



Volume 13
Issue 1
2018

Long Life!

Ann Starr

I was a chubby child and a fat adolescent, but it was clear to me that being fat made a difference to my parents, who were offended by my shape and weight. I was abnormal in their dream of the perfectly normal, middle-class, Midwestern family to which they aspired as can only those who had been raised as Poor White Trash. I was the bulging, throbbing red thumb that announced the family's advance before we arrived. Even worse, I was the only blonde of their four children, so my uncouth size was a particularly hurtful poke in the eye. When isn't blonde and blue-eyed beautiful? When it's fat. When it's me.

My brothers, four and six years older, would introduce my little sister as "The Pretty One." I was "The Smart One." I suppose I should have thanked them for substituting "smart" for "fat." Lacking captions, would anyone have drawn the true conclusions about us? My sister and I understood our labels to be mutually exclusive. The Pretty One suffered well into middle age the false conviction that she was intellectually inferior to The Smart One.



Volume 12
Issue 2
2017

Although I was the designated family blot, all six members of my family were squarely on the healthy side of the life-or-death equation. My parents were hungry children during the Depression, and I believe that they never filled up. Admirably, they never let their children go hungry. There would always be red meat in the center of the plate. At every dinner that robust serving of meat would be surrounded by two cooked vegetables, an over-dressed salad, bread with butter and jelly, and a buttery potato. A home-baked dessert or ice cream followed. Heaven help the child who might declare herself “stuffed” before any food placed before her was eaten: “Clean your plate!” It was only Christian. We were taught to override natural regulators of appetite to insure that no one wasted those calories our mere existence deflected from the world’s bloated-belly poor.

So I grew up cleaning my loaded plate while swallowing the commonplace, ironically fed me, which being fat resulted from eating too much food. When I was an adolescent and could go about the world on my own, I broke loose from tyrannical feeders by making my own *ad hoc* menu, indulging my freedom in candy bars, ice cream, and little cans of fried onion rings that called out to me. I fed mine in hiding. I was ashamed to have witnesses; my eating was masturbatory. My right to exist hadn’t been proven and I knew full well that I took up “more than my fair share” of space. On one hand I cowered; on the



Volume 12
Issue 2
2017

other I gave the finger to anyone who looked at me too long.

I wasn't born with pica or a deviant compulsion to jerk cookies to my mouth: This wasn't a pediatric medical condition. I was learning how to use my experience to solve a problem. When there's an external threat, an embattled creature does well to surround itself with a stout defensive wall.

Father monitored women. He noticed them with an anatomist's specificity. When we sat down each evening for our family meal, instead of asking what the children had learned in school, he debriefed his observations about the females his prurience radar had tracked that day. Each "broad" received a rating comment: whose ass looked like two pigs in a sack; who had no decency to be wearing jeans in public; whose stocking seams weren't straight, and whose dress must have been glued on. Even with my limited experience of fathers and dining customs, I often squirmed in my chair and gulped my food.

I never imagined becoming a woman because it was clearly too hazardous an aspiration. It helped in a way that my dad declared The Smart One a poor marriage prospect by virtue of her unappealing figure. Mother seemed not to disagree, but she wasn't one to speak up anyway. Where Father was pulled up to the table, salivating with his bib tucked in, Mother was out to lunch. I even had to suggest to her that I was probably overdue for a bra? The other girls were talking. ... She was so



Volume 12
Issue 2
2017

surprised that I actually saw her eyes refocus. For how long had she not looked up to think about it? “You may be right,” she allowed.

Bur Father never missed a thing and wasn’t shy about speaking up. The pleasure I took in an autumn afternoon, stretched out on the living room floor, basking in a generous patch of afternoon sunshine, was chilled by my growing awareness of Father’s crossed-arm presence looming behind me. I couldn’t see him, but I heard him turn away muttering in a stage whisper, “Just look at those thighs.” The disgust was as heavy as if he’d sniffed chicken putrefying at the back of the refrigerator.

* * *

In the family photograph album were certain square, black and white Brownie snapshots with wavy edges that Mother passed over quickly because she thought they made her look fat. They were taken at the community pool on some occasion when she had taken my sister and me swimming. She just looked like Mom to me, and as a kid I didn’t get what I do now, that she saw her image as something grotesque and distorted. Maybe she considered that she still had postpartum weight to shed. At the least, she had been caught unawares and hadn’t been able to strike her best pose. I don’t recall Mother as overweight though, but as the opposite: I recall her as episodically thin tending to the skinny, as in long and neutral and slithering toward death.



Volume 12
Issue 2
2017

Mom's scrapes with death were always wind-ups to surgeries or the results of surgeries. She had ulcers several times, each time requiring an operation. Before the operation she'd be thin, I think because her gastric pain limited the foods she could tolerate, or she was on some special diet for ulcer patients. She couldn't drink milk or orange juice. But certainly when she came home from the hospital on Jell-O diets, she was even thinner. I was in elementary school in those days and didn't understand any details of the big picture. The thinner she grew, the more frightening the prognosis. But Mom didn't die. Slowly, she'd plump back up and life would go on until the next flesh-eating medical crisis.

