



MARYA
HORNbacher

AUTHOR OF THE CENTER OF WINTER

WASTED

A MEMOIR OF
ANOREXIA AND BULIMIA

"A MEMOIR THAT RESONATES
WITH UNFLINCHING CANDOR AND IRONIC WIT.
WASTED IS A BOOK THAT CAN SAVE LIVES."
—DOROTHY ALLISON

P.S.

INSIGHTS,
INTERVIEWS
& MORE...

Introduction

Notes on the Netherworld

The awakened and knowing say: body I am entirely, and nothing else; and soul is only a word for something about the body.

—Nietzsche, *Thus Spoke Zarathustra*

It was a landmark event: We were having lunch. We were playing normal. After years in the underworld, we'd risen to the surface and were glancing around surreptitiously, taking tentative breaths of air. Jane, just out of the hospital, pale and shy-eyed, let her hair fall over her face, as though to keep from being seen as she committed this great sin of consumption, this confession of weakness, this admission of having a body, with all its impertinent demands. I was kicked back in my chair, extolling the virtues of health and staying alive, when she glanced up at me and whispered: "My heart feels funny."

I sat up and said, "What do you mean? Like, your physical heart?" She nodded and said, "It's skipping and stopping."

I took her pulse, then grabbed my keys with one hand and her with the other and hustled her to my car, head spinning with memory and statistics as we careened toward the emergency room: The first months of "health" are the most dangerous, the body reacting violently to the shock of being fed after years of starvation, the risk of heart attack high, especially just out of the hospital when anorexic behavior is likely to kick back in. Jane has her eyes closed and is breathing hard, she's twenty-one, I can't let her die, I know how this feels: the tightening of the chest,

the panic, the what-have-I-done-wait-I-was-kidding. Eating disorders linger so long undetected, eroding the body in silence, and then they strike. The secret is out. You're dying.

In the emergency room, the doctor took her pulse again and ignored me—first in bemusement, then in irritation—as I asked him to please give her an EKG, take her blood pressure sitting and standing, check her electrolytes. He turned to me finally, after poking her here and there, and said, “Excuse me, miss, but *I’m* the doctor.” I said yes, but— He waved me away and asked Jane how she felt. She looked at me. Asking an anorectic how she feels is an exercise in futility. I said, “Listen, she’s got an eating disorder. Please just take the tests.” The doctor, impatient, said, “What do you mean by *eating* disorder?”

I was floored. All I could see was Jane’s heart monitor, ticking out her weak and erratic pulse, as this man stood here, peering down from on high, telling me that *he* was the doctor, that I, a mere young woman who had spent fourteen years in the hell of eating disorders, should keep quiet.

I did not keep quiet. I started to yell.

In the year that followed, as both she and I gained strength, weight, voice, Jane began to sit straighter in her chair, began to say, softly at first, then louder, those words so many millions of people cannot bear to say aloud: I’m hungry.

I became bulimic at the age of nine, anorexic at the age of fifteen. I couldn’t decide between the two and veered back and forth from one to the other until I was twenty, and now, at twenty-three, I am an interesting creature, an Eating Disorder Not Otherwise Specified.¹ My weight has ranged over the past thirteen years from 135 pounds to 52, inching up and then plummeting back

¹Throughout this book, I make a distinction between the words *anorectic* and *anorexic*. Though in common parlance the word *anorexic* is often used to describe a person (“she’s an anorexic”), the technically correct usage of *anorexic* is as an adjective—i.e., it describes a type of behavior (“she’s anorexic,” meaning she displays some of the symptoms of anorexia), whereas *anorectic* is a noun, the medical term for a person diagnosed with anorexia (“she’s anorectic” or “an anorectic”). For further clarification, *anorexia* is used to describe a set of behaviors, the foremost being voluntary self-starvation (the etymological

down. I have gotten "well," then "sick," then "well," then "sicker," and so on up to now; I am considered "moderately improved," "psychologically stabilized, behaviorally disordered," "prone to habitual relapse." I have been hospitalized six times, institutionalized once, had endless hours of therapy, been tested and observed and diagnosed and pigeonholed and poked and prodded and fed and weighed for so long that I have begun to feel like a laboratory rat.

The history of my life—one version of it, anyway—is contained in piles of paper and scrolls of microfiche scattered over this city in basement-level records rooms, guarded by suspicious-looking women who asked me why I wanted to see them, what I needed with the information contained in files labeled with my name and date of birth. I signed forms confirming that I was myself, and therefore had a legal right to view the documentation of me, and forms saying that I was not a lawyer and did not intend in any way to hold Such and Such Hospital responsible for (patient's name) myself (living or dead). I provided identification. I politely disagreed when I was informed, in a few of the hospitals, that I did not exist, because they could not find any files on—what was your name again?—no, no record of anyone by that name. Incomplete, out of order, nonexistent, I licked my finger and paged through my life, some two-thousand-plus pages of illegible notes.

