Chapter 38. Disclosing Eating Disorder Recovery: The Pursuit of Credibility and the Pressure of Representation

Michelle Cowan
Washington and Lee University

When I was 28, I spent an afternoon in my friend Denise's[1] apartment, chatting about what it felt like to speak at eating disorder recovery events. At the time, she had written a book about eating disorder recovery and traveled to promote it with speaking engagements. I popped over to her place to borrow her portable sound system for a gig I was playing later that week. I was a singer-songwriter who mixed coffee shop gigs with events at spiritual retreats or lifelong learning centers where I would talk about my experiences with recovery and mental health. I saw myself as an upstart and Denise as the experienced speaker.

I had a lot to learn, but it was not the first time in my life I had spoken publicly about my own recovery. As a teenager, I performed as a singer and spoke to community and school groups about my experience in recovery. The difference between then and my time with Denise was that, as a teen, I was still struggling mightily with the eating disorder even while I spoke about how well I was doing. I was a living contradiction. By my late 20s, I had done much more work, and my recovery was strong but not "perfect." Because I felt I had failed as a representative of recovery in my youth, I sometimes second-guessed my ability to be a good representative of eating disorder recovery as an adult even though I had made significant strides.

On that afternoon in Denise's apartment, we discussed how we had not believed recovery was real when we were in the eating disorder. We had struggled so much and had so many relapses that we assumed no one really recovered—and if they said they had recovered, they were either lying or experiencing a temporary remission of sorts. Such honeymoon periods are common during the early years of recovery, and we had once doubted any kind of real recovery existed beyond those short periods of remission. Thankfully, Denise and I both stuck it out. Our lives were now totally different, to the point where we were performing, writing, and enjoying life.

Then, Denise said something about the believability of recovery speakers that stuck with me. I'm paraphrasing from memory, but she said something like, "Remember when Miss America came out a few years ago with an eating disorder recovery platform?" I remembered Kirsten Haglund appearing on talk shows,

1. Denise and Catarina (who will appear later) are pseudonyms.

DOI: https://doi.org/10.37514/PRA-B.2026.2906.2.38

blond and beautiful. Denise continued, "She started a foundation and still travels everywhere talking about what recovery is like. She's doing great work, but I know a lot of people look at her and think, 'That kind of recovery can't be possible for me. I'll never look like her.' People tend to believe in recovery more when it comes from someone like you or me. That's attainable."

Two thoughts came to my mind: (1) Had my friend just called me ugly? And (2) that seems about right.

At the time, my views on recovery were based on my own experience rather than formal research. I knew Denise didn't mean I was ugly. She was just acknowledging that we were both solidly "average" looking and "average" sized human beings. Of course, I have a bone to pick with the word "average" here, but I'm trusting readers to understand what I mean. We were not super beautiful by beauty-pageant measures. We weren't threatening or outside the norm. We looked like normal people who had a healthy relationship with food and their bodies.

Certainly, Denise and I both knew that people who recover from eating disorders are all very different, but we also knew how tempting it is to judge recovery based on appearances. Although medical professionals have good reasons to be concerned about bodies on the extreme edges of size, recovery cannot be exclusively measured by external factors. Recovery is about living a life that feels authentic, healthy, and increasingly free of shame and guilt around food, exercise, and body size. Everyone in recovery has different bodies, personalities, and styles, and those aspects of ourselves constantly shift. By age 28, I had already been all sorts of sizes and shapes—physically, emotionally, and psychologically. I would argue that accepting the shifting nature of bodies and selves is a critical part of recovery. But understanding that "healthy" means different things to different people is not the same as believing that other people will set aside judgments of appearance when choosing to trust someone offering advice. We knew the way we looked impacted how people received the message we were offering.

