Chapter thirty four

Revisiting “Body and Bulimia Revisited”

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When the *Handbook* editors invited as an exemplar my autoethnographic work on bulimia, I felt trepidation. I have struggled with depression for as long as I can remember, never more acutely than in 2018, when the invitation came. I worried that returning to this work—and to my history with an eating disorder—would shadow a time in my life that already looked dark.

Yet here we are.

To varying degrees, I engaged in bulimic behaviors from ages 15 to 24 (1986–95). I am 49 as of this writing, 25 years (half my life) past my most recent binge-purge episode.

In my first year of graduate school (1993), I began drafting “A Secret Life in a Culture of Thinness: Reflections on Body, Food, and Bulimia” (Tillmann-Healy, 1996). That work proved instrumental in writing my way into and through bulimic behaviors; its composition and revision corresponded with my disengagement from bulimia.

Ten years later, my marriage unraveled, and I experienced this as a compelling invitation to return to bulimic practices. I did not and composed “Body and Bulimia Revisited: Reflections on ‘A Secret Life’” (Tillmann, 2009), the first autoethnography published in the *Journal of Applied Communication Research*. “Revisited” explored the question: Why *not* bulimia this time?

The years since “Revisited” have included transformations both amazing and challenging. On one hand, I traveled, dated, became a vegetarian, launched an academic program, began making documentary films, and earned promotion to full professor. On the other, I carry the grief of relational turmoil and dissolution involving PTSD (post-traumatic stress disorder), addiction, and chronic pain; of deaths: my first mentor, my nephew, and friends both older and younger than I; and of aging-related deterioration, including arthritis in both hips.

Whatever grief’s melody, I no longer hear it as an invitation from bulimia. It would be arrogant to claim that I could never resume bulimic practices. But I see that as highly unlikely.

In the years between “Secret Life” and “Revisited,” my identity changed from student to assistant and associate professor. I authored “Secret Life” in the context of courses centered on qualitative, interpretive, and narrative inquiry. Professors Art Bochner, Carolyn Ellis, and Eric Eisenberg as well as graduate student peers provided a loving, supportive, and safe context for exploring how bulimia came into my life, what it meant, and what it said about U.S. culture. Carolyn and Art facilitated its publication in their edited collection *Composing Ethnography* (Ellis & Bochner, 1996).

Over the years, professors and students I’d never met wrote to me and spoke with me at conferences, most often to acknowledge the honesty of “Secret Life,” to share their struggles with body and food, and/or to report that the piece offered a road map for autoethnographic expression.

Those communications helped me feel proud of “Secret Life,” yet in some ways the piece itself lived a secret life. I did not show the work—before or after publication—to my parents, both of whom appear as characters. They may have read it (“Secret Life” would have been relatively easy to locate), but if they did, we never talked about it.

In all my college teaching since 1996, I never assigned “Secret Life.” I worried about vulnerability—students’ (would some find it triggering?) and mine.

Taking seriously my role as public intellectual, I have made available on YouTube my mediated projects (Rawlins & Tillmann, 2014; Tillmann, 2018a, 2018b, 2018c; Tillmann & Dietz, 2014) and archived my text-based work on my college’s open access portal and Academia.edu.

But not “Secret Life.”
Nonetheless, in important ways, I have remained true to my “Secret Life” researcher/writer self; I still identify as an interpretivist (auto)ethnographer who seeks to make sense of and meaning from epiphanic lived experience. Over time, however, I also have become a much more solidly critical (auto)ethnographer, an activist scholar aiming to bring to light and to remedy injustice.

To the degree a 25-year-old could, I understood the professional risks of opening a publishing career with “Secret Life.” Accepting those risks helped me take on others. From there forward, I mobilized my lived experience when I believed it could raise consciousness, challenge assumptions, and contribute to personal and cultural change.

I wrote my PhD dissertation (Tillmann-Healy, 1998) and two books (Tillmann, 2015; Tillmann-Healy, 2001) on friendship across sexual orientation in a cultural context of heterosexism, homophobia, and the struggle for LGBT civil rights. When I began this work, my participant-friends could not serve openly in the military; could be fired for no other reason than being gay, could not in any U.S. state enter a civil union (let alone a marriage), could not adopt children, could not even legally have sex in Florida and 13 other states.

More recently, I published academic works on antiracist pedagogy (Tillmann, 2016a) and drone warfare as a form of lynching (Tillmann, 2016b) and op-eds on refusing to stand for the national anthem (Tillmann, 2016c) and the humanity and civil rights of sex offenders (Tillmann, 2017).

My academic and public writing informed the development of an interdisciplinary undergraduate program in Critical Media and Cultural Studies (CMC), launched around the time I composed “Revisited.” Grounded in social justice values and critical theory’s interrogation of systemic inequalities such as racism, CMC helps students become critical analysts of media and culture and critically minded producers of media and culture. For their capstone project, our majors research, script, shoot, and edit a social issue documentary film. CMC reflects and continually advances my own critical/political consciousness.

In 2011, I taught for the first time a class called Political Economy of Body and Food. Course preparation facilitated my first exposure to Fat Studies (see, e.g., Campos, 2004; Oliver, 2006; Rothblum & Solomon, 2009). Through feminist-inspired critique and meta-analyses of medical research, this work contests not only our “culture of thinness” but also the rhetoric of the so-called “obesity epidemic.” I came to understand that such rhetoric serves the multibillion-dollar Diet Industrial Complex far more than it improves the health of persons labeled “overweight” and “obese.” Fat Studies unearths the deep roots of anti-fat prejudice, some of which grow beneath bulimia and other unhealthy—even lethal—practices. Fat Studies relocates the problem from fat to anti-fat bias and discrimination. This body of work has had as profound an impact on my consciousness as does feminism, queer theory, and critical race theory. That consciousness undergirds three documentary films I produced in collaboration with students: College Crucible (Tillmann, 2018a), Off the Menu: Understanding the Politics and Economics of Body and Food (Tillmann, 2018b), and especially Weight Problem: Cultural Narratives of Fat and “Obesity” (Tillmann, 2018c).

