

MY DAILY BREAD

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I CLOSE THE BLINDS, SO I WON'T be distracted by the sight of cardinals in the forsythia bushes. I light a candle on the dining-room table, place a slice of homemade bread on a china dessert plate, pour a glass of water, and sit down. I'm taking this bread straight—no cream cheese, no peanut butter, no jelly, no hummus. When I eat meals alone, which now is most of the time, I often skim the newspaper, scroll through Facebook posts, or listen to National Public Radio. What results is fast, distracted eating. What I am doing here, each mid-morning for ten minutes, is the opposite of that: eating with full and unflinching attention.

Since I was fifteen, I've limited my choices to two: binging on bread or abstaining from bread. Because the third choice, eating bread in moderation, is one with which I have had little experience, I fear that if I bring bread into my home, I might eat mindlessly or begin restricting again. Eating bread in moderation unnerves me. Yet this choice is one of healing, since it means walking the narrow way that passes between the dichotomies of body and mind, flesh and spirit, control

and surrender, bread as physical reality and bread as symbol. Christian theologian Marcus Borg refers to the narrow way as “the path of centering in the sacred.” I hope that by enacting a ritual that involves making and eating bread that is at once physical and spiritual food, I will be nourished, filled, and healed.

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When I was fifteen, I’d slip into the kitchen, either at home or in the homes of the families I babysat for, and find the soft, moist loaf of factory-made white bread. I’d take two plain slices at a time, fold and scrunch them, and eat. During my binges it wasn’t the taste or the nourishment of the bread that I was after, but the soothing rhythm of filling my mouth, chewing, swallowing, and filling, again and again, and the way in which this ceremony seemed to fill the gaps and hollows within me, and to soften and blur everything around me. As I ate, secretively, ritualistically, alone, I was outside of myself, my mind no longer chewing on itself. Afterward, I felt sick from the bulk, the chemical additives, and my self-disgust. My weight soared; stretch marks appeared on my thighs.

The summer before my junior year of high school, I stopped eating bread and just about everything else except for precisely measured servings of fresh fruit, cooked vegetables, puffed-rice cereal, and an occasional boiled egg, never more than 600 calories in one day. In the early 1970s, I had never heard of anorexia nervosa, nor had anyone I knew, including the pediatrician that my mother eventually took me to see because I was worried about my hair loss and curious about my amenorrhea (“You need to eat more,” was his only advice). What I did know was that self-starvation seemed to offer the antidote to my belief that in so many ways I wasn’t good enough to win anyone’s approval, including my own. But when I ate my tiny meals and rode my bike until I was exhausted, I was finally doing something better than anyone else. A few weeks into my austerities, I experienced a subconscious “click” and shifted into a new, higher gear. I felt even more empowered to deny my appetite and, in turn, I became empowered by this denial. I may not have been conscious of the click and the shift at the time, but because I’ve heard it and felt it during the other two periods in my life when eating very little became so easy and gratifying, I suspect that it happened then, too. Without the click and the shift,

dieting requires an iron will. But in that higher gear, dieting is a piece of cake—or rather, it's as easy as gobbling a slab of my favorite rich yellow cake with thick, slick swirls of chocolate frosting. My austerities were so consuming that I had little time, energy, or attention for anything else. Since my mother was away during my time of austerities and my father, if he noticed them, said nothing, there was no one to interfere. By summer's end I was thin, anemic, isolated, and triumphant.

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At my dining-room table, I center myself by feeling my feet on the floor, my buttocks on the seat of the chair, and the small of my back firm against the back of the chair. I soften my breathing, my gaze, and the muscles in my face. I feel my hunger in my stomach, mouth, and brain. In my mind's eye, I see myself: a small, thin woman, with blue-green eyes, blond hair (though my face is framed by short, wiry gray hairs), a face that is longer than it used to be and etched with laugh and frown lines, a body still supple from more than thirty years of yoga practice. I see the dense, brown slice of bread that I will soon take into myself, one slow, deliberate, savoring bite at a time. This is not an ordinary meal but a homeopathic remedy, a strength-building regimen, a spiritual discipline, and a sacred rite.

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When I was twenty-five the click and the shift and the restricting that followed happened again, though not in the same way as when I was fifteen. As a new and underprepared high-school teacher (a job, I soon discovered, with which I was temperamentally mismatched), I was living far from home in a big city where I knew no one and was scared of everything, it seemed, and I came to believe that someone was tainting or poisoning my food. To protect myself, I hid food in my clothes closet, declined any food that I hadn't made with my own hands, threw out the food in my refrigerator and cupboards that seemed suspicious, and denied myself the communion meal at the Lutheran Church I frequented. The less I ate and the smaller I became, the more powerful I felt. Healing began two years later, when pregnancy and lactation stoked the fires of my appetite. Caring for a child I loved so much that it frightened me shifted my attention away from my emptiness to his well-being. And I started writing and praying.

