



THE STARVING ARTIST:
UNDERSTANDING THE SIGNIFICANCE OF EATING DISORDERS
THROUGH CONTEMPORARY ART

An Exegesis submitted by
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ABSTRACT

This practice-led research explores the ways in which contemporary art can provide insights into the lived-in experience of artists with Eating Disorders. As an artist and activist, my research takes on an insider-researcher approach in addressing my own experience with Anorexia, Bulimia and Orthorexia. My personal experiences are informed by a diversity of contemporary artists that are not limited to American painter Jenny Saville British photographer Kiera Faber, and German artist Ivonne Thein, who engage with visual representations of Eating Disorders. The study makes explicit the complexities in understanding Eating Disorders as a mental health matter. While Eating Disorders are primarily associated with mental illness, I argue that they are often observed through external or 'outsider' experiences, with a representational emphasis on physical body symptoms. This issue is compounded by the media's focus on aspirational body ideals relating to a 'Culture of Thinness'.

My project addresses the potency of art creation while living in an unwell body and the ways in which art can contribute to medical and psychological perspectives regarding embodied Eating Disorder perspectives. My autoethnographic artworks consist of a 70% weighting of my study. The exegesis, with a 30% weighting, presents an interdisciplinary integration of key art and health literature to explore the ways in which artists' lived-in experiences with Eating Disorders can visually communicate about the broader human condition and social values around health and wellbeing.

CERTIFICATION OF EXEGESIS

I Alexandria Zlatar, declare that the PhD Exegesis entitled *The Starving Artist: Understanding The Significance of Eating Disorders Through Contemporary Art* is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes. The exegesis has no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this exegesis.

Date: March 3rd, 2023

Endorsed by:

Associate Professor Beata Batorowicz
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Student and supervisors' signatures of endorsement are held at the University.

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CHAPTER 1: INTRODUCTION

1.1 Defining the Study

For such a long time, I thought if I were thinner, I would be happier. Instead, quite the opposite had occurred, and I became even more confined to my unwell mind and body. While my Eating Disorder began at the age of 13, I was formerly diagnosed with Anorexia with a Binge Purge Subset at the age of 17. My condition further developed into Bulimia two years later and then followed by Orthorexia within the following year. Since then, I have developed a distorted relationship with food, weight, and body image. The reality of living with the internalised psychological and emotional struggles deriving from these Eating Disorders are often difficult to express. My practice-led research emerges from this personal experience with Eating Disorders and how I choose to represent the unwell mind and body within contemporary art. (Zlata, Artist Journal, 2020- 2022, p. 2)

As a visual artist and curator who draws on my subjective experiences of Anorexia, Bulimia, and Orthorexia (American Psychiatric Association, 2013) within my art practice, it has become apparent to me that Eating Disorders¹ are not well understood and are often misrepresented within contemporary society and mainstream media (Betterton, 1996; Mental Health Foundation, 2019). The misunderstanding of Eating Disorders lies in the perception that an Eating Disorder is a 'pretty girl' disease² (Anitha, 2019; Strother et al., 2012). While these physical manifestations have attributed to countless of women and those of all genders, they are not the sole benchmark for well-being. According to Ricardo Dalle-Grave (2011), these physical manifestations are the symptoms and not the causes of disordered eating. The media's focus on

¹ These conditions are capitalised for emphasis and to highlight the aggregate nature of these varied conditions.

² Eating Disorders represent a heterogeneous group of conditions and will also be referred to collectively as one Disorder.

the "Culture of Thinness" and aspirational body ideals further exacerbates this issue (Tillmann, 2009). From my personal experience if the clinical exploration of Eating Disorders has primarily been observed from an outsider researcher perspective, neglecting the psychological and emotional experiences of those affected. This can result in misaligned and ineffective individual recovery plans (Berg et al., 2018). To address this gap, this research aims to bridge the fields of health and contemporary art to understand Eating Disorders as a mental illness within its broader psychological and experiential contexts.

That is, while the medical field provides significant insight into the critical diagnosis of Eating Disorders, it can neglect the human experiences such as the 'feeling of being Anorexic' and, as a result, can lead to ignoring key psychological factors altogether (Blackburn et al., 2012). These 'felt' experiences vary and can adversely impact the recovery process (Blackburn et al., 2012). Some of these experiences include social isolation, emotional detachment, and feeling confined in a predetermined body shape and gender (Brian, 2006). Contemporary art can play a significant role in representing the experiential and emotionally charged facets of artists living with an Eating Disorder. Within the current study, first-hand visual representations are used to provide insights into the emotive and thinking processes that lie beneath the experience of the Disorder. These artistic representations are uniquely beneficial as the visual and experiential-based modalities that provide a means of communication that encompasses an

individual subjective position that humanises mental health illness (Graham et al., 2021). The project aims to counteract the mainstream media images that promote stereotypical and pejorative misconceptions of Eating Disorders.

This practice-led study is concerned with exploring visual representations that convey the psychological states affiliated with Eating Disorders as informed by my own positioning as an artist and curator who was diagnosed with Anorexia, Bulimia and Orthorexia. It is my hope that this study will provide an understanding of the emotional turbulence encountered by people who are suffering from an Eating Disorder (Strumia, 2005)³. In turn, this research will help to better understand what it means to endure an Eating Disorder (Lather & Smithies, 1997; Strumia, 2005). The study examines the role art plays in shaping these experiences through exploring the struggles of Eating Disorders in visual and written modalities (Bucharová et al., 2020).

Drawing from my autoethnographic research data such as personal stories, texts, and images, I aim to foreground the sensitive nature of the subject matter by providing a personalised visual account of the Eating Disorder experience (Ellis et al., 2011). My creative works within this project consist of paintings that explore the breadth of experiences affiliated with living in an Eating-Disordered body. These works are informed by the notions of Women's

³ I recommend using the term suffering, as someone with lived-in experience of an Eating Disorder it is incredibly problematic to limit their experience within solely clinical terms. I, therefore, use the word suffering to be more representative of the lived-in experience.

Studies researcher Josephine Brian (2006) regarding how within the process of self-identity formation, the body becomes a source of control for an individual. The body can be perceived as a form that can be manipulated in the way the individual chooses to present themselves to the world (Brian, 2006; Tiggemann & Rothblum, 1997). With the body becoming the source of 'control' - as something to *be controlled* - this emphasises the very psychological state(s) experienced as part the Disorder. As exemplified in my own personal story, those with Eating Disorders undergo immense psychological distress, whereby the body becomes the symbolic and tangible physical symptoms of their internal struggle (Maté, 2011). Through engaging in an autoethnographic approach (McIlveen, 2008), this practice-led research aims to use an art context to deepen the understanding of Anorexia, Bulimia and Orthorexia in terms of what it means to live with a disordered relationship with food as well as a distorted body image.

The study contains a unique broader focus by exploring artworks that address Eating Disorders from the perspectives of contemporary artists living with these disorders. There is a diverse range of artists that have influenced my practice-led study, and some include American painter Jenny Saville, British photographer Kiera Faber, and German artist Ivonne Thein. These artists' practices inform my own artwork and serve as exemplars of the ways in which psychological states associated with Eating Disorders can be foregrounded within artistic processes and visual representations. These artists acknowledge the complexity of psychological experiences and physical manifestations of

Eating Disorders (Carpenter, 2018) and as such, they are pertinent to this study because they offer more diverse understandings of the issue. These contemporary artists also counteract the dominant Eating Disorder narrative in contemporary society which is often presented from an outsider's position and/or involves a detached medical diagnosis (Graham et al., 2020). Mental health treatment outsider attitude of Eating Disorders patients often includes a high level of tokenistic behaviour towards patients and a reductive treatment approach as part of their healthcare contributions (Vojtila, 2021). My practice-led research is innovative in its interdisciplinary insider-research approach as an Anorexic artist and curator, with the aim of forging a strong personal art narrative on Eating Disorders.

By highlighting the often-neglected individual voice on mental illness (Gustafsson et al., 2021), my project serves to disrupt the dominant discourse and offer a more accurate and affirming account of individuals' lived-in experiences,⁴ demonstrating both the process of struggle as well as resiliency. This research aims to create an impact across academic and industry contexts; particularly artistic and mental health clinical practices, including health promotion in relation to awareness-raising and education towards prevention. Importantly, my project aims to engage contemporary art as a vehicle for what Paula Gerstenblatt (2021) refers to as 'art activism'; raising

⁴ While 'lived experiences' is the more commonly used term in psychology, I am using this term purposefully, as I prefer 'lived-in experiences' because it captures the experiential nature of the experiences of Eating Disorders.

public awareness that directly contributes to the understanding of Eating Disorders within and beyond the fields of art and health to promote social change.

1.2 Central Research Premise

While many contemporary artists examine the body as subject matter within their practice, there is little critical discourse on the role of visual artworks contributing to mental health issues regarding Eating Disorders (Rodgers, 2016). As previously mentioned, the subject matter surrounding Eating Disorders in art is limited and has typically been conducted from an outsider perspective rather than from the perspective of individual's experiencing Eating Disorders (Rodgers, 2016). The outsider-researcher approach is problematic, not only due to the researcher being removed from the contextual understanding of what it means to live with an Eating Disorder but also as it can exclude those who have the Disorder by positioning these individuals as being 'too ill' and 'unfit' to contribute to the conversation regarding Eating Disorders (Dywer, 2009; Sassenrath, 2017). For individuals with Eating Disorders this can be suppressive and oppressive while reinforcing notions of invisibility and powerlessness. In this light, the current study draws on an autoethnographic approach (Duncan, 2004) that is informed by a broader focus on contemporary art practices that foreground the psychological and emotional qualities of those living with Eating Disorders. In this light, my practice-led research considers the following two-fold central research question:

To what extent can my autoethnographic and insider-researcher perspectives and artwork creation shed light on the lived-in Eating Disorder experiences and offer alternatives that encompass the broader complexities of mental health and wellbeing?

Subsequently, in what ways can contemporary artists respond to the current gaps in visual representations of Eating Disorders and distorted body image?

In response to this two-fold central question, this project has three key aims throughout its development and broader initiative in raising awareness of the lived-in experiences of Eating Disorders of visual artists and how their visual representations of Eating Disorders as a mental illness can create broader social and cultural impact. The three key aims of this research are as follows:

1) Examine how visually representing an autoethnographic experience that foregrounds the varying psychological and emotional qualities of Eating Disorder sufferers can contribute to a greater understanding of the illness itself.

2) Explore Eating Disorders as a mental illness by foregrounding the impact of this illness on the psyche as well as the body and how this mind-body relationship can provide insights into distorted perceptions regarding self-image and self-identity among Eating Disorder sufferers.

3) Discuss how visual art, through diverse contemporary artists such as American painter Jenny Saville, British photographer Kiera Faber, and German artist Ivonne Thein can contribute to the visual representations and

overall conversations regarding Eating Disorders within this interdisciplinary arts and health discourse.

Considering these aims, this study comprises of a creative art portfolio weighted at 70% of the doctoral study. The creative portfolio includes self-portrait paintings presented within a series of international solo exhibitions that can be accessed through the following link: <https://allyz.cargo.site/Doctoral-of-Creative-Art> and will be discussed in *Chapter 4 Creative Outcomes* (a full creative portfolio list of public engagement activities is presented in Appendix 6). My creative portfolio includes supporting documentation that evidences my process-driven inquiry involving artwork production and curation informed by interviewing other artists with Eating Disorders and artist journal reflections. My journaling method involves reflective writing based on my lived-in experiences within Eating Disorders that have been developed into an artist book publication titled *One Body, My Body, No Body* (2021) which was part of the initial exploration that emerged and accompanies my exhibition series as part of my creative portfolio submission. The synthesis of the exegetical and creative components is made apparent through an exploration of the psychological and emotive states as well as physical impacts of what it means to live in an 'unwell' body with an Eating Disorder. To discuss the psychological and emotive states as well as physical impacts pertaining to lived-in Eating Disorder experiences, this chapter will introduce the past and current discrepancies and misrepresentations of Eating Disorders through discourses relating to the 'body' that seems to continue to align with often unrealistic

physical ideals as 'normalised' standards of beauty within society as well as image-making in art.

1.3 Key Conceptualisations of the Body

Within this introductory context, three conceptualisations of the body emerge, particularly in relation to body-image issues and their psychological connection to Eating Disorders within contemporary art. The three key conceptualisations of the body and its representations include: the socialised and sexualised body, the abject body, and the embodied body. These key conceptualisations are specifically selected for their prevalence in relation to Eating Disorders as well as the image-based casting of socio-cultural perceptions of the gendered body and its ideals within visual art discourses (Holmes, 2017). These discourses are examined to reveal the various areas of misrepresentations but also to equally provide a potential platform to re-imagine visual representations of unwell bodies encompassing and inclusive of non-binary contexts as well as make explicit the psychological suffering endured by those with lived-in Eating Disorder experience(s). These conceptualisations are deeply connected to the central premise of the study and shed light on the diversity and the depth of the darkness within living with this disease.

1.3.1 Socialised and Sexualised Body

Throughout art history, the body has been socially and culturally approached within a gendered ideological power dynamic and in turn, visually portrayed

as a sexualised body (Cronje, 2001). This power dynamic privileged men as it was based on a binary representation of men in art history being creators and women being procreators (Battersby, 1989). While men associated with the mind – as active, engaged intellectuals and ‘geniuses,’ the female was affiliated with the body and was often depicted as being passive, submissive and an object of male sexual pleasure (Hopper & ProQuest, 2015). Men often assumed the role of the artist while women and their bodies became their subject matter (Hopper & ProQuest, 2015). In this way, the subject matter of the female body (particularly the female nude) within visual art culture, has been explored as well as exploited and objectified for centuries (Brian, 2006; Hoaxx, 1999). Female bodies have served as allegorical figures of beauty ideals such as the maternal goddess that has been overtly sexualised and objectified (Hoaxx, 1999; Millett-Gallant, 2010). These female figures depict concepts of a beauty ideal as one that reinforces a societal striving for idealism and perfection of the female body (Brian, 2006). In this way, these gendered binaries and sexualised ideals form part of the broader socio-cultural and psychological conditionings that shape and frame the way we ‘see’ the body in art and within society. As John Berger (1972) iterates in his seminal text, *Ways of Seeing*:

To be naked is to be oneself. To be nude is to be seen naked by others and yet not recognised for oneself. A naked body must be seen as an object to become a nude. (p. 54)

In this context, nudity is sexualised, whereby women are conditioned to satisfy men's desire to see themselves as worthy and desirable (Berger, 1972: Millet,

2016). While Berger operates with a binary-gendered discourse, he outlines that the gendered power dynamic in the act of looking is done through the masculine (sexualised) gaze (Berger, 1972; Harrison, 2016). Berger (1972) notably explains the power dynamic of the gaze when women are being watched by men. These men are spectators of a woman's body, which objectifies women (Berger, 1972). Berger's discourse alongside is contemporary counterparts such as Susan Bordo (2004) and Heather Widdows (2018) remains critical in understanding that the act of violation can occur in the very act of looking prompted by our perception that involves the mind and psyche. This understanding is critical when discussing the role of sexualised bodies and manifestations of Eating Disorders that often arise from the impact of sexually based violence and abuse trauma (Ganou, 2021). According to Clinical Health practitioners, Laurel Watson et al., (2012), when the sexualised body becomes violated, many seek to regain control, and, in many cases, Eating Disorders become a coping mechanism for exercising control over an individual's body. Although this project does acknowledge trauma in the context of well-being, this is not an overarching framework or this study as Eating Disorder symptoms are far deeper seeded than a simple correlation (Calogero, 2009). My research acknowledges how sexualised bodies can be both a catalyst and trigger and explores how Eating Disorders are multifaced and complex, just like human beings (Calogero, 2009).

1.3.2 Abject Body

The abject body presents an immediate contrast to the often-prescribed beauty ideals of the sexualised body. However, it is equally as important that the notion of the abject is considered beyond the dominant media fascination with the Anorexic body as a mere object of disgust (Ferreday, 2012). In turn, Julia Kristeva's (1982) *Feminist Psychoanalytical Theory of Abjection* iterates the notion of abjection as subjective horror. This abjection is the feeling when an individual experiences or is confronted by 'corporeal reality' (Kristeva, 1982). Abject breakdowns in distinction between what is the self and what is other (Kristeva, 1982). Especially in art, abjection can help reposition people's normal reaction of disgust to the emancipated Anorexic body.⁵ My point of divergence is to exemplify 'disgust' experienced by Anorexics themselves (rather than others outside of this experience), as this is constitutive of Anorexic subjectivity (Ferreday, 2012). Lynda Nead (1992) argues that the obscene body is one without borders or containment, which makes it disturbing and unsettling to viewers. The ways in which we outline, frame, and regulate how the body is represented publicly shapes the response of the audience (Ferreday, 2012; Nead, 1992).

1.3.3 Embodiment and the Amalgamated Body

The term 'embodiment' suggests that bodies are both experiencing and producing the world around us, through sensory systems, emotions, and bodily

⁵ As severely Anorexic bodies are predominately acknowledged as 'unhealthy'.

responses (Niedenthal, 2007). As Embodied Experience theorist Charon, (2001) suggests that individuals compare their 'actual' self to embedded self-imposed standards, which causes discrepancies and emotional discomforts that are evident in individuals experiencing Eating Disorders' inner turmoil. In this research, the focus is on how bodies are both producing physical and psychological engagement with the world while also internally experiencing self and the world, creating a unified and amalgamated framework. As suggested by René Descartes' (1641) concept of mind-body dualism makes intellectual thought and cognition possible by having harmonious both mind and body components interacting dualistically (Descartes, 1641; Marchant, 2016). However, embodiment, in Shannon La Forme-Csordas' (2021) view, is beyond or additive to the physical body and is a concept focused on the ways in which people 'inhabit' their bodies. She argues that the body is what is grounded within the existential culture (La Forme-Csordas, 2021; Masquelier,1997). The notion of embodiment extends beyond the simplified idea of the mind living in the body as it involves the social and intersubjective encounters being experienced by an individual. This is supported by Maya (2014) asserting that embodiment encompasses cultural, and perceptual dimensions (Moya, 2014) which in turn, acknowledges that there is an interconnection between internal and external experiences. This view is more closely aligned with Maurice Merleau-Ponty's (1974) phenomenological account of experiential existence, which obfuscates the mind-body dualism because it operates within a binary that sets up the person/entity versus the social world (Moya, 2014). This is the case because there is no demarcated

and bounded individual in this interpretation. Feminist philosopher Elizabeth Grosz (1994) articulates the value of embodied subjectivity as:

Not as the combination of psychical depth and a corporeal superficiality but as a surface whose inscriptions and rotations in three-dimensional space produce all the effects of depth [...] understood as fully material and for materiality to be extended and to include and explain the operations of language, desire, and significance. (p. 46)

This concept could be viewed in terms of amalgamation, which allows two or more bodies to cooperate and continue as one entity (Grosz, 1994). This notion is discussed further in the literature review in terms of the application to gender embodiment and Eating Disorder manifestation. Embodiment is highly relevant to the research as it helps analyse and portray the depths and complex views of how we may be 'embodied.' This understanding creates a new form of experiential existence that shapes how the whole person's being-body in the world can add a new depth to understanding when applied to 'mental' wellbeing (Grosz, 1994).

This introductory overview of these three research conceptualisations around the body aim to provide some insight and theoretical grounding to the numerous ways in which the body has been approached, represented, and emphasised in past and contemporary culture. These conceptualisations provide an initial research grounding for *Chapter 2: Literature Review* discussions on health and visual art discourses on Eating Disorders. This is evident particularly around the ways in which the socialised and sexualised bodies are played out within the representations of the unwell mind and body

and in the ways in which the abject and embodied bodies are evidenced in the paradoxes of control within Eating Disorders.

1.4 Limitations

As the depth of research is focused on my self-experience, as an Eastern-European heterosexual woman ⁶ the themes that emerge are primarily applied to but not limited to this demographic. Furthermore, the work focuses primarily on 'Western' perceptions of the body due to my own positioning and life experience within this context. With this acknowledgement, my works aim to critique and present counter-narratives to mainstream media that reinforce these perceptions such as movies containing Western cultural representations including Director Marti Noxon's *To The Bone* (2017) or Andrew Fleming's *Insatiable* (2018) where the narratives endorse stereotypical Eating Disorder experiences. In addition, the experience of gendered and queering of Eating Disorders will be discussed.⁷ Although not the primary focus of this study, it does help edify the diversity of individual struggles alongside my own autoethnographic experiences. LGBTIQA+ voices are recognised and will be explored to unravel some of the complexities that lie in this subject. Despite

⁶ Within my study, the limitations are focussed on the first-person gendered (female/they) experience. While it is relevant to look at all genders (which I do consider in the diversity of artists I interview), my primary focus is giving a platform to the female perspective of Eating Disorders as it is part of my experience. Having strong consideration for the male experience is highly important, but it is limited in the scope of this study. Furthermore, while throughout my research I have drawn on health perspectives, the foundational lens of inquiry is through visual art. This approach is the one I am most experienced with and the one I believe can facilitate my ideas as contemporary artist most effectively.

⁷ Sexuality is discussed primarily through heterosexuality as that is my lived-in experience, but the research does strive to represent, include, and edify queer voices and experiences to emphasise the importance of considering individual personal experiences.

these limitations, the research project provides unique insight into some of the experiences of Eating Disorders and aims to highlight the benefits of examining individual experiences through art.

1.5 Methodologies

Working within a predominantly qualitative research paradigm (Ellis, 2000; Pink, 2006), this study draws on individual artists' experiences, perceptions, and stories of living with Eating Disorders. The research also includes a discussion around the central role of artmaking in relation to Confessional Art and embodied experiences via themes such as the abject and queer perspectives of the body in image making. My research deploys a visual art-centred mental health and wellbeing interpretative framework, with considerations of gender in terms of body image associated with Eating Disorders such as Anorexia, Bulimia Nervosa and Orthorexia.

My project primarily undertakes a practice-led methodology (Sullivan, 2010), as it involves the art practice driving the central enquiry and process of discovering new knowledge (Smith & Dean, 2009). This is pertinent, as practice-led methodology underpins my artist as insider-researcher position as someone with lived-in Eating Disorder experience. My practice-led research is also supported by an autoethnographic approach (Mertens, 2010) to provide an opportunity to further discuss my own lived-in experience of the illness. This approach extends beyond an autobiographical account, as autoethnography involves the researcher-practitioner intentionally immersing

themselves in theory and practice as a way of gaining insight (McIlveen, 2008). In turn, autoethnography discusses the role of qualitative research and what it means to be 'fully immersed' in the visual and sensory experience where the knowledge is uncovered (Duncan, 2004). This research strategy strives to reassess aspects of human experience best represented by images and writing, and a related analysis of the relationship between the visual and other experiences (McIlveen, 2008). In turn, autoethnography aids in questioning the impact of someone's illness based on socialised experiences and how the labelling of being 'ill' can impact intrinsic self-worth (Mertens, 2010).

This project deploys two main methods of data collection. The first method consists of reflective and reflexive journaling, from my autoethnographic artist experience of living with Eating Disorders. The second method involves interviewing other artists via purposive sampling. In turn, I have conducted interviews with a representative case series sample of five contemporary artists with Eating Disorder experiences to reflect on the impact of mental health on their personal growth, artistic expression, and broader public advocacy regarding Eating Disorders. The research utilises the interview data to aid in how my artistic voice can further expand the needs of the community by addressing the gaps and commonalities. The application of a thematic analysis, utilising Braun and Clarke's (2022) six-step process, which involves identifying shared themes and patterns for obtaining significant insights into Eating Disorders. The key themes that emerge from this research include

'trauma', 'grim reality', 'embodied lived-in experiences' and 'cultural heritage'. The process further involves applying reflexive thematic analysis in reviewing the themes, and locating exemplars (Braun and Clarke, 2022) through my art journal artist interviews and through secondary research.⁸ A thematic analysis (Braun & Clarke, 2022) is applied to these methods not only to assist in identifying common themes and patterns but to also to derive critical insights into the current difficulties of the visual representations of Eating Disorders, and the lived-in experiences of individuals and artists.

1.6 Overview of Chapters

The study consists of five chapters. *Chapter 1: Introduction* provides an initial overview of the field of enquiry, which foregrounds my lived-in experience of Eating Disorders, exploring the embodied or amalgamated body and its significance in understanding the disease.

Chapter 2: Literature Review discusses key seminal discourses that outline the medical definitions of Eating Disorders in the context of the unwell mind and body and their visual representations. It also explores the paradox of control, sexualised bodies, and representations of Eating Disorders in contemporary art.

⁸ Clarke and Braun (2022) present a comprehensive Six Step Data Analysis Process, which encompasses the following stages: familiarization of data, generation of codes, combination of codes into themes, review of themes, determination of significance of themes, and reporting of findings.

Working within a qualitative research paradigm, *Chapter 3: Research Methodologies*, outlines my overarching use of the practice-led research methodology (Sullivan, 2005) that is supported by an autoethnographic approach and a Confessional Art exploration (McIlveen, 2008) to fully examine the lived-in experiences of Eating Disorders. The chapter discusses my use of the artist as an insider-researcher (Brian, 2006) to analyse the Eating Disorders beyond the clinical and objective setting. Feminist and LGBTIQ+ perspectives will also be considered to further expand upon Eating Disorder through inclusive and diverse perspectives.

Chapter 4: My Art Practice 'The Starving Artist' examines my studio research processes in first foregrounding my own psychological and emotional struggles pertaining to my lived-in experiences with Eating Disorders. This chapter delves into the exploration of visual representations of Eating Disorders that challenge stereotypical imagery and external clinical perspectives, providing an alternative resource and potential practice model for artists and the public. It emphasises the significance of lived experiences of mental health among visual artists, offering a means for a more comprehensive and nuanced understanding of Eating Disorders

Lastly, in *Chapter 5: Findings*, presents current critical learnings and reflections from the artworks and research, offering four key recommendations. These include the following: 1) Medical treatment being encouraged to include an individual lived-in experience focus within Eating Disorder conversations with

patients; 2) Promoting authentic and diverse representations of Eating Disorder experiences in media; 3) Greater utilisation of art as a tool for understanding mental illness, and 4) the need for healthcare practitioners and patients to adopt a holistic care approach alongside medical treatments. This research on Eating Disorders develops my own artistic agency in exploring of what it means to live in an 'unwell' mind and body. The research examines the depths of the Disorder and utilises the potency of creative arts and individual experiences to counteract dominant Eating Disorder narratives in the hope of improving cultural and medical treatment of the Disorder.

CHAPTER 2: LITERATURE REVIEW

This literature review interweaves visual art and health discourses to investigate and deepen insights into the current understanding of lived-in Eating Disorders experiences. The chapter places importance on the interdisciplinary embodied experience within Eating Disorders as a means of responding to the 'outsider' perspectives offered within health as well as the externally focussed and stereotypical representations of Eating Disorders contemporary society and media culture in addressing Eating Disorders as a mental health matter. This research aims to address the mind-body relationship through individual perceptions of self-identity as part of understanding the Eating Disorder experience.

This chapter is divided into two main sections. The first section, *Part A: Theoretical Framework on Eating Disorders* will address seminal discourses across the fields of health. This section provides seminal definitions pertaining to how Eating Disorders are traditionally defined and understood by medical practitioners and psychologists in the health field. These insights provide a deeper understanding of mental health and its impact on those suffering from Eating Disorders. The literature review draws upon seminal works in the field of health including vital sources such as Tyler Mason et al. (2019), *Self-Discrepancy Theory* (informed by Staurman, 1996), Urie Bronfenbrenner's (1977) *Ecological Model* as well as drawing upon American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders 5-TR*. The chapter examines three critical areas that influence individuals with

Eating Disorders, bridging the realms of health and art discourses. These areas are: 1) Mental health perspectives and oppression related to Eating Disorders; 2) Bodily oppression resulting from socialisation and social conditioning; and 3) The impact of societal oppression on the sexualisation of bodies and its manifestation in Eating Disorder behaviours. Exploring these research areas will aid in providing a critical overview of a discourse that is often limited or missing from more general discussions on Eating Disorders (Holmes, 2017).

Within visual art discourse, the literature review addresses seminal works by authors such as art-critic John Berger, who examined the ways in which we 'see' visual representations of the body and the influences of historical gendered body perceptions and ideals. It will examine the work of feminist Australian writer Germaine Greer explores notions of the female sexualised body in art that are useful in identifying potential visual triggers for those with Eating Disorders deriving from a history of sexual abuse. Art is also interwoven with mental health discourse via psychoanalysts such as Marilyn Lawrence, who foregrounds difficulties with bodily experience, gender oppression and the unwell mind that can be applied to art and individual understanding of Eating Disorders. These seminal discourses explore the interrelationships between the mind and the body as well as place an emphasis on mental health in addressing Eating Disorders. This discussion will provide insights into the complexities in visual representations and narratives of Eating-Disordered bodies and psyche.

