

## Embodying Critical and Corporeal Methodology: Digital Storytelling With Young Women in Eating Disorder Recovery

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**Key words:** critical arts-based methods; eating disorders; curriculum; qualitative research; embodiment; digital storytelling; recovery; corporeality

**Abstract:** Digital storytelling is as an arts-based research method that offers researchers an opportunity to engage deeply with participants, speak back to dominant discourses, and re-imagine bodily possibilities. In this article, we describe the process of developing a research-based digital storytelling curriculum exploring eating disorder recovery. We have built this curriculum around research interviews with young women in recovery as well as research and popular literature on eating disorder recovery. Here, we highlight how the curriculum acted as a scaffolding device for the participants' artistic creation around their lived experiences of recovery. The participants' stories crystallize what resonated for them in the workshop process: they each have an open-ended narrative arc, emphasize the intercorporeality of recovery, and focus on recovery as process. The nuances within each story reveal unique embodied experiences that contextualize their recoveries. Using the example of eating disorder recovery, we offer an illustration of the possibilities of digital storytelling as a critical arts-based research method and what we gain from doing research differently in terms of participant-researcher relationships and the value of the arts in disrupting dominant discourses.

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## 1. Introduction

Digital storytelling offers us the opportunity to bridge new divides in research: divides between participant and researcher, between words and images, between body and mind. We conceptualize the digital storytelling process as a guided practice of artistic co-creation. In our approach to digital storytelling, we create an original curriculum focused on knowledge, power, and representation. We work together with participants to "speak back" (resist and assert often-subjugated voices) to dominant discourses around a particular topic. From a social justice perspective, it is vitally important that this curriculum resonate with participants so that the workshop process is meaningful and the resulting stories represent their experiences as they conceptualize them. It is equally important that the curriculum encapsulate prevailing and emerging theoretical perspectives so that the research process creates space for participants to engage with and possibly enhance current understandings of the phenomenon under investigation. The digital storytelling tradition we draw on places participants in the role of experts over their own experiences (LAMBERT, 2010; RICE, CHANDLER, RINALDI & HARRISON, forthcoming; RICE, CHANDLER, HARRISON, LIDDIARD & FERRARI, 2015). We aim to enact an ethic of participant-centeredness in our research; we situate this work within a critical feminist corporeal and new materialist theoretical frame. For us, digital storytelling allows us to extend beyond a purely post-structuralist focus on discourse and reach toward a deeper understanding of the participants' lived experiences of their bodily becoming (RICE, 2014) or, in Donna HARAWAY's terms, of their bodies "in-the-making" (2008, p.163) through the co-creation of art. The participants' lived, embodied experiences become a basis for their artistic creation; we interpret stories paying attention to the ways in which participants use and/or speak back to dominant discourses and power, as well as to how their artistic creations express more than exclusively discursive relations with their bodies and their lived worlds. [1]

Unlike education-based (e.g., ROBIN, 2008) or other research-based approaches to digital storytelling (e.g., ALEXANDRA, 2008), we use a curriculum to ground our approach. Under the umbrella of curriculum, we include setting the stage for an exploration of the existing representational field into which participants intervene with their stories, as well as the technical aspects of video editing and elements of narrative work around storytelling. Other researchers have encouraged the building of critical consciousness (FREIRE, 2000 [1970]) amongst workshop participants, particularly through exploring power and positionality (GUBRIUM & SCOTT, 2010), using digital stories as a way of envisioning different worlds (GUBRIUM, HILL & FLICKER, 2014). Ethnocinematographers have also made use of collective art-making processes, for example using film to speak back to dominant representations of Africans in the Sudanese diaspora and interrogating the ways in which the West has framed "the African" as object of the gaze (HARRIS, 2010, 2011). Such work helps us to reimagine relations between self and other. Our workshops explicitly position our curriculum as a guide to this process of consciousness raising and speaking back to dominant representations; we centralize experiential knowledge by positioning participants themselves as sites of knowledge and encouraging them to speak

back to dominant paradigms to reconfigure what we know and, thus, to shift the representational field. [2]

Building on a tradition of infusing feminist pedagogy into the curriculum through both material and radical transformative action (in this case, the co-creation of art) (FORREST & ROSENBERG, 1997), we situate our approach at the intersection of feminist pedagogy and creative arts research. We seek to take feminist pedagogy out of traditional classroom contexts and into communities (where it arguably began), while simultaneously bringing critique, critical consciousness, self-reflexivity, and challenges to traditional hierarchies of knowledge into our workshops (CHÁVEZ, 2009; CRABTREE, SAPP & LICONA, 2009; HAHNA, 2013) and positioning our digital storytelling practice as a rigorous arts-based research method (LEAVY, 2009). Accordingly, we take great care to infuse participant perspectives into curriculum building, drawing on multiple forms of knowledge and expertise to fashion a transformative and non-didactic curriculum. One of the methods we have devised for doing this is to use preliminary research results (from interviews or focus groups with prospective digital storytelling workshop participants) to identify and synthesize themes from the lives of the participants that speak (back) to a broader literature (both conventional and critical) on a specific area of inquiry. Arguably, this approach allows those with lived experiences of the phenomenon of interest to engage self reflexively and inquiringly with knowledges that have implications for their lives. The workshop curriculum thus conceived also becomes a form of member checking as researchers and participants enter into a process of exploration throughout the workshop. The preliminary analyses used to guide curriculum development might be revised in light of the participants' reactions, as might future iterations of the curriculum. Importantly, we conceive of the curriculum non-didactically; "curriculum" is meant to be a scaffolding device, a container and a catalyst to respectfully ignite conversations that matter to participants. [3]

In this article, we describe the process of developing a digital storytelling curriculum around eating disorder recovery. We use case studies of three digital stories (all produced at the same workshop) to highlight how a curriculum can yield a cohesive but individually nuanced set of stories. Together, these stories reveal aspects of the experience of eating disorder recovery that may not be accessible through more traditional means of research: the complexity, variability, open-ended and processual quality, as well as the embodied specificity of eating disorder recovery as lived experience. Our aim is twofold: to illustrate the possibilities of a guided practice of digital storytelling for critical arts-informed research processes and through such approaches, to gesture toward openings to an exploration of the embodied experience of eating disorder recovery. [4]

The workshop context as we designed it allowed us to explore eating disorder recovery in a more complex way than is typically prescribed, avoiding oversimplification or reduction of recovery to weight gain, "normalized" eating, or other physiological and behavioral markers of recovery. To do this, we focused on participants' embodied being and becoming-in-the-world, leaving open the possibility of not reducing the complexities of recovery into a single solution or a

single story. Using a theoretically-informed and research-based curriculum to ground the workshop yielded stories that intersect and overlap, without replicating each other; rather, participants' unique stories of recovery were grounded in, and emerged from, their specific embodied social locations. Catalyzed by the curriculum, aspects of shared meaning-making that took place in the workshop context echo throughout the stories, but the stories do not replicate the content built into the curriculum. In this way, the curriculum created space for particularized stories that are woven together and depict a complex articulation of experiences of illustrating eating disorder recovery. [5]