By the time I was in eighth grade, Mother was no longer having ulcers, but was sick as a result of the past ulcer operations. Scar tissue had built up at the base of her esophagus, the site of several earlier operations, and it grew steadily more difficult for food to pass into her stomach. She was a trooper though and would not be deterred from attending a National Science Foundation six-week summer institute for teachers that she'd been admitted to. My brothers stayed with Father in Ohio while my sister and I were sent with Mother to Providence, where we stayed in Brown University dormitory housing.

Mom didn't last the course. We had to be evacuated because she was starving. For the couple of weeks we were there, she persisted in a conflicted,



Volume 12
Issue 2
2017

masochistic way. My sister and I would find her in the bathroom swallowing a Medieval-looking medical device—a thick, heavy rubber snake that, once swallowed far enough and placed correctly, she jiggled about in efforts to enlarge what small passage remained into her stomach. My sister and I were considered Big Girls, but, “Was this right?” we’d wonder, stranded and queasy. We felt little and vulnerable and tried to plan what we’d do if she died, but we didn’t have the first idea what we’d do. We weren’t keen on being rescued by Dad, who was terrified of hospitals, medicine, and operations, and made no bones about it. When he came to take us home, we were unsettled to find him not shocked, but unfazed by his failing wife’s shadowed pride in her new figure. When we were airlifted home, all five feet and seven inches of Mother weighed eighty-five pounds.

I’ve encountered women since who have, in compromised health, exhibited behavior similar to Mother’s. Her anorexic body invited sympathy for her illness, yet she was not inattentive to any expressions—muffled or exclamatory—of wonder or wistfulness for the transformation. The means of her achievement was beside the point: She hadn’t died, and she was thinner than anyone else. Once she was on her feet again, Dad extolled her figure, and I supposed then that she liked it, however cross this made me. I didn’t care how she looked; I didn’t even care about her feelings anymore. My sister and I had been set aside like props during the whole



Volume 12
Issue 2
2017

ghastly episode, left unplanned for, to depend on each other for comfort. In the bloody fervor of our wishes that Mother would survive, our comfort fantasies never led to the victory of her renewed sex appeal, but only to our own self-indulgent dreams that our mom would awaken to concern for her pubescent, newly bleeding daughters.

* * *

In my forties, as the result of a very disorderly nervous breakdown, I was diagnosed with bipolar disorder. I was as depressed as glue. My anger was as terrifying when quiet as when shrapnel explosions shattered all sanity.

These days, surgeries aren't often prescribed for conditions like mine, so electro-shock therapy was never mentioned within my hearing, and I believe lobotomy is a barbaric bygone. Gone too is the institution of *asylum*, open-ended time and a place free from daily noise, where the silenced inner voices can have a chance to be heard.

When I fell apart, my downfall was publically marked not as much by my becoming an unpredictable menace as much as it was by my simultaneous transformation to Fat Lady. There's no question that my fatness was the result of two drugs. Prozac was only anecdotally tied to weight gain, but it certainly put pounds on me. Since research didn't support the evidence I reported, doctors were free to believe I lied about my eating habits. I've found this to be a regular side effect of



Volume 12
Issue 2
2017

Prozac, that the people in regular contact with the patient suffer increased incredulity about her testimony on all reported experience. When I started taking Depakote, which clinic studies have shown to disinhibit appetite and increase weight, my providers were less tendentious.

But I'm talking only about side effects here. Getting fat was the least of my worries then. My concern was to last each day without causing or suffering mayhem. Because my family would need support in case I failed to maintain the household fabric; if my children or husband were infected by anxiety; if the girls were bullied about their crazy mother, or should I have a fatal accident; for all these reasons, I did not keep my diagnosis a secret. I couldn't worry about being scorned. But as I grew fatter, I realized that I provided something much easier than my diagnosis for others to cringe about. In a smart, wealthy community, gossiping about a person's mental illness is unseemly and makes adults feel small. Disapproving of the mentally ill is fraught, both socially and when you lie awake at night facing your failings across the counterpane. It's normal, though, to disapprove of fat people. Still, I was so grateful that Depakote controlled my mood extremes that I considered even the fat an absolute benefit to me, as good as bananas or coffee. My vanity was nothing compared to relief from the shifting winds of anomie and hysteria.

Yet when a door opened to let vanity peek in years later, I risked an experimental medication



Volume 12
Issue 2
2017

change. A new psychiatrist asked me to replace Depakote with topiramate, a new anti-convulsive that had been found to have the added property of effective mood stabilization. Incidentally, patients on topiramate lost weight: Maybe I could find two forms of relief from the new pill.

