

Women Suffering from Anorexia Nervosa in Julia Bell's *Massive* and Laurie Halse Anderson's *Wintergirls*

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Abstract:

Women have been suffering from anorexia nervosa/anorexia (self-starvation), which threatens both physical and psychological health. Though it has been asserted that psychological disorders cause anorexia, the recent studies about the relationship between mental and physical well-being affirm that it is anorexia which initiates mental problems. Since insufficient nourishment destroys not only the body but also the mind, it can also be claimed that food deprivation affects psychological disorders as well. Anorexia, which deteriorates the health and the social life of a lot of women, has also been one of the most popular topics of discussion problematised in literature. In this article, the vulnerable condition of female characters suffering from anorexia in Julia Bell's *Massive* and Laurie Halse Anderson's *Wintergirls*, will be analysed in the light of psychiatric studies reflecting the correlation between anorexia and psychological disorders, so what will be discussed is whether mental disorders trigger anorexia or anorexia triggers psychological disorders.

Keywords: Self-starvation in Literature, Fasting Women in Fiction, Anorexia Nervosa, Eating Disorder, Psychological Disorder.

1. Introduction

Adapting the clinical cases, about the psychological disorder leading to anorexia nervosa (anorexia), into literature, it can be recognised that there has been a significant interest in the reflection of young female characters suffering from anorexia in literary works. In this article, the concentration will be on Julia Bell's debut novel, *Massive* (2002) and Laurie Halse Anderson's *Wintergirls* (2009). *Massive* reflects the physical and psychological distress of a young girl, Carmen, who is continuously forced to go on a diet to lose weight by her mother Maria, who is obsessed with anorexia (self-starvation), one of the most life-threatening eating disorders. Her mother's obsession with being thin makes her an anorexic as well and the mother cannot realise Carmen's psychological suffering. Due to their eating disorder leading to their bodily and mental deterioration, particularly the daughter does not know how to handle the situation and pretends as if she is contented with her situation, for the sake of pleasing her mother, without letting her grasp that she is suffering too much and the mother finds herself in the hospital after her uncontrollable food deprivation dominates her life.

Similarly, *Wintergirls* portrays another anorexic female Lia, who is addicted to anorexia for escaping from the strong feeling of guilt that she experiences after the death of her best friend Cassie due to bulimia nervosa (bulimia), another fatal eating disorder. When Lia cannot put up with the mental suffering, she attempts to take a lot of sleeping pills so she loses her consciousness and is sent to the hospital for recovery. While analysing these novels, one should examine the condition of the protagonists as a doctor examines a patient, because the medical context of the novels prevails the literary aspect. In this sense medicine and literature come together in these works and portray the background of eating disorder, together with the situations triggering the illness, the transition from the psychological problem to the physical problem and then from the bodily deterioration to the mental disorder, the vicious cycle that the patients cannot get rid of, as a consequence not only those dealing with literature but also the ones dwelling on medicine, psychology and psychiatry can focus on the depiction of the eating disorder in these novels. Before the analysis of the novels in terms of medical approach, it is worth demonstrating the historical and clinical background of anorexia.

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2. Historical and Clinical Background of Anorexia Nervosa (Anorexia)

Analysing the historical background of anorexia, it is obvious that it dates back to the medieval period and comes back to our age.

In medieval Europe women saints had a tendency to fast with the aim of proving that they did not have a connection with the material aspects of earthly life and wanted to show that they could survive by devoting themselves to the religious norms of spiritual life, therefore fasting turned out to be an indication of one's rejection of the material world with a deep dedication to the heavenly world. (Brumberg, 1988, p. 41). Anorexia, in the medieval period, was practised for the sake of religion and those starving more claimed that they were more religious and devoted their lives to the spiritual aspects rather than the material ones.

In the eighteenth and nineteenth centuries it was acknowledged that women experienced anorexia more than men and in the twentieth century the reason behind this problem was identified as psychological (Malson, 1998, p. 46-47). Moreover, in the nineteenth-century Europe, again one could recognise the fasting women generally in the psychiatric asylums where predominantly the females suffering from psychological problems like depression and melancholia leading to mental disorders, were imprisoned and it was observed that they were struggling with eating disorders since they suppressed their appetite because of their psychological problems. Generally, those mentally suffering and rejecting eating were thought to be yearning for attracting attention through their self-starvation (Brumberg, 1988, p.102-104, 142). In other words, most of these women were ignored and neglected by society and were supposed to be pretending as if they were starving, because there was no sufficient research about the psychological reasons behind anorexia and such women were accepted as problematic, mad and irrational, which led to their isolation from society. However, this loneliness put more pressure upon them and their starvation turned out to be worse. But in the second half of the 19th century, according to Brumberg (1988), with the emergence of research and studies about these women, women suffering from anorexia were observed in a psychological manner with a medical approach and the 20th century researchers applied similar techniques while dealing with anorexics (31).

