

Athabasca University  Master of Arts - Integrated Studies

WRITING THIN: USING NARRATIVE APPROACHES  
IN CONFRONTING DISORDERED EATING

By

SHANNON HARE

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## Abstract

In this project, I use an approach that draws on the concept of “self” (e.g., how it is socially and culturally constructed) and writing that is focused on healing and transformation (e.g., writing-healing research on disclosure, writing-transformation models) in order to explore the idea of *thin* and how this concept is portrayed both in individual writings and in the media. Part of this enquiry involves reflecting on the destructive tendencies of the online “pro-ana” discourse, which recognizes anorexia as a lifestyle choice and opposes the medical model of understanding anorexia as a life-threatening disease with serious physical and psychological effects. This project explores how self-narrative reconstruction and creative writing might play a role in the healing process for anorexics. This project reviews the theoretical perspectives and research findings that support the use of narrative therapy in the treatment of disordered eating (including attachment theory, metaphor recognition, increasing motivation for change and separating from a disordered identity). Finally, my own relationship with the concept of *thin* and with destructive eating habits is examined through the creative writing of poetry. The poetry in part two of this project serves as a link between the academic research, and the individual. As I question the therapeutic potential of using narrative strategies and writing for personal development in the treatment of disordered eating, I am not only examining the issue using existing literature, but am also experiencing the topic through the very composition of this project.

*Keywords: transformative writing, anorexia nervosa, disordered eating, narrative therapy, therapeutic writing, personal transformation*

*Telling our story does not merely document who we are; it helps to make us who we are.*

*-Rita Charon*

To share a personal story is a courageous endeavour as writing one's story often results in opening up about one's vulnerabilities and recounting upsetting events. The health benefits of disclosure, however, are well documented, and numerous studies demonstrate that talking and writing about traumatic events can transform stressful events into insights and healing that lead to personal growth (Esterling, Antoni, Kumar & Scheiderman, 1990; Francis & Pennebaker, 1992; Greenberg & Stone, 1992). Disclosing trauma can, in fact, help ease depression and writing about upsetting events is linked to a decrease in visits to doctors (Pennebaker & Beall, 1986). Disclosure is not without its downside, however, as those who write about their difficulties find that writing can, at first, make them feel worse (p. 45). This is because creating a so-called "life-giving story" (Lengelle & Meijers, 2009) from a personal trauma requires confronting oftentimes upsetting memories; nevertheless, constructing or rebuilding a personal story may be precisely what is necessary to move beyond these painful experiences.

One model that describes the healing that occurs when writing is applied to crises or trauma is described by Lengelle and Meijers (2009). In their writing-for-transformation model, the authors articulate their dialogical approach where healing occurs in four learning stages (see Appendix). They describe how a traumatic event or "boundary experience" can be transformed from a stressful "first story" to a more healing story of self (or "second story"). They begin by explaining how upsetting events can test our sense of identity, and how writing can help us construct a narrative that allows us to move forward

and out of the flight, fight, or freeze zone of our “first story” (p. 58). What follows is an exploration of how such a development may be undertaken, which steps or processes are involved and how those recovering from traumatic experiences (e.g. domestic violence) may benefit in this process of narrative healing. In order to provide understanding of the target group on which this paper is focused, a discussion will also follow about eating disorders, for instance, how anorexia is defined, how it is culturally understood in multiple ways, and how it is closely connected with language and identity.

Increasingly, the Western cultural expectation for beauty involves thinness. To be physically *thin* usually signifies to be lean or slender in form, build, or stature. Although the connotation is generally positive, thinness also conveys a sense of lacking or want. Thin is flimsy, sparse, and spiritless. Yet thin is also beautiful, and airy. Thin is wispy, nimble, and weightless. Thin encompasses countless contrasting concepts, and can capture the essence of an object or a person’s being. For many people, being (or becoming) thin becomes a central component of their identity. An unhealthy obsession with one’s physical self-image and being thin exists within many personal narratives, especially by young women who are aiming to be attractive (Rudd & Lennon, 2000). The disordered eating that may result varies from self-defeating thoughts to the full-blown obsessive behaviour of an anorexic. Personally, my own troubled relationship with food has forced me to become conscious of the reality that the way we tackle unhealthy eating issues undeniably affects how we understand and relate to ourselves. Mental disorders, such as anorexia and disordered eating, can be intense identity-challenging experiences, and the sobering statistic that eating disorders have the highest mortality rate of all mental illnesses makes obvious the

importance of disclosure, treatment and self-healing (Canadian Mental Health Association, 2011).

Unfortunately, the secretive nature of the disease anorexia means that the sufferers rarely speak about their experiences (Geller et al., 2000). In addition, narrative research demonstrates that individuals suffering from anorexia often demonstrate narrative gaps in the way they recall events (Dallos, 2003). Narrative gaps could result, for instance, in an anorexic individual remembering only the childhood instances when they were admonished for eating and not the times when they were encouraged to consume. The result is the creation of a biased version of the past, and a resistance “to discuss feelings, relationships and conflicts” in a clinical setting, which may affect the course and severity of an individual’s anorexia (p. 533). Additionally, some anorexics have discovered that “pro-ana” online forums, which are easily accessible using a “pro-ana” key word search in any popular search engine, provide a venue where their disease is understood as a lifestyle choice; although some academic research demonstrates that these websites have potential benefits to the online users, the basic premise of understanding anorexia as a choice may eliminate the motivation for recovery (Gavin et al., 2008; Lyons, Mehl & Pennebaker, 2006; Mulveen & Hepworth, 2006).

Despite these challenges, research suggests that anorexics can benefit from narrative therapies (Dallos, 2003; Nylund, 2002; Schmidt et al, 2002). Those suffering from disordered eating and anorexia have much to gain from disclosing their experiences and constructing narratives or “second stories” about their lives. Creative writing has therapeutic potential, and can restore pre-anorexic identities or help sufferers in forming new identities and identifications; even taking ownership over the creation of a personal

story, for example, can have positive effects in restoring one's sense of self control and personal safety (Hedges, 2005). There are currently numerous narrative approaches that recognize the benefits of disclosure and the process of "re-storying" and offer different writing methods to aid recovery. These therapies discuss and explore, among other topics, attachment theory, metaphor recognition, how to increase motivation for change and how one might separate from a disordered identity. In the following sections I will discuss these approaches in greater detail and, using the Lengelle- Meijers model of writing-for-transformation as a reference for comparison, I will evaluate the various methods' potential for transformation as possible "tools" to aid in the fight against disordered eating.

