Medical Times and Gazette, 2(6/27):

265-266, 367-369.

Lather, P. (1991). Getting Smart: Feminist Research and Pedagogy within the Postmodern, New York: Routledge.

Lather, P. (1993). "Fertile Obsession: Validity after Postructuralism", The Sociological

Quarterly, 34: 673-93.

Lawrence, M. (1979). "Anorexia Nervosa: The Control Paradox", Women's studies

International Quarterly, 2: 93-101.

Lawrence, M., ed (1987). Fed Up and Hungry: Women, Oppression and Food, Manchester: Women's Press.

Lawrence, M. (1995). The Anorexic Experience, Manchester: Women's Press.

Laws, S. (1985). "Who needs PMT? A Feminist Approach to the Politics of Premenstrual Tension", in Seeing Red: The Politics of Premenstrual Tension,

Laws, S. ed, London: Hutchinson.

Leder, D. (1991). The Absent Body, Chicago: Chicago University Press.

Lee, R. (1993). Doing Research on Sensitive Topics, Newbury Park California: Sage.

Lentin, R. (1993). "Feminist Research Methodologies: A Separate Paradigm? Notes for

Debate", Irish Journal of Sociology 3.

Lentin, R., ed (1997a). Gender and Catastrophe, London: Zed Books.

Lentin, R. (1997b). ""Stories within Stories": Auto/biographical Experiences of Working

with Personal Narratives of Israeli Daughters of Shoah Survivors", Auto/Biography, 1, 2 & 3: 3-14.

Lentin, R. (2000). Israel and the Daughters of the Shoah: Reoccupying the Territories of

Silence, New York, Berghan Books.

Lester, R. (1997). "The (Dis)embodied self in Anorexia Nervosa", Social Science and Medicine, 44 (4).

Lévi-Strauss., C. (1978). Myth and Meaning, London: Routledge and Kegan Paul.

Linden, R. R. (1993). Making Stories, Making Selves : Feminist Reflections on the Holocaust, Columbus: Ohio State University Press.

Lowen, A. (1971). Language of the Body, New York: Macmillan.

Lowenberg, J. and Davis, F. (1994). "Beyond Medicalisation-Demedicalisation: The Case of Holistic Health", Sociology of Health & Illness 16(5): 579-625.

Lupton, D. (1994). Medicine as Culture, London: Sage.

Lupton, D. (1995). The Imperative of Health: Public Health and the Regulated Body, London: Sage.

Lupton, D. (1996). Food, the Body and the Self, London: Sage.

Lupton, D. (1997). "Foucault and the Medicalisation Critique", in Foucault Health and Medicine, Peterson, A. ed, London: Routledge.

Lupton, D. (1998). The Emotional Self: A Sociocultural Exploration, London: Sage.

Lupton, D. and Chapman, S. (1994). "A Healthy Lifestyle Might be the Death of You': Discourses on Diet, Cholesterol Control and Heart Disease in the Press and Among the Lay Public", Sociology of Health and Illness, 17(4): 477–494.

Lynch, K. (2000). "The Role of Emancipatory Research in The Academy", in (Re) searching Women: Feminist Research Methodologies in the Social Sciences. Byrne, A. and Lentin, R. eds, Dublin: Institute of Public Relations.

Lyons, M. and Barbalet, J. (1994). "Society's Body: Emotion and the "Somatisation of Social Theory", Embodiment and Experience, Csordas, T. ed, London: Cambridge University Press.

Machado, P. & Machado, B., Gonçalves, S. and Hoek, H.W. (2007). "The Prevalence of Eating Disorders Not Otherwise Specified", International Journal of Eating Disorders, 40(3): 212-217.

MacLeod, S. (1981). The Art of Starvation, London: Virago.

MacSween, M. (1993). Anorexic Bodies: A Feminist and Sociological Perspective on Anorexia Nervosa, London: Routledge.

Maffesoli, M. (1996). The Time of the Tribes: The Decline of Individualism in Mass Society, London: Sage.

Maine, M. (1993). Father Hunger: Fathers, Daughters and Food, London: Simon & Schuster.

