21 to 35

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Abstract: Relying on personal experience braided with research and analysis, this essay thinks through what it means to experience amenorrhea—or not—as a result of an eating disorder. By questioning where the line is between girlhood and womanhood, the author troubles the notion of a clear divide between the two, noting that menstruation is often considered a marker of becoming a woman, and thus wondering what happens when that marker is lost. In addition, the author employs a feminist lens to examine how eating disorders are discussed and researched, and who has the authority to make meaning out of these experiences in liminal spaces.

Keywords: menstruation, amenorrhea, eating disorders, feminist research, liminality, girlhood

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I told myself that if I lost my period, I'd stop. Looking back now, I'm not sure I would have.

I got my first period when I was in fifth grade. I was 11 years old, which is young for a first period. My mother had been excited in the year or so leading up to this. She'd pat my knee while driving the Toyota Sienna minivan, say, it's so exciting that you're going to be a woman. When I got my period, she asked if I wanted her to share the information with the family—I did not, in part because I did not see the appeal of this thing that now happened to me, and in part because I did not think they, three men, would care. And she put my first tampon in for me, so that I could understand how to place it and what it should feel like.

I don't remember if it was before I got my period or after, but I suspect after, that she took me to Dallas to shop at Sam Moon and hang out, a girl's trip. The real purpose of the trip was to keep me sitting in the front seat of the minivan for two hours so that I could read aloud to her an informational book, with illustrations, about puberty, menstruation, and sex, for all sexes. I was, in theory, now a woman, so I had to be educated about being a woman and all the things that women might do and that might happen to women (except I do not remember there being any mention of rape, sexual assault, domestic violence, or same sex relationships, much less polyamory or gender expression). I watched *M*A*S*H* on my portable DVD player the whole way home, perhaps as a small form of protest for having to endure this. My mother told me that trip or some time later that her own mother had done nothing but hand her a box of pads or tampons when she first got her period, and my mother said she wanted it to be different for me. I was not the enthusiastic participant she imagined.

In my twenties, my period was off. It was still there, but there were cycles that were 20 days, 21 days, 22 days. It kept happening, not every cycle, but still: 19 days, 20 days, 21 days. This is *technically* normal.

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Menstrual cycles last 21-35 days, and variation is normal. My periods were short and light and often. Looking back, I view these anomalies in my cycle as perhaps not anomalies, but signals and signs that something in my body was off. I don't know if that is the case. I do know that having an eating disorder is one of the reasons a body might develop secondary amenorrhea. And I know that I knew that losing my period was serious, albeit not serious enough at the time to stop or seek help before that happened.

Amenorrhea is a condition wherein someone never has a period. Secondary amenorrhea is "the absence of three or more periods in a row by someone who has had periods in the past" ("Amenorrhea"). Significant factors for secondary amenorrhea—and other "menstrual dysfunction"—include "BMI, recalled caloric intake, and levels of exercise" (Poyastro Pinheiro et al. 431). One's menstrual cycle can say a lot about one's overall health, as "indications of irregularity can be an early warning sign that something is amiss" (44), writes Christine Yu in *Up to Speed: The Groundbreaking Science of Women Athletes*. "More often, for active people, a wonky or absent cycle is a sign that the body doesn't have enough energy to fuel the activities of daily life. Undereating, overexercising, or a combination of both can result in an energy deficit that disrupts their cycle" (Yu 44). Secondary amenorrhea is indicative of an issue within the body, a sign that something needs to change. Menstruation is seen as the movement from girl to woman, from adolescent to adult. Is the lack of a menstrual cycle a regression? Do we ever stop being girls?

