(Re)Discovery: Accepting, Enduring & Surviving

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Abstract
The tragic reality is that more people today are succumbing to various forms of eating disorders. This article focuses on the experiences of enduring an eating disorder through a dramatic monologue followed by a critical reflection. The monologue is based on personal experiences with the disorder and provides an inner reflective voice through various events. This is followed by a discussion on the writing process, collaboration and presentation, and a brief discussion on research-based theatre. The purpose of this article is to add a voice to the disorder. Research-based theatre can provide a deeper layer of understanding about the complexities of an eating disorder and offer solace to those who are suffering and/or to those who have survived.

The Monologue

There was a time when all things were good.
Fun times, good food.
Great memories:
groups of close friends,
connected by stories, food and drink,
at a party,
or a quiet gathering to watch a movie,
or even on those summer evenings,
sitting around a camp fire,
in trivial, but often amusing, conversation.

But at some point I let that slip.
Slowly, but surely things were falling out of reach.

Which is ironic,
I felt like I was in control.

Proud of myself for calculating
what went into by body and how much I

purged.

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That’s the funny thing about an eating disorder: No one ever tells you it’s psychological, how the control you seek in your life, actually takes hold of you, so that every waking minute of your life, you think, wonder, live, your disorder.

One of my closest friends, Aey, was planning an extravagant birthday party for her husband. It was to be an afternoon of fun, food and free flowing beverages. She told me about it and I cringed inside. I quickly thought of excuses of why I couldn’t go, but I said I would be there. I knew I had to go, they were my dear friends, and my absence would be noticed.

I went to the party. All was raucous. Food everywhere. Friends laughing. Cheers of birthday wishes. I barely nibbled on a few chips just for show, but stopped. Shortly after, it was time for dinner. Burgers on the barbeque. That was my cue. I scooted over to Aey, said I am not feeling well and that I wanted to go home. My other friend, Kay, just glared at me. She asked in a cold tone: You’re not even going to eat anything!?

She said to me: I don’t understand.
Her excuse was: I guess it’s because I’m logical.
Here’s the problem, there’s the solution.

Sometimes the logical approach makes sense.
Tired? Sleep.
Hungry? Eat.
Thirsty? Drink.
Problem. Solution.

But it’s not always that easy.
It can’t always be this or that.
Black or white.

I replied: Life is complicated, there can’t always be a logical solution.

Silence.

That’s when she started to disappear...

My colleague and closest friend for five years, was no longer there for me, because she ‘didn’t understand’, she ‘couldn’t figure out what I was doing’, because I wasn’t being ‘logical’ about it.

2 All names are pseudonyms.
An eating disorder takes hold of you, controls you. As I was recovering, I felt like I was swimming in a dark swirling vortex, trying to find the light, grasp for a lifeline, a sign, direction, meaning … anything.

But, my closest friend, was no longer there. Ignored me, glared at me.

She said she didn’t understand. But she didn’t even try. She said I needed to figure things out. But I was…

I emailed her, invites to go out, updates on my condition, that I was getting better, that things were improving, that slowly, my life was no longer about my disorder.

Cold silence.

I would smile at her, tried to talk to her, engage her with questions, comments, anecdotes, anything.

Silent void.

Still, I pursued. Perhaps I was stupid, disillusioned, naïve. But I wanted to believe that she could not, would not throw away our friendship.
Dead air.
Two years later, completely out of the blue, I receive a message from her. Asking for my forgiveness. I was in disbelief.

She still admitted to not understanding everything, I was baffled.

But she acknowledged and apologized for the way she treated me. I was, jaw-dropped-to-the-floor, awe struck,

I didn’t know what to do. Still don’t know what to do. I didn’t forgive her. Can’t forgive her.
Friends are supposed to be there, through thick and thin, to support you, whether they understand, or agree or not. It doesn’t matter. Friends are friends, no matter what. She was not. Is not.

I told her I couldn’t stomach anything. I found Aey’s husband, wished him a happy birthday, gave him a hug and quickly excused myself. Behind me were drunken pleas for me to stay, to enjoy the festivities, to have a couple more drinks. I went home. I felt safe.

I could see myself wither away. eating very little, exercising. And each day, week, month, it would get increasingly excessive, consuming only liquids exercising excessively.

But I thought I was in control. I thought I showed tremendous will power
by sticking to a routine,
by not allowing myself to eat this or that.
And my reward- losing weight and looking great.

