

## Beyond Anorexia

### *Narrative, Spirituality and Recovery*

*Beyond Anorexia* is a sociological exploration of how people recover from what medicine labels ‘eating disorders’, and the first book to focus exclusively on recovery. Beginning with her own autobiography, and drawing on conversations with over thirty other former sufferers, Catherine Garrett demonstrates that narrative is fundamental to social theory and to healing. She interrogates existing explanations of anorexia (and their related clinical practices) for the contribution they make to a theory of recovery, contrasting them with insights gained from her own research. Her central claim is that recovery is a ‘spiritual’ experience reconnecting the self with body, nature and society. She analyses spirituality and its relationship with formal religion along with its association with the ascetic rituals of eating disorders. Recovery is shown as the key to full understanding of anorexia, and the processes associated with recovery are explored in terms of embodied spirituality. Using the anthropological theories of Durkheim and van Gennep and contemporary theories of the body, Catherine Garrett reveals some of the social sources of recovery – the solution – which exist alongside the causes of the problem.

CATHERINE GARRETT was born in Sydney, Australia in 1948 and spent the second half of her childhood in Geneva, Switzerland. On her return to Australia, she attended Presbyterian Ladies’ College, Sydney, studied history and philosophy at Melbourne University, taught primary students in Suva, Fiji and gained a Teaching Certificate at Sydney Teachers’ College. During the 1970s, she taught in several primary schools, trained as a teacher of English as a Second Language, worked as a consultant in multicultural education and ran vegetarian cooking classes. In the 1980s, she returned to study at Macquarie University, obtaining an honours degree in sociology and women’s studies. She is currently a senior lecturer in sociology at the University of Western Sydney, Nepean, where her research and teaching focus on the sociology of health, the body and the emotions, and gender relations. She has published widely in sociology, health and counselling journals.

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Catherine Garrett



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## Preface

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To create stories of recovery from suffering is to be involved in healing. The people whose stories are included in this book knew that re-crafting their own narratives was a part of their emergence from self-starvation, compulsive eating, or bingeing and vomiting, and that without the stories of others for comparison and inspiration, their own would be meaningless. In the same way, sociologists can make links among many such personal experiences, to tell a broader story and offer greater possibilities for resolving the social problems we have come to know by their psychiatric label of 'eating disorders'. Medicine, psychiatry and psychology usually emphasize the causes of these problems and find them in the circumstances of individual lives. This book focuses on their resolution and finds it in the same society that gives rise to the problems in the first place. The very culture that provides the negative example of deliberate starvation and self-limitation also offers something else: life-affirming stories and actions; the myths and rituals that can prevent and overcome anorexia. To discover these, sociology must explore what people mean when they speak of their recovery as a 'spiritual' process.

This particular sociological quest is an alternative to the ideas of popular 'self-help' books, New Age spirituality, medical science and postmodern social theory; though it considers each in turn. It is not just a sociology of anorexia and recovery, but also a sociologist's personal story and a demonstration of the value of including explicit autobiography in the interpretation of social phenomena. Personal experiences inevitably shape our interests and the questions and answers that develop from them. Most of us, at some level, continue to search for meaning and to make and remake ourselves from whatever ideas and activities are available to us. That quest has led me through self-starvation and out the other side, because although I tried to deny it, the way to knowledge is always through our bodies. The same quest has taken me into another form of 'discipline': sociology. Social theory is not separate from experience or from storytelling and each of these has real, practical effects in the world.

Eating problems happen to women and men everywhere, though most

often in cultures and sub-cultures where these behaviours have well-established meanings (where, for example, thinness is equated with self-control and therefore with beauty and moral purity). Other sociologists are beginning to write about eating problems among women and men from a variety of racial, ethnic and class backgrounds and from different sexualities. Since all these attributes can play a part in the genesis and the experience of eating problems, they are also important in the recovery process. Just as these differences shape the language people use about the problem, so they will shape their versions of its resolution. Those who spoke with me about their recovery and the meaning of its spiritual component were all white ‘westerners’, and most of them were women, but their stories invite comparisons outside the scope of this book.

Part I discusses the relationship between my narrative and those of participants in my research, between research methods and the knowledge to which they give rise, and between stories and healing; in the context of ‘the study of society’ in general and of recovery from eating disorders in particular. Part II argues that anorexia cannot be fully understood except from the perspective of recovery. It examines theories of anorexia and studies of recovery across many disciplines, evaluating them against the experiences and understandings of participants in my study, setting out participants’ criteria for both anorexia and recovery and concluding with three stories that illustrate the variety and the commonalities among their experiences. The majority of these people (and many others whose accounts of recovery have been published) described their recovery as a ‘spiritual’ process. Part III discusses the meaning of spirituality in contemporary ‘western’ society, its continuities and discontinuities with religious beliefs and practices and its association with the ascetic rituals of eating disorders; especially with the rituals that are involved in recovery. The stories at the end of part III demonstrate what spirituality means for people in my study and its place in their recovery. Finally, part IV explores the meaning of embodied spirituality in the recovery process. It offers a new account of the importance of sexuality, language and food in the ongoing transformations that take place beyond anorexia.

All names and identifying details of participants in my study have been changed with their permission.