A 23-year-old student composed “Secret Life.” A 35-year-old newly divorced associate professor wrote “Revisited.” A 49-year-old addresses you now: a more frail-bodied yet more radical and politicized teacher, mentor, (auto)ethnographer, filmmaker, and activist. What follows is the final narrative snapshot in “Secret Life.” From there I’ll move to excerpts from “Revisited,” reengage relevant literature, present a story based on a recent interaction between a student and me, and offer parting thoughts about the project’s implications.

A PRIVATE CELEBRATION

I sit down to Christmas dinner at Andy’s apartment. It feels strange to be here, among grad school peers, instead of at my parents’ house in Minnesota, surrounded by quirky relatives. The food covers Andy’s small table and kitchen counter. Pretty much the usual: roasted turkey, mashed potatoes, candied yams, two salads, homemade bread, relishes, and of course, pumpkin and pecan pies. I wait for a feeling of alarm to come over me, sweat to bead at the base of my neck. To my surprise, it doesn’t. I take a little of everything onto my plate. I pepper my turkey, dress my salad, and butter my potatoes and bread. It all tastes very familiar: delicious . . . and scary.

After the meal, we laugh, drink, and assemble a puzzle. An hour passes, and Andy serves the pie. “Pecan or pumpkin?” he asks me.

“A little of both, please.”

Ten minutes later, I get up from the table. When I excuse myself, my husband-to-be looks at me with narrowing eyes. Don’t do it, they seem to plead.

I close the bathroom door and move toward the toilet. Automatically, I put my finger in my mouth. I hold it there, then slowly slide it out. I turn to my reflection in the mirror above the sink and watch myself for
several moments. Washing my hands, I can’t believe what I’m about to do: walk away.

When I rejoin the men at the table, I smile at my future husband. With what might be relief, he smiles back. Maybe later I’ll tell him that this is the first holiday dinner I haven’t purged since 1986.

I am 23 years old.

* * *

Beginning with the next narrative episode, I am no longer a student struggling to disengage from bulimic practices but a professor invested in supporting my students.

**TRANSFERENCE**

I gesture for her to take the seat next to mine. “I want to thank you for the Interpersonal Communication class,” Shannon says in her usual hushed voice.

“Thank you. Your paper on your mother’s descent into schizophrenia was unforgettable. I’d love to see you in another course sometime, maybe Gender and Sexualities or Critical Media Studies.”

Shannon casts Liz Taylor azure eyes to the dark veneer covering the round table in my office. “I’m, ah, transferring next term.”

“Oh,” I say, unable to hide surprise and disappointment. “Are you leaving to be closer to your mom?”

She wraps a raven ringlet around her right index finger. “Actually, she seems to have stabilized.”

“Do you mind telling me why then? You’re exactly the kind of student this college needs: bright, dedicated, concerned about others and about the world.”

Academically, I have no complaints,” Shannon explains. “I find the professors here encouraging and challenging. But . . . everything else…” Her voice trails off.

“Everything . . . as in—”

“You know, the focus on appearance, the competition for boys’ attention.” Shannon leans forward. “You wouldn’t believe the lengths to which girls go.”

You wouldn’t believe how fully and how often I embodied those lengths. Clearing the thought from my throat I say, “Tell me anyway.”

“No exaggeration: almost every girl on my floor either vomits or takes laxatives.” She crinkles her nose. “I dread having to use the common bathroom.”

Her words transport me to 1990, my first-year college dorm and events that provided the basis for a scene in “Secret Life” (Tillmann-Healy, 1996, pp. 93–94):

**Common Bathroom**

I chew the last Dorito and take a swig of Diet Coke. Without bothering to lock up, I head down the hall to the common bath, the worst feature of dormitory living. When Gloria from the west wing exits, the swinging door nearly hits me in the face. “Sorry,” she says with a sniffle. Her red eyes, filled with tears, give her away.

“You okay?” I ask.

“Never better,” she responds, and I don’t push.

I move to the corner stall and lift the toilet seat. Fresh vomit sprays cover the rim. You’re getting indiscreet, Gloria, I muse. I lean over and put my finger down my throat. Doritos and Diet Coke come up stubbornly in thick clumps. Bad idea, I scold myself.

The swinging door opens again, so I pull out my finger, quietly lower the seat, and sit on the toilet, waiting. Someone enters the stall two down from me. She slides the lock into place. Instead of the expected bathroom sounds, I hear the toilet seat being raised, then a flush. Over the whirl of suction, I can make out gagging and splashing. I peek under the divider and recognize the black suede boots that Carrie wore to history class this morning. I flush and approach the sink.

As I wash my hands, Carrie’s toilet flushes again, and she emerges sheepishly from the stall. “I didn’t realize anyone was here,” she says as our eyes meet in the mirror. “No one can know about this. Do you understand?”

“I understand.” We lock gazes for a few seconds before Carrie quietly goes off to her room.

I am 19 years old.

I refocus on my student. Would it help Shannon to learn of my struggle? Might it open her to further despair? A familiar voice: Don’t let her see. Protect her from the ugliness of who you have been. I transition to problem-solving mode. “Have you reported this to your resident advisor?”