I could not see the damage.
Perhaps even refused to see the damage.
My face turned gaunt,
and tired looking.
Collar bone protruding,
chin extra pointy,
pronounced cheekbones.
From always being a plump kid,
I thought my facial features were simply becoming defined.

Others commented on how much weight I had lost.
Some even said I looked good.
This only fueled my disorder further.
Five more pounds,
that’s it,
and then I’ll stop.
But I couldn’t. Didn’t.

I began retreating,
avoiding social functions,
I cut myself off from everybody,
because I was
‘tired’,
‘sick’,
‘busy’.
In reality, I was afraid of losing my self-control.

It was consuming my body.

I could feel it.
I couldn’t keep up with my exercise classes,
I was tired all the time,
and then,
my leg.

Parts of my leg grew numb,
I could feel nothing.
It was heavy and dense,
and walking was difficult.
Others noticed.
They asked if I hurt myself.
I said yes,
in a way, I was telling the truth,
perhaps I was reaching out for help.

The next morning, after a long workout at the gym, I received a phone call from Aey. She and Kay invited me to a movie night. I hesitated, but said yes. I remember feeling odd about it all.

I went over to Kay’s. Aey was already there. There was small and uncomfortable chit-chat. Then one of them proclaimed: There’s no easy way to say this, so we’re just going to come out and say it. And they did.

It came, help. Friends, concerned, crying, begging for me to seek help.

I said nothing through the whole process.

They stopped talking, They encouraged me to seek help. I told them I would.

Recovery was a slow process. I was told to consume protein shakes. I didn’t. I was told to try to eat small amounts. I didn’t. I was told to stop exercising. I did- but only because my frail body forced it.

From many sessions with specialists, I figured out, the root of the problem was me.

I felt like I was losing control, like this was the only way I would get noticed.

I felt this was the only way out, that I needed to punish myself because I wasn’t worthy.

It wasn’t until I had my last appointment - ever - that one very vivid moment is engrained in my memory forever, something I draw upon as a reminder to myself.

I was in the waiting room for a very long time. The doctor poked his head out of his office for a minute, apologized for his lateness and assured me he would see me soon. I think that was an act of God. At the time I was annoyed. But, as I was waiting, I became more aware of my surroundings.
The waiting area was a dark, sickening yellow. Everything was eerily quiet, many people were whispering. Then, for a while girls, young women, would show up. Rail thin. Pushing around a tall metal pole with an IV bag hooked up to their arm. They shuffled around, looking as if they had barely enough energy to even lift their legs to walk. Their head was either covered by a hat or displayed long, straggly strands of hair. Some nurses walked by, they asked if the food had been laid out for some of the patients, if their medication was in order.

I do not recall how much time had passed, except for the fact that the doctor had startled me when he invited me into his office. I knew, however, after seeing all that I had seen, I was going to change.

I was not going to become like those girls I had seen.

I was not going to rely on an IV and pills for sustenance. I was not going to be admitted to a hospital to be watched over on a 24-hour basis. I was not.

The Monologue: A Reflective and Critical Overview

Introduction: To begin…

One of my first classes as a PhD student at The University of British Columbia was an Ethnotheatre class and I was required to write and present a monologue on a significant learning moment. The term ‘ethnotheatre’ within the context of this paper, and which will be teased out briefly later, refers to a dramatic script that is based on data from the research process such as interviews and field notes (Saldaña, 2011). In this instance my monologue focused on my own life and is based on my own lived experiences and memories, which Saldaña (2011) would refer to as an autoethnodrama. Ethnotheatre was a new research methodology for me, something I had not considered but I felt to be significant to explore and could be adapted into my own research working with young adolescents in classrooms. I had a solid idea of what my learning moment would be - the lack of support and broken friendship during a critical time in my life, when I was coping with and recovering from an eating disorder. What follows is my reflection with the writing process, a short commentary on collaborating with my peers and the final performance, and reflecting on theatre-based research.

