

As I looked in the mirror, I started my daily checklist. Was the skin around my sides too thick, bunching into rolls? Did it look like I ate too much yesterday? I stepped onto the scale and sighed, relieved that the number fell within the self-imposed range that allowed me to eat breakfast today.

Everything began during the pandemic. Home exercises became popular and eventually spread to my household. My sisters and I were enthralled by videos with titles like “HOW TO GET ABS IN TWO WEEKS!!” These fed my obsession with body image. Exercise-crazed, I found myself feeling tired throughout the day, as I limited my intake to only vegetables and minimal carbs. As dinner time approached, I let myself splurge on pasta, sometimes even with an olive oil sauce. I resisted the temptation of desserts, opting for “healthier” versions like banana slices with peanut butter and a single chocolate chip on top. Every day built upon this cycle of restrictive behavior. At the time, I saw nothing wrong with what I was doing. Our society emphasizes thinner, slimmer bodies; in my mind, I was living up to societal expectations. I thought it was normal.

One evening, I was making my classic banana and peanut butter concoction when my mother came up to me and said, “This is not right, what you are doing. This is unhealthy.” I immediately got defensive and an argument erupted. I retreated to my childhood bedroom, my safe space, and closed the door. Away from the well-meaning eyes and ears of my family, I lay on my bed for some time, staring at the hodgepodge of mementos from throughout my life. Photos of myself with my sisters at my high school graduation; my collection of wooden animal bobbleheads; the two Pillow Pets I remember fawning over as a child that continue to hold their place on the bench by my window. After I cried and reflected, I realized the way I obsessed over my body was *not* normal—even if society continues to enable such thoughts. Later, I went downstairs and confided in my mother and sisters about everything I had been struggling with. The next day, my mother called my pediatrician.

One week later, when Dr. S walked into the room, my mother immediately took the floor. She started to describe my feelings...but from her perspective. Hearing this, along with our recent conversations, it became apparent to me that my mother had her own obstacles with body image. She would try to reassure me by saying things like, “I wish I could have your body!” or “That person is skinny and eating fried food. So can you!” While unhelpful, I still gave her grace in those moments, since the cultural norms that shaped her actions never did. I interrupted my musings to return to the moment at hand, quietly observing the conversation. I sat silent, unsure of what to do or say. I was confused about what exactly was wrong with me and struggled to put my feelings into words. As the visit continued, I was told that I have “disordered eating” and my next steps included working with a dietician.

I dreaded each session with the dietician. All of the food rules I created in my head were quickly broken, forcing me out of my comfort zone. To my dismay, I was encouraged to eat foods that I deemed unhealthy, such as white bread, off larger plates to increase my portion size. Worst of all, I was not allowed to contribute to the grocery list she prescribed for me. Though I wanted to be alone, my mother accompanied me on every video visit with the dietician. My mother felt a strong responsibility to both educate herself about my mental health diagnosis and to enforce the rules set by my dietician. In my family, we were never alone, especially when it came to each family member's health.

At the dinner table, we sometimes discussed my progress. My health was not just my own; it involved my whole family. My parents and siblings were invested and had an opinion, in one way or another. Even past the age of eighteen, when I was legally an adult, my parents were still largely the managers of my healthcare and felt responsible for meeting my needs. We were a unit; we moved together. Still, though I was grateful their support cushioned the complexities of my emotions, there were so many voices, and it was hard to find my own, especially as the youngest sibling.

I still remember my sister mustering up the courage to find her own voice and see a therapist for the first time. My parents did not understand the utility of discussing emotionally dense topics with a licensed professional. However, as years passed by, we all slowly found ourselves making our own therapy appointments. We were not only learning how to form better relationships with each other but also with ourselves. From a family of three daughters and no sons, a blasphemous concept in Indian culture, we have paved new paths to create a stronger sense of family unity. We all face our own obstacles, and, this experience taught me that we are all unlearning certain habits that we thought were normal. My sisters and I have and will continue to question traditional cultural practices of disguising our trauma.

As the content of the sessions with my dietician became repetitive and I gathered the necessary resources, I found myself slowly yet inevitably breaking up with her. Although I did continue my therapy sessions, I felt my growth moving in a zig-zag pattern as I entered my second year of college. Some days, I felt like I had beaten my disordered eating habits. On other days, I saw myself falling back into old patterns. When a close friend of mine and I became pen pals over the summer, we realized we had both been facing similar issues. We held each other accountable, which deepened our friendship, one that remains strong to this day. Together, we made late-night Cook Out runs to indulge cravings and minimize restrictive eating habits. We created a safe space for long, emotional talks about the complexities of disordered eating. My ideas about health and illness began to grow and encompass new perspectives.

Growing up, I was taught by my parents that being sick was determined by objective data. Whether I went to school was determined by a 100°F fever, or other precise parameters signifying physical illness. As the variability of my own experiences expanded my understanding, my definition of illness became more inclusive. Now, even though I did not stay home from school, I recognized that I was still unwell and recovering from an illness. I was able to grow from this obstacle because I learned more about myself and expanded my own cultural beliefs regarding illness.

When I reflect on this particular chapter, I think about the many people who got me to where I am today. Health and wellness require a team, not a single physician. I was able to get well because of my support system, composed of my friends, family, therapist, pediatrician, and even my dietician (though I could not see it at the time). While I felt isolated at times, my family was always within reach. In other moments when I felt I was being spoken for, I found the voice to advocate for myself and build autonomy in my care. I found a way to uniquely integrate Indian cultural ideas of family-oriented care and still maintain my own identity by honoring my individual needs as a patient.

With this all being said, navigating my health issues continued to test my strength and willpower. There were times when I inadvisably stepped on the scale or felt nervous about indulging cravings. I also felt anxious knowing that my medical record contains my history of disordered eating. When I first saw my adult primary care provider, she looked at me and asked why I was underweight. When I disclosed my previous history of disordered eating, she just told me to gain more weight, and we moved on. I thought about everything I had been through: the work I had put into healing and strengthening my relationships with my friends, my family, food, and my body; the zig-zag emotion—all overlooked. I was proud of the work I'd done to overcome obstacles and make so much progress, but it was all simplified to one idea: just gain more weight. Maybe she was trying to sound non-judgmental, but that day in the office, her response seemed to diminish my whole experience.

I urge healthcare providers to give patients dealing with any form of body dysmorphia compassion. I am more than a diagnosis. I have experiences that providers should seek to understand. I have yet to find a provider with whom I feel safe, who seems to understand me as a person. My own experience taught me about the complexities of disordered eating, which are not justly described by textbook definitions. As a medical student, I realize that seeing each patient as a person, rather than a walking collection of diagnoses, can help to understand someone's true health journey and provide more individualized care.

When I look in the mirror now, I try to pay far less attention to the shape of my body. Along with my reflection, I see my support system that helped carry me to this moment. I see a person who discovered her own strength while facing one of her biggest challenges. I see someone with the potential and drive to use her own experiences to improve the care of others as a medical student and future physician.

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Neha Jain is a first-year medical student at the University of North Carolina School of Medicine. She received her Bachelor of Science in Nursing from the University of Virginia. She has also pursued research focused on increasing access to care for rural populations and improving nurse-physician relationships. Her work has been published in the *Journal of Emergency Nursing*, *Public Health Nursing*, and *The Library Quarterly*.