



Embodiment and Subject Formation: An Illness Narrative Study of Young Women with Eating Disorders in China

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Abstract

Eating disorders have increasingly emerged as a significant health issue among young women in China, yet the problem has long been overlooked. While medical and psychological approaches remain important, this study argues for the necessity of exploring eating disorders through a cultural and sociological lens. Drawing on semi-structured interviews with ten young women with eating disorders and participant observation with three of them, this study focuses on the illness narratives of patients, analyzing the complex interplay between illness, the body, subjectivity, and society. The findings reveal that physical suffering and bodily perception in patients are often deeply intertwined, manifesting not only as physiological pain but also as discomfort rooted in moral dimensions. In the process of pursuing gendered values, self-realization, and a sense of security, patients exert control over their bodies, causing the body to simultaneously carry meanings from three intertwined dimensions. Consequently, bodily changes impact multiple aspects of their self and may trigger a profound sense of collapse, which makes body weight and food intake central to preserving their sense of order in life. Resisting traditional body ideals becomes a key strategy for constructing new subjectivity among young women with eating disorders, however, such resistance may simultaneously entangle them into new constraints shaped by healthism and fitness-oriented aesthetics. These bodily narratives synthesize the embodied experiences of young women as gendered subjects, and recognizing this allows for a deeper understanding of the social contexts they inhabit, offering an essential perspective for interpreting contemporary Chinese women's lived conditions.

Keywords: bodily perception; femininity; gender norms; neoliberalism; subjectivity

1. Introduction

Eating disorders (ED), a group of psychiatric illnesses characterized by abnormal eating behaviors and excessive preoccupation with food, weight, and body shape, including anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BED), are among the mental illnesses with the highest mortality rates (Chen, 2019; National Association of Anorexia Nervosa and Associated Disorders, n.d.).

Eating disorders were once perceived as illnesses primarily affecting young women from middle to upper class Western societies (Bruch, 1978), but recent data show a rising prevalence in China. At the Shanghai Mental Health Center's ED treatment unit, only three cases were recorded in 2002, but by 2016, the number of visits had exceeded 1,100, and in 2019, it surpassed 2,700 (Sanlian Youth Magazine, 2023). Similar to trends in Western countries, eating disorders in China show a notable gender imbalance, with significantly higher rates of ED symptoms detected among women than men (Liu et al., 2022). Among young women, the prevalence of EDs is approaching levels observed in Western societies (DXY Mental Health Insights, 2024).

However, despite being a global health issue, eating disorders among young women have long been underrecognized (The Lancet Diabetes & Endocrinology, 2023). Research on EDs in China remains limited, and most available epidemiological data come from Europe and the United States, while most of the existing have focused on the fields of medicine and psychology, with insufficient attention to social dimensions or cultural interpretations of specific patient populations. Illness and suffering are not merely physiological experiences, but are the connection between the physical and social aspects of the individual, the way the individual interprets, expresses and responds to personal and social problems through the medium of the body, laden with profound cultural meaning (Peng, 2023).

This paper focuses on how young women with eating disorders narrate and understand their suffering bodies, using two qualitative methods, semi-structured interviews and participant observation, with the aim of interpreting EDs within their broader sociocultural context. The pain and suffering expressed in patients' bodily narratives is a synthesis of the embodied experience of their lives as female subjects and the expression of their gendered social positioning. Understanding this embodiment enables an expansion beyond purely biomedical frameworks and facilitates a grasp of the social contexts in which these young women live, offering a crucial perspective for understanding contemporary Chinese women's lived conditions.

2. Literature Review: Illness Narratives and the Body in Eating Disorders

Eating disorders, as issues concerning both physical and mental health, first garnered attention within the medical field. In 1873, William Gull introduced the concept of Anorexia Nervosa when describing patients suffering from extreme physical emaciation due to self-starvation. He defined it as a disorder stemming from dysfunctions of the mental and nervous systems, thus laying the medical and psychological foundation for the study of eating disorders (Gull, 1873). Early research on eating disorders primarily focused on physiological and psychological dimensions, examining their causes (Zhang & Shen, 1993), consequences (Hrabosky et al., 2007), and intervention strategies (Fairburn et al., 1993; Lynch et al., 2010). In related epidemiological studies, some scholars have found that adolescent girls and youth populations are particularly susceptible to eating disorders (Halmi, 1992; Lin et al., 2020).