Melissa Febos writes in the prologue to *Girlhood*:

> The story went like this: I was a happy child, if also a strange one. There were griefs, but I was safe and well-loved. The age of ten or eleven—the time when my childhood became more distinctly a *girl*hood—marked a violent turn from this. … During [girlhood] we learn to adopt a story about ourselves—what our value is, what beauty is, what is harmful and what is normal—and to privilege the feelings, comfort, perceptions, and power of others over our own. This training of our minds can lead to the exile of many parts of the self, to hatred for and the abuse of our own bodies, the policing of other girls, and a lifetime of allegiance to values that do not prioritize our safety, happiness, freedom, or pleasure. (xiii)

Like Febos, I see girlhood as distinct from childhood. A friend of mine and I were talking about where that line is, the one between being a child and being a girl. She said it was around age eight, or maybe nine, the time when she began noticing feeling shame about comments about her body, even if those comments were positive. Around that time, nine or 10, I too began noticing bodies. But beyond this temporal moment that began around age nine, the idea of girlhood for me evokes a negative feeling, an association with a lack of power or control, the sense that I could not do much about my situation, whatever it was.

My family moved from South Carolina to Texas when I was about to start fourth grade. I was three months from turning 10, and I did not want to leave the only place I had known and the only house I had lived in. We lived in Texas for six years. I got my period there, started wearing a bra, started shaving my legs. One of my brothers told me my arms were hairy, I suppose with the implication that I should shave those too. We moved to North Carolina four months before I turned 16, two months before I started tenth grade.

Sometime before we moved the second time, probably a year before, I stopped crying. My father had gotten an interview the year before we moved for a tenure track job. I cried because somehow, I knew he would get the job and that we would move, and I did not want to move. Not again. After that, the times I cried were rare. It happened, I am sure, but not often, and if at all possible, not in front of people. This is an essay about eating disorders and amenorrhea, but what I am trying to say here is that they are all connected. Suppression in one area means suppression all over. I learned to suppress early, so I was prepared to suppress as I became a woman.

How do I tell you that I felt out of control as a child, when that is not the language I would have used then and would not have used until very recently. My parents were and are full of caring. I have no complaints. And yet, my childhood and my girlhood made me what I am today, provided my context, provided the environmental backdrop. I was raised to be high-achieving. I was expected to get As, always. It wasn't even that there was pressure, or I did not register it as pressure, only that the grades my brothers and I got were As, because there was no other option. By the time we were in college, this became a system wherein we had to pay for the class if we got a C or below. I was taken to church on Sunday mornings and Sunday afternoons and evenings, and on Wednesday evenings, and I went to Vacation Bible School for five days in the summer, and I spent many mornings at the church gym, because at that time, my father worked at the church. There was no choice in this, and I did not even give myself a choice until junior year of college, but really, senior year. Each season, I was told to choose one activity. This is a privilege, and I know it as a privilege, and I also know it as something else. I danced—tap, ballet, and jazz—and was terrible at all three. I played soccer, also terrible. I played basketball and kept playing through age 18, adding softball and volleyball and track and swimming later. We were not allowed to quit anything. If we were bored, we were told to go outside or to read a book—in short, to entertain ourselves—and we were not allowed to watch TV outside of sanctioned times. At times, I felt my emotions were misunderstood or belittled and minimized, so I tried to make them smaller. Again, I recognize that these are not inherent negatives in a childhood, and most of them were the result of an easy and privileged life. But the lessons they instilled in me became twisted and warped until doing anything outside of rigorous self-control and high expectations was not an option. That was not who we were. That was not who I was.

When I was a girl, I was taller than all of the other kids in my grade. For a short time in fifth grade or sixth grade, I was taller than one of my brothers, who is two and a half years older than I am. Though my mother called it sloppy, or said I looked like a slob, I gravitated toward clothing that was oversized, or at least not very fitted, like t-shirts and basketball shorts and wind pants. My family attended church on Sundays, and one morning, as we walked across the parking lot, I complained about having to wear a dress or a skirt. Why do they get to wear pants and I don't, I asked about my brothers. I say this not to raise questions about my comfort in my gender performance or to insinuate that my eating disorder was a result of this image of my body, but to highlight that as a girl I was uncomfortable in the body that I had. At that time, I did not want to become a woman, I did not want to embrace femininity because I felt I did not fit the ideals of it. I did not want to have a period. But there I was, many years later, clinging to it, that which allegedly brought

me out of girlhood.

