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Article

Creating Space to Write and Grow Spiritually: A Qualitative Inquiry

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Abstract

This paper explores the spiritual health of an individual living recovered from an eating disorder. The goal is to advance understanding of diary writing as a contribution to healing and wellbeing. Frameworks guiding this study include autobiographical/performative and document analysis approaches. Data focused on spirituality was collected from diaries, journals, and art created, each critically analyzed for leading themes. Themes emerging from the inquiry included individual courage and connectedness, the role of diary writing and gaining self-knowledge, and maintaining daily spirituality in recovery.

Keywords: diary-writing, spirituality, recovery, autobiographical inquiry

Introduction

In this paper, I inquire into diary writing, focusing on the spiritual aspects of my life while healing from an eating disorder. I critically analyzed data from personal diaries, journals, and art I created. I adhered to an autobiographical, first-person approach (Roberts, 2002, Finlay, 2011) informed by performative inquiry (Fels, 1998, 2012). To critique the diaries and journals, I leaned into document analysis processes (Bowen, 2009). Framing this work is the understanding that diary writing is a therapeutic tool to support recovery and living recovered from an eating disorder (Alexander et al., 2015, 2016; Alexander, 2017; McAllister et al., 2014).

Begin with a Story . . .

> Each morning, I begin my day with coffee and toast. I sit, find a hymn to ponder, quietly sing, and reflect upon the words. I browse through old song books and read the verses aloud as poetry. I write in my diary. Dad taught me to read each song as poetry, with the proviso – to not leave out any verses as it would disrupt the word flow and meaning. I then read a meditation, jot notes, and ponder my day. By then, my two blue heeler dogs are demanding their first hike and off we go into the bush for a vigorous walk through the birch and fir trees. (Research journal, September 2020)

Today, as I reflect and write in my diary, I recognize this was not always the way my mornings started. For years, I worked 12-hour night shifts; mornings began upon arriving home, and time was unkind and unrelenting. The dramatic quietness of my present life, living recovered[1] (Brown, 2017), is in stark contrast to living with the effects of adverse experiences[2] that triggered development an eating disorder[3] (van der Kolk, 2014).

Context of the Inquiry

For the document analysis, I examined diary entries and art I created that focused on or reflected spirituality or spiritually based activities while I was in recovery from an eating disorder.[4] The goal was to increase understanding of the role of diary writing and spirituality in eating disorder recovery. Greene (1995) reminds us of the importance of diary writing as a way to tap into our own 'narrative and storytelling as a way of knowing' (p. 113). As well, van der Kolk (2014) suggest that while in recovery one may write about personal experiences in several ways. For example, one may write about what is presently occurring in life, write about distressing or traumatic event(s), or recall and document facts about a significant event in one's life, including behaviours, feelings, and associated emotions. Finally, sharing the lived experiences of recovery through diary and journal writing can add a rich dialogue to the literature, an interchange rarely presented in a textbook (Etherington, 2020; McAllister et al., 2014).

As a qualitative health researcher and educator, I regularly explore the concept of spirituality[5] and interrelated concepts such as hope, faith, prayer, and sacraments (Carson, 2017) with undergraduate nursing students. This includes discussion about patient's spiritual health[6] and learning how to inquire into existential questions about one's purpose in

life. As a medium to express spirituality, therapeutic diary and journal writing lets patients explore and document their journey—spiritually, physically, emotionally, and socially (Brown, 2017).

Thus, from my academic teaching and life experience, I came to understand this research as an opportunity to inquire into personal writings and spirituality. With this focus in mind, join me to reflect on three stories that inquire into the role of diary writing about spirituality in healing and recovery.

Background: Spirituality, Writing, and Eating Disorders

This paper explores spirituality broadly; it is portrayed as more inclusive than religion or faith alone (Carson, 2017; Cook-Cottone, 2020; Wright, 2005). Spirituality is understood by individuals and may be evidenced through one's faith-based practices, prayer, sacraments, ceremonies, music, meditation, diary writing, yoga, and mindfulness (Carson, 2017; van der Kolk, 2014). Attention to the role of spirituality in treatment and recovery from adverse events and an eating disorder is growing in the literature (Berrett et al., 2007; Grant, 2018; Richards et al., 2009).