Since the twentieth century, anorexia has been accepted as a disease which has psychological roots, so it has been studied by psychoanalysts and has been regarded as a psychological disorder (Malson, 1998, p. 77). In the late twentieth century, it was considered to be a psychological disorder which has affected mostly women and destroyed their physical and psychological health. And today lots of women are diagnosed with anorexia and try to cope with this disease. While, some of them even do not realise that they are exposed to anorexia, so regarding the illness as a normal situation they continue starving themselves, the others defining the situation as a serious medical problem, ask psychiatrists and therapists to save them from this unbearable condition. Thus, from the medieval age to our times, it has become one of the serious physical and mental problem affecting both body and psychology and also causing especially women to lose their lives or to lead an uncomfortable life with anxiety, depression and fear.

Considering the definition and the main characteristics of anorexia nervosa, it can be described as “a refusal to maintain body weight over a minimal weight normal for age and height; [...] an intense fear of gaining weight or becoming fat, even though underweight; and [...] a disturbance in the way in which one's body weight, size, or shape is experienced, for example, the person claims to “feel fat” even when emaciated” (Pollice, 1997, p.367-368). Since they feel so fat and uncomfortable due to their physical appearance that they devote themselves to continuous evaluation of body shape, food restriction, overexercise, burning calories and weight loss (Morris and Twaddle, 2007: 894). Furthermore, according to studies on the most common manners employed by anorexia sufferers to lose weight, these actions can be listed as “restricting eating, binge eating, excessive exercise, vomiting, and laxative use” (Bould, et al., 2017, p. 1). All of these methods temporarily enable the patients to feel peaceful and comfortable when they see that they can lose weight and control themselves through these ways, but their excessive loss of weight makes them lose their physical health and energy, as a consequence of which they end up in a metaphorical confinement restricting their actions and decisions. Once they lose their reason due to lack of food, they cannot take reasonable decisions, without evaluating the outcomes of their actions, they lose their control for the sake of temporary relief but they are not aware of that they lose the chance of long-term comfort in life as long as they continue searching for short-term peace.

Researchers in the field of anorexia have been trying to explain the mechanism in the brains of the anorexics who feel satisfied and energetic when they deprive themselves from eating. According to the survey about the reason behind the feeling of satisfaction during self-starvation, analysing the biological reason of anorexia, it has been observed that “[t]he illness is accompanied by disturbances in the brain's reward circuitry that may lead to a general inability to feel delight from life's pleasures, be they food, sex or winning the lottery.

As such, the ailment shares characteristics with drug addiction—the drug in this case being deprivation itself” (Gura, 2008, p. 62). Like a drug addicted, the anorexics cannot help starving themselves when they realise that the more they control their weight the more they feel rewarded and satisfied due to the reward, therefore it turns out to be impossible for them to recover alone without the consultation of a doctor, however most of them deny that they suffer from starvation addiction and reject getting medical help and therapy.

When the parents of the anorexics force their children to eat, they deceive their parents, to satisfy their disordered reward system, by pretending as if they have their meals. During the meals, they fear to taste the food, because if they taste it, they may get pleasure and continue eating, therefore after they take the food into their mouths, they continuously chew and spit, because “[i]n chewing and spitting, thus, food becomes uncertain and also liminal; while chewing could be said to make, or perhaps remake, food as eatable, spitting shunts this substance across a threshold, altering it into “not eatable” and thus, perhaps, reproducing it as non-food” (Lavis, 2016, p. 59). Thus, the food in the anorexic’s mouth turns out to be non-food when the anorexic constantly chews it, so even if they taste it, they cannot get pleasure from tasting it and they achieve their goal.

Anorexia has generally been recognised in women, so the high rate of this disease in females has led to the misbelief that women are more mentally problematic than men “and this gendering of ‘anorexia’ involved both the feminization of the patient and the pathologization of ‘woman’ in general” (Malson, 1998, p. 75). Instead of dealing with the reasons behind this problem, some communities, before the twentieth century, suggested that women were insane and lacked reason or rationality, so according to this perspective, it was natural to observe this illness, to a great extent, among women. One of the main reasons behind the high rate of anorexia among women can be associated with the patriarchal society’s demands from women and the unrealistic expectations of the parents from their children. According to the social norms of the male-dominated societies, the female is the representative of perfect beauty, physical attractiveness and an angelic excellence. If she wants to be appreciated, she has to be thin; beauty is related to being thin, so the pressure upon the shoulders of women is so heavy that they are strictly programmed to lose weight not only by society but also by their parents and this oppression leads to psychological problems among women, therefore the psychological tendency in women’s suffering from anorexia is not hereditary but an inevitable outcome of intense repression imposed on them by the social standards of society.