## **Part I**

### **Disclosure as Health Food**

In Western society, it is commonly acknowledged that articulating distressing experiences is a part of the healing process (Georges, 1995). The concept of “the talking cure” now extends beyond the psychotherapist’s couch; images of two friends sharing a chat, of an individual confiding to a spiritual guide or of a teacher and student having a heart-to-heart are also associated with health. A healthy family is one in which parents and children are able to discuss their problems and concerns openly, and the key to a happy marriage is often said to be good communication (Gottman, 1994; Hendrix, 1997). “Keeping everything bottled up” is considered detrimental, and the emotional release associated with disclosure is often likened to a weight being removed from an individual’s shoulders.

Unfortunately, people suffering from anorexia and other eating disorders are frequently highly guarded and avoid disclosing their true feelings to even their closest friends or family (Geller et al., 2000). My own experiences with disordered eating have taught me that individuals suffering from eating disorders and anorexia are particularly resistant to sharing their vulnerabilities and that, instead of discussing their problems and trying to heal through disclosure, anorexics often try to remove the figurative “weight off their shoulders” through self-restraint and obsessive behaviour. As a result of this guardedness, eating disorder sufferers often do not have access to the health benefits associated with putting their stresses into words.

Various researchers have examined such benefits. One of the foremost, James W. Pennebaker, has been exploring the connection between writing about troubling

experiences and health since the early 1980s and has repeatedly demonstrated through numerous studies that there are concrete health benefits to disclosure (see, for instance, Francis & Pennebaker, 1992; Pennebaker & Beall, 1986). Pennebaker's collaborative experiment with Sandra Beall, for example, was his first attempt to test the hypothesis that writing about traumatic events has health benefits. Volunteers were randomly assigned into two groups, writing either about traumatic events or about superficial topics for fifteen minutes a day over four consecutive days. In addition, those in the group writing about traumatic events were instructed to write from a variety of perspectives. The participants in this group were encouraged to write from a fact-based point of view, from an emotional angle, or from a stance that combined fact and emotion (Pennebaker, 1990, p. 42). Pennebaker's study indicated that, "writing about their [the participants'] deepest thoughts and feelings about traumas resulted in improved moods, more positive outlook, and greater physical health" (p. 45).

To explore Pennebaker's optimistic results more deeply, we must consider exactly how "greater physical health" was defined in this particular study. Pennebaker was interested in measuring both the mood and the physical health of his participants following their writing experience. Questionnaires were collected to monitor the mood aspect of the study. Interestingly, participants who wrote about trauma felt worse immediately after the writing; four months later, however, the same participants reported an improvement in mood (p. 45). Physical health was measured by the number of trips to the clinic in the months after the experiment as compared to before the writing process. When measuring subjects against the control group, Pennebaker demonstrated that subjects who disclosed personally upsetting information in their writing were significantly less likely to visit a

health centre in the six months following the study (p. 45). These groundbreaking results strengthened the view that disclosure through writing may provide health advantages.

The risk that the findings were due to chance, however, was a possibility and Pennebaker quickly decided to complete a similar study using an additional measure of health. In his second study, Pennebaker took blood samples from the participants before and after writing to measure whether their immune system was working “quickly and efficiently” (p. 47). The division rate of white blood cells in comparison to different foreign substances was considered as a measure of immune system functioning. Once again Pennebaker was thrilled with his result: “People who wrote about their deepest thoughts and feelings surrounding traumatic experiences evidenced heightened immune function compared with those who wrote about superficial topics” (p. 47). The above research offered promising results, but criticisms were made of Pennebaker’s method. In “Repression, Disclosure, and Immune Function,” Petrie, Booth, and Davidson describe studies that rely on blood cell measures as “based on a simplistic model” (p. 223). Tests, such as Pennebaker’s, which measure the propagation of T lymphocytes, are “highly variable from day to day and thus it is not clear whether the small changes observed are indicative of any immunologically significant effect” (p. 228). Petrie et al. also mention various problems associated with the writing experiment method. Having the participants choose their own traumas, for example, limits the experimenter’s control. It is difficult to know whether the participant is really writing about a topic that has significance in their life (p. 231). Petrie et al. suggested the development of new models of study to add depth to Pennebaker’s findings (p. 231).

The academic community became progressively more interested in the potential benefits of disclosure and, since the criticisms of Petrie et al., numerous studies have complemented Pennebaker's work; taken together these research findings provide solid support for the physical and psychological benefits of talking and writing about personal experiences (see, for instance, Esterling, Antoni, Kumar & Scheiderman, 1990; Francis & Pennebaker, 1992; Greenberg & Stone, 1992). In the following sections of this paper, I will look at how these health benefits may translate to the target group I am discussing.

### **Naming the Stages of Healing**

Many who have spent hours pouring their heart out to their trusted journal can attest to the transformative power of a pen and paper, and the research findings described above support what writers know intrinsically. This is that writing about upsetting events aids in the healing process. In the article "Mystery to Mastery: An Exploration of What Happens in the Black Box of Writing and Healing," by Reinekke Lengelle and Frans Meijers, the authors offer their dialogical-learning model to help explain the process that occurs when narrative or poetry is used therapeutically. This model of transformation-through-writing is useful for explaining how a "boundary experience" is processed into a healthy and useful narrative. Defining a "boundary experience" as "an experience whereby an individual encounters the boundaries of his or her existing self-concept and cannot cope with a situation or its exigencies" (p. 58), Lengelle and Meijers label these experiences as either situations, events, or attitudes (p. 58). Additionally, a boundary experience may be a blend of the above categories; the experiences of someone suffering from an eating

disorder may, for example, be a complicated combination of all three clusters with the principal theme being an attitude of non-acceptance toward the self.

Lengelle and Meijers describe how an individual reacts to the stress of a boundary experience by creating a “first story” (p. 59). This story is a way of explaining the event while making initial judgements of the self; in the case of someone with an eating disorder, a first story may resemble a narrative about why *thin* is good and healthy, even if the individual is clearly at risk health-wise. Therapeutic writing can help by giving an individual the opportunity to move toward a “second story” through “a shift in perspective, acceptance, or meaning found/ constructed” (p. 59). Arriving at a “second story” is not easy, and takes effort and dedication: “To work through a boundary experience fully, a person may go through this cycle several times, each time adjusting and ‘reframing’ his/her story. Second stories may serve for a time... and then eventually feel like ‘first stories’ again” (p. 59). What occurs in the time between the creation of the first and the second story is a period of transformation “that requires an active dialog with others and others- a way of engaging with our stories more fully” (p. 60). Lengelle and Meijers describe the four learning stages, based on Piaget’s work, in this development as “sensing, sifting, focusing and understanding” (p. 61). Sensing, the stage of collecting information, is the way into the process, and reading existing narratives and poetry may be particularly useful at this stage in order to universalize emotions and experiences (p. 62). The next phase, sifting, is when one begins to compare “one’s circumstances with those of others and starts to develop analogies and from those analogies, constructs and concepts start to emerge” (p. 63). When viewpoints are formulated, an individual has moved to the focusing stage (p. 64). Finally, the understanding stage occurs when “the insights and fragments start to become a

second story” (p. 64). The transformative process and the movement to a second story may transpire as a slow trickle of understanding or as a sudden realization. It may take months, or an entire lifetime. For many, a second story will never occur.