How we felt as representatives was based on the pressures we had put on ourselves and the beliefs we held about how someone in a position of influence should appear in the world. When I was new to recovery, I distrusted most people who tried to help me. I believed treatment providers were trying to make me fat. I was afraid of becoming fat, which at the time would have meant I had lost control of my body—the one thing I felt I could control in an overwhelming world. Appearance might have been a stand-in for other, more significant fears, but appearance mattered. If someone who didn't look the way I wanted to look had approached me with a message of recovery, I'm not sure I would have listened to them in those early days.

Now, I've grown up. I've been fat. I've been thin. I've been through life events that have changed me. And as a researcher, I now know that people with eating disorders tend to be more critical of themselves rather than others. Our audiences were probably much less likely to judge us than we were to judge ourselves. But

research often doesn't matter to the feeling person. Experience matters. Denise and I understood credibility based on personal experience and did not take time to support our ideas with objective research. Later, when I started down the academic path, I thought I needed to flip that approach on its head, valuing only credibility earned through empirical means. But I would soon learn that academic credibility is much more complicated to measure.

~ ~ ~

Although I eventually completed a dissertation focused on eating disorder recovery rhetoric, I had no intention of studying eating disorder recovery when I started my graduate studies. Between the conversation with Denise and my first graduate class in rhetoric six years later, I had stopped doing eating disorder-related speaking engagements. The pressure to be a model of recovery—whether internally or externally applied—was too much. At that point in my career, I was a digital content manager who wanted a graduate degree. Interestingly, however, that drive for a graduate degree centered around the same sort of search for credibility I had been on when advocating for recovery.

I was a woman, and I looked young. Those were problems when vying for promotions at work. I was repeatedly viewed as "just a writer" even though I was the manager of our content team, had spent a decade as an editor, and had earned certifications in user-interface design, an expertise I was growing as part of my company's user experience team. My appearance and my introverted nature were getting in the way of upward movement. Again, I did not have any peer-reviewed data to prove such things were happening to me, but I thought that maybe, if I earned an advanced degree, executives and prospective employers might see me in a more respectable light. At some level, the need to earn a higher degree was still related to how I appeared on the outside.

After heading to Texas Tech University to study technical communication and rhetoric (workplace communication and usability, specifically), I ended up trading the chase for workplace credibility for the pursuit of academic credibility. Then, unexpectedly, I found myself face-to-face with the pressures to be a representative of recovery I thought I'd left behind.

~ ~ ~

Because telling people I was in recovery from an eating disorder felt like an invitation for people to view me critically, I was unsure about researching anything related to recovery. But my complicated thoughts around telling people I was recovered led me to think a lot about the language people used to describe eating disorder recovery. I was curious about how people did or did not use the terms "recovered" or "in recovery." I talked to friends in recovery every day, and this issue came up regularly. Because of my own history around having "perfect" or "full" recovery, I saw an opportunity in the field of rhetoric to investigate

something I knew mattered in my community. Even if I never studied eating disorder rhetoric again, I wanted my dissertation to mean something to me. I knew I would never get my precious time as a graduate student back, and I didn't know where my career would go after graduate school. The dissertation had to be more than a device to get a job I might not even want. It had to mean something in the moment, and at the time, recovery mattered a lot.

Two years into my time at Texas Tech, I became very involved in the university's Center for Collegiate Recovery Communities (CRC). They partially funded my graduate studies, and I worked with other people in recovery there. But choosing eating disorder recovery as a dissertation topic meant I would have to tell colleagues straight up that I had recovered from an eating disorder. At the time, friends at the CRC knew about my recovery but not people in the English department. I didn't want to pretend a disconnection from the subject matter with my dissertation committee while being open about recovery everywhere else.

Predictably, disclosing that I had recovered from an eating disorder was no big deal to anyone except me. But what disclosure meant to me was significant. It not only opened me up to a meaningful avenue of research, but it also made me think about scholarship differently. I wondered how many other scholars had gone through the same internal conflict about disclosing their personal histories for fear of having to represent some kind of group or cause.