Spirituality may be described by an individual as being linked to a higher power, a deity, a power greater than oneself, a spiritual being, or a god/God (Carson, 2017). Maintaining spiritual health is challenging if an eating disorder weakens one's spiritual connectedness and undermines its presence in a client's life (Berrett et al., 2007). Akrawi et al. (2017), remind us that paying attention to one's personal and spiritual beliefs may support success in recovery from an eating disorder. Grant (2018) further states that spirituality in recovery may include an 'experiential process which concerns the relationship with the inner self, with others and with that which is beyond the self—the transcendent or sacred…[it] is grounded in the lived experience and becomes an anchoring discipline' (p. 2). Finally, Grant argues that when spirituality is acknowledged in care and recovery by the healthcare team, it may result in nurturing 'spiritual qualities of hope, trust, acceptance, surrender, and courage… [when offered alongside] evidence-based therapeutic models of care' (p. 1).

Diaries and diary writing may be formal, informal, solicited by a healthcare provider, or privately initiated by an individual (Harvey, 2011). Alexander et al. (2015) remind us that 'diarizing and journaling are [terms] often used interchangeably for the same activity' (p. 2). They describe diary writing as playing a significant role in healing from an eating

disorder. Alexander et al. (2016), embrace the role of diary writing as a therapeutic tool supporting one to move from the chaos of an eating disorder to a life of health. As well, diary writing in mental healthcare 'might help a person connect their feelings and actions and events, and assist in expressing, rather than internalizing, painful experiences' (p. 24). Finally, in a recent interview Alexander (2017), richly describes the role of diary writing as an opportunity to build trust with one's 'true self'.

Why Pauses Matter

Recent life events, including death of a loved one, led me to diarize and attend to my spiritual health and wellbeing. As well, arrival of the COVID-19[7] pandemic in the early months of 2020 truly brought me to what Applebaum (1995) describes as a stop, or a pause in life; this is a time to pay attention to what one is experiencing. During this pause time, I experienced a sense of agency, resilience, and a finding of voice. I leaned into the work of van der Kolk (2014), who encourages us to write to 'access your inner world of feelings' (p. 240). Regarding writing about oneself, one's agency, van der Kolk states the following:

> Agency, is the technical term for the feeling of being in charge of your life, knowing where you stand, knowing that you have a say in what happens to you, knowing that you have some ability to shape your circumstances…. Agency starts with what scientists call 'interoception', our awareness of our subtle sensory, body-based feeling: the greater that awareness, the greater our potential to control our lives. Knowing what we feel is the first step to knowing why we feel that way…. resilience is the product of agency, knowing that what you do can make a difference. (pp. 97–98, 357)

While experiencing this pause, I wrote reflexively and developed my research question. I asked, 'What was the role of spirituality during recovery?' I mined a data set of personal diaries, journals, and art collected during my journey toward health and wellness. In preparation, I wrote the following reflection:

> I am most comfortable staring at my boxes of eating disorder journals and diaries focused on recovery. I would prefer to not inquire into them as a research data set. I think I could just stay in my wondering place, not-engaged, and not immersed in their fullness. Yet, I regularly wonder if I wrote about spirituality and related issues in these diaries.
>
> I also wonder if inquiring into the role of diary writing and spirituality is of interest to healthcare eating disorder professionals? I wonder, if I engage in this research inquiry, I would want the findings to be considered in a positive light, to encourage another, and to support a healthcare professional to include diary writing and spirituality as part

> of their assessment and treatment. In turn, I wonder how I will respond, if I do not see spirituality reflected in my diaries. (Research journal, September 2020)

Aim of the Study

This qualitative autobiographical and document analysis study aimed to understand how writing about spirituality is reflected in diaries, journals, and art as a person living recovered from an eating disorder.

Methodology

Autobiographical and Performative Methodologies

Autobiography is the writing of one's life story from a first-person approach. McAllister et al. (2014), state that inquiry into personal eating disorder testimonials and memoirs adds to our understanding of the complexity of the disorder. Autobiographical work may be expressed in writing (journals, diaries, artifacts), images, art, and poetry (Harvey, 2011). As well, autobiographical studies may be positioned to support a specific health or social grouping, such as persons with eating disorders, to find a voice or enable them to speak about an issue (Roberts, 2002).

I am aware the research process may include uncomfortable and dangerous conversations about life events (Le Fevre & Sawyer, 2012). I respect the notion that 'trauma is not stored as a narrative with an orderly beginning, middle, and end' (van der Kolk, 2014, p. 137); I am on a journey to maintain healing. I aim to offer hope, encouragement, and growth to others living in or moving toward recovery, while at the same time being aware of self-disclosure (Jolley, 2019; Roberts, 2002).