Yet all stories, whether “first,” “second,” or somewhere in between, begin as an emotional response to an upsetting event, and it is reasonable to speculate that the unhealthy behaviour of someone suffering from anorexia may be a reaction to an identity-challenging boundary experience. In fact, research demonstrates that the majority of anorexics have suffered through “a severely stressful life event or major difficulty prior to the onset of their disorder” (Schmidt et al, 2002). The writing-for-transformation model is, therefore, relevant as a way to understand how anorexics might experiment with language and narrative creation for the purpose of self-healing. Language is “a powerful medium for managing identity, solving problems, and creating reality” (Carmichael, 1998).

Significantly, language is inseparably connected with anorexia and disordered eating as words affect how beauty and thinness are culturally understood, and the way we linguistically categorize weight affects our self image. Research demonstrates, for instance, that thin women using the language of body size comparisons (i.e “I am fatter than she is”) typically overestimate their own body size (Choplin, 2010). Language’s significance to the formation and maintenance of an anorexic identity is discussed in the following section.

### **The Language of Identity Theft**

The media as well as the fashion and beauty industries have been criticised for portraying beauty and thinness as inseparable, and for creating unrealistic ideals for the average woman. Much research has been completed on the negative impact of images

portraying the thin female ideal on women's level of body contentment (Groesz, Levine & Murnen, 2002). Recent research by Kaaren Watts and Jacquelyn Cranney (2010) demonstrates that brief exposure to body-related words may also elicit non deliberate responses in the same manner as visual stimuli (p. 308). In their study, twenty-eight female undergraduate students responded to a series of ninety-two body-related nouns by quickly pressing either a "good" or "bad" button labelled on a computer keyboard. These words, such as hips, stomach, cellulite, thinness, were presented to the subjects immediately following the presentation of an adjective classified as either positive (e.g., beautiful, magnificent) or negative (e.g., awful, miserable); tellingly, response latencies were quicker for compatible sets than for incongruent word pairs (p. 314). Women responded significantly faster when associating words related to thinness with positive adjectives. This research demonstrates that "body shape messages delivered through the symbolic media of visual language can elicit automatic evaluation of body image stimuli" (p. 320). Significantly, this research concludes that body-related concepts are likely to trigger automatic emotional responses in most young females even if the various "body" words are only briefly encountered (p. 320). Watts and Cranney's study demonstrates that body-related words have a genuine effect on young females' automatic responses; individuals suffering from disordered eating, the statistical majority of whom are of this same demographic group, are therefore likely to be affected by body words and their positive and negative linguistic association. It is no wonder, then, that one mantra which appears on eating disorder online forums is "Sticks and stones may break her bones, but words might make her starve..." (*Sticks*).

The power of language in shaping what anorexia is and who is considered to be anorexic is similarly evident in medical definitions of the condition. Anorexia is classified, according to the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* criteria, as “a refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to a maintenance of body weight less than 85% of that expected),” an “intense fear of gaining weight or becoming fat, even though underweight,” and a “disturbance in the way in which one's body weight or shape is experienced...” (“What is...”). Eating disorders are considered in the *DSM* to be a category of disturbances in eating behaviour, with anorexia and bulimia as subcategories. Eating disorders not otherwise specified (EDNOS), are diagnosed when an individual shows patterns of disturbed eating, but does not fit into the category of being bulimic or anorexic (Franco, 2000). The language of these classifications is significant; most notably, the 15% underweight marker for anorexia has far-reaching implications for diagnosis and for the popular understanding of eating disorders.

Pamela Hardin argues in “Shape-shifting Discourses of Anorexia Nervosa: Reconstituting Psychopathology” that the way discourse currently functions positions young women “such that they are either included and/or excluded into the category of ‘anorexia nervosa’” (p. 209). The “15% underweight” *DSM IV* criteria creates a stringent understanding of anorexia, and effectively places the emphasis on the measurable criteria of weight loss. Some individuals suffering from disordered eating argue that this criterion is actually harmful; one online anorexia forum user posts, ““I know there’s a lot more to anorexia than weight. I wish I would [sic] change the stupid 15% criteria because really, it only MOTIVATES anorexics to get there and beyond” (qtd. Hardin, 2003, p. 215). Hardin

argues that, when people are categorized, “it constitutes how they think, perceive, and act” (p. 211). In this case, whether a person meets or does not meet the criteria for anorexia will undoubtedly affect their behaviour: “After the diagnosis of ‘anorexia nervosa’ is determined, young women who were once restricting and losing weight, who were not formally diagnosed as ‘anorexic’, now become members of a certain kind of person, an ‘anorexic’ person” (p. 216). Being an “anorexic” person has various connotations for different groups, and receiving this title may signify something entirely different to the doctor than it does to the patient (i.e., anorexia=illness *versus* anorexia=thinness).

Aspects of the self are constructed within the discourse of anorexia; as such, disordered eating should be investigated and understood with consideration both to the vocabulary of diagnosis as well as to the language use of disordered eaters. Willow, a recovering anorexic whose essay “Defining ‘I’ During the Recovery Process” is featured on the pro-recovery web site *We Bite Back*, insists that “there is more to me than a name alone. There is more to me than the label ‘anorexic’ or ‘eating disordered.’ Willow’s resolute words are admirable, yet her comments also demonstrate the potential control labels can have on an understanding of identity. Being classified as an “anorexic” or as a “bulimic” may have a major effect on an individual’s perception of self: “such terms... may become internalized and over time come to shape and eventually consume the whole of a person’s identity to the point where aspects of their lives, other than that related to problems of food, become marginalized” (Dallos, 2003, p. 522). The tendency for an eating disorder to take over other aspects of personality is reflected in Willow’s discouraging comment that “anorexia used to be my image. It used to be who I was. Everyone whispered that I was the

sick one, the fragile one, the scared one, the skinny one. I embraced it. I was it. Since I gained weight, I am... no one.”