~ ~ ~

I also thought about study participants and whether they, too, struggle with seeing themselves as representatives of whatever phenomena we are studying. Several of my dissertation participants disclosed that they thought a great deal about what it means to be a representative. My willingness to expose my own vulnerability as a researcher-representative helped me connect to them as participant-representatives. I learned to sense when an interviewee was unsure about opening up and would often reveal that I had also recovered from an eating disorder. Many of my participants already suspected my personal connection to the research, and several asked me outright whether I was in recovery before I volunteered to share. Whatever the case, once my positionality was on the table, participants visibly relaxed.

For example, Catarina, a participant in my dissertation study, was also a PhD student working on scholarship related to eating disorders. She was an advocate for eating disorder recovery and body positivity. Catarina had recovered into what she called a "larger body," and she told me she wondered if people with eating disorders, who saw her as a representative of recovery, would have an aversion to her story because she was bigger. We were able to talk about this in depth because I had struggled with this question during times in my recovery when I had been larger. This conversation led me to ask future participants more directly about

their feelings about recovering into a larger body, a fruitful avenue of research that would not have opened up without our shared vulnerability.

Catarina and I connected over our academic work and the sad truth that fat people have a hard time being representatives of anything. People don't listen to fat people, and peer-reviewed studies demonstrate as much. Would someone in early recovery listen to someone who looks like Catarina? Would someone on an academic search committee hire someone who looks like Catarina? Questions about representing eating disorder recovery overlap with questions around representing oneself as an academic. It isn't a matter of imposter syndrome. Catarina and I both knew we belonged in the eating disorder recovery community and in academia, but we did not know if our work would be accepted. People tend to underestimate women who are fat, new to academia, or engaged in qualitative studies that emphasize researcher and participant vulnerability rather than objectivity. These are real issues that even the most well-meaning group, academic advisor, or hiring committee may not be able to escape.

~ ~ ~

It is challenging to tell a story of recovering from any kind of mental illness. Revealing a mental illness exposes a chink in the armor of the self. As an academic whose job is to use her brain, to admit my brain has issues is terrifying and potentially career-ending, particularly if one faces a judgmental tenure committee.

Certainly, there are things about my mental health history I do not share with anyone outside my closest circle of friends. I am not an open book because, as Margaret Price (author of *Mad at School*) asserts, disclosing the entirety of one's positionality is risky, both career-wise and psychologically. But I do consider the moment when I chose to disclose my eating disorder history in my dissertation an important milestone.

I deeply wanted people to know about my history with eating disorders. I was curious if I would be accepted or treated differently when I admitted how personal the topic of recovery was for me. My choice was to admit it and to write an entire dissertation chapter explaining my recovery experience. I also chose to disclose to many of my participants because my own experience of recovery made the interview space safer. I also believe that my experience gave me more credibility as a researcher, not less. I exposed my views in the dissertation so people could see the differences between what I believed and what my participants said. I was not pushing my own agenda; I was showcasing diverse voices.

At the same time, I knew to be on the lookout for my invisible biases. I am aware that I carry a history of beliefs grounded in experience rather than academic research, and I don't know how much that experience blinds me to reality. What I do know is, when my friend Denise talked about our credibility, she was pointing out that it is hard to believe recovery is real if you have not experienced

it. Representatives of recovery gain credibility not because of academic research but because people see markers of recovery in our lives and on our bodies.

Similarly, academic work can be hard, and we need scholarly models that feel real, attainable, and grounded in experience. Graduate students read polished, beauty-pageant-ready articles and see tenured professors speak at conferences without seeing the messy path from idea to publication or graduate student to tenure. Disclosing positionality is one way for researchers to open up and admit that nothing is perfect. No one is perfectly objective. We all bring our pasts, presents, bodies, and mental health into our work.

Whether or not researchers choose to disclose their positionality, grappling with the challenge disclosure presents is a seminal moment with the potential to enrich future research and career decisions. After contending with positionality myself, I now see the myriad stories behind the articles other scholars publish, and I am a more critical, more incisive, and more compassionate scholar. I may, in fact, be a representative of recovery, but that is only one part of a much more complicated and ever-changing person.