Malson, H. (1997). "Anorexic Bodies and the Discursive Production of Feminine Excess", in Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction, Ussher, J. ed, London: Sage

Malson, H. (1998). The Thin Woman: Feminism, Post-structuralism and the Social Psychology of Anorexia Nervosa, London: Routledge.

Mansky, T. (2006). "Tai Chi Chuan: Mind-Body Practice or Exercise Intervention? Studying the Benefit for Cancer Survivors", Integrative Cancer Therapies, 5(3): 102-201.

Marcus, G. E. (1994). "What Comes (Just) after 'Post'? The Case of Ethnography", in The Handbook of Qualitative Research, Denzin, N.K. and Lincoln, Y.S. eds, London: Sage.

Martin, E. (1989). The Woman in the Body: a Cultural Analysis of Reproduction, Milton Keynes: Open University Press.

Martin, E. (1990). "The End of the Body?", American Ethnologist, February: 121-40.

Martin, E. (1990). "Science and Women's Bodies: Forms of Anthropological Knowledge", in Body/ Politics, Jacobus, M. ed, New York: Routledge.

Martin, E. (1994). Flexible Bodies: The Role of Immunology in American Culture from the Age of Polio to the Age of AIDS, Boston: Beacon Press.

Martin, E. (2000). "Flexible Bodies: Science and a new Culture of Health in The U.S.", in Health, Medicine, and Society: Key Theories, Future Agendas, Williams, S.J, Gabe, J. and Calnan, M. eds, London: Routledge.

Martin, E. (2007). Bipolar Expeditions, New York: Princeton University Press.

Martin, M. (2001). "Responsibility for Health and Blaming Victims", Journal of Medical Humanities, 22(2): 95-114.

Mauss, M. (1935). "Techniques of the Body", Economy and Society 2(1): 71-88.

McClean, S. (2005). "'The Illness is Part of the Person': Discourses of Blame, Individual Responsibility and Individuation at a Centre for Spiritual Healing in the North of England", Sociology of Health & Illness, 27(5): 628-648.

McKee, J. (1988). "Holistic Health and the Critique of Western Medicine", Social Science and Medicine, 26(8): 775-84.

McKeith, G. (2004). You Are What You Eat: The Plan That Will Change Your Life, London: Michael Joseph.

McNay, L. (1992). Foucault and Feminism: Power, Gender and the Self, Cambridge: Polity Press.

Mead, G. H. (1934). Mind, Self & Society from the Standpoint of a Social Behaviorist, Chicago: The University of Chicago Press.

Mellor, P. & Shilling, C. (1994). "“Embodiment, Auto/Biography and Carnal Knowing: The Protestant Reformation and Modern Self Identities”, Auto/Biography 3(1): 115-128.

Mellor, P. & Shilling, C. (1996) “Embodiment, Structuration Theory and Modernity: Mind/Body Dualism and the Repression of Sensuality”, Body & Society, Vol. 2(1): 1-15.

Mellor, P. and Shilling, C. (1997). Re-Forming the Body: Religion, Community and Modernity London: Sage.

Mennell, S. (1985). All Manners of Food: Eating and Taste in England and France from the Middle Ages to the Present, Oxford: Basil Blackwell.

Mennell, S. (1991). “On The Civilisation of Appetite”, Body and Society, Featherstone, M., Hepworth, M and Turner, B.S. eds, London: Sage.

Mennell, S. and Murcott, A. eds (1992). The Sociology of Food: Eating, Diet and Culture, London: Sage.

Merleau-Ponty, M. (1962). The Phenomenology of Perception, London: Routledge and Kegan Paul

Meštrovic, S. G. (1997). Post-emotional Society, London: Sage.

Mills, C. W. (1959). The Sociological Imagination, Oxford: Oxford University Press.

Minuchin, S. (1974). Families and Family Therapy, Cambridge Mass.: Harvard University Press.

Minuchin, S. (1978). Psychosomatic Families, Cambridge Mass.: Harvard University Press.

Mitchell, J. & Rose, J (1982). Feminine Sexuality: Jacque Lacan and the Ecole Freudienne, Basingstoke: Macmillan.

Mitchell, R. & and Charmaz, K. (1996). "Telling Tales Writing Stories: Postmodernist Visions and Realist Images in Ethnographic Writing", Journal of Contemporary Ethnography, 25(1): 144-166.