In existing research on eating disorders, the “body” has consistently remained a central focus. On the one hand, in medical and psychiatric fields, body dissatisfaction and controlling behaviors are regarded as important triggers for ED, which necessitates the use of medical variables for assessment and analysis (Zhong, 2023; Guo et al., 2021). On the other hand, social science research suggests that dissatisfaction with the body is not merely an individual issue, but is also shaped by intersecting dimensions such as gender and media, calling for further theoretical exploration. Regarding the former, previous empirical research has paid considerable attention to the role of bodily perception in the development of eating disorders, with some studies discussing the role of body cognition such as weight self-stigma and self-objectification in eating disorders through quantitative methods (Guo et al., 2024; Zhao & Jiang, 2021), while others have reviewed abnormal body perception within psychiatric frameworks (Xu et al., 2019). However, these approaches often take dissatisfaction and denial of the body as given facts, overlooking the sociocultural dimensions of embodiment. As for the latter, although several studies have examined eating disorders from cultural perspectives and offered insightful understandings of the body in the context of eating disorders, they often remain at a theoretical and macro-structural level, with limited attention paid to the voices and lived experiences of the patients themselves (Shilling, 2003; Bordo, 1993).

From Erving Goffman’s perspective, standardized psychiatric diagnoses use rigid technical criteria to demarcate normal from abnormal, while the individual’s lived context and meaning-making processes are often ignored and negated (Wang, 2018). Arthur Kleinman’s theory of illness narratives offers a new lens for understanding mental illness. Kleinman distinguishes the concepts of disease and illness, defining the former as a malfunctioning of biological or psychological processes, and the latter as the people’s psychosocial experience and meaning of perceived disease within sociocultural contexts (Kleinman, 1980). This has shifted the focus of research from the objective diagnosis of symptoms within medical discourse to patients’ subjective experiences and interpretations of bodily discomfort, revealing the complex interplay between illness experiences and broader sociocultural value systems (Peng, 2023).

This study focuses on adolescent females, a specific group with a high incidence of eating disorders, and seeks to answer the following questions through the lens of illness narratives: (a) How do young women with eating disorders understand and interpret their bodies, and what cultural meanings are embedded in these narratives; (b) What kind of patients' subject formation process are revealed in their bodily accounts? Based on this, the study aims to build a bridge between disease and culture, individual experiences and structural factors, thereby deepening the understanding of the embodied experiences of those with eating disorders.

3. Research Methods

This study seeks to explore young women’s experiences with eating disorders through the lens of “illness narratives”. Due to the lack of professional treatment resources and general public awareness of the disease, despite the high prevalence of eating disorders among adolescents and young adults, only a small proportion of patients have sought professional treatment (Hudson et al., 2007). Given this context, the term “patients with eating disorders” in this study refers not only to those formally diagnosed by psychiatric departments in hospitals, but also to those who have not been diagnosed in hospitals but have been self-diagnosed through self-help manuals, whose symptoms are consistent with clinical eating

disorders and have seriously impacted their daily life and study. In the research process, this study mainly employed two qualitative methods to collect data: semi-structured interviews and participatory observation. The researcher conducted semi-structured interviews with ten young female diagnosed with or experiencing eating disorders, and engaged in participant observation in the daily lives of three of them for more than a month respectively.

3.1 Semi-Structured Interviews

Interviews can construct a social reality that transcends individual subjectivity enabling mutual understanding between the researcher and participants, while revealing the participants' past experiences and worlds of meaning (Chen, 2000). Through online solicitation, online invitation, and personal relationships, the researcher conducted semi-structured interviews with 10 young women with eating disorders. Among them, 6 were formally diagnosed with an eating disorder in medical institutions, while 4 self-reported that they were currently or had previously been affected by disordered eating. Considering the potential ethical risks of interviewing individuals currently undergoing severe stages of eating disorders, this study mainly selected young women who had experienced or were currently experiencing eating disorders but whose symptoms were relatively mild or had not reached an extreme stage.