Although anorexia and disordered eating have a strong association with food and appearance, the issue of identity and self-expression, as reflected in Willow’s disconcerting words, is also a principle component of “being anorexic.” Hardin notes that “eating disorders have become “one modality of expression for young girls and women” (p. 213). Counting calories, excessive exercise and self-starvation are not, however, legitimate modes of self-expression. These behaviours are an unhealthy response to boundary experiences that have challenged an individual’s notion of self. Unfortunately, these behaviours are not rare, and are significant not only to diagnosed anorexics, but to everyone who needs to eat. The way nutrition and restriction are culturally understood affects us all as “you are *how* you eat” is applicable both to the individual and to a collective cultural identity.

### **Cooking a Cultural Disease**

Today women, and to a lesser extent, men have been culturally influenced to regard food as a vice, and to monitor calories, and document every bite. For many who have accepted the reality that thin is “in,” the relationship with food becomes a battle. Emotions and societal expectations often take their place on the dinner plate beside crunchy chard and comfort foods. Restricting food intake for weight loss is socially acceptable and is often considered “normal eating” (Hagan, Tomaka & Moss, 2000). The anxiety that, for many, comes with a plate full of food is not necessarily a reflection of a serious mental disorder such as anorexia, but is instead a common bond between women who strive to conform to

Western society's conception of beauty. Lifting up a fork and simply eating without intrusive negative thoughts and self-doubt is a struggle for many. Rumination on thinness and food is harmful, and can be a first nudge towards a serious food disorder. In fact, some researchers suggest that eating disorders exist along a spectrum and "that many people present with sub-clinical symptoms of eating disorders" without realizing the official criteria for anorexia nervosa (Mulveen & Hepworth, 2006, p. 285). For these individuals, disordered eating may not denote an obvious physical or psychological condition, but still exists as an unhelpful companion making discouraging self-comments and overpowering other thoughts.

Instead of constantly thinking about food, it is perhaps more useful to reflect on the conditions that allow these detrimental attitudes towards food to flourish. Anita Johnston is a strong proponent of using language and storytelling to transform women's unhealthy relationships with food. In her thought-provoking book *Eating in the Light of the Moon*, Johnston inspires women to free themselves from disordered eating by discovering the metaphors that are hidden within their own stories. Johnston, a clinical psychologist who specializes in eating disorders and women's issues, argues, "In order for a woman to recover from disordered eating she needs to discover the deeper meanings of her hunger" (p. 43). An individual's compulsive eating, for example, may be a reaction to unfulfilled desires; alternatively, a need to eat continuously may be an attempt to "stuff down" bothersome feelings (p. 43). Instead of reinforcing negative thoughts about food and eating, Johnston recommends questioning *why* food became a problem. Loneliness, social anxiety, and a need for self-expression are some potential triggers for developing an unhealthy relationship with food. Food can also become a form of rebellion or a mode of

communication; there are countless ways to use food as a method for coping with upsetting events and emotions.

Recovering from disordered eating requires an understanding of the disturbed thoughts and emotions associated with consumption. Johnston recognizes writing and story-telling as a way to acknowledge the feelings that propel disordered eating behaviours. Journal writing is one method that Johnston recommends for discovering the links between emotions and disordered eating (p. 169). A journal that “reveals the threads that connect our eating behaviours to what is going on in our lives and in our thoughts and feelings can help dispel the myth that we binge “for no particular reason”” (p. 169). By better understanding the emotions that trigger binges, purges, and cravings, a person is able to find alternative ways to respond to unhealthy habits. As a teenager, I practiced journaling and, reading back over these dated entries, I can now see that I strongly associated controlling food intake with self-worth; at that time, unfortunately, I was in denial and could not benefit from the keys to recovery being left for me in my own writing. Despite my lack of self-awareness, journaling in itself did prove calming, and a distraction from my stresses. Johnston suggests using writing as a substitute reply to distressing emotions. Writing angry letters (but not sending them) is one technique Johnston recommends for responding to emotions of sadness, anger, and loneliness (p. 59). Ultimately, whether discovering emotions through writing, or responding to emotions in writing, Johnston demonstrates that writing is a useful way to reconfigure a self-narrative: “Because the story of our life becomes our life, it is important for a woman recovering from disordered eating to review her life’s story and to reframe it with a new understanding of her self and her behaviour” (p. 186).

Johnston's techniques can be understood through the use of Lengelle and Meijers' writing-transformative model as a way to engage more fully with our stories. Recognizing the metaphors within our narratives may occur during the *sifting* stage of the transformative model; as a person uncovers the symbolic nature of their bingeing behaviour, for example, she or he better recognizes the emotions and cognitive errors that guide her or his destructive behaviour. It is only then that the person "can move towards finding analogies, developing personal constructs, and finally shaping coherent 'second' stories" (Lengelle & Meijers, 2009, p. 69).

### **Attachments and Narrative Gaps**

Recognizing the symbolic elements with a personal story, however, can be complicated as there are often competing external forces that challenge an individual's understanding of her or his behaviours and emotions. This is because a story of the self is never simply about a singular, completely detached *self* as there are also cultural connections and interpersonal relationships that must be acknowledged. Rudi Dallos (2003) maintains that attachment narratives are especially relevant in the treatment of disordered eating. Attachment narratives, meaning the stories we tell ourselves about our interpersonal relationships, can reflect various themes such as avoidance, ambivalence, safety, and affection. The relationship between family members, and especially among parents and child, are of particular interest to narrative theorists:

The experience of consistently not having our attachment needs met appears to predictably lead to a narrative style in which the importance of attachment needs, feelings, hurts and vulnerabilities are dismissed and people find it hard to recall or

reflect on their experiences and the reasons for their parents' actions (Dallos, 2003, p. 525).

A lack of attachment relationships (or unhealthy attachments) results in the tendency to leave narrative gaps in stories, and to deny recall of childhood attachments; interestingly, these are two deficiencies that often appear in the narratives of people suffering from disordered eating (p. 527).