To engage in this work, I also leaned into performative inquiry as a research methodology (Fels, 1998, p. 28). In this approach one pauses, stops, and takes time to write and create. While doing this I am 'alert to those moments that call us to attention' (Fels, 2012, p. 55). Fels (1998), also stated that during this time, the goal is to nudge what I know to be familiar and comfortable, and to move into the uncomfortable. Fels proposes that this performance 'is a journey of knowing, doing, being, creating, and that it is through performative inquiry…I may come to an 'interstanding' of…my journey/landscape that is the imagining of our' world (p. 28). During this time, I also reflected on the 'pedagogical significance of such moments for our work [as academics, educators, and

researchers], for our relationships with others, [and] for who we are in the world' (2012, p. 51).

Data Collection and Document Analysis

I adhered to a document analysis methodology as a framework for this study (Bowen, 2009). The data set was analyzed for content related to spirituality; data were collated from my private journals, diaries, and arts-based activities (images, sketches, photographs, oil paintings) collected over a 12-year period. In addition, ten memoir books focused on eating disorders, collected during the same years, were analyzed for personal jots and margin notes focused on spirituality. Following Bowen's document analysis approach, I read and re-read diaries and books page by page seeking spirituality-focused documentation (writings, notes, jots, images). I noted my participation in spiritual activities such as prayer, poetry, meditation, faith-based activities, writing, and creation of art. I read, re-read, and hand coded over a 12-week period. Data were reviewed with a peer via phone, email, and by sharing online documents (due to COVID-19); this supported triangulation of data and served to reduce my personal bias (Bowen, 2009).

I used a thematic analysis approach to analyze the data set (Braun & Clarke, 2013; Braun et al., 2020). Themes that emerged through peer discussion and from the data included 1) courage and connectedness in early days of treatment; 2) diary writing, reading, and playing a game; and 3) spiritual writing and becoming whole. Data are presented here in a narrative storytelling format. Throughout the data collection and analysis, I engaged in reflexive diary writing. Finlay (2017) emphasizes the importance of conducting reflexivity activities. She describes reflexivity as

> the use of a critical, self-awareness lens to interrogate both the research process and our interpretation or representation of participants' lives in our social world. It's a vehicle that acknowledges the complexity and messiness of our qualitative project…[where] researchers examine and deconstruct the way their research knowledge is created. (p. 120)

As a qualitative researcher, I have a growing appreciation for the role of reflexivity and am seeking to be a reflexive researcher (Braun & Clarke, 2013; Braun et al., 2020; Creswell, 2014; Finlay, 2002, 2011, 2014; Salmons, 2015).

Findings

The three themes that emerged from the data are shared in the form of three stories. Each story was compared to the literature focused on diary writing, spirituality, and eating disorder recovery.

Story One: Courage and Connectedness in Early Days

I was awarded a 'Certificate of Distinction' for being genuinely courageous. The award was an 8- by 11-inch piece of paper with a hand-drawn 'red-seal-of approval' in the bottom right-hand corner. The award was given for agreeing to accept treatment in an in-patient environment (publicly funded, non faith based). 'I did not feel courageous. I was exhausted, physically, mentally, emotionally, and spiritually. I did not want an award, or to have attention drawn to me' (Diary note, September 2020).

As part of the admission process to the eating disorder unit, I wrote an account of my life and answered a list of 44 questions. In the analysis, it is noted, there were no specific questions about spirituality or faith. Yet, I tried to explain my faith, family, and faith-based community to the healthcare team. I was not sure they wanted to know, and I was too tired to press the issue. I knew spirituality as part of my being. In my journal, I wrote and drew my vision of comforting angels and spirits around me, *My Spiritual Being*[8] (Figure 1).

Figure 1

My Spiritual Being (pencil on lightly toned paper).

In my journal I wrote:

> I know my spiritual strength as always beside and above me. The Being has ever-reaching arms wrapped around me, present, quiet, and enduring. The Being is often visualized resting in the clouds, high above. These arms are comforting, reaching down to protect me from harm. (Research journal, September 1988)

An expression of my spirituality and related hope was embedded in the diaries analyzed. The team asked, what would you like to be doing in five years?

