Starving for Words: The Evolution of Interpersonal Communication from Anorexia to Wellness

by

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We accept the thesis as conforming to the required standard

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Abstract

This study explores the evolution of identity, authenticity, and the quality of interpersonal communications in the journey from anorexia nervosa to wellness. Framed by Altman and Taylor's social penetration theory and Blumer's symbolic interaction theory, I examine the subjectivity of anorexia nervosa through lived experience and via reflexive dyadic interview with a fellow anorexic in pursuit of wellness. Combining data from a participant interview and my personal health records dating back to diagnosis, this study provides insight into the connections that exist between identity, authenticity, and interpersonal communications—with a particular focus toward how behaviour and exchange within relationships are affected during the journey to wellness. I believe that highlighting the interpersonal/social—in addition to the more commonly recognized mental and physical implications of anorexia nervosa—is an important step toward holistic healing and more meaningful interactions future-forward. Creating awareness removes stigmas, promotes understanding, and benefits the wellness process.

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Introduction

Humans are complex social creatures who are consistently re-shaped by social interactions (Goleman, 2006). Examining how individual styles of communicative interaction affect connections is integral to understanding the daily re-shaping of the self (Hood, 2012) because these interpersonal connections allow individuals to "be present" in daily interactions. However, "inner dialogue" potentially impedes this interpersonal connection, particularly among those diagnosed with anorexia nervosa (AN). By exploring 'inner dialogue' along the journey from AN to wellness, I discuss how residual anxieties and thoughts associated with AN play a role in the evolution of individual identity, authenticity, and interpersonal connections, engaging how these factors shape the subjectivity of lived experience.

For this project, the broader term "wellness" is used in lieu of "recovery". In a patient-perspective study concerning recovery from eating disorders (ED), Pettersen and Rosenvinge (2002) note that if recovery is defined solely by the clinician or researcher, then "important aspects of recovery might be overlooked" (p. 62). Due to EDs' complex and individual nature (American Psychiatric Association, 1994) the criteria used to determine "recovery", as it pertains to AN, varies among psychology professionals and eludes definition (Eshkevari, Rieger, Longo, Haggard & Treasure, 2014; Godfrey, 2004; Jones, Harris & Leung, 2005; Milos, Spindler, Schnyder, & Fairburn, 2005; Noordenbos & Seubring, 2006; Pettersen, Thune-Larsen, Wynn, & Rosenvinge, 2013; Walsh, 2008). Ambiguous and subjective diagnostic criteria, or "diagnostic flux" (Fox, Federici, & Power, 2012, p. 176), among mental health professionals sparks my rejection of the "recovery" term. I choose to focus on "wellness" because it denotes an increase in quality of life (Abraham, Brown, Boyd, Luscombe, Russell, 2006) a more holistic sense of balance across life spheres, and ultimately stems from increased self-awareness resulting in

healthier lifestyle choices (Swarbrick, 1997; Swarbrick, 2006). The process of achieving and maintaining wellness is relevant to the evolutionary nature of personal growth.

Employing an autoethnographic approach to engage the Interpretivist/Constructivist paradigm (Muncey, 2010; Turner, 1990) facilitates deeper understanding of the wellness process by allowing exploration of how changes in self-perception impact interpersonal communication. I engage particular situations, relationships, behaviours, thoughts, and emotions to make sense of personal contributions to these interactions by examining the "what" (action/reaction), the "why" (impetus), and the "how" (impact) related to each. To limit "self-absorption" (Davies, 2008) in this text I employ reflexive dyadic interviewing to engage with another individual's experience of achieving and maintaining wellness. This interview technique allows for clear presentation of similarities and differences, creating space to examine aspects of common experience. This fosters a deeper understanding for individuals at various stages of their own journey to wellness, to navigate the residual obstacles. Highlighting the social implications of AN, along with physical and mental impacts, is an important step toward developing a comprehensive understanding of the wellness process.

Research Design

Theoretical Framework

My theoretical framework is based on Altman & Taylor's social penetration theory and Herbert Blumer's symbolic interaction theory. As Taylor (1968) writes "Social penetration refers to the reciprocal behaviors that occur between individuals in the development of an interpersonal relationship" (p. 79). Encompassing verbal and nonverbal aspects of social interactions, it examines how people communicate, share activities, and display affection (Sprecher & Reis, 2009). Social penetration theory also examines the depth and breadth of interpersonal

communication to determine changes to interaction length, frequency, level of intimacy, and self-disclosure over time (Taylor, 1968). This theory purports that relationship development results in "both a greater amount and variety of behaviours exchanged and benefits derived" from interpersonal interactions (Hays, 1984, p. 94). As such, this method is conducive to analyzing and assessing the qualitative evolution of interpersonal exchanges and relational impacts.

Symbolic interaction theory, is described by Lal (1995) as "a subjectivist sociology that concerns itself with the actor's point of view as well as the nature of the situation in which collective action is constructed" (p. 421) and building on this, Prus (1996) further describes it as "an appreciation of the socially constructed, interpretive, and processual features of human group life" (p. 73), suggesting that our involvement and action in situations shape and shift the social environments that result from such interactions. Personal evolution changes how we conduct ourselves and therefore affect the social climate. These frameworks contain the social and interpersonal aspects of analysis necessary to guide this work.

Research Method

Engaging the theoretical frameworks mentioned above, my research was conducted within the Interpretivist/Constructivist paradigm using a constructionist model described by Holstein and Gubrium as constituting the 'what' and the 'how' (cited in Seale, 2012). I built an understanding of the evolution of the 'why' and the 'how' (Chang, 2008; Hensley, 1996; Muncey, 2010) as they pertain to the wellness journey. The interpretivist/constructivist paradigm is complementary to the social penetration approach and the autoethnographic method lends itself to symbolic interaction analysis. Autoethnography complements this paradigm because of its constructive interpretation—bringing power to a text while evoking emotion, empathy and engagement (Bochner, 2002; Chang, 2008; Richardson, 2000). Carolyn Ellis (1999) emphasizes

the importance of "includ[ing] the heart, the autobiographical, and the artistic text" in one's writing to "produce[s] evocative stories" (p. 10). Adding depth by incorporating the evolving self, autoethnography allows reflection on lived experience from different perspectives (Richardson, 1990), creating opportunities whereby the researcher becomes both the "observer" and the "observed" (Rolfe, 2002). Wayne Hensley (1996) muses, "the search for the self is, arguably, the most basic inquiry of any human life" (p. 293) and Tessa Muncey (2010) further validates this perspective noting, "you cannot separate who you are from what you do" (p. 8). Engaging autoethnography through the interpretivist/constructivist paradigm promotes a unique methodological approach for exploring subjective experience as it informs the journey to wellness.

Data and Data Gathering Methods

In addition to addressing the subjectivity of wellness, exploring another's journey with reflexive examination of my own experience, reduced the risk of producing a self-absorbed text. Gathering data through engaging with others in the field can mitigate author saturation (Anderson, 2006). Referencing personal mental health records dating back to 1993, I attempted to avoid recollection errors posed by "constructive memory" (Schacter, Norman, & Koutstaal, 1998). My research is designed to produce an accurate and informative discussion—taking account of subjective experiences that may or may not correspond to record keeping.

Data consists of information gathered during one semi-structured interview involving a participant with a history of AN, as well as personal mental health records and compositions. A reflexive dyadic interview helped maintain focus on the interviewee's story, while still allowing reflection of my own emotions, experiences, and thoughts relating to the interaction (Ellis, 2004; Miell & Le Voi, 1985). Authors, Pettersen, Thune-Larsen, Wynn, & Rosenvinge (2013) also

recognize this style's benefits asserting, "studying patients' experiences is considered useful to acquire knowledge about the processes and nature of recovery" (p. 92). Examining the lived experience of another self-identified former anorexic increases the potential for richer, deeper, and more detailed information pertaining to the subjectivity of the wellness process and corresponding similarities or differences of individual evolution of identity, authenticity and communication.

Study Conduct

This research project involved one participant. Royal Roads University conducted an ethical review prior to participant recruitment and engagement. A participant meeting the following criteria - female, aged thirty to fifty, history of AN, and actively pursuing wellness for a minimum of five years - was chosen following a request for participation to individuals within my existing social network. Open-ended interview questions were used to encourage conversational responses.

Data Analysis

Narrative analysis was used to compare various data sources and identify existing themes. Key components included: vocabulary, behaviour, thought patterns, and emotional contexts or situations. My theoretical framework created the space to explore the evolution of relationships throughout the wellness journey—the way we adapt "how" we are as our sense of "who" we are develops and changes. Reflexive dyadic interviewing provided balance in the resulting text—allowing reflexivity while limiting self-absorption via the sharing and interpretation of another individual's unique journey. My study conduct fostered an environment in which these ideas were brought together in practice, generating an opportunity for narrative analysis of a richly detailed and emotive text detailing the evolution of communication during the wellness journey.

Findings are presented using reflexive examination and discussion of significant moments relating to my own journey. Conclusions were drawn based on commonalities found among lived experiences. Limitations, recommendations and possibilities for further research are included as part of the conclusion.

Literature Review

Over the past three decades researchers have observed a rise in diagnosed ED cases, suggesting a growing phenomenon, if not a modern epidemic (Banas, Redfern, Wanjiku, Lazenbnik, & Rome, 2013; Green, Scott, Riopel, & Skaggs, 2008; Goleman, 1995; Rich, 2006). Immediacy of care dictated by current ED recovery processes indicates that focus on social implications is considered secondary to mental and physical treatments (American Psychological Association, 2011). Existing sources explore the co-morbidity of EDs and social/familial disturbances (Areemit, Katzman, Pinhas, & Kaufman, 2010; Gleaves, Latner, & Ambwani, 2009; Haugaard & Lenzenweger, 1996) but there is a shortage of literature focused on post-recovery or wellness-based interactions. Research exploring "post-recovery" communicational impacts of social withdrawal and other interpersonal affectations is scarce (Pettersen & Rosenvinge, 2002; Pettersen, Thune-Larsen, Wynn, & Rosenvinge, 2013). Literature noted here is drawn from the fields of psychology, sociology, communications, and health sciences, and discusses personal identity, authenticity, and social/behavioural problems as they relate to AN. The literature was sought through the following guiding questions:

1. How does AN impact identity and self-perception?
2. How does identity ("who" we are") impact authenticity ("how" we are)?
3. How is social/behavioural functioning affected by AN?