The chapter's second section, *Part B: Artist Audit*, draws on historical and contemporary artists and their artworks to explore the various representations of Eating Disorders within art. The artist audit is essential as it addresses the current study's broader aims of exposing the misrepresentations of the unwell mind and body in its depictions of Eating Disorders, which are often presented from an 'outsider' perspective, rather than from lived-in experience. As a way of seeking out alternative representations of Eating Disorders, the artist audit addresses themes of queering, abjection and refuge from oppression as well as offering visual representations of those experiencing Eating Disorders through lived-in perspectives and exploring the role of artistic self-expression around identities in the process of healing (Stuckey, 2010). Importantly, insights can be gained from the ways in which visual art can be used to enact psychological expressions from the perspective of Eating Disorders. In considering these art discourses, contemporary artists such as: the German multimedia and installation artist Ivonne Thein, American photographer Cindy Sherman, and British photographer Kiera Faber will be discussed in their approaches to foregrounding psychological and emotive expressions using the body as subject matter. These artists highlight themes of gendered and sexualised bodily experience including gender oppression. These themes are useful in exploring the complex layering of issues that underpin the struggles encountered by those living with Eating Disorders. More broadly, the literature discussed in this chapter aims to highlight that Eating Disorders are a mental health matter with physical symptoms (Thompson & Park, 2016).

2. Part A: Theoretical Framework on Eating Disorders

Eating Disorders have been predominately understood and examined through the medical discipline and health narratives (Thompson & Park, 2016). In this light, the following section addresses the theoretical framework and scope of how Eating Disorders are currently understood in the medical and psychological disciplines to reveal the main gaps as well as the potential for expanding and further contributing to this research field. Within this context, medical definitions for Anorexia, Bulimia and Orthorexia are discussed as a way of introducing three key types of Eating Disorders.⁹ Subsequently, a review of the medical literature will provide the framework for the physiological and neurological factors that may precipitate Eating Disorders.

2.1 Medical Research: Defining Eating Disorders

Drawing on the medical field, the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 2013), Eating Disorders are comprised of disturbances in the way in which an individual's body weight is experienced (APA, 2013). Eating Disorders such as Anorexia Nervosa, Bulimia and Orthorexia are all characterised by a pattern of obsessional behaviours associated with the 'thin ideal' and projected notions of self-control surrounding food intake that

⁹ As I have suffered from all three Eating Disorders Anorexia, Bulimia and Orthorexia as part of my lived-in experience, it is important to include the three definitions. Understanding these definitions also assists in identifying the complexities and points of difference among groups of Eating Disorders.

compromises quality of life by resulting in nutritional deficiencies or extreme weight loss (APA, 2013).

Anorexia Nervosa is a mental illness with symptoms of restriction of food intake and intense fear of gaining weight, resulting in a disturbance in the way one's body weight is experienced (APA, 2013). Bulimia Nervosa is characterised by similar fears surrounding weight and food but has periods of lack of control around food, where individuals eat copious amounts and then 'compensate' with destructive purging coping mechanisms such as laxative abuse, induced vomiting, or chewing and spitting (Sathyapriya et al., 2018). Lastly, Orthorexia is a category of Avoidant/Restrictive Food Intake Disorder that focuses on 'pure, clean' eating and often obsessive exercise for health that can, in fact, become a highly unhealthy practice resulting in someone becoming extremely ill (Cena et al., 2019).

The mental health struggles associated with Eating Disorders such as Anorexia Bulimia and Orthorexia are often misunderstood and need to be addressed with some urgency as Eating Disorders can be fatal or cause serious health complications (APA, 2013). The diminishing physical health of an Eating Disorder sufferer is a symptom of their mental struggle (APA, 2013). According to Jon Arcelus et al. (2011), Eating Disorders have the highest mortality rate of any mental disorder with one in five dying from the illness. Every 62 minutes, an Eating Disorder is the direct cause of someone's death (Eating Disorders Coalition for Research, Policy & Action, 2014). Some of the specific causes of

Eating Disorder deaths are heart failure, suicide, and lack of nutrition (Hoang et al., 2014). Some salient historical examples are Heidi Guenther (1975-1997), an American ballet dancer, who died of cardiac arrest caused by her Eating Disorder, Karen Carpenter (1950-1983) an American singer/drummer, who died of complications of Anorexia and Renée Vivien (1877-1909) a French Poet, who died of substance abuse and starvation. These cases exemplify the fatal nature of Eating Disorders.

2.2 Medical Perspectives: Psychological and Physical Experiences

A review of the literature suggests there is an abundance of current medical research focusing on the physiological and neurological factors that may precipitate a distorted self-image and consequential Eating Disorders (Becker, 1995; Oldershaw, 2019). In terms of medical understanding of Eating Disorders, there is ample literature available that delineates the theories and medical symptoms, treatment, and analysis of Eating Disorders. However, these studies tend to be based on data acquired primarily through positivist medical data,¹⁰ which is reinforced by recovery programs using this information in their treatment facilities (Tanlaka et al., 2019).

The relationship between psychological experiences and the physical symptoms of Eating Disorder patients is often limiting individuals to their

¹⁰ Positivist Medical Data is relying only on 'factual' knowledge derived from direct observation and physical engagement to be the only form of valid information (Park et al., 2020).

diagnosis which is highly generalised and categorical (Oldershaw, 2019). Timothy Walsh (2011) examines the eating behaviours of patients to connect and compare eating patterns and food preferences with those who had been diagnosed with obsessive personality traits as a means of examining Eating Disorders. Whereas David Herzog (2009) takes on a gendered focus by identifying and categorising key behavioural characteristics and personality traits of women with Anorexia. While these discourses can be useful, they often neglect the individual struggles to create blanket approaches to understanding Eating Disorders which can become highly problematic. Ilona Crotty (2003) reaffirms this, by emphasising that scientific objectivity should not be confused with accuracy of information: “Articulating scientific knowledge is one thing; claiming that scientific knowledge is utterly objective and that only scientific knowledge is valid, certain, and accurate is another” (p. 29).

While the medical field is considered, to an extent, as ‘objective,’ it appears to rely heavily on treatment through the examination of the biological and genetic tendencies that contribute to developing Eating Disorders (McCutcheon, 2006). The Diathesis–Stress Model explores the interaction between biology/genetics and the environment and how they reinforce and exacerbate each other (McCutcheon, 2006). A seminal experiment conducted by physiologist Ancel Keys (1950) during World War Two found that brain chemistry contributes to developing Anorexia (Keys 1950; Leah et al., 2005). This study, commonly referred to as the *Minnesota Starvation Experiment*, required young men to starve for six months to help experts

decide how to treat victims of mass starvation in Europe (Leah et al., 2005). The male participants experienced chronic depression, emotional distress, isolation, and obsessional thoughts surrounding food (Keys, 1950). Food played a pivotal role in the psyches of these participants; they became controlling and had a severe preoccupation with food, which is highly prevalent in Anorexic behaviours (Keys, 1950). This example (among many others) asserts the interconnecting relationships between the psychological experiences and the physical symptoms of an Eating Disorder. Although studies such as this one acknowledges the influence of social and environmental factors, the primary focus continues to be on the chemistry of the body and the brain (Jacobi et al., 2004; Kaye et al., 2008).

A fundamental problem within the medical field is that most Eating Disorder 'treatments' involve force-feeding patients through tubes, restricted movement, constant surveillance, and copious amounts of medication (Westmoreland & Mehler, 2016). These morally questionable actions are deemed necessary by practitioners to help those with Eating Disorders recover (Starzomska, 2011). Physicians such as Rita Charon (2006) argue that there is a critical lack of personal narrative in these experiences and studies in the medical field. This insight is critically needed for a more holistic and individual focussed approach (Charon, 2006). This study asserts that what these and many other medical studies keep perpetuating is a tendency to omit the voices of the patients; they are seen as the subject of (and at times,

'object' of) examination, not as individuals who are able to contribute to the discovery of new knowledge concerning Eating Disorders.

The medical neglect and recognition of the individual as being able to contribute to Eating Disorder knowledge and their specific situation is a premise that deeply underpins my own experience of Eating Disorder treatment. For example, when I was in treatment, the medical dismissal of my individual voice was deemed necessary as patient voices have been predominately subjected both to recovery and systemic reform (Brunelli et al., 2020). That is, patients in intensive care were/are not given a choice in their recovery process, and this led me (and many other patients that I was with in-patient care) to become incredibly depressed.¹¹ I felt further oppressed that my recovery was not in my own hands. This experience was detrimental to my psychological and emotional well-being as:

I felt like I was being punished for my illness and was not given the opportunity to develop my own recovery tools. This personal reflection led to feelings that my agency and process of recovery is out of my control [...]. This experience led me to understand the paradox of control within my own lived-in experience. That is, on one hand, my own recovery was out of my hands and on the other hand, I was aware that I held the deep belief that I was not good enough to recover. (Zlatar, Artist Journal, 2020- 2022, p. 17)

My personal struggles in treatment further hindered my psychological as well as physical recovery (Zlatar, 2021). It is also worth briefly noting that this lack of agency delves into other philosophical and legal issues such as the already mentioned practice of Eating Disorder patients being often force-fed using

¹¹ If given the choice not to eat, most Anorexics (including myself) would lean towards this option, so force-feeding is put into place under intensive care treatments (Starzomska & Smulczyk, 2011).

feeding tube systems within medical treatment programs, which is a violation of free will and causes infantilisation within individuals (Clough, 2016; Westmoreland & Mehler, 2016). Within this context, Brunelli et al., (2020), support my assertion by also highlighting the need for greater integration of the systematic assessment and participation of patient voices to improve communication regarding awareness, advocacy, and health promotion, that, in turn, can lead to more effective treatment.

Healthcare professionals use diagnostic labels to classify individuals for both treatment and research purposes (APA, 2013). These labels can be problematic as they can lead individuals to self-fulfilling their labels and reinforce psychopathology while contributing to circular reasoning (Garand et al., 2009). The term 'hysteria' for example historically diagnosed women who faced challenges in meeting societal expectations and coping with the burdens of unpaid and unnoticed labour. Such labelling deemed 'hysterical' women as irrational and unable to have control over their emotions, as opposed to shedding light on the unappreciated and undervalued work that underpins the "care economy" for women (Braun, 2021). Although using diagnostic labels has benefits, these labels also serve as cues that activate stigma and stereotypes (Garand et al., 2009). These can have a significant and negative impact on interpersonal relationships, interactions with the healthcare community, attitudes about service utilisation, and participation in clinical research (Garand et al., 2009). An examination of the disease deficit models versus resiliency and recovered-oriented models for mental illness

treatment indicates that there needs to be a shift in approach (McGrath et al., 2020). This means moving away from deficit-oriented treatment (what is lacking) and focusing more on strength (resilience and resources) and building on those qualities for recovery (McGrath et al., 2020; Xie, 2013).

This chapter's theoretical framework aims to support the project overall examination of the assertions and fallacies within the medical and psychology fields; specifically, a lack of representation and generalised approaches to treatment. There are currently huge gaps in understanding, and significant gaps in the qualitative study of the thoughts, feelings, and perspectives of individuals with the Disorder (Charon, 2001). According to Rita Charon (2001), Embodied Experience Theory analyses this impact of actual self and imposed beliefs to edify that it can cause significant distress and lack of understanding if we do not engage through an embodied framework. From a psychoanalytic perspective, this relates both to Self-Discrepancy Theory and ego-dystonic states.¹² These discrepancies cause and contribute to experiences such as angst, depression, anxiety, and low self-worth (Sandia, & Baptista, 2020).

¹² Self-Discrepancy Theory iterates the un-comfortability of individuals' experience when confronted with incompatible or conflicting beliefs about their perceived selves. Ego-dystonic states are the negative assessment that the subject makes of some of their thoughts or emotions (Sandia & Baptista, 2020).

2.2.1 Mental Health Oppression

Mental health oppression is a form of systematic suppression, rejection and invalidation of someone's thoughts and beliefs (Mental Health Oppression and Liberation [MHOL], 2020). Often there is an element of being controlled by people enforcing standards of conduct, invalidating the patient's beliefs, and categorising people into diagnoses.¹³ This results in people being 'punished'¹⁴ via forced measures for not adhering to the 'societally accepted' treatment plan for their mental health (MHOL, 2020). This oppression maintains the status quo by reinforcing that if someone is ill, they must conform (Bordo 2004; Kuba et al., 2013). However, Eating Disorders are far more than a medical diagnosis, they are a by-product of a disordered society (Pike & Dunne, 2015). For example, feminist scholars such as Bordo (2004) and Kuba et al., (2013) argue that these behaviours are coping mechanisms resulting from an oppressive and patriarchal society. There are both different predictive factors and manifestations of internalised oppression for women of colour. Some of the predominant issues include difficulties in diagnoses, identity formation and treatment of Eating Disorders in women of colour (Harris & Kuba, 1997; Kuba et al., 2013). The research suggests there be both more culturally relevant and effective tools to address the oppression of people of colour with Eating Disorders (Harris & Kuba, 1997; Kuba et al., 2013; Pike & Dunne, 2015).

¹³ It should be noted that the diagnosis of Eating Disorders can be beneficial in terms of categorising symptoms and clearly identifying issues.

¹⁴ This notion of 'punishment' can take on many forms including being coerced into taking drugs, being forced feed, and being subjected to psychological therapies and treatments.

These psychological states of oppression associated with Eating Disorders are further identified by Susan Bordo (2004) by the following three experiences: 1) the feeling of being 'confined' in one's own body (with particular emphasis on the female body for the purposes of this project); 2) chronic trauma (such as rape/sexual assault contributing to the development of an Eating Disorder) as well as 3) issues pertaining to self-control, self-value/esteem, and self-identity formation. Eating Disorders are, multi-dimensional and are embedded into the psyches of those inflicted in complex ways (Irabli, 2017). Medical professionals frequently do not acknowledge the complexities of 'being embodied' with an Eating Disorder and fail to acknowledge and include feminist or artistic perspectives as these perspectives do not 'cure' the illness (Holmes et al., 2017). These can provide healing through a more inclusive approach to mental health. Importantly, the patient's emotional and psychological states are also compounded by broader social expectations of what socially constitutes a desirable body, and the media often presents unattainable and even unhealthy body ideals within contemporary society (Homes et al., 2017). In turn, the following section discusses the key ideas around the socialised body in terms of how outward influence impacts our internal values and perception of ourselves.

2.2.2 Eating Disorders and The Socialised Body

Individual's beliefs about how they perceive themselves occurs both from internal and external ways throughout history which in turn, forms a complex

understanding of what their body image should be (Thompson & Hirschman, 1995).¹⁵ Most people make aesthetic judgements about their body image and have experienced some form of social or cultural conditioning concerning 'accepted gendered body norms' at some point in their lives (Caldeira et al., 2018). However, with Eating Disorder sufferers, this perception of the self and their body image is corrupted (Blodgett et al., 2015). That is, the individual cannot control the external expectations of themselves and their body image, they also cannot see value in themselves for who they are (Blodgett et al., 2015). These experiences strengthen core beliefs and cognitions concerning their defectiveness, social isolation, social exclusion, and subjugation.

The shift from an internalised sense of understanding an individual's self-worth and contentment with their body image to a more externalised body image makes it extremely difficult for someone to find their own power and live according to their belief systems (Lock, 2005). The more externally focused the individual becomes, the more they experience an internal sense of being out of control (Lock, 2005). For example, when external focus is placed on work, particularly the socially 'normalised' devaluing of women in the workforce, this intensifies internal control stressors which in turn, have a significant impact on health, especially when considering the forms of control already inherent

¹⁵ While CBT Therapy does strive to focus on shifting beliefs, it still follows structured formatted sessions and does not allow for room of patient-oriented understandings. It is often not suitable for people with more complex mental health needs or learning difficulties (Mansell, 2008).

in Eating Disorders. *The Third Shift* by Michelle Kremen Bolton (2000) is a feminist-based text that outlines how additional roles and time women spend in unpaid work compared to men are disproportional, with women taking on duties such as caring for both parents and children impacts on their own personal health. This disproportionate unpaid labour and neglect of the invisible load and emotional labour devalues women's contributions and impacts women's health as well as the effects of the 'sandwich' generation in caretaking by women of younger and older generations (Betancourt, 2019). Although the feminist movement has created more opportunities, it has also resulted in women experiencing greater demands such as both being able to be mothers and working full-time employment (Gerstel, 2000). These demands have impacted women's wellbeing and are associated with health issues such as an increase in heart disease in women (Kilma, 2001). In the context of Eating Disorders, these societal pressures and expectations contribute to the development and exacerbation of body image issues and distorted self-perceptions (Bordo, 2004). By examining the intersectionality of feminist socialisation and body image, we can gain a deeper understanding of the complex factors that contribute to the struggles faced by individuals with Eating Disorders.

According to Post-Feminist Theory, the problems of a 'disordered' society and its misaligned perspectives regarding the body must be addressed (Duffy et al., 2022). If we do not modify this overarching socialised experience of the body, there will be a continuation of systematic suppression of bodies as a

means of conforming to ideals with detrimental impacts on the behaviour and bodies of women (Banet-Weiser et al., 2020). Conversely, other feminists argue that normalising the act of 'slimming' the body as a cultural ideal reduces the power of a woman's corporal presence and may, in fact, reduce her overall power (Mayoh, 2019; Orbach & Eichenbaum, 1995).¹⁶ Therefore, control on one hand becomes a cultural tool for subversion, but also a serve as an indicator of an internalised struggle of self-value and self-worth intricately linked with weight. In identifying the socialised and engendered influences pertaining to body image, it is important to address how ideas around control are applied within the internal and external states of being.

2.3 The Paradox of Control via Ecological Model on Eating Disorders

For individuals with Eating Disorders, psychological experiences affiliated with control and self-worth are incongruent with each other (Aspen et al., 2013). Subsequently, for those living with Eating Disorders, control (or lack thereof) can have negative repercussions on an individual's life. This can result in feelings of stigmatised shame or guilt which are detrimental to physical and psychological health (APA, 2013). In broader terms, these feelings are also

¹⁶ It is also important to acknowledge that beauty and physicality are socially and culturally ascribed and are relative to specific cultural groups (e.g., African Americans vs Caucasian Americans). Such beauty ideals change over time and history. Thus, it is important to note how throughout history, the social construction of reality via pervasive and cumulative socialisation forces have had a predominate force for constructing of body ideals. For example, the social and cultural idealised size of male bodies has gradually increased as women's have significantly diminished.

influenced by pervasive cultural and socialised messages that are internalised over time with cumulative effects on the individual (Izard, 2009).

Within the health field, Jo Salmon et al., (2020) recognise the ecological model's multiple levels of influence on health behaviours such as intrapersonal and interpersonal factors, that influence our behaviours and beliefs (Robert Wood Johnson Foundation, 2010). This model is frequently used in understanding Eating Disorders. Personal patterns and habits can be understood through an ecological model of inquiry, whereby inter-social relations and environmental factors are interlinked (Banyard, 2011). For instance, a misogynistic and paternalistic culture fosters habits and behaviours that perpetuate the objectification and sexualisation of women (Banyard, 2011). Giovanni Sogari et al., (2018) investigate the role that diet plays among college students in the United States and found that environmental and societal factors had an immense impact on student diets and eating behaviours, a finding that is echoed in later research (Suwalska, et al., 2022; Wongprawmas et al., 2022). According to Sogari et al., (2018) parental food behaviours, student beliefs and friends' social pressure had both positive and negative influences on individual eating habits. When attempting to understand Eating Disorders, there is a need to examine the intersectionality of human experiences such as other disabilities, cultures, and individual perspectives to have a larger depth of understanding of how Eating Disorders manifest and are exercised.

For Eating Disorder sufferers, the notion of control in relation to the individual's self-worth presents a paradox. That is, the Disorder enables a person to feel a (false) sense of power through exerting self-control via food restriction and exercise (Lock, 2005). Yet, through this (false) sense of power, the individual finds themselves in a double bind; they can choose to eat, and this in turn, creates an internal conflict or paradox of feeling shame or guilt about 'giving in,' or they can choose not to eat, thus fulfilling the Disorder's need in attaining 'thinness' under a specific 'body ideal' (Duffy et al., 2020; Lock, 2005). The starvation/restrictive diet impacts mood and decision-making through strict guides to ignore what makes them happy and focus on calorie control. This control-based paradox results in the sufferer being out of control rather than being in control. Marilyn Lawrence (1979), a psychoanalytical researcher, suggests that Anorexia sufferers do not have Anorexia but rather, Anorexia has them. This premise asserts that there are discrepancies in the handling of the individual's 'internal control system,' particularly in achieving a balanced mental perspective amidst the Eating Disorder's intrusive thought patterns (Lawrence, 1979). These intrusive thought patterns often lead to distorted perceptions of one's body image and by extension, self-image.¹⁷

¹⁷ For example, in Ivanka Prichard et al., (2017) analysis of the fit inspiration (fitspo) websites, it was found that although fitspo intends to inspire individuals to exercise and be healthy, the website can negatively impact female body perception (Prichard et al., 2017). This is so, as there is an immense amount of pressure for idealistic bodies, with women being often the target users of these imposed values.

2.4 Personal Narratives: Autoethnographical Works

Despite there being a considerable body of existing literature concerning Eating Disorders (Nash, 2004). There remains a dearth of qualitative research related to the lived-in experiences of individuals with Anorexia and other Eating Disorders from autoethnographic and arts-based perspectives (such as the Confession Art genre addressed in *Part B: Artist Audit* (Ali et al., 2017)). Yet despite this, there has been a neglected utilisation of these diverse artistic practices in honing individual agencies concerning Eating Disorders as educational platforms for Eating Disorder sufferers in many forms such as visual imagery and life writing. 'Life writing' has been an approach for those with mental illnesses to present their narratives in the form of memoirs, diaries, or biographies (Nash, 2014). Emma Seaber (2016) states that those with Eating Disorders use life writing works as inspiration or fuel their Eating Disorders which overall is an unhealthy reading practice. It also may be presented as a particularly useful approach given the earlier discussion on the medical neglect of the individual who is suffering from the Eating Disorder.

Similar methods are utilised in structured writing therapy for trauma, as James Pennybacker and Cindy Chung (2011) argue it can be used to process cognitive and emotional healing and hallucinations. For example, the non-fiction Eating Disorder writer Aimee Liu (2007) recounts the devastating effects Anorexia had on building relationships and maintaining a career, alongside describing how some individuals can fully recover while others relapse. Aimee Liu (2007) and Emma Seabear (2016) focus on the 'spiritual costs' of Eating

Disorders such as difficulty in surrendering to recovering, trusting, and acting in faith. Liu (2007) examines Eating Disorder narratives like Eating Disorder diagnosis and recovery in terms of symptoms and healing through prescribed treatment throughout the writing pathologies. The problem that Seaber (2016) highlights is that those with Eating Disorders do not always gain a healthy understanding from others about their diagnosis and that these writings do not always adequately provide information for recovery.

Life writings memoirs such as Viola Fodor's *Desperately Seeking Self* (1997), Mary Taylor's *What Are You Hungry For?* (2002), and Michelle Lelwica's *Religion of Thinness* (2010), all relied heavily on an almost spiritual healing process that occurred during their recoveries. While these authors (and others) share their narratives and life stories, they tend to depict these stories as consisting of a nice holistic journey to recovery. That is, their lives are depicted as idealised journeys of facing and overcoming illness without ever succumbing to it (Waldman, 2015). The problem with the idealisation of the 'healing' or 'coping' with an Eating Disorder is that this narrative does not address the depths of the illness nor the 'grim' reality of the struggle with the Disorder (Oluyori, 2014). The experience of Eating Disorders is heterogenetic, and these narratives may create tension for individuals experiencing Eating Disorders in that they suggest that recovery is linear, and trauma/resilience is mutually exclusive (Oluyuori, 2014). These beliefs put forward in memoirs iterate the notion that Eating-Disordered individuals need to fill a spiritual vacuum to overcome their disorder. According to Katy Waldman (2015), what

is required is a rejection of false Anorexia narratives; these should be replaced with more comprehensive and transparent revelations of the raw and vulnerable realities of the disease and the torment that is embedded in the individual.

Not all memoirs focus on (spiritual) healing or addressing trauma around Eating Disorders. Cantu (2019) highlights that the prominent narrative within Eating Disorder memoirs is that of the stereotypical Caucasian female whose personal striving for thinness has dictated/consumed their life (psychologically, spiritually, and physically). Examples of this form of a narrative include the following autobiographical works: Lori Gottlieb's (2000) *Stick Figure: A Diary of My Former Self*, Kelsey Osgood's (2004) *How to Disappear Completely: On Modern Anorexia* (2004), Grace Bowman's (2006) *A Shape of My Own*, and Emma Wolf's (2012) *An Apple a Day*. For example, Lori Gottlieb's (2000) work explores a woman's coming-of-age in 1970s Beverly Hills. The memoir makes it clear that this young woman learned that no one could ever like a girl with large thighs. A more contemporary example is Wolf's (2012) autobiography where she discusses how in her formative years, she struggled to live her life and only consumed an apple a day. Within these narratives, there is little supporting evidence of how the lived-in experience of being ill has shaped their journeys, behaviour, or decisions regarding their disorders¹⁸. One of the difficulties with memoirs is that the genre requires that

¹⁸ Other than being a historic comparative tool, memoirs are highly limited.

they be inspirational reads designed to help recovery and serve as a cathartic story rather than with detailed authentic substance for change-making (Cantu, 2019).

Personal narrative exploration can be interpreted through feminist literature as there is an eminent need for gendered body discussions within Eating Disorders. In *A Hunger So Wide and So Deep*, Becky Thompson (1994) uses personal experience and their own stories to dismantle many tropes regarding the causes of Eating Disorders. Thompson (1994) examines contributing factors such as loss of agency, and the need for connection and meaning through weight control. According to Gimlin (1996), Thompson's work includes an observation that many women felt as if they were neither seen nor heard when in treatment. Women were not recognised by the medical personnel and their voices were disregarded when they were trying to seek different forms of treatment (Fallon et al., 1996; Gimlin 1996). Thompon's (1994) work aimed to focus on life stories and the empowerment women gained in their personal recoveries through articulating their own voices. The literature focusing on medical and psychological studies can objectify women as patients in planning and implementing treatment programs, which can disregard the voices of the individuals they are trying to help. The aforementioned difficulties in relation to Eating Disorders in the medical context and feminist studies exemplify the multi-faceted and complex issues associated with Eating Disorders with the commonality of the struggle of

individuals to dictate their own experiences which brings in the need for narrative.

2.5 Part B: Artist Audit

This chapter's *Part B: Artist Audit* provides a critical examination of the current scope of historical and contemporary artists that explore body image with themes such as 'the culture of thinness', the sexualised body, queering of the body and abjection that aid in exploring Eating Disorders as a mental health matter.¹⁹ The strategies utilised in understanding Eating Disorders have been medicalised and have obscured the voices of individuals experiencing Eating Disorders (Chimpén-López, 2021). Given the nature of Eating Disorders, many individuals have secretive disordered behaviours and/or attempt to hide their feelings of isolation (APA, 2013). When analysing the Eating Disorder experience, particularly its private and often hidden experiences, it is useful to draw upon Confessional Art as a contemporary art genre for ways in initially understanding and making public the subjective artist's voice and personal experiences (Jackson & Hogg, 2010). Confessional Art is a contemporary practice that emerged in the late twentieth century in Great Britain that explores a more direct mode of self-disclosure to examine self-representation and its relationship to subjectivity (Early, 2022). Confessional artists such as Nan Goldin and Tracy Emin expose their private selves and their most intimate

¹⁹ Not all artists discussed have Eating Disorders, but their content helps to provide a fruitful discussion on body image representation and manifestation.

personal settings, within the public gallery realm (Gibbons, 2005). For example, in the work *My Bed* (1998) Emin places her unmade bed along with her personal paraphernalia in the art gallery, as a means of visually narrating her autobiographical experience of a relationship break-up (Gildersleeve & Batorowicz, 2020). The unmade bed included used pill containers, empty wine bottles, pantyhose and many other personal items and thus blurring private and public scenarios. Although these artists do not address Eating Disorders *per se*, they are useful in potentially revealing the internal states of mind within our daily lives and traumas. For individuals with Eating Disorders, the boundaries between private and public spaces become increasingly problematised (Early, 2022). Using subjective voice informed by art genres such as Confessional Art lens gives voice to displaced subjectivities to present a more complex and in-depth understanding of self-experience. Drawing on the highly personal approaches of Confessional Art, I consider contemporary art as a potential vehicle to explore this individual agency. As these artistic representations include visual and experiential-based modalities, they can provide a means of communication that advocates for the individual subjective position in the attempt to humanise the mental health-illness (Druzenko, 2014). In considering the role of contemporary art within this project's broader premise, it is equally important to note that at present, there is little critical discourse concerning the role of visual works in contributing to mental health issues associated with Eating Disorders (Rodgers, 2016). Studying more critically, the narratives of those afflicted with Eating Disorders help us understand their experience of the Disorder by looking at how the

sufferers explore and comprehend their experience. This research intentionally draws on visual arts to bridge a 'gap' in the way Eating Disorders are treated and can resonate in the broader public consciousness.