> I want to have a day job so I can have Saturdays and Sundays to myself, mostly the weekends. I want to be able to attend church and become involved in youth and outreach activities. I miss the connections and the fun associated with youth group. I work, 12-hour shifts…I used to have fun in youth group. (Research journal, September 1988)

Upon analysis, the diaries further reflected hope and dreams for a future. The future was described as including graduate school and healthy relationships with family and friends (Courtois & Ford, 2015). In time, family and friends came alongside and gifted to me hand-written letters and books; I was often harsh and not accepting of their caring gestures. I drafted replies in the form of letters never mailed. For example, I received the following letter from a well-meaning friend:

> You need to learn to eat God's way.[9] You need to study the scriptures asking for direction. Please listen to God's voice and then do what he directs you. Individually, you should be committed to this area in your life, you need to obey God, he will work in you; if you ask him at first, about how much you weigh, and on a daily basis ask God how many calories you should eat. We come to God, moment by moment, to make the right choices regarding food.
>
> All of this because we are reminded that in the scriptures that we are to love our body, a temple of God, and that the spirit of God dwells in you and that if you destroy the temple of God, God will destroy you too. In closing, I would like to give you two more verses that have special meaning to me…please read the scriptures. I pray for you daily. (Research journal, October 1988)

Reflecting on Story One

Upon analysis, my efforts to express spirituality was evident in diary entries and in art I created. Brown (2017) states spirituality is 'recognizing and celebrating that we are all inextricably connected to each other by a

power greater than all of us, and that our connection to that power and to one another is grounded in love and compassion' (p. 45). Spirituality is described as a 'a complex and abstract concept' (Weathers et al., 2016, p. 80). Newman (2004) states that the terms *faith*, *spirituality,* and *religion* may be used interchangeably by healthcare clinicians, and each brings a slightly different understanding by the patient. As well, in healthcare settings spirituality may not be taken seriously as part of one's life experiences and may in fact be neglected by the provider (Carson, 2017; Dolan, 1991; Wright, 2005).

In the critique, my Spiritual Being is often reflected in an image of nature. I consistently sketched using shades of blue and pale pink. Of the colour blue, Merleau-Ponty (1945/62) states the colour blue 'yields to my gaze' (p. 244) and draws attention. For me, there is a calmness in the choice of these colours. It is also noted family members consistently sent letters expressing the need for prayer, intervention, and prayers for healing. Diary notes reflect my appreciation of their kindness, yet their letters were not replied to. I saw myself as a strong, educated, independent daughter of a first-generation farmer and businessman; I was not. My analysis of the well-meaning letter was difficult. The letter was from an adult in a community-based weight-loss program. In my diary notes, and on the back of the letter, is a heated reply, quickly jotted upon receiving it. 'You do not understand what is going on, you have no idea what life is like!' (Research journal, October 1988). Thankfully, I did not mail the letter.

In this inquiry, spiritual supports were not forthcoming or discussed on admission. Marsden et al. (2007) state that not all persons in recovery expect to discuss their spirituality. In contrast, Hardman et al. (2003) suggest that 'for women who believe in God, deep spiritual struggles are often a major impediment in their ability to recover' (p. 67); they recommend 'attending to the spiritual issues of clients with eating disorders [as this] often facilitates successful treatment' (p. 68). Berrett et al. (2007) remind us that individuals with an eating disorder and adverse events need support to navigate 'what belongs to them as a recipient and what belongs to the person who perpetuated the abuse or trauma' (p. 383). Furthermore, Richards et al. (2009) state some persons have spirituality issues, such as rejection, alienation, shame, guilt, and family distress. These clients may benefit if they have a forum to discuss these issues with members of the interdisciplinary eating disorder team.

Sandy (2002), explores the spiritual lives of women in recovery, stating women understand spirituality in a unique way. When they connect

to a higher power, spiritual being, god, or deity they build self-trust. Sandy also stated that women found eating disorder services inadequate:

> Perhaps the traditional medical approach that focuses on the emotions and cognitive functions is not enough. The use of spirituality, whether through meditation, dance, yoga, visualization exercises or simply learning to connect and trust one's inner intuition may prove to be particularly valuable tools. A closer look at the spiritual and emotional worlds of those who have transcended their eating problems reveals many similarities. All the women seemed to learn that connecting to their true selves is the real answer. To them, this meant seeing, accepting, and loving themselves for who they were and ceasing to starve themselves of their self. (p. 11)

In this analysis, it was evident my spiritual wellbeing was not to be understood as an afterthought; it was part of me, predictable, and it offered me solace when in pain (Slife et al., 2010). As well, it is evident that the act of diary writing provided a place and space in which I could write to myself, my God, and engage in spiritual reflection (Alexander et al., 2015). Finally, I agree with Burkhardt (1989), who states writing about spirituality can be a 'unifying force or vital principle…that integrates all other aspects' of a person's life (p. 70).