## 2. Eating Disorder Recovery

We situate our work in a tradition of critical feminist, post-structuralist and materialist research on eating disorders that problematizes the split between normal and pathological (e.g., MALSON, 1998). Eating disorder recovery is not easily defined and remains the object of continued debate in conventional and critical literature on eating disorders (BARDONE-CONE et al., 2010; KORDY et al., 2002; LaMARRE & RICE, 2015a, 2015b; NOORDENBOS, 2011a, 2011b; WALSH, 2008). Often, physical signs and symptoms are taken to indicate outcome status among individuals suffering from eating disorders (e.g., ACCURSO et al., 2014), sometimes to the extent that work on factors deemed non-physiological are only tackled following weight restoration and "normalized eating" (e.g., LOCK & LeGRANGE, 2012). Qualitative work on recovery has theorized eating disorder recovery as multidimensional (HAY & CHO, 2013), referring to recovery as finding oneself (NOORDENBOS, 2011a, 2011b), regulating emotions without using symptoms (FEDERICI & KAPLAN, 2008) or "becoming whole again" (JENKINS & OGDEN, 2012). These qualitative studies offer insight into the experience of recovery beyond weight restoration and eating "normally." Quantitative researchers also note the need to understand recovery holistically (BARDONE-CONE et al., 2010). Nonetheless, situated as they are in a scientific and social milieu focused on individual responsibility and personal health management (BROWN, 2003; NOVAS & ROSE, 2000; SUGARMAN, 2015), these accounts of recovery may leave people in recovery feeling caught in between supposed health ideals issued to the general population (eating and weight control) and attitudes/behaviors (non-restrictive eating, weight acceptance) expected of those in recovery (LaMARRE & RICE, 2015a). The term "recovery" itself may be perceived as alienating and impossible to achieve (LaMARRE & RICE, 2015b; MALSON et al., 2011). People with eating disorders themselves may orient differently to the concept of recovery than clinicians (NOORDENBOS & SEUBRING, 2006), some preferring to adopt a recovery model approach (DAWSON, RHODES & TOUYZ, 2014) while others prefer to see symptom remission as a marker of wellness. [6]

A key aspect of the broader project of which the work presented here is a part of is that participants positioned themselves differently in relation to this terminology, questioning and critiquing the rhetoric that surrounds recovery. Elsewhere (LaMARRE & RICE, 2015a, 2015b), we reflect on the ways in which the discourse of recovery itself may act as another bodily imperative for those

attempting to navigate contradictory social norms. However, in this article and elsewhere we use the terminology of recovery in order to enter into a dialogue with others interested in distress related to eating and bodies. [7]

### 3. Digital Storytelling

We also situate this work in relation to a broader trend relying on technology to generate new possibilities for preventing eating disorders (BAUER & MOESSNER, 2013; STICE, SHAW & MARTI, 2007), treat them (JUARASCIO, MANASSE, GOLDSTEIN, FORMAN & BUTRYN, 2014) and share recovery stories. While many people who have recovered from (or are in recovery from) eating disorders document their stories of eating disorder recovery on online platforms such as Youtube, to our knowledge no other project has specifically used research-based digital storytelling to explore eating disorder recovery. We chose digital storytelling for its liberatory possibilities and, more specifically, for the way in which digital stories allow us to complicate simple stories, as they broaden perspectives and challenge power dynamics (GUBRIUM et al., 2014). Lauded as the "signature pedagogy of the new humanities [...] inviting students to speak from the flesh, to create and represent through the flesh and to construct and interpret their identities in mind and body" (BENMAYOR, 2008, p.200), digital stories have been used in educational settings to encourage students to situate themselves in relation to theory (BENMAYOR, 2008) and to be reflexive (KIRK & PITCHES, 2013; RICE et al., forthcoming) as well as to trouble existing theory (RICE et al., 2015). In ethnocinema, films have been a powerful way of engaging with (and challenging) "conventional" stories told *about* people by involving so-called subjects directly in "shooting back" from lived experience through the medium of film (e.g., HARRIS, 2010, 2011). However, we see our project as fitting more clearly within the digital storytelling tradition than that of ethnocinema. While our participants do, in a sense, gaze back at the gazer, our approach is only marginally "ethnographic" in the sense that we (researchers and participants) are situated in the same sociocultural context that we study and within this context, our participants occupy arguably homogeneous and relatively privileged social positions (of various ages and ethnicities with diverse sexual identifications but also mainly white and middle class). Further, rather than a lengthy residency with participants in recovery, such as working with them as they navigate the everyday worlds of eating disorder treatment services, our workshops take place in protracted form—over the course of a 3-day workshop where participants look back (both in time and at professional discourses/practices) to re-construct digital narratives of recovery experiences. We aim, as many digital storytelling facilitators do, to "allow unheard voices to be heard" (GREGORI-SIGNES & PENNOCK-SPECK, 2012, p.3). By engaging with storytellers in co-creative processes (e.g., BRUSHWOOD-ROSE, 2009) we hope to harness the power of digital storytelling to broaden the "definition of voice to consider visual and sonic elements, such as still photos, video, and sound effects ... and how these resources help to amplify voice above and beyond just the spoken word or written script" (GUBRIUM, KRAUSE & JERNIGAN, 2014, p.338). [8]

We situate digital storytelling within a tradition of community and critical arts-based research, challenging researchers to adopt different perspectives on what "counts" as expertise, how to integrate diverse forms of expertise into research processes, how to enact equity in research relationships, and how to understand research as a process of creativity rather than solely of discovery (BOYDELL GLADSTONE, VOLPE, ALLEMANG & STASIULIS, 2012; FINLEY, 2014). Beyond challenging both positivistic and qualitative conventions in social science research, critical-arts informed researchers aim to advance theory and practice by creating "new research experiences that are emotionally evocative, captivating, politically and aesthetically powerful, and that, quite literally, move people to protest, to initiate change, to introduce new and provocative ways of living in the world" (FINLEY, 2014, p.532). Digital storytelling, in particular, allows for new engagement with the narrative form (ROBERTS, 2008) and generates unique opportunities to generate sustainable counter-narratives that talk back to dominant accounts. As with other forms of arts-based research, it also presents us with new grounds for interrogating the role of the researcher and participant in research, and for exploring how arts-based research differs from more traditional qualitative or quantitative processes (HODGINS & BOYDELL, 2014). By doing research differently, we expect the unexpected: new types of research creation spaces that enable participants to explore the "not yet" and new outlooks on research "problems" that have been the object of scholarly inquiry for years (including eating disorder recovery) (RICE, CHANDLER & CHANGFOOT, forthcoming). As HARRIS (2010) writes, "a public, arts-based pedagogy and bricolage research offer all collaborators in the pedagogical project of radical social change innovative and exciting ways forward" (p.776). In our context, this entails extending conversations about recovery beyond the known or quantifiable and into lived, embodied, and yet-to-be-languaged experiences. [9]