2.5.1 Eating Disorder Representations in Contemporary Art

This study examines the work of contemporary artists who depict the human struggles with 'body thinness'. Often these impacts are exacerbated by a media culture that highly values thin body ideals, which is also referred to as the 'Culture of Thinness' (Garner et.al., 1980). The premise of 'Culture of Thinness' is a global issue and involves conforming to and perpetuating the perceived body image ideals within social media and advertisements as much as possible (Wong et al., 2017).²⁰ In an age of digital manipulation, photo editing allows content creators to manipulate the appearance of the body to sickly proportions, e.g., extremely small rib cages, and frail bones (Aparicio-Martinez et al., 2019; Garner et al., 1980). The result is uncanny because these manipulated images contradict our natural biological composition. For example, German artist Ivonne Thein's *Thirty-Two Kilos* (2009) (See Figure 1), is a series of digitally manipulated images to visually heighten the female models' 'thinness', particularly by enhancing her bony clavicles and concave belly as intriguing features of the work (Thein, 2009).

²⁰ As mentioned, 'Culture of Thinness' and Eating Disorders are a global issue, but for the research, this premise will be discussed in terms of Western perspectives as it aligns most closely to my own experiences, which are informed by my Eastern European background.



Figure 1. Ivonne Thein, *Thirty-Two Kilos*, Digital Photography, 2009.

Thein's work captures the profound despair of Eating Disorder sufferers via the frail body depictions of persons with Eating Disorders. While it may appear to look like a fashion shoot with the pose and shoes, the face and identity is hidden, as if the person has lost their self and being. Artworks like Thein's images, prompt conversations around the psychological states underpinning the physical symptoms of Eating Disorders within a public context (Thein, 2009). However, it can also be argued that Thein's work neglects the psychological bond between obsession and self-destruction associated with Eating Disorders and instead potentially romanticises the illness (Heritage, 2017). Thein reaffirms the trope of the 'emaciated Anorexic' when she emphasises the visual application of 'thinness' in its extremity of the thinness and body distortion (Heritage, 2017). Although not Thein's initial intention, her

work could be argued as reaffirming beauty stigmas, stereotypes, and gender tropes. These photographs put the model's body on display and become a visual spectacle, much like a historical circus act, rather than a human being suffering from a disease (Grey, 2011; Thein, 2009).

This critique of Thein's work reminds us of the ethical responsibilities placed on artists and as well as those artists have the power to shape how illness is publicly perceived. That is, contemporary artists can disrupt the dominant social ideology of the 'Culture of Thinness,' if this is what is intended. The 'Culture of Thinness' can also be subverted by discrediting the myth that you must be skinny to have an Eating Disorder (Grey, 2011). In reality, thousands of people psychologically and physiologically experience Eating Disorders despite not having a low body mass index (BMI) ²¹ (Grey, 2011).

In relation to the struggle of thinness, some people may feel trapped, suffocated, or even disconnected from their bodies. Brazilian visual artist Luisia Callegari's sculptural work *Homenagem ao Leirner* (2015) (See Figure 2) consists of inflatable pigs squeezed into wooden boxes.

²¹ This is more common in Bulimia, Orthorexia and Avoidant Food Restrictive Intake Disorder.



Figure 2. Luisia Callegari, *Homenagem ao Leirner*, inflatable pigs in wooden boxes, 44 x 46 x 59cm, 2015.

This work subverts the idea of docile and dainty females. Instead, Callegari challenges the notion of ideal thinness associated with the female body and poses questions about how we perceive our physicality more broadly (Payton, 2012). Her work achieves this through a kitsch presentation of an inflatable pig trapped inside a wooden frame, metaphorically alluding to a hungry, grotesque, overweight person stuck inside a gendered ideal for their body. They cannot eat nor enjoy their life due to the confines of society which they are symbolically trapped in (Payton, 2012).

The gendered experience of Eating Disorders is another aspect that is discussed within the study. Beth B Productions' *Monuments* (2013) (See Figure 3) created giant sculptures of two female torsos with plump breasts and slim waists.



Figure 3. Beth B Productions, *Monuments*, Sculpture, 9 x 4.5 ft, 2013.

The work shares an underlying focus on the sexuality and physicality of the female form within contemporary art. The work strives to portray hollow shells in an attempt demystify the female body ideals. However, it may lead to reinforcing the sexual objectification and further embeds the belief and desire for these forms with the sheer scale, and 'perfection' of the bodies. According to the feminist psychoanalyst Luce Irigaray (1985), a stronger dialogue can be created in relation to the relationship between weight and our psyches. Similarly, *Closed Contact* (2015) (See Figure 4), is a collaboration between painter Jenny Saville and photographer Glen Luchford. In this work, the female body is pressed under glass to portray the grotesque and abject variations of the physical form. While trying to create striking images, the artist's approach thereby places focus on weight and the body, whereby the female form is almost disembodied or disfigured (Mankowski, 2021). Yet there are facets of this photographic work that visually resonate beyond this and

potentially return to Chapter 1's discussion on Kristeva's (1982) use of the object and the way it can be the work reminds of the corporeal experience. This notion is further explored in *Closed Contact* (2015) as Katherine Dunn states: "The images offer, not a story, but an experience that begins in visceral uneasiness and gradually shifts to a haunted serenity. The discomfort is complicated" (Dunn, Exhibition Catalogue, 2002, n.p.). In turn, *Closed Contact* (2015) makes us confront part of ourselves that perceives us as monstrous by transforming body shape beyond what we understood as normal (Saville & Luchford, 2002).



Figure 4. Jenny Saville and Glen Luchford, *Closed Contact #5*, C-Print on Plexiglass, 72 x 72 x 62 inches, 2015.

In *Closed Contact* (2015), weight is used to shock and visually provoke the viewer. The work exemplifies the disparity between the way women are perceived and the way that they feel about their bodies (Cole, 1992; Powell 2019). Such artworks question the way body image is often a gendered experience, with further prompts towards the abject body.

2.5.2 Eating Disorders and the Abject Body

Artistic explorations of the human form, present engaging discussions around how the corporeal body can be portrayed (Runyon, 2013). As introduced in Chapter 1, feminist psychoanalyst Julia Kristeva (1982) used the term 'abject' to represent bodies through grotesque imagery, or manipulation of a form to destabilise our understandings of bodies (Rudge, 2015). Artists such as Kiki

Smith, have been pivotal in understanding the female experiences through the abject. For instance, Smith's *Tale* (Figure 5) challenges the kinds of bodies that are 'worth' representing by depicting the female figure as inclusive of its bodily excrement (such as menstrual blood, urine, and faecal matter). The artist makes explicit the social expectations about what is to be concealed and what is to be revealed regarding the female body. According to Gail Weiss (1999), Smith is refusing the masculinist terms of biological subjectivity and reclaiming women's embodied experiences as having an epistemological value.



Figure 5. Kiki Smith, *Tale*, Sculpture, Mixed Media, 160 X 23 X 23 inches, 1992.

Western constructions of the ideal female form are currently the authoritative force for woman's body standards. Key theorists on abjection Lynda Nead (1992) suggests that images of the female body that do not conform to these

ideals are determined to be obscene or grotesque and consequently rendered invisible and devalued in the mainstream consciousness. Abjection has allowed women to escape these narratives, and artists such as Orlan, make visible the bodily excrement that is not usually publicly represented. *The Reincarnation of St Orlan* (1990-1993) deconstructs female body ideals through a series of private performances of the artist undergoing cosmetic surgery (Figure 6). Orlan chose various parts of her face and body to resemble key female characters within master paintings that represented ideals of femininity. The artist addresses the very masculine construction of female ideals (O'Bryan, 2014). This 'performance' series took place during her cosmetic surgical procedures and was photographically documented (O'Bryan, 2014).



Figure 6. Orlan, *The Reincarnation of Saint Orlan*, Performance Still, 8 x 10 inches, 1990-1993.

Orlan, as part of her performance, remained fully conscious and engaged with the audience throughout the procedure (O'Bryan, 2014). The images are unsettling and disturbing to onlookers, as a means of making explicit the grotesque reality and the extent to which women undergo in aspiring for these body ideals (O'Bryan, 2014). Her work embodies the core representation of the grotesque by presenting her open, obscene, and abject body, which can be seen as an abject body. Orlan's artistic exploration of the body's internal and external states of being serves as a reflection of the interaction between the body and its surroundings. Her work exemplifies the themes encompassed by the 'ecological model,' which highlights the interconnectedness of individual experiences within social contexts. An abject body challenges conventional representation and bodily experience (Rudge, 2015). Objects producing abjection traverse the boundaries of inside and outside of the body; and lie somewhere between the inanimate and the bodily (Nead 1992). As Trudy Rudge (2015) argues, we must embrace the obscene to create bolder and more confronting representations of the psychological challenges of aspiring to body ideals.

Paralleling this notion, from an early 1800s historical perspective, the female body at this time was deemed as a patriarchal spectacle. That is, the female's body is on display and utilisation for the male audience (Cronje, 2001). Desirable body forms for women have changed throughout history, with their many variations being based on location and cultural context. Cronje (2001)

argues there have been strong forms of female objectification commonly present within these variations of ideals by emphasising that:” The body does not exist in isolation, but in constant interaction with a plethora of discourses and ideologies. It is a historically specific entity, invested in an ideology and not a biological construct” (Cronje, p. 10, 2001). For example, medical and anatomical illustrations clearly and firmly positioned the female body either resting or opened and unveiled by the exclusively male medical gaze (Bronfen 1992). These depictions often ‘violated’ the bodies and focused on presenting the sexual organs or the reproductive system and did not depict the ‘unimportant’ organs. The *Italian Anatomical Model, torso removed* (1880) (Figure 7), is an example of such a depiction (Bronfen, 1992).

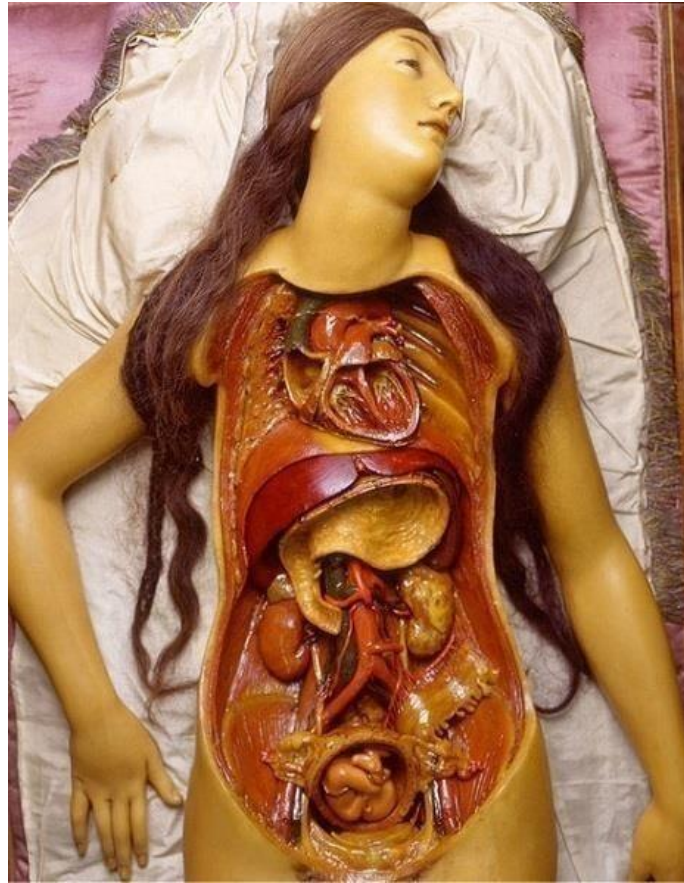


Figure 7. *Italian Anatomical Model*, torso removed. Wax, hair, pigment, 1.6m x 0.4m, 1800s. Collection: Museo Zoologia della Specola, Florence.

The sexual politics of looking within this medical portrayal of the female anatomy can be then understood as operating within a system of binary opposites that replicated in doctor(male)-patient (female) scenarios (Pollock 1988). In this way, the social order has been reinforced with men firmly in control of the gaze and women being the object of the gaze (Cronje, 2001; Pollock 1988).

2.6 Eating Disorders: Sexualised Body in Art

Western representation of the female body has focused on determining their representation by male structures and institutions. For example, Nead (1992) describes pornography as a relentless display of the human sexual differences and focus on the body. Within pornography, the female body is again constructed as an object to be degraded and lusted after for the male gaze (Cronje, 2001). Pornography perpetuates themes of the sexualised female body as a spectacle and an object of scrutiny.²² The misappropriation of representations of the female body is not exclusively restricted to these areas, but can also be seen in art.

Some confrontational and sexualised depictions of the female body can be deployed and critiqued by contemporary women artists. For example, the American photographer Cindy Sherman's work *Untitled #261* and *Untitled #258*, (1992) from the series *Sex Pictures* is a parody of stereotypical representation and display of the female body (Figure 8). Central to Sherman's subversion strategy is that she is both the subject and photographer, which alludes to her as a woman controlling the narrative (Colby, 2012). In a sense, Sherman's use of sex dolls 'play into' the stereotypical representation of the sexualised female body to investigate the male gaze (Owens, 2006). Her use of parody means her images are open to re-appropriation (Colby, 2012). She 'plays into' voyeurism and fetishist

²² Pornography is a complex issue and particularly in terms of female empowerment through sexual control (Cronje, 2001). I do not intend to discuss the issues and viability of pornographic content and instead concentrate on it as a form of visual representation and examine some of the conventions governing female bodies in pornographic representation.

representation of the body to question male-centric vision and erotic pleasure.



Figure 8. Cindy Sherman *Untitled* (#261, #258) Series Sex Pictures, Photograph, 42.5 x 352 cm, 1992.

Ideas concerning female objectification and the male gaze are also exaggerated and vocalised in Allen Jones' *Chair* (1969, Figure 9).



Figure 9. Allen Jones, *Chair*, Tate Collection, Mixed Media, 800 x 860 x 1130 mm, 1969.

Like Sherman's work, Jones' *Chair* (1969) (Figure 9) is kitsch and playful. Heather Widdows (2018) states that beauty ideals that are interconnected with sexual desirability within the media are often positioned from the masculine gaze and create a distorted perception of the female body image. Furthermore, beauty ideals affect our conception of self, which is the reason we partly approach our bodies imaginatively, as vehicles for the transformation of self and the realization of desire (Widdows, 2018). Widdows' (2018) philosophical stance provides an explanation for why some women may develop Eating Disorders. Widdows (2018) argues that we define our perception of how we see ourselves based on others, which subsequently structures our daily practices to achieve this beauty ideal as we are following what is societally acknowledged to achieve beauty. The female body continues to be constructed as an object of admiration. This can be seen through countless beauty pageant contestants, females on pornographic

sites, social media influencers and Instagram models (Henriques, 2020). Given the high exposure of sexually exploitative images on social media, it is almost impossible for women to escape such projected constructions of body objectification and its commodification.

According to Greer (1971) the 'traditional' suburban family represses the women (both mothers' and daughters') sexually, and this devalues them and makes them lose their 'value' in society and renders them 'eunuchs'. Similarly, feminist Naomi Wolf (2015) deconstructs some of the socially conditioned beauty ideals placed upon women within contemporary visual culture. The patriarchal perception of the female body results in pressure to adhere to unrealistic social standards of physical beauty that are propagated by consumerist culture and commercial influences on the mass media (Wolf, 2015). These unrealistic standards set women up to fail and further reduce their power and confidence (Henriques, 2020). What these discourses iterate is the prevalence of a patriarchal and consumerist society dictating the experience of a female body. In turn, feminist movements seek to challenge the ongoing paternalistic notions and help women redefine their identities and take control of their bodies (Wolf, 2015). Most recent feminist discourse, draws attention to the importance of non-binary bodies and their means of further debunking and complicating the traditional male-female binaries within body ideals.

2.6.1 Eating Disorders and Queering the Body

In visual art, non-binary representations are also useful ways in subverting the ongoing binary male-female body ideals. Megan Sims (2016) believes that the best way to understand the experience of someone who has endured an Eating Disorder is through the voices of the individuals themselves to gain some insight into the depth of struggle that individuals within the LGBTIQA+²³ community endure in relation to Eating Disorders' impacting the perception of the body, mental health, and sexuality. For example, Eating Disorders among LGBTIQA+ populations need to be understood within the broader cultural context of oppression (Morgenroth, & Ryan, 2021). Individuals within this community frequently experience bullying, discrimination, rape, trauma, violence and much more (Harvey, 2014). These not only have compounding psychological effects on one's mental health but also reinforce the intersectionality of mental well-being (Harvey, 2014). These experiences can take a strenuous toll on the mental health of an individual and make it difficult to understand and be confident in who they are (Trotta, 2016).

There is a lack of research surrounding the LGBTIQA+ experience and the role of embodiment in this population.²⁴ When people cannot control the world around them or even their own gender, they try to seek asylum in the things

²³ LGBTIQA+ is an acronym for lesbian, gay, bisexual, trans, intersex, queer and asexual persons. The '+' is an inclusive term for people who do not fit into traditional categories of gender or sexuality.

²⁴ It is important to mention, while not the overarching focus of research as there is a lack of understanding of the intersectionality of mental illness and queerness, stigma, and internalised homophobia.

that they can control. As Shaina Sowles et al., (2018) examined in their analysis of online pro-Eating Disorder communities, food and body image have been things that many people seek comfort in to protect and find safety. To understand the internal struggles with illness, it is vital to comprehend the importance of physical weight.²⁵ Broadly speaking, some people may feel trapped, suffocated, or even disconnected from their bodies. For instance, Çifel Hüseyin's *The Parts: Illustrations* (2018) (Figures 10 and 11) explore queerness in association with weird shapes, colourful identities, dynamic moves, queer visions, and poses. Boundaries between gender, colour, shape, and weight are blurred and through doing so the queerness and otherness of the human form is explored.

²⁵ LGBTIQ+ individuals while have many similarities to hetero-normative gendered experiences of Eating Disorders, there are several key points of divergence, such as oppression, cultural norms, and identity formation. These are briefly acknowledged but would require further in-depth analysis of this field.

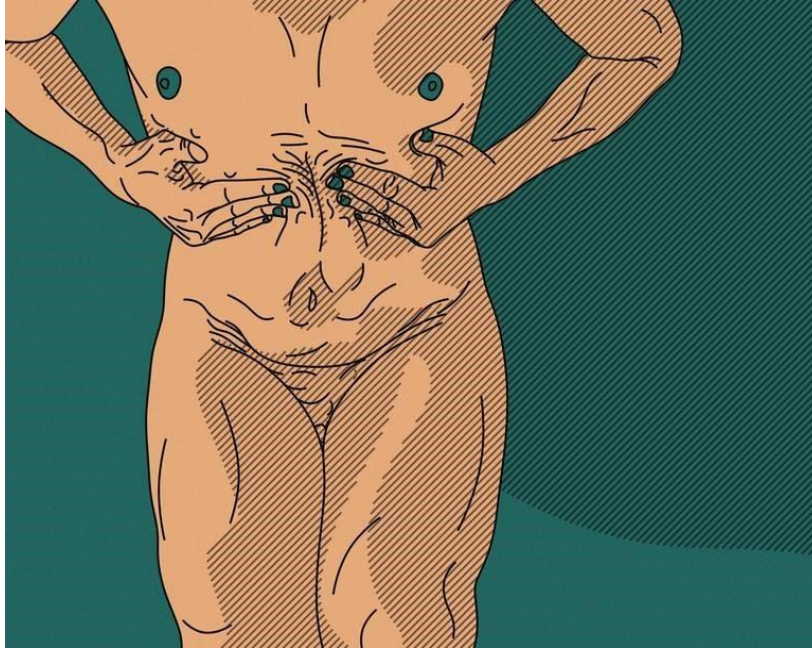


Figure 10. Çifel Hüseyin, The Parts, Illustration, Digital, 2018.

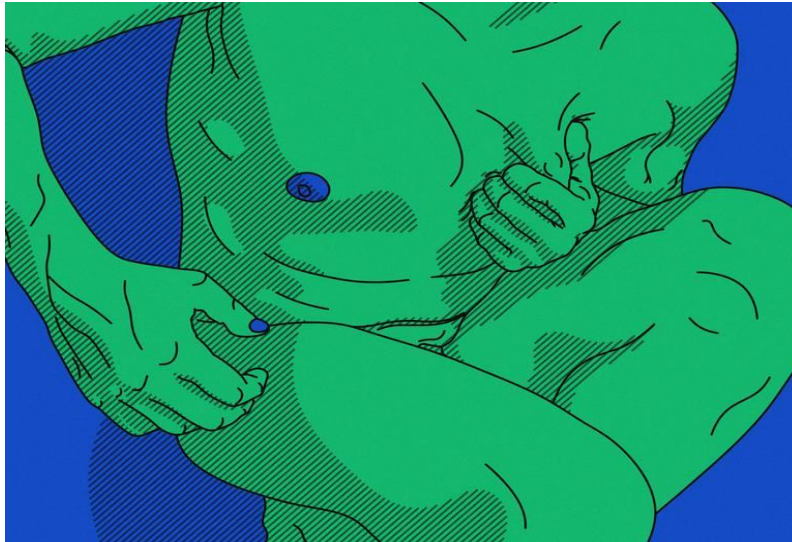


Figure 11. Çifel Hüseyin, The Parts, Illustration, Digital, 2018.

Hüseyin states:

Queerness here is not just the interaction with others, it is more the presence and accepting every single part of the flesh. The cheeky yet relatable characters are reflected through the edgy, new, and fresh ideas and the whole image is completely blown away by the range of human existence. (Hüseyin in Wadi, 2018, p. 9)

The Parts (2018) exemplifies the relationships between spatial conditions and body images. By re-imagining the notion of bodies and reconstructing it to explore non-binary moments, it creates a juxtaposition of gendered-self and being (Wadi, 2018). The concepts of identity and gender are embedded in weight and physical form. Eating Disorders carry all the internal pain within the individual. Hüseyin's work challenges these notions of the male body and poses questions about how we perceive our physicality. We are not permanent entities nor are Eating Disorder experiences defined by gender. Instead, we are constantly changing while living in a body. These illustrations can exemplify what it means to exist beside or 'with' the body. We can slowly start to attain fragments of who we are, derived from physical weight. This is difficult for LGBTIQ+ individuals especially trans individuals (Owen-Smith et al, 2018). Rather than being assigned a body from birth where gender, sexuality, and identity all cohesively fit together, difficulties are experienced.

Perhaps Eating Disorders align in this regard as many individuals feel the same disconnect/connection to bodies, weight, and flesh, a similar burden by physicality. Reubs Walsh and Gillian Einstein (2020) reaffirm this notion as the policing of boundaries of what is 'acceptable' is a recurring theme for transgendered people in numerous marginalities. There is an assumption that genitals define gender translates the ubiquitous assumption that gender must also be binary (Einstein, 2020). Many non-binary individuals experience incongruity between their biological sex and their gender identity (Owen-

Smith et al, 2018; Walsh & Einstein, 2020). This can result in great distress and affect their understanding of body identity. Ashli A. Owen-Smith et al., (2018) research suggests that levels of body dissatisfaction in transgender people tend to be higher before undergoing gender confirmation treatments. Similarly, Annegret Soltau's *Transgenerative* (2004) (Figure 12) is a series of transgender works that 'tears apart' the male and female body parts and genitalia and redistributes these photo fragments among the members of the family.



Figure 12. Annegret Soltau, *Transgenerative*, Mixed Media Collage. 8 x 10 inches, 2004-08.

Soltau (2008) contextualises the processes of making *Transgenerative* (2004-2008) in the following statement:

I tear apart the male and female body parts and genitalia and redistribute these photo fragments among the members of the family: mother, father, daughter, and son. This reveals and sustains the many connections between the family members – at the same time as it questions them. (p.1)

This work reveals how seeking control over the physical body can result in increasing mental and physical struggles. The internal struggle associated with physical weight, body, and shape that is congruent with a queer identity is vital in discussing the LGBTIQ+ experience with Eating Disorders (Parker, 2020). Not only do queer individuals need to reflect on what 'otherness' means to them, but also queer individuals need to figure out how it can manifest physically in a way that can make them content (Parker, 2020). Since this is not an easy task, it can be detrimental to countless people, and lead to many illnesses such as body dysmorphia, depression, and Eating Disorders (McLemore, 2015).

For Eating Disorder sufferers' control and self-worth are incongruent with each other. Subsequently, the Disorder can foster negative repercussions such as feelings of shame and lack of self-worth and can be detrimental to physical health (McLemore, 2015). Ariane Lopex Huici's *Self Portraits* (1995) (Figure 13) illustrates these strong sentiments.



Figure 13. Ariane Lopez-Huici, *Self Portrait (2)*, Mixed Media, n.s., 1995.

Lopez-Huici's work utilises violent and sharp brush strokes that flow loosely over the subject's body, creating a dominating presence without clear intention. The work explores the body as a canvas and reflects the experiences of individuals with Eating Disorders, who often struggle with innate human tendencies, cravings, desires, and emotions that lead to anger and frustration with their own bodies (Castellano, 2021). Lopez-Huici portrays a sense of being 'embodied' within physical limitations while also being a victim of circumstances. Particularly, the intersection of the diathesis-stress model, marginalised community, and the stressful internal/external conditions of the queer experience significantly contribute to the Eating Disorder experience (Maté, 2011). This experience is especially challenging for queer, gender

diverse, and non-binary individuals, who often grapple with conflicting desires to be someone else while their physical body contradicts those feelings (Castellano, 2021). This piece highlights the ongoing struggles with the body and the psychological challenges faced when defying societal and cultural expectations (Holmes, 2017).

2.7 Eating Disorders as Refuge for the Oppressed

Eating Disorders can be a source of security and refuge from the stress and trauma within daily life for many individuals (Holmes et al., 2017)²⁶. Minority stress theory states that members of stigmatised minority groups experience chronically elevated levels of stress due to several factors such as poverty and societal treatment (Alessi, 2014). Research indicates that LGBTIQ+ individuals experience trauma at higher rates than the general population (Alessi, 2014). Sexual assault and intimate partner violence are prevalent. According to Brown and Herman (2015), rape and sexual violence are greater for bisexual women (56.9%) and lesbians (40.4%), as compared to heterosexual women (32.3%). Also, the lifetime prevalence of intimate partner sexual violence for transgender individuals ranges somewhere between 24-47% (Brown & Herman, 2015).

Within the context of sexual violence and abuse, when people experience unwanted sexual advances ranging from stares and catcalling to assault, Brewerton (2007) notes that the victims often hold themselves to blame or responsible for the sexual desire, violence or aggressive actions or responses

²⁶ This is so, as choosing to eat or abstaining from food is a source of control (DSM-5 TR, 2020).

of abusers. While not all cases are the same, in some cases guilt can fester into unease with the gendered body, which can create shame and self-loathing. Kiera Faber's *Completely Human* series (2012) (Figure 14) investigates the role an Eating Disorder plays in this exchange. Faber's presents unsettling photographic scenarios, a suspended narrative where forms of abuse and assault play out, and the viewer becomes the witness. Both victim and abuser are de-identified in the artist's choice of framing, de-personalising them and forcing the viewer's gaze directly to the action.



Figure 14. Kiera Faber, *Completely Human*, Series of 36 photographs (25/36), Photography, 45 x 30 inches, 2012.

Faber's piece directly addresses the trauma of sexual assault and its resulting life-long repercussions in terms of loss of agency, profound emotional and

physical isolation from others, self-loathing, suicidal idealisation, and sexual dysfunction (Faber, 2020).

Eating Disorders can provide a means of control over the body and serve as a metaphor for trying to gain control over past traumatic events (Bryam, 1995). Through restriction and control over food, starving or injuring the body, Eating Disorders can provide individuals with a sense of protection (Brewerton et al., 2007). Ariane Lopez-Huici's *Holly & Valeria* (1998) (Figure 15) explores how shape and weight can impact the trauma experienced by survivors of rape.



Figure 15. Ariane Lopez-Huici, *Holly & Valeria*, Photograph, n.s., 1998.

Although a thin, petite body is associated with Eating Disorders, an overweight body can also be very indicative of trauma embedded in Eating Disorders

such as binge eating (Fischer et al., 2010). After experiencing sexual assault or abuse, victims can feel powerless and frightened (Fischer et al., 2010). In this context of post-trauma, the body becomes a vehicle for coping, since it is something that the individual knows how to control (Brewerton et al., 2015). After enduring traumatic experiences, individuals want to use their bodies to feel safe, protected and avoid unwanted attention; as well as eating for emotional comfort (Brewerton et al., 2015). However, being overweight can result in further stigmatisation (Brewerton et al., 2015). Binge eating and the very notion of food become a form of companionship and safety, without external reprimand (Brewerton et al., 1999). A commonality across these artworks is the visual messaging that trauma is inherently an isolating experience. As conveyed in Kiera Faber's and Ariane Lopez-Huici's works, the scenes tend to focus on depicting the two people involved: the perpetrator and the victim. Scenes such as these convey an act done in secrecy that intertwines the two people together. Perpetrators often belittle their victims while abusing them, heightening the psychological and emotional experiences of trauma, alongside physical abuse (Allen-Collinson, 2009).