In this paper, the age of the interviewees is set between 18 and 35 years old, referring to the definition of youth by the State Council of China (The Central Committee of the Communist Party of China & The State Council, 2017). The basic information of the interviewees is shown in Table 1.

Due to geographical constraints, interviews were mainly conducted in three forms: in person, via video calls, or by telephone. The participants included individuals diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder (hereafter referred to as AN, BN, and BED). Efforts were made to ensure a balance in age, type of ED, and illness duration to achieve comprehensive coverage of different conditions. Each interview lasted over two hours on average and was conducted with the informed consent of the participants, in accordance with ethical principles and with care taken to avoid over-interviewing. The interviews adhered the principle of maximum variation and data saturation, ceasing when interview responses began to show repetitive patterns and no new themes emerged in relation to the research questions (Pan et al., 2010).

Table 1: Basic Information of Interviewed Young Women

Code	Age	Interview Mode	Type of Eating Disorder	Diagnosis Method	Duration of Symptoms	Participant Observation	Longitudinal Follow-up
01	31	In-person	Bulimia Nervosa	Clinical	6 months	Feb-Mar 2021 (intensive) Apr-Aug 2021 (weekly visits)	-
02	22	In-person	Anorexia → Bulimia	Clinical	10 months	Sept-Nov 2020 (weekly visits)	-
03	18	In-person; Phone	Bulimia Nervosa	Clinical	4 years	Dec 2020-Jan 2021 (intensive)	Jan 2021 Nov 2024
04	20	Phone	Anorexia Nervosa	Clinical	5 years	-	Dec 2022 Nov 2024
05	23	In-person	Bulimia Nervosa	Self-diagnosed	1 year	-	-
06	24	In-person	Bulimia Nervosa	Self-diagnosed	3 months	-	-

07	25	Video	Binge Eating Disorder	Self-diagnosed	1 year	-	-
08	22	In-person	Bulimia → Binge Eating	Clinical	5 years	-	-
09	21	Phone	Anorexia Nervosa	Clinical	6 months	-	-
10	27	Video	Binge Eating Disorder	Self-diagnosed	1.5 years	-	-

Given the particularities of eating disorder onset, young women may develop different understandings and narrative frameworks about their illness at different stages. To better understand their worlds of meaning, two interviewees were followed up in a longitudinal investigation, where they were re-interviewed after a significant time interval. For reference, quotations from interviews in the following sections are marked with the corresponding participant codes from Table 1.

3.2 Participant Observation

Participant observation enables researchers to immerse themselves in the culture of the people being observed and gain insights into how individuals interpret the meanings of their behaviors (Chen, 2000). As this study concerns individuals' meaning-making processes, in addition to semi-structured interviews, the researcher conducted participant observation with three of the interviewees, living and eating alongside them for over a month each. The researcher asked questions in real-time during these observations, aiming to gather richer qualitative data.

4. Bodily Perceptions of Young Women with Eating Disorders

Psychosomatic illnesses refer to diseases in which psychological factors play a significant role in the onset and progression of organic disorders, involving complex interactions between the mind and body (Shi, 2005). Compared with other purely physiological disorders, eating disorders, as a typical form of psychosomatic illness, possess distinctive pathological characteristics. On the one hand, psychosocial factors are central to the development and trajectory of eating disorders; on the other hand, their clinical manifestations often include pronounced physical symptoms. In narratives shared by young women with eating disorders, the body consistently emerges as a central theme in their accounts of illness.

The first among these is the material body in a state of discomfort and loss of control. In good health, the body often recedes from conscious awareness; illness, however, renders the body perceptible again, as individuals lose their sovereignty over it. The once "absent" body reasserts its presence (Tu, 2020): *I was lying on the bed at home... (pauses) wearing a white dress, just lying there. I suddenly needed to use the bathroom. I was still taking laxatives at the time, so it was really urgent—I had to go right away. But I didn't have the strength to get up.* (02) Moments when the body fails to respond to personal will bring about a split between the material body and the self. Such a disjunction often evokes feelings of losing oneself, threatening one's self-esteem and even sense of identity (Tu & Zhong, 2017). In this process, the body becomes alienated from the "mind" and is experienced instead as an uncontrollable, external, and material entity distinct from the self.