In their series on feminism and eating disorders, Andrea LaMarre, Michael P. Levine, Su Holmes, and Helen Malson ask "(1) What issues and barriers have resulted in feminism being so neglected in the field of eating disorders? and (2) What can feminism offer?" (LaMarre et al. "An Open Invitation," Part 1 2) The writers claim that the field of eating disorders has neglected feminism, and that

> feminist approaches enable us to (i) work with lived experience; (ii) expand on taken-for-granted but limited understandings of sociocultural influences; (iii) appreciate the value of engaging with different methodological approaches for understanding eating disorders; and (iv) illuminate the significance of context in understanding lived recoveries. (LaMarre et al., "An Open Invitation," Part 1 2)

While there is acknowledgement in the critique that feminists have not fully understood eating disorders, a large aspect of the critique focuses on the diagnostic politics that arise around eating disorders (LaMarre et al., "An Open Invitation," Part 1 5, 7-8). Ultimately, the writers argue for more contextual care, offering the view that "the medical model's fundamental assumptions and linguistic practices in relation to syndromes, diagnoses, comorbidity, course of illness, and treatment may disempower and disembody people whose eating disorders express and represent issues of helplessness, subjectivity, and loss" (LaMarre et al., "An Open Invitation," Part 1 9). This focus on context continues in the second part of the series, wherein the writers discuss collaboration between those with eating disorders and their care teams: "collaborating means recognising that, while a person with an ED might not always be acting in their own best interest, decisions made about their treatment can involve them in the process as humans" (LaMarre et al., "An Open Invitation," Part 2 4). This has become a common refrain in eating disorder research: involving people with eating disorders in their care is better (Kenny and Lewis; LaMarre and Rice, "Recovering"; Lester, Famished; Stockford et al.; Wetzler et al.). LaMarre, Levine, Holmes, and Malson's framing of a possible solution "cannot be only individual, and cannot simply seek to detect, excise, and cast out the eating disorder without considering meanings made." They go on to say that "Feminist approaches insist that we situate eating distress within broader sociocultural milieu without diminishing the seriousness of suffering, such that solutions must be rooted in systemic change" (LaMarre et al., "An Open Invitation," Part 2 10). Attending to eating disorders ultimately means questioning why someone might have one, but looking beyond the reductive narrative of body image and cultural messaging when doing so, instead looking to the many reasons someone's body might not feel safe or might become a locus of control as a response to their surroundings: race, gender, sexuality, poverty, trauma, and other environmental factors (Lavis).

Very simply, when someone menstruates, they shed the lining of their uterus, called the endometrium. Before that happens, an egg is released from the ovary into the fallopian tube. If the egg is fertilized, it tries to make a home in the thickened endometrium in the uterus. If the egg is not fertilized, the egg and the endometrium are released and forced out of the uterus. This usually happens once every 21-35 days. Behind the scenes, hormones regulate and oversee all of these actions. The hypothalamic-pituitary-ovarian axis regulates

the body maturing and releasing an egg into the fallopian tube, as well as the hormones, notably estrogen and progesterone, among others, that make up the four phases of the menstrual cycle: follicular, ovulation, luteal, and menstruation (Evans and Bennett; Mikhael et al.). The hypothalamic-pituitary-adrenal axis also regulates hormones, albeit stress hormones, like cortisol. For either of these axes, adverse conditions, like the starvation associated with an eating disorder, can cause hormone disruptions and imbalances, or outright cessation of hormone releases ("Hypothalamic"). Without the hormones, or even with them if disrupted, the entire cycle is disrupted.