Another reason is the anorexic’s problems at home or in social life; when she is distressed due to lack of communication at home and because of her parents’ problems or her own problematic relationships with her friends, she wants to take the control in her own life and all she can control is her weight. Studies about the results of anorexia show that some psychological problems with anorexia also occur “such as low mood, suicidal ideation and behaviour, low self-esteem, irritability, increased anxiety, social withdrawal, and rigidity of thinking” (Bould, et al., 2017, p. 18). Physical suffering and psychological suffering are linked with one another and lead to the anorexic’s excessive loss of weight. Generally, psychological disorder of a patient has been thought to be the real reason of anorexia, but some recent studies have shed light on a new discovery, according to which people who have already been suffering from eating disorders, have a more tendency to be exposed to psychological disorders like depression and anxiety disorder. In other words, “depression and anxiety should be assessed as symptoms and disorders in order to confirm that depression disorders and anxiety disorders are over diagnosed among malnourished patients, as has been clinically admitted but very rarely investigated” (Mattar, et al., 2011, p. 317). As Fessler (2003) notes, with food deprivation, the individual turns out to be more aggressive and demotivated with a changing psychological mood (244-245).

When evaluated generally, what has been admitted that many young women prefer starving themselves when they feel that their lives are out of control due to some problems “related to many different areas of life, such as family issues, school pressures or other social pressures like friendships and special relationships” (Eivors and Nesbitt, 2005, p. 42). When they concentrate on their weight, they repress their psychological problems temporarily and escape from the realities of life; in other words, they want to eliminate their anxiety, fear, sadness, hopelessness and anger by dwelling on food restriction.

It has also been found out that those experiencing the distress of low-esteem have an inclination to starve themselves because “[w]hen someone is in this trap of believing they are worthless, anorexia is one way that the person can begin to feel a sense of achievement as they have the control to starve their body of the food it needs” (Eivors and Nesbitt, 2005, p. 43). Nonetheless, though the anorexics regard this action as an achievement, it turns out to be a failure, like a drug addicted, once they do not content themselves with self-starvation just for a certain period, so they want to starve more and more, as a result of which they cannot get rid of that destructive cycle.

The psychological suffering of young women, according to Oldis (1986), causes them to assume that they are not loved even if it is not the reality (84). After they begin to starve themselves, they put a distance between themselves and their families or friends, as a consequence they feel more isolated. Their isolation leads them to feel more lonely, helpless, alienated and estranged. In such a depressive mood, they begin to feel suffocated and out of control; the only thing that they can control is their weight. When they achieve controlling their meals, they feel satisfied; in this sense “the feeling of hunger,” as Gooldin (2008) argues, “is related to a sense of achievement, of defeating physical difficulties” (282). When they are unable to cope with the real problems in their lives, they try to create a problematic issue which can be overcome and will give them the feeling of success and power whereas they cannot notice that the feeling of achievement is temporary and destructive.

Considering the family structure of those suffering from anorexia, the common point is, generally, the tendency of the parents to follow “obsessive, perfectionist, and competitive traits” (Morris and Twaddle, 2007, p. 895). Unless the parents show affection and compassion towards their children, these young people are repressed while trying to attain the goals of the family. Even if these young women suffer while starving, they do not want to stop fasting, because it is a “coping mechanism” against the problems in their lives (Morris and Twaddle, 2007, p. 895). They can only cope with the burden on their shoulders by putting themselves in an illusionary but devastating atmosphere in which they experience temporary relief but lose the chance of permanent inner peace. The sense of satisfaction when they feel in the process of self-control, prevents them from realising the physical destruction in their body. Anorexia, according to Silver, “grows out of suppressed emotions like guilt, fear, and anger that a girl experiences because of her passive position in the home” (Silver, 2002, p. 5). Suppression of emotions leads the anorexic to suffer psychologically and she wants to eliminate her repressed state by ending her passive position with her decision to starve actively and continuously.

Analysing the psychological reason behind the problem, what appears is that “a person is in a submissive relationship and experiences the feelings of inadequacy which result from it, the “answer” can reside in excessive control over food thus demonstrating a valorising will (control) over a valued object (a slender body)” (Scodellaro et al. 2017, p. 6). Due to the passive and repressed positions of the young females in their families, they are exposed to feeling incompetent and cannot control the circumstances around themselves; they determine a goal over which they can have control: it is weight control. Nonetheless, food restriction carrying them along with physical destruction triggers the psychological relapse. As Robinson and Winnik (1973) highlight, researchers have found out that patients, suffering from starvation, hunger or a rigid diet, have a tendency to be exposed to severe mental disorders (559). Thus, malnourishment affects psychology negatively, even if the previous studies generally asserted that those diagnosed with mental disorders have suffered from anorexia.