We entered into this research understanding that eating disorder recovery has been a topic of continued debate and controversy. With lived experiences as "patient" (Andrea LaMARRE-AL, Carla RICE-CR) and as practitioner (CR), we desired to do things differently: to explore with participants their (and our own) deeply held and embodied relations to eating disorder recovery, grounded as these are in the various discourses about recovery that circulate around, within, and through us. We hoped that by engaging in critical arts-based research, and encouraging "the inclusion of the visceral, emotional and visual elements in research creation and dissemination" (HODGINS & BOYDELL, 2014, §10), we might avoid replicating a perspective on recovery that situates problems and solutions within individuals, thus abstracting the intra-psychic from the social world and from the body. [10]

In what follows, we describe the process of working to develop a curriculum oriented toward a deep exploration of the participants' lived, embodied experiences with eating disorder recovery. We follow this methodological exploration by presenting an analysis of the participants' stories as a way to demonstrate how digital storytelling opened up new possibilities for engaging, both with participants and with the concept of eating disorder recovery itself. [11]

## 4. Method

### 4.1 Digital storytelling procedures

The digital storytelling workshop was a part of the first author (AL)'s MSc. thesis project. The larger project involved ten participants. At the end of each interview, the participants were invited to participate in a digital storytelling workshop. Four participants indicated interest; one participant later elected not to participate, prior to the workshop, due to a scheduling conflict. Three participants attended a three-day digital storytelling workshop at [REDLAB](#) at the University of Guelph from January 24-26, 2014. This workshop followed guidelines substantively adapted for research purposes from the [Centre for Digital Storytelling](#) (CDS) by the second author (CR)'s [Project Re•Vision](#). Project Re•Vision is an assemblage of research creation projects and a digital media lab aimed at exploring how marginalized and misrepresented communities use arts-informed research to advance social inclusion and justice by challenging stereotypes (RICE et al., 2015). In June 2013, AL received facilitator training through Project Re•Vision, which enabled her to carry out the small workshop with the assistance of one volunteer to help with logistics and workshop details. All data collection and analysis protocol complied with the [University of Guelph Research Ethics Board](#) (REB). [12]

Over the course of the three-day digital storytelling workshop, participants worked one-on-one with the media lab (with the assistance of AL, who facilitated the workshop) to create a short film with voiceover, sound effects, and still and moving images. We have designed and facilitated the digital storytelling workshops along five main components: 1. an introduction to the context of the representational field we are entering and speaking back to; 2. a story circle, where participants develop and share the stories they want to tell; 3. an introduction to the technical aspects of digital storytelling, including sound recording and using [Final Cut Pro X](#), a film making software program; 4. an open studio, where participants produce their stories using the software with the help of facilitators; and 5. a screening, where participants share their completed stories with the group (if they choose). Screening the stories at the end of the workshop allows us to collectively reflect on how the stories worked together to challenge dominant perspectives on recovery, as well as the similarities and differences amongst the stories. In this particular workshop, the first author also created a self-reflexive digital story highlighting some key insights that participants contributed over the course of the workshop; this film reflected the unanticipated extent to which participants impacted the researcher's perceptions of eating disorder recovery. She shared this story with the participants at the screening. [13]

While the curriculum comprises all of these aspects, here we will focus primarily on the representational field from which the stories were being composed. Our workshops are flexible and the story circle looks different depending on the (desires of the) group. In this case, the participants chose to have a longer discussion about representation—this led into an informal story circle, where participants shared general ideas about the construction of their stories and

continued to discuss the representations of recovery they wished to portray and why. After this presentation and loose story circle, the participants developed their final scripts for their stories, as described in the case studies to follow. Unlike prior workshops we have facilitated, where some participants have come to the workshop with a complete script, participants in this workshop entered the space with ideas about their recovery stories, but no firm plan for articulating these; for this reason, we feel that the workshop context was a particularly potent place of exploration. [14]

In order to generate a presentation about representations of eating disorder recovery that would spark and guide conversations, the authors worked together to develop a scripted talk that featured visual images prior to the workshop. This aspect of the curriculum loosely followed guidelines from Project Re•Vision workshops, which unpack and speak back to dominant notions of people who embody differences (including fat, disabled, indigenous, queer, and racialized people). We based our curriculum as a whole around a socio-historical exploration of dominant representations of eating disorders, and actively encouraged participants to speak back to (consider in relation to their experiences) dominant cultural narratives surrounding eating disorders. While this allows for a critique of dominant/mainstream conceptualizations of the experience of having and recovering from an eating disorder, the encouragement to speak back to these narratives likely influenced the ultimate content of the stories. [15]

Rather than seeing this as a limitation, however, in the context of making participatory art this can be conceived as an exercise that holds an almost activist flavor; participants took up the challenge of speaking back to these narratives in somewhat unpredictable ways, themselves running with the conversation and eagerly embarking on an exercise of deconstruction. Further, inviting participants to move beyond existing narratives helped to create a "free space," a space carved out of formal institutional environments that was intentionally disruptive of hierarchy and dedicated to generative exploration (ALEXANDRA, 2008; FINE et al., 2000, p.131). Here, storytellers could critique "what was" and begin to envisage "what might be" in terms of improved treatment and more meaningful and hence, helpful, recovery stories. Asking participants how they felt about common representations of eating disorders (e.g., that women with eating disorders are thin, white, western and young) made space for participants to express how they fit and did not fit with dominant scripts. Participants did not always agree with each other or with the facilitator, but all were able to articulate both positive (e.g., awareness-generating) and negative (e.g., exclusionary and reductive) elements of these discourses. [16]

From a research perspective, one of the unique elements of this particular digital storytelling curriculum was how it allowed the digital storytelling group to be a kind of "member check" for emerging interview results. At the time of the workshop, AL had begun data analysis from the ten interviews she had conducted prior to the workshop. Resultantly, she could infuse elements of emerging themes into (or contrast these against) what the mainstream and critical research and popular literature had to say about eating disorder recovery. In crafting the curriculum, the



facilitator (AL) and her advisor (CR) juxtaposed meanings articulated by interview participants with what is said about recovery in popular and scholarly literature. The following excerpt is taken from the script written as a guide for the workshop, and demonstrates how the authors used questions to stimulate further discussion about some of the striking differences between recovery narratives as described by interview participants and recovery processes as described in popular media and scholarly literature. As digital storytelling workshop participants were among those interviewed for the study as a whole, this also offered participants the opportunity to expand upon comments they may have made during their interviews or in response to each other and the facilitator.

