

Overcoming Bulimia Nervosa : A Qualitative Study of Recovery in Japan

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Abstract

This study aims to present a new understanding of recovery from bulimia nervosa through the narratives of people who have recovered. Semi-structured interviews were conducted with 17 self-identified participants, and their narratives were used to clarify how people experience the recovery process. Two transformations occurred in the recovery process: the transformation of action, which involves stopping dieting and eating normally, and the transformation of cognition, which involves reducing the excessive desire to be thin. When discourse on recovery presents eating disorders as conditions from which it is possible to recover, increasing the repertoire of recovery stories can promote recovery.

Key words: recovery, bulimia nervosa, eating disorder, qualitative survey, Japan

Introduction

What was the most eye-opening was listening to stories of people who had recovered. ... They helped me feel hopeful that I could recover too. (Ms. D)

The purpose of this article is to describe recovery from bulimia nervosa through narratives of people who have overcome it. An increasing incidence of bulimia nervosa has been documented in the second half of the 20th century; however, little is known about recovery.

Japan is known as the only non-western country where eating disorders were reported as early as in the West (Gordon 2001). As in Europe and North America, medical professionals in Japan started paying attention to eating disorders after World War II (Shimosaka 1961).

Japanese epidemiological studies have reported an increase in cases of eating disorders. For example, a 2002 survey reported that 1 in every 300 junior high school girls, 1 in every 50 senior high school girls, and 1 in every 50 female university students had bulimia. Compared with a 1992 survey, these findings reflect a five-fold increase in bulimia among senior high school girls in a 10-year period (Nakai et al. 2003; Nakai et al. 2004). Eating problems like anorexia and bulimia are among the risk behaviors in adolescence, and they cause serious damage to women's quality of life.

In psychiatry and clinical psychology, numerous studies have focused on how to cure patients according to the perspective of doctors and therapists. However,

people recover in various ways, sometimes without medical treatment. Thus, to understand recovery, it is necessary to focus on how to cure not only from a medical perspective but also from the recovered person's perspective. Only a few studies have focused on how former sufferers have recovered, therefore, I conducted qualitative research on recovered people in Japan.

Framework

This study is not based on etiology or clinical theory but on sociological qualitative research. The question here is "How do people recover from bulimia?"

With respect to eating disorders, sociology, on which this research is based, tends to attribute the cause to social environments. If the cause of eating disorders lies in social environments—and this is a reasonable argument—in reality, society will not change dramatically in the short term. People who are suffering from eating problems at this precise moment cannot simply wait for society to change; they must survive somehow in current society.

Sociology that targets the suffering of people has a macro viewpoint of society. At the same time, it is necessary to have a clinical viewpoint of the contributions that can be made to alleviate the suffering of the individuals in question. Sociology that has this kind of clinical viewpoint is called clinical sociology.

Noguchi, who is a leader of clinical sociology in Japan, states that clinical sociology "aims for the clinical application of research results with the research target of social reality, which is called clinical care. If these two

requirements are met, whatever the theoretical stance, they will be welcomed" (Noguchi 2005: 4). The research described in this paper targets the clinical phenomena of eating disorders and aims for the clinical application of research results by clarifying recovery processes. For this reason, I consider the sociological stance of this study to be that of clinical sociology.

Recovery Studies

Clinical Studies

Several studies (Beresin et al. 1989; Hsu et al. 1992; Keski-Rahkonen and Tozzi 2005; Tozzi et al. 2003; Woods 2004) have considered patients' narratives about recovery from eating disorders; however, recovery from bulimia nervosa is less clearly revealed than recovery from anorexia nervosa (American Psychiatric Association 1993).

Rorty et al. conducted semi-structured interviews with 40 women who considered themselves to have recovered from bulimia nervosa and then studied recovery factors (Rorty et al. 1993, 1999). Among other things, their studies indicated that factors such as "support from romantic partners, friends, or family" and "contact with other bulimia nervosa sufferers" were helpful in recovery (Rorty et al. 1993).

However, in quantitative studies of this type, the qualitative details of how factors in recovery worked and why people recovered are not clear because participants' narratives are translated into quantitative data suitable for methods of scientific data treatment. For example, "support from romantic partners, friends, or family" was pointed out as a recovery-sustaining factor by Rorty; however, how exactly that factor worked to help recovery was not elucidated.