As the abuse is often concealed from public encounters, this enables the perpetrator to further entangle shame with a sense of low self-worth and doubt that is experienced by the victim (Brewerton et al., 1999). The resulting loss of agency and trust in the self is profound for the victim and has lifelong repercussions, which can include self-sabotaging behaviour. It may cause the individual to seek comfort in Eating Disorders (Levine, 2011). However, the

experience of control provided by Eating Disorders is a false sense of control because it is enacted from a place of pain, fear, and self-loathing (Levine, 2011). Furthermore, controlling the body through destructive Eating Disorder coping mechanisms in the present will not undo the trauma (Dubosc et al., 2012). Instead, it further embeds the trauma and deepens the extreme sadness and results in a neglect of the self-compassion the body and traumatised individual need to recover (Dubosc et al., 2012).

Both the heterosexual and LGBTIQ+ experiences with Eating Disorders demonstrate that when we focus on weight, we are doing ourselves great harm. Utilising weight as a proxy for how we value ourselves is detrimental to our health. Being self-aware and examining what is important is the first step to a shift in our belief systems (Holmes, 2017). Often people will seek refuge in Eating Disorders because there is something from which they are trying to flee (Dubosco et. al., 2012). Eating disorders can manifest in diverse ways at different points in one's life (Dubosco et al., 2012). The illness can manifest as a form of body modification, defence against the 'femaleness' or 'genderedness' of the body, providing safety and mechanisms to cope with traumatic events such as sexual abuse or even just the vulnerabilities of feeling inadequate with oneself (Brewerton et al., 1999). When someone is living with an illness, they can lose themselves and be subsumed into the disease.

CHAPTER 3: METHODOLOGIES

Drawing on the interdisciplinary fields of visual arts and health, this chapter will predominately explore the qualitative research paradigm (Teherani et al., 2015). The chapter follows Sullivan's (2010) interpretation of practice-led research as my project's overarching research methodology. Practice-led research methodology is central to my study as it provides a process-driven discovery of new knowledge through an embodied, and subjective (personal) artmaking experience (Engen, 2021). Subsequently, autoethnography (Méndez, 2013) is enacted as a secondary research methodology to assert the personal narrative and subjective premise of my lived-in experiences with Eating Disorders. To emphasise the focus on the persons' lived-in experience with Eating Disorders, I utilise my insider artist-researcher position (Spence & Gwinner, 2014) as a means of counteracting the frequently used outsider perspectives on medical Eating Disorder treatments as well as some visual representations of unwell minds and bodies by those outside of the Eating Disorder experience. In accordance with the research methodologies deployed, this chapter will address key methods including semi-structured artist interviews (online), artist journaling in relation to Eating Disorder related behaviours such as fixation and control to process written artistic reflections and personal medical journaling.

3.1 Qualitative Research Paradigm

Qualitative research is a systematic inquiry into social phenomena in natural settings. Social phenomena can include people's experiences, interactions and relations amongst individuals and their environments (Teherani et al., 2015). This study is multi-modal and predominately uses qualitative research.²⁷ My role involves investigating the depths of Eating Disorders through art-based perspectives and analysing why behaviours occur, what happens, and what those events mean to the research (Teherani et al., 2015).

Qualitative research is useful in unpacking the creative process, and how the decisions, or creative choices made by me as an artist-researcher, impact the making of the art (Yin 2009). In this way, qualitative research allows for the most potent arts and wellbeing interpretative framework for this investigation. Qualitative research enables me to provide insight through the process of my arts practice, which allows me to display the grim reality of what it can be like to live with this disease, as exemplified through my stories, photos, artwork, and texts. For many, this material data and individual voice in research is a direct response to the limited contemporary literature, and medical insight. Importantly, my practice-led research has allowed me the ability to engage with the Eating Disorder as someone who endures it daily.

²⁷ Although it does draw on quantitative research data such as medical statistics to inform the severity of Eating Disorders within contemporary culture as a means of identifying knowledge gaps within the medical and visual art fields (Apuke, 2017).

3.2 Practice-led Methodology

Practice-led research is an integral and overarching methodology within my project. According to Smith and Dean (2009) practice-led research methodology enables the art practice to drive the central process of enquiry in discovering new knowledge. This is pertinent, as practice-led methodology underpins my artist-researcher position as someone living with an Eating Disorder. Practice-led research methodology gains a more comprehensive understanding of individual's experiences through an embodied and experiential process that enables us to identify what an individual goes through both physically and mentally (Kuhle, 2019). Sullivan (2010) further reinforces this notion as there is a continual need to reassess interpretations of past and current knowledge. Art researchers achieve this through practice-led research as 'they delve into theoretical, conceptual, dialectical and contextual practices through artmaking' (Sullivan, 2010, p. 62). My rationale for deploying a practice-led verse clinical-led research approach is due to my ability to engage with the illness directly, through a personal and subjective immersion as both an artist and curator (McIlveen,2008).

3.3 Autoethnography

I remember for years I could not walk up a flight of stairs because my body was so frail. I had severe osteoporosis, and each step caused my back and knees tremendous pain and by the tenth step, I would almost faint. Physically, I was exhausted, but mentally I was telling myself I was not thin enough – I was not sick enough. I thought there was no escape, or that I would never be content with my physical appearance. I thought it was better to die trying to be thin than to live fat. (Zlatar, Artist Journal, 2020- 2022, p.18)

As this research originates from my lived struggles with Anorexia Nervosa, Bulimia and Orthorexia, my practice-led study (Sullivan, 2010) is further supported by an autoethnographic approach as a means of self-examination (Roy & Uekusa, 2020). That is, it is vital that my selected research methodologies go beyond the trivial scope of external perception of Eating Disorder illnesses and capture the depths of my struggle and in turn, the struggle of many others living with Eating Disorders.

An autoethnographic methodology involves the researcher-practitioner intentionally immersing themselves in theory and practice of the subject matter as a way of gaining insight into lived-in experiences of the research study (Moriarty, 2018). Rather than being an autobiographical account, autoethnography is a form of qualitative research requiring full immersion in the visual and sensory experience of where the knowledge is uncovered (Hernandez et al., 2017). There are two key reasons autoethnography is applied to my project. Firstly, it is used to examine how my lived-in experience with Eating Disorders impacts my own perceptions and artistic representations of an unwell mind and body as part of my illness. Secondly, emphasising the personal voice and the immersed subjective narrative also enables a counter-narrative to the outsider interpretations and depictions of Eating Disorders. This approach assists in the analysis of how illness can manifest in individuals and what their experiences might contribute to the understanding of Eating Disorders and their impact in relation to creation and engagement with art. This notion is supported by McIlven (2008):

This research strategy has 'become acceptable and popular as a methodology and object of analysis' [...] a reassessment of the aspects of human experience best represented by images and writing, and a related analysis of the relationship between the visual and other senses. (p.12)

Autoethnographic research is highly beneficial since personalised representations and narratives of unwell minds and bodies as discussed in *Chapter 2: Literature Review*, enable us to take a glimpse into learners' private worlds, providing rich research data (Pavlenko, 2007). Additionally, there is an ease of access to information since the researcher calls on their own experiences to examine a particular phenomenon (Méndez, 2013). It is recommended by Méndez (2013) that autoethnographic research should focus on the subjective world of the storyteller, to see their viewpoint, even if it does not match the material reality. Individuals can provide a counter-narrative and their own perspective as the researcher is the subject of study (Sikes, 2013). An advantage of writing via an autoethnographical approach is that it allows the researcher to focus on their voice to be heard directly through their research (Hitchcock & Hughes, 1995). This is aligned with my own artist journal reflections:

I often thought of my Eating Disorders as being a companion by my side, a skeleton who is a friend who whispers intrusive thoughts in my ear about how I should get sicker. Through my artistic agency, I convey these narratives visually and engage with the subject more authentically and deeply. (Zlata, Artist Journal, 2020-2022, p. 45)

While autoethnographic perspectives are beneficial, it is also equally as important to address their limitations. Bochner and Ellis (1996) consider the self-perspective to be not only finite but also a by-product of social construction:

"If culture circulates through all of us, how can autoethnography be free of connection to a world beyond the self?" (p. 24). Another limitation of autoethnography is that it can be exceedingly difficult to apply. Autoethnography requires the researcher to explore their feelings and thoughts. It can be a challenge for some researchers to process and share their experiences. Researchers may have difficulty in exploring and a willingness to self-disclose. This can lead to a lack of authenticity and reduced quality of research (Aberasturi-Apraz et al., 2020; Bochner & Ellis, 1996). In this study, this is instigated through the direct application of my own experiences alongside artist interviews and public engagement initiatives that champion the current voices addressing lived-in Eating Disorder experiences throughout the research.

My autoethnographic approach relies partly on the biography of someone who has suffered from this illness, but mostly on the understanding of the self. That is, "I am not one to shy away from the grim reality of the illness, or to explore the deepest parts of myself to uncover the roots of the illness" (Zlatar, *Artist Journal*, 2020-2022). I apply this in my research by addressing new forms of knowledge and knowledge production. My artworks exemplify the importance of linking autoethnographic data within practice-led research because it is using storytelling and autoethnography as a case study to demonstrate the effect of living as someone who is 'characterised' by an Eating Disorder. Drawing on my own experience through personal stories, texts, and images as autoethnographic research data, I aim to foreground

the sensitive nature of the subject matter by providing a personalised visual account of the Eating Disorder experience (Ellis et al., 2011).

The self-documentation and analysis can serve as a further potential for original outcomes. It demonstrates the 'fitness' of someone who suffers from an illness to critically engage with the nature of their illness (Rios et al., 2016). The act of self-interaction is a powerful message to the audience as there is a common perception that people with Eating Disorders are seen as 'too unwell' to work (Eiring, et al., 2021). This leads to the next key aspect of the research of understanding my positioning and the importance of myself conducting this research.

3.4 Artist as Insider Researcher

As my creative research takes on a unique exploration of my position as an artist and curator experiencing a series of lifelong Eating Disorders, I take on an insider artist-research approach (Skies, 2013; Unler, 2012) that utilises my experience to investigate understandings of my identity(ies) across art, and mental illness within the context of Eating Disorders. This approach of inquiry through art raises authenticity and attentiveness to the subject and facilitates the importance of choice in identity construction. I can examine and portray myself as I understand my illness and can create a form of inquiry:

An example is my personal recollection of my Eating Disorder has consumed me and left me crying alone in my bedroom for the 12th time in a week. At that moment, I realised I was all alone... and in the end, all that was left was me and the disease. (Zlatar, 2022, Artist Journal, p. 61)

When I could not convey my struggles verbally, I sought comfort in creating art to explore and process my illness. Personal artworks in this research are the foundation for the output. They not only document ideas but also integrate with my autoethnographic data in this research (Walker, 2004). As Graeme Sullivan (2005) states, practice-led research creates transformative research through seeing the subject in new ways. He puts forward the notion that self-reflectivity has a purpose of juxtaposing art criticism and artwork at the doctoral level. He further iterates that this would reach a pitch of sophistication in the description and evaluation of one's own art, on the reasonable grounding assumption that improving self-reflectivity is a central purpose as part of an insider-research approach (Sullivan, 2005).

From my research, the subject matter of Eating Disorders in contemporary art discourse is limited and has been represented from an outsider perspective rather than from individuals experiencing Eating Disorders directly (Rodgers, 2016). The outsider-researcher approach is problematic, not only due to the researcher being removed from the contextual understanding of what it feels to live with an Eating Disorder but also because it can exclude those who have the Disorder by perceiving these individuals as ill and unfit to contribute to the conversation of Eating Disorders (Dywer, 2009; Sassenrath, 2017). In this light, my research draws on an autoethnographic approach foregrounding the insider-researcher approach that is also informed by broader contemporary art practices engaging in psychological and emotional issues

pertaining to Eating Disorder sufferers. My artwork acknowledges the different perspectives and broader understandings of the issue that counteract the narrative presented from an outsider's position or detached medical diagnosis. For example, there is medical resistance to this notion of medical practitioners limited 'outsider' position and expertise as American Dr Mehl-Madron reaffirms through his own position as a semi-outsider:

I feel a sharp dissonance between the fantasy of a medical consensus over narrative and the entrenched scepticism... When discussing narrative and patient experiences, as a doctor I hear repeatedly: "Thanks so much for coming. But I have seven minutes per patient. End of story." (Dr Mehl-Madron in Morris, 2008, p. 90)

Dr Mehl-Madron alludes to 'us versus them' mentality within the doctor and patient relationship and further exemplifies the lack of engagement and willingness to explore more in-depth consultations with patients in the medical field. The doctor identifies as a 'semi-outsider' because he understands the illness and is an expert in the field, but he lacks the lived-in experience of the disease. So, his experience is 'objective' with the medical data that can examine the fallacies in patient behaviour but, at the same time limited because he does not have that patient experience. This point is particularly important because personal narratives can provide contextual factors and insights into Eating Disorder behaviours and triggers that may assist in advice upon suitable approaches to recovery. There needs to be more discussion on how to make any amount of time (whether seven minutes or 10 hours) with each patient as fruitful as possible. David Morris (2008) asserts the importance of the narrative and understanding the role of dialogue and interconnection

between patient and doctor when he discussed with his fellow physicians the following idea, despite a biomedical emphasis on drugs and surgery:

There is a similarity: we are in dialogue. We are co-creating a shared story of healers and patients/families/communities wherever we go. We are immersed in the act of storytelling. (Mehl-Madrona in Morris, 2008, p. 4)

An insider artist-researcher approach is pertinent within this study since there is much need to give voice to Eating Disorder sufferers and to counterbalance the detached 'clinical' approaches within the health field (Butler, 2009). Furthermore, this will expose frequent dichotomies in art and mental illness that were stereotyped or overlooked within society (Spence et al., 2014). The insider researcher approach is particularly useful within my study as it centralises the subjective experience (Spence & Gwinner, 2014). What makes my work distinct is that my practice conveys the depth of my subjective experience as an artist with an Eating Disorder to highlight the often-neglected individual voice on mental illnesses.

3.5 Feminist and LGBTIQ+ Perspectives

This study adopts an arts well-being interpretative framework influenced by Feminist and LGBTIQ+ perspectives as a result of my own positioning as a female queer artist. Cultural engagement is recognised as a valuable tool in addressing chronic illness and the need for attentive treatment (Koebner et al., 2021). The flexibility and individual-oriented nature of arts programs make them suitable for accommodating Eating Disorders and other vulnerable groups (Koebner et al., 2021). Both Feminist and LGBTIQ+ perspectives

emphasise the psychological factors and embodied experience of the illness, challenging hetero-normative narratives and highlighting the role of gender in Eating Disorders (Lock et al., 2001; Klump et al., 2009). Contemporary Feminist and LGBTIQ+ research approaches social research focuses on challenging methodologies developed by men and enhancing the position of women and LGBTIQ+ individuals in society (Payne & Payne, 2004). It is important to examine these perspectives as the predominant narratives have been told by hetero-normative males and have a lack of understanding of the role that gender can play within an Eating Disorder embodied experience (Payne & Payne, 2004).

3.6 Methods of Data Collection

Drawing from my autoethnographic methodology (Spence & Gwinner, 2014), my research renders its findings through two main methods of data collection. The first method involves artist journaling (See *Section 3.2.1 Artist Journal*) which includes reflective writing and artmaking inspired by 'free form' thought (Cardon, 2017). Accompanying the journaling approach and as a means of expanding the research beyond a self-referential experience, I also conducted five semi-structured interviews with artists currently working with Eating Disorders in their art practice. As part of this interview data collection, I undertake a reflexive thematic analysis in discussion of key artist insights and findings (Braun & Clarke, 2022). The key identified thematic components of the artist journal include artwork inspiration, free-form thoughts, Eating Disorder tracking and a visual diary to retrospectively analyse. To further

support the artist interviews, there are also subsequent data collected from academic medical texts to ensure a comprehensive scope of data. Cumulatively, these methods will achieve an extensive understanding of lived-in experiences of Eating Disorders and beyond.

3.6.1 Artist Journal

Within my practice-led and autoethnographic approaches, I engage in the method of artist journaling to engage in my own authentic lived-in Eating Disorder experiences. This approach was chosen as it was informed by Braun and Clarke's (2014) six step process for reflection. The artist journal documents my personal experiences and ideas as they progress from my engagement with artists with Eating Disorders, medical experts, and literature about Eating Disorders. Additionally, I selected the journal process as it provides me with a reflective analytical gaze on my thoughts and experiences. I wrote one journal digitally over the course of February 2020 until January 2022 with the most insight collected from 2022 as it had been a period of immense growth and understanding. Over this duration, the journal served as a tool to cross-examine academic benchmarks, and personal experiences with art production to gauge how the research is impacting my thoughts and perceptions throughout (Bacon, 2014). The journal thematically addresses the gaps concerning the complexity and depth of someone who suffers from Eating Disorders: "I still am so surprised that I was able to starve myself for so long. It feels like a different person, but also someone who is missing, someone

that I once was and I want to be again” (Zlata, Artist Journal, 2020-2022, p. 9).

The importance of this method is that not only does it respond to the current limitations of the field but also records personal information that brings to light some key insights into Eating Disorders which would often go untold. In turn, the journaling method aids in the broader understanding of the impacts of the events surrounding my Eating Disorder. The following section addresses the key components identified through the reflexive thematic analysis of both the artist journal and artist interview methods.

3.6.2 Artist Journal Method: Theme ‘Artwork Inspiration’

To investigate visual imagery development as part of my artist journaling method, I have been often inspired by many different formats such as social media, Eating Disorder forums, museum databases and cultural sources like art and health magazines. Art viewing has promoted the frequency of idea generation (fluency) and the originality of the ideas to branch away from the current discourse. This form of data collection aids my research to generate different perspectives by considering other artist relationships with their bodies, art, and societal representation of their personal struggles. I documented the artwork in the journal and added my comments and reflections on the pieces to inspire my work. Through examination of visual imagery, one can see how art can be an experiential medium of navigating sensitive issues, which has inspired my voice. Growing up, Jenny Holzer’s

Inflammatory Essays (1972-1982) were incredibly impactful. At my lowest Eating Disorder moments in early 2016, I emphasised with quotes such as “Destroy superabundance. Starve the flesh, shave the hair, clarify the mind, define the will, restrain the senses” (1979). Her assertive understanding of the body and language inspired me to analyse myself within a similar context of the external world versus internal self-experiences.

3.6.3 Artist Journal Method: Theme 'Free-Form Writing'

Free-form journaling is form of writing that limits control over the thinking process and allows the personal, experiential, and intuitive journey to be explored (Hieb, 2005). Free-form art-journaling can be particularly valuable in learning to see and simultaneously recording an artist's uninhibited thoughts and life reflections and their very processes of art creation (Hieb, 2005). The main benefit to freewriting as one of my writing methods is that it serves as an important reminder to not edit my words — or my thoughts. Sometimes, I witness repressed thoughts and emotions that surface where I have been surprised at what I have written. Writing my ideas down freely releases my thoughts that are taking up space that can potentially overwhelm my mind.

Drawing upon Braun and Clarke's (2014) approach, whenever a significant thought came up, I made a point to jot it down in my Google notes along with the date. This practice highlighted the intrusive aspects of Eating Disorders, while also enabling me to genuinely examine when and why these thoughts or emotions surfaced, instead of forcing myself to reflect on a weekly

basis. Pennebaker (1985) iterates that confronting a trauma through written or tangible expression both acknowledges the associated emotion and reduces physiological inhibition that gradually lowers the overall stress on the body. I have also found that my journaling practice happens at any time and at any place; from being on a train, at a family event or often when I am left to my devices. This method allows me to document, release and move on. In reference to my *Exert From Diary* (2021) (See Figure 16), the image illustrates one of my free-form thoughts, where I was struggling to process my previous relationship ending and the effect my Eating Disorder had throughout my time with my partner. The note has several key points of me trying to process and rationalise the behaviour throughout the relationship and yet there was chaotic energy in the text and the note-taking style as I was heavily emotionally involved in the very journaling process. This free-form journaling allows me to process what I wrote later to critically engage with the content. This process aids in the consolidation, meaning making and reframing of my unpleasant emotions and contributes to regulating my emotions (Haertl, 2008).

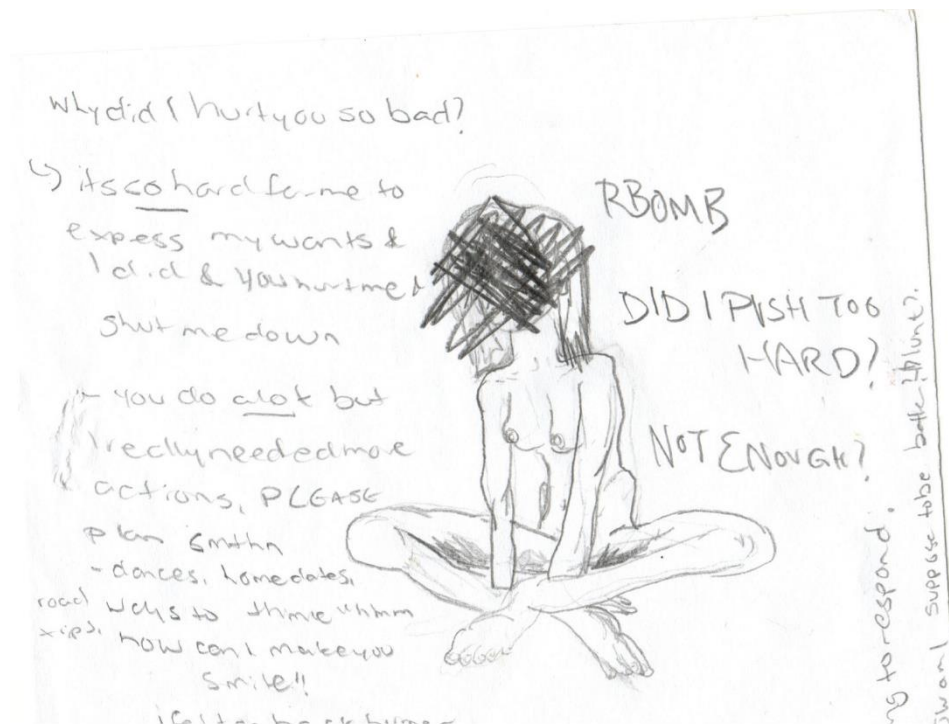


Figure 16. Alexandria Zlatar, *Exert from Diary*, Drawing, 4 x 6 inches, 2021.

3.6.4 Artist Journal Method: Theme 'Eating Disorder Tracking'

There are countless apps and online tools to track diets and exercise behaviour such as *My Fitness Pal*, *Fitbit*, and *Lose It*. While calorie counting and fitness tracking technologies are highly advantageous for most, there is a very problematic association with Eating Disorder symptomatology. As Courtney Simpson and Suzanne Mazzeo (2017) iterate, these apps are both a unique predictor to see if someone has Eating Disorder behaviours but also can foster onsets of Eating Disorder attitudes and tendencies through the structured documentation and goal-setting nature of these apps. Further research on Eating Disordered individuals and *My Fitness Pal* showed that 75% of the Eating Disorder participants reported using this app and of those, 73% of app users endorsed that *My Fitness Pal* partially contributed to their Eating Disorder

severity (Levinson, et al., 2017). This data facilitates the preoccupation and salience of Eating Disorder tracking.

In terms of my own experience, I have been tracking every element of my Eating Disorder for over 10 years now.²⁸ At first, it was to help keep me on track for Eating Disorder-related goals such as calorie intake and my number of steps each day, but then in 2015 my Eating Disorder significantly worsened. These numerical goals fuelled my Eating Disorder, which heavily dictated my decision-making. I could not live my life freely if I did not follow these guidelines such as 10,000 steps a day (Zlata, 2021). At this point, I have an app for everything including exercise monitors, an app to store images of all my food, a calorie calculator, and a weight measurement storage app.²⁹ I have an app for my steps, weight, calories, and images of EVERY single food or drink I have consumed since 2016. Franco et al., (2016) note that monitoring the elements of an Eating Disorder through tracking and apps such as caloric intake might intensify the rigidity associated with the illness.

My engagement and understanding of my Eating Disorder has created a hyper-awareness of every flux of change I have gone through for the last couple of years and makes my perception more cognisant daily. This data gives my journaling tangible data to analyse all aspects such as the accuracy

²⁸ This has been a separate component of the journal done through Eating Disorder monitoring online.

²⁹ For confidentiality, these app names have been withdrawn.

of the struggle (i.e., same food for months, 10,000 steps, weight-loss plateaus) (2021) (Figure 18). This journal data reaffirms the authentic depiction and reality of the illness. Upon reflection, it reaffirms the inflexible thinking that strengthens my obsessive characteristics and embeds the Eating Disorder illness deeper and more entwined with my daily life. Emma Pallister & Glenn Waller (2008) examine how in Eating Disorders thoughts and behaviours often have forms of inflexible, rigid, and dichotomous thinking. These cause individuals' considerable amounts of anxiety as there are immense intolerance to change.

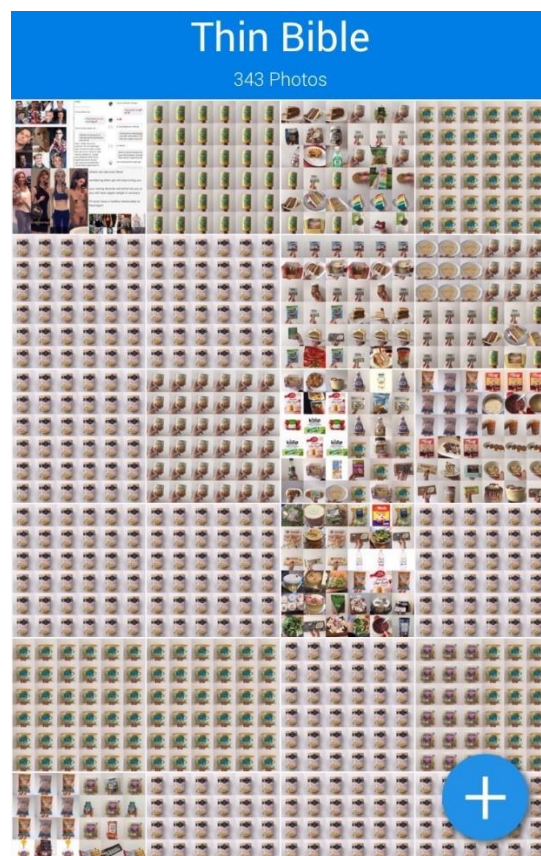


Figure 17. Alexandria Zlatar Exert from Diary 2: Thin Bible, Digital Collage, 4 x6 inches 2021.

In this light, my artist journal utilises mental thought processes, artistic concepts, past Eating Disorder experiences, as well as medical practitioners' insights accessed under the *Freedom of Information Act (2000)*. To reaffirm my artistic findings, I include access to current medical data surrounding the illnesses from health organisations such as the National Centre for Eating Disorders and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 TR, 2020). This medical insight is recorded in my art journal and then contextualised in the artworks that I create. I wanted to see where my own experiences diverged from standard medical practices and find clear direct correlations to examine such as acceptance of force-feeding³⁰ and labels for medical diagnoses. It is also noted that I was at minimal risk of harm conducting this study as I have been actively engaging with the subject for over four years and I also have ongoing support from my research team (including registered clinical psychologists as part of my supervisory team) and University of Southern Queensland Student Services throughout this investigation. My ongoing immersion, it ensured that I would not be as prone to risk because of resilience and comfortability in the space. Furthermore, additional measures were implemented just to be extra careful with increased self-care, journaling, and ongoing communications with therapists. The journal documentation helped identify potential triggers and ensure my research is both safe and authentic. These data accumulated through journaling was

³⁰ For myself, it was the strong resistance to force-feeding as it was the antheses to what recovery was supposed to mean. It included me being able to develop my own skills to have a more positive relationship with food and eating.

further developed as part of the artworks themselves, artist book publication, and accompanying the creative exhibition portfolio outcomes.

3.6.5 Artist Interviews

Artist Interviews are a vital form of data collection as it employs purposive sampling to critically examine our contemporary art concerning Eating Disorders and where artists perceive the gaps needing to be addressed regarding understanding to enhance treatment and engagement with lived-in experiences. The semi-structured virtual interviews were conducted with five pivotal artists representative of the Eating Disorder discourse (Brown & Danaher, 2019). They were selected through professional networks and online applications who have been diagnosed with an Eating Disorder and have now fully recovered or are in remission. Participation was voluntary and the interview was set to one hour for each interview to answer questions and exchange dialogue. The artists were monitored throughout the interview by the lead investigator for safety. The participant selection strives to have an international reach with diversity in age, culture, and gender to encapsulate the varying differences in their Eating Disorder experience. These different relationships were managed through an inclusive approach and not focused on tokenising their experiences like many have experienced in their lived experience work but letting them dictate how they perceived their illness and artist practice.