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## Glossary

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### **Anorexia**

Anorexia is the term I have used to refer to people's experience of eating problems, except where the differences between these problems are significant. In those cases, I have specified 'anorexia nervosa' (self-starvation), 'bulimia nervosa' (compulsive vomiting, with or without bingeing) or 'compulsive eating' (an addictive relationship with food). I have done this for several reasons. First, I use medical categories, despite their pathological connotations, because their invention has created them as real entities for sufferers and the general public (see 'discourse', below). In part II, however, I develop a detailed critique of their use, from the perspective of social theory. I have retained the word 'anorexia' because the term is now in popular use to mean 'self-starvation'. I want to recognize popular usage, but also broaden it to include other aspects of the problem; to show that many people experience episodes of starvation, compulsive eating, vomiting and laxative abuse in a variety of combinations and sequences. Secondly, I use 'anorexia' as a blanket term because existing psychiatric classifications (American Psychiatric Association 1987, World Health Organization 1992) are considered unsatisfactory by most psychiatrists themselves (e.g. Beumont 1992). The boundaries between different forms of harmful eating behaviour and their causes can be somewhat artificial and psychiatric classifications do not recognize the well-known and serious problem of compulsive eating. In addition, classifying food behaviours in detail has not proved very relevant to recovery. Thirdly, I have not avoided the psychiatric terminology altogether, because the diagnostic labels can be important when sufferers need financial support from government and other health funds for treatment. Finally, I have avoided using the term eating 'disorder' except in implied inverted commas, because the word 'problems' more clearly expresses their traumatic basis and their social causes (Thompson 1995: 6). The personal stories in this book will reveal the many subtle differences as well as the commonalities among these food-related difficulties. (I have used

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‘anorectic’ as a noun and ‘anorexic’ as an adjective, a convention followed more often by British than American writers).

### **Autobiography**

Autobiography, in this book, includes all its life stories; whether they are told in the first person or retold by a narrator. Although I have had more leisure than the other participants in my study to polish up the written version of my own story, although I have been unable to reproduce theirs (or mine) in their entirety, and although I have had the power to select extracts from theirs: the term still best describes the personal and narrative nature of the material, as opposed to data obtained in other studies by structured interview or questionnaire. I explain my use of the term in more detail in chapter 3.

### **Discourse**

The term discourse is taken from Foucault (e.g. 1977: 49). A discourse is not only ‘that which can be said’ about something (an eating problem, for instance); but also the framework of power and knowledge which enables us to speak, or restricts us from speaking, about it. Discourses are not only words, but practices. They determine what gets counted as knowledge and as truth. They shape their objects, including people and the kinds of lives that are possible for them. As I show in chapter 4 (and Garrett 1994), there are now many discourses on anorexia, but all have been influenced by the powerful medicalized discourse of psychiatry. Consequently, people’s perceptions and experiences of eating problems, in the second part of this century, have been formed largely within a medical paradigm. Discourses, however, are in constant competition with each other, offering us a range of different ways of being. This book shows the influence of the discourse of spirituality, for instance, on the recovery process. It also presents autobiographical discourses that challenge the dominant discourses and offer people a range of possibilities beyond the narrow ‘subject position’ of ‘anorectic’.

### **Recovery**

‘Recovery’ suggests a prior illness rather than the ongoing transformative process this book describes and analyses. It has also become associated with the ‘recovery movement’ and theories about ‘co-dependency’, many of which, individualistic and victim-blaming, fail to recognize the social basis of addictions and other self-destructive behaviours or the social

resources which make it possible to abandon such behaviours. I have nevertheless retained the term in order to expand its meaning; using the associations of ‘recovery’ in the words of the participants in this study and exploring their stories for evidence of what ‘recovery’ means in practice.

### **Self**

The ‘self’ to which this book refers is not the commonsense ‘unitary’ self, the modern individualized ‘authentic’ self, nor the postmodern ‘fragmented’ self. It comes closer to the idea of ‘soul’ which grows as ‘ego’ diminishes (Kovel 1991). Soul is something like the Hindu conception of ‘Atman’; the greater Self in which we all participate, which is beyond intellect and beyond time (e.g. Iyengar 1993: 54). At the same time the self is made up of many facets linked together to form a whole, inseparable from its social matrix. Chapter 4 discusses the question of ‘self’ in greater detail.

### **Spirituality**

‘Spirituality’ is an increasingly popular word that currently seems to include people’s existential questions, their sense of the supernatural and their religious beliefs, if any; but this description does not do justice to the way it was used by participants in my study. For them, spirituality was a feeling of connection; with their natural surroundings, with other people and among the many parts of themselves including body, intellect and emotion. It was sometimes, but not necessarily, associated with religion. These people spoke of it as a power within and beyond themselves and almost always as something lost but regained in their transition from anorexia to recovery. Although our descriptions of this reality are always limited and shaped by the language and other symbolic systems available, and although it appears to belong outside the intellectual questions of sociology, it is a crucial underlying theme in recovery stories and it holds the key to the self-transformation this book explores. Chapter 7 develops the notion of spirituality in that context.

### **Stones**

Participants in my study sometimes referred to ‘stones’ (colloquially used in the singular as in ‘at my lowest weight I weighed four and a half stone’). These were the units in which weight was measured until the metric system was introduced to Australia in the 1970s. One stone = 14 pounds = about 6 kilogrammes.