Sociological Studies

On the other hand, sociologist Garrett conducted an interview survey of 32 participants in Australia and considered recovery based on sufferers' narratives. Her central claim was that recovery is a spiritual experience. She said, "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" (Garrett 1998: xii). She proposed a counter-discourse against the domination of psychiatric and psychological discourses by displacing the center of the problem from the clinical to the spiritual and from illness to recovery.

In Japan, Asano (1996) has investigated eating disorders and discussed the social environments that cause eating disorders from the perspective of feminism. Although she did refer to recovery, the focus in her study was the cause of eating disorders. To date, in Japan, there has been little research based on qualitative data on recovery from bulimia nervosa (Nakamura 2011).

Methods

Focus on Narratives

In this study, I conducted semi-structured interviews with 17 participants—15 women and 2 men—who considered themselves to have recovered from bulimia nervosa. Consequently, I would like to state the background that underlies the use of qualitative surveys in this research.

In social science, there is a focus on the cultural concept of "illness" as opposed to the pathological concept of "disease." According to Kleinman, "Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability" (Kleinman 1998: 3). On the other hand, "Disease, however, is what the practitioner creates in the recasting of illness in terms of theories of disorder" (Kleinman 1998: 5).

Within the modern medical care system, the concept of disease is dominant, and there is a tendency to overlook the lay experiences and illness narratives describing how patients experience disease (Eisenberg 1977). In sociology and anthropology, a number of qualitative studies that emphasize people's illness experiences rather than the perspectives of clinicians have been conducted. In this way, interest in qualitative research in the fields of medical and clinical care is currently increasing.

In human behavior, there is a world that cannot be entirely captured by modern science; there are experiences that are lost from quantitative research and a richness that does not completely fit into theories. In arts and social sciences, using a research method that approaches the human world that exists right now by drawing on the perspective of narratives has been garnering focus.

Since so little has been written about the experience of recovery from bulimia, I believe that this qualitative data will be useful in both treatment practice and quantitative study.

Participants

Semi-structured interviews were conducted between June 2003 and November 2006 with 17 participants—15 women and 2 men—to elicit how they were afflicted by eating disorders and how they recovered from them. In terms of the age distribution of the informants, 65% ($n = 11$) were in their 20s, and 35% ($n = 6$) were in their 30s. Because informants were not referred from a hospital, I interviewed participants who self-identified as having an eating disorder. With regard to treatment experience, 65% ($n = 11$) had received psychiatric treatment, 53% ($n = 9$) had experienced counseling, 35% ($n = 6$) had attended a self-help group, 12% ($n = 2$) had received treatment from a gynecologist, 6% ($n = 1$) had received treatment from an internal medicine specialist, 6% ($n = 1$)

had received hospital treatment, and 6% ($n = 1$) had never experienced any kind of relevant treatment. In terms of symptoms, 12 mentioned that they had experienced a binge-purge cycle, and 5 said that they had suffered from bingeing but not from purging. All the informants stated that they had already recovered from their eating disorders. All of the participants were of Japanese ethnicity.

Definition of “Recovery”

There were problems concerning the definition of the term “recovery.” In the medical field, there are specific criteria to measure recovery (Keel et al. 2000). However, in this study, the use of the term is based not on medical definitions but on the subjective judgments of people who consider themselves recovered.

Results

Results showed that the participants experienced two main transformations in overcoming eating disorders. One was the transformation of action, which involved stopping dieting or vomiting and eating normally. The other was the transformation of cognition, which involved reducing the excessive desire to be thin.

Pointing out only these two transformations does not constitute a new discovery. It is widely known that getting over these two hurdles can be difficult for sufferers. Therefore, it is particularly important to describe how the 17 participants experienced their transformations.

Although there was a great variety of recovery stories in this study, this section focuses on three types of narratives: first, narratives that linked the experience of acceptance to recovery, second, those in which the improvement of eating habits led to recovery, and, third, those in which suffering continued even after binge eating and vomiting had stopped. An individual’s story sometimes combined more than one type of narrative.