Purposive sampling aims to provide a heterogeneous outlook on peoples' experiences and in their self-reflections and interpretations and meanings over time, such as existential issues, feelings, and values (Etikan et al., 2016). The semi-structured interview process aimed to provide the participants with a chance to explore and reflect on ideas regarding mental health their personal growth and artistic expression and advocating on a large platform. Additionally, it is a great benefit to the community as it helps contribute to a greater understanding of Eating Disorders through artistic perspectives first-hand (Smith & Dean, 2009). My research has received ethical clearance (Ethics Application Approval H20REA189) by the University of Southern Queensland on 27th September 2020 and allows for the participants within the research to be asked questions about how their illness impacts or relates to their individual art practices. These artist interview data help generate different perspectives by considering other artist relationships with their bodies, art, and societal representation of their personal struggles. The artists included a diversity of ages, nationalities (AESN, Western, Arabian) and genders (Women, Men, Non-Binary). This was key as an artist, as while I believe I could represent my own struggle the best way, it was vital to also represent the diversities of lived-in Eating Disorder experiences through this project also.

Predating the interviews there was a comprehensive risk assessment with the University of Southern Queensland staff and supervisory team to determine the potential risks of retriggering and aimed to negate any vocabulary or topics that may cause participant's psychological harm. The interview guide

was created based on these criteria and focused on open-ended questions. The artists interviewed were considered as minimal risk participants because they have already actively shared their experiences in the public domain and have a reduced risk of being psychologically triggered. In addition, all the artists selected as participants have identified themselves as being stable in terms of their Eating Disorders. This means each artist has either been determined to self-identify as recovered or is in remission and is actively managing their Eating Disorder. To negate any potential of the participant being triggered or to feel discomfort during the interview process, the participants have been informed that they are able to abstain from a question or can exit the interview at any point in time and additional support was available (Appendix 1. Approved Ethics H20REA189).³¹

The semi-structured artist interview data were interpreted via reflexive thematic analysis (Lin, 2019) to see key concepts and narrative analysis to gain individual accounts, to find the patterns of key Eating Disorder issues, how art and Eating Disorders correlate and what aspects need to be addressed further in terms of future studies. Thematic analysis of the interview transcripts was closely examined to identify common themes and patterns to derive meaningful interpretations of their experiences. From there, I used portions ³²

³¹ It is important to acknowledge that no participant had decided to stop or exit the interview, although an option was put in place prior and throughout the interview process with the study.

³² I utilised portions of the interview data but not exhausted it. The rationale was to consider alternative perspectives and then highlight where my voice can add to our current discourse.

of the interview data to highlight the commonalities of the needs in the Eating Disorder communities. Several key themes that appeared were stereotypes, limits in freedom and tension in relationships with others. The results were collated to give opportunities for representation and to articulate the participant experience. What was apparent in terms of these results was the common struggle for their voices to be heard.

Once all data had been collected and transcribed by myself, I began the process of data analysis by reading and re-reading the individual narratives. They also had the option to review or edit their transcripts if needed.³³ Wendy Luttrell (2005), for example, suggested that I re-read each person's narrative individually to get a holistic sense of that person's story. The narrator constructs their personal story based upon their own view and understanding of themselves and their relationship to the world. For this reason, the analysis of their stories did not focus on the validity of the events, but on the meanings and understandings they presented through their stories in line with their artwork, noting recurrent patterns and themes and organising them into a conceptual framework.

While listening to their stories, I was invited into a part of their world, a distant spectator whose hand they grasped as they led me down one of the paths of their life journey into past experiences with their struggles with their various

³³ Participants were happy with their interviews, and it was not needed.

Eating Disorders and their artistic journey. It was a humbling, gratifying, enriching, and enlightening experience. Their stories served to illuminate the critical issues of Eating Disorders and their art context in which it can occur and reinforce the importance of voice. Thematically there was a common way they saw their need for expression through art. For example, Interviewee #4 stated:

At first, I talked about the topic broadly and as a generalised problem that women and society face. I knew it was important to spread information on Eating Disorders and to have people become more comfortable asking questions about them and discussing them. Now I see that personal experiences are necessary to share so that a vulnerable and deeper, more meaningful conversation can take place. This is where I can add my own human element to the conversation and help people relate to the Disorders more deeply. (Interviewee 4, Jan 2021)

Hooks (1989) argues that it is essential for people to find a voice, to be able to speak publicly if they are to be transformed from object to subject. Underlying the purpose of this study was to better understand the role of art in the contribution in the lives of artists with Eating Disorders. At times, their stories revealed how art served as key spaces in which their experiences with eating problems surfaced. Interviewee #2 stated:

The Eating Disorder played a huge amount. For years I created drawings that I thought was about movement and dance but using figurative drawings to portray this. Now I look at my work and though people say that my work was feminine and beautiful, I see unexpressed feelings of sadness and what I felt was beauty. All I see now in my work are skeletal, emotionless figures. (Interviewee 2, Dec 2021)

I believe that my own personal dedication to health and well-being, and my previous interactions with artists who had eating problems may have heightened my interest in their stories and provided me with additional insight into the struggles they faced with their Eating Disorders. The interviews not only explored the content of participants' recollections but also examined the way they presented their stories, including the form and structure used. This aspect is important in narrative inquiry. By applying Cathy Reissman's (2008) comparative approach, similarities and differences among participants' narratives are highlighted, offering readers a richer understanding through multiple perspectives. This research approach helps challenge the prevailing stereotype of Eating Disorders as predominantly affecting thin, white females. It provides insight into how narrators perceive themselves, others, their relationship with the world, and their priorities (Reissman, 2008).

3.7 Summary

This research is conducted through deploying practice-led and autoethnographic methodologies within a qualitative research paradigm (Ellis et al., 2011; Pink, 2006). The study draws upon insights from my own lived experience as a female artist and researcher with Eating Disorders (Mertens, 2010). This insider perspective is crucial to my methodological approaches as it allows for a deeper understanding of the subjective meanings developed from the experiences of Eating Disorders.

To capture individual feelings, perceptions, and stories, data collection methods included journaling, which facilitated self-reflection and provided authentic accounts of the lived experience within the broader context of Eating Disorders. Additionally, artist interviews were conducted to sample and understand the diversity of experiences and representations of Eating Disordered bodies. This comprehensive approach enabled a strong methodology to address my research questions, ensuring both a rigorous research approach and fidelity to the individual experiences, while also allowing artistic voices to guide the research.

CHAPTER 4: MY ART PRACTICE THE STARVING ARTIST

This chapter primarily focuses on discussing the social impact of my creative work, which visually represents the psychological and emotional expressions of individuals with Eating Disorders like Anorexia, Bulimia, and Orthorexia. It explores how my work integrates the fields of art and health, offering a holistic approach to understanding and addressing Eating Disorders. The chapter explores a key theme deriving from my thematic analysis which are, such as 'trauma'; 'grim reality', 'embodied lived-in experiences' and 'cultural heritage', and how artworks engaging in these themes can contribute to managing Eating Disorders. These insights are derived from my personal experiences and interviews with other artists.

As part of my practice-led research (Engen, 2021), I incorporated autoethnographic perspectives on Eating Disorders (Ellis et al., 2011) as a means of informing the outcomes of my artwork. This methodological approach enables me to convey metaphorical and symbolic visual self-representations of Eating Disorder experiences that foreground the subjective, psychological, and experiential. These visual representations aim to counteract 'outsider' perspectives and mainstream media typecast of Eating Disorders (Druzenko & Voloder, 2014). As outlined in Chapter 3 Methodologies, my insider artist-research approach (Unluer, 2012) aims to respond to a gap in the enquiry of lived-in experiences with Eating Disorders by making visible the perspectives of those who are struggling with Eating Disorders through the very process of personalised image-making.

My practice is also informed by the theoretical and broader collective interview data on artists with Eating Disorders conducted as part of this research. In this way, I address both personal and collective artist lived-in Eating Disorder experiences within my practice. The chapter investigates how my art practice can create an influential understanding of Eating Disorders and demystify or debunk some of the misrepresentations concerning Eating Disorders within a cultural context such as my Eastern European Heritage alongside popular culture media and medical representations. The key thematic approaches that emerge from my artmaking are initially based on re-examining the portrayal of the Eating Disorder experiences. By exploring personal Eating Disorder-based memories, the visual representations of sexualised bodies as a means of depicting Eating Disorders. Additionally, I explore inclusion and diversity, particularly through my own queer journey and its connection to body embodiment. These key themes will be discussed alongside the challenges of authentically addressing the grim reality as well as the vulnerability of the lived-in experience of Eating Disorders as outlined as part of my *Starving Artist* creative portfolio in the following section.

4.1 Background to The Starving Artist Creative Portfolio

The creative work component of my doctoral study consists of a creative portfolio entitled *The Starving Artist* (2020-2022) (<https://starvingartist.cargo.site/public-engagements>). My creative portfolio consists of over 50 visual works, small-scale acrylic self-portrait paintings as a

strategy to create more intimate viewing. These works have been included in eleven international exhibitions ³⁴ and eleven international art residencies as a means of demonstrating within my doctoral research that the issue of Eating Disorders among artists is a global matter. The creative portfolio also includes documentation of my creative art processes and experimentation, public engagement in artist workshops and presentations as well as my artist book publication *One Body, My Body, No Body* (2021), all produced as part of this doctoral research.

Embarking on this practice-led project, my creative portfolio initially focussed on exploring the capabilities of painting as a medium to communicate the psychological and emotive depths of the Eating Disorder illness. Central to this approach, I sought to create autoethnographic artworks (Evans, 2011) to represent my first-hand lived-in experience with my Eating Disorders as well as a means of counteracting the many 'outsider' perspectives on Eating Disorders. My artworks exemplify the importance of linking the experiential and embodied nature of practice-led research with autoethnographic data such as personal memories and reflections within my artist journal as visual and written storytelling approaches to understand these experiences more deeply (Evans, 2011). Drawing on this autoethnographic research data, I aim to foreground within my creative work the sensitive nature of the subject matter

³⁴ My total of eleven exhibitions as part of my doctoral exhibition includes 5 solo shows, one duo shows and five group shows all addressing my research.

by providing a personalised visual account of the Eating Disorder experience (Ellis et al., 2011).

4.2 Visual Processes and Approaches as Visual Strategies

My processes and approaches to artmaking are well-considered as they aim to enact visual strategies in conveying the critical content and become an important form of audience engagement. For example, I place a key emphasis on the subject matter and scale of my paintings. I paint exceedingly small often on 4 x 6 inches canvas that emulates a photograph, as the subject matter is very intimate to me and needs to be handled and presented delicately. The painting style captures the photographic spirit, almost as if people were viewing memories. This was achieved through the attention to realism and the scenes often deriving from my own documentation of the real events and places. Importantly, this also creates an intimate viewing experience for the audience as the viewer needs to come into proximity to the work and engage with it in a more intimate way. This is demonstrated in the exhibition *One Body, My Body, No Body* (2020) held in Arthouse Holland (Leiden, NL) whereby a sense of intimacy is achieved through the personal nature of the content and the small scale of the works. The exhibition creates a setting where the audience is drawn both physically and emotionally into the artworks (See Figure 18), *One Body, My Body, No Body* Exhibition View).

The artwork *People Watched But Could Not* (2022) (Figure 18) further verifies the idea of having the viewer come close during the exhibition to examine

the paintings as part of the experience of getting a glimpse into my life and potentially those of others. In this light, my artworks start to break down the barriers between private and public realms; and they alert the viewer into seeing beyond the subtle nature of the works' painted surfaces. For example, in some of the artworks within the exhibition, the scenes may at first appear non-Eating Disordered such as my work featuring a pastel landscape or a mall setting. Yet, upon closer viewing, the subtlety of the works, and their pastel colours reveal these initially ordinary or everyday scenes as key visual triggers for those with lived-in Eating Disorder experiences. These painted representations depict the visual triggers as part of my lived-in Eating Disorder experience that leads me to encounter overwhelm and psychological turmoil (Bellantoni, 2012).



Figure 18. Still from Art House Holland Exhibition of 'People Watched But Could Not See,'
October 2020.

Self-portraits are incredibly important in my art practice to communicate the way I, live with a series of Eating Disorders and choose to (re)present myself to the world. That is, I want to be as vulnerable as possible in the making of my

artwork. I aim to share the horror associated with the illness and the depth of the disease that are exemplified in my personal story as featured in my following artist journal reflection:

Last week, I walked 2 hours to Waitrose and another 2 hours back to my air-b-n-b and indulged in a whole floral celebration cake. I was so upset with myself, and I tossed out half. However, it tempted me and kept calling me so I shamefully remember crying and eating out of the trash can all afternoon. It was disgusting and I still feel disgusted with myself. (Zlatar, Artist Journal, 2020-2022, p. 23)

Like many other artists and individuals with Eating Disorders, I often undergo immense psychological distress, whereby the body becomes the symbolic and tangible physical output of my internal struggle that is amplified through a distorted and unhealthy relationship with food as demonstrated through my artist journal reflection about eating the remainder of the cake from a bin. My visual works consist of painting acrylic self-portraits, that are informed by Gender Studies Researcher Josephine Brian's (2006) notions of how within the process of self-identity formation, the body becomes a source of control that can be manipulated by an Eating Disordered individual. I draw upon my personal experiences with Eating Disorders as a source of exploration for creating confessional-style artwork. This involves manipulating and examining both the disease itself and my own relationship with it. The aim is to counter the dominant narratives being told through my lived-in experience. In a way, the approach of countering dominant narratives can be likened to 'outsider' practices with acknowledgement to Outsider Art. Outsider Art is an art genre that includes artists such as Judith Scott and Howard Finster that aim to

capture the inner experiences of the artist without conforming to social norms (Cardinal, 2009). It was considered stylistically as 'naïve' as the artists discarded formal artistic conventions and training (Cardinal, 2009). While I am a trained artist working within academia, I value the need to disregard the artistic and societal conventions, such as the Outsider artists do in order to develop alternative perspectives and image-making to breakdown the current stereotypical visual representations of Eating Disorders that are often misleading.

My work investigates the feminist argument as asserted by Taryn A. Myers et al., (2012) that Eating Disorders such as Anorexia, demonstrate the harm done by the thin-ideal media images. This indicates the extent to which much existing feminist theory reproduces, rather than surpasses, a notion that Eating Disorders such as Anorexia is a condition that is pathological and suggestible (Bray, 1996). Brian (2006) further argues that for Anorexic subjects, it is imperative to represent one's life more accurately and authentically and to avoid narrative strategies through which Anorexic autobiographies have circumvented their own internal 'truth judgements' (Brian, 2006). Truth judgements pertain to values or behaviours that one with Eating Disorders has that others would highly stigmatise such as they would never want to be fatter than a certain weight or a specific person (Schaumberg et al., 2006). Often those with Eating Disorders omit this information because it makes them seem less favourable, despite being fully vulnerable in their Eating Disordered beliefs (Schaumberg et al, 2006).

4.2.1 Utilisation of Satire and Fiction in Artworks

Visual narratives are a core premise in my art and sometimes, I deploy the use of satirical content and/or titles for the works to shift the narrative into a more sardonic context. Satire in general terms is the use of humour to critique or comment on a topical issue (Knight, 2004). When I was creating these works, I wanted to focus on the titles being powerful influencers for the way people engaged with the works. Either the names intensify the work such as *Live and Die By The Scale* (2020) or they can create a comical effect such as *No Matter How Many Laxatives I Take, I Still Feel Like a Piece of Shit* (2020) (Figure 19). Naming was a key role in how people should perceive each piece and understand the context around the imagery. I also use playful imagery like in *Euphoria (1/2, 2/2)* (2020) (Figure 20) to convey the pure elated joy that comes from food. These types of works engage with both serious and challenging content yet are presented to the audience in a playful manner as a means of offering alternative readings/understandings of the work (Zlatar, 2022a). For example, the idea of floating on cereal pieces in the work *Euphoria* (2020) is not a stereotypical way to explore the illness, and in contrast, it is a playful exploration of the illness. This piece employs dark humour that explores the escapism of comfort food (Zlatar, 2022a). It is important to include this contrast as it reminds us that despite Eating Disorders being a grim subject matter, I can paradoxically choose to see the humour in the illness, and in its complexity both as a coping mechanism and as a shift in perspective (Zlatar, 2022a). Langley-Evans & Payne (1997) support humour in health care as in their specific research into palliative care, they assert that humour as an

acknowledgement and recovery tool that can help foster a 'healthier' relationship with their (Dean, 2007; Linge-Dahl, 2018).



Figure 19. Alexandria Zlatar, *No matter how many laxatives I take, I still feel like shit*, Acrylic, 4 x 6 inches, 2020.



Figure 20. Alexandria Zlatar, *Euphoria (1/2, 2/2)*, Acrylic, 4 x 6 inches, 2020.

The Church of Skinny (2022) (Figures 21-23) is another series I created that builds on my use of satire by deploying fictional narratives that heighten conceptual and imaginary means of addressing Eating Disorders. This approach demonstrates the significant role of art in enabling new insights that extend beyond clinical and often socially stereotyped understanding of Eating Disorders. In turn, it can be asserted that the use of fiction within my work is part of an innovative representation of the Disorder. Fiction to me, helps, to an extent, to emotionally detach from my condition and thereby critically address the 'reality' of the illness that is too difficult to express directly or literally. In broader terms, as we focus on a medical illness, we often become 'stuck' in the very thinking within the clinical thinking categories or boxes of that illness. Therefore, deploying fictional narratives within my paintings, I enable alternative layers of meaning and ways of interpreting Eating Disorders beyond the presumed and socially conditioned medical frameworks of understanding the illness. Similarly, Henry Bladon (2019) who studied dementia care at Chrysalis (UK), reinforces this notion of fictional narratives being an empathetic tool that aids in promoting the understanding of illnesses while also fostering others to reflect on their own experiences.

My artwork series *The Church of Thin* (2022), is inspired by my lifelong fascination with diverse religions and cults. Within this series, I created a fictitious religious community that believes there is a strong link between thinness, food, and God. More specifically, I created a fictitious church that is

founded on Eating Disorders and its affiliated belief-systems as forming a 'cult-like' collective. For instance, my fictitious church explores ideas of power and control experienced through Eating Disorder sufferers through its underlying dogma being based on 'salvation through starvation.' Therefore, the fictional church collective adheres to the belief in calorie counters as the inspired word of God, which must be memorised accordingly by its Eating Disorder congregation (Zlatar, 2022).

The comical metaphorical 'church' allows me to explore how Eating Disorders can be viewed similarly to a religious community. This broader premise is well aligned with *Chapter 2: Literature Review* discussion on the paradox of control. In this context, control is exemplified via the way in which the fictitious church prescribes a doctrine that patrons are responsible to adhere to and if not, you are punished for it. In a sense, the fictitious church narrative illuminates the severity of the notion of self and collective control among Eating Disorders. This aspect responds to my key "frustration with societal representations of an Eating Disorder and how 'soft' or 'light' the portrayal of the illness is" (Zlatar, 2022, p. 49). For example, my artwork *Sunday Service* (2022) portrays me as a priestess giving a sermon to the masses of Eating Disordered individuals. The work metaphorically addresses how Eating Disorders can indoctrinate individuals with the media-saturated perception that life is better if you follow the 'Cult of the Thin.' Eating Disorders can make you abide by their commandments and influence your beliefs and cultural identity where we suffer from what we eat and feel judged for it (Zlatar, 2022).

As Eating Disorders make you abide by their set of rules that I refer to as 'commandments,' I argue that our bodies in this context no longer belong to us, and we often conform to the illness as a higher power. Unless we learn to separate church (mind) from state (body), we will be proselytised in what I refer to as the 'Church of the Thin' where we will continue to suffer from what we eat and feel judged for it (Zlatar, 2022). The powerful 'scriptures' of Eating Disorders can indoctrinate individuals with the common perception that life is better if you follow the 'Cult of the Thin' (Zlatar, 2022). As discussed in *Chapter 2: Literature Review* on the socialised body, Eating Disorders are often tools to 'cope' and an attempt to align with the external pressures of body ideal (Rolls et al., 1991). My fictitious church narrative plays into this concept as it helps to edify what it means to live within a trapped body, or one that is extremely indoctrinated into a message beyond the individual's control (Zlatar, 2022).

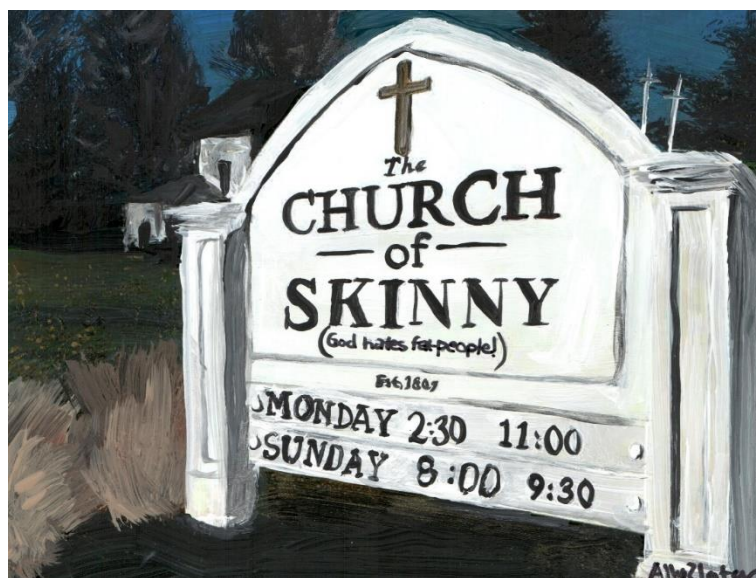


Figure 21. Alexandria Zlatar, *The Church of Skinny*, Acrylic, 4 x 6 inches, 2021.



Figure 22. Alexandria Zlatar, *Sunday Service (1/3)*, Acrylic, 4 x 6 inches, 2021.



Figure 23. Alexandria Zlatar, *Sf. Zlatar's Gospel (1/2)*, Acrylic, 4 x 6 inches, 2021.

4.2.2 Externalising Internal Struggles Through Visual Metaphors

It is exceedingly difficult to communicate what it means to live with an Eating Disorder. While at times my Eating Disorder experiences include direct approaches whereby, I think quite literally "I just want to be skinny" (Zlata, Artist Journal, 2020-2022, p. 3), I simultaneously understand that Eating Disorders are more complex than this initial desire. This illness has profoundly impacted my life in ways that words cannot express. In turn, I often utilise metaphorical imagery to challenge the predominant focus on the physically 'thin' body and stereotypical Eating Disorder imagery found in social media and popular culture advertising (Perloff, 2004). In response, my art practice aims to illuminate a distinct approach in looking at the ordinary or everyday objects around us through a lens of those who live with Eating Disorders as they are imbued with a life beyond the ordinary as well as the ways in which 'they' embody my struggle.

My early research experimentations focused on the importance of food. I often considered my experience of eating food, as being parallel to my intimate relationships, whereby both experiences have always been a source of refuge and a great burden for me, as expressed in the following reflection:

For such a long time, I derived my identity and self-worth from the food I consumed and the partner I was with. Both gave me the sweetness, the fullness, and the feeling of happiness I craved so much. Yet, underlying this sense of sweetness was also a bitterness that continued and continues to burden me. (Zlata, Artist Journal, 2020-2022, p. 14)

Reflecting upon my experiences particularly with relationships with male partners and my relationship with food, I honestly thought I did not deserve the joy that comes from the companionship of either food or a loved one. The series titled *Dinner for The Boys I loved* (2019-2020) and piece *The First Bite Was the Sweetest* (2019) (Figure 24) explores how my love for cake is beyond merely the food but is an allegory for the relationships that I have had with every partner in my life; ranging from one-night stands to deep love affairs. Within all the various forms and complexities, cake is the only thing I can use to even explore how deeply these encounters and intimate relationships have affected me as noted in the following reflection:

Cake is my safety; it is one of the few things in this universe I know well enough and love enough to help express my feelings and experiences... Cake is my favourite food in the world, and I forbade myself cake for over 3 years. Whereas in my relationships, I spent so much time making myself into what each of them wanted that I neglected my true desires and feelings for the sake of fulfilling theirs. I never thought anyone would love me for me. I never gave myself the things I loved. I was attempting to reclaim the past and use food to express my internal dialogue. (Zlata, Artist Journal, 2020-2022, p.17)

In this way, eating can often confirm our identities, or shape how our identities are reconstructed by what and how we eat. Elspeth Probyn (2000) iterates how we are constantly morphing our identities based upon a mixture of what we consume, our bodies, appetites, and socioeconomic backgrounds. Food becomes central to how we define ourselves (Probyn, 2000).



Figure 24. Alexandria Zlatar, *The First Bite Was the Sweetest*, Acrylic, 4 x 6 inches, 2019.

In Hieronymus Bosch's *Garden of Earthly Delights* (1503–1515), strawberries are thought to be symbolic of the debauchery and sinfulness of humanity (Gibson, 1973). The strawberry at first tastes sweet, but then afterwards lacks flavour so people keep going back to have another bite to get that same sweetness. I found similar and paralleling ideas in narrating my experiences with one-night stands. Although there were very few instances of this in my life, I found that casual flings to me subverted and perverted what I genuinely wanted, which was and is acceptance and love.

Lily Fitzgibbon et al., (2020) state that curiosity, in its many forms, is one of the most powerful drives for information and one that is often perceived as a dangerous trait. This is exacerbated by the perception that when something is forbidden (such as food in this case), curiosity about it increases (Fitzgibbon et al., 2020). She further argues that this 'forbidden fruit' effect can occur, and

her research suggests that people's attraction to unavailable options is not only driven by their beliefs about importance or desirability through scarcity but also by memory (Fitzgibbon et al., 2020). For myself, the curiosity and desire for belonging and comfort drove me to explore these relationships, but one that never was satisfying. Perhaps I was focused on the positive memories associated with companionship and not on the reality of what was in front of me. The works, *à la king* (2021) (Figure 25) and *à la Fresca* (2021) (Figure 26) illustrate this notion of food as a source of being, and in this case a product for society to consume. These works explore domestic women's roles in cooking and focus on 'healthy being' which embodies the prevalent ideology that the female body is no longer a home but to be consumed by others. *LaForme-Csordas* (2021) puts forward the notion that there has been an increase in the commodification of the female body, and it is evident on social media sites such as Instagram. Often female influencers are being used for their physical features as a method for selling products to achieve their beautiful lives and bodies through the products they are endorsing (LaForme-Csordas, 2021).



Figure 25. Alexandria Zlatar, *à la fresca*, Acrylic, 4 x 6 inches, 2021.

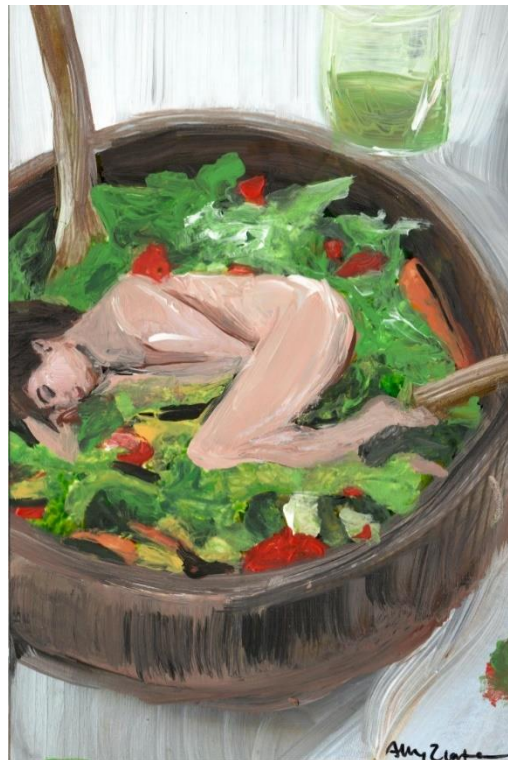


Figure 26. Alexandria Zlatar, *à la fresca*, Acrylic, 4 x 6 inches, 2021.

There was a gap in the conversation surrounding the irrational behaviours that are deeply rooted within an Eating Disorder. From an outsider's perspective Eating Disorder behaviours are often not logical and include, in my own

experience, behaviours such as bringing one's own food to a restaurant as noted in my artist journal:

I was told that my behaviour appeared unintelligible. No one comprehend in any coherent manner the pain that I was experiencing. I felt trapped. Trapped in a body, in a life and an Eating Disorder I did not choose. I wanted out. I thought to myself "pull me out of myself like a body from a car crash. (Zlatar, Artist Journal, 2020-2022, p. 6)

I wanted to create works that explore situations when an outsider may perceive an Anorexic individual as sporadic or incoherent, and then immerse the audience into the artwork and scenery through the eyes and narrative of my Anorexic experience. For instance, *Holy Kingdom* (2020) (Figure 27), *The Price You Pay* (2021) (Figure 28) and *The Dance of My Mind* (2021) (Figure 29) all depict daily life but warped through the lens of someone with an Eating Disorder. Whether it be being triggered in a clothing shop by the size of a mannequin or wanting to not to sink and feel as physically light as possible in a pool. Eating Disorders can be incredibly invasive way of perceiving the world. For example, when I was describing the work *Holy Kingdom* (2020, Figure 27) I stated:

The fridge is my Xanadu, my Elysian Fields, my Garden of Eden, it is a place of bliss. After a bad break up or a long day of being yelled at work, the fridge is my promised land. The fridge opens its doors and holds me inside. It cradles me and whispers that things are going to be okay because "I am now in the land of milk and honey." I ate all the "milk and honey." (Zlatar, Artist Journal, 2020-2022, p. 54)

In the eyes of someone who has an Eating Disorder, when the world around you seem to be crumbling and you cannot see hope, the hidden sweet foods at the back of the refrigerator become an emotional haven.