Moi, T. (2001). What is a Woman?: And Other Essays, Oxford: Oxford University Press.

Mol, A. and Law, S. (2004). "Embodied Action, Enacted Bodies: The example of Hypoglycemia", Body & Society, 10(2-3): 43-62.

Morley, J. (2001). "Inspiration and Expiration: Yoga Practice through Merleau-Ponty's Phenomenology of the Body", Philosophy East & West, 51(1): 73-82.

Morton, R. (1694). Phthisiologia: Or a Treatise of Consumption, London: Smith & Walford.

Mulvey, L. (1989). Visual and Other Pleasures, London: Macmillan.

Murcott, A. (1983). The Sociology of Food and Eating, London: Gower Publishing.

Mikhalovsky, E. (1996). "Reconsidering Table Talk: Critical Thoughts On The Relationship between Sociology, Autobiography and Self-Indulgence", Qualitative Sociology, 19: 131-51.

Nelson, H. L. (1997). Feminism and Families, New York: Routledge.

Nettleton, S. (1996). "Women and the New Paradigm of Health and Medicine", Critical Social Policy, 16(48): 33-53.

Newton, T. (2003). "Truly Embodied Sociology: Marrying the Social and the Biological", Sociological Review, 50(3): 313-33.

Nicholson, L. J. (1990). Feminism/ Postmodernism, London: Routledge.

Oakley, A. (1981). "Interviewing Women: A Contradiction in Terms" in Doing Feminist Research, Roberts, H. ed, London: Routledge & Keegan Paul.

Okley, J. (1992). "Anthropology and Autobiography: Participatory Experience and Embodied Knowledge" in Anthropology and Autobiography, Okley, J. and Callaway, H. eds, London: Routledge.

Oliver, M. (2004). Wild Geese: Selected Poems, Tarset: Bloodaxe Books.

Orbach, S. (1989). Fat is a Feminist Issue, London: Arrow.

Orbach, S. (1993). Hunger Strike: Anorexia as a Metaphor for Our Time, London: Penguin.

Orbach, S. (2002). On Eating, London: Penguin.

Ortner, S. (1974). "Is Female to Male as Nature is to Culture?", in Woman, Culture, and Society, Rosaldo, M.Z. and Lamphere, L. eds, Stanford California: Stanford California Press.

Palazzoli, M. S. (1974). Self-Starvation: From the Intra-psychic to the Transpersonal Approach to Anorexia Nervosa, London: Human Context Books.

Palmer, R. L. (2000). Helping People with Eating Disorders: A Clinical Guide to Assessment and Treatment, Chichester: Wiley.

Peterson, A. and Bunton, R. eds (1997). Foucault Health and Medicine, London: Routledge.

Pinto, A., Guarda, A., Heinberg, L. and DiClemente, C. (2006). "Development of the Eating Disorder Recovery Self-Efficacy Questionnaire", International Journal of Eating Disorders, 39(5): 376-384.

Plummer, K. (1994). Telling Sexual Stories: Power, Change, and Social Worlds, London: Routledge.

Polhemus, T. (1978). Social Aspects of the Human Body, London: Penguin.

Polivy, J. and Herman, C. (1987). "Diagnosis and Treatment of Normal Eating", Journal of Consulting and Clinical Psychology 55(5): 635-644.

Polivy, J. and P. Herman (2006). "An Evolutionary Perspective on Dieting", Appetite 47: 30-35.

Priest, S. (2000). "Merleau-Ponty's Concept of the Body-Subject", Nursing Philosophy 1(1): 173-174.

Probyn, E. (1988). "The Anorexic Body", in Body Invaders: Sexuality and the Postmodern Condition, Kroker, A and Kroker, M. eds, Basingstoke: Macmillan.

Probyn, E. (2000). Carnal Appetites: Food, Sex, Identities, London: Routledge.

Rabinow, P. ed (1986). The Foucault Reader: An Introduction to Foucault's Thought, New York: Penguin.

Radley, A. (1996). "The Elusory Body and Social Constructionist Theory", Body & Society 1(2): 3-23.

Rakoff, V. (1983). "Multiple Determinants of Family Dynamics in Anorexia Nervosa", in Anorexia Nervosa Recent Developments in Research, Olmstead, G. ed, New York: Alan Liss.