I never ended up losing my period in my 20s. I don't know how close I came, and perhaps it's better that I don't know, given all that I already know about the capacity I have to do damage to myself (Van Asselt). When I began recovery from my eating disorder, I got lucky. I was on a train. I would have ridden the train until it crashed, but somehow, I stepped off before that happened. I landed somewhat softly: my institution's health insurance covered my registered dietician and my therapist, who has experience with eating disorder clients. I was not food insecure and had access to the food I wanted to be eating. I had a flexible job such that I could work from home if I felt ill. I am white and cisgender female, the category most easily recognized in the realm of eating disorder care. I did not lose my period, which is also to say that I did not go as far on the train as I could have and would have, even though I had other notable damage. But I can still see the tracks. I know, and I knew, where they lead. And I was and am okay with that. I have to be: the tracks will probably always exist for me, and the station is open.

When I was in high school, a friend of mine developed an eating disorder. We'd moved away already, but I heard about it. She ran all the time. At my eldest brother's wedding in Oklahoma my junior year of high school, it was December, and a few snowflakes fell from the sky, and two of my best friends, her and another girl, were there, and I had to make choices about how to spend my time. After the wedding reception, all of the guests straggled back to the hotel at different times (I was too young to visit a casino with my brother and cousin and older friends and was unceremoniously dropped off), and when I got in, the girl's mother and my mother were sitting in the lobby talking. The girl was in the exercise room, running on the treadmill. She ran for a long time. I don't remember exactly what my mother told me she'd heard from the girl's mother, but I think it had something to do with a fear of the future, a loss of control. The liminal space we existed in as girls was ending, and we were becoming women. That reading may or may not have been true for that girl. It is true that existing in a liminal space means being torn between two, or more, kinds of being. In some ways, though, it also means not really having to make decisions: it's a waiting period, a borderland that means not fully inhabiting either mode of being.

A liminal space is in between. It is the days a period does not come, even if anticipated. It is the existence of living in an eating disorder. As Karin Eli writes, "the concept of liminality is particularly productive, as it allows us to consider experiences of eating disordered practice in relational interaction between subject and society—a framework that can shed light on how the functional (coping) and the conceptual (being) come to be entangled" (477-478). It is a mediation between the self and outside the self. It is the mediation of a body

that is not and can not menstruate and the body that bleeds.

Maintaining my period was a way to tell myself I was still rational. I did not want to revert to girlhood, so I clung to control, again. Having an eating disorder—for me—was an exercise in maintaining control over my body, over my emotions, over anything and everything I could. The liminal space I existed in was one free from chaos. Remember what I said about suppression. The space I inhabited with the disorder was an easy one, walled off from emotions. When I was younger, I was uptight and rigid. I did not know how to be any different, given my upbringing. I both consciously and unconsciously took that rigidity and I channeled it into food and into my body, the things I could do in secret, could do on my own. I could change who I was to other people by restricting myself—not in how I looked, but in how I acted and reacted. But losing my period would mean reverting back to a time when I lacked any control. It would be proof.

Having a period is a sign of puberty. Puberty is the aging and maturation of a child's body into an adult body and capacity [to reproduce]. With puberty, for biological females, comes breasts, pubic hair, changes in body shape, and menstruation. During puberty, my body stretched out, grew taller. Sometime before my first period, I developed slight rashes on the insides of my upper thighs. My mother told me it was just the skin rubbing together as she rubbed lotion into the chafed spots. Years later, I would experience the same thing while running.

At a church camp the summer after sixth grade, I'd gotten my period. The last day we all packed our bags and put them on the porches of the cabins, and I needed a tampon but didn't have one. I was twelve, and embarrassed, and too scared to ask someone for one, so I shoved some toilet paper in my underwear and hoped that would do. When I got home, my mother, who had also been at camp, yelled at me through the bathroom door: What is this on your [navy blue gym] shorts? Why didn't you ask someone for a tampon? People could probably see this on your shorts; it looks terrible. I don't remember what I answered through the door before I got in the shower, only that I felt like shit. I think another word for it is shame.