Regarding the connection between the anorexic’s physical and psychological suffering, it has been recognised that the more the anorexics lose their physical health, the more they suffer psychologically, because the physical collapse, in other words, the state of underweight leads to “[d]epression, anxiety, and obsessionality” (Pollice et al., 1997, p. 371-372). What should be mentioned is that, on the one hand, the mental disorder occurring as a result of anorexia, triggers the physical weakness, on the other hand the bodily feebleness worsens the psychological breakdown, consequently the anorexics cannot get rid of this vicious cycle; moreover, they become worse together with depressive, anxious and obsessive state of these patients.

Even if these psychiatric problems are examined by doctors, psychotherapists and psychologists, writers in the field of fiction are also interested in creating characters diagnosed with anorexia, anxiety disorder and depression, etc. Since many people, especially women, have been suffering from these mental problems, novelists want to touch upon these psychological matters so as to enlighten those trying to cope with eating and psychological disorders without any therapy or consultation.

In this sense, literature, like medicine, aims at shedding light on the reasons behind these eating and mental disorders together with the symptoms and treatments. Through literature, one can also witness the situation of the anorexics experiencing self-hatred, lack of self-compassion, depressive and anxious mood leading to nervous breakdown.

3. Anorexia in J. Bell’s *Massive*

The issues about the correlation between anorexia and psychological problems come to the fore in Bell’s novel *Massive*. The anxiety and the fears of the young protagonist, Carmen, is based on her mother, Maria’s obsession with the idea of being thin. The anxious and the depressed mother, Maria, is so addicted to anorexia that she begins to control her daughter’s eating habits and compels her to restrict her meals. While she is starving herself, she forces her daughter to acquire the same habit. Nevertheless, the more Carmen is oppressed by her mother, the more she yearns for snacking.

Instead of seeing Carmen as an individual, the mother prefers creating a figure of perfection in accordance with her illusionary world. She controls not only her diets but also her wearing style, hobbies and preferences. Due to anorexia when the mother is transferred to hospital, Carmen's step-father lets her enjoy herself and eat whatever she wants, so for a while when she is free, she can taste anything that she desires. The mother is so obsessed with losing weight that she cannot comprehend the fact that she has been sent to hospital because of anorexia and she claims that she suffers merely from depression. When she recovers, she continues starving herself and cannot escape from the vicious cycle. Furthermore, when Carmen learns that her mother and step-father will split up, she becomes more oppressed and starts repressing her emotions with anorexia, but at the end of the novel after the mother is again sent to hospital when she is about to die because of anorexia, Carmen realises that anorexia is not a proper way to control and protect herself and condemns self-starvation.

Maria unceasingly considers how much calory she and her daughter get when they taste something and what she appreciates is the perfection of the physical appearance. Since her childhood she is accustomed to starving herself in order to become thin and she imposes the same understanding upon her daughter, who complains about this philosophy of self-starvation but cannot persuade her mother to change her mind. While "[...] Carmen's descriptions of oozing cakes and melting chocolate convincingly take readers into the recesses of the teen's compulsive thoughts" (Pulse, 2006, p. 208-209), her mother is unable to see how her daughter suffers from food deprivation, which increases her anxiety level. It can be claimed that the strong inner instinct, forcing Maria not to eat and also urging her daughter, Carmen, to starve herself, gradually destroys their lives not only physically but also psychologically, because "[a]norexia nervosa is a disorder of multi-causal aetiology, depression, alexithymia, anxiety, and emotion processing deficits have been identified to be critical factors in its development and maintenance" (Lulé et al. 2014, , p. 213). This clinical data shows that anorexia destroys the psychology and triggers psychological disorders even if it has been believed that because of psychological problems anorexia appears. Although the anorexic starts to starve herself due to psychological instability, that imbalance of emotions turns out to be unbearable with food deprivation.

In the novel, the relationship between the mother and the daughter is just based on the conversations about eating habits, calories, how to avoid being 'massive' and strategies to lose weight, so lack of affection or compassion between them causes Carmen to feel isolated and alienated, in addition after the separation of her parents, she gets emotionally worse, thus she decides to starve herself. As Gura (2008) demonstrates, although people generally find it hard to diet, people with anorexia crave for dieting since when they lack food, they feel a sense of accomplishment and food deprivation becomes like a drug that they are addicted to (62).