Three years into menopause, I heard the click and felt the shift again, though the restricting that followed was different from that of my two earlier episodes. At age fifty-four I whittled down the list of foods that I could eat until it could fit on my thumbnail, and my weight dropped to a number that I hadn't seen since seventh grade. But this was a necessary austerity, I argued, due to a worsening of my food allergies and gastro-intestinal problems, and an intensification of my concerns about all of those pesticides in the food supply, all of those dangers lurking in foods made from genetically modified crops. By severely restricting what I ate, I was keeping myself healthy and safe. But deep down, I knew that as with the two earlier episodes of what I call "my malady," what I really wanted was to become a waif, a whisper, a flicker, a shadow.

It didn't occur to me that something was amiss until my twenty-year-old daughter told me that I had an eating disorder and that if I didn't start eating more, I'd die. Her words flicked on the light in a dark room. I was shocked by what I saw. For the past couple of decades I'd rested comfortably on the line between normal and overweight, my face and saddlebags full, my bones hidden beneath flesh. But after my malady returned, my clavicles grew prominent; each shoulder became capped by a bony point. My ribs, visible from my armpits to my waist and from my clavicle to my sternum, reminded me of a washboard. My breasts, always small, were even tinier, and both the grape-sized lumps and the gritty little knots on the outer sides, which I used to be able to find only with my fingertips, I could now see in the mirror. A pair of bony crests extended from either side of my lower abdomen. I looked over my shoulder and saw a string of knobs, my spine. Prominent veins stood out on my arms and abdomen. My thighs no longer touched; my calves, always so fleshy that it was all but impossible to find boots that fit, now seemed normal-sized, which made my knees look larger. My face had slackened and was more furrowed than it had been before the return of my malady.

In response, I did what I always do when I don't understand what is happening to me: I researched. I was surprised to learn that about ten percent of people with eating disorders are older women. But, says Dr. Cynthia Bulik, the director of the Center of Excellence for Eating Disorders at the University of North Carolina, the percentage is most likely higher since most older women with eating disorders disguise

or misread their symptoms as being due to a health condition, food sensitivities, or changes associated with aging, and so they aren't included in the number of reported eating disorders. In a 2012 study, Bulik and her research team found that women over fifty are engaged in unhealthy eating behaviors and thinking to the same extent that adolescents are. Now, more older women than ever before are seeking treatment for their eating disorders—a psychological illness and a clinical diagnosis—and disordered eating—an abnormal or maladaptive relationship with food, weight, and body image. Though at times I have met the shifting “qualifications” for anorexia nervosa, I've never been diagnosed with it or treated by a specialist—not an uncommon position, I've discovered, for “restrictors” of all ages.

Eating disorders and disordered eating in older women differ from those found in girls and young women in several ways. First, we're more likely to restrict than to binge and purge. (I don't purge; it's been many years since I last binged or even splurged, say, on a big ice cream sundae.) Second, in their study of women who developed eating disorders after the age of forty, Dr. Edward Cumella and Zina Kally discovered that while adolescent female inpatients with eating disorders score high on the Eating Disorder Inventory on “the drive for thinness, bulimia, and body dissatisfaction measures,” older female inpatients with eating disorders score higher on the “ineffectiveness, perfectionism, interpersonal distrust, and asceticism [self-discipline] scales.” We older women care about our jiggly thighs and pouchy bellies, but not to the same extent as our teenaged counterparts. Apparently what matters more to us than body image is meeting the unrealistically high standards that we set for ourselves. Third, most experts that I've read see a link between loss, grief, and depression and the onset or return of an eating disorder in women who are middle-aged or older. Clearly, my midlife restricting was about far more than a desire to create a healthier lifestyle.

