
Compulsive eating is a symbolic reenactment of the way in which we distorted our feelings when we began eating compulsively: we swallowed our feelings; we blamed ourselves; we felt out of control; we believed we couldn't get enough. If we allow ourselves to get sidetracked into believing that food is our problem, we will never heal the wounds that we became compulsive to express.¹

Eating disorders are not about losing weight. They are not about vanity.

In November of 2015, I decided, with the support of friends and family, to take a medical leave from my studies at Boston College. Home in California, I was admitted to a forty-hour-per-week partial hospitalization program at a comprehensive eating disorder recovery center. In this program, I was afforded the opportunity to empathize with a wide range of other clients' experiences with eating disorders.

The cast of characters was diverse and dynamic. There were recent college graduates—an accountant, a wildlife ecologist, and a social science researcher. A student on leave from Boston University; a fifty-something biochemistry PhD and chief science officer of a biotech firm. A man. A child. LGBTQ and straight. Varying socioeconomic backgrounds, beliefs, and cultures. So what is the common thread between eating disorder patients? I believe that it is, broadly speaking, trauma—whether developmental or acute. In group therapy, we bonded over shared experiences of trauma and loss. From sexual assault to suicide in the family, from bipolar parents to trans-generational shame, we all struggled chronically to deal with overwhelming emotions during which time the eating disorders took over.

Hence the abusive relationship. The disorder offers many things in a time of need, but ultimately proves disastrous when it lingers long after its purpose has been served. Like with all addictions, the cycle drones on, and breaking up the abusive relationship is a time for grieving in and of itself. I've spent half my life with my eating disorder, and it's not easy to let go. But I am blessed with loving friends and family. It is that love—that intimacy—that allows me to break free and strive down my journey of recovery. I am a twenty-one-year-old man, and I am *recovering* from an eating disorder.

There are many things I've learned from my experiences, but chief among them is this: Love is the answer. Only intimacy that stems from authenticity and the present moment can bloom into this kind of love. Whether recovering from an eating disorder or dealing with death and trauma, knowing that someone truly understands the real you and loves you all the same not in spite of your experiences (your "faults"), but because of them—is what allows you to go on. This essay is a stride in that direction. I am here as I am.

ENDNOTE

1. Geneen Roth, *When Food is Love: Exploring the Relationship between Eating and Intimacy* (New York, N.Y.: Plume, 1992), 125.

THE CLINIC

KATERINA IVANOV

we're hanging off your bed. you—longer lately, hair brushing at the carpet
me—thick tongued after your mother's wine. you turn—I'm struck by how
eye contact is the same, upside down. *punch me in the stomach*, you say.

we do that exchange girls do with their eyes—*are you sure?*
how far? you weren't safe?— all at once. you crinkle me into a fist—
piano fingers, weak wristed, palms cut with thick fault lines.

please, you say. we stand and gravity does this thing to your eyes that nighttime
does to the neighbors lawns. in the aisle of a drugstore you wash it down
with diet desperation. we aren't quite sure if there's anything

to grieve that day, so we smart like fresh cuts at the sounds
of The Smiths on the way home, and I dig half moons into my palms
while I pretend you are only hiccupping from the soda.

when you do it for real, I stay tightlipped and unlicensed and you don't
cry in the front seat like you did in ninth grade and I run my fingers through
my eyelashes like heart strings, mourning the things we should have mourned, then.