Dallos' research demonstrates some striking similarities among childhood accounts of anorexics. Notably, Dallos establishes that the narratives of anorexics generally demonstrate the following characteristics: difficulty accessing memories of early experiences, reluctance to engage in the expression of emotions, denial of needs and pleasures, lack of coherence, and a deficiency of reflection (p. 527). Dallos gives the example of "periods of the child clearly not being happy are minimized or excluded from the over-arching view of them functioning well up to the start of the disorder" (p. 527). This inconsistent narrative style demonstrates in a tangible way that there are shortcomings in the way anorexics tell their own life stories. Resisting reflection and repressing emotions establishes that some anorexic patients may be struggling to move beyond their "first stories" and, in order to use storytelling to their benefit, anorexics may need to improve their skills of self-narration. Anorexics have much to gain if they are able to open up and talk or write honestly about their own experiences as the advantages of disclosure are "particularly helpful for people with eating disorders since so often they are cut off from who they were before the eating disorder. Their identities have become the eating disorder, and writing is one tool to help them recover their true selves" (Lander-Goldberg, 2008). As anorexics live with the potentially painful memories of trauma, they

often find it easier to repress emotions than to revisit their own life histories. They do not recognize that they can develop the skills and strength they need to rewrite their own narratives as a “second” story and to reclaim their pre-disorder identities.

### ***Ana as Author: Writing the Web of Thin***

The research outlined above demonstrates that disclosure and narrative strategies have the potential to help individuals suffering from anorexia and disordered eating. For anorexics who struggle with narrative repression and gaps in their narrative recall, however, there may be a strong resistance to recovery. Despite the healing potential of narrative approaches, words and writing can also, unfortunately, result in a strengthening of unhealthy actions and mentalities as discourse can also be used by recovery-resistant individuals to rationalize disordered thoughts as a lifestyle choice. Pro-Anorexia, affectionately referred to as “Pro-Ana” by those within the community, refers to the promotion of anorexia as a lifestyle choice and the subsequent online communities that sanction this belief and glorify self-starvation. Pro-Ana is unique as it is a movement that supports what is conventionally portrayed as an illness. People suffering from eating disorders who self-identify as “pro-ana” do not make attempts toward recovery because they are adamant that their lifestyle is a good choice for them; the countless pro-ana sites online reaffirm this belief and offer a place for members of the pro-ana community to share their stories.

Pro-ana websites provide a venue for swapping advice and pro-ana diet tips; additionally, images and words are used to inspire members of the community to continue their never-ending quest for thinness. As demonstrated by Watts and Cranney’s (2010)

research, body-related language can trigger unintentional responses in young women in the same way that images of the thin ideal negatively affect bodily self-image. Images of thin models, celebrities and pictures posted by the public on countless pro-ana websites offer quick doses of visual “thinspiration,” and someone suffering from an eating disorder may find instant gratification by using thinness role models as reminders of her or his ultimate goal. These images are undeniably powerful triggers, and the text on these websites act in conjunction with the images to penetrate a vulnerable psyche. Memorized words, such as “Thin is a skill” and “Nothing tastes as good as thin feels,” can be remembered for a lifetime. This is because *thin* is not just a look or an image, but a mentality. It may be the words of thinness that push an individual towards maintaining a certain way of life; images offer motivation, but words provide the mantras, and the commandments that guide throughout the day, echoing and printing permanently on a stubborn brain.

Discourse analysis by Ruaidhri Mulveen and Julie Hepworth (2006) demonstrates that members of the online pro-ana community distinguish between the mental illness anorexia nervosa and the lifestyle of being “ana.” After analysing the linguistic patterns of fifteen message threads within one unnamed pro-ana community, Mulveen and Hepworth highlight the tendency for pro-ana groups to utilize personification as “‘Ana’ was presented as being in control and aware... [and] ‘ana’ represents free will, and the ability to choose a course of action that is independent of others” (p. 290). Ana is sometimes attributed speech, and is oftentimes quoted for guidance: “‘Without me, you are nothing. So do not fight back. When others comment, ignore them. Take it into stride, forget about them, forget about everyone who tries to take me away. I am your greatest asset, and I intend to

keep it that way" (*Free the Butterfly Within*). Ana's creed, a set of written commandments to support the anorexic "lifestyle" personifies Ana as an ethereal force. These guidelines, such as "I believe in a wholly black and white world, the losing of weight, recrimination for sins, and abnegation of the body and a life ever fasting" (*Love me to the Bone*) take a spiritual tone in order to lend additional meaning to an anorexic life. Online user postings often contain themes of the divine as "dietary restraint was seen as providing a sense of the spiritual..." (Mulveen & Hepworth, 2006, p. 293). Ana is portrayed as an entity that is spiritual, useful, and beautiful. Ana is ultimately a friend and guardian.

This linguistic tendency for Anorexia to be conceptualized as a "friend" is supported by research that analyses the language of recovering anorexics who express how their disorder is useful to them (Serpell et al., 1998). Asked to write a letter to their eating disorder, patients commonly describe how it makes them feel special and protected. In addition, anorexia provides structure for their lives and allows them to avoid uncomfortable emotions (p. 179). From recognizing the more physical perceived benefits of anorexia ("You've stopped my period") to celebrating the emotional lifelines ("You give me a good reason to hide from things..."), pro-ana users may see anorexia as a friend and a treasured reality (p. 180). The website *Pro Thin*, for example, is direct in its anthropomorphizing of Ana, offering a section titled "The Daily Ana" consisting of letters written directly to the website users and signed "Yours truly, Ana." With the internet's high level of accessibility, the "friend" Ana is readily available to offer support and, in some instances, put forward threats for abandoning the friendship: "Ana is your friend...Will you betray her? Ana will get you back! Ana will give you fat!" (*Daily Thinspiration*). With a singular click of a mouse, the companion Ana is available to offer her friendship to those

suffering from anorexia; the effect of this friendship on unidentified online users is difficult to measure, but it is likely that retaining *Ana* as a friend may be counter-productive in terms of self-acceptance and recovery.

Jeff Gavin, Karen Rodham and Helen Poyer's research also centres on the presentation of anorexia in online group interactions (2008) and the effect group participation has on unidentified online users. By focusing on pro-anorexic online communities, Gavin et al. hope to gain insight into issues of identity for anorexics and people suffering from eating disorders. Gavin et al. note the importance of anonymity online, which allows users "to talk freely about their problems and to gain sympathy, support, and information about treatments without having to admit the disorder to family and friends before they are ready" (p. 325). Interestingly, Gavin et al.'s research highlights some of the positive elements of pro-anorexia sites; the above quote, for example, emphasizes the freedom that these websites offer its users, and suggests that pro-ana sites provide a haven for those who are not yet ready to seek treatment. The "support offered by other forum participants is of paramount importance for individuals, who draw strength from others experiencing similar tension and discord" (p. 332). This notion of pro-ana forums as protective venues separate from online groups that cater toward anorexics ready for treatment is reflected by the fact that the language of pro-anorexics is markedly different from individuals who are in recovery or are "anti-anorexia." In their 2006 study, Lyons, Mehl, and Pennebaker studied the self-presentation styles of twenty-eight pro-anorexic homepages and message boards. In total, 218 texts were coded according to their use of emotive ("happy," "scared"), cognitive ("know," "cause"), and social ("talk," "you") vocabulary (p. 254). In addition, texts were categorized if they contained references to

eating, school, or death (p. 255). The interesting results demonstrate that individuals who self-classify themselves as pro-anorexia generally display more positivity and less anxiety than those in recovery. In addition, “pro-anorexics were also more focused on the present and less on the past” (p. 253). The inference from these results is that engaging in a pro-ana lifestyle seemingly results in lower levels of anxiety than attempting to recover. Another implication could be that the writing on these sites is reflective of individuals stuck, albeit seemingly contently, in their “first stories.”