Carmen's feelings of isolation, loneliness and helplessness result in her misperception of her weight problem. She begins to believe that the problem is her imperfect physical appearance so she says: "If I was beautiful, I could have everything I wanted. I could stay with Dad, and Mum wouldn't hate me [...]. I hate you, I say to myself under my breath. I hate you" (Bell, 2015, p. 144). Her hunger for compassion and love causes her to assume that if she achieves losing weight by obeying her mother's orders about cutting calories, she will be loved and her mother will change her decision about separating from her step-father. As Restifo (1988) explains, "[u]nderlying the specific categories of body image, food, sexuality, and mother-daughter relationship are more complex psychological issues related to adolescent development: conflict around growing up, physical and sexual maturation, separation-individuation, identity" (211).

All of these conflicting issues during Carmen's identity formation play an important role in her psychological suffering, the only solution to end her suffering, as she decides, is food deprivation: "I must try harder, I write, pressing the biro into my biology book, not to eat. It is this which is at the root of my problems, I have decided" (Bell, 2015, p. 144), so when she cannot overcome her problems with her mother and after learning that her parents will split up, she concludes that she has to please her mother by her self-starvation and so assumes that she can eliminate the negative matters in their lives. She is ready to starve herself despite her intense suffering as she points out:

I'm starving. My belly feels like it's caving in. I run my hand across it to see if it's got any flatter. I haven't even got any emergency chocolate: I ate it all last night. I flick through the copy of *Elle* that has been on my floor for weeks. It's full of women like Victoria: gold women, thin women, women who feel hungry all the time. I check myself in the mirror to see if I look any thinner. (Bell, 2015, p. 150)

It is obvious that she accepts physical suffering in order not to suffer emotionally. Despite the fact that it is agonising for her to starve, she tries to motivate herself by observing the thin and beautiful women in magazines. She compares and contrasts her physical condition with the attractive thin women and becomes determined to continue her self-starvation.

While feeling ‘massive,’ useless and unsuccessful, she admits that once she accepts her mother’s strict diet rules, she will be appreciated by her mother, therefore she begins to hate herself and wants to get rid of her improper physical appearance, but when her hatred and anger dominate her soul, she becomes more anxious as seen: “‘I’m fat,’ I hear myself saying, miserably, hopelessly. I look in the mirror. My face has gone hot and red. I feel as if I’m going to explode. ‘I’m fat.’ It sizzles under my skin, thick yellow layers of it, puffing me up, pushing me out, making me massive” (Bell, 2015, p. 151). Her harsh expressions about herself prove that she does not show any compassion towards herself and like her mother she criticises her physical characteristics in a harsh manner, as a result she becomes stuck and metaphorically paralysed due to her inability to control the route of her life. Therefore, it is clear that when anorexia begins to dominate a young individual, that “young person’s value system and identity can become altered, with their focus shifting to weight, body shape, and what is eaten, rather than to other aspects of life” (Bould, et al., 2017, p. 2).

Centring merely on their physical appearance and loss of weight, these young people neglect their emotional and social needs after submitting to the harsh rules of anorexia. When physical and psychological distress come together, it becomes unbearable for them to put up with the intense burden of both bodily and emotional suffering. As Polivy and Herman (2005) assert, “the relation between eating and mental health is thus bi-directional: one’s psychological state can affect what and how much one eats, and eating affects one’s mood and psychological well-being (543).” This bi-directional relationship between eating patterns and psychological state demonstrates that emotional suffering leads to eating less and eating less results in anorexia and then anorexia destroys psychological well-being and mental peace completely.

In spite of the fact that, according to Maria, it is not anorexia but just ‘detoxing’, she is not aware of that her obsession with loss of weight, has caused her to lose her physical health and as she has the risk of death, she is taken to the hospital when her vital organs have been damaged due to her body’s reaction to starvation. She is likened to “concentration-camp victims or refugees from the famines in Somalia” (Bell, 2015, p. 255) in the hospital and it is concluded that her mental problem should be treated, so she is transferred to a psychiatric hospital. It is apparent that although starvation gives her a sense of relief, it is never enough, because her psychological problem is not overcome; it can be suggested that, “stressors cannot [...] be completely obliterated by the responses of food deprivation, so that deprivation appears “necessary” but is never sufficient” (Scodellaro et al, 2017, p. 6-7). In spite of food deprivation, she cannot completely achieve release consequently she continues starving herself without acknowledging that she is about to die because of hunger. Lack of food causes her to lose her mental capability to realise that she is in fact starving and when she is sent to hospital, she takes medicine to recover but it is not enough for her to recover, so it is recommended that she should see a psychotherapist to accept that she is an anorexic and to face her psychological problem.