4. How does medical subjectivity and subsequent ambiguity with regard to EDs potentially affect diagnosis, treatment and "recovery"?

Understanding the interconnectivity of these elements is essential to exploring why residual issues potentially exist, how they are triggered, and what their impact is on interpersonal communication for those on the wellness journey.

Identity and Self-Perception

Identity and self-perception are important factors in individual development and social interactions. Consistent self-perception among different situational contexts presents similar expectations within a controllable environment (Hill, Allmande, Grob, Peng, Morganthaler, & Käppler, 2013). The openness to identify oneself in relation to one's physical and social environment (Ison & Kent, 2010) elicits recognition, analysis, and interpretation of external cues by which individuals learn proper behavior (Hill et. al., 2013). Researchers have noted modified responses to external cues (Eshkevari, Rieger, Longo, Haggard, & Treasure, 2014; Green, Scott, Riopel, & Skaggs, 2008; Ison & Kent, 2010) in ED individuals—characterized by an increase in self-consciousness (Buchholz, Henderson, Hounsell, Wagner, Norris, & Spettigue, 2007)—whereby obsession with physical appearance dictates individual behaviour within one's environment. In separate studies researchers have observed a strong link between identity, body shape and size, and an individual's perception of the ability to achieve "thinness" (Rich, 2006; Stanghellini, Castellini, Brogna, Faravelli, & Ricca, 2012). Anorexics reject external cues in shaping personal identity, limiting themselves to internal cues. Reflexive interviewing opens the door to exploring the impact of such internal cues by engaging in an examination of the subjective intricacies of shared experiences. Anorexics overestimate the importance of appearance with regard to personal identity (Stanghellini et al., 2012). Aimee Liu (2008), author

and former anorexic states that "eating disorders sabotage identity" (p. 124), a powerful insight into the potential effects of AN over an individual's sense of self. If research indicates that illness plays a major role in the identity of ED individuals (Rich, 2006; Stanghellini et al., 2012; Ison & Kent, 2010), it is important to understand how individual identity affects authenticity. There is a scarcity of literature discussing the evolution of identity throughout the anorexic's wellness journey.

Identity and Authenticity

While authenticity may be difficult to narrowly define, Joshua Guilar (2008) discusses authenticity as a personal development process of spiritual and dialogical evolution by which we continuously "become" who we are based on our surroundings. To benefit from the evolutionary process of "becoming", there must exist awareness by which personal growth is catalyzed (Adams, 2006; Kraus, Chen, & Keltner, 2011; Lester, 2009). Rebecca J. Lester (2009) dissects "authenticity" into two distinct varieties: procedural and epistemic. Procedural authenticity is characterized by an individual's actions correlating with stated morals and values, while epistemic authenticity addresses the harmonious consistency between an individual's actions and values (p. 288).

Sally A. Theran (2011) postulates that identity and authenticity go hand-in-hand and play a significant role in one's ability to "be open and honest in meaningful relationships" (p. 423). In a separate study Kraus, Chen, & Keltner (2011) discovered a correlation in high-power individuals between consistent self-concept and greater authenticity. Reinforcing the relationship that exists between self-awareness and authenticity, Adams (2006) writes "love, open awareness, and authentic existence are intimately interrelated…although love, openness, and authenticity are distinct phenomena, each one is also an aspect of the others" (p. 10). Outward openness and

awareness are necessary to shape identity because we determine who we are by our actions and reactions within our environment (Hill, Allemand, Grob, Peng, Morgenthaler, & Käppler, 2013). Individuals who self-identify by physical existence alone "close [the] doors of perception by relying rigidly on preconceived knowledge" (Adams, 2006, p. 21), and subject themselves to living within a "self-imposed tyranny" (p. 21). To be authentic we must embrace and encourage self-discovery through openness, awareness, spirituality and dialogue (Adams, 2006; Guilar, 2008). Achieving greater authenticity and discovering "how we are" is only possible via the existence of an autonomously healthy identity (Adams, 2006; Guilar, 2008; Kraus et al., 2011; Lester, 2009). Achieving an autonomous healthy identity is part of the journey to wellness.

Social/Behavioural Functioning and Anorexia Nervosa

To understand the potential evolution of identity, authenticity and interpersonal communication during the journey to wellness we must understand the typical impacts that AN imposes on social and behavioural functioning of an eating disordered individual. Research indicates an overwhelming correlation between eating disorders and interpersonal, social, or behavioural dysfunction (Bailey & Ricciardellli, 2010; Blomquist, Ansell, White, Masheb, & Grilo, 2012; Brockmeyer, Holtforth, Bents, Kämmerer, Herzog, & Friederich, 2012; Buchholz, Henderson, Hounsell, Wagner, Norris, & Spettigue, 2007; Cassin & von Ranson, 2005; Claes, Vandereycken, & Vertommen, 2005; DeBoer & Smits, 2013; Egan, Watson, Kane, McEvoy, Furland, & Nathan, 2013; Fassino, Daga, Pierò, Leombruni, & Rovera, 2001; Fox, Federici, & Power, 2012; Harrison, Tchanturia, & Treasure, 2010; Pallister & Waller, 2008; Stein, Kaye, Matsunaga, Orbach, Har-Even, Frank, McConaha, & Rao, 2002; Lilenfield, Wonderlich, Riso, Crosby, & Mitchell, 2006; Lunn, Poulsen, & Daniel, 2012; McGee, Hewitt, Sherry, Parkin, & Flett, 2005; Pritchard, & Yalch, 2009; Thompson-Brenner, Eddy, Franko, Dorer, Vashchenko,

Kass, & Herzog, 2008). Varying degrees of cognitive dysfunction found among ED individuals suggest highly subjective functional impacts. Thompson-Brenner et al. (2008) identify five personality sub-types into which most ED individuals can be placed and by which an estimated degree of cognitive functioning can be based. These sub-types include: *high-functioning* (minimal personality pathology present), *emotionally dysregulated* (borderline and histrionic tendencies and emotional instability), *avoidant-insecure* (tendencies toward anxiety, depression and social-avoidance), *constricted-obsessional* (obsessive-compulsive and rigid or ritualistic tendencies), and *behaviourally dysregulated* (thrill-seeking, antisocial, and impulsive tendencies) (p. 551). Based on these five personality classifications, those diagnosed with anorexia nervosa most often fall within the *avoidant-insecure* and/or *constricted-obsessional* sub-types—characterized by safety behaviours, avoidance strategies, anxieties, ritualistic rigidity, and perfectionism (Brockmeyer, Holtforth, Bents, Kämmerer, Herzog, & Friederich, 2012; Cassin, & von Ranson, 2005; Claes, Vandereycken, & Vertommen, 2005; DeBoer, & Smits, 2013; Egan, Watson, Kane, McEvoy, Fursland, & Nathan, 2013; Harrison, Tchanturia, & Treasure, 2010; McGee, Hewitt, Sherry, Parkin, & Flett, 2005; Pallister & Waller, 2008).

Strong links also exist between AN and cognitive difficulties affecting emotional expression and awareness (Bailey & Riccardelli, 2010; Brockmeyer, et al., 2012; Buchholz, et al., 2007; Fox, Federici, & Power, 2012). Such cognitive difficulties create stress within interpersonal and social relationships contributing to what Areemit, Katzman, Pinhas, & Kaufman (2010) purport to be an "increase in family conflicts and arguments" (p. 571). Amid extensive research detailing social/behavioural difficulties co-existing with ED, I discovered only one ethnographic study focused on AN, written by Megan Warin (2005) who explicitly notes her observation regarding a lack of field research on the subject. In addition, I discovered only two

"post-illness" studies examining people "who had recovered from [illness] [AN]" (Connan, Troop, Landau, Campbell, & Treasure, 2007, p. 733; Harrison, Tchanturia, Treasure, 2010, p. 755). My research complements existing studies by addressing social/behavioural evolutionary effects on interpersonal communications during the wellness process.

Medical Subjectivity and Diagnostic Ambiguity

Prior to 2005, there was a paucity of research focused on the stability of ED diagnoses (Milos, Spindler, Schnyder, & Fairburn, 2005). Recent studies focusing on the roles, responsibilities and knowledge of healthcare professionals have uncovered disturbing information regarding to the ability to diagnose and effectively treat EDs. Despite an increased prevalence in EDs (Banas, Redfern, Wanjiku, Lazenbnik, & Rome, 2013; Green, Scott, Riopel, & Skaggs, 2008; Goleman, 1995; Rich, 2006), studies suggest that primary caregivers involved in diagnosis and treatment feel their training is inadequate, resulting in an unsatisfactory level of knowledge pertaining to these illnesses (Banas, et al., 2013; Jones, Saeidi, & Morgan, 2013). Deficient knowledge and insufficient training results in a "low index of suspicion" for recognizing EDs in their patients (Banas, et al., 2013, p. 355). Given that "primary care physicians are in an ideal position to diagnose [ED]s if they maintain a high level of awareness…" (Godfrey, 2004, p.665), this finding serves as an important indication of a relevant gap in the education of health professionals. Educational gaps increase the likelihood of misdiagnosis or late diagnosis.