Reports by popular media generally classify pro-ana sites as being harmful for people who show signs of disordered eating, and there have been some suggestion that pro-ana sites should be banned (Head, 2007; Nagourney, 2005; Proudfoot, 2010; Williams, 2006). However, some academic research, such as the studies described above, demonstrate that there are some benefits for users of the online pro-ana community (Gavin et al., 2008; Lyons et al., 2004; Mulveen & Hepworth, 2006). In order to make a definitive comment on the validity and usefulness of these sites, however, more research is necessary. Most enquiries to date have been based solely on the analysis of written comments and self-reported measures of mood and anxiety; if someone on an online site writes that she or he is happy and in control, should that be understood to be true indicator of health? As Pennebaker stressed in his early experiments, it is important to define “positive health” in a measurable way (Pennebaker & Beall, 1986). Self-reported measures of health may not be reliable and, since avoidance and lack of motivation are principal barriers for anorexic recovery, the positive comments and attitudes of the pro-ana community may simply be a reflection of an unhealthy coping mechanism.

## **Increasing Motivation and Arguing for Change**

*Ana* offers a simplistic solution to a complex disorder as she redefines unhealthy narratives into stories of success and choice. It is important to remember that, left untreated, anorexia can lead to permanent health problems and even death (Canadian Mental Health Association, 2011). Using *Ana*, those suffering from eating disorders are apparently able to eliminate their problem by justifying their illness as a lifestyle decision. In order to recover from disordered eating, however, there must be motivation to separate from the *Ana* way of living. Schmidt et al.'s (2002) extensive research highlights the ways that creative writing exercises can supplement therapy as useful techniques for increasing motivation to change. Since increasing motivation for recovery is challenging for recovering anorexics, producing their own personalized arguments for change is imperative. Using a technique where patients write letters that personify anorexia either as their friend or enemy, Schmidt et al. is able to address the motivation issue directly by getting "the patients to express the pros and cons for change, and to envisage a future with or without eating disorders" (p. 301). Another writing exercise used to increase motivation among anorexics is to have them write a daily account from the perspective of their stomachs (p. 303). Schmidt et al. note that this exercise helps to move the focus to the physicality of their stomachs, which may be hungry and desperate for food or else bloated and sore: "With the help of this device patients may allow themselves to recognize how self-abusive their behaviour patterns are. It also helps shift the focus away from relentless preoccupation with weight and shape to more reasonable concerns about physical health" (p. 303). This exercise, therefore, has the potential both to increase motivation by

demonstrating the negative health consequences to the stomach, and also to create distance between the patient and their disorder.

David Nylund, a narrative therapist specializing in the treatment of anorexics, asserts that externalizing the conversation with anorexia

helps create some linguistic space for persons to evaluate the effects of anorexia in their lives. In addition, externalizing anorexia can undermine the sense of guilt and self-blame so many people experience. Lastly, it challenges the notion that the totalizing effect anorexia has on a person's identity." (Nylund, 2002, p. 20).

An outward focus makes possible the distinction between an individual's disorder and her or his individuality. Too often, anorexia becomes an all-encompassing self-identity, and removing the disordered behaviour becomes akin to an annihilation of self. Knowledge gained through personal experience has shown me that those suffering from disordered eating are often strongly attached to their way of life. They see their obsessions and restrictive way of life as a necessity in order to be thin. Getting rid of the obsessions is simply not an option for many individuals with eating disorders; oftentimes the two alternatives become rigidly defined for anorexics who believe they are simply choosing either to maintain their anorexic behaviour or to become overweight. By separating these two concepts through narrative therapy, and by allowing more flexibility in their constructions of reality, someone suffering from disordered eating can have an easier time envisioning a self without anorexia.

Chronicling the personal account of a 33-year-old woman, Nannette, who was suffering from anorexia, Nylund (2002) demonstrates how creative writing, and specifically letter writing, can be used in therapy to externalize anorexia and eating

disorders, and ultimately to create a space for healing. Over the course of nine meetings, Nylund and Nanette confront her narrative of anorexia by exchanging letters that summarize the insights reached during each session (p. 32). By signing their letters “Anti-anorexically yours,—” Nylund and Nanette reaffirm their mutual goal of overcoming the narrative and persona of Anorexia (p. 22). Nylund argues that anorexia silences people and cuts them off from their preferences; writing letters helps the sufferer to regain control over her or his personal voice and preferences by reconfiguring anorexia as a destructive visitor (p. 20). Nanette writes the following to her therapist: “Your letters summarizing our sessions are vignettes of hope to me. Little glimpses of my progress into the hard work and struggle to free myself from the grip of anorexia. I carry my letters around with me wherever I go. This way I can hold my hope” (p. 28). Nanette is able to progress quickly in her therapy by using the letters as inspiration for her recovery; the letters, therefore, perform as aids in the transition from the *focusing* to the *understanding* stage of the writing-for-transformation model of healing.

### **Writing from the Inside**

As philosopher Sam Keen reminds us in *Your Mystic Journey*, we are perhaps a society that is stretching its narrative limit: “We are the first generation bombarded with so many stories from so many authorities, none of which are our own” (as cited in Hansen, 2008). Keen made this observation in a time before the internet, and yet his comments are even more applicable in the digital age than they were in the 1970s. What Keen is referring to is the continuous daily onslaught many people face from news stories, commercial advertising, internet sites, and other forms of mass media; the unfortunate “...effect of being

bombarded with all of these points of view is that we don't have a point of view and we don't have a story. We lose the continuity of our experiences; we become people who are written on from the outside" (as cited in Hansen, 2008). People suffering from disordered eating experience a heightened measure of this tendency as they receive multiple conflicting cultural and linguistic signals each day, which tell them that that they are either ill or enviable; they may hear that they are weak and subject to a disease or are particularly strong-willed in their methods of overcoming food temptations. Anorexics and disordered eaters engage in a continuous battle for control over their own life stories. Nylund's (2002) retelling of Nanette's successes demonstrates in a personal manner that writing techniques can be used as a therapeutic aid to regain control. In Nylund and Nanette's letters, anorexia is personified as a con artist who tries to mislead and punish Nanette. Nylund writes, "I wonder what tricks you can come up with to out-trick a trickster?" (p. 25) Narrative therapy allows a genuine self to be heard, and numerous narrative and creative writing techniques, such as metaphor recognition, personifying anorexia, externalizing the disorder, and letter writing, can be used as the "tricks" to overcome disordered behaviour and thoughts. Untangling oneself from disordered eating requires a movement toward a new self-narrative and a transformation of identity; achieving a healing narrative ultimately requires writing from the inside.