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When Jesus saw an invalid of thirty-eight years waiting to be healed by the Pool of Bethesda, he asked the question that cuts to the heart of the matter: “Do you want to be made well?” Instead of answering the question, the sick man told Jesus why he hadn't been able to enter the healing waters. Apparently, he couldn't see or imagine that healing

might come to him in a different form than he'd always thought it would. Apparently, he was too comfortably at home with his infirmity to truly desire wholeness. I suspect that most of us with eating disorders and disordered eating, when asked, "Do you want to be made well?", would either insist that there was nothing wrong with us or reject the invitation. No, we don't want to be made well because that would mean eating more (or less), weighing more (or less), and feeling more. No, we don't want to be made well because our food-related thoughts and behaviors provide us with identity, power, and purpose. By restricting or binging, we believe that we can defy the forces that threaten to weaken or destroy us. Bulik likens the attitude of those with eating disorders toward their own recovery to the experience of driving a car with one foot on the accelerator and one on the brake: "One half is ready to embark on the journey, but the other is not ready to relinquish control." And so, rather than being still, centered, harmonious, and at peace, one shakes, rumbles, and burns a lot of fuel while going nowhere.

I watch myself take a bite of bread, too small to be a mouthful, and put the slice back on the plate. How many calories will I consume during this ritual? About eighty. Even though I'm remarkably accurate when estimating the number of calories in a serving of food, I'm anxious and my stomach is full of needles. How careless of me not to have tallied the total number of calories in the entire loaf when I made it, measured the length of the loaf before I sliced it and the thickness of the slice on my plate, and then divided the width of the slice into the length of the whole so I'd know the exact number. Seventy-eight? Eighty-two? There's a difference, you know. I start to run the numbers in my head (one-third of a cup of oil: 630 calories; two packets of dry yeast: 42 calories . . .). Stop! Feet. Buttocks. Small of the back. Breath. Gaze. Hungers. This slice of bread.

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On Palm Sunday when I was eleven, I was confirmed at Grace United Methodist Church in Burlington, Iowa. Later that week, on Maundy Thursday, I took communion for the first time. It was special going to church in the evening and seeing our beautiful, old sanctuary dimly lit. I was almost moved to tears by the solemnity and symbolism of the words and movements of our tall, black-robed pastor (the guy who

wore pullover sweaters and joked with us at Saturday morning confirmation class) as he reenacted the Last Supper. During communion he held up a loaf of bread and broke it, repeating Jesus's words: "This is my body given for you; do this in remembrance of me." At that moment I was in the upper room with the disciples, watching a ritual that, like them, I didn't fully understand. The pastor invited the congregation to the communion rail in groups. As we knelt, he served each of us a sip of grape juice in a tiny glass and a morsel of white bread.

I've always loved this rite of symbolic, communal eating and the idea that any given thing can stand for more than itself. In fact, my first communion may have been when I fell in love with metaphor. The bread and juice were Jesus's flesh and blood. By eating and drinking this meal, I was taking Jesus into my body and soul. Communion offered a robust theological metaphor whose significance for me has grown with time. Now when I hold the communion bread on my tongue and let it dissolve, I am struck by the genius and the appropriateness of Jesus's presenting himself as something so common, so consumable, so essential, so nourishing as the bread made in first-century Palestine.

Yet no bread has ever been enough for me. If I had been present when Jesus fed the five thousand with two fish and five loaves or when he served his disciples living bread in the upper room, I might have refused the gift or eaten it all, my portion and everyone else's. I pray for a stronger faith. I pray for the experience of enough.

Self-forgiveness comes through a surprising channel: my continuing research on my malady. In the past few decades, a growing number of studies reveal that those with eating disorders and disordered eating can't trust their brains to tell them the truth about when and when not to eat. For instance, one study found that when people with anorexia severely restrict their caloric intake, their abnormally high levels of serotonin drop, and they report feeling calmer and less anxious. Another study indicates that because those with bulimia and anorexia have an abnormal response to the taste of food in the right anterior insula, a part of the brain involved in appetite regulation, they don't accurately recognize or perceive signals about their hunger or satiety. Another study suggests that increased activity in the dorsal striatum leads to "maladaptive food choices" among restrictors, meaning that they actually prefer the plain, dry rice cake over the heavy, redolent slice of cheesy pizza.

And, too, those with eating disorders don't know when to be anxious or frightened or demanding of themselves and when to let go. In a 2004 study, Dr. Walter H. Kaye and his research team found that two-thirds of the subjects in the eating disordered groups they studied had "one or more lifetime anxiety disorders." The majority of the subjects reported that the onset of their anxiety, obsessive-compulsive disorder, or phobia had occurred during childhood, before the symptoms of their eating disorder manifested. Another study shows that perfectionism, expressed both through rigid thinking and dissatisfaction with one's body, is a "robust, discriminating characteristic" of anorexia and, like anxiety, is likely to be one of a cluster of characteristics that are determined by the interaction of one's genetic makeup and environmental influences.