“Dr. T.,” she says, her voice breaking, “my RA does it too.”

**REVISITING LITERATURE**

In Wasted: A Memoir of Anorexia and Bulimia, Marya Hornbacher (1998) asks, “[W]hy; why this glitch, what flipped this switch, why so many of us? Why so easy a choice, this? Why now?” Accounts such as Wasted as well as medical, psychological, feminist, and historical literatures on eating disorders add text and image to what I experience as a three-dimensional collage, ever spinning and expanding.
“Bulimia” comes from the Greek bouleima, from bous (ox) and limos (hunger). I remember first encountering this etymology in 1995 and feeling an immediate stab of shame. Ox signifies large, lumbering. Then I absorbed limos: not only literal hunger, a body pleading for nourishment, but also existential, emotional, and relational longing, a hunger for meaning, expression, and connection. Russell coined the term “bulimia nervosa” in 1979. His article referred to bulimia as “an ominous variant” of anorexia nervosa. In 1980, the Diagnostic and Statistical Manual of Mental Disorders (DSM) included bulimia for the first time but as a syndrome distinct from anorexia.

According to Morag (2006, p. 149), bulimia has “almost no history.” Reviews of medical and psychiatric case studies have uncovered few examples prior to 1970 of persons whose patterns of thinking and behavior fit diagnostic standards for bulimia (Russell, 2004). Among DSM-5 standards are, according to the National Eating Disorders Association, “[r]ecurrent episodes of binge eating,” “[a] sense of lack of control over eating,” “[r]ecurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise,” and “[s]elf-evaluation ... unduly influenced by body shape and weight” (Bulimia, 2018).

Risk for developing an eating disorder peaks in late adolescence, when many enter college, and symptoms of eating disorders pervade college life (Eisenberg, Nicklett, Roeder, & Kirz, 2011). One in ten students surveyed (n = 1,158) by Schaumberg, Anderson, Reilly, and Anderson (2014) reported using self-induced vomiting, diuretics, and/or laxatives in the last 28 days. Among an even larger random sample of university students (n = 2,822), 13.5% of undergraduates and 3.6% of undergraduate men screened positive for three or more eating disorder symptoms (Eisenberg et al., 2011). These authors found that a positive screen correlated with psychological conditions, including anxiety, major depression, and suicidal thoughts and with harmful behaviors like cigarette smoking and self-injury (p. 703).

Other analyses read eating disorders not as individual mental or behavioral disorders but as cultural disorders (see, e.g., Bordo, 1993; Wolf, 1992), expected consequences of consumer capitalism, misogyny, and heteronormativity (see Jones & Malson, 2013). In that framework, we ask: In a society saturated by sexist and heterosexist corporate media representations, whose self-evaluation isn’t, to return to DSM-5 language, “unduly influenced by body shape and weight”? Related critiques (e.g., Lock, Epston, & Maisel, 2004; Lock, Epston, Maisel, & de Faria, 2005) focus on discursive constructions of eating disorders. According to Burns (2004), medical, psychological, and popular discourses often present an anorexic/bulimic binary, the anorexic signifying self-control, discipline, and persistence, the bulimic signifying indulgence and greed. Burns provides interview excerpts in which a woman who has struggled with an eating disorder refers to anorexics as “the successes” (p. 276), and a psychiatrist who has treated women with eating disorders deems bulimics “failed” anorexics (p. 277), a hierarchy also evident on Pro-Ana (pro-anorexia) and Pro-Mia (pro-bulimia) websites.3

* * *

I now turn from other scholars’ engagement with eating disorders to narrative snapshots from “Revisited.” These portrayals help show how, in the midst of intense loss and grief, I remained free of bulimia’s grasp.

MAKING SPACE

I settle into my usual seat on the far right of her brown leather sofa. Notepad and pen ready, my therapist peers over the top of her reading glasses.

“My father was drafted for Vietnam,” I tell her. “He saw me for the first time at six weeks old, when he finished basic training. We moved into a cockroach-infested apartment in Salinas waiting for my dad to be shipped over. The army paid so little that our family qualified for food stamps. I remember my mother telling me that they couldn’t afford a crib, so I slept in a dresser drawer.” I add what I intend to be a throwaway line: “My brush with ‘hard times’.”

Dr. C. finds and holds my gaze. “You’re having hard times now: your marriage—”

“I suppose,” I say, shifting quickly, “but think of what others in the world confront: poverty, political unrest, violence. My own mother came from the rural poor. No indoor plumbing, ragged clothes, seldom enough to eat, physical and sexual abuse, alcoholism, divorce, foster care—”

“Ah,” she interrupts, “you’re the daughter of a holocaust survivor.”

Her statement hangs in the humid spring air. “I ... I can’t rightfully claim that identity.”

“But you carry your mother’s pain. I see it in your face; it breaks through in your voice. When did you first learn of her history?”

I gaze out the south bank of windows. A soft rain drips from the Spanish moss covering a family of...
live oaks. “I can’t recall not knowing her history; its contours outlined the landscape of my childhood.” I pause, looking up and away.

“Where did you go just now?” asks Dr. C.

“I heard myself say ‘my childhood.’ I have two brothers, one 14 months older, one six years younger. My younger brother said recently, ‘Everything I know about Mom’s childhood, I learned from you.’”

“The emotional historian,” she observes.

I turn this over. “A friend told me of being raped at 13 by two men. They brutalized Heidi, penetrating her orally, vaginally, anally. She had been a virgin. When I hear . . .” I catch my breath. “When I hear stories like this, a place inside me expands. My body and spirit make space for grief. It feels natural, reflexive. I’ve always felt at home in other people’s pain.”