## Part II

### Eating My Words: Poetry as Healing Nourishment

Writing poetry may be a particularly useful way toward healing for people suffering from anorexia and disordered eating. The research outlined in Part I demonstrates that people suffering from eating disorders are particularly resistant to opening up about their problems (Geller et al., 2000). In addition, they may have attachment issues and gaps in their memory recall, which may hinder their construction of narratives (Dallos, 2003). Finally, anorexics may lack motivation to change (Schmidt et al., 2002). Burdened by these three massive obstacles, someone with anorexia may find creating a cohesive personal narrative a daunting task. The use of poetry, however, may make easier the expression of snippets of personal experiences without the revelation of the self in a complete or absolute way. Lengelle and Meijers comment that poetry may be particularly useful during the *sifting* and *focusing* stages of the transformative model because “...it limits word use and thereby focuses attention on what is most salient. And because it often relies heavily on images and metaphor, analogies can be readily born from it” (p. 63). Poetry allows the metaphors and feelings of personal experiences to be revealed without the stress of worrying about the structure generally associated with chronological narratives. Creating a logical story to explain a disordered behaviour may not be feasible in the early stages of healing, and therefore using poetry to begin the “building” of a self-narrative may hold value. Significantly, the health benefits of disclosure do not require complete cohesiveness or structured story-telling. Research demonstrates that the “movement towards the development of a narrative is far more predictive of health than having a coherent story *per*

se” (Francis & Pennebaker 1993, p. 546). Writing poetry, therefore, can be an integral part of this movement toward the narrative.

The following four poems are a part of my personal journey towards confronting my own understanding of *thin* as they were written at a time when I was consumed by an unhealthy obsession with body image. Researching Part I of this project reaffirmed my conviction that there are health benefits to narrative therapies and creative writing, but to truly experience the stages of the writing-for-transformation model, I had to create for myself.

Minimize Myself

slipping dreamily into

lightness

spiritualized by weight-less-ness

silently less

secretly less

less less

yet

all the guards around me

see more

more counting

more control

restrictions

obsessions

hiding

lying

illness

more more

But

All I see

is

less

“Minimize Myself” is an example of a poem composed in the early stages of the transformation model. Lacking strong images, this poem simply recounts, without emotional understanding or realization, the singular focus on being “less.” This poem, which is inspired by the pro-ana mentality that “less is more,” touches on, without elaborating or questioning, the spiritual aspect of self-restraint and weight reduction. This poem also uses the image of the guards to represent the outsiders who see the behaviours of self-restraint as destructive habits. The guards can be understood as friends and family who do not support pro-ana, and also as the part of the self who questions the legitimacy of maintaining disordered thoughts and behaviours.

When do Star Jumps become an Argument?

Previously,

they were joyful

Cheerful motions in a child's routine

*1-2-3 ...*

The stars do jump at me

Twinkling in my fantasy

As I float,

toward the moon

my tiny hand grips

the string of a handsome, thin-skinned balloon

Circle and stick together

So light

*1001, 2, 3 ...*

the stars demand

and I'm sore

but how I soar

never concluding

the jumps

which form

the shooting stars of my dis-ease

The questioning title of this second poem demonstrates that some self-inquiry is now beginning to occur. This poem relies heavily on the metaphor of the stars, which alter as the narrative progresses from symbols of childhood innocence, to objects of fantastic desire. The stars represent an unattainable goal until, finally, the stars become symbols of unrest and obsession. The fantasy of achieving lightness is conflicted in this poem with the demands of maintaining an obsession with exercise. The use of *dis-ease* in the final stanzas demonstrates the narrator's discomfort with the current situation and hints towards causality. Despite the realization that the "stars" are causing personal unrest, however, it is significant that the term *dis-ease* is used instead of *disease*.

I'm being revealed

as a trickster, a fraud, a raven, a story stealer.

You never had issues. You were lucky-go-happy.

You are fine. Just naturally thin.

(stop-no-please...

Acknowledge my efforts and my bony knees).

She would laugh in my face if I ever dared speak.

How could *you* have an ED?

All you do is f-e-e-d

You big buffoon, balloon, buffalo, baboon,

Harpoon that whale

You thundering walker

The tight rope

is too thin

for a piggie like you

My written cries for help are so loud...

yet when I open my mouth, no sound comes out.

This untitled poem conveys a ruthless internal battle with disordered eating and with the persona of Ana. Ana's voice is strongly heard as she belittles the speaker's issues; Ana's mocks the narrator and uses comparisons to bulky animals to remind her that, despite her efforts, she is still clumsy and large. In this case, Ana is personified as a hurtful bully who tries to convince the speaker that she is exaggerating her struggles. Although the language and tone of this poem are harsh, its composition represents a partial opening up as the poem discloses in a more honest way the severity of living with a demanding Ana. According to the writing-for-transformation model, personal change is necessarily "dialogical" in nature; a conversation not only with the "self", but also with others (i.e., therapist, close friend, family members, writing coach) is crucial for self-development (Lengelle & Meijers, 2009, p. 66). The last two stanzas of this poem, however, articulate the conflict between yearning for recovery, and the resistance to confiding in others. According to Lengelle and Meijers, "To be happy we must feel in balance with ourselves and be connected with others..." (p. 67); resisting openness, therefore, acts as an obstacle that hinders the journey to achieving a second story.

... Father cries.

You know you have a problem when Vitamin C is the answer  
to *What's your Favourite Food?*

When apple pie

holds more significance

than holding hands

And a treadmill

is a reason

to set the alarm for 3am

When everyone else is asleep

you can glide soundlessly to

Perfection

Until father wakes up,

sees a skeleton running through the night,

and this time

instead of yelling...