Story Two: Reading and Diary Writing and *The Game*

In this story, I reflect on reading books on eating disorders and spirituality which were a consistent part of my healing journey. I regularly wrote in diaries and often made highlights and notes, comments, and jots in the margins of books focused on eating disorders. Reading and diary writing helped me gain perspective on the role of adverse events and how they contributed to the complexity of my eating disorder (Akrawi et al., 2017). I used to think the adverse events and the eating disorder were separate and unlinked entities, and I learned they were not (van der Kolk, 2014). Madowitz et al. (2015) state the prevalence rate of disordered eating is related to sexual trauma; as a result, the individual may experience changes to body perception and shame. As well, psychological challenges may ensue and contribute to control issues and the need for order.

In the data collated, several articles reflecting on the journeys of Karen Carpenter, Princess Diana and Caroline of Monaco, and Kathleen Kemper were critiqued, each of their stories sensationalized by the media. Luczak (1990) details the pressures experienced by women to be extremely thin or at least slender. Specifically, she discusses multiple role expectations, working full time, looking beautiful, wearing trendy clothing, being polite

and gentile. The magazine article is heavily highlighted in pink marker. I have written in the margins 'these dramatic, glossy photographs drew me in…thinness at all cost is the message. I think these are pressures I have experienced' (Research journal, May 1993).

In the eating disorder books, there were many notations related to spirituality. The findings reflect my growing understanding of the power of spirituality to support healing (Seamands, 1988). I noted increased research links between adverse events and eating disorders (Hemfelt et al., 1989). I also wrote that I learn from reading first-person narratives (Orbach, 1986; Palmer, 1986). I wrote that I find comfort in stories about the peaks and valleys, and tipping points, where an individual awakens to the possibility of feeling stronger, with growing self-efficacy, identity and self-worth. I relate to stories where individuals *choose* to change. Therefore, I noted 'I can envision living a life with an identity separate from the adverse events and eating disorder' (January 1990). I knew I could move away from needing to be the thinnest person in the room; each book taught me some element that could be threaded forward (Hemfelt et al., 1989; Vredevelt & Rodriguez, 1987).

Yet, in my arrogance, I used my growing knowledge to create an impregnatable wall, to keep me separate from supports offered. In my diary the following is noted: 'This is a game with no rules; if there are rules I make them' (Research journal, October 2020). I thought I knew more than anyone!

Reflecting on Story Two

In the analysis, reading and diary writing were powerful therapeutic tools in which to express spirituality and move toward health (Alexander et al., 2015, 2016; Alexander, 2017; McAllister et al., 2014). Through writing, I recognized the need for control and order to be slowly ebbing away. My demand to play a game of chess with the eating disorder became less intense and ritualistic; I moved toward being more kind and self-compassionate (Brown, 2007). I found less internal demand to use my knowledge of the eating disorder to reinforce feelings of isolation and disconnection (Brown, 2007).

During my journey, I was an avid reader of books related to eating disorders. In this inquiry, I wrote that I wondered if this caused me additional harm. Did I internalize the messages in these eating disorder books? In the literature, researchers explore whether reading personal diaries and memoirs on eating disorders is harmful. Thomas et al. (2006)