The Writing Process

I was drawn to Saldaña’s (2008) Second Chair, a one-man, autoethnodramatic play recalling his pursuit to become the first chair clarinetist in high school while also exploring issues of marginalization. I could visualize and feel his frustrations, his inner conflict, and his tensions with his mother, teacher and peers. I was looking forward to the opportunity to explore my own learning moment, to develop and document my own monologue drawing from my memories and personal experiences. I was ready to delve deep into my past, to find some sort of meaning and understanding and possible resolution. I questioned, as Saldaña (2003) posits, whether or not an auto/ethnodramatic approach would be best suited for my learning moment. He cautions the reader to
understand and to definitively choose ethnodrama as a form “not for its novelty, but for its appropriateness as a medium for telling [a] story, credibly, vividly, persuasively” (p. 218). One of the bigger challenges within this approach is to discern what information goes into the performance and what stays out while keeping in mind the purpose of theatre is to entertain (Saldaña, 2003). In other words, being responsible for creating “an entertainingly informative experience for an audience, one that is aesthetically sound, intellectually rich, and emotionally evocative” (p. 220). I felt that an autoethnodramatic approach would be best suited to reflect and represent my broken friendship. Although I had much to learn about the process I felt I could provide an entertainingly emotional and informative story rooted in personal experiences and trauma, connecting to real life issues and engaging the audience with what are still my raw emotions of the whole experience.

Keeping these ideas in mind I started writing and was surprised to notice my first draft came out as poetry. My initial draft included only the poetic section about my broken friendship. A monologue is to present a character through snapshot portraits of his/her life (Saldaña, 2003). I felt a poetic form did my monologue more justice. For example, I felt in this instance a poetic form to be more straightforward, to-the-point, harsh and sudden, eliciting emotions of confusion, hurt and desolation more effectively than that of prose. The purpose of my monologue was for the audience to focus on a single idea or event, emphasizing language, rhythm and mood, which a poetic form could provide (Saldaña, 2011). Still, I felt as if my story lacked a central line. As Saldaña (2003) cites Jean Luc Godard: “a story should have a beginning, a middle, and an end – but not necessarily in that order” (p. 220). My original monologue did not really have this. By beginning with “She said to me” I felt as if I was pushing the audience into the middle of the conflict without any background knowledge or prior connections. I understood that some stories could be told in such a form, but what I felt was missing was a deeper interwoven text mixed with my personal thoughts on the experiences. Thus, I chose to extend my monologue with two more pieces: one, still in the form of poetry, expanding on my experiences with an eating disorder, and another in the form of a narrative, reflecting on when I started my path to recovery.

Interweaving the poetic pieces with a narrative provided an inner, reflective voice of the experiences or, in the case of my ‘disappearing friend’, another side of an eating disorder that can affect a person’s life. By incorporating different voices and reflections, I felt as if I had ‘analyzed myself as an ‘other” (Davis & Ellis, 2008) while also providing a glimpse into the complexities of coping with an eating disorder, a format similar to Tillmann-Healy’s (1996) exploration of her own struggles with bulimia.

**The Performance**

I am not, nor ever have been a performer. This class project was my first experience working through and presenting a dramatic piece. For the purpose of this article, I felt the writing and reflection processes to be more vivid and profound, but will include here a small commentary on my experiences collaborating with my peers and the final performance.
I initially did not want to address my eating disorder in my monologue. This was partly due to both the collaboration process and the final presentation of the project to the entire class. Early in the semester we were encouraged to collaborate with each other with regards to the topic and presentation style of our monologues. I was very nervous to share my learning moment with my peers. I could talk about my broken friendship, but only alluded to my disorder as ‘an event’. As time passed I was slowly able to mention my eating disorder, but only to people I knew and I found it often came out in a mere whisper. I am not ashamed of what happened to me but I was, and still am, very leery of preconceived notions of the disorder and possible false judgments towards me. When it came time to my presentation, due to time constraints, I cut my monologue (the first draft) down to a couple of short sections and I only mentioned my eating disorder once, describing very briefly the experiences and its effects. While I was extremely nervous before the presentation, during the presentation I felt all the emotions – hurt, confusion, and especially anger – come pouring out; I was reliving the moment, and the nervousness seemed to dissipate. Afterwards I felt a small moment of triumph for being able to address my eating disorder (albeit brief) in public. I actually felt a great sense of relief. I had never realized the burden of harbouring all those emotions and purging them through the writing of the monologue and the performance was a welcomed release.

**Research and the Arts**

During this entire experience I was constantly questioning research methods. I pondered why the focus on the ‘scientific objective truth’ has seemingly become so highly revered, while expressions of personal experiences and growth are viewed as ‘lacking scientific rigour’. I am well aware of the need for the former type of research, but with some conditions such as eating disorders there is so much more to consider. I then questioned why research on eating disorders does not also explore it on a more personal level; to take out the need to seek a cure for the disease, and to recognize the significant personal and emotional intensities and implications such disorders have on people; to share stories as preventative or informative measures and to offer comfort and companionship to those who have suffered (Tillmann-Healy, 1996).