Because I can't control my serotonin levels or the structural and functional alterations in my insula and frontal cortex, and because my tendency towards uneasiness, apprehension, and perfectionism are, at least in part, inherited, aspects of my malady are beyond my control. I am relieved and consoled by the knowledge that my malady is due not to a weak character, as too many would have those of us with disordered eating believe, but the chemistry or hardwiring of my God-made brain. But, too, this knowledge leaves me feeling resigned and hopeless. If I can't control this, should I even hope to be free of it? My malady has come to represent to me a battle for ascendancy between my genetics and brain chemistry and my faith in a God, with whom all things are possible. Each morning when I partake of the bread-eating ritual, I cast my lot with the latter.

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I offer thanksgiving for this bread and ask for presence of mind and God's protection. Eating this bread will satisfy some of my hungers. But others—the hunger for love, approval, a sense of belonging, autonomy, and aging in such a way that I feel vital and valuable to myself and others, in spite of the growing invisibility that accompanies female aging in our culture—are beyond the power of any physical food. I must remain clear as to which hungers I'm humbly attending to and which are left wanting, so I never again hide, forget, deny, or disguise them. I vow not to waste this slice of my fleeting life on what cannot fill me or that keeps me from pursuing what can.



In *The Beauty Myth: How Images of Beauty Are Used against Women*, Naomi Wolf connects the explosion and exponential growth of eating disorders in the sixties, seventies, and beyond to a backlash against the gains made by Western women during that time period—gains such as access to higher education, birth control and abortion, legal protections against discrimination, wider career options, and opportunities for economic independence. “When women came en masse into male spheres,” Wolf writes, “that pleasure [of “women’s natural fullness”] had to be overridden by an urgent social expedient that would make women’s bodies into the prisons that their homes no longer were.” All one had to do to quiet a woman with high aspirations was to lower the correct or healthy weight for a woman of her height and age one stone (fourteen pounds), below the average woman’s natural weight, thus redefining her natural shape and size as too big. Thereafter, says Wolf, “a wave of self-hatred swept over First World women, a reactionary psychology was perfected, and a major industry [weight loss] was born.” The woman or girl with anorexia may have begun her journey bold and defiant, but from the perspective of a male-centered society, she ended up as the “perfect woman . . . weak, sexless, and voiceless” and very obedient. I can attest that a woman whose focus has narrowed to the seven celery sticks and the tablespoon of fat-free Ranch dressing on her plate and the number on the scale is not a woman with the time or mental and physical energy to claim her power, speak her mind, live large, or love fully.

Even though I take issue with Wolf’s simplistic view that eating disorders are caused by just one factor—the reaction of a patriarchal culture to women’s growing freedoms—instead of the snarl of genetic, biochemical, familial, psychological, spiritual, and cultural factors that I see, I am, nonetheless, strengthened and empowered by her thinking. No, it’s a rawer feeling than that. I feel fighting mad when I read Wolf’s statement that during her anorexic year, “All the space I had for dreaming was taken up by food.” How does one recover a lost year? she asks. “Who is obliged to make reparations to me for the thought abandoned, the energy never found, the explorations never considered? Who owes me for the year-long occupation of a mind at the time

of its most urgent growth?" With this, Wolf has given me something clear-cut and specific to push against. I won't let my malady take anything else from me.

I found a remedy for my malady in what I call the "replacement theory," which I developed after reading Wolf's book. According to this theory, I can take the precious time and energy that I once wasted with thoughts of food, calories, proportions, weight, self-image, and my many flaws, fears, and failures, and put them toward something that will bear good fruit. For instance, I can become fluent in another language; learn to dance (salsa, line, buck, jazz); widen my circle of friends and be in closer touch with old friends, both those that are near and those that are far away; learn to grow, prepare, and prescribe herbs to help others heal from whatever afflicts them; and use my communication skills and faith in shalom—the biblical model of peace, wholeness, and justice—to make more visible the faces and forces that create or allow poverty to exist in this wealthiest of nations.

Before we can begin to fill our heart's desires, women must, as Wolf says, "liberate the occupied territories of our minds and energies." When my homeland is occupied, I have options: I can submit, leave, go into hiding, or take on the tyrant who captured or seized what was once free and mine. I'm leaning toward the last.