“Right,” says Dr. C., nodding. “And where did you make space for your pain?”

With no hesitation I say, “Bulimia.”

It is the first time in months of sessions I have spoken this word.

**EMPTY**

New Year’s Eve 2005 my husband and I celebrated our tenth wedding anniversary. He bought ten gifts for the occasion, one a silver bangle inscribed with *Amor Vincit Omnia*, Latin for “love conquers all.” I am wearing it as I follow him into the basement, where he retrieves our largest suitcase, purchased for my doctoral graduation trip to Paris in 1999. “You’re really doing this?” I say.

In a trio of clichés: “I need space. I don’t know who I am. I can’t find myself here.”

Unwilling to watch him pack, too ground down to plead yet again: “Don’t go. Tell me what you need.” I retreat to the home of friends Kathryn and Deena. By the time I arrive, Deena has made up the spare bed. “You’re not going back to that big empty house,” she insists.

“Thanks,” I say, “but I must face my future.”

Two hours later, I pull into the drive. Our 1927 colonial is dark, the alarm set, his car gone. I force a call to my parents, waking them from a sound sleep. The news breaks not like a train wreck on the way to work some Tuesday (did I mention that today is Tuesday?). No, more like the sudden passing of a relative whose health had seemed to stabilize amid a chronic illness: not completely unanticipated in the long-term sense (my husband and I had been in marriage counseling for nine months) but a loss no one saw coming today (just last weekend, my parents, husband, and I casino-hopped the Vegas strip).

Sandal soles echo against oak floors. I ponder his statement: “I can’t find myself here.” Everywhere are signifiers of him, me, us. Sunroom walls that sucked a gallon of primer and five coats—five—of a red so unexpectedly glossy and pink that we buried it a few months later beneath two gallons of primer and two coats of a suitably sedate slate. Photographs of our smiling families, our shared friends, our 13 conjoined years. The Feng Shui symbols of love and marriage I placed at Christmastime in the back-right corners of each room—prayers of a lapsed Catholic.

I ascend the stairs and open the linen closet. From its top shelf I retrieve the quilt my mother gave me when I left for college in 1989: yellow with red hearts. I toss aside the lavender and bronze “comforter” purchased a month ago, Act I of a planned refresh of our master bedroom. Enclosing myself in the quilt, I lay perfectly still on my side, a reference both to body and bed.

Wednesday passes somehow but leaves few traces. The *New York Times* yellows on the pavers, mail sits ignored in the box. Did I see anyone? Speak to anyone? I’m sure my parents called, probably three or four times. I don’t shower. A bath . . . maybe. I don’t read; I can’t read. TV? Perhaps the hypnotic renovation voyeurism of the Home and Garden channel: resuscitation to restoration in 30 minutes. If only marriage . . .

The clearest memory: I retreat to the bedroom. The clock says 12:26 a.m. As I close my eyes, I realize for the first time that I have put nothing in my stomach since lunch on Tuesday. Thirty-six hours without so much as a piece of toast or cup of coffee.

Perhaps this strikes you as perfectly expected. Who among us hasn’t worked through a day’s meals, endured the throes of food poisoning, suffered hours of uncertainty in a hospital waiting room? So perhaps only those who wrench ourselves from the grip of an eating disorder will understand, will feel the significance of this. You see, we do not “forget” to eat—not for 36 hours.

**GENDERFUCKING THE GYM**

Coined by Christopher Lorné in 1974 (cited in Bornstein, 1995), “genderfucking” involves challenging the binary constructions of sex (male–female) and gender (masculine–feminine) and the cisgenderist conflation of sex and gender (where male=masculine only and female=feminine only). Recognizing that all humans possess qualities and enact behaviors their cultures define as masculine and feminine, genderfucking seeks to reveal gender identity and roles as fluid rather than
fixed. To genderfuck is to perform gender in creative and subversive ways.

In 2002, I began weight training with my husband. The experience expanded and strengthened my body and my consciousness. The day he moved out in 2006, I stopped lifting. The loss of muscle mass and the physical intensity of grieving brought me to my lowest weight in 20 years.

Unwilling to descend further, I not only return to the gym at the college where I teach, I genderfuck it. Two rituals I come to find particularly delicious.

Ritual one: I saunter toward a man bench-pressing more weight than he can handle. He has to be using dumbbells; the straight bar would be dangerous, but free weights can be (and occasionally are in this situation) cast aside with thuds. Between his exaggerated bellows of “Uuuuuungh!” I say, raising my voice from its natural alto to mezzo soprano, “May I give you a spot?” No man ever has taken me up on this offer.

Ritual two: the leg press. This works best when the male in question pushes 180, two 45-pound plates on each side of the machine—perfectly sufficient to build strength and improve tone for the dieter, the health buff, even the varsity athlete. My strategy is to hover nearby and wait for him to finish the last set. After he rises but before he leaves the scene, I conspicuously add one 45-pound plate to each side. (I actually can push eight 45s, but as my personal trainer friend says, “Now that’s just showing off.”)

FUCKING WITH “GENDERFUCKING”

Stepping back, I wonder about the subversive potential of “Genderfucking,” which I wrote with my female students in mind. On the one hand, I appreciate the story’s playful resistance to gender norms: the female-dominated cardio machines for “burning off” (note the violence) “excess” flesh and the almost exclusively male bars, weights, and plates used to build and bulk.