When I saw a registered dietician for the first time, at the end of the appointment, she did not give me a choice about whether to come back. She told me she'd see me in two weeks and encouraged me to also see a therapist. She said she didn't feel like she had to call the therapy office while I sat there that day, that I wasn't that far gone, but the implication was that I still needed it. I had decided to see her initially because I'd been having some stomach issues, sudden nausea, the worst of which happened on a bike ride to the farmers' market on a Saturday morning. It was so bad I had to detour to the nearest public library, where I knew I would have access to a bathroom and no one would bother me for being there. My then-partner came to pick me up, bike and all, and he and a friend encouraged me to see a doctor or a dietician, just to chat, they said. They're medical professionals, there's no shame, and maybe it'll help, they said. During the appointment, after I cried within the first two minutes, she had asked me to describe what I'd eaten the day before using cup measures and plastic and rubber foods she kept in a basket in the office. If I didn't know how to estimate the amount of something, I looked through the basket for an approximation of the size or amount. After some

estimated calculations, she said I was eating, if I was eating consistently according to what I told her, around half of the calories I needed. Every day, only half. And that was with an extra snack added in the day before, meaning one snack: I'd told her this and that I wanted her to know I was taking it seriously. I was aware, on some level, of having a problem. I don't remember what I ate for dinner that night when I got home, but it probably wasn't much.

That first appointment, after saying I needed to eat more, the dietician pressed me on how I would do it. Could I eat a snack? Could I eat two snacks? I'd told her I didn't eat outside of meal times. Could I try eating cheese? I didn't eat cheese. Could I eat some meat? I didn't eat meat. Could I eat some tortilla chips or some carbohydrate with the beans? I preferred eating my beans and greens by themselves. Could I eat bread? I had no problems with bread, provided it was the sourdough bread I made myself. All of these, too, would help offset the physical activity I refused to quit.

Does the reducing of people with eating disorders and amenorrhea to a return to girlhood strip them of their autonomy? Does it change their subjectivity? Does it render them untrustworthy subjects? Does the losing of one's period change the perceptions others have, given that it biologically is like being pre-pubescent? And when we think of women, do we see them as having an autonomy that girls do not? If we do, then we might be, as I was, fooling ourselves, telling ourselves that such an autonomy exists, even when it does not. Women's bodies are increasingly not their own.

Amenorrhea is no longer included in the DSM-V diagnostic for anorexia nervosa, "in part to broaden the group of patients who could be diagnosed with AN," and because "amenorrhea is now acknowledged to be a physiologic response to the weight loss rather than a core psychological aspect of the condition" (Saldanha and Fisher 2). Amenorrhea is often associated with functional hypothalamic amenorrhea, or FHA, but that association is "controversial" (Bruni et al. 347).

Losing a period is not the only indicator of an eating disorder. In other words, many people who have eating disorders, severe or not, do not ever lose their periods. My red line was a farce.

In Stephanie Larson's article "The Rhetoricity of Fat Stigma: Mental Disability, Pain, and Anorexia Nervosa," she quotes M. Remy Yergeau, saying "We might understand anorexics akin to how Yergeau reads perceptions of autistics as 'demi-rhetoricians,' perceived as never fully capable of producing rational meaning" (Larson 396). While I disagree with Larson's focus on fat stigma as a driving force for anorexia, I agree with and want to focus on anorexics—and here I will extend this to anyone with an eating disorder—as perceived as incapable of "producing rational meaning." Eating disorders do not make sense to those outside them, but they make perfect sense to those within them. Rationality is, in this way, in the eye of the beholder, beholden to perception and context. And when we think about amenorrhea in this way, as someone with an eating disorder loses their period, do we think then they have regressed? Do we think they have lost some ability to make meaning? In other words: do we see them as a child? As a girl? Does having an eating disorder and

showing physical symptoms of it render one no longer a woman? External perceptions of people with eating disorders matter because it affects the care they do or do not receive. The rhetoric of choice that can pervade discussions of eating disorders puts the onus on the person to fix themselves. What that rhetoric doesn't understand is that "Eating disorders arise from the perfect storm of contributing factors such as genetic predisposition, personality traits, life stressors, sociocultural experiences, sport and non-sport environments, and relationship dynamics" (Bennett 15). What's the saying? Genetics loads the gun, and environment pulls the trigger. There's blood in that, too.

