Alyson Hoy

TRACING FEELING

Queering Eating Disorders in Canada

Queer and LGBT+ Studies

Collection Editor
PATRICK THOMSEN

LIVED PLACES
PUBLISHING

TRACING FEELING

Alyson Hoy

TRACING FEELING

Queering Eating Disorders in Canada

Queer and LGBT+ Studies
Collection Editor
PATRICK THOMSEN

LLP

First published in 2026 by Lived Places Publishing

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission in writing from the publisher.

No part of this book may be used or reproduced in any manner for the purpose of training artificial intelligence technologies or systems. In accordance with Article 4(3) of the Digital Single Market Directive 2019/790, Lived Places Publishing expressly reserves this work from the text and data mining exception.

The author and editor have made every effort to ensure the accuracy of the information contained in this publication but assume no responsibility for any errors, inaccuracies, inconsistencies, or omissions. Likewise, every effort has been made to contact copyright holders. If any copyright material has been reproduced unwittingly and without permission, the publisher will gladly receive information enabling them to rectify any error or omission in subsequent editions.

Copyright © 2026 Lived Places Publishing

British Library Cataloguing in Publication Data
A CIP record for this book is available from the British Library.

ISBN: 9781918026184 (pbk)
ISBN: 9781918026191 (ePDF)
ISBN: 9781918026207 (ePUB)

The right of Alyson Hoy to be identified as the Author of this work has been asserted by them in accordance with the Copyright, Design and Patents Act 1988.

Cover design by Fiachra McCarthy
Book design by Rachel Trolove of Twin Trail Design
Typeset by Newgen Publishing, UK

Lived Places Publishing
P.O. Box 1845
47 Echo Avenue
Miller Place, NY 11764

www.livedplacespublishing.com

For Eve Kosofsky Sedgwick, who has taught me to attend to the spaces between the lines, to the contradictions that make us, and to the possibilities that emerge when we refuse the demand to be legible.

For queer communities, whose ways of living, loving, knowing, and making kin continue to show me that there is no single way to inhabit a body or desire a life.

And for everyone living with an eating disorder.

May this book contribute, in some small way, to making more room for lives that exceed the categories meant to contain them.

Abstract

This book asks what Eve Kosofsky Sedgwick's queer theory might offer for thinking about current mental health crises among queer individuals in Canada and specifically the experience of eating disorders. Weaving queer theories of feeling and embodiment with the author's own memoirs and critical essay, this book disrupts "objective" medicalized and pathologized accounts of mental illness by turning the focus inward, tracing queer feeling, queer subjectivity, and queer embodied presence. There are chapters on the queer temporalities of eating disorders, identification and illness, queer childhood and precocious development, and the haunting of the starving body. Still grappling with the hard facts of research showing that queer persons in Canada experience significantly higher rates of eating disorders and are more likely to attempt suicide than their heterosexual and cisgender peers (www.nedic.ca), the book, as a whole, underscores the significance of these facts as related to stigma and experiences of bullying and discrimination, or what Sedgwick describes as the "spiralling violence of gay- and lesbian-bashing" (1993, p. 3). Throughout, Sedgwick's work represents a touchstone for thinking that both informs the author's writing on queering eating disorders and her belief that reading and writing queer books saves lives.

Key words

2SLGBTQIA+; anorexia; anxiety; affect; body; childhood; depression; eating disorders; gender; homophobia; intersubjectivity; mental health; queer identity; queer theory; paranoid reading; recovery; relationships; reparative reading; self-harm; trauma

Contents

Content warning x

Learning objectives xi

Foreword xii

Chapter 1 Queering eating disorders 1

Chapter 2 Emergence 21

Chapter 3 Queering trauma, disturbing the "ordinary": On self-harm, sex, and writing 41

Chapter 4 Queer childhood 71

Chapter 5 Tracing feeling 97

Epilogue 121

Discussion questions and recommended projects 130

About the author 132

References 134

Recommended resources 139

Index 141

Content warning

This book contains references to and descriptions of situations that some readers may find distressing, including:

- conversations with expletives
- disordered eating
- homophobia
- self-harm
- sexual abuse
- sexuality
- substance use
- suicidal ideation.