"Facilitator: Studies examining the representation of recovery seem to demonstrate that recovery, too, may be simplistically portrayed. A number of books and popular literature are devoted to the idea of 'full recovery' and how everyone can achieve full recovery. This idea speaks to some individuals in recovery, as it may promote an emphasis on the ability to escape an extremely difficult experience and achieve a life that feels fuller and more authentic. However, where does the imperative toward full recovery leave individuals who do not attain what a doctor might define as 'full recovery'? What about small relapses? Is there room for variation in our understandings of recovery, or are we failing people if we don't all strive for and support the idea of full recovery? Importantly, is it realistic to expect that all individuals will be able to come out of an eating disorder 'like they were before' or even 'better than' they were originally? What if you don't actually come to love your body?" [17]

This is one example of asking participants to engage not only with representations of recovery in scholarly and popular media but with their own (and their peers') perspectives on recovery. This presented an unparalleled opportunity to check the meanings we were making of interview data. Digital storytelling participants had all participated in the interviews, but not all interviewees participated in the digital storytelling workshop. Thus as participants and facilitator engaged in discussions about recovery, digital storytelling participants were encountering aggregated data reflecting their and their peers' perspectives on recovery; they could expand, disagree with, or situate these responses and analyses. In the context of the workshop, prompts such as these acted as springboards for fascinating conversations about processes and narratives of eating disorder recovery, and how participants did and did not see themselves represented in the material on recovery made available to them. In this way, the workshop curriculum became an important catalyst for the creation of a provisional community within which individual and collective learning and meaning making about a shared experience could occur. As we will describe in what follows, echoes from the curriculum appear throughout the participants' stories, although not in a uniform way. The digital storytelling workshop community allowed for a mutual exploration of recovery in a non-prescriptive way, one that was open to challenge and committed to a reconfiguring of expertise between the participants and researcher. [18]

Pragmatically, the curriculum also detailed technical aspects of video-making; for example, a key component of workshop instruction is teaching participants how to use a video editing software called Final Cut Pro X. Throughout both the socio-historical exploration of recovery and the technical tutorial, AL, as facilitator (working with the participants) continually reinforced the fluid nature of expertise and the fundamental role of the participants in shaping the workshop experience and narratives told. This continual reiteration was essential to one of the core tenets of the workshop: placing participants in the role of experts over their lived, embodied experiences (BENMAYOR, 2008). This commitment to centralizing the participants' narratives and artistic choices continued throughout the story development process. [19]

As we moved toward drafting and finalizing the participants' stories, asking them questions that enabled "finding the moment" in their stories (LAMBERT, 2010) proved to be as important as offering stylistic and content guidance. More than in researcher-driven or dyadic researcher-participant processes, group-based story scripting involved participants working together to challenge and/or encourage each other's choices in story development. They worked as a collective but ultimately made specific choices that they felt best represented their embodied experiences. Together, participants explored commitments to changing what they perceived to be overly simplistic representations of eating disorders and particularly eating disorder recovery. Despite coming from different social locations and having different goals for story dissemination (e.g., one participant wished to share her story solely with close friends and family while another wished to post it on the Internet), the participants were firmly committed to a reimagining of the concept of recovery and were excited about the possibility of doing this through digital storytelling. [20]

Arguably, as in all forms of narrative inquiry, the participants' stories are influenced by the knowledge of their audience (e.g., McADAMS, 1985; RIESSMAN, 2007). In the context of the workshop, participants were likely also conscious of the group dynamics and themes emerging from the group thinking about recovery. Narrative inquiry, by nature, is rooted in time, place, and relationships (CONNELLY & CLANDININ, 2005); the relationships built in collaborative narrative inquiry foreground the importance of considering how participants are telling their story and to whom (CRAIG, 2013). Even though digital stories are intended to "capture and communicate life as lived in context and understood in individuals' own terms" (p.8), these stories are produced in a group context. The very process of constructing digital stories revolves around the relationship between participant(s) and researcher(s), embedded in the context of the group of digital storytellers. As others have noted in narrative research involving the written word, this kind of research relationship might be considered collaborative, but only if the rapport built between the participants and the researcher enables the participants to retain status of protagonist in their own story (i.e., rather than being taken on a journey of tailoring their story to the researcher's or group's wishes) (PELOSI, 2015). Throughout the workshop, AL continually encouraged participants to tell the story that felt most true at the time of the workshop, rather than trying to create a story that would be best for the

research. We also encouraged participants to work with their stories as they were presently living them. Evidently, any "truth" told in the participants' stories will necessarily be partial (DAYA & LAU, 2007; KEARNS, 2014). Adding the layer of images to the narrated stories further situates the participants' stories in their lived realities *in a particular time and place*, anchoring their stories to memory, time, place and relationship. While the participants may relate differently to visual images in everyday lives than they do in the research encounter, visuals may act as powerful mechanisms for grounding participants' stories in their lived realities (HARRISON, 2002). [21]

The curriculum, and particularly the discussion about the representational field, acted as a framing device for the workshop, helping to focus discussions around the theme of eating disorder recovery and on the community of co-learning and co-expression. The flexibility of the curriculum and resulting discussions (e.g., the slippage between introduction to the representational field and story circle described earlier) helped to build the trust and environment of co-construction needed in order for participants to become vulnerable and to generate their digital stories (KEARNS, 2014; PELOSI, 2015). By actively participating in discussions about recovery rooted in her own lived experience and creating a self-reflexive digital story, AL also made herself vulnerable within the workshop context, blurring to a certain extent the lines between participant and researcher. [22]

## 4.2 Analysis

While digital stories have historically been used in educational settings (e.g., FLETCHER & CAMBRE, 2009; ROBIN, 2008; WEIS, BENMAYOR, O'LEARY & ENYON, 2002) and are beginning to find a home in research as well (e.g., ALEXANDRA, 2008; GUBRIUM, KRAUSE & JERNIGAN, 2014; VIVIENNE, 2011), there are relatively few examples of analytical techniques for digital stories in the social sciences. In some respects, digital stories pose an interesting methodological challenge for social scientists. The unique contributions of the digital story arguably lie in: 1. the spaces between first-person narratives voiced by participants and the images they choose to represent their story and 2. in the process of digital story construction. Co-creating the stories in a workshop context allowed the participants to be involved in the research in deep ways. Indeed, the participants' interpretations of and responses to the curriculum and challenge of crafting a short film speaking to the complex and as-yet undefined notion of eating disorder recovery altered and shifted our understandings of eating disorders, of recovery and of the direction of research. Though the participants are not authors on this article, their contributions cannot be understated; they were "participants" more than in name and certainly owners of their experiences as well as of the digital stories they crafted. [23]