Secondly, there is the presentational body marked by fatness and imperfection. The concept of the “presentational body”, proposed by scholar Huang Yingying, refers to a body that exists in relation to a particular gaze (Huang, 2018). Individuals with eating disorders often regard their bodies as objects of scrutiny, focusing obsessively on the parts they find most dissatisfying. For them, the anxiety arising from this form of bodily perception is profoundly real and becomes integrated into their illness narratives as part of their embodied suffering: *I used to fantasize countless times: could I just cut off my legs and rebuild them? Really, countless times. Because they're not only thick but also have no ankles, which makes them... especially bulky.*” (06) Patients position themselves as an outsider to their own bodies, examining and evaluating various parts through an external gaze. This gaze, in turn, becomes internalized, producing a tangible and persistent perception of “fatness”.

Finally, there is the moralized body, through which patients experience their bodily perceptions in moral terms. Beyond the physiological pain and the perception of fatness shaped by the gaze of others, eating disorders also induce moralized negative emotions. In patients’ illness narratives, physical sensations often intertwine with moral evaluations of the body:

“I tried a few times not to eat at night and went to sleep on an empty stomach. The next day, I felt mentally sharp and overall really good. ... (But after binge eating), my brain would be foggy from morning to night... and I'd feel an intense self-loathing. Just that feeling.” (07)

Rather than saying that the patients assign moral meaning to different bodily states, it may be more accurate to say that moral values themselves structure the patients’ bodily perceptions and embodied experiences. According to Deleuze, morality manifests as a specific set of coercive rules that judge actions and intentions by linking them to transcendent values (Deleuze, 1995). For individuals with eating disorders, behaviors such as “eating” or “binge eating” are closely associated with “gaining weight,” which is then imbued with negative moral connotations. This leads to an intense sense of self-loathing toward the post-binge body and produces aversive bodily sensations. In other words, patients’ physical perceptions and moral judgments are deeply intertwined, such that the discomfort they feel after eating is, to a certain extent, shaped by their own self-loathing: *“I just don't like the way I feel after eating. Like... my stomach just obviously feels bloated.”* (06) Here, the material body is, from the outset, a discursive construction, tightly entangled with culture (Taylor, 2010).

In sum, the bodily perceptions of young women with eating disorders highlight three dimensions: first, the material body becomes salient through the discomfort caused by disordered eating behaviors; second, excessive concern with body shape leads to psychological distress and a sense of alienation from the body; and third, the moralization of bodily experiences further reinforces a fractured bodily self-perception. Whether material, presentational, or moralized, these three modes of bodily perception collectively illustrate the patients’ estrangement from their embodied selves. The body is no longer a unified, morally neutral presence integrated with the mind and fading from consciousness through action and awareness; instead, it becomes fragmented, objectified, and estranged from the self. However, the patients’ narratives about the body are not confined to individual bodily experiences alone. Through their moralized expressions, the body also takes on multiple layers of cultural meaning and reflects the broader sociocultural contexts in which these individuals are situated. These contexts merit further analysis.

5. Beauty, Striving, and Certainty: The Cultural Logic of Embodied Narratives in Eating Disorders

Society and culture shape individuals' perceptions, experiences, and expectations of the body through various norms, standards, and ideals. In the illness narratives of eating disorders, vivid bodily sensations and the sociocultural shaping of the body are closely interwoven. The lived body and the illness often carry deep metaphorical meanings (Zheng, 2007). A nuanced understanding of this dynamic calls for a close examination of the meaning-worlds of young women with eating disorders.

First, the narratives of participants reveal gendered bodies under patriarchy. Respondent 09 told the researcher that the most unforgettable part of her illness experience was the fear of gaining weight. In the male-dominated gender hierarchy, ideal femininity is often associated with traits such as submissiveness, sexuality, and dependence (Li, 2018). Within this normative gender framework, body shape and appearance become key indicators of a woman's social value: *At that time, a popular saying was "a good woman doesn't weigh over 100 jin (50 kg)"... If I wanted to be a good woman, my weight shouldn't exceed 100.*(08). In such narratives, the patients internalize the norms of gendered embodiment, magnifying the significance of body shape and appearance in constructing their subjectivity and seeking self-worth, regarding beauty as one of the highest values that women should pursue.

