

PERSONAL REFLECTION

from the author

My life has changed dramatically in the year since writing my memoir. Returning to the piece after not even thinking about it for so long was awkward at first. After rereading it, however, I was very happy to have the chance to revise some parts and to re-enter writing in general. I have been so distracted by my new job and the responsibilities of living as an adult that I have not even seriously thought of writing. I have had enough interesting experiences in the past nine months to fill volumes, yet I have written nothing. More than anything, having a chance to reacquaint myself with this writing project has ignited a desire and passion to write.

from the professor

“Body Language” is a response to an assignment in Writing 424 Lifewriting: Women and Memoir course that students write a short memoir of 5-6 pages that makes use of the elements of memoir expressed by Judith Barrington in her book “Writing the Memoir: From Truth to Art.” Students were asked to work at creating a narrative that situates the reader in a specific time and place and to deploy sensory details that help the reader vividly experience the narrator’s world. Sarah’s short memoir offers an unflinchingly honest examination of her lived, bodily experience of an eating disorder. The details Sarah provides--from the bathroom scene to the hospital scene--make this memoir haunting and unforgettable. The anger of the narrator toward the medical and therapeutic establishment (until she meets an insightful therapist) also makes this piece a penetrating and insightful one. I characterize Sarah’s writing as “memoir with a critical edge.” - Eileen Schell

Body Language

While writing can be educational, it can be therapeutic as well. With the advantage of time, one woman looks back on her struggle with anorexia to produce a powerful piece of insightful and analytic writing

by Sarah Dewey

Everyone wanted to see me get fat, I was sure of it. For once in my life I had some semblance of control over my body in a way no else did. Managing my body took discipline and I was not going to have anyone interfere. I sat crouched in the small space between my parents' bathtub and toilet, the cool white ceramic tiles reflecting the blonde of my hair, the tears that somehow managed to eke out of the eye ducts were streaming down my hot, mucus slathered face. In the corner behind the toilet, the dog hair swirled in little eddies, and the rim of the toilet had faint speckles of urine, unnoticeable to anyone not at eye level. The shower was on and the fan running as a distraction. Every once in awhile I would knock a bar of soap into the tub with a heavy thud or set a bottle down hard enough so that anyone listening at the door would be fooled and actually think I was in the shower. I used to vomit in the shower, pushing the chunks of food and bright colored foamy mucus down the drain, but one night, in my hurry to clean up, I had not been able to push a slice of pickle down the drain grates and my mother found it. Pickles, raw vegetables, and spaghetti were the hardest foods to fit down the drain.

As I basked in the hazy afterglow of my purge I tasted the blood, sweet and thick as it trickled down my throat and knuckles. Lately there had been more blood and my knuckles were forming bright red raised scaly patches, scarring over in thick nubs from the constant scraping against my teeth. After a meal or a drink I would wait ten agonizing minutes until I could leave the table and say I was taking a bath. Locking myself in the bathroom I would run the water, hover over the toilet and in a semi-conscious state jam all four fingers down my lumpy bleeding throat, past the tonsils and pressing down the epiglottis. No one's body can resist the gagging fit brought on by covering the epiglottis. The body actually adapts to constant gagging, and over time it takes more effort to make the stomach and throat submit, but once the epiglottis is depressed, the stomach immediately surrenders its contents. I had on several occasions been careless and forgotten to push down the little fleshy flap so that my fingernails caught the gill-like covering, cutting it as my finger was momentarily lodged, cutting off my air and making my throat sting with fresh blood. My gums were oozing and the sticky phlegm that coated my cheeks and lips was burning the open sores. My teeth ached. In my daze of ecstasy and exhaustion, I began contemplating the amount of blood dripping down my throat and hands, watching it pool with the green bile and snotty strings of mucus on the surface of the water. Perhaps I did have a problem. As I walked over to the scale, wiping my hands on the bath towel I wondered if throwing up was also making my hair fall out. I had been noticing that my hairbrush was full of long blonde hairs and my head was sore with oozing scabs and bloody patches. In the shower I would collect handfuls too thick to wash down the drain.

As I stepped on the scale I noticed a soft sobbing coming from the other side of the door.

the it. factor

The graphic descriptions really bring the reader immediately into the scene that she is trying to convey.

the it. factor

The personal account gives a new view of the eating disorder. It goes much further than the usual media stories. Do not be afraid to think outside the box when choosing the topic for a paper.