On the other, does reporting my ability to push 360 pounds simply replace one high-maintenance “body project” (Brumberg, 1997), thinness, with another, muscularity? Does the story privilege hard over soft, strong over vulnerable, and therefore masculine over feminine? Does my body in this scene become yet another instrument provoking women’s body anxiety and shame (see Wolf, 1992)?

My character in this scene also can be read as vying with others, specifically those younger and male, reinforcing masculine competition over feminine compassion. What of these men’s stories? How many of them shoot steroids and/or exercise compulsively, both recognized forms of bulimia? How might I employ my knowledge, experience, and body (especially in a highly gendered and body-conscious context like a gym) to facilitate health and gender equality and to undermine self-destruction and oppression of women and men as well as persons who identify as gender-nonconforming? As a start, I retire these rituals.4

BROWN EYED GIRL

It is Sunday night, October 15, 2006, three days before the final divorce hearing. His cell number appears on my caller ID. Neck tightening, I pick up on the fourth ring: “Hey.”

“Hey!” he replies brightly. “Our work team spent some downtime in Manhattan. I have a gift for you. May I bring it over?”

“Um . . . sure,” I say. “Can you come now?”

He arrives at the door less than ten minutes later. We do an awkward post-apocalyptic dance: Kiss? Nah. Hug? Hmm. Touch? Where? Someplace safe. Shoulder?

Handing me a plastic shopping bag, he smiles. I pull out a bundle wrapped in white tissue. Tearing it away, I find a Pashmina and silk shawl: its texture smooth and delicate, its colors (lavender and black) my favorites. “Lovely,” I say.

I embrace him, not clumsily but with a sweet yet stinging familiarity. Laying my head upon his chest—his center, my center for 13 years—I take in his scent and listen to him breathe. Everything around me—and in me—softens.

Then, a muffled but discernible voice: “Oh, our hearts a-thumpin’ and you—” He quick-draws the ringing Razr™ from the back pocket of his pants, the motion jostling me into my own space. “Jesus,” he mutters as Van Morrison continues to bellow from the Motorola mike: “My brown-eyed girl. You my—”

He tries to explain: “I, uh, changed my ring tone.”

“To ‘Brown Eyed Girl’?”

Our couple’s counselor once said, “Before posing a provocative question, ask yourself: do I really want to know? Will the answer help me?”

Had I been thinking therapeutically, I would have withheld what came next: “Is that your general ring tone, or might it be attached to someone in particular?”

“I . . . met . . . someone,” he says, each word spreading my ribs. Then I catch a slight grin of . . . what? Infatuation?

“Good for you,” I tell him, shaking my head, “and nice work reclaiming that song. Why give up Van Morrison just because that happens to be the song my father and I danced to at our wedding?”
He winces. Could he have forgotten? “I’m sorry,” he says. “Despite how it looks, I don’t mean to keep hurting you.”

Flatly I reply, “See you at the courthouse.” I close the door behind him and hear my husband descend the steps and shuffle across the sidewalk. Locks click. Door opens, shuts. Engine turns. Car backs away. Fender scrapes brick. Reverse ... to first ... to second ... to third gear. Silence.

I look down and note that I am left—quite literally—holding the bag.

What do you say when grief shows up at your door bearing a gift? What to make of this shawl: the warmth of grief’s embrace? The beauty of grief’s tapestry? The safety of grief’s object?

My breathing short and shallow, I begin to pace. Van Morrison sings in my ear: “Hey, where did we go, days when the rains came?” I stride to the bedroom, chucking the bag to the back of my closet as I pass, then move to the bathroom. Tap on hot, I squeeze cleanser into my left palm. When steam rises, I work the cream into a bubbling lather. It meets my face not in the prescribed gentle circles but at frantic, aggressive angles. “Come on,” I growl at the tap, trying to move it further to the left. I rub, rub, rub my eyes.

At last, I reach for a towel, pat my face dry, and gaze into the mirror. My eyes—my brown eyes—instantly fill with tears. The wound at my core cracks through its scab. I clutch the edge of the vanity, steadying myself for a deep, heaving sob. Liquid pours from my eyes and nose, into my mouth, and down my throat. I try to swallow but choke and cough. My stomach flips. As I spit into the sink, I realize how familiar this feels: the setting, the position of my body, the grief. The Grief. How very little effort it would take to vomit.

But instead of calling up the contents of my stomach, I call up the grief, and I do what I could not at age 15 or at 24: I let the grief out. I Let It Out. Out. OUT.

Moans of an injured dog emerge from my body, low wailing sounds I never have heard myself—or anyone—make. I shudder but do not attempt to stifle them. My knees buckle. I lower myself to the floor near the toilet. I press firmly on the closed lid as my body convulses again and again. Exhausted, satiated, grief covers the wound at my core, leads me to my bed, and strokes my hair until I fall asleep.

A few weeks later, I dress for an important professional meeting, the culmination of five years’ work. After donning and discarding a spate of skirts and shirts, I decide upon a dress: Ann Taylor sheath, black. I even forego my usual Birkes for black pantyhose and pumps. Feeling monochromatic, I remember the bag at the back of my closet. I strut across the room, slide open the door, and reach for glistening white plastic. With the flair of reclamation (and a bit of fuck-you indignation), I toss purple Pashmina and silk across my shoulder. As I catch my reflection in the bedroom’s full-length mirror, my body releases a love song’s refrain: “You, MY brown eyed girl.”