Rambo- Ronai, C. (1995). "Multiple Reflections of Child Sexual Abuse", Journal of Contemporary Ethnography, 23: 395-426.

Rambo, C. (2005). "Impressions of Grandmother", Journal of Contemporary Ethnography, 34(5): 560-585.

Randall, W. L. (1995). The Stories We Are: An essay on self-creation, Toronto: University of Toronto Press.

Reed-Danahay, D. (1997). Auto/Ethnography: Rewriting the Self and the Social, Oxford: Berg.

Rich, A. (1986). Of Woman Born: Motherhood as Experience and Institution, London: Virago.

Rich, A. (1996). Selected Poems, Clare: Salmon Publishing.

Richardson, L. (1990). Writing Strategies: Reaching Diverse Audiences, Newbury Park, California; London, Sage.

Richardson, L. (1992a). "The Poetic Representation of Lives: Writing a Postmodernist Sociology", Studies in Symbolic Interaction, 13.

Richardson, L. (1992b). "The Consequences of Poetic Representation: Writing the Other, Rewriting the Self", in Investigating Subjectivity: Research on Lived Experience, Ellis, C and Flaherty, M. eds, Thousand Oaks California: Sage.

Richardson, L. (1994a). "Writing: A Method of Inquiry", in Handbook of Qualitative Research, Denzin, N.K. and Lincoln, Y.S, eds, London: Sage; 516-529.

Richardson, L. (1994b). "Nine Poems: Marriage and the Family", Journal of Contemporary Ethnography 23: 3-14.

Richardson, L. (1997). Fields of Play: Constructing an Academic Life, New Brunswick:

Rutgers University Press.

Richardson, L. (2000a). "Writing: A Method of Inquiry", Handbook of Qualitative Research, Denzin, N.K and Lincoln, Y.S. eds, London: Sage.

Richardson, L. (2000b). "Evaluating Ethnography", Qualitative Inquiry, 6: 253-55.

Rilke, R.M. (2000). Sonnets to Orpheus with Letters to a Young Poet, translated by

Stephen Cohn, Manchester: Carcanet Press.

Rosaldo, R. and Lamphere, L. eds (1974). Woman, Culture, and Society, Stanford California: Stanford University Press.

Rosaldo, R. (1989). Culture & Truth: The Remaking of Social Analysis, London: Routledge.

Rose, N. (1990). Governing the Soul: The Shaping of the Private Self, London: Routledge.

Rose, N. (1996). Inventing Our Selves, London: Cambridge University Press.

Rosenwald, G. and Ochberg, R. eds (1992). Storied Lives: The Cultural Politics of Self Understanding, New Haven: Yale University Press.

Russell, G. (1979). "Bulimia Nervosa: An Ominous Variant of Anorexia Nervosa", Psychological Medicine, 9: 429-448.

Sampson, C. (1995). "Madness and Psychiatry", in Medical Power, Social Knowledge, Turner, B.S. ed, London: Sage.

Sandbeck, T. (1996). The Deadly Diet, New York: New Harbinger Publications.

Sawicki, J. (1991). Disciplining Foucault: Feminism, Power and the Body, New York: Routledge.

Sargeant, J. T. (1999). The Long Road Back: A Survivors Guide To Anorexia, Boston Mass.: Northstar Publications.

Scarry, E. (1985). The Body in Pain: The Making and Unmaking of the World, New York: Oxford University Press.

Scheff, T. (1984). Being Mentally Ill, New York: Aldine De Gruyter.

Scheff, T. J. (1990). Microsociology: Discourse, Emotion, and Social Structure, Chicago: University of Chicago Press.

Schneirov, M. and Geczik, J. (1998). "Technologies of Self and the Aesthetic Project of Alternative Health", The Sociological Quarterly, 39(3): 435-451.

Schutz, A. (1945). On Multiple Realities: Collected Papers.

Scott, A. (1996). "Paradoxes of Holism: Some Problems in Developing an Anti-oppressive Medical Practice", Health, 3(2): 131-149.

Scott, A. (1998). "Homeopathy as a Feminist Form of Medicine", Sociology of Health & Illness 20(2): 191-214.