Figure 27. Alexandria Zlatar, *Holy Kingdom*, Acrylic, 4 x 6 inches, 2020.



Figure 28. Alexandria Zlatar, *The Price You Pay*, Acrylic, 4 x 6 inches, 2021.



Figure 29. Alexandria Zlatar, *The Dance of My Mind*, Acrylic, 4 x 6 inches, 2021.

These paintings represent a series of conceptually and psychologically charged self-portraits through their inclusion of allegorical imagery and 'memoriscapes.' Memoriscapes are explained by Toby Butler (2009) as visual pieces based on memories, events and experiences that often recreate those moments with a specific conceptual message. This representational form of artmaking is pivotal within my work as it enables an authentic and personal interpretation of Eating Disorders, that counteracts the conventional and stereotypical social-media representations of Eating Disorders (Spettigue, 2004). These works expound on how the world can be perceived through the eyes of an individual who has experienced life with an Eating Disorder which may become sinister, threatening, and overwhelming.

4.3. Thematic Art Explorations: Sexualised and Violated Body

It is crucial to understand that the internal struggles such as trauma, identity and value that derive from external events such as rape and assault which manifest into Eating Disorders as a coping mechanism to help seek asylum (Pater et al., 2012). A sexualised body is one that has been imposed with external sexual desires and in a sense, corrupts the individual's own view of their body with those projected by their 'onlookers' (Haug, 1999). Importantly, these internal struggles may be further compounded by someone's traumatic past, these include sexual advances, catcalls, and assault that may lead to Eating Disorders. Rape, violence, and trauma are terribly difficult experiences to endure. Survivors of abuse endure significant impacts on their self-worth, and they can often feel defiled, exploited, and undergo experiences of shame and self-doubt (Pater et al., 2012).

After someone is violated, the resulting loss of their agency as well as trust in the self holds profound and lifelong repercussions (Sanderson, 2006). Sanderson expands upon this notion and states that in counselling and recovery, these events of exploitation and abuse are embedded in the survivor and can cause feelings of self-doubt, fear, embarrassment, and guilt within the survivor (2006). The idea of the individual having control of their body to gain control over past or traumatic events are common thinking patterns that are often expressed in Eating Disorders. In my own experience, art aided me in post-traumatic growth and resiliency by processing and transforming my experience into art.

Many individuals who have suffered from this illness have experienced negative associations with their sexualised body (Sanderson, 2006). I was sexually assaulted in 2020 and after processing the events, I painted *Man of Desire* (2021) (Figure 30). It explores the male dominance within sexual assault experiences and how afterwards it left me feeling incredibly vulnerable and psychologically damaged (Zlatař, Artist Journal, 2020-2022). My Eating Disorder was a way for me to decrease in weight so that I may appear less sexually attractive in my physical appearance. At my lowest weight, I was so grotesquely thin and yet, in other ways, I felt 'emancipated' as it downplayed my physical sexual identity. My body was repulsive and this, in my distorted thinking, helped me to avoid unwanted physical contact, making me less feminine and less desirable (Zlatař, Artist Journal, 2020-2022). Throughout my experience with Anorexia, I learned it provided me at times reassurance that no one can grab my breasts, if I was too tiny to have any (Zlatař, Artist Journal, 2020-2022). My artworks examine the source of comfort that comes from the illness as a form of defence against the 'femaleness' of the body. Social-anthropologist R.J Lester (1997) reinforces this notion when she argues that Anorexia is an 'inside out' illness and that seeking external control for internal conflict, it makes treatment incredibly complex. The framework requires healing both the physical body and the external environment simultaneously, if not, it would lead to a '(dis) embodied' recovery (healing externally, but not internally) (Lester, 1997).



Figure 30. Alexandria Zlatar, *Man of Desire*, Acrylic, 4 x 6 inches, 2021.

Roy (2014) examined the role of memories and gendered violence through the events of the 'Delhi Gang Rape' in 2012. The protests that erupted in Delhi and across the country against the gang rape culture illustrated how difficult it is to firstly, convey those experiences and then also the challenges in helping create amends as countless individuals are often victim-blamed, marginalised or there is not enough circumstantial evidence to help rectify these experiences (Roy, 2014). What often happens is that violence upon females goes unclaimed and these traumatic experiences are further embedded in these individuals because there is a lack of instructional support for recovery, and by not addressing the crime in the first place, allows these violators to go un-prosecuted (Roy, 2014).

When violence occurs and there is a lack of systemic support, it can manifest in the victims as they are the ones not getting justice, nor any hope of change (Herman, 2015). These memories are stuck inside and not able to be resolved

(Herman, 2015). *Sometimes Memories Never Leave Your Bones* (2020) (Figure 31), explores how I, as an adult, continue to engage with my childhood teddy bear to protect and gain control of my body after enduring difficult experiences. While reverting to the safety of my childhood, my Anorexic behaviours, although they are highly destructive, had become a coping mechanism and a source of refuge (Goss, & Allan, 2009).

Eating Disorders psychotherapists Goss and Allan (2009), conducted research that link trauma and shame with the Disorder. They argue that there is a correlation in the role of coping with trauma and shame with the onset and maintenance of Eating Disorders (Goss, & Allan, 2009). Through visual analysis, one can see how Eating Disorders cannot undo the trauma and yet it is a useful coping and self-processing tool in navigating the external world post the trauma accounts. Considering this, I often found myself retreating towards my childhood teddy bear as depicted in my painting *Sometimes Memories Never Leave Your Bones* (2020). The bear in this work is both a metaphor for coping with my Eating Disorder and a token of the child innocence lost. In this artwork, one can see my body parts are hidden as I cling tightly to my bear which is almost trying to seek asylum. This piece to me is profoundly sad and further alludes to how deeply embedded the pain of the sexual assault and its triggering of my Eating Disorders. The work is also a broader reminder for the need to have compassion for our bodies and that of others so that 'traumatised individuals can recover' (Gentry et al., 2002).



Figure 31. Alexandria Zlatar, *Sometimes Memories Never Leave Your Bones* (1/6), Acrylic, 4 x 6 inches, 2020.

I utilised my Eating Disorder to help cope with internalised guilt, shame, and disgust surrounding the body (Gentry et al., 2002). The below reflection from my artist journal further demonstrates the interconnection and level of violence regarding trying to cope with coming into a sexualised body:

I was about 12 years old when I started to go through puberty and got my first matching trainer bra and underwear set. I put it on. I felt trapped. I hated it. I remember bursting into tears and then throwing off the bra. Then I proceeded to start ramming my young female hips into the wall. I did it until my hips were bruised and bleeding. I did not know why I did it at the time. In response to this event and many others in my life, I still feel a tremendous amount of guilt that festers into unease with the 'femaleness' which stirred feelings of shame and self-loathing towards my body as part of my Eating Disorder. (Zlatar, Artist Journal, 2020-2022, p. 17)

Eating Disorders and trauma are deeply intertwined. These illnesses present a tremendous number of difficulties with learning how to be okay with one's body and to be able to recover (from both). Often this guilt festers into unease with our own body shaming, and self-loathing that leaves individuals to struggle with their 'gendered' selves (Bordo, 2004).

4.3.1 Psychological Impacts of the Socialised Body

Another key area of exploration that was important for me to investigate with my art practice was the psychological impacts of the socialised body experience. When it comes to the socialised experience of eating food, there is an underlying power dynamic at play (Alonso et al., 2018; Thompson & Hirschman, 1995). Someone can experience both a desire to eat food and simultaneously a fear of it because of the social stigmas and pressures that derive from peers' perceptions and judgements (Becker & Fay, 2018; Heatherton & Baumeister, 1991). For example, binge eating is an escape from socialised bodies and the need to appear 'in control' of food, when there is often a secret lack of control with food that goes unseen in the public eye (Becker & Fay, 2018; Heatherton & Baumeister, 1991). I could not participate in 'normal' eating practices such as in *Dinner for All But One (1/2)* (2020) (Figure 32A) and *We Are The Same But Different* (2021) (Figure 33) which explores my memories of ostracising myself from social dining. I recall being starving at social dinners and then secretly binge eating at home:

I was cold, left out, and hungry, but I was getting thinner. I wanted to eat, but I also wanted to starve. It is mentally draining trying to resist and try to appease my internal control but 'Dinner for one' is the daily dinner set I have in the privacy of my bedroom floor.

Every single day, I use the same plate, the same utensils, the same blanket on my lap, and the same cake is eaten the same way. (Zlata, Artist Journal, 2020-2022, p. 66)

This recollection exemplifies how someone can be both in control and out of control with their illness daily can take on a psychological toll. My artworks *Dinner for All But One* (2020) (See Figure 32A) explores my daily rituals of eating that emphasise the ongoing paradox of control (particularly self-control) affiliated with Eating Disorders.

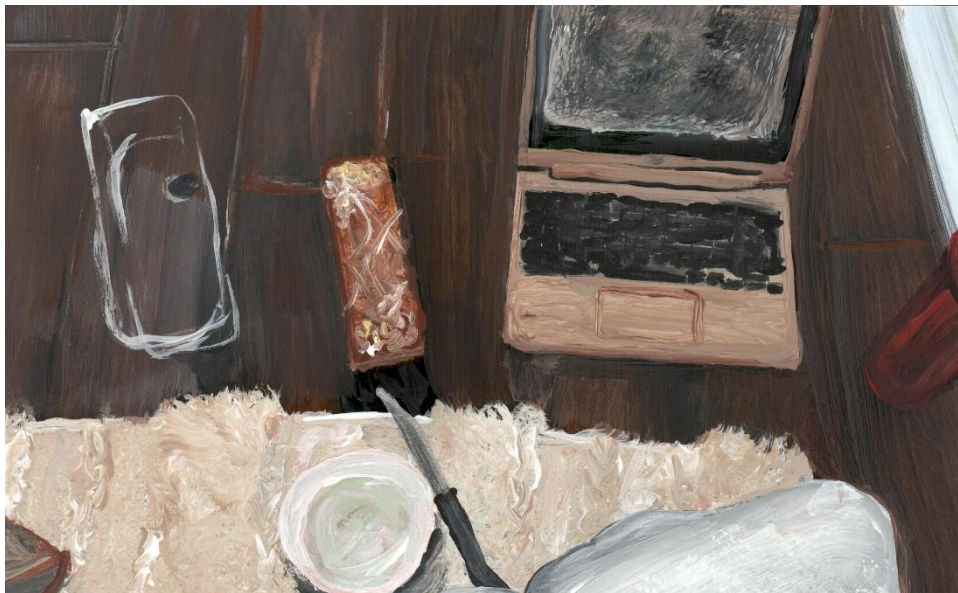


Figure 32A. Alexandria Zlata, *Dinner for All But One* (1/2), Acrylic, 4 x 6 inches, 2020.



Figure 32B. Alexandria Zlatar, *Dinner For All But One (1/2)*, Acrylic, 4 x 6 inches, 2020.



Figure 33. Alexandria Zlatar, *We Are the Same But Different (2/2)*, Acrylic, 4 x 6 inches, 2021.

Part of my Eating Disorder experience has been my struggle with the socialised body. The work *I Can't Do This Anymore* (2020) (Figure 34) addresses the psychological and emotional struggles of trying to be the social projection of the 'perfect girl'. In my personal experience, these struggles included

always going to the gym, ensuring to upkeep my personal grooming to the highest fashion standard and eating healthy as a means of 'taking care of myself.' The obsessive mental preoccupation regarding very rigid fitness rules with violations caused me immense emotional distress. These consequently made me scared to socialise, becoming secretive, and abandoning my schoolwork:

Some days I would be in the gym for hours until my body was depleted, blisters all over my feet and my inner thighs bleeding from the amount of strain, I put my body through. There was fear that if I slacked, or if I did not do the workouts, dreadful things would happen. I know I have perfectionist tendencies, but this need for control caused such high anxiety in me that I had no choice but to stick to a rigid exercise and eating schedule. (Zlata, Artist Journal 2022, p. 18)



Figure 34. Alexandria Zlata, *I Can't Do This Anymore*, Acrylic, 4 x 6 inches, 2020.

What is often neglected from the contemporary discourse surrounding Eating Disorders is the psychological and emotional agony that lies within the lived-in experience. This is further made apparent via the artist interviews conducted as part of my research, with Respondent 2 stating the following:

Every single day and every single decision are made based on the will of the Eating Disorder. Some days are easier to deal with, but most are agonising. No matter what you do, it never fully goes away; it lingers in the darkest, deepest parts of your thoughts. (Interviewee 2, Dec 2021)

In a paradoxical and painful way, the two extremes (eating and not) meet in the Eating Disordered person in terms of 'willpower.' Both the immense difficulties of maintaining these beliefs and the willpower to escape them.

Cradle (2020) (Figure 35) and *The Body Remembers* (2021) (Figure 36) further portray the toll that an Eating Disorder can have on an individual. *Cradle* (2020) documents the aftereffects of projectile vomiting from Ipecac Syrup. In this instance, I was passed out for sixteen hours, followed by a further two-hour long panic attack where I was hyperventilating, and my eyes were burning from tears. In making such intimate matters public through my artwork, it made me realise that I hid my pain for far too long as these conversations and experiences were not commonly acknowledged with broader Eating Disorder discourses (Zlatař, Artist Journal, 2020-2022).

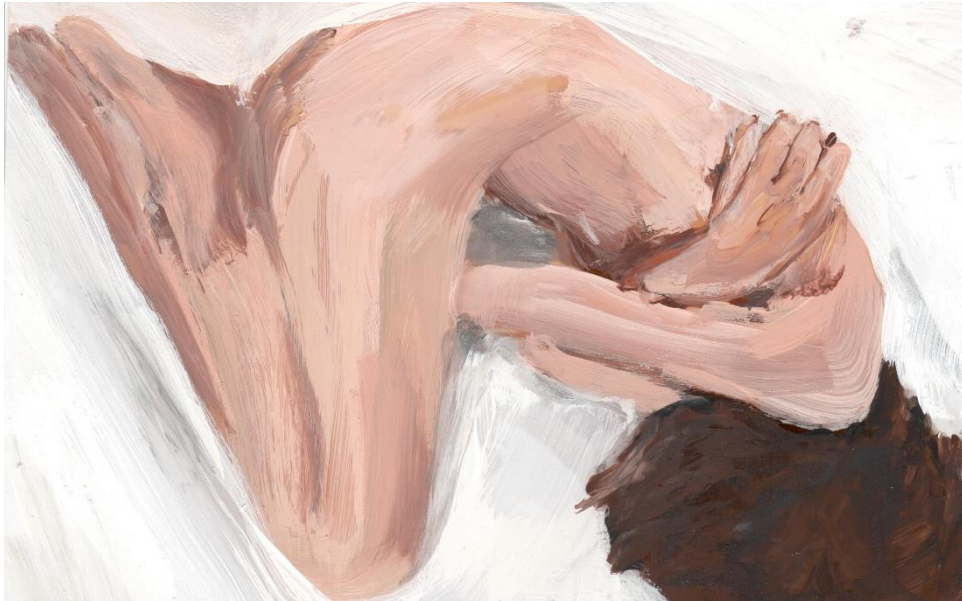


Figure 35. Alexandria Zlatar, *Cradle*, Acrylic, 4 x 6 inches 2020.



Figure 36. Alexandria Zlatar, *The Body Remembers*, Acrylic, 4 x 6 inches, 2021.

I thought if I did not eat, my problems would go away. Following German Philosopher Immanuel Kant's principles of necessity and freedom, he argued that there must be a necessitation or desire for motivation and without necessitation, we are not morally 'good' humans (Kant in Johnson, 2004). I felt like I needed to sacrifice food to get the life I craved (Zatar, 2022, p. 31). My

starvation and hunger at the time, I thought, were morally valuable sacrifices (Zlata, Artist Journal, 2020-2022). It was during these years that my life was at its lowest and I ceased to recover, as I had adopted a philosophy of deprivation and discouragement as a means of punishing myself for not being 'good enough.'

4.3.2 Depicting the Grim Reality

One of my and many other artists' and individuals' frustrations about the societal representations of Eating Disorders is how 'soft' or 'light' the portrayal of the illness is. We see those teen girls struggling to eat a carrot for fear of being fat or looking sadly at their bodies in a mirror in films such as Paul Schneider's *For The Love of Nancy* (1994) and James Mangold's *Girl, Interrupted* (1999). The lack of authenticity in the struggle causes detrimental effects of how society understands the illness (Brown & Danaher, 2019). Such representations make the Eating Disorders seem superficial, or not that serious. There is an often-false social association with Eating Disorders, such as being a 'soft, vanity-based' illness (Isomaa, 2011).

My objective through these works is to convey the grim reality of what it is like to live with an Eating Disorder. At times, I utilise metaphors to ease people into the subject, such as food or teddy bears as subject matter. The deeper conceptual layers of these works convey the more shocking elements of the deep suffering and confrontational aspects of Eating Disorders. The objective is to give an authentic portrayal of the ambiguities and horror that lie within

the illness. As mentioned in the literature review, my work employs abjection to provoke viewers. This helps people process and more fully understand the subject through its various innovative representations. This approach is made apparent in *Suffocating in Suffering* (2021) (Figure 37), and *I Cannot Sew My Sorrows* (2021) (Figure 38) as the works explore the various depictions of how I embodied the Disorder. Amalgamation is presented in an unconventional manner, showcasing the fusion of my various desires within the compositions. The combination of intrusive thoughts and tangible actions represents the vulnerable and raw mind-body relationship. For instance, the artworks may depict moments like breathing into a plastic bag during a panic attack and contemplating pulling it over my head or attempting to sew up self-harm wounds. This was compounded through the painterly layers that act as skin. Both highlighting the sense of the body and the difficulty in breathing an additional layer as also noted through a plastic bag.

Through these artistic representations, I aim to convey the intense emotions and struggles associated with Eating Disorders, pushing viewers to confront the unsettling aspects of the illness and gain a deeper insight into its complexities.

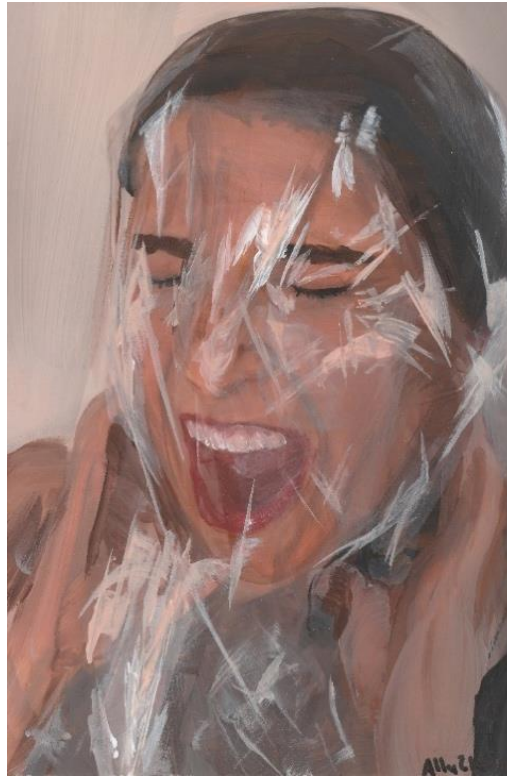


Figure 37. Alexandria Zlatar, *Suffocating in Suffering*, Acrylic, 4 x 6 inches, 2021.



Figure 38. Alexandria Zlatar, *I Cannot Sew My Sorrows*, Acrylic, 4 x 6 inches, 2021.

I wanted these works to convey the physical manifestation of the illness that is far beyond that stereotypical 'carrot sticks and treadmills.' When exploring the grim reality of Eating Disorders, the notion of the 'abject' was not the only theme to emerge. Emotional isolation became a dominant point of discourse that can be examined in *Worshipping the Porcelain Throne* (2021) (Figure 39), *Live And Die By The Scale* (2020) (Figure 40), and *Bury Me In A Child Size Coffin* (2020) (Figure 41) conveys how one can examine how the illness can isolate you, consume you, and makes you realise that in the end, all that is left is you and your disease. I once stated that:

It can destroy the things you once loved and ruined the joys of living. You are confined to the washroom. From the laxative abuse to the constant stares in a mirror, picking apart everything wrong with your body to the most ritualistic and obsessive weighing of yourself since only the scale can give you validation. (Zlatar, 2021, Artist Journal, p. 43)



Figure 39. Alexandria Zlatar, *Worshipping the Porcelain Throne* (3.1), Acrylic, 4 x 6 inches, 2021.



Figure 40. Alexandria Zlatar, *Live and Die By The Scale*, Acrylic, 4 x 6 inches, 2020.

When I was creating these works, I would note my daily activities and then try to recreate certain fragments on my camera in either photo, video or words that strongly resonated with me. I was watching myself move through the house or the studio, knowing that it was not a planned performance, but simply a recording of unscripted happenings in the space (Zlatar, *Artist Journal*, 2020-2022 p. 21.). I became hyper-aware of my body, not just in terms of the Eating Disorder but as a subject to examine. I felt the severity of the disembodied and embodied experience. I wanted to rip my skin off or separate myself as much as possible from the 'fat' and the person I was. This was a response I believe rooted, in terms of queering my body, the physicality of 'fat' and just sheer disconnect from my illness. In my artist journal, I noted

how I truly felt embodied and started to become aware of those small, unconscious nuances of the disease:

On my quest to achieve perfection, I often contemplate what if I cannot win? What happens if I lose? I truly desired to be skinny, not just skinny, but emaciated. So bony that I am nothing but a skeletal frame. To achieve this ultimate thinness, I would die. (Zlata, Artist Journal, 2020-2022, p. 10)

According to Psychiatric Clinics of North America, Eating Disorders are one of the deadliest psychiatric illnesses, killing 5.6% of patients for every decade that they remain ill (2001). At times, I want to die because of my illness, thinking that it would be the lightness I could achieve. *Bury Me In A Child Sized Coffin* (2020) (Figure 41), visually communicates the sorrow and corporeality of this disease. Drawing inspiration from *The Dead Toreador* (1864) (Figure 42), Manet's painting of death posits the value of immediacy, truthfulness, and directness. My work captures these and depicts my demise. The painting highlights my goal of dying so tiny; they must bury me in a child's coffin. In the mind of an Anorexic individual, reality gets grim quickly. Maybe because we are on the verge of death every day, or we are willing to do anything to be thin.



Figure 41. Alexandria Zlatar, *Bury Me in A Child Sized Coffin*, Acrylic, 4 x 6 inches, 2020.



Figure 42. Édouard Manet, *The Dead Toreador*, Oil on Canvas, 76 cm x 1.53m, 1864.

As idiotic as it may seem to onlookers, the Eating Disorder can warp the sufferers' mind into wanting things that may seem absurd but have deeply rooted repercussions (Martin, 2007). It does not just affect the psyche of the individual but can cause immense anguish and sorrow amongst the sufferer's loved ones that is far beyond the comprehension for most external of this illness (Martin, 2007).

4.3.3 Diversity of Experiences

The sad reality is that Eating Disorders do not discriminate (APA, 2013). They can impact anyone of any race, gender, or socio-economic status (APA, 2013). Countless reasons, including societal and cultural influences, perpetuate these stereotypes surrounding Eating Disorders. The limiting belief that only a certain type of person can suffer from an Eating Disorder is a dangerous misconception. For example, several studies have found that people of colour may be at a higher risk for certain Eating Disorders and go untreated (Goode et al., 2020). Given the widespread impact of Eating Disorder representation, we must take a closer look at the absence of diversity in Eating Disorder spaces and work to change the face of Eating Disorders. With the goal of breaking down stereotypes and broadening the discourse surrounding Eating Disorders, through my own lived-in experience. My particular focus centred on how the portrayal of the stereotypical white, young female can shed light on recovery narratives that defy the prevailing narrative commonly depicted in media and memoirs. In both my research and the diverse range of artists I interviewed, there has been a notable disregard for the intersectionality of race and gender. This was evident in Interviewees 1, 3, & 5 as the each mentioned how their cultural heritage either neglected them from accessing treatment due to stigma or did not acknowledge their struggles.

In my cultural heritage, emotions are normally supposed to be repressed (Ice, 2019). My Serbian family did not discuss mental health and as a common

cultural projection, the women are known for being more 'emotional' although their experiences are often not validated (Vidić, & Bilić, 2021). A *Serbian Renaissance* (2021), (Figure 43) I explore my own cultural heritage through re-examines historic Serbian artworks and I imposed myself into the past and redefine the narratives presented. The works often feature tears as they were a very direct and visible cultural symbol for communicating one's misery (Rakowski, 2019). Although I cannot express the struggles of someone of a different nationality or ethnicity, my paintings divulge the reality of cultural influence in our perception of Eating Disorders.

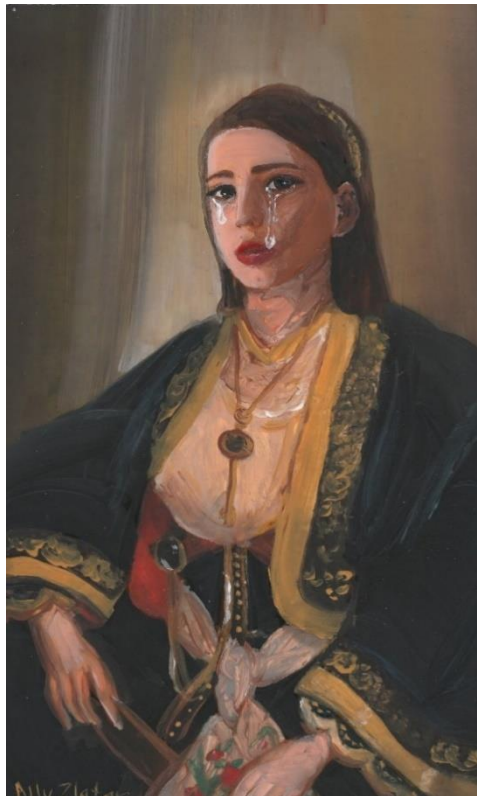


Figure 43. Alexandria Zlatar, *A Serbian Renaissance*, Acrylic, 4 x 6 inches, 2021.

As a Caucasian female, I admit that I resonate to a reasonable extent with these stories but, truthfully every story varies quite heavily. In my household, both my sister and I have suffered from Eating Disorders. My sister dropped

weight very quickly and recovered as well. It was scary for my mom to realise that I also had an Eating Disorder. When it was my time to seek treatment, it was a roller coaster. My mom was angry, I did not recover like my younger sister, and that I was *still* sick. As I note: 'I was not my sister' (Zlatar, Artist Journal, 2020-2022, p. 16). My illness lasted years. My family got upset and asked, "why can you not recover like your sister?". In response to this experience, I produced the work *What Is Yours, Is Not Mine* (2021) (Figure 44). The work examines how the Eating Disorder is deeply embedded into my understanding with who I am, and how the experience differs among everyone within and beyond immediate family structures.



Figure 44. Alexandria Zlatar, *What Is Yours, Is Not Mine*, Acrylic, 4 x 6 inches, 2021.

This work highlights a memory in my life when I was young comparing how I looked in a jacket compared to my sister, where my mom was just acknowledging how cute we looked matching. Eating Disorders affects all sorts of people through their own unique trajectories and often not easy to

predict and it can be hard to help through recovery. The works created throughout my doctoral period explore those untold elements of the Eating Disorder experience and counteract dominant and stereotypical narratives told.

CHAPTER 5: FINDINGS

This chapter examines the key findings of my doctoral research on how contemporary art can authentically depict individual experiences with Eating Disorders and contribute to the mental health discourse. Drawing on creative and theoretical foundations, as well as personal reflections on Eating Disorders, the chapter explores insights from my creative portfolio, "The Starving Artist" (2020-2022). It examines how my autoethnographic experiences inform visual representations of Eating Disorders, highlighting the psychological and emotional turmoil associated with this illness. Additionally, the chapter discusses findings from artist interviews on representing lived experiences with Eating Disorders and their impact on communities. Furthermore, it examines the results of diverse public engagement initiatives, including conferences, residencies, and workshops, aimed at raising awareness of Eating Disorders as a global issue. Finally, the chapter concludes with recommendations for future strategies in the arts and health fields.

5.1 Insights and Impacts from Creative Outcomes

In this section, I will address my research insights and reflections deriving from both the creative processes and outcomes of my artwork. My findings provide a deeper understanding of Eating Disorders by including my own personal development as someone who is living with the Disorder as well as insights drawn from other artists.

5.1.1 Art Creation: A Space for Personal Development

One of the critical outcomes of this creative research have been the various insights into my own personal development as an artist living with Eating Disorders. Throughout the research process of this project, I have been fully committed to being authentic in sharing my Eating Disorder experience. This required being highly vulnerable, as often exemplified through my artist journal reflections. My commitment to this research process has enabled me to engage with the project's subject matter more deeply and in turn, my own self-recovery process. Although my self-awareness is already strong, the idea of positioning myself as an artist who undertakes a visual and theoretical examination of ways to authentically represent my own psychological, emotional, and physical existence has challenged me profoundly. Every day, I would wake up and reflect upon my frail and fragmented mind and body.