PRACTICAL APPLICATIONS AND PATHWAYS OUT

Reading, Writing, Reflecting

In 1994, I took a seminar, Narrative Inquiry, from Art Bochner, my graduate advisor. He assigned “Writing it Down: Sisters, Food, Eating, and Our Bodies,” a paper coauthored by Christine and Julie Kiesinger (1992). In these women—intelligent, talented, and creative yet anxious and self-destructive—I saw reflections of myself. In my course journal, I storied a series of memories evoked by their work. I printed a copy for Art and gave him permission to share my snapshots with Christine, then working on an interview study of women with eating disorders for her dissertation (Kiesinger, 1995).

Thus began a personal and academic collaboration between Christine and me. Each of us has composed autoethnography centered on her struggles with bulimia, has interviewed and written biographically about the other’s experience, and has read and responded to the other’s texts (see Tillmann-Healy & Kiesinger, 2001). In addition, we coauthored with Carolyn Ellis a methodological piece called “Interactive Interviewing” (Ellis, Kiesinger, & Tillmann-Healy, 1997).

Each phase added new layers to our accounts. We delved beneath surface meanings of bulimia (as, e.g., a means of achieving or maintaining thinness) and explored its dialectical tensions (Henry, 1973): between fullness and emptiness, control and chaos, expression and secrecy, vulnerability and cruelty.

A binge not only can fill the body but also the spirit with comfort; (over)eating in Western cultures is a common means of self-soothing. A bulimic purge releases not only food but also rage and pain.

From 1994 to 1996, I began filling myself not by binging but with compassionate introspection, empathic connections to others’ struggles, and commitment to cultural change. I learned to unleash emotion publicly through narrative rather than privately and self-destructively through vomiting.

I closed “Secret Life” with “A Private Celebration,” the episode included here in which I decide not to purge a holiday meal. Once published, I felt
accountable to that ending, as if it were a promise between readers—especially students—and me.

Grieving

In 2006, I entered individual therapy for the first time and developed a more complex view of my family history. I still would describe the environment in which I grew up as I did in 1996 (p. 79): “a stable and loving home,” but I now understand more deeply the impact of bearing witness to my mother’s childhood traumas. From an early age, I internalized her anxiety, fear, and grief and began trying to protect others from my own, a dynamic Boskind-White and White (2000) observed in their work with bulimic clients. Compared to my mother’s early experience, my life concerns seemed trivial. The subtext of my self-talk: Get over yourself; others struggle with so much worse. As Boskind-White and White do, I reject simplistic and mother-blaming explanations. At the same time, I believe that bulimia became a primary means of expressing intense emotion I experienced but to which I did not feel entitled. Even the behaviors themselves appeared to me like privileges I had not earned. When I learned of Christine Kiesinger’s childhood experiences of abuse, for example, my reflexive response was: What reasons could I offer to explain MY bulimia? What empty spaces?

One reason I did not return to bulimic behaviors when my marriage unraveled is that I had learned to hold life’s complexity, that yes, I have many privileges (e.g., educational, economic, racial), and it is my obligation to use those in service of liberation, equality, and justice, but grief is not a zero-sum game. In counseling and on my own, I engaged in narrative reframing (see, e.g., Kiesinger, 2002; Lock et al., 2004, 2005). This involves recognizing limitations of old ways of understanding and narrating experience. Lock et al. (2004) regard anorexia and bulimia as having “voices.” When in pain I told myself, It’s not that bad. Move on. Bulimia responded, Stop. I feel your hurt. Let me comfort you. Leaving bulimia meant learning to utilize other discursive resources to develop an effective counternarrative (Lock et al., 2004). In the newer story, I honor others’ struggles, bear witness to others’ traumas, and combat others’ oppression—without dismissing my own. It’s a balance I attempt to strike in my thinking, everyday conversation, pedagogy, writing, and activism. Over and over, life affirms that being able to face, cope with, and communicate my loss and grief render me better able to support and serve others.

Awakening, Politicizing

Of course, bulimia was not the only available means of coping with unexpressed grief. Why binging and purging rather than creative expression (in which also I engaged), athletic skill (which also I developed), or (if only!) activism?

I performed bulimic behaviors in a particular cultural context, one that values women, girls, and gender-nonconforming persons less than men and boys (the commands: “close your mouth”; “take up less space”); one that privileges a narrowly defined, unattainable physical attractiveness above qualities such as kindness, intelligence, and creativity; one that exposes us to thousands of commercial messages a day in which bodies, relationships, and lives appear as commodities to be bought and sold.

I cannot overstate my debt to feminism in illuminating pathways out of bulimia. Historical accounts note two relevant shifts around 1920: passage of the nineteenth amendment to the U.S. Constitution and transition from external controls on women’s bodies (e.g., corseting) to internal controls like food restriction (Brumberg, 1997). I cannot dismiss as coincidence that “soft, rounded hips and thighs and bellies were perceived as desirable and sensual without question until women got the vote” (Wolf, 1992). Boskind-White and White (2000, p. 259), psychotherapists with multi-decade experience treating clients with eating disorders, view feminist consciousness-raising as the foundation of their work. According to their analysis, the number of women who once participated in consciousness-raising groups parallels the number who now die each year of eating disorders.

Cultural analyses (see, e.g., Bordo, 1993; Hesse-Biber, 1997) helped me understand how body dissatisfaction fuels consumer capitalism. As Wolf (1992, p. 96) argues, “a woman who does not feel damaged cannot be relied on to spend money for her ‘repair.’” Like Chernik (1995, p. 80), “I digested the connection between a nation of starving, self-obsessed women and the continued success of the patriarchy.” I became convinced that performance of bulimic behaviors constituted a form of collusion with sexism, heterosexism, cisgenderism, hyper-consumerism, and environmental destruction.