Learning objectives

- Readers will critically analyze how queer theoretical perspectives reshape conventional understandings of eating disorders, particularly in relation to gender, sexuality, embodiment, identity, and systems of social power.
- Readers will develop an understanding of what it means to "queer" eating disorders, paying attention to how memoir as a genre challenges or complicates dominant cultural and clinical narratives about eating disorders.
- Readers will be able to analyze how the text critiques normative assumptions about bodies, health, gender, and recovery.
- Readers will critically assess the role of social institutions (e.g., family, education, healthcare, media) in shaping experiences of disordered eating.
- Readers will critically assess how queer theoretical approaches, particularly Sedgwick's work, reframe eating disorders, trauma, and self-harm as complex embodied practices shaped by affective, relational, and sociocultural forces rather than solely as individual pathologies.

Foreword

This book asks what Eve Kosofsky Sedgwick's queer theory might offer for thinking about current mental health crises among queer individuals in Canada and specifically the experiences of eating disorders. Sedgwick, a literary critic who was widely regarded as a founder of queer theory in North America, and whose critical daring and conceptual acuity were eclipsed perhaps only by her very real and tenacious commitment to advocating queer survival, inspired, continually and sometimes surprisingly, even as breast cancer threatened her own life for many years. Sedgwick died in 2009 but her oeuvre continues today to animate thinking for scholars in diverse fields, including literary criticism, performance studies, gender studies, queer theory, and affect theory.

While on the one hand, some scholars have argued that Sedgwick's death signaled the end of queer theory, on the other hand, for many others, it created an important opportunity for thinking that moves toward resurgence. In recent collections, writers have returned to thinking about the foundational categories of Sedgwick's work, including, for example: Illness; trauma; dying; reparation; community; memory; activism; affect; and the role of feelings in public life. Queer theory scholars, in mourning and memorializing Sedgwick's death, reflect not just upon the public and collective histories of activism and the organizing around human rights that influenced the growth of academic queer studies but also turn the focus back on ourselves and so

chronicle in various forms of personal voice what Sedgwick's work has meant.

I was a PhD student in the Faculty of Education at the University of British Columbia when I first embarked on an inquiry into Sedgwick's writing. It was 2009. The world was opening up for me intellectually but at the same time I was also gripped by spiraling depression, anxiety, anorexia, and self-harm. Having completed and passed my comprehensive exams, I'd decided that I wanted to shift my focus for my now-looming dissertation writing, and, by a seeming stroke of luck, I stumbled upon Sedgwick's 1993 book *Tendencies*. Blending poetry, criticism, and incisive scholarship with memorial and autobiography, *Tendencies* struck a chord for me in its introductory essay "Queer and now," where, significantly, the author articulates "queer" and "queerness" for the very first time as a description of her work. Queer, according to Sedgwick, references the "open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning when the constituent elements of anyone's gender, of anyone's sexuality aren't made (or *can't be* made) to signify monolithically" (1993, p. 8). A method of reading, writing, and thinking across embodied and identity differences, and across disparate parts of gender and sexuality, queer is also, critically, "a continuing moment, movement, motive—recurrent, eddying, *troublant*" (p. xii). It performs the persistence of the past in the present, and operates as haunting and as a force.

For a long time, and particularly through my experience of anorexia during my PhD, I had been wrestling with a sense of queerness of self, both in the way that starving gave me an appearance of extreme thinness and an aesthetic of angularity and androgyny

that I coveted, and provided me with a *feeling*. That feeling was an intensity that I could hardly bear. Excruciating beyond any other form of suffering I had known, it was the queerest, most sadistic and haunting pleasure. Before Sedgwick, I had no understanding of this haunting as queer temporality, no language with which to conceive of anorexia as felt and embodied subjectivity, no notion to look beyond the ubiquitousness of the visual representation of anorexia in culture to inquire instead about the specificities of *being anorexic* or to ask, for instance, *what is skinny and fat feeling?* and *what does the hunger mean*?

By being "available to be identified with in the very grain of one's illness" (1993, p. 261), Sedgwick opened up intellectual and affective space and unexpected conceptual possibilities for me for considering that anorexia—an illness that appears on the surface of things as the cruelest, most annihilating impulse to starve and deny and waste the self through racking and incessant hunger and to refuse intimate and interpersonal connection—is queerly oriented to life and not only death. At a time when I was so sick that I had, in secret, begun mentally writing my own obituary, Sedgwick's writing functioned in no small way as sustenance. Indeed, it let me see the queer world-making potentialities of my own life.