Misdiagnoses and late diagnoses pose serious potential consequences to the outcomes of the recovery/wellness processes of ED individuals. Earlier diagnosis and treatment better supports an individual's chances of "full recovery" or better quality of life, reducing the likelihood of temporary relapse, chronic eating issues, and depression (Abraham, Brown, Boyd,

Luscombe, &Russell, 2006; Berkman, Lohr & Bulik, 2007; Tozzi, Sullivan, Fear, McKenzie, & Bulik, 2003). Approximately fifty percent of all individuals with a history of EDs will never fully regain their health (Godfrey, 2004) and low diagnostic stability may result in brief periods of remission followed by recurring illness (Milos, Spindler, Schnyder, & Fairburn, 2005). Milos et al. (2005) discuss the "widely held view that [ED]s are self-perpetuating and difficult to treat" (p. 576), which is further supported by existing literature denoting the complexity and subjectivity of the disorders between individuals (Berkman et al., 2007; Fairburn, & Harrison, 2003; Noordenbos, G. & Seubring, A., 2006; Tozzi et al., 2003).

Changes to ED diagnostic criteria in the latest publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) aim to assist clinicians in making more informed and accurate ED diagnoses (Call, Walsh, & Attia, 2013), but do little to ameliorate the ambiguous notion of "recovery". Noordenbos & Seubring (2006) affirm the absence of clarity surrounding "recovery" stating that, "no consensus exists on criteria for recovery from [ED]s" (p.41). Pettersen, Thune-Larsen, Wynn, & Rosenvinge (2013) identify "the deficiency in knowledge of patient[s] experience [during] the later phases of [ED]s" (p.92) as a challenge to clarifying notions of the disorders and subsequent wellness processes. The scarcity of patient-perspective focused studies surrounding the causes of illness and contributions to wellness (Tozzi, Sullivan, Fear, McKenzie, & Bulik, 2003) exacerbates the uncertainty about what it means to be "recovered". Additional patient-perspective focused research, achieved via narrative analysis, adds depth and understanding regarding the "recovery" of ED individuals.

Discussion

All names in the following discussion have been changed to protect the identity of the individuals involved. The narrative approach engaged below reflects the conversational and

emotional tone of the interview experience. Sharing this is an effective means of promoting understanding about the complexities of eating disorders as they pertain to interpersonal communication because the style invites the reader to more readily engage the experience, an important element for examining authenticity and identity.

Background

Midday in late November 1993, my mother arrived to school. Ordinarily there'd be no reason to speak of such a scenario, let alone recall it in detail twenty years later. That one time was different, however. We were headed to my doctor's office. That was the day I was diagnosed with anorexia nervosa.

That day marked the beginning of my journey to wellness. After years of meeting fellow "recovering" anorexics forging their own path to wellness I began to wonder how other people's journeys transpire. Do all anorexics follow a similar path toward wellness? Do we share common epiphanies as time goes by? Do we all achieve a similar sense of self-awareness? Do we notice changes in our interpersonal relationships? The following reflexive discussion is the result of a conversation with Paula Hamilton, a fellow anorexic who agreed to share the story of her journey and scenery along the way.

Our Interview

As Paula settles in with her tea I explain the purpose of my research and the intentionally conversational nature of the interview. I provide her with a list of emergency health contacts that I have compiled for us both and encourage her to stop the interview at any time if she feels physically, mentally, or emotionally unwell. I inquire about any potential triggers surrounding eating disorders and her personal experiences with anorexia; she has none.

I initiate our discussion by inquiring about the age of onset. She replies, “For me, it was pre-teen. I started not really watching what I was eating, and then basically starving myself on a regular basis…because of, I don’t really know how to describe it, not feeling cared about or loved.”

She explains, “For me it was like nobody cared anyway so I paid no attention to what or when I ate. My parents never took me to the doctor, so no one ever really cared. I don’t know how to explain it. It just felt normal...not caring about my appearance.”

I’m intrigued by her explanation, given that my personal experience and the literature I had become familiar with indicated a very different level of importance with regard to physical appearance, identity and worthiness.

“What was your childhood like?”

Paula’s response is akin to a script from a suspense drama denoting the worst kinds of physical, emotional and sexual abuse imaginable. She speaks in detail of a childhood surrounded by habitual alcoholics and drug users. Paula’s eating issues grew from the fantasy that become physically smaller or “non-existent”, as she describes it, would invite less abuse. She says, “If I was invisible then hopefully nobody would hurt me anymore.”

Reflecting on my own childhood, I suddenly feel very grateful and ashamed; grateful for my carefree upbringing and ashamed for having ever taken it for granted. As a child I had never known of anyone who had been abused—it just wasn’t part of my reality. I feel an overwhelming sense of compassion and curiosity. How did Paula thrive in spite of such a damaging childhood environment?

“Pre-anorexia, how did you self-identify? How would you describe yourself?”

"Invisible…I never existed." Paula explains how she engaged an active childhood imagination to disappear from a disappointing reality and spare herself the pain of never feeling like she was good enough. "I didn't live inside my own body—I think maybe because it felt dirty, it felt ugly, unwanted, unloved."

I think back to a substantial cast of imaginary characters who made frequent appearances during my childhood. *I would don an old satin nightgown and instantly transform into a princess; or tease my hair, grab a brush, and find myself singing to a stadium full of adoring fans. I envied some of my elementary school classmates—wishing I was as smart, well dressed, or athletic as they were—but I never wanted to be anyone else…just to be better than I felt I was at the time. I recall frequently begging my mother to change my name—all because I could never find a toothbrush or school supplies adorned with the name "Laurel".* It all seems so trivial now. My childhood escapes into the imaginary were fun and frivolous. Paula's were different; her unhappiness led to the belief that it was much easier to *be* someone else.

I wondered aloud if Paula's eating disordered behaviour elicited a change in her sense of self.

"I basically gave in to letting myself be controlled by the people around me and allowed myself to believe that they knew what was best FOR me…which included whether or not I was living a healthy lifestyle."

The complacent, people-pleasing person she describes is so familiar; I'm filled with empathetic memories of obsessively creating and maintaining a perfect environment and trying to become the perfect little girl. I remember never feeling like "enough"—never saying or doing the right things, never successful. I was disappointed,

exhausted and frustrated by the fear of being rejected. Paula and I had such differing childhoods; I wonder how *she* ended up in that place of complacency—ultimately relinquishing her "self".

"Hearing comments like '*you're getting fat; you're ugly; nobody wants you*;' you know that kind of stuff…created the perception that there was something wrong or flawed with my image. It was constantly instilled inside me…I wasn't enough."

Paula speaks of a mother whose consistent delivery of explicitly stated negative appearance-focused comments toward her daughter evoked a distorted perception between *weight* and *worth*.

She goes on to explain how, eventually, each of her stepfathers would address her in a similarly dismissive manner, taking cues from her mother. Of the terribly hurtful childhood remarks Paula chooses to share, it is her recollection of a single cutting remark that shakes me, *"you were a mistake, I never wanted you."*

The words hang in the air for what seems like an eternity as I try to process what I am hearing. How could anyone speak to a child this way? Admittedly, throughout my teenage years, and even before, the relationship between my mother and me didn't exactly mirror that of Florence Henderson and her girls on the Brady Bunch. Instead of bear hugs and motherly advice, our relationship was better compared to an armed standoff and a battle of wills where both parties were too stubborn to back down and too proud to admit they were wrong. Our words were our ammunition, and sometimes they wounded; but I was never made to feel as if I was unwanted or unloved. If anything, in hindsight, the tumultuous relationship between my mother and me was a battle for control; I wanted independence and she feared losing her little girl.

Still reflecting on my mother-daughter experience, I ask Paula about her relationship with her mother and she is quick to express the lack of connection.

"She was very close to my older sister…the child she wanted. I was the child she didn't want." She continues, "I was blamed for her failures in life… for her not succeeding in the career she wanted to have. She spent a lot of time with my sister and pretty much zero time with me."

"Were you close with your sister?"

"Extremely. Back then she was the only person in the world to me."

Paula reflects upon what she believes contributed to the closeness she shared with her sister and the insight she's gained with regard to that relationship over the years.

"You don't know until you're older…we've had conversations about when we were being sexually abused by one of my mom's boyfriends. Most of the sexual abuse *she* took on. In bed at night she'd push me to the corner of the bed away from him so he couldn't touch me. The physical abuse *I* let him do to *me*...the beatings, the cigarette burns, the cuts, everything…"

What she says next reaffirms what I've learned about social interaction theory—the ties between vulnerability, richness of relational experience and greater human connection—as she discusses the benefit of having had the opportunity to engage in those conversations with her sister after many years of abuse. She observes, "It wasn't until we were older and we kind of had a bit of a breakthrough on it, that I realized I had built up so much guilt because she had taken on more of the sexual abuse…and she felt guilty because I had taken the most physical abuse."

Paula smiles and says, “With my sister I always felt safe… like no matter how bad things were there was always one person who cared about me.” Descriptions of time spent with her sister engaging in carefree childhood imaginary play are much easier for me to grasp than the details of the abusive environment in which she was immersed for so many years.

“We would often take long walks in Victoria…near the Governor’s mansion… pretend that we lived there, we had food in our cupboard, and all these things we really didn’t have. My mom, being a single mom…food was scarce. We tended to covet the food more when we had it.”

The dichotomous nature of this statement strikes me. At the height of my illness I had a great distain for food—in hindsight it was more of a fear—yet Paula’s statement suggests a contradiction between her reality and the imaginary. Despite the very real food issues relating to her eating disorder, in the idyllic scenario of her imaginary play food represents comfort and security.

The conflicted nature of her relationship with food is foreign to me, but the image she paints of happy days spent engrossed in an imaginary world with her sister has me smiling. *I am taken back thirty years to when my siblings and I would play in the yard; donning our “dress-up clothes”—old frocks once belonging to my mother and aunts—to become pioneers, business people, performers, and just about anything else we could think of. I remember how much fun we had together and how happy we were*.