Sesan, R. (1994). "Feminist Inpatient Treatment: An Oxymoron?" in Feminist Perspectives on Eating Disorders, Fallon, P. ed, New York: Guilford; 251-271.

Shabi, R. (2005). "Omming on Empty", The Guardian, London: Guardian Newspapers

Sharp, K. (1992). "Biology and Social Science: A reply to Ted Benton", Sociology, 26(2): 219-224.

Shildrick, M. (1997). Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics, London: Routledge.

Shilling, C. (1997). "The Undersocialised Conception of the Embodied Agent in Modern Sociology", Sociology, 31: 737-754.

Shilling, C and Mellor, P. (1996). "Embodiment, Structuration Theory and Modernity: Mind/Body Dualism and the Repression of Sensuality", Body & Society, 2(4):115.

Shilling, C. (2003). The Body and Social Theory, London: Sage.

Shilling, C. (2005). The Body in Culture, Technology and Society, London: Sage.

Showalter, E. (1987). The Female Malady: Women Madness and English Culture, London: Virago.

Showalter, E. (1998). Hystories, Hysterical Epidemics and Modern Culture, London: Picador.

Siegel, K. and Scrimshaw, E.W. (2002). "The Perceived Benefits of Religious and Spiritual Coping Among Older Adults Living with HIV/AIDS", Journal for the Scientific Study of Religion, 41(1): 91-102.

Silverman, D. ed (1997). Qualitative Research: Theory, Method and Practice, London: Sage.

Smith, B. (2007). "Body Mind and Spirit: Towards an Analysis of the Practice of Yoga", Body & Society, 13(2): 25-46.

Smith, D. (1987). The Everyday World as Problematic: A Feminist Sociology, Toronto: University of Toronto Press.

Smith, D. (1989). "Sociological Theory: Methods of Writing Patriarchy" in Feminism and Social Theory, Wallace, R.A. ed, Newbury Park California: Sage.

Smith, D. (1990). The Conceptual Practices of Power: A Feminist Sociology of Knowledge, Boston: Northeastern University Press.

Smith, D. (1990). Texts Facts and Femininity: Exploring the Relations of Ruling, New York: Routledge.

Smith, D. (1993). "High Noon in Textland: A Critique of Clough", Sociological Quarterly, 34: 183-192.

Smith, S. (1998). "On the Pleasures of Ruined Pictures", in Fiction and Social Research.

Banks, S. & Banks, A. eds, Walnut Creek: Alta Mira Press.

Sointu, E. (2006). "The Search for Well-Being: Alternative and Complementary Health Practices", Sociology of Health & Illness, 28(3): 330-349.

Sontag, S. (1978). Illness as Metaphor, New York: Vintage.

Sparkes, A. (2002). "Autoethnography: Self-Indulgence or Something More?", in Ethnographically Speaking: Autoethnography, Literature and Aesthetics, Ellis, C. and Bochner, A. eds, Walnut Creek: Alta Mira Press; 209-231.

Sparkes, A. (2004a). "From Performance to Impairment: A Patchwork of Embodied Memories" in Body Knowledge and Control, Wright, J. ed, London: Routledge.

Sparkes, A. (2004b). "Bodies, Narratives, Selves and Autobiography", Journal of Sport and Social Issues, 28(4): 397-428.

Sparkes, A. (2005). "Men, Sport, Spinal Cord Injury and Narratives of Hope", Social Science and Medicine, 61: 1095-1105.

Sparkes, A. (2005). "Narrative Analysis: Exploring the Whats and Hows of Personal Stories" in Qualitative Research in Health Care, Holloway, I. ed, London: Open University Press.

Sparkes, A. and Douglas, K. (2007). "Making the Case for Poetic Representations: An Example in Action", The Sport Psychologist, 21: 170-89.

Sparkes, A. (1996). "The Fatal Flaw: A Narrative of the Fragile Body-Self", Qualitative Inquiry, 2(4): 463-494.

Spense, J. (1995). Cultural Sniping: The Art of Transgression, London: Routledge.

Spitzack, C. (1990). Confessing Excess: Women and the Politics of Body Reduction, New York: State University Press.

Stacey, J. (1990). Brave New Families: Stories of Domestic Upheaval in Late Twentieth Century America, New York: Basic Books.