Still, depression, as Sedgwick reflects in *Tendencies*, is part and parcel of our "QUEER time" (p. xi), not least because of the "omnipresence of […] wrenching loss" (p. 3) brought about by the emergency of AIDS and mainstream society that "wants its queer children to conform or (and this is not a figure of speech) die" (Ibid.). Writing in the very first sentence of "Queer and now," "I think everyone who does gay and lesbian studies is haunted by

the suicides of adolescents" (1993, p. 1), Sedgwick proceeds to describe the alarming and devastating statistics: "Queer teenagers are two to three times more likely to attempt suicide, and accomplish it, than others," while "minority queer adolescents are at even more extreme risk" (Ibid.). Drawing attention to the many "profligate ways this culture has of denying and despoiling queer energies and lives" (Ibid.), the essay importantly locates the mental health crisis among queer youth within an undeniably and specifically queer theoretical context. Yet, whereas Sedgwick once commented in an interview around the same time on the utility, potentiality, and hopefulness of queer theory to mobilize thinking and action around the AIDS crisis, and, indeed, followed and revisited this train of thought in much of her work, she never quite initiated an explicit return to the crisis of mental health for queer individuals in later writings.

The chapters in this book thus continue the work of Sedgwick "after Sedgwick," in this vein, reflecting that her death, far from signaling that queer theory is over, marks an occasion for re-evaluating the field that can be at once a return and a movement toward a future. Weaving queer theories of feeling and embodiment with my own memoirs and critical essay, the chapters seek to disrupt "objective," medicalized, and pathologized accounts of mental illness, gender, and sexuality by turning the focus inward, tracing queer feeling, queer subjectivity, and queer embodied presence. While some of the chapters engage explicitly with Sedgwick's work, others describe and perform a haunting of it. There are chapters on the queer temporalities of eating disorders, identification and illness, trauma, sexuality, and self-harm, queer childhood and precocious development, and

reparative readings of the starving body. Yet, grappling still with the hard facts of research that indicates that queer youth and adults "experience significantly greater rates of both eating disorders and attempting suicide compared to their heterosexual and cisgender peers" (Parker & Harriger, 2020), the work, as a whole, underscores higher rates of eating disorders and suicide among queer individuals as related to stigma and experiences of bullying and discrimination, or what Sedgwick (1993) describes as the "spiraling violence of gay- and lesbian-bashing" (p. 3).

In writing this book, I am alive to the fact that it "*feels* queer, and good" (Sedgwick, 1993, p. xi) to be surviving, and that the textual objects I've managed to attach to as a queer adult in recovery from an eating disorder have made and continue to make all the difference. Sedgwick's observation, in 1993, that "I think many adults (and I am among them) are trying, in our work, to keep faith with vividly remembered promises made to ourselves in childhood: Promises to make invisible possibilities and desires visible; to make the tacit things explicit; to smuggle queer representation in where it must be smuggled" (p. 3) has proven to be a persistent touchstone of the thinking that informs my work on queering eating disorders and my belief that reading—and now writing—queer books saves lives.

I was around three years old when I learned to read. Not coincidentally, that was also the time that I first fell in love. When I started to write, my feelings were channeled into letters to my favourite authors. "Dear Judy Blume, I LOVE YOU!!!" Dear Beverly Cleary, "YOU ARE THE BEST!!!" Bold, direct, effusive, uncensored, this kind of writing seems to me, now, to be the best, most inspired kind. In coming to this project, it is also the kind that

seems to be the most inappropriate but that I want to create, and I imagine my reading of Eve Kosofsky Sedgwick can make possible. Because I have learned from her an appreciation for stating the obvious, I feel compelled to point out (as she might also do) that this project is not the same as a letter, and most especially perhaps not a love letter. Yet, I hope that something about it will still register the incoherence, confusion, and chaos of that affect. After all, this was how Sedgwick described the work of love—a theory whose aim is to dislocate one's habitual relation to cognition and forms of mastery. For Sedgwick, and in Sedgwick's terms, then, this book is written with love. Within it dwell the energetic and inchoate desires of my five-year-old self: "THANK YOU!!!" Thanks to Sedgwick, I am writing and surviving, and in the "long moment" (Sedgwick, 1993, p. 266) of eating disorder recovery, this is nothing short of a queer miracle.