The smile on Paula’s face speaks volumes to the comfort and fondness she feels at the thought of her sister. Knowing how close they were, I wonder if the topic of

Paula's eating issues was ever broached. **"**Did your sister have any idea what was going on with you at the time?"

Paula nods, **"**She recognized it."

She mentions what she now sees when revisiting pictures from her teenage years. She acknowledges how dreadfully unhealthy she was and how she didn't see it at the time; but then again, she says no one else did either.

"It's frightening. My skin was sallow…my hair was all a mess…I was practically see-through. My parents didn't notice, or at least didn't seem to think it was an issue, whereas my sister did say things like *you're getting skinny*."

Before my diagnosis, and for a while after, no one in my family spoke of my gaunt appearance—as if the subject was taboo. I recall becoming extremely defensive and upset one evening after a family member remarked, "You're nothing but a rack of bones!" out of sheer frustration and desperation. I see it now, but in my broken and distorted mind I didn't—I *couldn't*—see it then. I retreated—delusional and damn sure that *I* was fine and something was wrong with *everyone else*.

Paula says, "I didn't even see it as an eating disorder I just thought it was normal for me to be *not fat*," and I understand completely how self-deception, distorted body image and determined justification can grow like a weed until it chokes the beauty out of the mind's garden until it is nothing more than a tangled mess.

That's the trouble with eating disorders—people think they can "see" how you are doing when they really have no idea what's happening on the inside. *When I returned to a "normal" weight after beginning treatment, people thought I was fine! Cured! Recovered! The truth of the matter is that was more messed up than before.*

Realizing that I appeared "normal" to others, I tried desperately to conduct myself in ways that I believed would "appear" normal to those around me—all the while battling the weeds that continued to consume my mind. I had lost myself. I no longer knew who I was or who I was supposed to be, so I created a character based on the cues I received from others. I became the person I believed everyone else expected me to be…and conducted myself accordingly.

Paula expresses similar feelings of confusion regarding her return to a "normal" weight.

"I don't know how to explain it. It's so different when I look at who I am now and who I was then…it still plays into my psyche now. For a while I almost thought that maybe what I needed to do was to go back to eating nothing."

It is surreal to listen to the contents that once consumed my cerebral space spill out of someone else's mouth. I am literally hearing my own thoughts being spoken aloud in Paula's voice, and it is bizarre. I think, too, about the juxtaposition of my seemingly normal reaction to the "post-anorexic" weight-gain mindset and the awareness of the irrationality of it all. I recall the overwhelming frustration and confusion of "appearing normal" but not "feeling normal"—aware that I was living a lie, but terrified to blow my cover and face disappointment and judgement. That feeling marked the onset of my wellness journey and the course of a half dozen relapses over the past twenty years—each one toting the additional shame of believing that "by now I should know better".

Contemplating the details surrounding the onset of my journey, I ask Paula to describe her experience.

"I just recognized it myself. There was one key sentence that came from my doctor at the time. I was just feeling so weak…I went to the doctor and I said, '*I just don't feel good*.' He said, '*My diagnosis and that is that you're going to be dead in six months.*'"

She admitted that his pointed statement and blunt delivery made a real impact, "He continued with '*I'm telling you, if you don't make a change now, I'm suspecting that you will be dead in six months…at what point is your life important enough to you?*'"

Listening to Paula's description of her doctor's brutally blatant manner, *I have a flashback to December of 1993. A few weeks following the anorexia diagnosis from my family doctor my parents and I met with Dr. Carsten, a child psychologist to whom we had been referred. We sat across from Dr. Carsten as she inquired about the home environment, school, and other general issues. All the nervousness I had prior to the appointment was replaced by hope and relief—sensing that we were in the hands a well-trained health professional who could offer some guidance and support out of the tangled mess into which I had led myself. The ephemeral fantasy of a quick and easy happily-ever-after ending to my misery disappeared in seconds as the good doctor leaned toward me—elbows resting on her knees, hands extended—and emphatically said, "WHY DON'T YOU JUST EAT?" The hope that filled the room only moments before eroded in an instant as if an emotional mudslide had swept through and left it barren. My parents' faces bore a look of disappointment and defeat. I was shocked, speechless, and angry. "How dare she?" I thought to myself. "She is supposed to be*

helping us! She is supposed to fix this!" Feeling more helpless and lost than ever, all I could do was cry.

Paula brings me back to the present, revealing the anger and frustration she felt after hearing what her doctor had to say.

"I was mad! But then the more I thought about it, the more I thought, '*I'm in trouble…I'm in a lot of trouble…I don't want to die yet…I'm not ready to die yet.'* I knew I had to make a change…change was going to come one way or another. Either I was going to die or…start doing something for myself."

This was Paula's turning point.

She describes leaving her abusive relationship and the friends who supported her when she needed a soft place to land. She speaks about the safety and security she found in these relationships and their importance to her journey.

"Once I felt like I was somewhere safe again I started feeling more comfortable making decisions for myself. I wasn't as afraid to eat food or…just stop being that shell of a human being that I was."

Paula discovered then that she lacked identity. She recalls, "There was no one inside of me that really had a definitive character. You know, I never really felt like I was ever *anybody*. I never really felt like there was anything inside."

Wondering if she experienced co-existing numbness, I ask, "Did you experience any emotion at that time?"

"I had a lot of anger…I was as horrible a human being as a human being can get!"

I have difficulty imagining the gentle soul sitting before me acting out in an aggressive manner toward *anyone*. She candidly discloses how anger and frustration created a selfish desire to hurt people around her.

"I just wanted to scream! I wanted people to just realize that I'm here…and I'm not going to let people hurt me anymore…and I'm going to blame all of the world for EVERYTHING that went wrong…and I'm going to be as mean and as hard as I can be 'cause maybe if I'm mean and hard something will change."

Paula has just described finding her voice—having the courage to stand up and scream away her invisibility. Causing others pain proved to her that she was being heard; her impact was real—not nice, but nonetheless proof that she was not invisible.

"I have a lot of shame for some of the stuff I did…some of the things I said…I wouldn't change them! The crappy things about me are what actually shaped me into what I think is a pretty nice person now."

The lack of trust I experienced in others, especially following the incident at the psychologist's office, elicited a reaction in me that, initially, seems different than Paula's. I hadn't become angry and mean; I shut down emotionally. The wall of mistrust stood higher and stronger than ever. Reflecting on the reason for both reactions I begin to see the common thread—it was a form of protection.

"I'd always been seen as such a pushover….it took me a long time to realize that I needed help. I didn't actually go for professional help until I was in my mid-to-late twenties…only when I was ready to face what had happened to me as a child. Once I realized I needed to face it, then that's when the change started about how I felt about myself."

I nod and remember when I realized, *'I can't look forward and look back at the same time. I need to decide which direction is most important to me and start moving.'* My new psychologist specialized in eating disorders and was very supportive and understanding of the struggle. Learning to trust him to guide my wellness journey was scary, but pivotal. I stopped waiting for someone else to fix me and started taking steps to fix myself. It wasn't easy, but eventually food became a comforting thing—albeit my relationship with it was still painfully abnormal.

Paula smiles and muses, "It was odd because that's when the weight gain started. It was almost like releasing all of that negativity allowed me to just try and be normal." By being normal it's almost like I went the opposite way…I ate whatever I want. I almost medicated myself with food. It's almost like two different sides of an eating disorder issue…one where I medicate with food and one where I don't."

The two sides she speaks of are very familiar. Upon seeking treatment I spent many years bouncing back and forth between the two, wondering if I would ever know balance.

Paula, still smiling, shares a few of the steps she had to take to gain some positive momentum in her journey. "Once I was able to get through all the emotions—my counselling really helped with that, we got through a lot of the issues."

She describes an epiphany regarding her inability to maintain relationships. I am grateful to learn of this treasured piece of navigational information that helped to guide her journey. Again, she is candid in her admission of having contributed to her own problems.

"I was always playing myself as the victim, always picking people I knew were bad for me." She says her counsellor didn't mince words, "[She] literally said in one of our sessions, '*You THRIVE in that environment where people feel sorry for you, and that's not healthy.*'"

I make a mental comparison between my meeting with Dr. Carsten, and Paula's experience. I got upset. I wonder how did she react?

"I got mad!" she exclaimed, "…and I walked out. When I did go back I told her how ashamed I was because I realized that everything she had said was true."

I am impressed by her vulnerability to admit and be willing to explore the impetus behind her defensiveness. Opening oneself up to be torn apart piece-by-piece is tough. Sometimes an "emotional demolition" is required. Arduously sifting through emotional rubble helps the eventual rebuilding process. Discarding useless emotions and recycling good pieces help to reinforce strength of the emotional structure. Emotional deconstruction helped me to identify my feelings, their causes and particular triggers of which I was previously unaware. The power found in this process of recognition and distinction helped me abandon my eating disordered behaviour and represented an important step toward greater self-awareness and emotional growth.

Focusing again on Paula's epiphany, I ask if perhaps, in hindsight, she used these relationships to ultimately reinforce her self-perception of worthlessness—in search of some sort of identity. She agrees. Thinking again of the key relationships in my life at the time of my illness—my mom and dad, siblings, relatives, and friends—I realize now that any harsh words delivered in frustration were purely rooted in concern for my

wellbeing. I always knew that I was loved and that provided some encouragement to make changes.

"Was there anyone in your life at the time you were subconsciously seeking unhealthy relationships, besides your sister, who treated you differently…in a more positive way?"

Paula mentions a man—a friend of one of her mom's boyfriends who came to her defense one day in the midst of an onslaught of verbal insults. He defended her against the harsh language being directed her way he reassured her that she was capable of great things and that he believed she would grow up to become a beautiful soul.

I smile. "How did you feel hearing that?"