Part 1 : Acceptance and Recovery

1.1 Participants’ Narratives

Many participants related that the key to their recovery was the experience of affirmation and being accepted by others.

[Case 1] Ms. A (a 30-year-old woman who had engaged in binge eating and vomiting for about 11 years).

Ms. A’s weight increased when she had to give up sports to concentrate on high school entrance examinations, and she began dieting to get rid of the extra weight. After that, around the time when she was a high school student, she began a cycle of binge eating and vomiting. However, after graduating from university at age 22, the violent binge eating and vomiting tapered off, and when she married at age 26, it stopped

altogether.

I don’t remember when it was, but I told my current husband about my eating problems,

so he read a book about eating disorders. I had never told anyone about binge eating before, but he offered to help me get well. With that support, I was able to tell him about the darker sides of me, and he said that he would accept those things about me. ... For me, the key to recovery was having someone who accepted me as okay the way I was.

Ms. A said that meeting her partner, who accepted her for who she was, led to her recovery. Ms. B (a 34-year-old woman who had engaged in binge eating and vomiting for about 8 years) shared similar feelings. She said that being accepted by her husband, who told her “you can eat if you want to and vomit if you want to,” helped her recover. After feeling unable to tell anyone about her experiences before, writing about her eating disorder experiences on the Web, where a lot of people accepted her, also helped. Ms. C (a 21-year-old woman who had engaged in self-starving and binge eating for about 6 years) said that she started to feel like she “didn’t necessarily have to be skinny” after finding a boyfriend.

[Case 2] Ms. D (a 23-year-old woman who had engaged in binge eating and vomiting for about 9 years).

Ms. D was a member of the volleyball club at junior high school. She began dieting when the coach suggested that she should lose weight, and following this, she repeated the cycle of binge eating and vomiting for around 8 years. Ms. D graduated from technical school, all the while binge eating and vomiting, and she worked as an acupuncturist. She gradually began wanting to binge eat during working hours, and as she was unable to do anything about this, she gave up her job. Thereafter, she isolated herself at home and binged incessantly. Around that time, Ms. D found an eating-disorder group on the Internet, and she started to participate. In this group, there were people who had recovered. Ms. D said that obtaining diverse information from this group was “extremely effective” in her recovery.

There are a lot of things written in books about the symptoms of eating disorders, but there is not much about the experiences of those who have recovered. So, I probably required specific information about how people recovered and what phases they went through the most.

Ms. D learned from the group, and she “looked for positives about myself one by one, and then I tried never to think about bad things.” In this way, Ms. D stopped binge eating and vomiting.

Mr. E (a 28-year-old man who had engaged in self-starving, binge eating, and vomiting for about 6 years) also brought up “self-help groups and exchanging e-mails with friends from self-help groups” as being important for his recovery. By becoming involved in a group, he was

able to give up living the life that was expected of him, demanding perfection, and comparing himself to other people. He stated that he became able to think that “there is no one in the world who is exactly the same as me, so there’s no meaning in comparing myself with other people.”

[Case 3] Ms. F (a 35-year-old woman who had engaged in binge eating and vomiting for about 4 years).

In addition to stories that related experiences of acceptance from others, there were also some stories that linked self-acceptance to recovery.

Ms. F wanted to be thin because she knew her husband had a lover who was thin. After the birth of her second child, she started binge eating and vomiting because she found it difficult to lose weight after having a second child.

Ms. F received treatment at a number of hospitals, but none of these treatments had any effect. However, she was able to find a counselor with whom she felt comfortable. The therapist was female and was raising her own children; therefore, it was easy for Ms. F to confide in her.

You can’t depend on others for a sense of your own affirmation. Do you know what I mean? It’s impossible to know if my husband might have another affair, or if I can always be the best mother. ... We can never know what’s going to happen. You might get fired tomorrow. That’s why I have to be self-sufficient and not depend on external factors for my own self-affirmation, or ... I have to have a self-sufficient sense of self-affirmation. ... My personality hasn’t changed, so I still tend to blame myself for things now, but I’ve started realizing for myself how important it is to learn to like myself, to affirm myself, and to love myself.”

In this way, she related that it was important to be self-sufficient without seeking self-affirmation from others.