Through this daily reflection, I learned that my body was a manifestation of the ways in which I mentally perceived the world around me. It is a body that is embedded with social tension and an internalised psychological conflict. As a means for my mind and body's attempt to cope with the pain and suffering, I often turned to humour and even absurdity as a means of 'managing' and addressing the Eating Disorder experience.³⁵ I noticed that my art sought to replicate the maladies of human life into artistic form in

³⁵ Humour is a tool to also psychological create distance from the illness or deflect from it.

emphasising the Eating Disordered mind and body (Zlata, 2022). What emerged from my artwork genuinely surprised me. That is, my artwork revealed to me how truly sick I *still* am. In my art, I was searching for meaning, anticipating finding for a 'solution' that is bigger or beyond me but 'never' finding one. Instead, the works showed disfigurements and a fragmented woman that *still* is in the grip of a ravenous illness (Zlata, Artist Journal, 2020-2022). My depictions of imagery are often painfully grim, as I satirically 'mock' the mental illness. This satirical mocking was done in my desperation of trying to cope with the struggles that the Disorder has caused me, while never finding or acknowledging any hope in the process (Zlata, Artist Journal, 2020-2022). Initially, I thought this was 'just' a trope of the eminent artist and the need to portray a 'dramatised' existence as suggested by Eving Goffman (2002). However, looking at my paintings and artist book publication, I deeply felt each painting and its depiction of an in-the-moment experience. This reaffirmed my self-exploration, that I *still* have an obsession and an addiction and that I am *still* ill. The underlying thought that 'I may never get better,' appears to have become a re-occurring theme in my art practice.

It is important to share how I continue to wrestle with my Eating Disorders, how there is no clear linear path forward to recovery. In turn, I consider the artist's role to be that of a commentator of a broader social consciousness (Campana, 2011). My role as someone who can discuss the illness in all its inscrutable grotesquery and highlighting how it is not necessarily 'fixing' the Disorder itself but to live with its various manifestations. Instead, the artist's role

in this context is to advocate for broader social awareness and understanding of Eating Disorders. My art becomes a form of dialogue, at times with myself and at times with the audience, in which my artwork reveals the struggles one endures and the concerns that the mind and body may never get better. The art becomes a manifestation of the devastating reality of living with an Eating Disorder and how it is far graver and more detrimental than what can be initially perceived. These personal insights intend to aid other artists living with Eating Disorders. By thinking more critically about what an artist's work uncovers about themselves it permits artists to explore their lived-in experiences and share it authentically and vulnerably in their artworks (LaMarre & Rice, 2016). This genuine engagement within their reflective practice can have a profound impact on wider audiences (LaMarre & Rice, 2016).

5.1.2 Insights from My Artwork

In examining my artworks, I learned that Anorexia, along with other Eating Disorders, is often visually influenced, as individual and societal perceptions are projected onto others. For example, people 'looking' Anorexic or on the other spectrum, 'looking' large. In this way, my Eating Disorders, at times, were peer-influenced in terms of how I felt and how I 'should' look. Interestingly, through these peer influences, I learned about the social and cultural demands and conditions placed on my mind and body and what was expected of me in attempting to socially 'fit in' as a woman. As Simone de Beauvoir (1953, p. 301) profoundly stated, "One is not born, but rather

becomes a woman". Part of becoming a woman is her decision-making processes amidst the various socialisation experiences (Beauvoir, 1953). In this way, my art makes visible the distorted thinking of striving to attain what I *had* considered to be the social 'ideal' of womanhood. As forementioned in *Chapter 2: Literature Review*, this belief may be perceived by feminists such as Susan Bordo (2004) and Heather Widdows (2018) as an example of a cultural phenomenon promulgated by a patriarchal society that traps women into pursuing an image that is impossible to attain.

My paintings explore themes of self-control associated with Eating Disorders. These themes were often a response to life scenarios such as experiencing relationship break-ups or family difficulties where there is a 'lack' of control. Underpinning these life experiences are internal struggles for social belonging and acceptance as noted in the following journal reflection:

My need for thinness can be a crucial factor in determining popularity and acceptance among my colleagues and peers. Maybe if I were thinner or prettier, I would be enough for people not to hurt me. (Zlata, Artist Journal, 2020-2022, p. 18)

As I encounter an ongoing self-consciousness about my appearance, I often find it necessary to be slim to be perceived as attractive and in turn, be socially accepted. Wolf (2015) further explores this premise, stating that, women's concerns with weight are primarily focused on their body size, especially their legs and hips, which are areas synonymous with feminine characteristics. As I associate thinness with beauty and likeability, I experienced an ongoing inner battle to remain thin:

The fear of being fat compelled me to utilise compensatory behaviour. Whether it would be purging, exercising or laxative abuse my art explores how these coping mechanisms do far more harm than good. They became embedded in the Eating-Disordered mind and body and were a justification for engaging with my Eating Disorder. (Zlata, Artist Journal, 2020-2022, p. 9)

My inner struggles were often represented in my artwork as I often felt as though I was not like my peers. This feeling of being an 'outsider' from my own social circles was another theme that had emerged due to my Eating Disorder. This feeling of 'difference' created a paradox as, on one hand, I often felt isolated from others, while on the other hand, as an artist, I do continue to value my independence and individuality. More broadly, the role of the artist in critiquing society may also require being, to an extent, a non-conformist (Mansouri, 2016). In contrast, it was noted that psychological disorders, especially in Western cultures, could prompt an onset of Eating Disorders because individualistic values are encouraged and those with Eating Disorders can freely pursue their values (Ruggerio et al., 2003).

5.1.3 Autoethnographic Story Construction

Every person has a life story, but the way the women tell their story: what they chose to tell and exclude, as well as the order in which they narrate their life provides an additional insight into the perspectives of women (Linde, 1993; Pinar & Pautz, 2013). My art narrative subconsciously emphasises the importance I place upon my 'accomplishments' in living with Eating Disorders and my ongoing struggles and self-sacrifice affiliated with these disorders. Analysing the various narratives in the *One Body, My Body, No Body* publication, my stories often begin with a description of a problem, then

emphasise the deprivation I felt in my various life scenarios. These accounts either express my ability to triumph despite adversarial conditions or reflect my struggles in finding hope in my life. In one of my stories, I describe the rejection from my first love as well as this experience being compounded by the psychological discomfort of being in a gendered and 'sexualised' body. My depicted visual scenes and words in *One Body, My Body, No Body* suggested that I feel like a 'victim of my illness.' That is, I often experience the world, including my peers and my own mind and body as inflicting injustice upon me and the only way for me to overcome difficult circumstances was to lose weight (Zlata, 2021).

In reflection, the content I chose to share in my artwork has never been 'positive,' even if, during the time of making my work, I had my favourite food, or attained my 'ideal body weight.' This is because I did not recall these experiences fondly. As examined throughout my fictional narratives and abjection-based works such as *Sunday Service* (2022) (Figure 21), I am flooded with memories and my phrasing of the textual narratives emphasising the traumatic experiences that remain with me. Possibly, my own artworks trigger an embodied trauma (Herman, 2015) and reliving these undesirable thoughts and emotions prevents me from experiencing happiness.

Throughout this research, I realised that while I am someone who struggles deeply with my Eating Disorders, I try to harness my struggles through my artmaking to make a broader social difference (Zlata, Artist Journal, 2020-

2022, p. 56). I noted in my publication *One Body, My Body, No Body* that to me, 'being an artist means forever exposing your wounds while at the same time trying to attend to them' (Zlatar, 2021 p. 159). As an artist, I also take on an activist role in raising awareness about Eating Disorders. This has become increasingly evident as I gain a broader international public platform through my exhibitions and educational programming, advocating for those who cannot speak for themselves through my work and my personal story. Although my artmaking does not aim to 'heal' the illness itself, it enables me to represent and process this mental illness in a separate way. In more metaphorical terms, I view my artwork's role as 'lifting all the dust up from under the rug, without sweeping it' (Zlatar, Artist Journal, 2020-2022, p. 39).

Discussing the grim reality of Eating Disorders counteracts the often highly stereotyped narrative of the mental illness being a 'young female vanity disease' (Brelet et al., 2021) by reaffirms the inner suffering that lies beneath the exterior symptoms. My artworks iterate how the body remembers and embodies the pain, even in those moments when my mind did not. In turn, my visual works serve as sensory alarm bells, alerting me and my viewers of a starved past that continuously is embedded in my healthier present self. This is made apparent through my work recalling my own past experiences as per the following journal entry:

After 9 years of undergoing medical care program of psychologists, dieticians, surgical and nurse appointments I found the treatment and appointments invasive, judgmental, and left me extremely vulnerable and misunderstood by those who were supposed to support me in the medical world. (Zlatar, Artist Journal, 2020- 2022, p. 19)

In turn, my artwork and its advocacy of humanising and personalising Eating Disorders acknowledges and reminds us of the deeper psychological and emotional issues of why depriving our bodies from food happens and why confronting own vulnerability through artworks is important.

5.2 Artist Interviews on Living with Eating Disorders

Some of the key insights on focussing on artists with Eating Disorders are that image-making process is useful in identifying and acknowledging the visual triggers for those living with Eating Disorders as well as representing the mental and emotional struggles. The process of interviewing five contemporary artists also living with Eating Disorders within this project, gave the artists-participants an opportunity to reflect upon their own visual narratives concerning Eating Disorders, alongside my own art practice.

The benefits of specifically focusing on artists with Eating Disorders is that there is a broader capacity to tap into the visual cultural readings and interpretations of Eating Disorders as a means of counteracting the often 'objective-based' clinical perspectives of the mental illness (Grynck, 2020). I found the dialogue and interviews themselves highly informative in the scope and depths in which the participants shared their own stories. The participants also were comfortable and 'naturally' inclined to tell their personal stories on Eating Disorders and recovery. Having a semi-structured interview had assisted me in creating a more 'open environment discussion' (Halek et al., 2005). The format was highly beneficial for this sensitive topic since participants could elaborate or develop their answers when suited (Irvine et

al., 2013). The interviews also provided clarity, accuracy, and responsiveness in the ways that artists chose to express their eating disorder journey (Irvine et al., 2013). Importantly, this interview process has confirmed my own hypothesis that investigating the stories of other contemporary artists with Eating Disorders would provide insight into a specific 'gap in cultural understanding' (Patton, 2002) and issues pertaining to Eating Disorders and its advocacy.

Within the interview process, I identified two key shared commonalities in the individual ways that artist-participants visually represent and communicate their struggles with Eating Disorders through their art practice; 1) the importance placed on the role of memories and visual triggers that the artist-participants addressed within their practice and 2) where the participants felt a sense of 'duty' to others and wanted the shifts to be made in Eating Disorder conversations and approaches to treatment. Importantly, the participants interpreted their accounts as embodied and internalised rather than interactional Eating Disorder experiences (Eli, 2016), belonging to subjective realms of an individual's illness. As such, their interpretations aligned with biomedical models of Eating Disorders, in which the Disorder is conceptualised as individual pathology (Holmes, 2016).

1) Artist Interview Findings: Identifying Memories and Visual Triggers within Artistic Representations

Similar to my own Eating Disorder experience, there is a commonality of the importance of memories inherent in the now recovered participants. Some of

the participants created work that focused on the societal perception of their bodies and body ideals, while others created work focusing on isolation and struggle within medical care.³⁶ Nonetheless, the commonality shared among the interviewed participants is that the body was approached as a site of remembrance, like the mind (Artist Interviewees 3, 4 Jan/ Mar 2021), where 'past and present were integrated' (Butler, 2009).

2) Artist Interview Findings: Revelations About Self and a Sense of 'Duty' To Others in Eating Disorder Conversations and Treatment

One key insight that emerged from the participant interviews, was that several artists revealed that they had a profound sense of 'duty to others' in assisting in their Eating Disorder recovery (Interviewees 1, 3, 4, 2021). Interestingly, in reflecting upon this broader sense of duty to others, this revealed a need to not only help others, but to examine their own personal experiences with the illness more deeply through art. This process of self-realisation and self-reflection is made explicit through the following interviewee observations:

At first, I talked about the topic broadly and as a generalised problem that women and society face... Now I see that subjective experiences are necessary to share, so that a vulnerable and deeper, more meaningful conversation can take place. This is where I can add my own human element to the conversation and helped people to relate to these disorders more deeply. (Interviewee 1, Oct 2021)

³⁶ Artist's artworks are broadly described, based on participants discretion for privacy.

To further contextualise, this participant initially focused on their relationship with their own experience and created works that de-identified the individual who was suffering from an Eating Disorder. Upon the participant's own reflection and the interview process as part of this study, the artist-participant has been expanding their practice to look at their own internal suffering and cultural suppression as being part of the various complex layering with Eating Disorders. More broadly, the study also illuminates the critical issue of a lack of broader public dialogue concerning the personal experiences of living within an Eating Disordered body and mind even through artistic representation.

One participant shared how her art was almost self-revealing in her performative dance, where they removed and added layers of clothing to address the experience of body dysmorphia:

By creating something that was both performative and visually pleasing allowed the audience to empathise with the work and consider the implication of mental health. The work also gave me the chance to unscramble my own destructive thoughts by performing these repetitive yet Zen-like actions. (Interviewee 4, Jan 2021)

In this light, art creation and personal narrative expression revealed to shape the artist-participant's perceptions about her mind, body and more broadly, her identity. What the artist interviews all iterated was a dire need for changing the public paradigm in its current representation of Eating Disorders.

Another interviewee from Saudia Arabia re-affirmed this premise in the following statement:

Eating Disorders must be discussed indirectly and through art because even after a proper amount of reading or research we still do not know how to deal with such people. (Interviewee 2, Dec 2021)

Using a practice-led inquiry not only serves to explore the content of their stories, but it also made it possible to examine how artists understand, construct, and narrate their memories of their Eating Disorder experiences.

5.3 Insights into Art Impact, Public Engagement and Advocacy

My creative component includes a diversity of international work including 7 group shows, 4 solo shows, 10 artist residencies, 1 artist book publication, 2 fellowships for mental health advocacy, 3 speaking engagements in conferences, 10 artist talks and over 20 community engagement workshops (See further details in Appendix 6). The rationale and findings for undertaking so many exhibitions and public engagement activities during my doctoral research was due to a genuine need for authentic representations of Eating Disorders across many local and global communities. For example, I received high international interest through mental health networks and arts spaces, resulting in a sustained public awareness and demand for improving social understanding of Eating Disorders. In further reflection, I have found that by making the research public, whether through exhibition and/or through public artist workshops and presentation programs, it allows the study to make a much broader societal shift that is beyond the individual researcher's intended goals (Gilmore, 2009; Lim & Mohamed, 1999). It is particularly the public engagement activities affiliated with this project that have assisted in this research receiving international interest and ongoing traction.

The significant impact from the project is testimony to not only the research needs among diverse communities, but also the extent of work done to date

in reframing our understanding of Eating Disorders. I approach my research as not a one-time exhibition, but as an ongoing series of exhibitions that continue to raise public awareness of Eating Disorders as a key mental health issue. By empirically examining the mechanisms through which art may bridge knowledge systems, I can bring about cultural and social change (Rathwell & Armitage, 2016). Both the process of artmaking and the final works address Eating Disorders through symbolic manifestations and skill development, such as escapism, coping mechanisms, and visual communication. By creating mobile and adaptive objectives, the works and exhibitions serve as a shared reference point, connecting diverse social worlds (Rathwell & Armitage, 2016). My results are indicative of how my art practice and artistic processes can bridge knowledge systems across art and health fields, and in so doing contribute to Eating-Disorder advocacy.

The exhibitions, including *The Starving Artist* (2022, Arthouse Jersey and 2021, Art House Holland), *Food: Recipe or Remedy* (2022, Royal College of Physicians of Edinburgh), and *Look Up* (2021, Aspex Gallery) (Appendix 6), exemplify my extensive research advocacy for Eating Disorders on a large scale. My project's impact can be exemplified via having over 10,000 people attend my exhibitions and events as well as having over 100 sales of my artist book publication *One Body, My Body, No Body* (2021), with the proceeds all going to *The Starving Artist Fund* that helps people access Eating Disorder treatment who are in financial need. The impact of the project is testimony to not only the research needs among diverse communities but also the depth

of work now being done in reframing our understanding of Eating Disorders. I have utilised both my art and my lived-in experiences to help redefine how people can contribute to the current systemic issues in addressing and treating Eating Disorders.

The Art House Jersey exhibition attracted over 200 visitors in its first week. Audience engagement data was collected through verbal feedback, social media, and guest book entries. Comments in the guest book highlighted the unique insights provided by the exhibition experience. Notably, had a profound impact on those without personal experience of the illness, expanding their understanding of it (Figure 45).

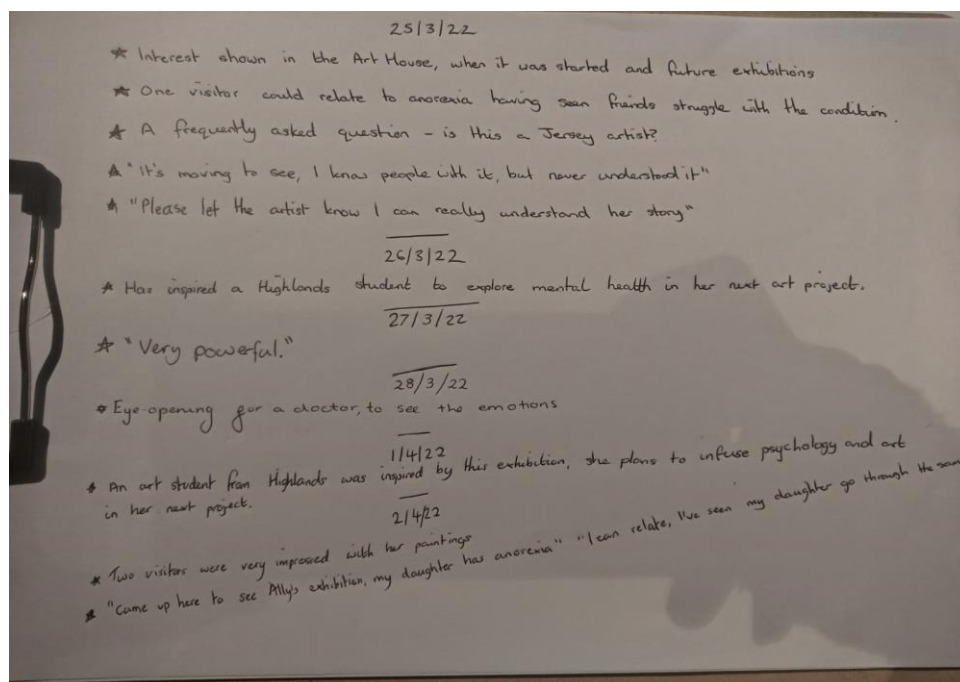


Figure 45. Guest Book Notes, Art House Jersey, Notebook, 8x10 inches, 2022.

5.3.1 Exhibition Impact

To explore in more detail of the impacts of the exhibitions themselves, the first instalment of *One Body, My Body, No Body* as a solo exhibition was featured at Art House, Holland in October 2020. Further exhibition iterations, due to gallery and public interest, included Art Dreams Foundation in London, United Kingdom 2020, The Hearld in Glasgow, Scotland 2021, and Art House Jersey, Channel Islands, UK in March 2022 (See full list in Appendix 6). The exhibitions documented the autoethnographic journey of my Eating Disorder experience and in turn, gave the audience a glimpse into the reality of living with an Eating Disorder. More specifically, the exhibition captured my findings of expanding the current narratives to highlight lived-in experiences and my other key finding of having deeper discourse around the reality of Eating Disorders. This was achieved through putting my personal struggles and experiences combating Anorexia and other Eating Disorder at the forefront of my work. This is made evident by the exhibition consisting of over two dozen artworks and each painting divulged into profound emotions and immense difficulty living with an Eating Disorder. This instalment aimed to create an immersive and intimate viewing experience for the audience.

Across the durations of my public engagement, people were not only more receptive to Eating Disorder struggles but empathised with the pain and the illness more deeply because of the work and its presentation. Some of the images contained glimpses into some of my darkest moments of suffering from my Eating Disorder to shed light on the depths of the struggle. These

counteracted the dominant narratives of Eating Disorder imagery in the media by representing Eating Disorders in personal, day-to-day contexts. It allowed viewers to intimately engage with the work as though they were encountering someone's personal visual diary works. The artwork needed to be experienced in this way within the gallery setting, to convey a sense of sincerity and authenticity and in turn, to be fully understood and appreciated by its audiences. One finding was that my work moved away from the focus on the physical body and aimed to visually express the internal struggles, allowing people to reflect upon the complexity of psychological states associated with Eating Disorders. The works achieved this through my often 'raw' imagery of key moments in my life that I had struggled the most with Eating Disorders.

Similar to the Confessional Art genre discussed in *Chapter 2: Literature Review*, the exhibition used personal objects displayed alongside the artwork, to give contextual insight into my lived-in experiences through the daily handled objects themselves. For instance, in the series *I Can't Do This Anymore (2020)*, (Figure 34), featured the struggles of the monotony of my daily working out. In turn, I had my equipment nailed to the walls, and my yoga mat and worn-out sneakers hanging beside the paintings. In my artist journal, I stated that 'I felt as though time is catching up with me, and I am so exhausted' (Zlatar, Artist Journal, 2020- 2022, p. 8). By sharing segments of this struggle, it allowed audiences to better understand the immense toll taken on my mind and body to keep aspiring in achieving a distorted perception of thinness.

Another example was displaying my actual medicine bottle as a 'prop,' beside my paintings. As an installation, the work addresses the concern that the damage my laxative abuse has done to me (Figure 46). If I were to remove these items from that space, it would contextually abstract the subject matter. In other words, by exhibiting the used bottles that I used in my daily life, it makes the art viewing encounter *real* and humanises the experiences through the emphasis on daily living. The findings deriving from this addition was that audiences got to see my personal prescriptions, they formed a deeper bond not just with the artworks but with my personal story. In turn, I assert that the installation of my artworks was site-specific. As Nick Kaye (2022) iterates 'to move the site-specific work is to replace it, to make it something else' (p. 2). In having the exhibitions create a site where people felt that it was safe to explore Eating Disorder conversations as well as provide the contextual support through art, to also challenge outdated perceptions about Eating Disorders.



Figure 46. Stills from exhibition 'One Body, My Body, No Body.' Art House Holland, Installations, 2m x 0.5m, 2020.

The installation of my overall exhibition has been theoretically, conceptually, and visually informed. The ambience of the space was influenced by Pipilotti Rist's Himalaya's *Sister's Living Room* (2000), where she conceived of a dreamlike, installation space as a place to explore the hidden elements of the feminine self and make the private experience public. In this way, I decided to reveal my most hidden Eating Disorder thoughts, memories, and anxieties via my personal objects alongside my artworks to reaffirm that it is not just an abstract or idealised illness but an authentic illness that is embedded in daily life (Mann 2004).

Amidst the COVID-19 pandemic in March 2021-December 2021, isolation and the experiences of mental health were incredibly difficult for everyone. *Together* (2020, London, UK) was an exhibition during Disability Month, that highlighted my experiences as an artist with Eating Disorders, within the COVID-19 pandemic context. During a live discussion at the exhibition, an audience member shared their experience with an Eating Disorder and life in general as a disabled person in a wheelchair. It was incredibly hard for them to even get basic groceries. This difficulty has further increased during the COVID-19 pandemic with broader limited food accessibility, which in turn, heightened the Eating Disorder scarcity mindset for them (Zlatar in conversation with Dr Ju Gosling, 2022). More broadly, this conversation made apparent how Eating Disorders as form of a disability were and still are rarely

talked about (van Hoeken, 2020). Creating inclusive spaces for Eating Disorder conversations (physical support, digital access and assisted public programming) aided to edify and advocate for the diversity of the experiences, especially as in this case which explores the intersectionality of Eating Disorders and other disabilities.

5.3.2 Artist Book Publication

Eating Disorders are a global issue, and evidently global change is required (van Hoeken, 2020). The project's findings reaffirmed how not only was this an issue faced by many Western Cultures, but an issue that is incredibly complex, diverse, and widespread (Watson et al., 2012). Multi-modal engagement through contemporary art allows people who are in restricted circumstances (such as digital exhibitions, e-workshops, and video streaming) to engage in the work and experience it in the format that suits them the best. *One Body, My Body, No Body (2021)* is an artist book, I created contextualising my research and serves as an accessible educational tool in informing and raising awareness about Eating Disorders within the arts as well as demonstrating the way in which art can serve in re-aligning the mainstream representations of 'body ideals' through its visual modality (Ewing, 2011; Spence & Gwinner, 2014). Based on my research, exploring a diversity of modalities creates inclusive discourse for people to voice their Eating Disorders experiences. My artist book publication has been useful in counterbalancing the often-detached uni-dimensional 'clinical' perceptions of the illness (Druzenko & Voloder, 2014).

Despite public health initiatives such as 'body-positivity' campaigns (Zavattaro, 2021), health promotion and therapy in schools (Guinzbourg de Braude et al., 2021), there are limited resources available to the public, and these are often distributed inadequately (Reid & Burr, 2010). I created *The Starving Artist Scholarship Fund* in 2018 to provide financial assistance for individuals who need in-patient or partial hospitalization treatment for Eating Disorders. This advocacy work further amplifies one of my key aims of the research which is the power of art in change-making for Eating Disorders. I passionately believe that treatment in all forms is crucial to addressing this illness. Kaimal (2020) iterated that when we integrate traditional medical practices with creativity to support mental health it can help foster a more in-depth treatment. A mixed approach addresses current systemic cracks, through individually tailored recovery paths (ibid.). The book has sold out and is now available to print on demand. The book was accepted into over twenty university libraries worldwide which gives it permanence and accessibility for people to engage with the content in an academic context. Furthermore, I had the opportunity to give a *TEDx* Talk at the University of Stirling with the foundation of my doctoral research into art-activism (Nov. 2022). My advocacy work has also been recognised as I was honoured to be the recipient of the *Princess Diana Legacy Award (2021)* and *The British Citizen's Award (2022)*.³⁷ Both awards acknowledged the immense amount of effort

³⁷ The Princess Diana Award specifically honours young changemakers on behalf of her majesty (Princess Diana Award, 2022) and The British Citizen's Award honours those who have made an impact on UK society (British Citizen Award, 2022).

and innovation throughout *The Starving Artist* (2017 to present) initiative on a national and global scale. These accolades reinforced the institutional as well as wider public credibility and recognition of my work, as a young researcher, in raising greater awareness around Eating Disorders and innovatively using art as a form of activism to create systemic change.

5.3.5 Artist Residencies

An 'artist residency' often invites art practitioners to have time and space being immersed in a new socio-cultural environment that is mutually beneficial to the gallery and artist. Often Artist Residencies allow for experimentation as they have 'an open and fluid concept,' encompassing 'a broad spectrum of activity and engagement' done with the host organisation and communities (European Commission, 2014, p. 9). During this doctoral period, I was privileged to attend eleven residencies across the globe ranging from countries such as Serbia, Netherlands, United States, and the British Channel Islands (See full list in Appendix 6). The residencies fostered a wider cultural awareness, and I had many conversations with locals and artists on their experiences with mental health and the diversities of struggle. I recall one conversation in which I got to explore Eating Disorders and the female body in my residency with The Nanjing City of Literature and UNESCO in Nanjing, China (Figure 47). I spoke with academics at the Nanjing University to discuss more about the diversity of the lived-in female experience. One person I spoke to said:

Our bodies are not our own, but for our families, our community, and our occupations, with that comes immense pressure to maintain honour, that led me down a very dark path. (Gao in conversation with Zlatar, Nanjing City of Literature Discussion, 2021)

These experiences furthered the idea of how multi-dimensional, non-binary representations of Eating Disorders can be achieved, as these are often interconnected with an individual socio-cultural background. For myself, my Eating Disorder was often an internal coping mechanism when I had no control on my life. Whereas in this case, my colleague in Nanjing, developed hers to maintain a cultural & social honour associated with the female form. These brief cultural experiences furthered reaffirmed my *Chapter 2: Literature Review* in which the diversity of experiences needs to be further iterated through the countless voices that go untold through the mainstream representations of Eating Disorders.



Figure 47. Still from *Nanjing Dialogues*, Nanjing, Photography, 2021, Image Credit: Nanjing UNESCO City of Literature.

When I attended Art House Jersey in March 2022, the organisation reached out to local schools, Eating Disorder charities and community groups to invite them to attend my events which created untapped networks for them and brought new audiences into the gallery. Highlighting one of the most pivotal outcomes which was how art spaces and conversations were a site for planting seeds that could develop into plant forms that reach each communities' issues. At the time of my Jersey residency (2022), a young female student committed suicide. This small island community needed a way for people to channel their grief and have more conversations around the severity of mental health matters. During my time there, I focused on art as a form of expression, and way to engage in my own observations of the community's struggles with their loved ones and within themselves. My work

and engagements (talks and workshops) helped not only the youth in the schools I visited, but also for many parents, and loved ones to channel their own thoughts and experiences through the art making process. Residences to me, are a starting point by setting out a framework within the art can start to be formulated and engage with a global audience. Not only did my participation create lasting relationships with organisations and communities but addressed areas where art can impact individual 'life' and add value to their lives and the society itself.