My intention is neither to blame those struggling with an eating disorder nor to provoke further guilt for not “measuring up.” Instead, I seek to deindividualize our responses and to join forces in destabilizing hegemonic cultural standards. This approach calls us to ask: Whose interests (economic, political, social) are served by the constant (re)production of discontent? Who pays what kind of price? What alternatives exist?
Teaching

Years ago, I came back from winter break, and a student (probably the same size or one larger than I) commented that I looked “healthy.” Off the cuff, I said that the holidays had rendered me “soft.” I saw the word penetrate her being and tried to recover with something like, “But life’s too short not to enjoy my mother’s Christmas cookies.” Afterward, I vowed to more mindfully navigate the ways I talk about body, both in and out of the classroom.

I hear and see students’ struggles and stories in class, in their writing, and in my office. I have watched some of the smartest young women I have encountered leave school to enter residential treatment for an eating disorder. Experiences with students like Shannon (who transferred from the college where I teach because of revulsion to the culture of bulimia in her dorm) have affirmed my sense that it is my professional and ethical duty to model “taking up space” physically and intellectually; to provide analytical tools (e.g., feminist theory, political economy, Fat Studies) to aid them in resisting and remediying inequities; to partner with them in social change initiatives on and off campus; to create safe spaces for academic, emotional, creative, and political risk-taking; and to offer opportunities to explore, express, and mobilize for just purposes loss and grief.

FUELING THE FIRE

Thursday, November 15, 2018: I sit in a folding chair, knees about 18 inches from those of Kathryn McDaniel, a senior in Body Liberation, Food Justice, which I designed to be the course I needed at her age. She wears a denim vest over gray turtleneck, diamond stud in her left nostril, and fine gold chain with a charm of a forward arrow. Straight chestnut hair falls just past her shoulders. Her understated makeup includes foundation, light pink lipstick, and mascara accentuating her long-lashed hazel eyes.

Andrew, my videographer, runs the camera whose medium shot focuses on Kathryn. A second camera captures a full shot of us talking.

Kathryn, her classmates, and I collaborate on a film we later call College Crucible. Per the students’ interests, we cover a range of topics, including sleep, stress, body image, and drug use.

I offer the first prompt: “In what addictive and/or unhealthy behaviors did you engage before college?”

Feet crossed at the ankles, fingers interlaced in her lap, Kathryn tells me, “I went to an all-girls school, so there was a lot of pressure to be small, to be thin. You might think that boys bring that out, but really with girls, it’s pretty cutthroat.”

Kathryn also shares, “I’ve been prescribed ADHD medicine since ninth grade. It shortly became something I used to lose weight. I find myself battling even today: am I using it for an academic purpose?”

In course-related research, Kathryn learned that the DEA classifies the Vyvanse she takes as Schedule II—the same category as cocaine. She discloses that her mother as well as her older and two younger sisters also take prescription stimulants. Kathryn and her youngest sister share a disturbing dual history: of being prescribed drugs that suppress appetite and of anorexia.

I ask Kathryn, “How would you describe your body image now?”

Her voice breaks when she says, “Sometimes I feel like, um, I’ll be on a diet forever.” On “forever,” Kathryn puts her hands in front of her, palms up and fingers spread, as if holding something heavy.

Her words and tone penetrate my chest. During recorded interviews, to maintain focus on the person giving testimony, I try not to vocalize. But a reflexive, empathic, “Mmm” breaks my silence.

“I feel like it will never end,” says Kathryn. “The scale, the pressure, the social media, it’s all getting worse.”

* * *

Later, I will reengage literature on eating disorders in college students. White, Reynolds-Malear, and Cordero (2011) surveyed random samples of students at a public university in 1995, 2002, and 2008. Congruent with Kathryn’s statement, the prevalence of eating disorders among female participants increased from 23.4% to 32.6% and among males from 7.9% to 25%. More recently, Lipson and Sonnevile (2017) published results from a study of 9,713 students across 12 universities, finding that 11.9% met the criteria for “high prevalence” of eating disorder symptoms; over 40% reported that, in the prior month, they had engaged in binge eating and over 30% in compensatory behaviors such as vomiting, laxative use, and compulsive exercise.

* * *

“I’m 47,” I say to Kathryn. “The further I get from the cultural ideal in terms of age and appearance, the more I feel released from its grasp. I definitely am way more comfortable in my own skin than I was at your age, and I see a future in which you’re not going to experience life as a perpetual diet.
"In a lot of ways, you have more consciousness and skills than I had at your age." Building that consciousness, those skills, I think, lie at the center of my motivation for teaching our class. 

Unlacing her fingers, Kathryn narrates a turning-point experience. "While a sophomore in high school, I was told I had high blood pressure. I was super confused. How do you take that in as a 16-year-old girl? I asked the doctor if it was because I was a bit overweight. She said, 'Ten pounds wouldn't hurt.'" From her course writing, I know the terrible price Kathryn has paid—and continues to pay—for a journey sparked by a goal of ten pounds.

"I was embarrassed to tell my mom," she says, turning her fingers toward her stomach. "I kept it a secret. I started losing weight on my own and seeing results. People began noticing me. I started throwing away clothing that I didn't need anymore, buying new clothing, buying bathing suits."

"I went back to the doctor," recalls Kathryn, "and she was thrilled."

I feel anger at the affirmation Kathryn received, particularly from her doctor. Unless the weight loss corresponded with a more nutrient-rich diet and/or increased physical activity, it likely rendered Kathryn's body more culturally ideal but not more medically healthy. Indeed, on measures of health like cholesterol and blood sugar, Kathryn's weight loss could have corresponded with her becoming less healthy. Certainly, that became true as she descended into anorexia.