Other people, such as Ms. G (a 26-year-old woman who had engaged in binge eating and vomiting for about 13 years), found the opportunity to recover at a church. Through involvement in the church’s activities, she gained self-acceptance. She explained her changed way of thinking by saying, “I could live a more human life. I had the right to a livelier existence.” It was then that she gradually stopped binge eating and vomiting.

1.2 Acceptance and recovery

Although the recovery experiences described in Cases 1, 2, and 3 are diverse, they also have points in common.

Ms. A’s partner accepted her even when he knew her darker side, Ms. B’s partner accepted her binge eating and vomiting, and Ms. C started to feel like she “didn’t necessarily have to be skinny” after finding a boyfriend. Ms. D participated in group meetings and said that she “looked for positives about myself one by one,” Mr. E

stopped comparing himself to other people when he got involved in a self-help group, Ms. F made accepting herself a priority, and Ms. G came to think that “I had the right to a livelier existence” through learning the teachings of her church.

All of them shared the experience of having either acceptance by other people or self-acceptance act as the trigger for their recovery or the states that they found themselves in after recovery.

Of course, in life, people do not only encounter people who accept them. Further, it is difficult for individuals to entirely accept themselves with all their faults. However, as Ms. F said, individuals can use a method of self-sufficient self-affirmation.

Then, how is it possible to say that experiences of acceptance by others and self-acceptance are the triggers for recovery or the states that people find themselves in after recovery?

People who have eating disorders are living in a world in which they can only accept themselves when they are thin and in which not everyone will accept them, and they feel that they have no value (Nakamura 2004). However, whether they are thin or not, if they are accepted by one or more other people, or if they accept themselves, their obsession with becoming thin is alleviated.

Even in psychotherapy, the importance of acceptance has been recognized. For example, experiences of acceptance are explained as follows.

This receptive mode of inquiry—with its openness to different ways of punctuating experience, readiness to explore multiple perspectives, and endorse their coexistence—can, to the extent that it is experienced by the other, trigger a changed stance toward experience. By the same token, it can liberate participants in therapy from an immersion in limiting constructions of the world. This is because the experiencing of receptivity—of openness to experience, together with a readiness to adopt multiple perspectives and accept the relativity of meaning itself—comprises a change in perspective. (Gergen and Kaye 1992: 182-183)

In this way, the experience of acceptance has the function of “releasing” people suffering from eating disorders who are immersed in a perspective of the world in which they have no value if they are not thin.

However, if the feeling of wanting to lose weight is reduced through the experience of acceptance from either oneself or others, will binge eating and vomiting stop immediately? The research participants introduced in Part 1 of this study said that they were naturally able to eat normal meals after they had lost the strong desire to lose weight. However, Part 2 presents the narratives of those who described the training they consciously undertook to return to normal eating habits during the

recovery process.

Part 2 : Improvements in Eating Patterns and Recovery

2.1 Participants' Narratives

Of the 17 people who cooperated in this research, 5 said that they had consciously improved their eating habits in the recovery process. I have described their narratives in this section.

[Case 4] Ms. H (a 23-year-old woman who had engaged in self-starving and binge eating for about 3 years).

When Ms. H was about 20 years old, she succeeded in reducing her weight from 59kg to 31kg in a very short time, and after that she had an excessive fear of eating.

For her, the trigger that stopped food refusal was getting a job. Ms. H shared how she felt an ongoing conflict between increasing her meals bit by bit in order to achieve the physical and mental strength necessary for her job and “not wanting to get fat” even if she got better. Further, in the process of increasing meals, she went from food refusal to binge eating. Then, she was unable to stop binge eating. Around that time, she changed jobs. As she had an acquaintance at her new place of work whom she had known before she became anorexic, she decided to tell coworkers about her eating problems.

I told coworkers all about how I starved myself and binged, and they just accepted it without saying anything. I kept bingeing for a while without getting any better. And I realized that, oh, it's not going to get better just because I changed my environment and I feel comfortable ... That's when I found a book about how to eat regularly. And that's when I began to think that what I needed to do was to start eating properly ... I planned when I would I eat what ... At first, I ate meals regularly, regardless of whether I was hungry or not, in order to regain a sensation of normalcy. In my case, after a month or so of eating like that, I felt like I could eat anything and be all right.