5.3.6 Public Works

One of my project's aims was to address the gaps in Eating Disorder conversations by taking them outside of traditional clinical contexts. In 2021, I participated in *Aesthetics* exhibition led by Convenience Gallery, and the National Healthcare Service (NHS) to create resources for personality disorders, called Flex PD.³⁸ The impact of my work was included in creating tailored support and bespoke art based-educational resources that shape change in medical treatment plans with sharing my personal narrative and paintings. Similarly, new public-art installations for Leicester, Manchester, Portsmouth, and Berlin as part of Journeys Festival International 2021 (15 – 24 October 2021) communicate Eating Disorders to mainstream audiences after

³⁸ I was chosen for my work given my experience of living with an Eating Disorder as a disability.

the pandemic.³⁹ This project challenged me to make art that was contextually site-specific. For instance, *Popping Pills, Popping Bills* (2021) was plastered on billboards across Manchester (Figure 48). Eating Disorders are such an intimate and secluded secret but, by putting my art in public spaces like grocery store parking lots and high streets the work boldly confronted people outside of the gallery setting and fostered conversations that are site responsive and more directly engaging with people's daily lives.



Figure 48. Still from *Journeys Festival Installation*, Manchester, Photography of Installation, 2021, Artwork by: Alexandria Zlatar, Image Credit: Drew Forsyth Photography.

5.4 Recommendations

Upon reflection of the research findings, three key recommendations emerge. 1) It is imperative to prioritise individuals with lived experiences in

³⁹ Phillipou (2020) states that throughout the COVID crisis there was a drastic increase in Eating Disorder tendencies within ED populations. In addition, within the public surveyed, there was an increase in Eating-Disordered behaviours including restricting and binge eating.

direct engagement with patients during medical conversations, as their authentic perspectives provide genuine representations of mental health conditions. 2) There is a pressing need for more genuine and diverse visual depictions of Eating Disorders, particularly in the realm of social media. As it is crucial to recognise art as an invaluable tool for comprehending the profound complexities of mental illness. 3) Adopting a holistic and personalised approach to care that complements medical treatments for Eating Disorders is essential. Considering these recommendations, it is important to acknowledge the existence of unresolved inquiries, such as the role of medical professionals in Eating Disorder recovery. How can medical treatment programs and arts organizations enhance their effectiveness in incorporating the perspectives of individuals with lived experiences?

5.4.1 Recommendation 1: Inclusion and Foregrounding of Lived-in Experiences as a Source of Knowledge in the Treatment of Eating Disorders

A significant finding in this study is that there has been a lack of genuine understanding of Eating Disorders among both the public and experts in the fields (Strother et al., 2012). Most commonly, Eating Disorders are approached and represented via clinical outsider-research perspectives or lived experiences are tokenized (Sassenrath et al., 2017). I conclude that this lack of insider-researcher and lived-in knowledge has been detrimental in its representations of Eating Disorders and has resulted in a lack of understanding of the broader public do not understand struggle which invalidates individuals

and hinders the approaches to people sharing their stories. The predominant lived-in experiences that get told are stereotypes 'thin, pretty girl' disease media, memoirs, and art. In turn, the project's particular focus on artists living with Eating Disorders as artists can play beneficial in providing insider-researcher perspectives on Eating Disorders. Creating artworks and developing my own personal narrative help to convey to the broader public what the embodied Eating Disorder experience may be like (Sullivan, 2005). Art has the potential to humanise mental illness, specifically Eating Disorders, by eliciting empathy and understanding from the public. Through my journey, I have gained valuable insights into the profound nature of these illnesses and their impact on my identity and well-being. By prioritising the inclusion of lived-in experiences in discussions surrounding Eating Disorders, we can challenge prevailing misconceptions and biases that persist in medical and societal contexts.

5.4.2 Recommendation 2: More Authentic and Diverse Representations of Eating Disorders within the Media and Social Spheres

As this research project indicates, there appears to be extraordinarily little effort to share beyond the stereotyped Eating Disorder experiences (Brelet et al., 2021). Social spheres and mainstream media should strive to include more substantial integrity and self-reflective efforts and representation. Media needs to also advocate for more diversity groups living with Eating Disorders as a mental health matter (Spettigue & Henderson, 2004). By promoting non-

binary discourse, it can assist in edifying diverse identity formation and to reconstruct and define self-image. Some suggestions for application include lived-in experience specialists, and art curriculums in educational and media spaces to help properly inform and engage in these topics.

it is important for public institutions and media industries to offer content that explores the formation of self-image, identity, gender roles, and racial and ethnic roles (Howansky et al, 2022). This can help equip wider audiences with the skills needed to avoid stereotyping and role-casting. Fostering voices that defy traditional perceptions of the suppressed female body and creating art and educational content can empower individuals to discover their unique voices and use them. It is crucial to listen to and support the liberated voices of those who challenge society's perpetuated vision of thinness, as this is an ongoing battle that requires continuous nurturing and care.

5.4.3 Recommendation 3: Art as a Pivotal Tool for Understanding the Complexities Within Eating Disorders for Art World

The research reaffirms that not only is there a dire need for artistic voices (as seen from the numerous public engagement events and public acknowledgments). Art should be used as tool to hone and develop artistic voice to aid our peers in their recovery journey and in openly discussing how Eating Disorder illnesses can affect the human condition (Rathwell & Armitage, 2016). The artworks and exploration of my autoethnographic stories

indicate that a lot of what I discovered through self-reflection was a result of my artmaking. Such reflections contribute to the otherwise often clinical and rigid recovery treatment received in the health field. As for the arts community, galleries, museums, arts programming, these institutions have a responsibility to help portray this illness as authentically as possible, including gender, race, and class diversity. Art should become a pivotal (activist) tool in advocating for Eating Disorders and by engaging in the overall complexities of Eating Disorders can allow for a greater understanding of the mental health illness (Campbell & Burgess, 2012).

The artistic voice has so much potential to contribute to our understanding of mental health and what I hope is that going forward galleries and museums will not shy away from these difficult subjects but advocate for them. There is a duty as educators and cultural hubs to handle them with the care and sensitivity they need, especially to the public. As Kubarek and Trainer (2015)

iterate:

Museum educators today operate in an outcomes-based work environment, one riddled with accountability and pressure to demonstrate impact to their communities, learners, and supporters. In addition, museum educators have increasingly incorporated reflective practice into their work to understand their craft more holistically and to refine their practices. (p. 3)

Arts professionals have both a duty and accountability to be as involved in this discourse and provide reflective processes and practice in addressing Eating Disorder issues. Often though many steer clear from these as they may be triggering, but through the work today see how impactful art can be in this

conversation. Lastly, we need the individual voices to be heard and galleries can facilitate a 'safe space' for conversations around Eating Disorders. What makes my research unique was that my positioning was able to examine, create and share the depth of the Eating Disorder experience with the public. However, my voice is not the only one that needs to be heard. There is no quick fix to Eating Disorders as they are deeply embedded in the individual and art galleries as large institutions can provide more sustained support. Galleries and museums offer an opportunity to present new narratives about Eating Disorders (Millett-Gallant, 2010). Those living with Eating Disorders need to be treated with the utmost severity and respect. Not all experiences are the same. Yet, they all share a common struggle; that they do not choose to suffer, but they do.

5.4.4 Recommendation 4: Holistic and Individual Care Approach in Eating Disorder Treatments

As an artist-researcher, I uncovered a lot about myself through this autoethnographic and reflective practice. I did not necessarily partake in a healing journey but felt strong indication of growth and self-awareness. The way I framed my works seemed to indicate that at first, I had recovered, but as my stories unfolded, I still had strong indications that I was *still* unwell. Despite my self-awareness of my thoughts being incoherent or distorted and delusional, I am still able to comprehend them and critically examine them with the attention and care they need (Zlatar, Artist Journal, 2020- 2022 p. 26).

This personal development has provided insights into how the arts can benefit and support current medical Eating Disorder treatments. Eating Disordered individuals have been labelled as being 'mentally unfit' and been sent to mental institutions since the nineteenth century (Brumberg, 1998; Ciciurkaite & Perry, 2018). Hopefully, medical practitioners can include insider-researcher journeys as a testament to countering the current perception that people who live with illnesses such as Eating Disorders are reduced to their diagnosis. From my experience and research by Fred Pelka, those with Eating Disorders and other disabilities are seen as 'unfit to function' or unable to contribute to the discourse, which has been a highly exclusionary practice and hinders progressive treatment (2012).

Treatment and recovery centres help people recover rely primarily on medicinal and psychological treatment while limiting the role of art in the ability to impact people's recovery and understanding of their Eating Disorder (Strober, 2004). To fully recover the first steps is to fight the societal standards and regain individual voices through the recognition and acceptance of self as being imperfect, realising they still have much to offer to the world as flawed but valuable human beings. Both exploring the CHIME recovery model (Hurst et al., 2022) and Patient-centeredness could coincide with art-based approaches. Patient-centeredness is an approach put forward by Saha et al., (2010) in which the contextual framework for recovery is centred around individual needs and interpersonal dialogue between all members affected. CHIME Recovery model incorporates elements of personal recovery through

optimism, hope, and making meaning as forms of empowerment (Hurst et al., 2022). I think for myself, and countless others, recovery treatment was not how I found my voice, instead I suppressed and labelled myself through my diagnosis (Zlata, Artist Journal, 2020- 2022).

It was through my art that I gained strength and we need to foster diverse outlets to recovery to help people to recover by drawing upon their own inner strength and change their perception of themselves. Medical institutions can provide their students with the knowledge and tools necessary to form an individualised voice, more guest speakers, listening to patient interviews and working with the patients are all impactful suggestions. The scope of such an analysis could go beyond behaviour practices between staff and patients but could extend to hiring practices of personnel by placing more arts-based staff in the treatment team.

5.5 Conclusion: My Reflections

My objective in this study was to explore the extent that contemporary art concerning Eating Disorders can enlighten us about perceptions of self-identity within a broader context of mental health and wellbeing. This was done by specifically, examining: (1) the role art has within Eating Disorders discourse; and (2) the lessons about self-perception as an artist insider researcher. As discussed in the findings, creative expression has played a pivotal role in this discussion. Art for me personally, has been a powerful tool in communicating at times when I was often too afraid or unable to effectively

express how profoundly my feelings and experiences were regarding the impact of an Eating Disorder on my life. Upon analysing the artist interviews, experiences in artist residencies and discussions, I concluded that art can be a vital role in lived-in experiences of mental health but finding an appropriate method of self-examination of Eating Disorder is key. Exploring individual creative voices can help others to deeper explore their bodies and illnesses on their own journeys of uncovering. However, it may not be through art, but through the investigation into self-oriented embodied experiences of Eating Disorders, it can help create genuine self-reflection and change with an individual.

5.6 Final Remarks

The last work I wanted to share is an anecdotal piece titled *The Bones of Paradise* (2021), (Figure 49). It is an autoethnographic representation that is interwoven with the research aims and embodies the core of my Eating Disorder experience.



Figure 49. Alexandria Zlatar, *The Bones of Paradise*, Acrylic, 4 x 6 inches, 2021.

The work has an alluring essence that attracts people to both the paintings and to the illness. I would like to provide my final remarks considering this work through my following journal reflection:

In the first instance, Eating Disorders may seem so 'simple': Just someone trying to cut calories. Just someone trying to be thin. Just someone trying to exert mental control over their lives. However, when the beautiful facade of paradise fades and the person realises, they have become entwined with the illness, they cry because they are trapped. Then the Eating Disorder cries because they are not getting thinner. The girl and skeleton both cry because they are not getting what they want. The girl and the skeleton want to be happy, and they want to live in paradise, but they know it cannot happen. Instead, all they can do is cry. She has become inseparable from the Eating Disorder, and it feels like there is no escape. There is an immense amount of grief and sadness in the person because of the loss of their freedom, loss of their value, and true loss of themselves. For those who have recovered, or who have not had this illness I urge you to help those in your life who are enduring this illness. Eating Disorders are not a paradise, but it is a penitentiary of one's own making. (Zlatar, Artist Journal, 2020-2022, p. 88)

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APPENDICES

Appendix A: Ethics Confirmation

[RIMS] USQ HRE - H20REA189 - Ethics Application Approval Notice (Expedited Review)

human.ethics@usq.edu.au <human.ethics@usq.edu.au>
To: U1126668@umail.usq.edu.au, Beata.Batorowicz@usq.edu.au

Sun, Sep 27, 2020 at 9:56 PM

Dear Ally

I am pleased to confirm your Human Research Ethics (HRE) application has now been reviewed by the University's Expedited Review process. As your research proposal has been deemed to meet the requirements of the National Statement on Ethical Conduct in Human Research (2007), ethical approval is granted as follows.

Project Title: H20REA189 - The Starving Artist: Understanding Eating Disorders through Contemporary Art

Approval date: 28/09/2020

Expiry date: 28/09/2023

USQ HREC status: Approved with conditions

- (a) responsibly conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal;
- (b) advise the University (email: ResearchIntegrity@usq.edu.au) immediately of any complaint pertaining to the conduct of the research or any other issues in relation to this project which may warrant review of the ethical approval of this project;
- (c) promptly report any adverse events or unexpected outcomes to the University (email: ResearchIntegrity@usq.edu.au) and take prompt action to deal with any unexpected risks;
- (d) make submission for any amendments to the project and obtain approval prior to implementing such changes;
- (e) provide a progress 'milestone report' when requested and at least for every year of approval;
- (f) provide a final 'milestone report' when the project is complete.
- (g) promptly advise the University if the project has been discontinued, using a final 'milestone report'.

Additional conditions of approval for this project are:

- (a) Nil.

Please note that failure to comply with the conditions of this approval or requirements of the Australian Code for the Responsible Conduct of Research, 2018, and the National Statement on Ethical Conduct in Human Research, 2007 may result in withdrawal of approval for the project.

If you have any questions or concerns, please don't hesitate to make contact with an Ethics Officer.

Congratulations on your ethical approval! Wishing you all the best for success!

Kind regards,

Human Research Ethics

University of Southern Queensland
Toowoomba – Queensland – 4350 – Australia
Ph: 07 4687 5703 – Ph: 07 4631 2690 – Email: human.ethics@usq.edu.au

This email (including any attached files) is confidential and is for the intended recipient(s) only. If you received this email by mistake, please, as a courtesy, tell the sender, then delete this email.


The views and opinions are the originator's and do not necessarily reflect those of the University of Southern Queensland. Although all reasonable precautions were taken to ensure that this email contained no viruses at the time it was sent we accept no liability for any losses arising from its receipt.

The University of Southern Queensland is a registered provider of education with the Australian Government.

(CRICOS Institution Code QLD 00244B / NSW 02225M, TEQSA PRV12081)

Appendix B: HDR Library and Information Tutorial Confirmation

HDR Library & Information tutorial Inbox x 🖨️ 📧

 **Research Support Team** <ResearchSupportTeam@usq.edu.au> Mon, Feb 24, 11:47 PM (3 days ago) ☆ ↶ ⋮
to U1126668@umail.usq.edu.au

To Ally Zlatar

Please consider this email official notification of your successful completion of the HDR Library & Information tutorial.

Well done and good luck with your confirmation!

Kind Regards,

Emma Peters
Senior Library Officer | Research Support | Library
T: +61 7 4631 1840
E: emma.peters@usq.edu.au
Library Services | Education Portfolio
University of Southern Queensland | Toowoomba, Queensland | 4350 | Australia

This email (including any attached files) is confidential and is for the intended recipient(s) only. If you received this email by

Appendix C: Questions for Artist Interviews

INTERVIEW GUIDE

These will be the potential questions to guide the questioning to allow for natural and richer answers.

Name:

Age:

Location:

Gender:

Eating Disorder Diagnosis and received treatment for disorder:

Participation in Eating Disorder Treatment:

Your Story

- What is your personal story about your eating disorder?
- Why did you wish to share your story?
- How do you think it has impacted your perception of self and your identity?
- Where are you on your journey now?
- Is there a moment or memory that really resonates with you?
- How has it impacted your relationship with others?
- What do you think was one of the challenging aspects of living with illness?
- How did you “recover,” or develop a better relationship with your illness?
- Has art impacted this journey?

Artist Practice:

- What do you think other people should know about what it is like to live with an eating disorder through your practice?
- How has your illness impacted your work?
- What role does your eating disorder play in your art?
- What ways does your art assist/ challenge the eating disorder?
- Do you have any art examples or art pieces that resonate strongly with you?
- Creatively, has it inspired you, or has it hindered you?

Self- Focus Questions:

- In your opinion, what does it mean to live with an illness?
- How has art impacted your recovery journey?

Current Public Paradigm of Awareness:

- If your art could change one thing about the public perception of eating disorders, what would it be?
- Are there any suggestions you would like to see changed in public awareness of eating disorders, primarily in the art world?

Optional Follow Up Questions:

- Since we last spoke, have you thought anymore about your relationship with eating disorders?
- How has your art practice been since the initial interview (i.e., has it changed/ not changed in any way)?
- How have any projects developed?
- Is there anything else you would think would be important or would like to discuss about yourself/ your experience or your art practice?

Appendix D: Information Document



Participant Information for USQ Research Project Questionnaire

Project Details

Title of Project: The Starving Artist:
Understanding Eating Disorders through Contemporary Art
Human Research Ethics Approval Number: H20REA189

Research Team Contact Details

Principal Investigator Details

Miss Alexandria Zlatar

[Supervisor Details / Other Investigator Details]

Professor Beata Batorowicz

Description

This project is being undertaken as part of Doctorate of Creative Arts Program.

The purpose of this project is to explore the significance the artistic voice and how it can contribute to our understanding of eating disorders.

The research team requests your assistance because we seek to understand how current artists are exploring body image and mental illness in their works.

Participation

Your participation will involve completion of an online questionnaire that will take approximately 30-60 minutes of your time.

Questions will include how artists use their art to express their lived in experience with a mental illness and how art can impact the current conversations around eating disorders.

Your participation in this project is entirely voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. You will be unable to withdraw data collected about yourself after you have participated in this questionnaire.

Your decision whether you take part, do not take part, or to take part and then withdraw, will in no way impact your current or future relationship with the University of Southern Queensland.

Expected Benefits

It is expected that this project will directly benefit you as it gives you an opportunity to discuss your artist practice and contribute to the eating disorder community at large. There are no financial rewards or other incentives will be offered.

Risks

In participating in the questionnaire, there are minimal risks such as, being triggered by the questions and eating disorder subject matter.

Sometimes thinking about the sorts of issues raised in the questionnaire can create some uncomfortable or distressing feelings. If you need to talk to someone about this immediately, please contact your nearest resource (some attached below). You may also wish to consider consulting your General Practitioner (GP) for additional support.

Global Referral Service for Eating Disorders:

United Kingdom: Helpline for Eating Disorders

Helpline: 0808 801 0677

Studentline: 0808 801 0811

Australian: Butterfly National Foundation

Website: thebutterflyfoundation.org.au

Support services (available Monday–Friday):

Telephone: 1800 33 4673 (8 am – 9 pm)

Text-based chat via the website (8 am – 9 pm) or

Email: support@thebutterflyfoundation.org.au at any time.

North American: National Eating Disorder Information Center:

Toll-Free: 1-866-NEDIC-20

Email: nedic@uhn.ca

Chat: nedic.ca

Speak to a member of our team if you need, we have a licensed Psychologist available if you would like to debrief or have any concerns. Please email for more details.

Page 2 of 3

Privacy and Confidentiality

All comments and responses will be treated confidentially unless required by law.

The names of individual persons are not required in any of the responses and are welcome to fill it out anonymously.

Include a statement to indicate whether a participant's data will be made available for future research purposes (whether for similar projects only or for full unspecified use) and specify what form the data will be stored and shared (identifiable, re-identifiable, non-identifiable).

Participants will be provided with their copy of the questionnaire and can access project summary via contacty the researcher directly for summary of artist interview results and are welcome to attend any exhibition based on the researcher's findings.

Any data collected as a part of this project will be stored securely as per University of Southern Queensland's [Research Data Management policy](#).

Consent to Participate

The return of the completed questionnaire is accepted as an indication of your consent to participate in this project. Participants are required to return the completed questionnaire via email directly to the researcher only.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information.

Appendix E: Consent Form



Consent Form for USQ Research Project Questionnaire

Project Details

Title of Project: **The Starving Artist: Understanding Eating Disorders in Contemporary Art**
Human Research Ethics Approval Number: **H20REA189**

Research Team Contact Details

Principal Investigator Details

Miss Alexandria Zlatar

Professor Beata Batorowicz

Statement of Consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project. Yes / No
- Have had any questions answered to your satisfaction. Yes / No
- Understand that if you have any additional questions you can contact the research team. Yes / No
- Are over 18 years of age. Yes / No
- Understand that any data collected may be used in future research activities related to this field. Yes / No
- Agree to participate in the project. Yes / No

Participant Name

Participant Signature

Date

Please return this sheet to a Research Team member prior to undertaking the questionnaire.

Appendix F: Online Portfolio

The Creative Portfolio is available online at: <https://allyz.cargo.site/Doctoral-of-Creative-Art>

Here is where the research is documented and provides backdrop context to the research done.

The Starving Artist Website is available online at: <https://starvingartist.cargo.site/> and <https://starvingartist.cargo.site/public-engagements>

Here is where the Th Starving Artist Information is documented and provides public oriented webpage for the initiative.

Full List of Initiatives

Speaking Engagements

2022

Judge | Global Good Awards
Speaker | Scottish Parliament: Holyrood Evidence Week
Speaker | Jersey College For Girls
Speaker | Le Rocquier School
Speaker | JEDS: Jersey Eating Disorders Support Charity
Speaker | Talking EDs: Eating Disorder Support Service Scotland
Speaker | Eating Disorder Therapist Networking Group
Podcast Guest | BBC Sounds "Ally Zlatar bringing her 'Starving Artist' exhibition to the island "
Panellist | Artsidize: Making Artistic Innovations Count for Empowerment, Artdialogo Asia
Speaker | Career Lounge: Health & Social Care, Diana Mentoring
Podcast Guest | The Tomato Timer #058 ft. Ally Zlatar
Speaker | Conversations for Change: Authenticity & Vulnerability in Activism

2021

Speaker | Spectrums of Hope- World Children's Day, Artdialogo Asia
Speaker | Art and Activism Workshop- Diana Award
One Young Person, One Member of Parliament, One Hour | Glasgow Central MP
Speaker | "The Starving Artist" Institute for Feminist Legal Studies, York University
Speaker | Association of Academic Museums & Galleries Conference "Health & Wellness"
Speaker | British Museum's London Drawing Group: Feminist Lecturer Series
Speaker | Together! Disability Month Festival for "The Starving Artist"

Awards

British Citizen's Award 2022
CeeD Awards Young Person of The Year 2022 | Finalist
Princess Diana's "Legacy Award" 2021
Princess Diana's "Diana Award" 2021
Independent Artist of The Year | Corporate Livewire Global Awards 2021-2022

Fellowships

York University | Institute for Feminist Legal Studies, Osgoode Hall 2021
Orygen | Youth Mental Health Fellowship 2022

Artist Residencies

Main Themes: Creation (C), Public Engagement (PE), Research (R)

2022

Art House Jersey (PE)

2021

Nanjing, China UNESCO City of Literature Writers Residency (C, PE)

100 Agents of Change, In Place of War, UK (R)

Art-Reach Trust: Look-Up Residency Portsmouth, UK (C, PE)

Belgrade Art Studio Belgrade, Serbia (R)

Artdialogo British Council: Articulate Programme (C, R)

North Louisiana Artist Residency (North Central Louisiana Arts Council & Ross Lynn Charitable Foundation) (C, PE, R)

2020

Holes in the Wall Collective, New York (C)

Arthouse Jersey Retreat, Jersey UK (C)

Arthouse Holland, Netherlands (C, PE)

Art Dreams Foundation, London (PE)

Exhibitions

Image Gallery and Didactic Texts: <https://starvingartist.cargo.site/public-engagements>

Food: Recipe or Remedy, Edinburgh, Royal College of Physicians, Apr 2022- Jan 2023

Artist Residency and Exhibition Art House Jersey, Jersey, UK Mar 2022

The Body Room Gallery Asna, Clonakilty Arts Centre, Cork, Ireland, Mar 2022

Safeline UK Artist Showcase, Warwick, England 2021

Gender Now, Golding-yang Art Gallery, Morehead State University 2021

World of Women's Resistance, Institute of Feminist Legal Studies: York University, Canada 2021

Aesthetics NHS, Open Door Charity, & Convenience Gallery Flex PD. Birkenhead, UK. 2021

Fak'ugesi African Digital Innovation Festival, Exhibition Johannesburg Oct 2021

Journeys Festival International, Leicester, Manchester, Berlin & Portsmouth 2021

Look Up Aspex Gallery, Portsmouth, England 2021

Art of Caring St Georges Hospital, Group exhibition, London, UK May 2021

D17 Day of Remembrance Exhibition SWOP (Sex Workers Outreach Project) Brooklyn NY 2020

One Body My Body No Body The Herald Building, Pop-Up Exhibition, Glasgow Scotland 2020

The Starving Artist "Together! 2012" CIC: Artist Exhibition Disability Month 2021

One Body, My Body, No Body, Art House Holland Exhibition Oct 2020

Publications

Zlata A. (2021), "One Body, My Body No Body: An Investigation into the Life of An Artist Who Endures an Eating Disorder, Body Dysmorphia and Mental Illness", ISBN: 9781006904400.

Zlata A. (2022), "Metaphor in Eating Disorder art: Understanding the lived-in experience "in: Metaphor, meaning, message: Imagined representations of the creative arts, NiTRO Edition 41 – April.

Zlata A. (2022), "Sunday Service: Understanding Eating Disorders Through Alexandria Zlata's Religious Art," (Cover art and article) British Journal of Psychiatry, July 2022 (to be released).

Appendix G: Speaking Engagement Commentary

The following section examines the speaking engagements that occurred throughout the research period. It took several forms ranging from academic conferences, artist talks and workshops. I have had the opportunity to share my research with diverse audiences via speaking engagements these speaking engagements. The diversity audiences (Medical professionals, academics, students, artists, politicians etc.) all required a different setting to accurately communicate what these people needed to hear. The core messages that were disseminated were how there are current gaps in understanding and treatment of Eating Disorders and how my art, and lived-in experience is helping redefine the current narratives, but also how art can be a tool to address Eating Disorders more authentically and accurately.

For instance, I had several academic audiences in which I went over the current issues within the field and how my research addressed this gap, and recommendations on how to further amplify the amendments needed. Some of these speaking engagements included The Association of Academic Museums and Galleries for their "Wellness and Equity 2021 Conference", Diana Award's Art-Activism Workshop 2021, London Drawing Group and The British Museum for their Feminist Lecturer series, London Eating Disorder International Conference 2021, Royal College of Physicians in Edinburgh and Together! 2012. Whereas others for youth and Eating Disorder/mental health charities I predominately had artist talks and workshops in which I shared my

personal experiences and art. I edified how art is a powerful tool in mental health and advocated how they can use their creative voices to explore their own experiences. I was able to work with organisations such as Mind UK (United Kingdom), Orygen, Jersey College for Girls, Le Rocquier School and several more. The shared experience of creation and interaction with my art helps build community cohesion and discourse.

Another key area of speaking engagements were the professional communities. These included both medical practitioners and politicians. These are the people on the front lines and my engagement with these sectors were more oriented in terms of practicality of the art and lived-in experiences of Eating Disorders. These individuals had the most stereotypical view of people with Eating Disorders and often saw them as numbers, or people to be diagnosed and prescribed the predetermined treatment plan. My work with them often focused on the depths of the struggles people with Eating Disorders endure, humanising the illness through my art and narrative, alongside how our current systems can reform and do better to address Eating Disorders. Some medical treatment teams I was able to work with included Talking EDs: Eating Disorder Support Service Scotland, CAPS, NHS Stirling, NHS Lothian, Eating Disorder Therapist Networking Group and more. In addition, I was not expecting to have political engagement, however with my art and advocacy work it gained traction from the events I led. I was able to discuss one-on-one with several Members of UK parliament, work on a project with Sense about Science and was selected as a guest speaker at Holyrood

Evidence week (Scottish Government, 2022) to share my work and advocate for more systemic reform. My political advocacy was featured in The Glasgow Times in which the reporter stated:

Artist Ally Zlata raised a question at Holyrood's first Evidence Week... The 25-year-old is campaigning for better awareness and treatment of Eating Disorders and used the initiative to ask Scottish policymakers are responding to the evidence that Eating Disorders affect more than a million people in the UK annually (Stewart, 2022).

Speaking with these diverse audiences was quintessential as Eating Disorders are not just a medical issue, but an illness that impacts all aspects of society. These engagements and presentations were necessary as it amplifies the impact on the audience and aids critical engagement with the work.