1
Queering eating disorders

Queering, memorying

I am queer and in recovery from an eating disorder. These two things, while they do not define the whole of who I am, nevertheless play a central role in how I perceive myself and how I experience and relate to others and the world. A question that my therapist persists in asking me—"who are you without your eating disorder?"—has never been one that I am particularly good at answering. When she asks me that, I feel the life sucked out of me. I am in recovery from anorexia, yes, but I still have the feelings of *being* anorexic. It's as if the tight red elastic band that I used to wear around my wrist and snap when I felt the sharp edges of hunger is still there, only it's withered with time. Sometimes I dig my nails into the thin skin where it sat, to remember.

I was 33 years old and two years into my PhD studies at the University of British Columbia when I was diagnosed with anorexia, bulimia, severe generalized anxiety disorder, and major depressive disorder. This information, while it brought a kind of relief at the time, was not news to me, since I had long been

suffering from disordered eating and anxious and depressive symptoms. As a teen, I'd had my first experience with disordered eating following a surgery to reposition and "correct" my lower jaw that left me unable to eat any food for weeks, apart from what I could manage to suck up through a straw. While terrifying at first, I remember how I felt—enlivened and triumphant—as my body learned to withstand the intense hunger pangs and I quickly started to lose weight.

Significant for a child who was tall and developed beyond my years and excruciatingly self-conscious, weight loss represented a new path to self-acceptance and what I believed was acceptance from my family and friends as well. But the barrage of compliments I received on my changing appearance was nothing compared to the pleasures I found in starving. In eating as little as I possibly could, I was overcome with feelings of exuberance and lightness. Still, such fervent self-starvation was hard to sustain, and in the years that followed, I fell deep and then deeper into depression.

By my twenties, around the time that I had completed my undergraduate degree, was embarking upon my master's studies, and was, at the same time, beginning to explore my queerness, I had become caught up in an anxious and chaotic cycle of starving, bingeing, and purging. I was depressed, and felt hopeless and lost. Though studying and working as a graduate assistant was ostensibly my priority, I began to spend an increasing number of hours each day at the gym, obsessing over the calories I burned and pushing my body to the brink. A year in, I started cutting, and while I did not attempt suicide in that period, thoughts of ending my life were ever present in my mind. Looking back on it,

I am pretty sure that, apart from the care and love I received from a few close and steadfast friends, studying and writing saved me. Indeed, it would be in my discovery of the queer theorist Eve Sedgwick's writing during my master's year that I would, however precariously, again become tethered to life.

In the opening of her (1993) essay, "Queer and Now," Sedgwick writes, eerily, "I think everyone who does gay and lesbian studies is haunted by the suicides of adolescents" (p. 1). A synthesis of excerpts from several other pieces, and in part a moving and skillful treatise on queer survival, the essay brings into focus the harrowing statistics of suicides by queer adolescents in the United States. "Queer teenagers are two to three times likelier to attempt suicide, and to accomplish it, than others," writes Sedgwick, and "minority queer adolescents are at even more extreme risk" (p. 3). Important not least because it draws attention to the mental health crisis among queer youth, the essay also explicitly locates this crisis within a queer theoretical framework, challenging traditional understandings of gender and sexuality, analyzing how power structures impact gender and sexual identities, and centring queer identities and lives. Significantly, Sedgwick offers, for the very first time, as a description of her work, an articulation of "queer" as "the open mesh of possibilities, gaps, overlaps, dissonances, and resonances, lapses and excesses of meaning when the constituent elements of anyone's gender, of anyone's sexuality aren't made (or *can't be* made) to signify monolithically" (p. 8).

Sedgwick's analysis here is inclusive, generous, and capacious. It makes room to consider the issue of high suicide rates among queer youth in relationship to a host of other topics, for example: The relationship between rhetoric supporting the

concealment and/or extinction of queer-identifying individuals and the policies of institutions and social systems; the threats directed at queer lives (especially in the context of AIDS) and the need for strong attachment to cultural objects; the challenges and rawness of opening conversations and classes that focus on gay and lesbian studies in academia; critiques of the construction of monolithic categories where everything means the same thing—that is, family, sexuality, queer; a description of her own projects in process, and her personal experience that includes both illness and existentialism brought on by breast cancer in her forties. The catalog of topics is by no means exhaustive, and still it makes room for readers to add to the list and make their own associations. For a reader such as myself, whose experience of mental health crises as a queer person relates specifically to eating disorders, the capaciousness of Sedgwick's writing is a gesture and a provocation. What might queer theory offer for thinking about current mental health crises among queer individuals in Canada and in particular the experiences of eating disorders?