When the recovery process of anorexics is taken into consideration, it has been observed that they are advised to get psychological support because, without changing the thinking pattern about the self, medical support is not sufficient. By means of psychotherapy, as Geller (1975) indicates, the anorexic gains the ability “to examine her reactions to her relearned eating patterns, to validate her self-perceptions, to explore further possibilities of self-initiated behavior, to recognize her needs and make decisions about them, and to discuss her awakening self-awareness (170).”

Thus, Carmen’s mother is expected to realise her wrong thinking style and misperceptions about her identity and to see what she is really yearning for by noticing what is emotionally lacking in her life. To achieve that goal, what she needs is to gain the ability to separate her identity from anorexia through externalisation by getting psychotherapy; she should accept that anorexia is not her identity by ‘externalising’ herself from the disease.

At the end of the novel, after realising the destructiveness of anorexia when she witnesses her mother’s suffering, Carmen utters her anger towards the stereotypical female image determined by society, according to which women should be thin so as to be regarded as beautiful, attractive and effective. She calls such women dolls and robots having lost their humanity, therefore she strips her friend’s Barbie dolls, the representatives of female beauty and physical perfection, and then cuts off their hair, but it is not enough to get her revenge and finally, with her friend, deciding to burn them to eliminate the cliché about the criteria of beauty, she says: “They deserve to be burned alive” (Bell, 2015, p. 260). It can be deduced that she wants to eradicate the negative image about women’s identity, as a consequence burning the thin and beautiful Barbie dolls, she feels that she has taken her revenge and gives the message to the patriarchal social norms, merely appreciating physically perfect females. In a sense, this metaphor coming to the fore at the end of the novel, strikingly sheds light on the message the novelist wants to stress about the importance of self-realisation about the destructiveness of anorexia and the emotional torment it brings about.

4. Anorexia in L.H. Anderson's *Wintergirls*

Another novel dealing with anorexia and the interconnection between psychological pain and self-starvation is Anderson's *Wintergirls*. The protagonist, Lia, blaming herself for ignoring her bulimic friend, Cassie's call, before her suicide, and also suffering from her parents' decision to split up, cannot help starving herself and becomes addicted to anorexia, but while starving she begins to see hallucinations and hear the voice of her deceased friend calling her to death. It should also be stated that Cassie dies because of bulimia when the eating disorder dominates her life. Like anorexia, bulimia is a serious eating disorder; those suffering from the disease, overeat and then get rid of what they have eaten by vomiting or with excessive exercise (Hall and Cohn, 2011, p. 25).

Considering the background of Lia's anorexia, it is observed that, under the negative impact of her friend's suicide, Lia decides to punish herself by restricting her meals. When she is forced to eat by her family, she pretends as if she is eating; although she places food into her mouth, she constantly chews it without swallowing. Her aim is to deceive her parents and please them but she is not aware of that her mental problem is deteriorating her physical health so she continues her game as seen in her own words: "I chew every bite ten times before I swallow. Meat in my mouth, chew ten times, lettuce in my mouth, chew chew chew chew chew chew chew chew, soggy Brussels sprout, mushroom cap, chew, chew, chew. I sip the milk, staining my top lip white and proving that we are all just fine" (Anderson, 2010: 65). The food in her mouth, while continuously chewing, turns out to be non-food and loses its taste so it becomes impossible to swallow it. Even if on the surface the problem seems to be related to the expectation to lose weight, when deeply analysed, it is not the case. As Eivors and Nesbitt (2005) assert, when people find it difficult to cope with their emotional anguish, they generally prefer repressing them (41-42). Particularly when they cannot control family matters, school life, changes in their private lives, they want to prevent that lack of control by controlling their weight. However, in the beginning although it is the anorexic who controls loss of weight, then anorexia starts to control them.

Unable to control her repressed emotions and feeling devastated by them, Lia intentionally starves herself but she cannot realise that her life is at risk; anorexia becomes both a physical and psychological problem and to stop the pain and disregard her miserable state, she employs self-harm by cutting her skin. She assumes that if she suffers bodily, she can forget her mental distress. It is discernible that she wants to escape from the problems in her life, including her friend's death, her anorexic tendency and her parents' separation, through torturing herself physically. Her anguish becomes so unbearable that she wants to eliminate her pain with another pain by cutting her skin. It would not be wrong to assert that the anorexic suffers from "feelings of inadequacy and inferiority, particularly in comparison with other people. Self-depreciation, self-doubt, and marked discomfort during interpersonal interactions are characteristic manifestations of this psychological dimension" (Holtkamp et al., 2005, p. 108).