As shown above, through the acceptance of her experiences by coworkers, she was liberated from the excessive desire to lose weight. However, the cycle of fasting and binge eating was not going to get better. Following this, by making a conscious effort to have regular eating habits, she normalized her eating habits.

[Case 5] Ms. I (a 36-year-old woman who had engaged in binge eating for about 12 years).

Ms. I started dieting as a kind of game when she was a high school student, and there ensued a battle with binge eating that lasted for over 10 years. In her case, the temptation to binge eat was so violent that it had an adverse effect on her daily life, and “it got to the stage that it was way past talking about whether I was thin or fat.” At this stage, the excessive obsession with being thin disappeared. However, even though the obsession

with losing weight was gone, the violent binge eating persisted.

Ms. I had undergone psychiatric treatment and counseling previously but with no results. She shared that the doctor who helped her recover was different from previous doctors in that he provided guidance in regard to her eating habits instead of her psychological issues.” I had no idea that if I ate three meals a day I would stop bingeing. I wish someone had told me earlier! I really didn't know.”

From her doctor, she learned for the first time that eating insufficient amounts of food triggers the urge to binge, but it was difficult for her to regain normal eating habits at home. At that point, she voluntarily hospitalized herself and was able to regain her dietary rhythm in the hospital. She said that she made efforts to eat at regular times for a while after leaving the hospital.

I knew from my experience, because it had happened to me many times, that even if you temporarily lose weight, there's always a backlash. So I never dieted again after that.

In her case, although the desire to lose weight was alleviated, binge eating was not cured until she became aware of methods to change her eating habits.

[Case 6] Ms. J (a 26-year-old woman who had engaged in binge eating and vomiting for about 8 years).

When she was a high school student, she began to binge and purge habitually. After Ms. J graduated from university, she was offered a good job, but she left it after being diagnosed with depression and bulimia nervosa. She mostly stayed at home and repeatedly binged and purged.

She stated, “I felt I wanted to escape from a life where I was constrained by food and my weight.” Ms. J accidentally came across the website of someone who had experience with bulimia and talked about how eating three meals a day regularly was the key to recovery.

With new knowledge of the possibility of resolving her problem, she began to restructure her eating habits. In about 3 months, she almost completely lost her purging urges and became less obsessed with losing weight.

For me, I would go for a week with no problem, and then binge, and eventually the span where I didn't binge would get longer and longer. Next, I would go for 2 weeks, then 3 weeks, then 1 month. Oh, I was so happy when I went for a month. After I went for a month without bingeing, I completely stopped, so I figure that 1-month mark was really important.

[Case 7] Mr. K (a 26-year-old man who had engaged in binge eating and vomiting for about 3 years).

Mr. K had continued to binge and purge almost every day for 2 years while maintaining employment, but he started to feel at some point that he wanted to get better, so he set a goal that he would “just try not to vomit and to eat normally.”

When people ask me what was the worst, I say vomiting. That's what I wanted to stop

doing most. ... I would compare myself with people around me and ask myself, why are they having so much fun when I'm spending each day bingeing and vomiting? I wanted to be like the people around me.

While dealing with the conflict of "wanting to get better but wanting to stay thin," he imposed exercises on himself to return to normal eating habits in order to get better. This was the "just try not to vomit and to eat normally" method. In this way, he completely stopped binge eating and vomiting. However, during the interview, he talked about still having feelings of wanting to be thin. "I was still conflicted. I wanted to get better, but I still wanted to be thin. Moreover, even as the days go on you keep feeling like that. I'm 80% committed to getting better, and 20% of the time I still want to be thin."

Even after recovery, those who have recovered from an eating disorder must live in a society that values being thin. It is difficult to completely turn one's back on such a society. However, Mr. K, while having feelings of wanting to be thin, recovered by training himself to eat meals.

2.2 Improvements in Eating Patterns and Recovery

Part 2 describes cases wherein recovery was achieved when meal training followed loss of the desire to lose weight and a case in which recovery was achieved by eating regular meals even though a strong desire to lose weight remained.