I grew up in southwestern Ontario in a white, middle-class family, near the shores of Lake Huron. Each summer, for one to two weeks, my family would pack up the minivan and drive to the cottage to visit my grandparents. It was a joyful and exhilarating time in my early childhood. These weeks of vacation were spent picking fresh strawberries and making jam with my grandmother, going for after-dinner boat rides with my great-uncle, visiting the cheese factory and delighting in trips out for ice cream, playing with friends down the road, sitting in on late-night adult card games of euchre, cribbage, and gin rummy, and long, glorious

days of swimming and sandcastle building at the lake. I was 10 or maybe 11 years old when things started to change and I began to notice and feel uncomfortable in my body. One day, after lunchtime with my friends, when the three of us were happily scarfing down freshly baked chocolate chip cookies, their father exclaimed: "Look at my girls. You have all gotten to be such big eaters. Not one of you can say no to Grandma Eleanor's cookies! I bet that's why you two weigh more than your grandmother!" While I was aware that he was trying to be funny, and technically was addressing his daughters and not me, his words stung. I was the same size as my friends although I was two years younger, and my own grandmother was not that much bigger than me. Considering his words, and comparing my body and weight to my friends, I began to wonder if my body and appetite were a problem. When had I gotten so tall? Why was I hungry all the time? Did being a "big eater" and the same size as my grandmother mean that I was fat? These were questions that, at 11 years old, I did not have the answers for but they nevertheless imprinted in my mind and began to haunt me well into my teen years and after.

2SLGBTQIA+ youth in Canada

According to a recent study from researchers across Canadian and American universities, trans and gender nonconforming youth in Canada are more likely to have eating disorders and experience more serious symptoms than cis people (Hallward, Nagata, Rodgers, & Ganson, 2022). In addition, 2SLGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, and Two-Spirit) youth who have been diagnosed with an eating disorder

are nearly four times more likely to attempt suicide (Ibid.). The intersectionalities of gender identity, sexual orientation, and race play a role in the risk of developing eating disorders. 2SLGBTQIA+ youth who are Indigenous or multiracial have the highest rates of being diagnosed with an eating disorder (12 per cent and 10 per cent, respectively) (Ibid.).

For 2SLGBTQIA+ communities, there are many risk factors in the development of an eating disorder. It is believed that the unique stressors that 2SLGBTQIA+ persons face in our day-to-day lives increase our risk of developing mental illnesses, like anxiety and depression. To deal with these increased levels of anxiety and depression, persons may engage in disordered eating behaviours as a way to cope. Some of the stressors that are thought to contribute to the development of eating disorders in 2SLGBTQIA+ people include:

- Internalized negative beliefs and stigma relating to 2SLGBTQIA+ identity;
- Concealment of 2SLGBTQIA+ identity;
- Living in fear of harassment and violence (which can develop into PTSD);
- Stress from prejudice and discrimination;
- Fear of rejection or lived experience of rejections by family, friends, peers, and co-workers;
- Experience of violence based on sexual orientation and/or gender identity;
- Discordance between one's biological sex and gender identity;
- Experiencing homelessness (up to 42 per cent of unhoused youth are 2SLGBTQIA+ identified); and

- Increased body image dissatisfaction and disordered eating behaviours.

(www.thebalancedpractice.com)

The research provides a context for understanding the ways in which queer survival is, dismally, as Sedgwick observes, a matter of surviving "*into* threat" (1993, p. 3). And yet, for queer individuals who suffer from eating disorders, support from family and friends, culturally competent treatment programs relating to sexuality and gender issues, sufficient eating disorder education among 2SLGBTQIA+ service providers, and community connectedness may help lessen the impacts of harm. To Sedgwick's mind, hope is never so far away from despair, and so inclusive treatment that incorporates up-to-date knowledge, respect, empathy, and understanding may well be key to the successful treatment of eating disorders.

Queer theory for our times

In 1995, Sedgwick remarked in an interview that "the historical links between the emergence of queer theory and the emergency of AIDS are very close." "For one thing," she continues, "theory is important with this disease, because the self-evident categories that we had before don't work about this virus. AIDS, among all of the tragedy and devastation, also makes a huge problem for thinking, and in AIDS activism the interpenetration of theory and activism is extensive and very productive" (Kerr & O'Rourke, 1995). Though not of the same time, and arguably not political in quite the same way as Sedgwick, my thinking on the lived experience of eating disorders for 2SLGBTQIA+ individuals extends the work she did to consider the transformative potential

of queer theory to rethink how the body is signified through illness, desire, affective attachment, and the desire to live. For students, whose learning, "work," and queer world-making potentialities lie in reading and writing the world, the effects of blending theory with memoir to "queer" eating disorders analyses will be, I hope, unexpected and vast—both in the disruption of a logic of normalcy that haunts queer individuals and in contributing to a depathologizing of illness and trauma.