Stanley, L. (1987). "Biography as Microscope or Kaleidoscope? The case of "power" in Hannah Cullwick's relationship with Arthur Munby", Women's studies International Forum 10(1): 19-31.

Stanley, L. (1990b). "Doing Ethnography, Writing Ethnography: A Comment on Hammersley", Sociology, 24(4): 617-627.

Stanley, L. (1990a). "Feminist Praxis and the Academic Mode of Production", in Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology, Stanley, L. ed, London: Routledge.

Stanley, L. (1992). The Auto/biographical I : The Theory and Practice of Feminist Auto/biography, Manchester: Manchester University Press.

Stanley, L. (1993a). "The Knowing Because Experiencing Subject: Narratives, Lives and

Autobiography", Women's studies International Forum, 16(3): 205-215.

Stanley, L. (1993b). "On Auto /Biography in Sociology", Sociology, 27(41-52).

Stanley, L. (1995). "Our Mother's Voices", paper presented at the Third International Interdisciplinary Congress on Women, Dublin.

Stanley, L. (1996). "The Mother of Invention: Necessity, Writing and Representation", Feminism and Psychology, 6(1): 45-51.

Stanley, L. (1997). Knowing Feminisms: On Academic Borders, Territories and Tribes,

London: Sage.

Stanley, L. and Wise, S. (1990). "Method, Methodology and Epistemology in Feminist Research Processes", in Feminist Praxis: Research Theory and Epistemology in

Feminist Sociology, Stanley, L. ed, London: Routledge.

Stanley, L. and Wise, S. (1993). Breaking Out Again: Feminist Ontology and Epistemology, London: Routledge.

Stanton, D. ed (1984). The Female Autograph: Theory and Practice of Autobiography

from the 12th to the 20th Century, Chicago: University of Chicago Press.

Sterling, J. and Segal, J. (1985). "Anorexia Nervosa in Males: A critical Review", International Journal of Eating Disorders 4(4): 559-572.

Stewart, T. (2004). "Light on Body Image Treatment: Acceptance through Mindfulness", Behaviour Modification 28(6): 783-811.

Striegel-Moore, R., Silberstein, L., French, P. and Rodin, J. (1989). "A Prospective Study of Disordered Eating Amongst College Women", International Journal of Eating Disorders, 8: 499-509.

Synnott, A. (1993). The Body Social: Symbolisation, Self and Society, London: Routledge.

Szasz, T. (1962). The Myth of Mental Illness: Foundations of a Theory of Personal Conduct, New York: Secker & Warburg.

Szmulker, G. ed (1995). Handbook of Eating Disorders, Chichister, Wiley.

Taylor, C. (1989). Sources of the Self: The Making of Modern Identity, Cambridge, Mass.: Harvard University Press.

Thrift, N. (2000). "Still Life in Nearly Present Time", Body & Society, 6(3-4): 34-57.

Tillmann-Healy, L. (1996). "A Secret Life in a Culture of Thinness", in Composing Ethnography: Alternative Forms of Qualitative Writing, Ellis, C and Bochner, A. eds, Walnut Creek: Alta Mira Press; 76-108.

Tronto, J. C. (1989). "Women and Caring: What Can Feminists Learn About Morality From Caring?", in Gender/ Body/ Knowledge: Feminist Reconstructions of Being and Knowing, Jaggar, A. and Bordo, S. eds, New Brunswick: Rutgers University

Press.

Tseelon, E. (1995). The Masque of Femininity: The presentation of Women in Everyday

Life, London: Sage.

Turner, B.S. (1992). Regulating Bodies: Essays in Medical Sociology, London: Routledge.

Turner, B.S. (1995). Medical power and Social Knowledge, London: Sage.

Turner, B.S. (1996). The Body and Society: Explorations in Social Theory, London:

Sage.

Turner, V. (1986). The Anthropology of Experience, Urbana: University of Illinois Press.

Twigg, J. (1983). "Vegetarianism and the Meanings of Meat" in The Sociology of Food

and Eating : Essays on The Sociological Significance of Food, Murcott, A. ed,

Aldershot: Gower Publishing.

Ussher, J. (1991). Women's Madness: Misogyny or Mental Illness?, Harvester: Wheatsheaf.