Within an eating disorder, there is only rationality. I told a partner this often, when I would explain why I feel the way I do about something—foods, food habits, exercising, arbitrary standards I hold myself to. He would look at me as though what I was saying was crazy. I would tell him I know that it's irrational; I am aware of how it sounds. But within my head, it has always made sense. From the outside, it seems crazy and stupid and absurd: why would someone believe those things? On the inside, it has been sorted and ordered and made to fit. The eating disorder is always rational (see Musolino et al.). Recovery from an eating disorder means understanding that both irrationality and rationality can exist at the same time. And it means understanding that others, outside of this space, might not understand the order that has been created. It won't look like order to them.

When I was in seventh or eighth grade, at a church event, someone was on their period, and we talked about this. I mentioned that my period was always light and easy. I did not have cramps. I did not know what cramps felt like, and so, I did not understand what periods could be like for other people. Someone in the youth group who was a year older than I was said it must be because I played sports, that all the activities I did—softball, volleyball, basketball, track, and sometimes in the summer, swimming—kept the periods easy. It is also possible that I was young, and my genetics meant that my periods would not be painful. As I aged, I would feel tired, heavy, and have brain fog when on my period, but it was not until getting a copper IUD at age 27 that I understood what cramps could be, and I bled more than I ever had before.

The girl who developed an eating disorder when we were in high school—I didn't know until that happened that it was something you could do. I didn't know until then that I did have some say.

I did not realize for a long time that I had a capital E, capital D eating disorder. I knew I had issues: upon multiple occasions, from my senior year of college to initial dates with a partner, five years later, I willingly used the term "disordered eating." I'd say that my eating is disordered but is not an eating disorder. I'd ask people to tell me how far they wanted to bike, so I could eat enough. I offered it up as a sign that I wasn't perfect, but that I had that imperfection under control. It was as though I was preemptively telling people not to worry about me—I didn't need their care, and I didn't want it. But perhaps subconsciously all that repetition was an attempt for someone to notice and ask further questions, even if I wouldn't have listened. I was fine. The eating disorder helped me function at a high level. It kept me focused and it kept me working hard. It kept my emotions suppressed. And when I began recovery, I missed it. I was anxious and scared and stressed,

day after day after day, worse than I had ever been before. I only wanted to restrict so that I could feel okay again, feel in control again. Wasn't that what I was supposed to feel after leaving girlhood behind: control. Wasn't I supposed to be a woman now, prepared and in charge?

What I am trying to say here is that even though I set some boundary for myself—losing my period—I had no control over that. I had no control over acquiring or falling into an eating disorder. Even though I thought I was in full control of my eating, my body, my emotions, all of it, I was losing that control. I never had it.

Approaching eating disorders from a feminist perspective or with a feminist lens means moving away from the idea that eating disorders are solely a result of cultural imagery. It means listening, intently, with care, to those who have eating disorders and know what it's like to be in one.

Rebecca J. Lester, in her article "Ground Zero: Ontology, Recognition, and the Elusiveness of Care in American Eating Disorders Treatment," says:

> When patients' perceptual, rational, emotional, and/or behavioral capacities are thought to be impaired as part of the illness in question, patients become systematically delegitimated as reliable agents of knowledge … the ontology of illness inscribes a notion of the patient as an adulterated agent. In such cases, patients essentially become objects similar to other materialities, rather than subjects whose perceptions matter in the enactment of an illness. (524)

The delegitimizing that Lester mentions is akin to Larson's labeling of anorexics as demi-rhetoricians. They are perceived as unable to make meaning. Lester goes on to say that in some situations, people with eating disorders can be seen as having no agency and as having full agency over their actions (529). It does not help that eating disorders are often seen in the discourse as matters of choice: weaponizing one's agency against themselves.