I heard my brother ask, “What’s wrong with Sarah?” The cold metal creaked as I stepped up on the bathroom scale, the noise announcing my secret activities. My mother’s voice seemed distant from behind the closed door, but even in my bewildered state, I knew I had been caught and that there was no hiding what I had done. The realization of being caught snapped my mind around, and I prepared myself to deny everything. It is what all people with eating disorders do. I lied even though there was nothing to lie about—I had been caught in the act. Although only moments before I had been toying with the idea that I could possibly be sick and that the weekly visits to the clinic were purposeful, the sound of my mother’s voice, and the anger and embarrassment at being so careless and dumb as to get caught made me more determined to lie. Besides, who could think of changing? I may have been caught, but the scale was reporting the lowest number yet. I had only thrown up a glass of water, which I had expected would keep my weight the same as that morning. To my delight, however, I had managed to shed an extra pound. Instead of 71 pounds I was an even 70.

* * *

The clinic was actually part of the children’s ward in Strong Memorial Hospital, a large research hospital in Rochester, New York. The waiting room was painted in bright primary colors and the chairs and benches were geometric shapes, some with red rhombus seats, others with yellow triangle backs. There were toys and books for children, all with the dingy film that is left behind from the small, sticky Kool-Aid and graham cracker coated hands of children. At fifteen I thought the room utterly demeaning to the older patients, reinforcing my belief that the clinic was stupid and unnecessary. In the very center of the room was a large prism-shaped salt-water fish tank. Exotic fish with googly eyes and fluorescent colors swam around sunken ships, deep-sea divers, and moving treasure chests. The back wall was a large mural of an old-time fair with animals, little boys in knickers and sailor hats, and women in Victorian dress. The center of the mural was a miniature carousel with horses that moved up and down, a bronze plaque announcing that it was gift from a wealthy contributor. Waiting with me were girls roughly the same age, all with disgusted looks on their faces. Periodically one of these girls would bolt from the back rooms and try to escape to the rest of the hospital to avoid weigh-ins. Some girls were bulimic, others anorexic, and others over eaters. I secretly detested the over eaters, wondering how anyone could let themselves go like that. Peering at them out of the corner of my eye, I felt superior to them as I scanned their bloated bodies. Even more secretly I wondered what it was like to devour entire chocolate cakes, cheesy pizzas, and boxes of cookies as I assumed each of them did. The thought of the food made my stomach knot with fear.

The eating disorders suite also housed a pediatric clinic for children with muscular dystrophy, multiple sclerosis and other diseases that left their tiny limbs knotted and gnarled, some with ankle bones so thin they would never be able to walk. Parents of these children had to push their kids in wheelchairs specially outfitted for their tiny bodies. I was always ashamed when I saw these kids clustered around the fish tank and the carousel. They all wanted to play with the toys and see the moving horses, but their bodies limited them to a view from a wheelchair. I had no right to be there. I resented treatment and lashed out at doctors. Meanwhile, for kids like these, the doctors were their one very distant shot at ever having a life outside of a wheelchair. I would hold my breath in anticipation and hope that one of our names would be called to break the tension. The small disfigured bodies disappearing into the left door and me into the right.

The week my mother caught me in the bathroom I went to therapy without much outward



the **it**. factor

She does not try to speak for other people in her story. She only writes about her perceptions. When writing an essay do not include the feelings of others unless they can be backed up with a source or quote.



the **it**. factor

Although transitions are vital to the general flow of a paper, sometimes they can be trite or out of place. The use of a visual break shows the change of scene and idea in the essay.



the **it**. factor

Her narrative provides a lot of character development in subtle ways. Her shame in being placed in the same clinic as children in wheelchairs can be interpreted by the reader in many ways. This allows the reader some freedom in understanding the character.



the **it**. factor

Description and detail are important and extremely effective when used correctly. Make sure the descriptions fit with the overall mood of the paper and make sense in what you are trying to convey.

the **it.** factor

Anger is sometimes difficult to convey in a formal essay. The author chooses words that will ensure an icy mood towards authority in the hospital.



protest. I knew I had been caught, and although I was sure I did not have a problem, I recognized when I was going to lose the weekly fight I waged before my Thursday sessions. Because I had always managed to vomit unnoticed, I always had at least some leverage from which to argue I was healthy. This week, however, my mother had caught me, waiting and listening outside the bathroom door. Since there was no doubt about what I had done, I could not outright lie. I bided my time, saving the real resistance for when I was alone with the doctors.