Her voice quivers, the emotional impact of that incident remains evident after all these years. "I never forgot it…when things got really bad I remembered that there was one person who honestly believed that one day I could be something really amazing." She confessed, "He was the one person who kept me from killing myself…that one comment so many times kept me from just ending it…because I wanted to believe that what he said was true…at some point in time I would make a difference to somebody somewhere…even if that person is just myself."

"Do you feel as though this feeling of hope made a difference to your sense of identity?"

"Absolutely. I used to spend a lot of time wondering who I was. I *know* who I am now…I am loved by so many people…not because they feel sorry for me, and not because they *have* to…but because they choose to love me…and I think part of it is

choosing to love myself." She continues, "I realized…there is nothing wrong with ME. There never was!"

"As the *what* or the *who* that is *'Paula'* evolved, what effect did that have on *how* you were—whether around other people or just in general?"

Paula's response is indicative of her self-knowledge and greater sense of personal authenticity—what she verbalizes is evident in what I have experienced throughout our interaction.

"It changed my level of confidence. I realized the skills that made me really beneficial to have in a business, and in a friendship; I am very empathetic…I can really feel for my friends. I feel very confident about…sharing more of myself with people."

Paula has just explained the broader concept of social penetration theory and how it worked for her in her interpersonal relationships. Reflecting upon my own journey as she speaks of emotional and social gains, I am aware of the role that empathy and confidence have played in our respective ability to connect with others. Confidence and empathy appear to be strong indicators of wellness, contributing to healthy, meaningful interpersonal relationships.

I make an observation about the subjectivity of the wellness experience and how it has occurred to me over time that it is not an achievement, rather a process.

Paula nods. She has had her struggles along the way, and knows all too well the difficulties and challenges that can obstruct one's journey and the setbacks that often result.

I, too, have had my share of struggles. Despite bouts of depressed mood, anxiety, and mild obsessive-compulsive ritualistic behaviours—lingering long after the clutches

of anorexia had loosened their grip—I balked at the notion of medication. I rejected daily doses of pharmaceutical "fix-its" in favour of a more hands-on approach. An important part of my wellness includes stretching my limits and exercising my capacity to handle life's challenges in a positive and productive manner. This proactive commitment has been tested many times over the past twenty years.

My most recent "test" occurred in 2012 when I forfeited a government job affected by budget cuts; went back to school to pursue a Masters degree; and left my family, friends, and the only home I've ever known to move 6000 kilometres across the country for an 18-month relationship that ultimately failed a few months after my arrival. The simultaneous occurrence of multiple major life events created a "perfect storm" of emotion and triggered a yearlong relapse.

Never one to back down easily, I began exploring a number of non-pharmaceutical options at my disposal in my new environment. A combination of raja yoga, acupuncture, and traditional Chinese medicine provided balance and the invaluable awareness that healing the body begins by healing the mind. This simple realization has provided motivation to continue moving toward wellness.

Paula shares realizations pertaining to personal growth throughout her journey.

"Developing confidence is what has allowed me to kind of expand who I am. I find helping people be happy makes me happy. I have learned to stand up for myself. I confront people when I feel I've been wronged, but never in a nasty way. I never want to be the cause of someone's pain. I take responsibility for my actions now. I own it."

Paula's pride in the strides she's made is also in the air…and it's contagious. I am proud of her also. What comes out of her mouth next is beautiful.

"I've realized that my actions have consequences. When I leave the world I want to leave some kind of mark on it…no matter how small or insignificant it might be to the grand scheme of things. As long as someone feels that his or her life was better because I was a part of it, then I'm good…I will have done what I wanted to do in life! At the end of it all I just want to have somebody—besides me—realize that my existence mattered."

She looks pensive for a moment, "It's so nice to feel that when I go people might think that life is better *for* me having been in it."

I applaud Paula's acknowledgement and ownership of the potential impact of her "social footprint". In my experience, it seems we never sit down to take a personal inventory when things are going really well. That typically happen when things are going not-so-great and usually occurs via a panicky onslaught of pseudo-introspective inquiries: *Why me? What did I do to contribute to this*? *How did I feed into it? DID I feed into it? Am I just internalizing other people's negative feelings?* Coming to the conclusion that one's existence matters—for better or for worse—when we recognize that we ultimately have an effect on other people…is pivotal. Living life with the awareness that others have an effect on you and suddenly having your eyes open to the fact that it works both ways is a major step forward.

We are both smiling and there is an air of something in the room. Is it understanding? Contentment? I can't quite put my finger on it, but it is positive. We are making progress and I sense that this is going well.

"As your self-awareness, confidence and behaviour have changed, how have your existing relationships been affected?"

"As a family, we used get together fairly often. We don't get together quite as much anymore, but when we *are* together we're very close. My sister is very self-involved right now so I don't know how to communicate with her the same way that we used to. You know, I've asked her about it. I've asked her what's changed…because something feels like it's changed. I still love her like crazy…but it's almost like she's going through her own changes right now that I don't quite understand. It's weird, like, some once-very-close relationships have somewhat fractured in a way. To the opposite effect—an example would be my stepsister and I who were never really close—some once-distant relationships are a lot closer now."

Paula observes the powerful role that shared-life experience has played in the evolution of her relationships.

"My stepsister and I get along very well. Maybe it's because we kind of perceive that we have these lives that we've lived, we have relationships we have to work on, we have work, and we have similar experience and perspective regarding those kinds of things. My other two sisters don't really have that. One sister was a stay-at-home mom who raised and homeschooled her kids, …so she has no work experience."

Paula pauses again and I can almost see the wheels turning as she struggles to articulate the thoughts speeding through her mind—not wanting to miss a single detail. She is obviously bothered by the deterioration of the once-close relationship with her sister, despite being able to rationalize its decline.

"It's kinda sad because we were so close. I know we will get back to where we were at some point….just not right now. What makes it hard is…I used to go to her for

everything and I talked to her constantly and now it's like I see her once every other month."

She continues detailing the evolution of familial relationships, bringing her mother back into the conversation.

"I have asked my mom about our relationship, she and I. We've talked about it."

Paula mentions the distance her mother put between them when she was just a child, and how she and her sister were raised primarily by her maternal grandmother—with whom she was very close. Shortly after her grandmother's passing she noticed a change in her mother and their relationship began changing for the better.

"She suddenly wanted to be a part of my life—to be my parent, care about me, show concern for me…things she never did before. I think it scared her to wonder, '*Who's going to be at MY bedside when I die? Who's gonna show up? Who's gonna care?*'"

Paula describes the existing mother-daughter relationship as a friendship above all else.

"I love her but in a different way. I don't love her in the way that she was a nurturing, loving, parent but I *get* that as a parent they don't give you a book that tells you how to raise your kids. And the more I break down my mother and we have deeper conversations, the more I learn about her. I was brought up with the belief that you don't talk about the bad stuff…you don't talk about what happened. Forcing my mom to face some of that, [she] started opening up about the abuse *she* suffered as a child. It slowly became more clear to me the person my mother was—the person she *is*—and why. I

have learned more about her sense of identity and her own sense of self. Now our relationship…it's completely different."

The nature of the relationship between my mother and me has certainly evolved. Somehow after all these years we've arrived to a place of trust, friendship and understanding that I never thought possible when I was younger. It hasn't been easy; there were many tough conversations along the way, but we worked though them. I have had a number of epiphanies within the mother-daughter relationship, which have benefitted *me*—and *us*.

I think aloud, "The changes in your relationship with your mom are familiar to me—for different reasons but the process was very much the same. I believe that part of the positive change is contributed to growing up; you know, becoming a woman and really understanding that our parents were *people* before we ever came along…and totally consumed their existence!"

We are both laughing now, and Paula is nodding emphatically.

"Yes!" she says, "Yes! That is so true!"

When we stop laughing Paula says, "You know, in my family it's almost like we've come full circle. I feel like I'm more the parent than I am the child right now in some ways to my family. They rely on me to be their counsellor, they rely on me to be the mediator; they rely on me to keep things together for everybody else, in a strange way. I feel like sometimes I'm the glue… I don't know if it's because they see the change in me now that…they feel they can trust me to fix things—almost like if I can fix myself, maybe I can fix other things."

I am impressed by Paula's depth and insight and I am once again aware of just how much she's conquered to arrive at the person and place she currently is.

"Hearing you talk about the evolution and how these relationships have changed and now these people are almost dependent on you for strength…it's interesting to me. It's like they see what you've been through—they saw you when perhaps you were weak or empty—and now they see what you've become. I wonder if now maybe they aspire to that. By being around you, you know, they can figure out how you've done it and…maybe it empowers them…maybe you represent hope to them now."

Paula laughs. **"**That's a lovely thought! I like that. I hope in some way I am. Maybe that goes back to leaving the world a better place than when I was in it."

Her laugh is infectious. Still smiling, I refer back to the mother-daughter relationship to attain a better sense of how she feels about it now.

"Your mom—her self-identity and her experiences *before* you came along—do you feel as though some of what you lived was derived from that? That perhaps her sense of identity ultimately, in some way, affected your construct of identity from an early age? Because we take cues from our environment…"

"Oh, absolutely! You know, our parents—their experiences shape us. They do. Just like our experiences shape us…the experiences of those around us shape us. Had I known more about what my mother went through I probably would have wanted to be her friend sooner, but because she had kept up her walls for so long…there was no love and affection for me."

Paula's voice quivers with emotion as she explains one key subject that her mother would not broach throughout her entire childhood, and something that she feels

had a profound effect on her sense of identity. Paula grew up not knowing who her father was. She laughs, almost nervously, and admits, "All of us have different parents; none of us siblings share the same set of parents, which is really unique."