Rhetoric is meaning-making. Where does the meaning come from, though: do I get to say what my eating disorder means, what my period means? Or do I listen to clinicians and medical professionals and the general discourse to tell me? Constructing the meaning is like Annemarie Mol's conception of atherosclerosis in *The Body Multiple: Ontology in Medical Practice*: The disease is enacted according to who is doing the enacting. The eating disorder, the period, the lack thereof, the girlhood, all are enacted according to.

I have tried to say there is a definitive line between girlhood and womanhood, that having a period is that line. I have tried to show that there is a shift, but there isn't. Suppression is part of both girlhood and womanhood. Girlhood is less a stage of life than it is another liminal space between being considered a child and being considered a woman, and sometimes that space extends much further into what we call womanhood than we realize or recognize, especially when that liminality is imposed upon us. As Emily Daniels writes online, in the context of hot girls having stomach issues, "society is dismissive of young women in general, preferring us as girls, so here we are, accepting of our fate, dismissive of ourselves." She also writes:

> Have you ever felt like a killjoy for wishing people would stop using the word "girl"? Discourses on social media are generative, enabling static objects to summon ideas that are so talked about they become self-propagating ideologies in one day. They also generate mythologies around concepts such as girlhood and womanhood. These are both reductive and infinitely expoundable, like literary motifs that stay fresh on a page despite overuse, but can't leave it. Like Barthes said of Greta Garbo and Audrey Hepburn in "Garbo's Face," as a language, perhaps womanhood's singularity is of a conceptual order, girlhood's of a substantial order. Womanhood's face is an Idea, Girlhood's an Event. If we talk about this event constantly, maybe it'll never end. (Daniel)

In their article on feminism and eating disorders, Andrea LaMarre, Michael P. Levine, Su Holmes, and Helen Malson point out issues with the diagnosing of eating disorders, saying that the politics surrounding diagnoses "should be continually questioned in order to better understand people's experiences while preventing suffering and expanding the influence, that is, the voices, of people excluded from conversations and decisions very much affecting their own lives" ("An Open Invitation," Part 1 7). They go on to say that instead of "prioritizing pathologizing discourses," "the emphasis is on understanding what distress feels like and leads to within a particular social context, and on what therapists and people seeking help can do together to generate, that is, embody, constructive changes" ("An Open Invitation," Part 1 8). In other words, there is a turn away from pathology and a turn toward how something affects an individual person's life. Rather than assign a label to that person, the focus is on the impact. The lines are already murky between disordered eating and an eating disorder. The blurriness of that space—that liminal space—are akin to the space between girlhood and womanhood. Where does one stop and the other start? Could we even say?

At the height of my eating disorder, I did not sit down with myself and say consciously that I could not lose my period or that I would stop my behaviors if that happened. It lingered on the outskirts and was known even if it went unacknowledged. In those times I was sometimes worried about my period disappearing for other reasons. But I did not want to lose my period perhaps in part because I did not want to return to the way I felt when I did not have it as a young girl. Perhaps I did not even want to return to the way I felt when I did have it, albeit when I was younger. It is not age that becomes a major factor here; it is the context in which I was living. It is about the capacity I felt I had to be myself and do what I wanted. It is, to return to Lester, about my sense of agency about my personhood.