Second, the narratives also reveal the striving body shaped by neoliberalism. One patient described her experience as follows: *I started losing weight when I was in high school. Back in middle school, I was very lazy, I didn't exercise... I was very useless. Then I got into a really good high school... I became motivated in everything, including studying... I started pursuing perfection and wanted to be competitive*(04). In this account, not exercising is equated with being lazy and useless, while becoming motivated, competitive, and perfect is closely linked to losing weight. Neoliberal values centered on individual competition encourage individuals to realize their self-worth through relentless effort. For women, whose gender norms emphasize body shape and appearance, this pursuit of self-worth is magnified into a persistent focus on bodily image. Through behaviors such as dieting and self-control, patients construct an image of themselves as proactive, responsible subjects who strive for success, strength, and productivity: *"If I could lose weight through my own efforts, then there's nothing I can't do."* (09) In this sense, the body with an eating disorder metaphorically reflects the state of being trapped in a neoliberal society: under the dominance of a subject who has deeply internalized neoliberal values, the body suffering from an eating disorder is in fact also a fatigued body that protests through pathology, expressing a desire to rest.

Third, the body in patients' narratives also reflects a desire for certainty in a liquid society. While illness is typically associated with disruption and disorder, for many young women with eating disorders, pathological bodily states and behaviors paradoxically provide a sense of order and comfort. One participant said, *I didn't know how to deal with the feeling of losing control over the future... So I had to use this method to relieve my anxiety for the time being* (07). As individuals become disembedded from collective structures, modern society imposes uncertain freedom upon them (Beck & Beck-Gernsheim, 2002). Patients are thrown into an ever-shifting social environment, losing the sense of belonging and certainty once offered by a stable order (Bauman, 2000). This uncertainty amplifies patients' anxiety and distress, making the body and food the only domains that feel controllable. From this perspective, the fear of eating in anorexia nervosa is, in fact, an embodied expression of the

fear of social and existential uncertainty: *"I don't know why I want to be thin, but I'm just very afraid of getting fat. Sometimes I feel like if I eat even one more bite today—just one more apple—I'll wake up tomorrow weighing 200 jin (100kg)."* (02).

However, with the body as the focal point, the three dimensions of gender identity, self-management, and the pursuit of certainty do not exist in isolation. Rather, they are interwoven in the narratives of eating disorders. Gender identity shapes women's definitions of *success* and *self-realization*, making them more likely to pursue *bodily* control and discipline, while it also creates a stronger perception of risk for female patients, making it more important for them to seek certainty through their bodies. Yet the anxiety triggered by uncertainty may also induce binge eating, and the resulting weight gain then threatens the self-worth constructed through gendered body norms. Therefore, as shown in Figure 1, when bodily experiences are intertwined and entangled with these three dimensions of value, fluctuations in body weight no longer affect only one aspect of the self but cause a sense of complete collapse: *"I feel like it could lead to something really terrible. When my weight goes up, it feels like everything is collapsing, like a lot of things I can't even see are coming at me all at once."* (08)

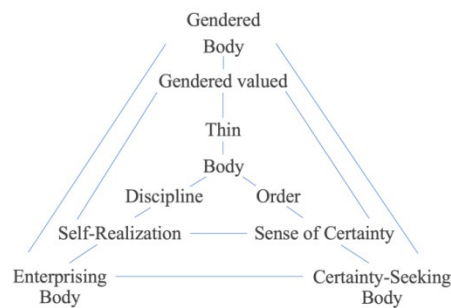


Figure 1: The Interwoven Value Dimensions of the Body in Eating Disorder Narratives

6. Control and Counter-Control of the Body: Subjective Reshaping and Moral Reconstruction

From Foucault's perspective, the subject is not a pre-existing entity but a product constructed through power/knowledge; like the body, the subject is a cultural effect (Foucault, 1995). In the narratives of young women with eating disorders, various social contexts act upon their bodies, shaping how they speak about their bodily experiences and producing subjects constructed by different value judgments. The recovery stories shared by patients clearly reflect a process of subject reconstruction: by distancing themselves from or denying their former selves during illness, and by resisting bodily control behaviors, they rebuild their cognitive and value systems. Through new moral discourses, they construct redefined subjectivities and assert their recovered identities.