I struggle to put myself in her shoes and try to imagine what it must have been like to grow up not knowing the identity of her father. She shares another major turning point in her journey, continuing despite her quivering voice,

"I finally got her to talk about it. I wanted to be able to actually go and meet my father. I couldn't hold it in any longer. I finally forced my mom to tell me. I said, '*Tell me about who I am! Tell me about my father!*'"

I sit in silence for a moment, dumbfounded. I spent much of my adolescence and subsequent years trying to figure out who I was meant to be and where I belonged in the greater scheme of things—I was bewildered, disoriented, lost. The subtle desperation in her plea, "*Tell me about who I am"* tells me that what Paula experienced was so much more abstruse than simply feeling lost. Paula felt fractured and incomplete—tortured. She longed to construct the pieces of her life's puzzle to realize the greater picture, yet was keenly aware that she lacked an essential piece. Her pleading statement resounding in my brain, I quietly struggle to understand the profound impact this lack of knowledge must have had on her identity as a child.

Paula continues her story, sharing the experience of finally meeting her father and receiving answers to the questions that haunted her childhood; she talks of her feelings about learning his identity, discovering details of his past, and the reasons why he vacated her life. She also shares the positivity she took from her lived-experience.

"I've learned that you gotta build off the bad! Build your life and your self worth off the things you're *doing* and don't build it off of these perceptions we have of our parents and how we think we're supposed to be…or how we think they're supposed to be. You can't force them to be your parents, you can't force them to be good, you can only just live in the moment and, and try and love them for what they are. Because there's bits and pieces of them that have shaped you…there's bits and pieces of them in you, but *they* don't *define* you."

I am in awe of the strong woman that sits before me, and I tell her so. She replies with a smile, "Well, it's funny because I still have moments where I feel weak."

I wonder how she maintains strength and focus to continue moving forward. I struggled for a long time before discovering my "wellness treasures"—the little things I make an effort to do regularly to maintain my "balance". Music provides an effective outlet for anxiety and stress whether I'm listening, writing or singing. Writing helps to purge erratic thoughts and allows me to focus on the "now" as well as revisit past emotional situations. In "The Way You Make Me Feel" (personal composition, 2011), a song about the false euphoric drug-like effects of my experience with anorexia, I write, "obsessive reaction…moving fast as I can even when I'm standing still—I need a distraction…days go by; it's a rush that I'm after—the perfect disaster." Hearing that song now reminds me of the mess of emotions I struggled with for so long and how far I've come on my journey—it is a reminder to be mindful. Mindfulness—learning to "be present" and enjoy the moments as they come instead of thinking ten steps ahead all the time—has taught me to slow down and appreciate the "now" instead of focusing on the "what next". My "attitude of gratitude"—deliberately identifying at least one thing per

day to be thankful for—keeps me in a positive state of mind. Overall, these small daily changes have promoted stunning benefits to the momentum I experience in my pursuit of wellness.

Recognizing what works for me was—and still is—an issue of trial and error. Acknowledging the highly subjective state of "wellness", I am curious as to how it is experienced and maintained by others. I ask, "What does wellness look like for you and how do you maintain that sense of balance in your life? What keeps you moving forward?"

"I do a daily inspiration everyday. I send it to my friends, it's on my Facebook page, there are 50 or 60 people in our company who get it, and an author friend of mine includes it on her page about women's self-worth. I do it everyday."

I understand the therapeutic nature of such a practice. After my 2012 relapse, my wellness journey was jumpstarted by a Twitter-based assignment that focused on promoting the importance of positivity during the "recovery process". Aside from rebuilding my self-confidence by garnering more than 1000 followers over the course of the seven-week assignment, the process of finding and sharing positive messaging forced me to be mindful of what I was promoting. I was connecting with people who shared common life-experience—I wasn't alone; better yet, I was making a difference. My messages of self-love and self-acceptance inspired others—if only in a small way—to make mindful choices and embark or continue on their own wellness journey. I witnessed an overwhelming sense of empathy and support being shared via the "Twitterverse". The wellness-seeking experience fostered connections among strangers and literally created a virtual support group of cheerleaders!

Paula continues to share her sources of strength, as if she is keenly aware of where my thoughts have just taken me.

"I do a lot of reading. I'm a history buff! But I'm a history buff in the sense that I need to understand the dynamics of how women came from where they were to where women are today—how did women shape the world? Women are more a part of our existence than we've ever known. I don't think people realize how many women were behind the scenes shaping the world to become what it is today."

Her eyes sparkle and her body language speaks to her passion as she becomes more animated.

"When you look at some of the women throughout history, Eleanor of Aquitaine, Queen Elizabeth I, like there's so many of these role models where women changed the course of history…women made a difference. And for me, that makes me feel better because then it helps me identify that, you know, women have that ability…as a woman, I can change history…I can make the world a better place."

Her logic makes perfect sense to me and I silently applaud her for her appreciation and pride in our gender. She too has learned that being a woman doesn't mean being weak. We don't have to be pushovers. We are strong.

"I walk a lot. [My dog] and I go for a long walk every other day and I just listen to music, think about my life, and I think about how I feel."

She glances at the dog and smiles.

"I get a lot of sleep, which is something I didn't do before. When you're depressed and unhappy you tend not to sleep…you tend to worry and overthink things. When I'm sad I let myself cry…I let myself be sad. When I start to feel like maybe I

don't know what I'm doing I reach out to my friends. I talk to people about how I'm feeling, why I'm feeling it. I've learned to leverage a lot of the amazing things in my life the people, the places. You know, everyday I find something to motivate myself to get through my day. So that whole sense of change…the journey…it continues, everyday."

I have one final question for Paula before we wrap up our conversation, "How would *you* define wellness? What is *Paula's definition* of wellness?"

She thinks for a moment, **"**Liking myself. That's the only thing I can identify it with. If I don't *like* myself then my life is never really healthy. It's finding that place where I can be comfortable in my own skin. If I'm not comfortable in my own skin I don't think I'm truly healthy. This is me! This is…what you see is what you get. You know, squishy parts and all! And I'm okay with that."

I thank Paula for opening up and sharing her experiences with me and for the amazing hospitality and inviting atmosphere she created. I am sent on my way with a warm hug and a kind wish for luck with my writing. This has been a good day. I load myself into the car and pull the seatbelt around my body—squishy parts and all. I hear the click and I think to myself, *this is me and I'm okay with that.* Still smiling, I start the engine, roll the windows down, turn on the radio and sing at the top of my lungs the whole way home.

Conclusion

Limitations

The key limitation of this research—the use of only one interview participant—is also its greatest strength. I was aware at the outset of my research that it is impossible to ever "know it all" when it comes to eating disorders, subjective accounts, and wellness. I did not seek to

discover definitive answers, rather to paint a richly coloured picture for others' interpretation in an effort to foster understanding of the struggles associated with eating disorders and the pursuit of wellness. Limiting data to a single participant account, I was able to present a less diluted view and a deeper exploration into a personal lived experience as it evolved from recognizing anorexia nervosa through to wellness. The single-interview approach allowed for deeper introspection and a richer text, which would have been difficult to achieve with multiple stories. This narrative is based on a single story—many more exist—however, this conversation exemplifies the informative potential offered by proactively engaging in a wellness-focused dialogue.

Implications

By exploring lived experience through reflexive interview I have achieved greater personal knowledge and awareness conducive to continuing my healing journey. Sharing my research with others increases the potential value of the healing messages contained within it—offering guidance and motivation for continued progress on a healthy, balanced path. It is also a source of hope for eating disordered individuals who currently struggle with issues of self-identity, authenticity, and interpersonal communication; or those who simply feel lost. A number of important evolutionary indicators are present in this work and correspond with the social penetration and symbolic interaction theories of my framework to provide a greater understanding of the evolution of identity, authenticity and corresponding qualities of interpersonal communication throughout the journey from anorexia nervosa to wellness.

Self-love is a term often referenced in narratives about recovery or wellness. In Paula's explanation of the turning point in her journey where better choices and a healthier sense of identity began to emerge, she stated, "I *know* who I am now. I know the things I'm capable of, I know what I'm good at, I know I am loved by so many people…not because they feel sorry for

me, and not because they *have* to…but because they choose to love me…I think part of it is choosing to love myself …there is nothing wrong with *ME*. There never was" (Paula, personal communication, May 3, 2014). What we *do* is the result of *who* we believe we *are*, and the evolution of who we are results from "the process of becoming" (Guilar, 2008, p. 8) that shapes *how* we *are* in our interactions. The action of restructuring one's frame of thought from "deficit-based" to "strengths-based" encourages a self-narrative that "builds" a sense of self rather than inhibiting or destroying it. Paula's desire to leave the world a better place than it was when she arrived indicates awareness of her capacity for caring and kindness. The vulnerability she is willing to experience and share to helps others learn to love themselves. Self-love, care, and kindness are essential to developing a relationship with ourselves as perfectly broken people—accepting flaws and shortcomings to celebrate unique talents and strengths. Paula's admission, "I've learned that you gotta build off the bad" (Paula, personal communication, May 3, 2014) exemplifies personal growth and keen introspection, which represents an essential element of the healing process and in transforming the self (Keortge, 2002). Guilar (2008) purports that "in order to be real with ourselves we need to love ourselves...we must respect and love others enough to trust them with who we really are" (p. 14). For this to happen, then we must afford ourselves the same trust—allowing ourselves to grow confidence and self-awareness by being vulnerable with others and ourselves. Loving ourselves *because* of our vulnerabilities rather than in spite of them fosters self-acceptance and a healthier self-concept.

The evolution of empathy and accountability are also important indicators of wellness that contribute to a greater sense of self-awareness and confidence. Paula's admission, "I never want to be the cause of someone's pain. I take responsibility for my actions now" (Paula, personal communication, May 3, 2014) indicates an awareness of the impact her interactions have on her

environment and others. Acknowledging how we affect our environment and in turn, how our environment affects us, is a necessary element in recognizing feelings. Taking accountability for our actions within relationships leads to greater personal authenticity, personal and social integrity, and more stable relationships. The vulnerability involved in offering a simple apology can be a powerful force, enhancing interpersonal communication.