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After I swallow, I pause. Before the next bite, I again center myself. Feet. Buttocks. Small of the back. Breath. Gaze. Hungers. This slice of bread. I see myself sitting at my dining-room table. I see the years that have gathered in my face and bones. I see this table where my former husband and sister-in-law, my son and daughter and I used to eat, chat, argue, and laugh together, but that now is almost always empty. I see that the dining room, kitchen, and living room are quiet, still, just as I left them. If there's clutter on the coffee table, it's mine; if there's a towel drying in the bathroom, it's mine.

Now, it is of no surprise to me that I began restricting again in 2011. For a year or two prior to the return of my malady, I was at times unbearably sad and felt that my life had no purpose. My son, then twenty-six, had, after several bumpy starts, moved on with his adult life. My daughter, then twenty, was preparing to audition for graduate schools in faraway places. The members of my birth family and some

of my dearest friends lived far away; my father was dead. Because of the demands of working, writing, and single-parenting, I hadn't forged enough bonds with people outside of my family while my children were still at home. Dating was a waste of time, since some men I kept company with wanted to become exclusive at once, with marriage not far off, while others wanted me to be a good sport about sharing their time and attention with other women. I wasn't interested in a hasty marriage or a place in a harem.

I was fiercely alone. Hope had evaporated, leaving behind a dry, salty residue. A nagging sense of pointlessness often weighted me. I'd awaken in the night with a ripe ache or with hard knots of grief that made it difficult for me to fall back asleep. Several times I said to myself that I simply could not or would not continue living this way.

I began looking for ways to fill the emptiness I felt not with hunger and restrictions but with good fruit. I brought more people into my life, by strengthening my ties with old friends and by making new ones. I began volunteering my time and talents. After twenty-five years writing and publishing nature essays, a solitary pursuit as I practiced it, I abandoned the genre and began writing about human relationships and communities, art, God, and spirituality. I don't know if I'll ever be completely free of my malady. But I do know that as I fill my heart's desires, the power and pleasure I derive from restricting lessen, and the flare-ups have become shorter, milder, and less frequent.

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My healing rite involves just one slice of bread and ten minutes of my life spent in the here and now halfway between breakfast and lunch. But I don't look forward to it. Many days, I stall. Then I'm both the rule breaker and the rule enforcer. Just let me grade three more essays or answer five more email messages or run a little errand or make a phone call or sort the recycling, I tell myself. Or, since I'm running late for my office hours, would it be okay if I ate the slice in four swift bites while standing at the sink? But I remain firm. What I hope is that my daily bread-eating exercise will eventually release me from my rigid, restrictive thinking. What I'm certain of is that my daily rite keeps me honest and dependent on God.

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Because the master narrative our culture imparts about aging is that midlife and beyond is a time of inexorable decline, marked by decay, deterioration, powerlessness, dependency, irrelevance, and obsolescence, what many women fear the most is becoming an old woman. In short, it's the fear of aging that is the trigger, ignition switch, or motivating force for eating disorders in older women. Ironically, by restricting or binging, one intensifies the wrinkles and wizened features or the sagging and heaviness, the health problems and the self-absorption that make one appear older than she is.

I've long believed that as a writer whose work is published, read, and honored; as a professor whose students value my knowledge and experience; as the mother of a son and daughter, both of whom have grown up to be charmingly unconventional; and as one who seeks to dwell with God and in God's word, I was immune not to aging but to the stigma of aging, and that I was strong enough to resist the decline-through-aging narrative, a story that is so pervasive and sticky that we can't help but absorb it and pass it on. Yet I wasn't that resilient. I dread entering the country of old age, which—in spite of the cheerful assurances that sixty is the new forty, seventy the new fifty—in my mind begins at sixty (soon, for me). It's infuriating to know that it doesn't have to be this way. By restricting my food intake, I enjoy a sense of power and control at a time when I am told, directly and indirectly, that as an older woman I should be experiencing a loss of power and control. When I go to bed hungry or only eat foods from a narrow and narrowing list of possibilities or spend too many hours a day exercising or lie about having just eaten a gut-splittingly big meal so I don't have to take more than a small plate of fruit from the buffet, it's because I've got a fight on my hands—against my own attitudes and those of my culture about aging. At its core, my restricting is about the desire to rid myself of pain, frustration, and shame. But it's a protest, balm, and purification that cannot inspire me to live a richer, deeper life and it achieves nothing of real value.