Rachel Fraser, in her online essay "Anorexia and Autonomy," a critique of Kate Manne's *Unshrinking* and Emmeline Clein's *Dead Weight*, writes about her own experience that part of her refusal to eat was fueled by "a refusal of adult womanhood." Fraser says that anorexia is a "desire to appear … the desire to be … invulnerable," that it "is a will to power, twisted into a pretense at its absence." It is "not an autonomy deficit, but rather a peculiarly uncompromising articulation of the desire to self-legislate." And this desire to self-legislate means that one with anorexia "governs and authors herself more fully than her peers" (Fraser). It is a desire for independence, pushed to an extreme, dependent not even on food.

One time, early in my menstruating, I used a pad. I hated it. It felt like I had peed my pants, I told my mother. I stuck to tampons from there on, aside from a brief dalliance with a period cup, which I could never

get to sit just right. I did not want to feel what was going on. Little had changed since I got my first period. I was still that girl in the front seat of the Toyota Sienna minivan, cringing when her mother said that getting her period would make her a woman.

A feminist perspective on eating disorders means relying on experiences of those with eating disorders, rather than biometrics (LaMarre and Rice, "Normal"; LaMarre and Rice, "Recovering"). It means turning to harm reduction (see Kenny and Lewis). A feminist perspective also relies upon viewing someone with an eating disorder as rational. Ginger Bihn-Coss describes something akin to these two things in saying that a "therapist created a climate where we were coinvestigating a 'sane person's' behavior to figure out if there were some tweaks that might make life easier" (368). Andrea LaMarre and Carla Rice focus on "how sociocontextually located embodied experiences impact people's ability to attain recovery" ("Normal" 138). They asked participants in their study "what did having an eating disorder mean" to them ("Normal" 139), and note that "when body weight alone becomes the lens through which people determine whether or not someone has a 'legitimate' eating disorder, those whose bodies never conform to the stereotype of an 'eating disordered body' are left in an interstice between well and unwell" ("Normal" 145). In a later paper, LaMarre and Rice say:

> It is important to consider recoveries in the contexts of people's lives, including their relationships with people and things in their worlds, their access to material, emotional, and other resources, and their timescales for/experiences of temporalities in recovery (…) Power and privilege, representation, and temporality inform recovery pathways in ways that complicate a simple choice-to-be-whole narrative so commonly associated with eating disorder recovery. ("Recovering" 701, 719)

They close their paper with a plea, via participants, for the medical establishment and researchers to "[honor] lived experiences" and "[reconsider] power dynamics as they operate in dictating which performances of eating disorders and recovery will be honoured as 'legitimate' and whose pathways to recovery will be respected" ("Recovering" 721). My experience is not that of those friends I know who have also had eating disorders. We overlap in some ways, but ultimately, we are each affected by it in specific ways. Much is the same with our experiences of girlhood, and with our experiences of menstruation.

When I first got my period, my mother said it made me a woman. I was no longer a girl, even though I still use the word "girl," because to adopt the language of woman feels heavy, not like a burden, but like a duty. Moving from girlhood to womanhood via menstruation is a legible sign of change. The viscerality of blood—no matter the flow, and the pain of cramps, back aches, the hormonal mood swings and brain fog and fatigue—is proof of change. In the same way, the absence of menstruation is also proof of change. It is not intentional, just as people who menstruate did not ask to do so.

"How we research the process of eating disorder (ED) recovery impacts what we know (perceive as fact) about this process. Traditionally, research has focused more on the "what" of recovery … than the "how" of recovery research" (Hower et al. 2). How we do something impacts what we know about it. Our methodolo-

gies can determine the outcomes of our research. Our perceptions play an outsized role in shaping how and what we see, and thus, how we might react to it.

In middle school, a coach told me she and her colleagues were breaking our bodies down to build them back up again stronger. I had to lift weights—squat, bench, clean-squat-press, incline—at age 14. It's safe to say that as a girl, I internalized that. Break down. Build stronger. Like the uterus, month after month. It breaks down. It rebuilds. If you lose your period, you have to try and get it back. Or, I suppose, you don't. Trying to get it back can take months, maybe longer. The body that houses a period is not the same body that didn't. Almost, as if, it grew up.

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