Finally, there is evidence of a sense of hope and inspiration that stems from an individual's ability to recognize the positive effect of proactive contributions to a relationship or situation. Think of it in terms of positive reinforcement for positive action—which links back to Paula's comment about striving to make a difference while she is here. The evolution of her role within the family also indicates a shift in the perception of who she *was*, what she has conquered throughout her journey, and who she has ultimately become. Paula is now an inspiration to the sister who was once her greatest source of comfort and the mother who caused her emotional pain—she is the embodiment of hope. Recognizing her new role as "the glue" inspires Paula to navigate the complexities of these evolving relationships and continue initiating the difficult conversations needed to reinforce these connections.

Future Considerations and Closing Remarks

In lieu of suggesting closure to this topic I wish to acknowledge the continuing nature of the wellness journey by offering some future considerations. The qualitative nature of this research does not lend itself to definitive answers, leaving the door open for future exploration of the topic. Considering this, further exploration of subjective "lived experiences" along the journey from anorexia to wellness will add richer detail to this topic through discussion of subjective thoughts, emotions and epiphanies—shedding additional light on the individuality of patients' experiences from diagnosis to wellness. Reflecting on the experience of researching this

topic, I believe more than ever in the importance of consciously and intentionally continuing the dialogue surrounding social and interpersonal issues related to anorexia, and eating disorders in general. There is power in sharing our stories: the power to inspire and effect positive change. Initiating personally sensitive dialogues is not easy—we become vulnerable to judgement and misinterpretation—but it is essential to creating, building, and maintaining interpersonal relationships. These interpersonal connections strengthen and grow over time to become our support systems and social networks—providing the balance necessary to make beneficial choices along the wellness journey and foster more meaningful interactions with the self and with others.

References

Abraham, S. F., Brown, T., Boyd, C., Luscombe, G., & Russell, J. (2006). Quality of life: Eating disorders. *Australian and New Zealand Journal of Psychiatry. 40*(2), 150-155. Retrieved from http://web.a.ebscohost.com.ezproxy.royalroads.ca/ehost/pdfviewer/pdfviewer?sid=996beb7f-3706-4aa4-961e-7747a69ab986%40sessionmgr4002&vid=2&hid=4209

Adams, W. (2006). Love, open awareness, and authenticity: A conversation with William Blake and D. W. Winnicott. *Journal of Humanistic Psychology*, 4*6*(9), 9-35. doi: 10.1177/0022167805281189

American Psychiatric Association, & American Psychiatric Association. Task Force on DSM-IV. (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV*. Amer Psychiatric Pub Inc.

Anderson, L. (2006). Analytic ethnography. *Journal of Contemporary Ethnography, 35*(4)*,* 373-395. doi:10.1177/0891241605280449

Areemit, R. S., Katzman, D. K.,Pinhas, L., & Kaufman, M. E. (2010). The experience of siblings of adolescents with eating disorders. *Journal of Adolescent Health, 46.* 569-576. doi:10.1016/jadohealth.2009.12.011

Bailey, S. D., Ricciardelli, L. A. (2010). Social comparisons, appearance related comments, contingent self-esteem and their relationships with body dissatisfaction and eating disturbance among young women. *Eating Behaviors. 11*(2)*,* 107-112. doi:10.1016/j.eatbeh.2009.12.001

Banas, D. A., Redfern, R., Wanjiku, S., Lazebnik, R., & Rome, E. S. (2013). Eating disorder training and attitudes among primary care residents. *Clinical Pediatrics. 52*(4), 355-361. doi:10.1177/0009922813479157

Berkman, N. D., Lohr, K. N., & Bulik, C. M. (2007). Outcomes of eating disorders: A systematic review of the literature. *International Journal of Eating Disorders. 40*(4), 293-309. Retrieved from http://web.b.ebscohost.com.ezproxy.royalroads.ca/ehost/pdfviewer/pdfviewer?sid=c20b46ad-a7c5-4393-9708-42d9842b1b79%40sessionmgr110&vid=5&hid=114

Blomquist, K., Ansell, E., White, M., Masheb, R., & Grilo, C. (2012). Interpersonal problems and development trajectories of binge eating disorder. *Comprehensive Psychiatry*, *53*(8), 1088-1095. doi:10.1016/j.comppsych.2012.05.003

Brockmeyer, T., Holtforth, M. G., Bents, H., Kämmerer, A., Herzog, W., & Friederich, H. (2012). Starvation and emotion regulation in anorexia nervosa. *Comprehensive Psychiatry. 53*(5), 496-501. doi:10.1016/j.comppsych.2011.09.003

Bochner, A. P. (2002). *Ethnographically speaking: Autoethnography, literature, and aesthetics*. Walnut Creek, CA: Rowman Altamira.

Buchholz, A., Henderson, K. A., Hounsell, A., Wagner, A., Norris, M., & Spettigue, W. (2007). Self-silencing in a clinical sample of female adolescents with eating disorders. *Journal of the Canadian Academy of Child and Adolescent Psychiatry. 16*(4), 158-163. Retrieved from http://www.cacap-acpea.org/uploads/documents/67/November2007SelfSilencing.pdf

Call, C., Walsh, B. T., & Attia, E. (2013). From DSM-IV to DSM-5:Changes to eating disorder diagnoses. *Current Opinion in Psychiatry. 26*(6), 532-536. doi:10.1097/YCO.0b013e328265a321

Cassin, S., & von Ranson, K. M. (2005). Personality and eating disorders: A decade in review. *Clinical Psychology Review. 25,* 895-916. doi:10.1016/j.cpr.2005.04.012

Chang, H. (2008). *Autoethnography as method.* Walnut Creek, California: Left Coast Press.

Claes, L., Vandereycken, W., & Vertommen, H. (2005). Impulsivity traits in eating disorder patients. *Personality and Individual Differences. 39*(4), 739-749. doi:10.1016/j.paid.2005.02.022

Connan, F., Troop, N., Landau, S., Campbell, I. C., & Treasure, J. (2007). Poor social comparison and the tendency to submissive behavior in anorexia nervosa. *International Journal of Eating Disorders. 40*(8), 733-739. doi:10.1002/eat.20427

Davies, C.A. (1998). *Reflexive ethnography: A guide to researching selves and others.* London, England: Routledge.

DeBoer, L. B., & Smits, J. A. J. (2013). Anxiety and disordered eating. *Cognitive Therapy and Research. 37*(5), 887-889. doi:10.1007/s10608-013-9565-9

Egan, S. J., Watson, H. J., Kane, R. T., McEvoy, P., Fursland, A., & Nathan, P. R. (2013). Anxiety as a mediator between perfectionism and eating disorders. *Cognitive Therapy and Research. 37*(5), 905-913. doi:10.1007/s10608-012-9516-x

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: Rowman Altamira.

Ellis, C. (1999). Heartfelt autoethnography. *Qualitative Health Research. 9*(5), 669-683. doi: 10.1177/104973299129122153

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Historical Social Research. 36*(4), 273-290 Retrieved from http://web.b.ebscohost.com.ezproxy.royalroads.ca/ehost/pdfviewer/pdfviewer?sid=f6ed4050-e9f1-4778-9ebe-fca80e6df7b7%40sessionmgr112&vid=2&hid=124

Eshkevari, E., Rieger, E., Longo, M., Haggard, P., Treasure, J. (2014). Persistent body image disturbance following recovery from eating disorders. *International Journal of Eating Disorders. 47*(4), 400-409. doi: 10.1002/eat.22219

Fairburn, C. G., & Harrison, P. J. (2003). Eating disorders. *Lancet. 361*(9355), 407-416. Retrieved from http://web.a.ebscohost.com.ezproxy.royalroads.ca/ehost/pdfviewer/pdfviewer?sid=52132b0b-894d-46d4-9ff2-a299fd0d7262%40sessionmgr4002&vid=4&hid=4209

Fassino, S., Daga, G. A., Pierò, A., Leombruni, P., & Rovera, G. G. (2001). Anger and personality in eating disorders. *Journal of Psychosomatic Research. 51*(6), 757-764. Retrieved from http://dx.doi.org.ezproxy.royalroads.ca/10.1016/S0022-3999(01)00280-X

Fox, J. R. E., Federici, A., & Power, M. J. (2012). Emotions and eating disorders. In J. R. E. Fox, & K. P. Goss (Eds.), *Eating and its disorders* (pp. 189-206). Retrieved from http://site.ebrary.com/id/10593222

Gleaves, D. H., Latner, J. D., & Ambwani, S. (2009). Eating disorders. In Matson, L., Andrasik, F, & Matson, M. L. (Eds.), *Treating childhood psychopathology and developmental disabilities* (pp. 403-434). doi:10.1007/978-0-387-09530-1_13

Godfrey, J. R. (2004). Toward optimal health: The experts discuss eating disorders. *Journal of Women's Health. 13*(6), 662-667. doi:10.1089/jwh.2004.13.662

Goleman, D. (1995). *Emotional intelligence.* New York, New York: Bantam.

Goleman, D. (2006). *Social intelligence: The revolutionary new science of human relationships.* New York, New York: Bantam.

Green, M., Scott, N. A., Riopel, C. M., & Skaggs, A. K. (2008). Feminist identity as a predictor of eating disorder diagnostic status. *Clinical Psychology. 64*(6), 777-788. doi:10.1002/jclp.20459

Guilar, J. (2008). *The power of authenticity.* Camarillo, California: DeVorss.