Taking the prefix, *ethno*- from ‘ethnodrama’, to relate to the research process of ethnography, is typically defined as the examination of cultures and societies through observations and interactions with people in their natural settings (Murchison, 2010). Ethnography also refers to the form of research as well as the written process in which “the eventual written product- an ethnography- draws its data primarily from fieldwork experience and usually emphasizes descriptive detail as a result” (Davies, 2008, p. 5). Thus, ethnographic writing can be transformed “into a dramatized form … a logical extension of the current reinterpretation of ethnographic practice and of the exploration of how ethnographic representations are constructed” (Mienczakowski, 1995, p. 364). In addition, Saldaña (2003) also notes the blurry boundaries between qualitative inquiry and theatrical representations of research such as the ability to analyze interview transcripts to understand and represent participants/characters. Furthermore, ethnography allows for reflexivity, where in a social science context it “refers to the ways in which the products of research are affected by the personal and the process of doing research” (Davies, 2008,
Yet, stereotypically arts-based research is viewed by some as lacking quantitative data and validity. However, ‘vraisemblance’ or ‘plausible accounts’ of the everyday is one of the goals to ethnodrama (Mienczakowski, 1995) in which “the ethnographic construction of dramatic scripts, validated by contributors, peers, and informed others, is potentially able to achieve vraisemblance and cultural ingress as effectively, if not more effectively, than some traditional means of research reporting” (pp. 365-366).

As such, in some instances it becomes important to reduce the academic boundaries and investigate the human nature. It is a great emotional and personal risk to open dialogue about eating disorders, but it is an important task. As Tillmann-Healy (1996) recounts in her autoethnographic piece living and coping with bulimia, there can be no clear-cut scientific methodology to understand this disorder, as medical professionals have traditionally focused on the individual’s “home environment, psychological traits, behavioral tendencies, physical health and treatment options” (p. 78). What is missing from this type of research are the multiple layers and complexities of emotions, experiences and feelings that scientific data simply cannot record. There are a significant number of contributing factors for the individual (and others, such as health professionals) to understand and accept in order to begin the road to recovery, something I have attempted to demonstrate in my monologue. As such, Tillmann-Healy (1996) poignantly notes how auto/ethnodramatic research can provide data to contribute to understanding the complexities of issues such as eating disorders:

I purposefully told my story this way. I wrote a sensual text to pull you away from the abstractions and categories that fill traditional research on eating disorders … to help you engage how bulimia feels. I used multiple forms to mimic the complex and multilayered nature of food addiction. Wanting the action to unfold before your eyes … I arranged [the stories] chronologically to guide you along my nine-year journey. (original italics, p. 104)

In the end the question that needs to be debunked is whether or not there is a place for research-based theatre, or arts-based research in general, when dealing with complex, personal issues such as eating disorders in academia. As Beck et al. (2011) demonstrate there are numerous possibilities of research-based theatre ranging on the performance and research continuums that allow for the mix of presenting data through performances. Further, bridging the gap between the research process and the arts can reach a wider audience because, as Mienczakowski (1995) observes, ethnodrama provides a public voice, an accessible form and can open interpretations by non-academics and academics.

**Concluding Thoughts**

As the term for my class neared the end, I became very reflective about many issues: about the nature of people, about myself, how and why I succumbed to a terrible disorder, how I survived and how I will continue. I was able to analyze myself as if studying the other (Davis & Ellis, 2008).
While I am very new to the practices of ethnodrama, through a variety of experiences during this class what has become apparent to me is the value and need for a variety of approaches to research; that one methodology in any field may not always offer the desired results, and embracing other forms of research as parts of the methodology may actually result in highlighting significant and relevant issues. As some twenty-first century forms of research glean from technological advancement as necessary tools to record, analyze and present data, we must not forget the role of the individual in some research studies. The participants should not simply be viewed as ‘purveyors of data’ but as people, who through forms such as auto/ethnodramatic methodologies can contribute much more depth and understanding to the problems and issues we are all trying to understand.
References


Bio
Claire Ahn is a PhD student in the Department of Language and Literacy at the University of British Columbia, Canada. Her research interests include teacher education, English Language Arts curriculum, film, visual literacy/rhetoric and ecoliteracy. She hopes to have more opportunities to further explore the relationship and possible benefits between eating disorders and research-based theatre.