In our analysis, we loosely followed RIESSMAN's (2007) approach to analyzing visual imagery. We retained the participants' ordering of their story and their choices in linking the audio and visual elements, rather than evaluating themes independently from each other. This allowed us to attend to participants' original conceptualization of the arcs, rises, and falls in the narrative. As visual analysis

"pushes the boundaries of narrative and narrative analysis" (p.145), we were able to look to visual and voiced cues to "find the story." We also considered how the workshop process itself shaped the production of the stories and the narrative themes therein; the framing device of the curriculum led to the creation of stories that take up themes of resistance to dominant conceptualizations of recovery in ways specific to the participant's specific personal experiences. We wrote up each story in the form of a case study, presented against the backdrop body of dominant and critical feminist literature that surrounds eating disorder recovery. [24]

## 5. Participants' Stories

Overall, the digital storytelling workshop provided an opportunity to interact with the participants on a deeper level by engaging in the co-creation of art. Each participant created a unique and powerful story that reflected their experience as they saw it during the workshop. The workshop offered insight into an important concept within narrative theory: the selection of specific moments of one's life as story focal point with a specific audience in mind (McADAMS, 1985; RIESSMAN, 2007). The following three case studies illustrate how the participants oriented toward the concept of recovery in their stories. [25]

### 5.1 Margot<sup>1</sup>

From the beginning of the workshop, Margot was clear about what she did *not* want her story to be. Margot wrote several versions of her story over the first day and a half. "Finding the moment" (LAMBERT, 2010) was not easy; she explored ideas including her frustration with capitalism and ideas of productivity, success, achievement, and a "life worth living," and spoke openly about how sometimes she felt like the idea of "full recovery" was overemphasized; a "picture perfect, fairytale" idea. She was very clear that she did not want someone to watch her story and feel like this was "the story" of having and recovering from an eating disorder. It was just what felt true to her "on the Saturday that [she] wrote it." [26]

She told the first author that she was "sick of" recovery stories that told of the "fall from grace" and easy, full recovery, which are commonly represented in media outlets and online (HARDIN, 2003; O'HARA & CLEGG SMITH, 2007; SHEPHERD & SEALE, 2010), including on YouTube. Margot has an online presence in the eating disorder and science blogging world, and so was also conscious of the type of audience for which she wanted to construct her digital narrative. Like the other participants, Margot seemed to have an audience in mind when writing her story (blog readers, including individuals with eating disorders, practitioners, and fellow science bloggers). This is one area in which the creation of digital stories differs from other forms of participant engagement in qualitative research, such as interviews: the narrative orientation to the listener was very clear from the outset. Less so than in their individual interactions with AL, the participants in this project were consciously assembling their stories to portray recovery as "truly" as possible. [27]

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1 Names are pseudonyms in accordance with REB protocol.

Margot told AL that she did not want to come off as if she had been someone stripped of all of her "good qualities" during her eating disorder. Rather than taking an externalizing stance toward understanding her eating disorder (e.g., referring to the eating disorder as separate from some core or essential self; MAISEL, EPSTON & BORDEN, 2004), she seemed to take on more of a poly-vocal understanding (e.g., SAUKKO, 2009), seeing her self-with-eating-disorder not as a less authentic version of herself, but as one who used different coping mechanisms to handle stressors and anxiety. It was very important to Margot to portray this both verbally and through images; she spent hours assembling photos that she felt might represent the words she shared. She noted feeling inspired by digital stories from the *New York Times*, which were visually streamlined, black and white, and slowly shifting. This influence is evident in her final story; she selected fewer images than other participants and included very simple transitions. [28]

Margot begins her story by unpacking some of the common myths and stereotypes around eating disorders; namely, that girls who suffer from eating disorders are "shallow, vain, or fragile." By orienting the listener to these qualities, Margot marks her distancing from this script from the outset. She uses another three-part list to exemplify her divergence from the stereotype near the end of her first clause; she says that she "didn't much care about fitting in, being liked, or being thin." Margot takes up a number of more biomedically-oriented discourses in the process of telling her story, including using the term "anxious dysphoria" when she describes how her eating disorder became a coping mechanism. When asked about the use of this phrase, Margot cited a talk by Cynthia BULIK<sup>2</sup>, a prominent eating disorder researcher whose work focuses primarily on neurobiology of eating disorders. [29]

As mentioned earlier, Margot continually spoke about her disdain for the neurotic pursuit of productivity under capitalism and neoliberalism. She unpacks these notions in the middle clause of her story, as she describes grappling with feeling that she was not "*doing* enough, *accomplishing* enough, or *working* hard enough." The literal and the metaphorical play out in the imagery Margot chose to accompany her words: When she says she "kept going, running," one could take this metaphorically if reading or hearing the words, and perhaps might interpret running as a metaphor for neoliberal values of perpetual productivity. However, Margot selected an image of her literally running in a race, possibly referencing her efforts to embody these culturally esteemed values. In this way, using a literal image to augment a metaphorical statement creates tension and draws the viewer's attention. [30]

This is particularly interesting in the context of eating disorders; by choosing this image of engaging in exercise, which is socially coded as a "health behavior" in conjunction with a statement about being caught up in the pursuit of productivity,

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2 Cynthia BULIK is a prominent researcher in the eating disorders field. Her work focuses on the genetics of eating disorders. Margot referenced a talk Dr. BULIK delivered on November 15, 2011 at the Karolinska Institute in Sweden: <https://www.youtube.com/watch?v=zi2xXEz0JOg> [Accessed: February 25, 2016].

Margot illustrates the detrimental effects of the continual striving-toward-excellence so prized in modern Western (neoliberal) society. Margot did note that her running was actually helpful in her recovery; however, the selection of this image resonates with (at least a metaphorical) striving for individual excellence. Margot's frustration with capitalism and the pursuit of productivity highlights the biopedagogical bind in which many participants felt trapped. The regulation imparted by biopedagogies is focused on the molding of productive citizens through the creation of a self-disciplining population (HARWOOD, 2009). Population and individual control is done, thus, not by imposing overt force, but by teaching self-regulating/disciplining ways of being in a body (FOUCAULT, 1978, 1979; FOUCAULT & GORDON, 1980). [31]