Harrison, A., Tchanturia, K., & Treasure, J. (2010). Attentional bias, emotion recognition and emotion regulation in anorexia: State or trait? *Biological Psychiatry. 68*(8), 755-761. doi:10.1016/j.biopsych.2010.04.037

Haugaard, J. J., & Lenzenweger, M. F. (1996). *Frontiers of developmental psycopathology.* Retrieved from http://site.ebrary.com.ezproxy.royalroads.ca/lib/royalroads/docDetail.action?docID=10087529&p00=frontiers%20developmental%20psychopathology

Hensley, W. (1996). A theory of the valenced other: The intersection of the looking-glass self and social penetration. *Social Behavior and Personality. 24*(3), 293-308. doi:10.2224/sbp.1996.24.3.293

Hill, P. L., Allemand, M., Grob, S. Z., Peng, A. Morgenthaler, C., & Käppler, C. (2013). Longitudinal relations between personality traits and aspects of identity formation during adolescence. *Journal of Adolescence. 36*(2)*,* 413-421. Retrieved from http://dx.doi.org.ezproxy.royalroads.ca/10.1016/j.adolescence.2013.01.003

Hood, B. (2012). *The self illusion.* Toronto, Ontario: Harper Collins.

Ison, J., & Kent, S. (2010). Social identity in eating disorders. *European Eating Disorders Review. 18*(6), 475-485. Retrieved from

http://content.ebscohost.com.ezproxy.royalroads.ca/pdf25_26/pdf/2010/BVM/01Nov10/54952716.pdf?T=P&P=AN&K=54952716&S=R&D=aph&EbscoContent=dGJyMNHr7ESeqLA4wtvhOLCmr0ueqK9Srqu4Ta%2BWxWXS&ContentCustomer=dGJyMPGrtE%2Bwp7JLuePfgeyx44Dt6fIA

Jones, C., Harris, G., Leung, N. (2005). Core beliefs and eating disorder recovery. *European Eating Disorders Review. 13*(4)*,* 237-244. doi:10.1002/erv.642

Jones, W. R., Saeidi, S., & Morgan, J. F. (2013). Knowledge and attitudes of psychiatrists toward eating disorders. *European Eating Disorders Review. 21*(1), 84-88. doi: 10.1002/erv.2155

Keortge, S. G. (2002). Clinical perspective on self and personhood. *International Journal for the Psychology of Religion. 12*(1), 21-28. Retreived from http://web.b.ebscohost.com.ezproxy.royalroads.ca/ehost/pdfviewer/pdfviewer?sid=e4f4c5e3-7d83-4375-afaf-a9d00699f96e%40sessionmgr114&vid=4&hid=113

Kraus, M. W., Chen, S., & Keltner, D. (2011). The power to be me: Power elevates self-concept consistency and authenticity. *Journal of Experimental Social Psychology. 47,* 974-980. doi:10.1016/j.jesp.2011.03.017

Lal, B. B. (1995). Symbolic interaction theories. *The American Behavioral Scientist*, *38*(3), 421-441. Retrieved from https://ezproxy.royalroads.ca/login?url=http://search.proquest.com/docview/1306758884?accountid=8056

Lester, R. J. (2009). Brokering authenticity. *Current Anthropology. 50*(3), 281-302. doi:10.1086/598782

Lilenfeld, L. R. R., Wonderlich, S., Riso, L. P., Crosby, R., & Mitchell, J. (2006). Eating disorders and personality: A methodological and empirical review. *Clinical Psychology*

Review. 26(3), 299-320. Retrieved from http://dx.doi.org.ezproxy.royalroads.ca/10.1016/j.cpr.2005.10.003

Liu, A. (2008). *Gaining: The truth about life after eating disorders.* New York, NY: Wellness Central.

Lunn, S., Poulson, S., & Daniel, S. I. F. (2012). Subtypes in bulimia nervosa: The role of eating disorder symptomatology, negative affect, and interpersonal functioning. *Comprehensive Psychology. 53*(8), 1078-1087. doi:10.1016/j.comppsych.2012.04.005

McGee, B. J., Hewitt, P., Sherry, S. B., Parking, M., & Flett, G. (2005). Perfectionistic self-presentation, body image, and eating disorder symptoms. *Body Image. 2*(1), 29-40. doi:10.1016/j.bodyim.2005.01.002

Milos, G., Spindler, A., Schnyder, U., & Fairburn, C. G. (2005). Instability of eating disorder diagnoses: prospective study. *British Journal of Psychiatry. 187*(6), 573-578. doi:10.1192/bjp.187.6.573

Muncey, Tessa (2010). *Creating Autoethnographies.* London, England: Sage.

Noordenbos, G., Seubring, A. (2006). Criteria for recovery from eating disorders according to patients and therapists. *Eating Disorders, 14*(1), 41-54. doi:10.1080/10640260500296756

Pallister, E., & Waller, G. (2008). Anxiety in the eating disorders: Understanding the overlap. *Clinical Psychology Review. 28*(3), 366-386. doi:10.1016/j.cpr.2007.07.001

Pettersen, G., Thune-Larsen, K., Wynn, R., Rosenvinge, J. H. (2013). Eating disorders: Challenges in the later phases of the recovery process. *Scandinavian Journal of Caring Sciences. 27*(1), 92-98. doi:10.1111/j.1471-6712.2012.01006.x

Pettersen, G., & Rosenvinge, J. H. (2002). Improvement and recovery from eating disorders: A patient perspective. *Eating Disorders: The Journal of Treatment & Prevention. 10*(1), 61-

71. Retrieved from http://dx.doi.org/10.1002/erv.425

Pritchard, M. E., & Yalch, K. (2009). Relationships among loneliness, interpersonal dependency, and disordered eating in young adults. *Personality and Individual Differences. 46*(3), 341-346. doi:10.1016/j.paid.2008.10.027

Prus, R. (1996). *Symbolic interaction and ethnographic research.* Albany, New York: State University of New York Press.

Rich, E. (2006). Anorexic (dis)connection: managing anorexia as an illness and an identity. *Sociology of Health & Illness. 28*(3), 284-305. doi:10.1111/j.1467-9566.2006.00493.x

Richardson, L. (1990). Narrative and sociology. *Journal of Contemporary Ethnography, 19*(1)*,* 116-135. doi:10.1177/08912419001006

Richardson, L. (2000). Evaluating ethnography. *Qualitative Inquiry, 6*(2)*,* 253-255. doi:10.1177/107780040000600207

Rolfe, G. (2002). Reflexive research and the therapeutic use of self. In D. Freshwater. (Ed.), *Therapeutic nursing: Improving patient care through self-awareness and reflection.* (pp. 179-194). Retrieved from http://site.ebrary.com/lib/royalroads/DocIid=10076746&ppg=191

Schacter, D. L., Norman, K. A., & Koutstaal, W. (1998). The cognitive neuroscience of constructive memory. *Annual Review Of Psychology*, *49*(1), 289-318. Retrieved from http://web.ebscohost.com.ezproxy.royalroads.ca/ehost/pdfviewer/pdfviewer?sid=3d89373e-7c82-435a-a0da-ee3b089e14bc%40sessionmgr4002&vid=2&hid=4109

Seale, C. (Ed.). (2012). *Researching Society and Culture*. (3rd ed.). Thousand Oaks, CA: Sage.

Sprecher, S., & Reis, H. T. (2009). Social penetration theory. *Encyclopedia of Human Relationships* (pp.1555-1557). Thousand Oaks, CA: Sage.

Stanghellini, G., Castellini, G., Brogna, P., Faravelli, C, & Ricca, V. (2012). Identity and eating disorders (IDEA): A questionnaire evaluating identity and embodiment in eating. *Psychopathology. 45,* 147-158. doi:10.1159/000330258

Stein, D., Kaye, W. H., Matsunaga, H., Orbach, I., Har-Even, D., Frank, G., McConaha, C. W., & Rao, R. (2002). Eating-related concerns, mood, and personality traits in recovered bulimia nervosa subjects: A replication study. *International Journal of Eating Disorders. 32*(2). 225-229. doi:10.1002/eat.10025

Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, *29*(4), 311-314.

Swarbrick, M. (1997, March). A wellness model for clients. *Mental Health Special Interest Section Quarterly*, *24,* 1-4.

Taylor, D. A. (1968). The development of interpersonal relationships: Social penetration processes. *Journal of Social Psychology. 75*(1), 79-90. Retrieved from http://content.ebscohost.com.ezproxy.royalroads.ca/pdf9/pdf/1968/JSY/01Jun68/16427677.pdf?T=P&P=AN&K=16427677&S=R&D=s3h&EbscoContent=dGJyMNLr40SeqK84yNfsOLCmr0yeqLBSsqu4SLOWxWXS&ContentCustomer=dGJyMPGrtE%2Bwp7JLuePfgeyx44Dt6fIA

Theran, S. (2011). Authenticity in relationships and depressive symptoms: A gender analysis. *Personality and Individual Differences. 51*(4), 423-428. doi:10.1016/j.paid.2011.04.001

Thompson-Brenner, H., Eddy, K. T., Franko, D. L., Dorer, D. J.,Vashchenko, M., Kass, A. E., & Herzog, D. B. (2008). A personality classification system for eating disorders: A longitudinal study. *Journal of Comprehensive Psychiatry. 49,* 551-560. doi:10.1016/j.comppsych.2008.04.002

Tozzi, F., Sullivan, P. F., Fear, J. L., McKenzie, J. & Bulik, C. M. (2003). Causes and recovery in anorexia nervosa: The patient's perspective. *International Journal of Eating Disorders. 33*(2), 143-154. doi: 10.1002/eat.10120

Turner, B. (1990). The talking disease: Hilda Bruch and anorexia nervosa. *Journal Of Sociology*, *26*(2), 157-169. doi:10.1177/144078339002600201

Walsh, T. B. (2008). Recovery from eating disorders. *Australian and New Zealand Journal of Psychiatry, 42*(2), 95-96. doi: 10.1080/00048670701703402

Warin, M. (2005). Transformation of intimacy and sociality in anorexia: Bedrooms in public institutions. *Body & Society, 11*(3), 97-113. doi:10.1177/1357034X05056193