For recovered patients, their past selves are often perceived as incomprehensible in their treatment of the body: *"Just... crazy... extremely extreme, very abnormal."* (02) First, some patients describe their previous behaviors of bodily control with a variety of derogatory terms such as *brain fog* or *ED brain*. Others, while not explicitly devaluing their past selves, demonstrate an awareness of how social norms had shaped their bodily practices and behaviors: *I know clearly that the whole "white, young, and skinny" thing is what your enemy wants to use to keep you weak... It's not a healthy aesthetic* (06). By deconstructing

social standards on a discursive level, patients also deconstruct the disordered the disordered subject that had followed those standards. Behind these seemingly agentic subjects lie both the pathology and the constructed force of normative ideals.

In addition to rejecting their former subject positions, patients' processes of subject reconstitution also involve resistance to bodily control and the reconstruction of moral discourse surrounding the body. On the one hand, some patients report a significant decline in the importance of the body in their lives, and their lives no longer revolve around weight and food. On the other hand, some have redefined their aesthetic standards, advocating scientific fitness over unhealthy weight loss and promoting the beauty of muscle tone over frailty, thereby severing ties with past beauty ideals and self-identification: "*I want to be healthy, I want to be strong... What I care about is my body fat percentage, the dimensions of my body.*" (06)

In these narratives, patients describe finding personal meaning in life and rebuilding a sense of value and purpose in broader spheres. Through changes in their bodily attitudes, they undergo a process of de-objectification and subject formation. In this process, feminist discourse becomes a powerful tool for some patients to resist patriarchal ideologies and the moralization of fatness, and to legitimize their weight gain: "*(Feminism helped) me interpret my 'fatness' from a more positive perspective.*" (08) However, in fact, some respondents have continued bodily control behaviors, merely shifting their discourse, redefining gendered beauty as "muscular beauty" instead of "thinness": "*I look at my abs every day—I love my abs and waistline. So if I ate too much the night before, I'll look at my belly in the morning and think, no, you've got to punish those abs hard today.*" (04) Through this discursive shift, they continue to conform to the requirements of gender norms, self-realization, and body control, while drawing a symbolic boundary between their current and former selves, skillfully avoiding a position in direct opposition to feminist discourse. These young women appear to have constructed new subjectivities through resistance to bodily control, but it remains an open question in what extent this resistance may in turn fall into a new cycle of healthism and fitness-oriented aesthetic in the control of body.

7. Conclusion

Using illness narratives as a research framework and drawing on methods such as in-depth interviews and participant observation, this study focuses on the body to analyze the illness stories of young women with eating disorders, in order to explore their world of meaning and offer a sociocultural interpretation of eating disorders. The findings reveal that in the narratives of eating disorder patients, physical suffering and bodily perception are often deeply intertwined, manifesting not only as physiological pain but also as discomfort generated on a moral level. The moralization of the body becomes a source of oppression. In the pursuit of gendered values, self-realization, and a sense of certainty, patients exert control over their bodies, causing the body to simultaneously bear meanings across three dimensions, which makes body weight and food intake become central to the maintenance of their life order. The resistance to past standards of the body becomes a key step in the construction of subjectivity for young female patients. They seek to break free from established gender norms and social evaluations, reconstructing the legitimacy of their bodily practices through a new discursive logic. However, such resistance has not fully liberated them from the social norms of body control; instead, it may simultaneously have entangle them into new constraints shaped by healthism and fitness-oriented aesthetics.

Due to space constraints, this article does not address diverse perspectives such as those of male patients, or differences related to urban/rural contexts and age groups. Moreover, the study focuses primarily on cultural explanations of eating disorders, while overlooking, to some extent, the interaction between biomedical and sociocultural factors. Future research may benefit from further exploration in the following three areas: first, examining the embodied perceptions and illness experiences of more diverse patient groups to understand the varying social predicaments they face; second, engaging in interdisciplinary collaboration with fields such as medicine and psychology; and lastly, conducting cross-national comparative studies to better understand how illness interacts with specific social contexts.

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