When Lia begins to see hallucinations, the situation gets worse as observed: "Yes, I'd love to tell you that Cassie's voice is on the phone in my purse and she is haunting me because I let her die" (Anderson, 2010, p. 116). As Hartman (1995) suggests, since "weight restoration" causes anxiety, it is really hard to overcome that process without psychological treatment and professional help (715), therefore it is necessary for Lia to get medical and psychological support because she cannot bear the burden of seeing hallucinations about her deceased friend Cassie.

Lia's obsession with weight control is reflected through her counting calories and evaluating her weight as seen: "Two scrambled eggs + milk + butter = 365 + (two muffins = 450) = horror" (Anderson, 2010, p. 155). In the light of the quotation, it can be suggested that Anderson "experiments with writing techniques such as inserting the number of calories in parentheses whenever a piece of food is mentioned" (Nilsen et al., 2011, p. 90). Thus, readers can observe how she is obsessed with counting calories leading her to anorexia. After having even a proper breakfast, she is uncomfortable and anxious, she thinks that if she eats like a normal human being, she will become fat and if she is fat, she will be disregarded. As Kraus (2008) utters, "Anderson illuminates a dark but utterly realistic world where every piece of food is just a caloric number, inner voices scream "NO!" with each swallow, and self-worth is too easily gauged [...]" (51). These caloric numbers dominate Lia's life and she loses her control when anorexia rules her body and mind.

Another negative situation triggering her psychological trauma is her self-hatred, which causes her to condemn and blame herself with harsh words without any compassion. Considering one of the psychological methods employed to make the patients suffering from chronic physical illnesses leading to anxiety and depression, what appears as a vital cure is the practice of 'self-compassion.' Unless the patient shows herself/himself compassion, affection, friendship, it is hardly possible for her/him to forgive herself/himself, to release her/his repressed emotions, to have a friendly communication with her/his inner soul.

Analysing the clinical examples, similarly, it is a tendency among the anorexic women to starve themselves despite the impulse to taste food. The anorexic, under the impact of her misleading thoughts, does not allow herself to eat properly. It is obvious, as Robinson (2009) states for an anorexic woman, “although she is aware of the intense urge to eat, she also harbours equally powerful thoughts proscribing or limiting eating. These are, of course, linked to her belief and her perception of herself as overweight, the body image distortion” (23). Since she perceives her body distorted, restricting her eating habits, she yearns for changing the shape of her body and the misperception in her mind; in spite of her eating instinct, she starves herself. In this sense, due to hunger, the anorexic becomes more anxious, nervous and depressed, so her anger is transferred to herself. Likewise, Lia’s reproachful remarks about herself demonstrate that she hates herself and her hatred makes her more angry, intolerant and harsh as noticed in her own words:

I shouldn’t. I can’t. I don’t deserve it. I’m a fat load and I disgust myself. I take up too much space already. I am an ugly, nasty hypocrite. I am trouble. I am a waste. I want to go to sleep and not wake up. (Anderson, 2010, p. 202)

It is visible that she does not have any fondness, tolerance or kindness towards herself. She thinks that she is fat and ugly so she does not deserve anything good. She feels that she does not have any function, any use in life, as a result she calls herself a trouble and a waste, so she does not want to exist anymore. Her physical existence does not matter because, mentally, she is dead. The only solution that she can find is to lose weight until she sees her bones even though she has appetite. Concentrating on her body to ignore her psychological suffering leads her to another quicksand; this time she considers torturing her body, cutting it and taking pills to make her asleep for wiping the traces of her trauma. It can be defined as a vicious cycle, because “[...] anorexics may enter a vicious cycle in which the symptoms make the malnutrition worse, and the malnutrition makes the symptoms worse” (Pollice et al., 1997, p. 375). What should be done to get out of this cycle is to get psychological and medical support, otherwise it may be fatal for the anorexic.

Lia claims that the ghost of her deceased friend Cassie, visits her every night and controls her life by attacking her to take her life, she believes that it is not hallucination but the reality; in other words, she imagines that Cassie wants to punish her irresponsibility by disturbing her at nights, screaming at her, trying to destroy her by stating:

“You’re not dead, but you’re not alive, either. You’re a wintergirl, Lia-Lia, caught in between the worlds. You’re a ghost with a beating heart” (Anderson, 2010, p. 195). What the ghost of her friend indicates makes her alert and she is afraid of hearing her voice again, nonetheless it is impossible for her not to see Cassie’s soul again because she repetitively tries to get rid of her. She feels as if she is a living dead and her friend will bring her to the world of the dead ones, because she is a ‘wintergirl’ (a young girl suffering from eating disorder) like Cassie.