As her story progresses, Margot describes "divorcing herself" from dominant notions of productivity: she chose to focus on quitting her PhD at Princeton (notably, a highly-regarded academic institution) as the most dramatic action marking the beginning of her "divorce" from neoliberal ideas. While she mentioned that she had previously questioned such destructive ideals, she highlights this as a pivotal moment in which she was able to enact a choice that led to a revisioning of what she once thought she want and what she actually wanted. As her story progresses, Margot engages in a critique of the values that fed her disorder for so long, offering a new "direction for perceiving" (GREENE, 1986, p.59) her experience. Importantly, in offering this direction, the stories told by Margot and the other participants are not meant to act as a prescription for others' recovery; rather, they are meant to explore, and to offer to others who live in their own sociocultural circumstances and specific social locations an understanding of the experience of the individual creating the art (in this case, the digital story) (GREENE, 1986). Much of the imagery Margot uses as her story progresses is literal; as she "divorces herself" from the external and internal messages around productivity, the photographs she chooses reflect what she describes as happiness. Importantly, this "happiness" is not a unitary construct—it is always and necessarily situated in a socio-historical context (AHMED, 2010). As AHMED writes of Western discourses on happiness, "happiness is often described as what we aim for, as an end-point or even an end in itself" (p.575). Reflecting on the shift in Margot's choice of imagery here, however, requires re-thinking happiness, as AHMED does, as possibility; not an end point but an opening. Indeed, Margot's story also centers on a rejection of the very kind of socially normative ways of being that she felt constrained by, including neoliberalism, capitalism, and other biopedagogies like the biopedagogy of happiness (CHANDLER & RICE, 2013). [32]

Toward the end of her story, Margot lists different labels associated with the state of "overcoming" an eating disorder (she lists: "In recovery? In remission? Recovered?"), ending with: "I no longer want to put pressure on myself to live up to the definitions of those concepts, whether externally or internally imposed. That's kind of the point." In saying "that's kind of the point," Margot reflects on the idea that avoiding the imposition of labels in her version of "recovery" (a term she did not identify with) allows her to remain at a distance from the very notions of productivity and "living up" that fueled much of her eating disorder. [33]

Margot's clear articulation of the standards to which individuals in recovery are held helps to crystallize findings from the narrative interviews in a number of ways. Through her story and images, Margot paints a compelling picture of the multiple binds placed on individuals in society, particularly those associated with productivity and the "pursuit of happiness." In a neoliberal society, divorcing oneself from pervasive social norms around productivity and happiness, particularly as they pertain to "productive" or "successful" bodies and lives, can be extremely difficult (ibid.). What Margot's story reveals is how those in recovery from eating disorders are still further urged to adhere to standards of health in order to not waste their "biovalue" (ROSE & NOVAS, 2005, p.442). Margot resists these pervasive discourses by "scratch[ing] out [her] old definitions of those concepts," taking up a critical perspective on the standards imposed both on bodies coded as "normal" and thus germane to receiving dominant prescriptions for health and on bodies known to be "recovered" from eating disorders and thus held to different standards (especially those related eating and weight) (LaMARRE & RICE, 2015a, 2015b). Margot's selection of images of herself that were neither at her highest nor her lowest weights (a deliberate choice she communicated to me during storyboarding) illustrates the transgressive nature of "recovered bodies," for which prescriptions for health change depending on context and the knowledge of others. [34]

## 5.2 Katie

Katie came into the digital storytelling workshop wanting to tell a story she had begun to flesh out in the interview in greater depth: her relationship with her twin, who also developed anorexia nervosa in adolescence. In the story circle (part of the workshop process where participants share and listen to each other's story ideas), Katie began to play with some ideas about how to unpack her intertwining relationship with her twin, whom she had compared herself to her whole life. Feeling solidly in recovery herself, Katie wanted to explore the idea that "she is her own person." The work toward condensing 24 years of being compared with and comparing herself to her twin was not easily done; Katie started with a very broad sketch of the twin relationship and worked, over the course of the workshop, to decide which moments were most compelling. This story seemed to be one that Katie really needed to tell at the time. She said that it was one that she had been thinking about for quite a while. Other participants helped Katie to focus in on the possibility of framing her story in ideals of radical acceptance (e.g., THERIAULT, 2012) and dialectics, that is, though she may be doing better and her twin is not doing as well, her own sense of self or identity is not as tied to her twin's un/wellness as it once was. [35]

In her story, Katie changes roles several times; from caretaker, to patient, to daughter, to sister, to independent young woman. She uses metaphors to illustrate her early relationship with her sister, "other half" and "partner in crime." She remarks, too, on how others compared the twins; essentially, their bodies were read as two halves of a whole. In a way, the twinship acted as a fascinator for the external gaze. From a poststructuralist perspective, it also acted as a magnet for the production of binary meaning, which forms the basis of language

and wherein a term—such as thin or ill, for instance—gains its meaning through being contrasted with its opposite, that is, fat or well. This is particularly interesting as both twins went on to develop eating disorders, and, subject to the clinical gaze, were alternately labeled as ill or well. In a sense, the girls were used to being gazed at, measured up, compared and contrasted. To illustrate this point, Katie chooses an image of rulers when she reports on remarks from others as they tried to make sense of the twins' bodies. However, Katie makes a point of stating that these comparisons were "not the only reason [she] developed anorexia," nor "the only reason she did either/but [they] both did." [36]

She reflects on double standards as she negotiated her ever-changing roles, illustrating her struggle to "keep her [sister] safe." When her sister went into treatment, Katie allowed herself to engage more deeply in her eating disorder, and eventually ended up in treatment herself. Katie finds a turning-point moment in the middle of her story, literally (through imagery) and figuratively (through language): a trip to Spain that found her at the top of a mountain, feeling free and liberated. She contrasts this memory with one of her sister's, stating that her sister was hospitalized without her knowledge while she was away. A moment of clarity follows, where Katie reflects that she "was angry until [she] realized what might have happened if they hadn't [kept the information about her sister's hospitalization from her while she was away]." This quote illustrates Katie's relationship with her sister during her sister's cycling into illness; only at this point did Katie begin to truly believe that she and her sister were not only two sides of the same coin, but also independent people, and there was nothing Katie could do to make her sister "better." [37]

The operation of gazes, binary language, and binary embodiments in Katie's story is striking. She reflects on the girl she used to be, while also reflecting on how her embodied subjectivity often became tied up in that of her twin, a mirroring yet contrasting image she could gaze upon. Additionally, she felt constrained by comparing gazes from others throughout her life, as they sought to distinguish the twins in some way and settled on the "fat twin" analogy. This twinship experience provides a unique opportunity to observe other people's attempts at categorizing individuals and how the very constraints of language can limit the identities available to people—especially individuals—such as twins, caught in a bind of needing to be seen as the same, yet distinct from, the other. It makes sense, given her history of being compared to her twin, that Katie would feel like "half of a whole," and thus fluctuate in and out of being the "carer" and the "sick one." As she notes:

"I thought that maybe only one of us was supposed to survive.

With one gone, maybe the other could be whole.

But who was it going to be?