The problematic of haunting—ubiquitous in Sedgwick's writing—is foundational to her theorization of a different conception and unfolding of temporality, "a specifically queer temporality" (Barber & Clark, 2002, p. 2). In their essay, "Queer Moments: The Performative Temporalities of Eve Sedgwick," Stephen Barber and David Clark derive their notion of Sedgwick's queer temporality from the foreword to her book *Tendencies*, in which she announces "a QUEER time," "the queer moment," "the moment of queer" (1993, pp. xi-xii). Close-reading Sedgwick's proclamation of the queer moment, they note the uncertainty and likely impermanence of this moment, citing Sedgwick's statement that "in the short-shelf-life American marketplace of images, the queer moment, if it's here today, will for that very reason be gone tomorrow" (1993, p. xii). This is not your typical sort of moment, the authors suggest, since, for Sedgwick, "a problem about temporality may be […] a defining aspect of that moment" (p. 2). Indeed, it is not just a moment of queer, but a queer sort of moment: As Sedgwick states in the foreword, "Queer is a continuing moment […] recurrent, eddying, *troublant*" (p. xii).

In considering Sedgwick's conceptualization and writing of a queer temporality, I am alive to the fact that the time of and

about which she is writing is somehow not this one, that for all the mounted evidence *for* the queer moment she offers, her announcement of it comes to us by way of the past tense: "It was a QUEER time" (1993, p. xi). The timing here is *troublant* and unsettling indeed. There is a persistence of the past in the present, a haunting that disturbs a recognizable temporal frame. For Sedgwick, what haunting brings into view is a way of relating to the past where the past is not an origin tied to the logic of development but rather an affective and erotic commingling of times from which pleasurable interruptions and momentary fulfillments might also be staged. In her writing, haunting thus operates as an affective force that binds the subject not just to suffering, sadness, and loss but to pleasure and desire also. Writing about her diagnosis of breast cancer and grappling with the news that she is not healthy, as she thought, Sedgwick considers, against worries about impending death, for example: "In many ways it is full of stimulation and interest, even, to be ill and writing" (1993, p. 256).

But what does this haunting have to do with the queer lived experience of eating disorders? What is the place of pleasure and desire in an illness as despairing, destructive, and potentially lethal as anorexia? In inquiring into the felt and sensory characteristics of eating disorders, haunting circumvents the emphasis on visuality and the sensationalistic aspects of self-starvation that are widespread in Canadian culture to instead trace anorectic feeling-through-the-body in ways that reveal anorexia not simply as a manifest form of self-destruction but rather more complexly as constitutive of a sensual and embodied and still enigmatic practice.

Starving for feeling

As a young person, the promise made to myself to stop eating, although it sprang as a solution—bright, fully formed, and inalienable in my mind—was still shrouded in darkness, unable to articulate the complicated and painful emotions, the unsatisfied needs and out-of-control hungers that burgeoned below its clear and one-dimensional surface. Gripped by an anxiety that felt both oceanic and nameless, my promise not to eat brought relief, for the relentless, throbbing dullness that was to be in part my experience of starvation, the overwhelming uncertainties, the paralyzing complexities of feeling that haunted me, were reduced to a singular sensation (physical hunger) and a singular obsession (food).

Like an exquisitely orchestrated play, my life, throughout the better part of my teen years, was performed precisely in accordance with the order and timing of the three acts that comprised it: Breakfast; lunch; and dinner. Combined, these meals added up, on average, to a paltry 700 calories, yet the rituals that surrounded them were all-consuming and required the most concentrated precision, focus, patience, and care. There was the careful nibbling around the edges of one plain rice cake, the slow and deliberate slicing of an apple with tiny, translucent slivers of cheese, the endless swirling of a spoon dipped into a single small container of vanilla fat-free yogurt. In the mornings, when I awoke, I sought reassurance in running my fingers along the sharp edges separating out each rib, the knotty, defined bones in my shoulders, the hollow recesses in my clavicle, the taut tummy, endlessly empty. In the sleepy, quiet darkness of midnight,