I learned, among other things, that I am "chronic," a "hopeless case." I sat in my folding chair and perused the picture presented by these charts, a picture of an invalid, a delusional girl destined, if she lived, for a life of paper gowns and hospital beds.

That picture is a bit inaccurate. I am neither delusional nor an invalid. Contrary to the charts that slated me for imminent expiration, I have not, to the best of my knowledge, expired. I no longer perform surgery on the smallest of muffins, splicing it into infinitesimal bits and nibbling

meaning of the word is "loss of appetite," which is not accurate). *Bulimia* is a term used to describe a pattern of bingeing and purging (self-induced vomiting, compulsive exercise, laxative and/or diuretic abuse). A combination of the two disorders, which is probably the most common form of eating disorder (rivalled by compulsive overeating, now diagnostically known as BED or binge eating disorder), is commonly known as bulimirexia, though it is rare that the two diseases exist in their full-blown form simultaneously. Rather, a bulimirexic usually vacillates between periods of anorexic and bulimic behavior.

at it like a psychotic rabbit. I no longer leap from my chair at the end of the meal and bolt for the bathroom. I live in a house, not a hospital. I am able to live day to day regardless of whether or not, on a given morning, I feel that my butt has magically expanded overnight. This was not always the case. There was a time when I was unable to get out of bed because my body, its muscles eating themselves away, refused to sit up. There was a time when the lies rolled off my tongue with ease, when it was far more important to me to self-destruct than to admit I had a problem, let alone allow anyone to help. The piles of paper that I picked up and lugged to a table in the medical records rooms all over town sometimes weighed more than the annotated Case herself.

This is a different sort of time. I have an eating disorder, no question about it. It and I live in an uncomfortable state of mutual antagonism. That is, to me, a far cry better than once upon a time, when it and I shared a bed, a brain, a body, when my sense of worth was entirely contingent upon my ability to starve. A strange equation, and an altogether too-common belief: One's worth is exponentially increased with one's incremental disappearance.

I am not here to spill my guts and tell you about how awful it's been, that my daddy was mean and my mother was mean and some kid called me Fatso in the third grade, because none of the above is true. I am not going to repeat, at length, how eating disorders are "about control," because we've all heard it. It's a buzzword, reductive, categorical, a tidy way of herding people into a mental quarantine and saying: *There*. That's that. Eating disorders are "about": yes, control, and history, philosophy, society, personal strangeness, family fuck-ups, autoerotics, myth, mirrors, love and death and S&M, magazines and religion, the individual's blind-folded stumble-walk through an ever-stranger world. The question is really not *if* eating disorders are "neurotic" and indicate a glitch in the mind—even *I* would have a hard time justifying, rationally, the practice of starving oneself to death or feasting only to toss back the feast—but rather *why*; why this glitch, what flipped this switch, why so many of us? Why so easy a choice, this? Why now? Some toxin in the air? Some freak of nature that has turned women against their own bodies with a virulence unmatched in history, all of a sudden, with no cause? The

individual does not exist outside of society. There are reasons why this is happening, and they do not lie in the mind alone.

This book is neither a tabloid tale of mysterious disease nor a testimony to a miracle cure. It's simply the story of one woman's travels to a darker side of reality, and her decision to make her way back. On her own terms.

My terms amount to cultural heresy. I had to say: I will eat what I want and look as I please and laugh as loud as I like and use the wrong fork and lick my knife. I had to learn strange and delicious lessons, lessons too few women learn: to love the thump of my steps, the implication of weight and presence and taking of space, to love my body's rebellious hungers, responses to touch, to understand myself as more than a brain attached to a bundle of bones. I have to ignore the cultural cacophony that singsongs all day long, Too much, too much, too much. As Abra Fortune Chernik writes, "Gaining weight and pulling my head out of the toilet was the most political act I ever committed."²

I wrote this book because I believe some people will recognize themselves in it—eating disordered or not—and because I believe, perhaps naively, that they might be willing to change their own behavior, get help if they need it, entertain the notion that their bodies are acceptable, that they themselves are neither insufficient nor in excess. I wrote it because I disagree with much of what is generally believed about eating disorders, and wanted to put in my two cents, for whatever it's worth. I wrote it because people often dismiss eating disorders as manifestations of vanity, immaturity, madness. It is, in some ways, all of these things. But it is also an addiction. It is a response, albeit a rather twisted one, to a culture, a family, a self. I wrote this because I want to dispel two common and contradictory myths about eating disorders: that they are an insignificant problem, solved by a little therapy and a little pill and a pat on the head, a "stage" that "girls" go through—I know a girl whose psychiatrist told her that her bulimia was just a part of "normal adolescent