It was anyone's guess for a while as we both bounced in and out of treatment centres" [38]



Though she begins by saying it was she who wondered whether only one twin was meant to survive, the clause becomes increasingly tied up in intercorporeality, as Katie suggests that it was "anyone's guess." At this moment in her story, Katie also shows an image of medical equipment, underscoring the idea that medical professionals, too, were unsure about "who might survive." [39]

Overall, Katie's story is a strong example of the relational dynamics of eating disorders and how these can place those who struggle with them in inexorable binds. Katie saw herself simultaneously through the eyes of her sister, family and friends, and medical professionals. In a binary system of language, she struggled to carve out an image of herself and, literally, to embody a self that was not either "the sick twin" or "the fat twin." She negotiated the roles she chose for herself with knowledge of the states and reactions of others, which led to the drawing out of her illness and the difficulty of maintaining her recovery. Longings and belongings intertwined in Katie's story through voice and imagery, which work together to create a story of being *both and*, as opposed to *either or*. [40]

### 5.3 Isa

Isa's story illuminates a number of other themes that emerged from narrative interviews and helps to exemplify the standards to which individuals in recovery are held. As a health care professional herself, Isa is well aware of the difficulty of "being recovered" in a culture that prizes not only the slim body but also the pursuit of success, perfection, and productivity. Isa came into the workshop thinking that her story might reflect on changing relationships with her body over the course of her life, and changed her mind as she began to explore the standards of recovery and to challenge the dominant representations of eating disorders prevalent in society. She opens her story by questioning what recovery really means:

"In saying I had 'recovered' from my eating disorder, did it mean I had succeeded? Was it a way of naively reassuring myself that I could not and would not ever struggle again? If I did struggle, did that mean I was never recovered in the first place?" [41]

As she continues, she begins to answer these questions for herself. Focusing less on the actual behaviors in which she engaged and more on the "journey" of recovery, Isa's story unveils some of the problematics associated with standards of recovery and how these can feel detrimental to actually feeling "recovered from." [42]

The idea of struggle surfaces throughout Isa's story. In exploring her story, the first author asked Isa to focus on specific moments that illustrated her overall point: that calling herself "recovered," made her feel as though she was not allowed to ever admit to struggling. Isa chose to contextualize this idea against other struggles she encountered during her recovery, including depression and obsessive thoughts. However, Isa was adamant that she did not want to portray

these in a clinical way, as she did not believe her struggles—particularly with patterns of thinking-feeling labeled as obsessive-compulsive—fit what others might expect. For example, rather than embodying the cliché of the person who fears contamination and thus washes their hands frequently, Isa experienced her obsessive-compulsive thinking-feeling as fighting against "intrusive thoughts of killing [her] family." Going to these places in her story helps shed light on how staying close to one's struggles with disordered eating can challenge the firmly entrenched boundaries placed around both pathology and recovery. It illustrates how problematizing the idea of recovery as a perfect place without struggle presents an opening for exploring stereotypes around other diagnoses like obsessive compulsive disorder. Isa was also careful to select somewhat unexpected images. Although her imagery is sometimes quite literal, she reveals what she referred to as her "quirky" side through imagery. Much of the imagery is comprised of video footage of her frolicking in the snow. [43]

Isa's story references how labels "inadequately define [her] journey" and in fact set up a false sense of security. As she notes, she "want[s] to be aware, as much as possible, of all the aspects and uncertainties it brings." This is an important distinguishing factor in Isa's story: while she notes dissatisfaction with the label of recovered, she does not perceive full recovery to be impossible and does not think that slips indicate a "less authentic" or "less legitimate" recovery. Rather, she acknowledges her ever-changing subjectivity and her unpredictable body as ever in the process of becoming. This sense of transiency is illuminated by her final sentence: "there is no beginning and end as my life will continue to touch people even after I'm gone." [44]

## **6. The Digital Storytelling Curriculum: Setting the Stage for Reverberations?**

The digital storytelling workshop, rooted in a community of collaborative inquiry that provided both a member check (an opportunity to have participants comment on and verify the themes that emerged from analysis of their narratives) and an exploration of eating disorder recovery, provided an unparalleled opportunity to engage with participants and their stories. AL was invited to implicate her own experiences within the workshop context, offering participants insight into her lived experiences in return. This co-vulnerability presented an opportunity for researcher and participants to be open with each other, to allow both the possibility of sameness and an opening to difference. This opening was also sustained by the creative offerings brought into the space by the participants and the facilitator; rather than offering new prescriptions for living recovered, the stories provided creative possibilities for living (GREENE, 1986). [45]

Further, stories are interpreted and experienced by individuals through their own sets of sociocultural understandings and contexts; using these artistic creations, audiences might "constitute meanings [and] make sense of their *own* life-worlds" (GREENE, 1972, p.178) rather than taking up the practices of the storyteller or claiming expertise over another's experience. The stories offer important insights into the participants' lived realities of recovery, and may provoke empathetic

reactions (HARRISON, 2002). However, watching another person's story is not the same as experiencing it firsthand; we can only live through our own embodied experience, no matter how close we might wish to get to the experiences of others. Thinking particularly about AL's facilitation experience, this simultaneous closeness and sameness on the one hand and difference on the other was a central consideration when shaping the workshop; she was conscious of guiding discussions around recovery in a way that recognized that participants may agree or disagree with her perspectives on and experiences of recovery. More than imparting her perspective on recovery, she found herself shaken up by the participants' accounts in both the interviews and digital stories, which caused her to re-evaluate her prior experiential and academic assumptions about recovery. Vulnerability played a key role in the workshop space; in her field notes, the first author noted how sharing her frustration with the concept of recovery and being unsure how to relate to the concept on both a personal and research level was something with which she continued to struggle. This opening to living in an ambiguous relationship to the term recovery was something the first author repeatedly encountered while analyzing the participants' stories. Bringing this into the context of the workshop allowed her to unpack this tension collaboratively—with the participants—through story development. [46]

Although each story revealed something different about eating disorder recovery, the collective of stories reverberates the hum of complexity. These reverberations might be best understood in relation to the curriculum created to guide the workshop; it makes sense that elements of group discussion would surface in the stories. Yet, as illustrated by the case study analyses, the curriculum did not lead to the creation of three identical stories. Rather, reverberations rippled through the stories in unique ways, and certain elements resonated between the stories. In addition to complexity and variability, the stories shared an open-ended narrative arc, an emphasis on intercorporeality, and a focus on recovery as process. Firstly, each story held onto a narrative arc of some kind. As the participants engaged in discussions about eating disorder recovery, they presented a perspective on recovery with some kind of settlement at the end, rather than a definitive closure. Though participants sought to find a "point of origin" for their eating disorder, either through words or imagery, all refused reductive origin stories that tethered the eating disorder to a single cause, tending instead to re-story eating distress as an emergent facet of their embodied subjectivities. In Isa's story, for example, the origin can be found in between image and words. Rather than describing "how it all began," she plays with darkness and light as the story moves forward, allowing the viewer to observe a lightness in the images that connote a recovered subjectivity and reflecting on the "past" eating disordered self in darker tones. In Katie's story, the origin is much more explicit in both voice and image: the story opens with an image of her mother's pregnant figure, and the words "you're having twins, the doctor told my mother." This explicit origin, which is simultaneously a story of co-development, also sets the stage for the intercorporeality that weaves through Katie's story as she moves through it. [47]