Along with directing my time and energy toward activities that will bear good fruit, my healing also involves seeking out or crafting life-supportive narratives about old age as a time of power, passion, wisdom, insight, and inner growth, the deep story that I find in the work and biographies of primatologist Jane Goodall, activists Marian Wright Edelman and Jimmy Carter, artists Maria Lassnig and Georgia

O’Keeffe, yoga teacher Vanda Scaravelli, actors Susan Sarandon and Helen Mirren, writers May Swenson and Anne Lamott, and other heroes, both famous and not. I believe that by crafting my own resistance narrative, one that presents me as a woman of power and purpose, and by telling that story to myself often enough, I’ll embrace and live it.

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I take a bite of bread. It’s not as sweet as I like, since I forgot to add honey to the ingredients. Yet it’s not perfection I crave but fullness and wholeness. I swallow and feel the bread moving down my throat and into my stomach. I take a sip of water. Bread and water: the food of prisoners. Bread and water: the food of liberation. I pick up the slice, take another small bite, and put it back on the plate. I let the bread dissolve on my tongue just as I do at the Lord’s Supper, so I can savor the sacrifice and the fulfillment. It’s a razor’s edge I walk. How tempting it is to wolf down this slice and the rest of the loaf. How tempting it is to throw it into the sink as if it’s on fire, douse it with water, and then cram it down the garbage disposal. But I remain at my dining-room table, eating with deliberation, this slice of bread.

With one remaining bite of bread before me, I pause. I am poised between the past and future, between stuff or starve, between what I’m told about myself and what I know to be true, between dwelling in the present and all that might deprive me of peace and fullness. This act of eating with the entirety of my being feels decadent and indulgent. How many of these simple, mindful meals will it take to erase the vestiges of all of those times when I denied my desire for bread or ate bread as filler? How many of these simple, mindful meals will it take to provide the fullness and wholeness I crave?

After I’ve eaten the last crumb, I blow out the candle, set my plate and glass in the sink, and open the blinds. I’m relieved that the ritual is done for another day. And yet, the bread tasted good and for a moment, here and there, I found pleasure in eating it.

Works Cited

- Borg, Marcus J. "Narrow is the Way: Marcus J. Borg Official Website."
- Bulik, Cynthia M. *Midlife Eating Disorders: Your Journey to Recover*. New York: Walker and Company, 2013.
- Cumella, Edward J., and Zina Kally. "Profile of 50 Women with Midlife-onset Eating Disorders." *Eating Disorders: The Journal of Treatment & Prevention* 16.3 (2008): 193-203.
- Foerde, Karin, Joanna E Steinglass, Daphna Shohamy, B Timothy Walsh. "Neural Mechanisms Supporting Maladaptive Food Choices in Anorexia Nervosa." *Nature Neuroscience* 18.11 (2015): 1571-1573.
- Gagne, Danielle A., Ann Von Halle, Kimberly A. Brownley, Cristin D. Runfola, Sara Hofmeier, Kateland E. Branch, Cynthia M. Bulik. "Eating Disorder Symptoms and Weight and Shape Concerns in a Large Web-based Convenience Sample of Women Ages 50 and Above: Results of the Gender and Body Image (GABI) Study." *International Journal of Eating Disorders* 45.7 (2012): 832-44.
- Halmi, Katherine A., Suzanne R. Sunday, Michael Strober, Alan Kaplan, D. Blake Woodside, Manfred Fichter, Janet Treasure, Wade H. Berrettini, and Walter W. Kaye. "Perfectionism in Anorexia Nervosa: Variation by Clinical Subtype, Obsessionality, and Pathological Eating Behavior." *American Journal of Psychiatry* 157.11 (2000): 1799-1805.
- John 5: 1-15.
- Kaye, Walter H. Cynthia M. Bulik, Laura Thornton, Nicole Barbarich, and Kim Masters. "Comorbidity of Anxiety Disorders with Anorexia and Bulimia Nervosa." *American Journal of Psychiatry* 161.12 (2004): 2215-21.
- Kaye, Walter H., and Theodore E. Weltzin. "Serotonin Activity in Anorexia and Bulimia Nervosa: Relationship to the Modulation of Feeding and Mood." *Journal of Clinical Psychiatry* 52 (1991): 41-8.
- Oberndorfer, Tyson A., K. W. Frank Guido, Alan N. Simmons, Angela Wagner, Andyale McCurdy, Julie L. Fudge, Tony T. Yang, Martin P. Paulus, Walter H. Kaye. "Altered Insula Response to Sweet Taste Processing After Recovery from Anorexia and Bulimia Nervosa." *American Journal of Psychiatry* 170.10 (2013): 1143-1151.
- Wolf, Naomi. *The Beauty Myth: How Images of Beauty Are Used against Women*. New York: William Morrow and Company, 1991.