Kathryn tells me, "It got to the point where I was turning healthy habits into very restrictive eating. I was going on pro-Ana websites, following diet plans of 500, 600 calories a day."

"I got down to a low weight, went back to the doctor. Everyone said, 'You don't need to lose any more.' It started to become an addiction. I had to lose weight. I had to go on the scale three, four times a day, even after going to the bathroom."

"My boyfriend and I broke up because simple things like going out to dinner together just weren't the same." I feel the weight of this as Kathryn continues, "You don't realize how much food brings you closer with people. And because I wasn't eating, a lot of relationships turned down the wrong road."

"I was lonely," Kathryn shares, "and I needed help. I was embarrassed to ask my mom." Later, I will note that she twice reported feeling "embarrassed" in relation to her mother. Kathryn continues, "I had gone from being a bit 'overweight' to being this crazy monster who just wanted to get calories out, get calories out. Every day. And, um, that's definitely something I still struggle with today."

Kathryn illuminates the hold of an anorexic mindset when she tells this story: "A couple years ago my grandma saw me during Christmas break. I was super small. I remember she gave me a hug, and she said, 'Oh my gosh, look at you. You're wasting away. You're barely here.' And I was ecstatic; I loved that. I was like, Oh my gosh, that's exactly what I want.

"I have a little sister who is 16, and she has an eating disorder as well. She's very, very skinny right now. I tell her, 'Eating is good. Guys like women who have meat on their bones; no one likes to grab bones.' She will look at me and say, 'Well, you didn't eat when you were in high school, so why should I listen to you?' I guess my sister has a point. But now I'm trying to use tools to help her—and to help me. She's going through a lot of hard things. This eating disorder that she's battling is fueling the fire for suicide."

I want to comfort and reassure Kathryn, but I also know of the high mortality rates associated with eating disorders, and that among anorexics, one in five deaths occurs by suicide (Arcelus, Mitchell, Wales, & Nielsen, 2011).

After our session, I return several times to Kathryn's description of anorexia as "fueling the fire for suicide." I hope that, for Kathryn, the course and this piece fuel instead a greater commitment to health—her own; that of others around her, including her little sister; that of all humans; and that of this planet we share. Each of those spheres—micro (self), meso (e.g., one's family or school), and macro (e.g., political and ecological systems)—must change for us to live congruently with the title of our course: Body Liberation, Food Justice.

**POSTSCRIPT**

Summer 2020 nears. Two years have passed since the editors' invitation to contribute this chapter. Depression continues to visit, but other states of being (e.g., love, purpose, and COVID-19-induced fear and anxiety) currently share primary custody of my consciousness and heart.

Though resolution would make a tidier ending, I still navigate my relationship with this work. I do feel closer than I ever have to adding "Secret Life" to the open access materials I archive on my college's website and Academia.edu.

This semester, I have taught (first in person, now remotely) an autoethnography class to first-year undergrads. I assigned neither "Secret Life" nor "Revisited" but did include the latter on a list of recommended readings. Out of both compassion and self-protection, I prefer the ways my newer works balance...
struggle with healing and interpretive meaning-making with critical calls to action.

I’m still working through whether to show this chapter to my parents. As I often do, I ponder questions associated with Buddhist right speech: Is it the truth? Is it the right time? Will it be helpful? This chapter’s stories portray small-t truths—my truths. What of my parents’ truths? What of their struggles with body, food, this life, this world? When, under what circumstances, and for what reasons might we share our truths? To what possible effects? How might the exchange be helpful and harmful? For whom?

Composing this piece affirmed the status of my relationship with binging and purging: long-distance. Rereading “Secret Life,” I felt anger at bulimia’s vampiric presence in my young life. For millions, addiction sucks time, energy, focus, potential. What else—who else—might I/we have been? How can we best guard future generations from this vampire?

Reengaging “Revisited,” I believe the author—me—that the losses portrayed felt at the time like invitations to return to bulimia. As indicated, I do not experience grief that way now. I have had more practice with bereavement, more therapy, and more compelling invitations from life. Some of those have been on the personal front. Arthritis moves me to focus much more on what my body can do (and cannot) than on how closely it conforms to the cultural ideal. I have also been dating someone with a pre-teen daughter, and as happened long ago with my students, I feel called to support her in developing a resistive consciousness.

Other invitations come from the state of our world: environmental annihilation; dark money election manipulation; terrorized, caged, and drowned children. In particular, the existential threat of climate change looms much larger than in 1996 or 2009, when I published “Secret Life” and “Revisited.” Eating disorders, climate change, and many other social problems share patriarchal and capitalist roots. We serve power-holders’ interests by relating to our bodies and to the earth as objects to be disciplined and dominated. We protect our interests by rejecting this framework and treating ourselves, each other, and the planet with loving kindness.

NOTES

1. See April Chatham-Carpenter (2010, p. 1) for an account of how immersion in research on eating disorders sparked “a strong pull to go back into anorexia.”

2. The student’s name and other identifying details have been changed.

3. These sites seek to depathologize eating disorders, a strategy also undertaken by feminist critics, including myself. However, instead of offering tools to help others resist sexism and other inequities, Pro-Ana/Mia groups co-opt countercultural rhetoric and reframe bulimia as acceptable and even admirable lifestyle choices.

4. 2020 marks my sixth year since diagnosis of arthritis in both hips. Rereading “Genderfucking” in that context brings into sharp relief the contrast between my 2006 body’s capacities and the limitations with which I live now.


6. I use Kathryn’s real name at her request.

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