Secondly, intercorporeality also resonates between the participants' stories. We explore intercorporeality as tied to the participants' embodiment, in connection with the idea that participants do experience their bodies as material entities, but not exclusively as such. Following embodiment theory, bodies are lived and experienced; they are objects of perception unlike any other, configured in relation and tied to the world around them (context and social location) (MERLEAU-PONTY, 1996 [1964]). We suggest that a focus on intercorporeal embodiment foregrounds how embodiment is always individual *and* social, natural *and* cultural; it is "a know-how immanent to the living and lived body, as well as the idea of a transgenerational, nonlinear memory of one's belonging to one's species and community" (BRAIDOTTI, 2011, p.130). It is impossible, using this perspective, to look at participants' experiences as lived in isolation; their bodies are always affecting and being affected by those of others around them. Further, their stories do not represent the outward expression of some internal feeling or experience, but another embodied experience constructed in relation, including the relations to the group and to the facilitator described above. Digital storytelling provides particularly fruitful ground for exploring intercorporeal embodiment. Instead of asking participants to identify elements of themselves "cured" by recovery, creating art allowed for a deep exploration of the experience of recovery in "mind" and "body," configured as in relation and inextricably tied to each other and to the "social surround" (GROSZ, 1994). Indeed, in their stories, the participants constructed their embodied experiences of recovery at the interface of self and other. We were struck by the participants' articulations of knowing the "recovered" (or not "recovered") bodily self in relation to others. [48]

Using intercorporeal embodiment as our base for understanding, we consider this theme to be more than relational; it is intercorporeal in the way that the relationship between the social and the intrapsychic is more an interweaving than a binarized "acting on" (GROSZ, 1994). Indeed, it is a multi-directional assemblage of affects and flows that work on and through "bodies" and "minds" in interaction and in context, offering endless possibilities for the kinds of "body images" that may occur in any space or time (WEISS, 1999). Bodies in relation create a fascinating grounding for exploring relationships as more than relational; as they themselves call for care and response, and "corporeal knowledge is much more subtle and nuanced than we can articulate" (HAMINGTON, 2012, p.58). Each story challenged binaries between self/other, mind/body, and nature/culture in its own ways. Boundaries, although permeable, were sometimes evoked to ebb the inward flow of bodily imperatives, as seen in Margot's story, wherein she established her own definitions of recovery. Alternatively, Isa broke down boundaries that positioned feeling-thoughts as enemies, playfully opening to spontaneity in the images she selected to connote recovery. Katie reconfigured boundaries between herself and her twin, marking the separation between the two using visual imagery while describing the shift in more subtle tones, suggesting that "she will always be a part of me, but she is not me." The echoes of reconfiguring boundaries and intercorporeality between the stories are particularly interesting as this was not explicitly addressed in the curriculum. We hope that through viewing the stories, people might encounter the other in a new way, perhaps becoming more able to encounter eating disorder recovery from a

place of empathy and embodied care through somatic reflection (HAMINGTON, 2012). [49]

Thirdly, a number of things allowed participants to spend workshop time considering recovery as more than a simply gaining weight or leaving treatment: conversations with fellow participants, co-creating art, and screening the stories together. This continued working through of the concept of recovery inspired AL to create a reflexive story about the workshop experience. In her story, she reflected on how the work with the participants caused her to reconsider the finality of "recovered," as a category she had previously invoked when referring to her own journey. Even though discussions with participants yielded more questions than answers, the questioning and self-reflexivity might also be seen as indicative of a way of living life in recovery that is more complex than simply gaining weight and accepting a label. Recovery, in these stories, involves a rewriting of embodied self, a remapping of its physical/mental surfaces and boundaries, a re-routing of its energies and flows. This reworking may involve cultivating subjectivities that expose and stand outside of the more destructive effects of some of the most taken-for-granted logics of western culture (binary thinking, perpetual productivity, invulnerable personhood/rejection of personal vulnerability). [50]

The themes within the digital stories also help (to) reveal the elements of eating disorder recovery to which many can relate, regardless of whether they have experienced an eating disorder or not. The capacity of digital stories to convey complex, often challenging experiences in a way that is often relatable across social locations is one of the medium's greatest strengths, as it may help experiences often thought of in the abstract become more real and relatable to audience members while also unveiling, clarifying, deepening, and crystallizing the participants' understanding (ROSSITER & GARCIA, 2010). For example, eating disorder recovery is commonly represented in popular media as a phenomenon primarily tied to food, often even placed in the "entertainment" sections of magazines (O'HARA & CLEGG-SMITH, 2007; SHEPHERD & SEALE, 2010). It may be easy for those who have not experienced an eating disorder, then, to dismiss disordered eating as some kind of vain choice. The participants' stories debunked this idea; in particular, Margot's story stands out in its recognition that eating disorders are not about "fitting in, being liked, or being thin." Instead, her allusions to the ways in which ideal personhood is constructed in society can be stifling, positioning people as neoliberal actors in the continual pursuit of productivity, an idea that may approximate the experiences of many. Echoes of the dissatisfaction with normative expectations for bodies reverberate between the stories, emerging in voice and image to paint a picture of eating disorder recovery beyond an "expected" or told story. [51]

## 7. Conclusion

Digital storytelling offers us a unique opportunity to do research differently. In doing research in an artistic and a critical way, we were able to gain new insights into our participants' experiences. Rather than using research as a way into uncovering a single or central truth about "eating disorder recovery," we engaged with the participants and their stories to develop a curriculum for a digital storytelling that allowed us to create space for possibility and complexity. This curriculum, grounded in the participants' stories laid over the framework of scholarly and popular literature on eating disorder recovery, acted as a grounding device for open conversations about doing and being recovered differently: for knowing and being otherwise. Creating the space for collective vulnerability and artistic exploration scaffolded the creation of three distinct stories that, while each revealed something unique about recovery, reverberated and rippled. In a way, doing research on eating disorder recovery in this way enabled a process of "making the familiar strange." Because eating disorder recovery has been studied for decades, without the promise of a single agreed-upon definition (BARDONE-CONE et al., 2010), we might think about artistic research practices such as these as a new way of embarking upon more collaborative inquiry about eating disorder recovery. This kind of artistic exploration of eating disorder recovery also provides us with a way of embracing, rather than rejecting, complexity and multiple ways of experiencing eating disorder recovery. By continuing to complicate the picture of recovery, rather than imposing boundaries on bodies deemed (or not deemed) recovered, we open up possibilities for being vulnerable in and through recovery (and in research) and pathways for finding and claiming recovery. [52]

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