Even though Ms. H was accepted by the people at her new place of work and felt comfortable, she continued to binge eat until she made an effort to have regular eating habits. Ms. I required meal training in order to cure the impulse to binge eat even after she had lost the desire to lose weight. Ms. J's obsession with losing weight weakened, and she almost completely lost the impulse to binge eat about 3 months after she started to reconstruct her eating habits. In another case, Ms. L (a 34-year-old woman who had engaged in binge eating and vomiting for about 15 years) gradually lost the feeling of wanting to lose weight, but in order to recover she needed to strongly desire her recovery and make conscious efforts to stop vomiting, which included "going to sleep or waiting for digestion if I felt like I was going to vomit." In these cases, meal training was effective in returning individuals to a normal meal pattern after they had lost their strong need to be thin.

Conversely, there is the case of Mr. K, who returned to normal eating habits while he still had a desire to be thin; through this process, his desire to be thin gradually decreased.

Having said this, it is extremely difficult for people who have anorexia or bulimia to eat normally without vomiting. For example, Ms. M (a 26-year-old woman who

had engaged in binge eating and vomiting for about 8 years) wrote in her blog as follows.

When I was binge eating and vomiting, I really believed that my body type was one that gained weight very easily and that if I ate normal portions I would blow up to over 100 kilos in no time. Even once I had stopped binge eating, this fear did not dissipate for a long time. Thankfully, this was nothing more than a fantasy. People do not put on weight that easily even if they eat what they want when they want.

Fear of getting fat is said to be the biggest obstacle to recovery (American Psychiatric Association 1993; Rorty et al. 1993). Consequently, the knowledge that binge eating will abate through eating, and awareness of the experiences of those who have recovered—who have proved that you do not endlessly put on weight if you eat what you want—have the effect of supporting recovery as they spread among people who have bulimia.

Part 3: Suffering after Recovery

3.1 Participants' Narratives

In this research, there were those who talked about how their suffering continued even after they had lost the desire to be thin and had stopped binge eating and vomiting. In addition, they talked about this kind of suffering as an extension of their eating disorder. Consequently, I examined what kind of suffering continued after binge eating had stopped, what relationship this suffering had to the eating disorder, and how people overcame this kind of suffering.

[Case 8] Ms. M (a 26-year-old woman who had engaged in binge eating and vomiting for about 8 years).

Ms. M continued to binge and purge between the ages of 16 and 24. During one of her worst times of continual bingeing and purging when she was 18, she came across the Heart Sutra and the poems of Kenji Miyazawa. She said that these both changed the way that she lived. She described her life at the time as follows.

You stop feeling dependent on lots of things for your happiness. You stop feeling that you're happy because you're rich, or you have nice clothes, or you're beautiful. And you start to feel the need to be happy even if you have nothing to base it on, even if you're penniless and naked on a desert island. It's that happiness you have inside you. Then you realize that as long as you're looking for something outside of yourself you'll never be satisfied. Just like no matter how much you eat, you'll always get hungry ... you realize it's a never-ending cycle.

After she stopped bingeing and purging, however, Ms. M began agonizing over raising her child in a perfect manner. Just like she had obsessed over being skinny in the past, she obsessed over being a good mother.

I never thought I was trying too hard, and had no

awareness of my own desire to be a good mother, so even if people told me not to try too hard I would always think, "but I'm not!" ... But when someone told me to try to be a bad mother, I was able to process it as a task, and as soon as I started to try that strategy, I suddenly found raising my child to be much easier.

Through the accumulation of circumstances such as those described above, things gradually became easier for Ms. M.

[Case 9] Ms. N (a 28-year-old woman who had engaged in binge eating for about 8 years).

Ever since she was about 11 years old, Ms. N had been exposed to domestic violence from her brother, who was 2 years older than her. When she was 18 years old, she lived alone in order to attend university; however, even then, each time that she returned to her family home, the violence from her brother and his teasing about her appearance continued. Then she thought that if she became thin and beautiful she could win over her brother and escape from his violence. Thus, she started to diet at the age of 19. However, 6 months after she began dieting, her binge eating became more violent as a repercussion of her diet.

The violent binge eating stopped when she was 21 years old. Ms. N says that "the binge eating stopped all of a sudden. One day it had just disappeared."