“...Father cries” demonstrates movement towards the focusing stage of the writing-for-transformation model with the concrete realization of having a “problem.” Schmidt et al. (2002) maintain that creative writing exercises are useful in the process of “arguing for change.” “...Father cries” is an initial attempt to record some motives for change by hinting at the loss of pleasure in sleeping, tasting favourite foods, and the physical comfort of holding hands. The images in this poem include apple pie as a symbol for obsession with achieving the “all-American” model for beauty. The skeleton represents the different visions of illness; the father’s sadness at the image is overt, yet there is also an element of beauty and perfection in the skeleton as represented in the pro-ana mantra “Bones are beautiful.” This poem is important in the transition from a first to a second story because it recognizes the effect this disordered behaviour has on others. In fact, the title acknowledges the importance of the father’s reaction in this boundary experience, and this poem provides a chance to begin a “double dialogue (with self and others)” to aid healing (Lengelle & Meijers, 2008, p. 67).

“Minimize Myself”, “When do Star Jumps Become an Argument?”, “Untitled” and “...Father Cries” do not speak of conquering disordered eating, or of solving problems absolutely. These poems are an attempt to disentangle from the false identity of Ana, and are a reflection of one aspect of my personal healing process. I am hopeful that others embarking on their own journey of self-transformation, whether they have issues with disordered eating or other life problems, could use these poems as tangible examples of how a narrative approach may be used for identity reclamation and self-healing.

## Part III

### Concluding the Story with an Introduction

American novelist John Barth famously states, “Everyone is necessarily the hero of his own life story.” Unfortunately, those suffering from anorexia and disordered eating have allowed illness to become the leading actor of their lives as a will to please a disease replaces a healthy inner voice, and jeopardizes self-identity. Many people who suffer from disordered eating have underlying issues or traumas in their lives, which they have never confronted (Schmidt et al, 2002); disordered eating masks other problems by becoming the sole focus as life constricts to the number of calories in an apple. It is not only the body, but the entirety of life that becomes smaller.

Anorexics involved in online communities that support eating disorders as a lifestyle choice may be particularly vulnerable to losing their identities to a controlling outsider. Ana, with her written commandments and mottos for daily living, moves to replace the protagonist in countless life stories by portraying herself as a trusted friend. Led by this seductive trickster, online pro-ana sites capitalize on an individual’s need for friendship and community to create venues where disordered individuals can find refuge; although these sites use the language of friendship to structure their community, they are forums of false stories, counterfeit relationships and, disease, as Pro-Ana discourse attempts to force the acceptance of a “first narrative” as the final narrative.

For anyone who suffers from disordered eating and food obsessions, reclaiming a position of authority in steering her or his own life is a key to recovery. Extensive research demonstrates that disclosure and narrative techniques can play an important role in

recovery (Dallos, 2003; Nylund, 2002; Pennebaker & Beall, 1986; Schmidt et al, 2002). Of course, the use of creative writing and narrative therapy is not a simplistic cure; for many disordered eaters accepting their unhealthy behaviours may be easier than recomposing their life stories. Some individuals may feel nervous about writing, and the perfectionist personalities of anorexics may mean that they have difficulty writing something without extensive editing. Often, getting anorexic patients to take part in narrative therapeutic approaches is a struggle. In Schmidt et al.'s (2002) research, for example, twenty-eight recovering anorexics agreed to take part in the study, and yet only two actually engaged in writing (p. 307). In addition, some people may actually report that writing in a journal makes them feel worse, and it can result in a downward spiral in mood (Lander-Goldberg, 2008). Significantly, in Pennebaker's early research on disclosure, he also found that subjects felt worse before they felt better, but that the long-term health benefits outweighed temporary negative moods (p. 45). This propensity for increased hurt followed by healing demonstrates that a place for pain exists within the words of recovery, and reflects Lengelle and Meijers' observations within the transformation model that the process of revival may take an off-beat, circuitous path (p. 59).

Creating the poetry for Part II of this project has personally confirmed to me that there is no direct or simplistic route to healing when writing is used to tackle the symbolic hunger that exists within. All four poems in Part II focus on a struggle of identity against the *Ana* mentality, as represented by unattainable stars, a bullying inner voice, and a skeleton running through the night. Although the poems do not linguistically portray themes of strength or healing, their creation is representative of change as they collectively signify a reclaiming of self-expression, and the final products act as symbols for the process

of personal growth. Significantly, this questioning of identity and the influence of *Ana* did not disappear with the composition of these poems; this is because intense self-analysis is required for transformation and healing, and writing is only one part of understanding. Lengelle puts it eloquently when she comments that “narratives are not solidifications that bring us security, but stepping stones that help us cross life’s river” (Lengelle, 2008, p.10). Interestingly, as I re-read them now, my poems begin to feel once again like “first” stories.

For this I am thankful, as I see it as a sign that I am in a drawn-out period of self-transformation. It is perhaps time to begin a new story of self using these poems as “stepping stones” for further growth; I hope that this time the narrative will not be titled *thin*, but will instead be dubbed *live*.

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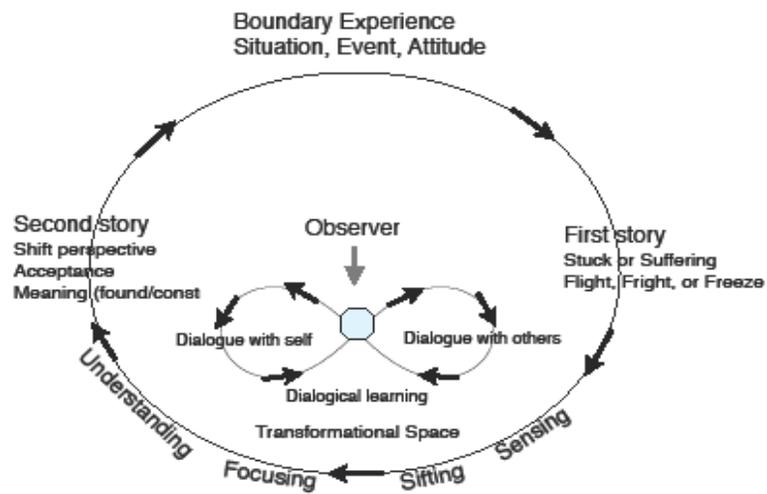
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## Appendix

## Model of Transformation through Writing



Model of Transformation Through Writing: A dialogical model in four steps by R. Lengelle and F. Meijers

Lengelle, R., & Meijers, F. (2009). Mystery to mastery: An exploration of what happens in the black box of writing and healing. *Journal of Poetry Therapy*, 22(2), 57-75. Reproduced with permission.