Ussher, J. (1992). "Reproductive Rhetoric and the Blaming of the body", in The Psychology of Women's Health and Health Care, Nicolson, P. and Ussher, J. eds,

Basingstoke: Macmillan.

Ussher, J. (1997). Body Talk: The Material and Discursive Regulation of Sexuality,

Madness and Reproduction, London: Routledge.

VanderVen, T. and VanderVen, M. (2004). "Exploring Patterns of Mother-Blaming in

Anorexia Scholarship: A Study in the Sociology of Knowledge", Human Studies,

26(1): 97-119.

Vincent, C. and Furnham, A, (1997). Complementary Medicine: A Research Perspective, Chichester: John Wiley & Sons.

Wade, T and Bulik C. (2000). "Anorexia and Major Depression: Shared Genetic and Environmental Risk Factors", American Journal of Psychiatry, 157: 469-471.Walkerdine, V. (1988). The Mastery of Reason: Cognitive Development and the Production of Rationality, London: Routledge.

Walkerdine, V. and Lucy, H. (1989). Democracy in the Kitchen: Regulating Mothers and Socialising Daughters, London: Virago.

Warin, M. (2002). "Transformations of Intimacy and Sociality in Anorexia: Bedrooms in Public Institutions", Body & Society, 11: 97-113.

Warren, S. and Brewis, J. (2004). "Matter over Mind? Examining the Experience of Pregnancy", Sociology, 38(2): 219-236.

Wetherell, M. (1996). Fear of Fat: Interpretive Repertoires and Ideological Dilemmas, London: Routledge.

Whyte, M. and Epston, D. (1990). Narrative Means to Therapeutic Ends, New York: Norton.

Wilkinson, S. and Kitzinger, C. (1995). Feminism and Discourse: Psychological Perspectives, London: Sage.

Williams, S.J. (1998a). "Bodily Dys-Order: Desire, Excess and the Transgression of Corporeal Boundaries", Body & Society 4: 59-82.

Williams, S.J. (1998b). "Health as Moral Performance: Ritual Transgression and Taboo",

Health, 2(4): 435-457.

Williams, S.J. and Birke, L. eds. (2003). Debating Biology: Sociological Reflections on Health, Medicine and Society, London: Routledge.

Williams, S.J., Gabe, J. and Calnan, M. eds (2000). Health, Medicine, and Society: Key Theories, Future Agendas, London: Routledge.

Williams, S. J. (1998). "Modernity and the Emotions: Corporeal Reflections on the (Ir)rational", Sociology, 32(4): 747-769.

Williams, S. J. (2006). "Medical Sociology and the Biological Body: Where Are We Now and Where Do We Go From Here?", Health, 10(1): 5-30.

Williams, S. J. (2001). Emotion and Social Theory: Corporeal Reflections on the (Ir)rational, London: Sage.

Wiltshire, D. (1989). "Uses of Myth Image and The Female Body", in Gender/ Body/ Knowledge: Feminist Reconstructions of Being and Knowing, Jaggar, A. and Bordo, S. eds, New Brunswick: Rutgers University Press.

Winnicott, D. W. (1965). The Maturational Process and the Facilitating Environment: Studies in the Theory Of Emotional Development, New York: International Universities Press.

Witz, A. (2000). "Whose Body Matters?", Body & Society, 6(2): 1-24.

Wolf, M. (1992). A Thrice Told Tale, Stanford California: Stanford University Press.

Wolf, N. (1991). The Beauty Myth, London: Vintage.

Wrong, D. (1961). "The Over-socialised Conception of Man", American Sociological Review, 26: 183-93.

Yager, J. (1982). "Family Issues in the Pathogenesis of Anorexia Nervosa", Psychosomatic Medicine, 44(1): 43- 60.

Young, I. M. (2005). Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory, Bloomington: Indiana University Press.

Young, J. E. (1993). The Texture of Memory: Holocaust Memorials and Meanings, New Haven: Yale University Press.

Yuval-Davis, N. (1997). Gender and Nation, London: Sage.

Zerbe, C. (1995). The Body Betrayed: A Deeper Understanding of Women, Eating Disorders and Treatment, California: Gurze.