Nurse Cheryl called my name. I hated her. She was always irritated and did not believe one word I told her. Her brassy bleached hair was dull yellow, tightly pulled back in a bun. She was fat with ruddy skin, her white pants and shirt further washing out her bloated complexion. I had two minutes to strip fully and snap on a hospital gown with the gap in the front. Nurse Cheryl was mean but she was not stupid. She anticipated the tricks of desperate patients, which is why she made everyone strip naked and hold their arms out. Some girls would clench batteries in their hands or put excess change in their pockets on the weigh-in days so that it looked like they were making more progress than they really were. Patients were never allowed to see the scale and had to step on backwards. If nurse Cheryl caught my eyes straining back, she would yell, “head straight!” Next she took my temperature and blood pressure sitting down and standing up, all the while asking me questions about my bowel movements, menstrual cycle, and sleeping patterns.

After the initial work up I was taken down into the heart of the clinic where banks of offices looked the same, each with a different color flag marking the doctors and patients occupying the rooms. While I waited for Bobby, my coordinating doctor, I heard a knock on the door and a hand on the knob. It was Terry. The gray haired bitch who all of us girls in the clinic called “the dyke.” It wasn’t that Terry was actually a lesbian or that any of us would call her a dyke if she was, but being teenagers who were pissed off it was the most cutting insult we could manage to think of for the clinic’s head administrator. We thought it was hilarious. Today she had on the denim jumper with a pink turtleneck and moccasins, a style I truly detested. Smiling, she told me I was to have a new psychiatrist and that she would be with me shortly.

I expected a fake touchy feely hippie doctor to appear and was surprised when the door opened and a young, beautiful black woman introduced herself as Dr. Stithe. She explained that she did alternative psychology that focused on guided meditation and relaxation techniques. I would be required to keep a journal and to bring it to meetings with her. She also suggested attending group therapy with other girls in the program. That was one request with which I immediately refused. It was one thing to have to be humiliated at my doctor appointments with my family, but to have to do it in front of strangers was something I was not ever going to do. Dr. Stithe simply said okay, and asked me pointedly if I was afraid of food. It was the most honest question I had been asked yet.

I had been through one therapist already. The first woman had her office in her home and I had nicknamed her Dr. Doolittle. Her cats were allowed in her office during appointments and her dogs barked throughout the hour-long visit in her waiting room that moonlighted as a dining area. Her house on Pearl Street was a ramshackle tenement that looked like it was bursting at the seams, the top sliding off the bottom, all slipping into the manure-caked farm that outlined her property. I was supposed to draw my feelings, scribbling them on a large sketchpad with my choice of crayon or marker. I sat with the pad in my lap feeling alienated and appalled. I left the page blank and she claimed it was a masterpiece. I complained and cried to my parents that the woman was an idiot, and after meeting her they agreed. I went into my last appointment

smug that I had won, bursting with excitement as I told her I was not coming back anymore. She called my mother in, sure I was lying, and when my mother confirmed my story she asked why I was leaving. My mother simply said that my food anxiety was not being addressed. Dr. Doolittle looked at me and said, “I did not know you had a problem with food.”

I had more than a problem with food. It was a fear that haunted me in my dreams where I would imagine I was surrounded by mountains of food, unable to stop eating, my belly bulging. I would wake up terrified that it had really happened, actually feeling fatter. The next day I would cut my food intake in half just to be safe. Just thinking of food made me feel fat, imagining greasy yellow lard oozing into my body, stretching my skin, disfiguring my face and body. I became claustrophobic at the very sight of food, the sight of it tying me down, my lungs clogging with imaginary sticky fat, suffocating me in obesity. Food taunted me and dared me to eat it, begging me to smell it, taste it, swallow it. Every piece of food had a voice that clawed its way into my mind. For every plea food made to be eaten, and every moment my emaciated belly begged to absorb it there was an even louder voice in me that told me to deny it. There was a constant battle raging; food and my physical body on one side, my brain on the other side, telling me I was weak, fat, and a slob. The fear of food was only one small link to my anorexia. Although other emotional issues catalyzed my anorexia, starvation simply a manifestation of my deeper psychological problems, the fear and anxiety I felt around food was the most accessible avenue to understanding and explaining my condition. To admit my fear of food was not only a starting point from which to begin recovery, but it was also a point of personal acceptance, finally admitting to myself that I had become a prisoner in my own body, cowering from the voices screaming in my mind.

Sarah Dewey: After graduating in May 2003, I joined the Teach For America corp. in New York City. I now teach seventh grade English and Social Studies at IS 125 in the South Bronx. The year has been the most challenging time in my life to date, but I am beginning to very much enjoy my work, my students, and my life in New York.



the **it.** factor

The placement of her first therapy after her accounts in the hospital helps the reader return to her initial struggle with her weight. It recounts the first paragraph without the least bit of repetitiveness.



the **it.** factor

The end of an essay does not always have to be tied up neatly for the reader. This tactic shows the acceptance of a problem, but the ongoing struggle. If your essay is intriguing it will leave the reader wanting more.