² "The Body Politic," in *Listen Up: Voices from the Next Feminist Generation*, ed. Barbara Findlen, 75–84. A beautifully written, extremely insightful essay on the author's eating disorder.

development"—and, conversely, that they must belie true insanity, that they only happen to "those people" whose brains are incurably flawed, that "those people" are hopelessly "sick."

An eating disorder is not usually a phase, and it is not necessarily indicative of madness. It is quite maddening, granted, not only for the loved ones of the eating disordered person but also for the person herself. It is, at the most basic level, a bundle of deadly contradictions: a desire for power that strips you of all power. A gesture of strength that divests you of all strength. A wish to prove that you need nothing, that you have no human hungers, which turns on itself and becomes a searing need for the hunger itself. It is an attempt to find an identity, but ultimately it strips you of any sense of yourself, save the sorry identity of "sick." It is a grotesque mockery of cultural standards of beauty that winds up mocking no one more than you. It is a protest against cultural stereotypes of women that in the end makes you seem the weakest, the most needy and neurotic of all women. It is the thing you believe is keeping you safe, alive, contained—and in the end, of course, you find it's doing quite the opposite. These contradictions begin to split a person in two. Body and mind fall apart from each other, and it is in this fissure that an eating disorder may flourish, in the silence that surrounds this confusion that an eating disorder may fester and thrive.

An eating disorder is in many ways a rather logical elaboration on a cultural idea. While the personality of an eating-disordered person plays a huge role—we are often extreme people, highly competitive, incredibly self-critical, driven, perfectionistic, tending toward excess—and while the family of an eating-disordered person plays a fairly crucial part in creating an environment in which an eating disorder may grow like a hothouse flower, I do believe that the cultural environment is an equal, if not greater, culprit in the sheer *popularity* of eating disorders. There were numerous methods of self-destruction available to me, countless outlets that could have channeled my drive, perfectionism, ambition, and an excess of general intensity, millions of ways in which I could have responded to a culture that I found highly problematic. I did not choose those ways. I chose an eating disorder. I cannot help but think that, had I

lived in a culture where "thinness" was not regarded as a strange state of grace, I might have sought out another means of attaining that grace, perhaps one that would not have so seriously damaged my body, and so radically distorted my sense of who I am.

I do not have all the answers. In fact, I have precious few. I will pose more questions in this book than I can respond to. I can offer little more than my perspective, my experience of having an eating disorder. It is not an unusual experience. I was sicker than some, not as sick as others. My eating disorder has neither exotic origins nor a religious-conversion conclusion. I am not a curiosity, nor is my life particularly curious. That's what bothers me—that my life is so common. That should not be the case. I would not wish my journey through a shimmery, fun house mirror-covered hell on anyone. I would not wish the bitter aftermath—that stage we can never foresee when we're sick, the damaged body, the constant temptation, the realizations of how we have failed to become ourselves, how afraid we were and are, and how we must start over from scratch, no matter how great that fear—on anyone. I don't think people realize, when they're just getting started on an eating disorder or even when they're in the grip of one, that it is not something that you just "get over." For the vast majority of eating-disordered people, it is something that will haunt you for the rest of your life. You may change your behavior, change your beliefs about yourself and your body, give up that particular way of coping in the world. You may learn, as I have, that you would rather be a human than a human's thin shell. You may get well. But you never forget.

I would do anything to keep people from going where I went. Writing this book was the only thing I could think of.

So I get to be the stereotype: female, white, young, middle-class. I can't tell the story for all of us. I wrote this because I object to the homogenizing, the inaccurate trend in the majority of eating disorders literature that tends to generalize from the part to the whole, from a person to a group. I am not a doctor or a professor or an expert or a pundit. I'm a writer. I have no college degree and I never graduated from high school. I do research. I read. I talk to people. I look around. I think.

Those aren't qualifications enough. My only qualification, in the end, is this: I live it.

If I bore you, that is that. If I am clumsy, that may indicate partly the difficulty of my subject, and the seriousness with which I am trying to take what hold I can of it; more certainly, it will indicate my youth, my lack of mastery of my so-called art or craft, my lack perhaps of talent. . . .

A piece of the body torn out by the roots might be more to the point.

—JAMES AGEE