At that time, I had kind of stumbled into living with a guy from the same club as me. He seemingly had no problem with why I refused food or why I binged, and he left me to it. Because it was a guy's house, there was a PlayStation, and I had a go one day. Playing games uses both hands and that means that it is physically impossible to eat. I can binge even while I am reading a book or while I am drawing a picture. But with a game, I can't. Once I start playing a game, I can spend a whole night without eating or drinking. Of course, this is also a kind of addiction. I don't sleep until I get through the game. I drink water, but I don't eat anything. And anyway, I don't feel hungry any more. I was addicted to games, and for about 6 months I played game after game.

Ms. N was addicted to games for almost 6 months, and during that time she paid no attention to losing weight, eating, or the fact that she had previously been binge eating. Further, when her obsession with games finally abated, she had recovered from her eating disorder. However, even after her binge eating had been cured, she said, "I don't think I have recovered from my addiction and I don't have any intention of recovering." She explained that this meant even though there is a difference in degree, most people live their lives being addicted to something, and "there are no perfectly healthy people."

[Case 10] Ms. O (a 24-year-old woman who had

engaged in binge eating and vomiting for about 4 years).

When Ms. O was a senior in university, both the binge eating and the vomiting stopped suddenly.

I felt like the grad school lab was really fun and that everyone accepted me. The lab has an organizer role, and I got to do that. I was the first woman who ever did it, and everyone was really cooperative. ... Then all of a sudden one day, when I had a really busy day and came home all tired, I thought, "it would really be a bother to throw up today," and so I didn't. I completely stopped bingeing and vomiting that day. ... So, the lab at the university was really comfortable, and I had fun every day. Just like that, I stopped bingeing, and I never have since.

However, she said that even after she had stopped binge eating and vomiting, she was not entirely well. "I think I was still sick at that stage. For a while, my eccentric obsession and eccentric perceived notions were directed toward people."

Ms. O said that recovery, for her, was divided into two stages: the stage when food refusal and binge eating went away and the stage when the strange obsession went away. Further, she stated her position as follows.

Life has become more fun, you know? I'm not bothered by little things any more. I'm not making an effort not to be bothered; if I just left things to themselves, I stopped bothering about them. I've become a bit too lax about some things, I guess, but it's so much easier now.

[Case 11] Ms. P (a 29-year-old woman who had engaged in binge eating for about 7 years).

Ms. P said that her bulimia, which began at about age 19, was healed by the time she was about 25 or 26 years old. However, the period when she stopped overeating was not the period that Ms. P associated with her bulimia being healed.

The time when I considered myself healed was not when I tried to stop bingeing, but rather when I realized that this was my problem, and when I accepted it. ... At first, my personality tended toward the extreme, where I couldn't eat anything, and it was only OK if I didn't eat at all. But then, I stopped thinking about things, like I wanted to heal my bulimia, or I should stop bingeing, or lose weight. Instead, I started to feel like "things are fine like this, I'm fine," etc. ... Yeah, I really think that the way you think about it is important. In terms of overeating, instead of totally blaming yourself every time you do it, if you feel good about yourself and appreciate the food for being delicious, it makes you feel totally different even though you binged.

However, Ms. P became over-involved in flamenco, romantic interests, and studying for various qualifications over the next 3 to 4 years and said that it was still a very painful time for her. "While I had dealt with my bingeing,

my dependency was still there.”

So what kind of process did she go through in dealing with her bulimia and in getting over the pain that lingered afterwards?

You know, it was really gradual. I talked to people and read books. ... I think it was an accumulation of bits of advice that stuck out that brought me to where I am now. As I heard more and more things and read things that made sense to me, I gradually felt more confident in myself and accepted myself.

Now that Ms. P has recovered, she has set up a website. She sends messages to people who are suffering from eating disorders and holds eating disorder group meetings.

[Case 12] Ms. Q (a 30-year-old woman who had engaged in binge eating and vomiting for about 10 years).

Ms. Q began to diet because her mother told her that she “must not get fat, no matter what.” She began to diet at age 15, and between the ages of 16 and 25 she engaged in violent binge eating and vomiting. She was able to stop binging and purging around age 25. However, she did not think of herself as recovered at this point because after her binge eating and vomiting stopped she pursued her self-worth through being a part of a certain cult group.