Topiramate held my moods and, with no effort on my part, my weight declined by over forty pounds in a few years. I was delighted with the way I looked and felt. Bipolar disorder is soul-crushing. Learning to gain control of one's moods and emotions without becoming a terrorist of the self is hard work from which there is no rest. To be granted a free pass in another struggle—one I'd decided to forgo anyway—was an inestimable good.

A slimmer body is a good thing, but it's no silver lining to the terrors of major mental illness. I assured well-meaning admirers that the assumption of a mighty struggle to discipline my body was absolutely incorrect: there had been neither intention nor effort on my part.

And for those who knew about my psychiatric struggles, the change of my figure "for the better" appeared to signal an "improved" outlook too. In fact, entirely unremarked or cheered by anyone, I had been recovering all along, even as Depakote expanded my girth.

But when I lost weight, I was easier for others to take in, and the health attributed to me increased as I grew less objectionable to the public eye. Once I lost weight, people fantastically regis-



Volume 12
Issue 2
2017

tered improvements of mood that I had already long since achieved. Worse, their assumptions that I was finally “returning to normal” blocked any appreciation for the magnitude of my work and accomplishments. Had I remained fat, I’d have been free to continue my recovery without being returned to the wrong box of normative and nice. Being overweight palpably reminds others that you are abnormal, and they remain wary. There is freedom in that.

* * *

Isn’t it normal to want to be thin? Isn’t thin pretty and sexy? And doesn’t every woman, married or not, wish to be the envy of other women? Well, I did not.

Being thoughtlessly relegated to the sphere of the healthy and stable by weight loss, suddenly I was burdened by all the social assumptions that accompany slimming down. Bipolar illness labels one as avoidable; shunning provides its own little island of protection. But now I found that I was assumed to be a different kind of menace, one caused by a better figure on top of the divorce my illness had precipitated. What is more threateningly unpredictable than a mentally ill woman: A divorced woman who has lost weight. Then the history of mental illness becomes secondary to the politics of freedom and shape.

Had I been able to acknowledge how fragile I was in the first years of the millennium, I’d proba-



Volume 12
Issue 2
2017

bly not have made it. I was fighting bipolar disorder for control of my future and past while coping with a divorce that had uprooted me from my home and every familiar relationship. Living in a new place in another state, I was no longer a person with a history of mental derangement; I didn't even have a psychiatrist. In a new place, I was perceived as a high-strung divorcee of reasonable appearance. As such I was competition to other single women, ineligible for family invitations, and carefully kept at a distance by the wives of married men. Where was Depakote when I really needed it? My life would have been better with those thirty extra pounds to cushion and protect me against the psycho-social assumptions that obstructed on my uphill, invisible personal work of restoring and reinforcing my mental health.

"No rest for the wicked!" a friend liked to quip. How true. Illness, no matter how private to one's own body or mind, is always a public performance, and performance invites criticism whether or not you wanted to be in the public eye. At the height of my despair during my mental health crisis, even my husband had decided that I was "faking it" because I didn't "act sick" enough for his preconceptions. Nothing so wretched as the inscrutable world of the walking ill.

Everyone soldiers on in life, whether or not we are ill or feel capable of functioning in the world. It's not only the mentally ill who have to improvise their lives like this, but people with all sorts of



Volume 12
Issue 2
2017

invisible dysfunctions that absorb vast shares of their energies. I know as well as anyone the value of protective silence and invisibility where I can heal at my own pace, under the care of a trusted doctor, with the setbacks and victories that come slowly over time. I know that circumstances almost never grant these: insurance companies do not pay for asylum. Even more demanding are the curious and critical people with whom we interact in public places and our homes daily.

Society sees thin people in a way that it doesn't regard the overweight. Positive ideas associated with thinness form a trap of assumptions that extends to every aspect of the life of the observed: "She loves being looked at." "She is just who she appears to be; it's impossible that she could disguise anything—like illness." She is no trouble to the observer, who is comfortable with what he sees. If she goes off the rails; if she commits suicide, no one will have seen it coming: "She was so normal, so perfect." But then, she was left with nowhere private to place the other.

Weight, mental illness, or abnormality may all make me a dangerous person to the world, or unlikeable at the least. My experience shows me how valuable they are to self-protection and healing. Few people tolerate difference in others very well; we don't like to be disrupted, interrupted, or asked to consider a new flavor.

People with invisible ailments do well to make themselves conspicuous in a disruptive way.



Volume 12
Issue 2
2017

Normal people will whisper or mutter, disapprove, and steer clear, leaving the sick and tired blessed space needed for their thoughts and doubts, their trials and errors to play out in. Space to hear and talk with people. They can hear without the interference of unthinking wishers for the wellness of fitting right in.

Ann Starr is writing a personal history of embodiment. She is the publisher of Upper Hand Press. Email: annstarr@sbcglobal.net