Lia’s incapacity to separate the illusion from the real shows that she has lost her sanity and she is in need of mental treatment. She has to challenge not only against anorexia but also against her psychological disorder. When her anxiety level, with her intense depression, reaches the peak, she finds it hard to bear both the physical and mental problem. Regarding the correlation between anorexia and psychological problems, “[c]linical consensus admits that depressive symptoms and anxiety are the sequelae of malnutrition in Anorexia Nervosa”. (Mattar et al., 2011, p. 316). In other words, lack of food causes psychological problems or if the patient has already had those problems, they turn out to be worse.

In this sense, the mental and physical tension becomes so unbearable for Lia that, at the end of the novel, she takes some sleeping pills to end her suffering and to get rid of her hallucinations but as her weight is so low, her body cannot tolerate and she is sent to hospital and takes psychotherapy. In her therapies it becomes clear that due to her hallucinations and delusions she loses her control therefore she should not repress her emotions and should express her feelings to eliminate her mental fears. When she says to the doctor: “You don’t believe that I see ghosts,” the doctor answers “I believe that you’ve created a metaphorical universe in which you can express your darkest fears. In one aspect, yes, I believe in ghosts, but we create them. We haunt ourselves, and sometimes we do such a good job, we lose track of reality” (Anderson, 2010, p. 250). The ghost of Cassie, in a sense, is a creation of Lia’s inner world, full of fears. Only in that metaphorical world she can stress her suffering but when haunted by the illusive ghost, she wants to destroy the illusion that she has created but cannot, finally she loses the track of reality. The psychotherapy that Lia gets in the hospital, plays an important role in her recovery, as Walsh (2009) also emphasises “[o]nly after confronting her demons and truly asking for help does Lia find the hope and the acceptance she has been looking for. Once again, Anderson tackles a difficult problem plaguing teen girls and gives it a real voice” (86). Thanks to the psychological support, she accepts her problem, faces her fears and gains self-confidence to overcome anorexia.

5. Conclusion

Anorexia, which has been affecting many women's psychological and physical health for centuries, appears as one of the most serious eating disorders that medical and psychiatry authorities have questioned, examined and treated. It has widely been asserted that it is the psychological disorder which triggers the eating disorder, yet the studies carried out in recent times have suggested that food restriction changes the psychological state of patients and worsens their mood. Although it has been observed that the patients, who have problems with their parents or friends due to their conflicting perspectives and expectations, see anorexia as a remedy, it can be asserted that the impact of self-starvation upon psychological disorder has been ignored. As Polivy and Herman express, "[...] eating behaviour influences mental health [...]. If [...] we eat too little, we may feel irritable, tired, or deprived [...]" (Polivy and Herman, 2005, p. 543). Under the influence of malnutrition, these patients experience excessive anxiety, exhaustion and helplessness, and then they assume that they cannot overcome their emotional problems in such a feeble and hopeless position; as a result, loss of energy, motivation and hope, accompanied by the physical pain emerging due to undernourishment, brings about psychological disorders.

The reflection of the correlation between anorexia and psychological disorders in Bell's *Massive* and Anderson's *Wintergirls*, suggests that it is not the female characters' psychological instability, but their emotional distress, which leads them into anorexia, and then anorexia initiates their psychological disorders. Food restriction causes these women to lose their physical and psychological strength, as a consequence they need medical and psychiatric support. In *Massive*, on the one hand, Maria, willingly, prefers starving herself to be respected and appreciated in society, but on the other hand her daughter Carmen, unwillingly, attempts to starve herself to be appreciated only by her mother and to prevent her parents' separation.

Maria is completely controlled and devastated by anorexia, which destroys not only her physical health but also her psychological well-being, so she is sent to hospital for medical and psychiatric care, whereas Carmen stops starving herself after recognising her mother's becoming a victim of this eating disorder, so she achieves healing herself through self-realisation after witnessing her mother's bodily and mental deterioration as a consequence of anorexia.

Likewise, *Wintergirls* also exposes the physical and psychological suffering of Lia because of anorexia. She sees self-starvation as a healing way for her agony due to her friend's death and also because of her parents' decision to split up. Nevertheless, she becomes a slave of anorexia, which weakens her both physically and mentally, consequently she gets medical and psychiatric care for her recovery, so then she can return back to life. Comparing and contrasting the psychiatric studies about anorexia and psychological disorders, with the portrayal of these topics in these novels, it can be indicated that there is a close similarity between the clinical cases and the fictional ones.

Thus, through their literary works, these novelists have achieved shedding light on such a serious medical and psychiatric problem, like anorexia, by revealing that self-starvation triggers mental problems, therefore both the psychiatric description and the fictional depiction of anorexic women, demonstrates that anorexia restricts psychological flexibility, distorts the mental order, destroys the emotional state and then causes psychological disorders.

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