Before, I used to think of myself as worthless. Now, I don't think of it so much as worth, but rather that I just accept myself for who I am. ... Once you start talking about how much your worth is, you instantly imagine the opposite, right? The same with being skinny or fat—it's about falling into the world of two polar opposites. ... The reason I changed the way I thought was because I figured it would be easier and compared it to my polar-opposite mentality. During that process, I think I naturally stopped worrying about self-worth.

Ms. Q regarded the period in which she changed her way of looking at things and her way of life to “I'm fine the way I am without thinking about whether I have worth or not,” as the period when she was completely recovered.

3.2 Recovery in Modern Society

In the cases described in Part 3, those who recovered went through a stage in which their obsession with losing weight weakened and binge eating and vomiting stopped. However, these individuals talked about transferring their “dependence” or “obsession” to something else. Ms. M transferred it to raising her baby, Ms. N to winning at computer games, Ms. O to obsession with human relationships, Ms. P to improving at flamenco dancing and obtaining qualifications, and Ms. Q to seeking superiority within a cult group. Therefore, in what kinds of situations were these obsessions resolved?

Ms. P also talked about her life while suffering from her eating disorder and how it was different after she

recovered.

You know, I feel like my feelings were always determined by external factors. For example, if there were people around me I would always wonder if they liked me. ... When people praised me and told me I was wonderful, etc. ... That's how I used to live. But I started wondering what I really found satisfying and fun. After I started thinking about my own enjoyment and happiness instead of what people thought of me, I stopped having an all-or-nothing mentality. In the end, wanting to be skinny is just because you care what other people think. ... Now in my life, I value my own feelings first.

Ms. Q indicated that “a society where you always have to compete makes it very painful to live.” She then elaborated further on that idea.

People are worthwhile or not, rich or poor, big or small, skinny people and fat people. It's all the same. I really think that a society that tells you that you have to win, or, if you lose, you have to stay a loser forever—a society that brainwashes you and controls your mind into thinking that you always have to compete—is a painful society to live in.

Ms. Q also said, “if you say something has worth, then there is always an opposition that says it is worthless,” and searching for “worth in yourself” creates “yourself without worth.” Similarly, a way of thinking that is based on trying to obtain approval from other people by achieving something is based on the self-denying idea that one will not gain the approval of others if one has no achievements.

In Part 1, participants related that affirmation from other people or self-affirmation was the trigger that liberated them from their obsession with being thin. Additionally, the stories covered in Part 3 illustrated even further that trying to obtain approval from others and pursuing one's self-worth are in themselves causes of suffering.

Discussion

There are a number of different triggers for recovery: everyday relationships with people, encounters with self-help groups, improvements in eating habits, etc. These stories about recovery include a wide variety of insights ranging from a direct approach to the body to an approach from a spiritual dimension that redefines the way of life. These stories may be valuable in the treatment of those who suffer from eating disorders.

Moreover, the stories also show individual differences in how people perceive recovery. Among the people who cooperated in this research, most regarded recovery as the time when they stopped binge eating and vomiting. However, depending on the individual, there were variations in which recovery was equated either with the

stage when various obsessions stopped or with the stage in which they accepted themselves as overeaters.

Medical anthropologist Mattingly said, “narratives never simply mirror lived experience or an ideational cosmos, nor is a story a clear window through which the world, or some chunk of it, may be seen. Telling a story, enacting one, or listening to one is a constructive process, grounded in a specific cultural setting, interaction, and history” (Mattingly and Garro 2000: 20). In other words, talking about something is itself an action that creates reality. If this is true, the recovery stories that have been presented in this article should have the power to construct the reality of recovery. There have been many descriptions of eating disorders that are as difficult to treat as illnesses, but discourse concerning recovery has the effect of converting eating disorders from conditions that are difficult to treat to problems from which it is possible to recover. Because increasing the repertoire of recovery stories allows experiences of recovery to grow, this article also serves as a linguistic approach toward recovery.

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Acknowledgements

This article was written with the assistance of a scholarship from Japan Society for the Promotion of Science.

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