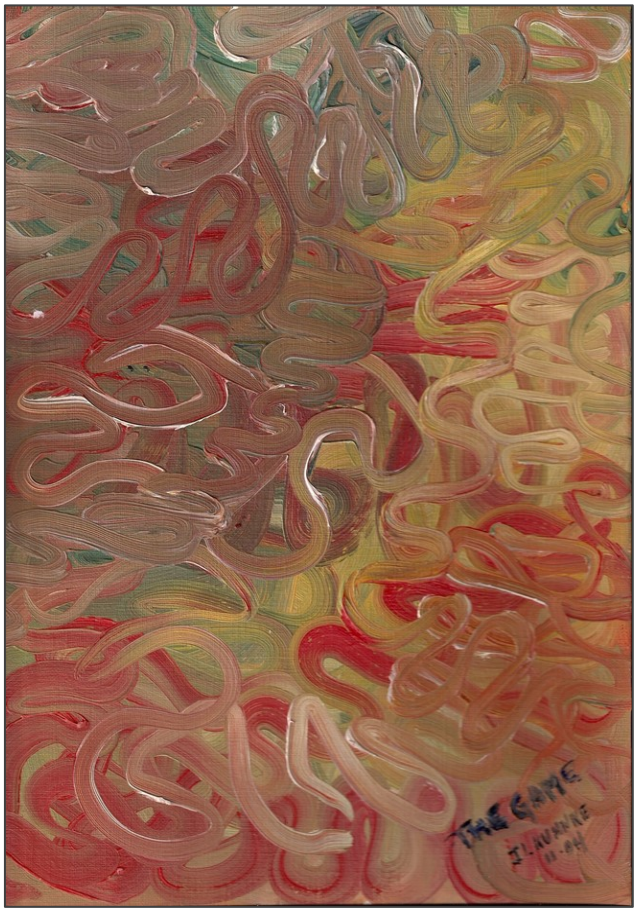
asked 50 undergraduate students about their experiences reading such memoirs; students reported reading eating disorder memoirs had negligible effect on their attitude or behaviour toward food. Seaber (2016) argues reading books and memoirs about eating disorders may cause harm to the consumer, or the potential client. In contrast, McAllister et al. (2014) explore the role of eating disorder books as a resource to develop coping and problem-solving skills, creativity, confidence and self-esteem.

Learning Alongside Reflective Art

Of benefit in this study was leaning into a performative arts approach (Fels, 1998, 2012). This approach reminds us to stop, explore varied art mediums, and to create. Therefore, in response to the data analysis process, I reflectively created *The Game* (Figure 2). This oil painting emerged with yellow, red, green, orange, and beige colours. As I created, I was aware of the softness of the oils gently moving over the canvas and under the cool pads of my now healthy fingers. The resulting colours, though, are messy, muted, dull, with no beginning and no end. The colours reflect past chaos and the distress of trying to hide behind books in my arrogance. Merleau-Ponty (1945/62) in his discussion on sense experiences, states that 'red and yellow have a stinging effect…and red and yellow [contribute to the]…experience of being torn away, of a movement away from the centre' (p. 244).

Figure 2

The Game (finger-painting; oil on canvas).



Spirituality is 'generally used to refer both to the practice, and lived experience, by which humans encounter a spiritual dimension of reality' (Mcintosh & McIntosh, 2011, para 1). My reading and journaling added a rich dimension that I believe supported the journey to health.

Story Three: Spirituality and Becoming Whole

In this story, I open with one of many letters written in my recovery journey. The letters were composed to my Spiritual Being or God. One of the entries reads, 'is it not a dichotomy to claim to trust and to have a faith in God? It is interesting that I think I can magically negotiate a healthy weight without God?' (Research journal, October 1992; cf. Hsu et al., 1992). Letters reflect the dance of gaining weight and maintaining weight:

> Dear God, the hardest part of recovery is moving from 90 to 110 pounds, to 130 or so; I think I should be able to negotiate this with the doctor. I know you are there to guide me, I know your arms of love are around me. I hate that weight is the constant focus of conversation in this admission. Yet, I wonder if I hate it enough to continue to recover? (Research journal, August 1991).

In the diary entries, I reflect that I yearn for health: 'I am and must not remain unwell'. I pretended I did not feel emotions, yet the following reflects internal pain: 'Please give me reason to change God. I am trying to, but the struggle is so great some days' (Research journal, December 1992).

Fortunately, on my admission to an eating disorder unit, the physician referred me to the program spiritual advisor, with whom I met regularly. We prayed and talked about beliefs and how shame, guilt, and poor sense of self contributed to ill health. We spoke of the role of sport in high school and the pressures to be lean and successful. As well, we read meditations and scriptures of my choice. This was incredibly supportive, as I needed to navigate conversations with God about the adverse events disclosed and the feelings that followed (Courtois & Ford, 2015; van der Kolk, 2014). The spiritual advisor directed me to regular prayer sessions filled with reassuring music that offered hope and a quiet place to rest, journal, and pray. This support was unique, timely, and professional. I benefited deeply from this support—it was rich, truthful, and respectful of my beliefs.

Diary writings reflect my belief that extreme slenderness would solve all my problems. This slowly faded, and in turn my self-esteem and identity developed (Berrett et al., 2007; Grant, 2018; Hardman et al., 2003; Marsden et al., 2007). The image *Parts Need Union* (Figure 3) emerged in

yellow, grey, and green oil colours. The lack of unity of the body parts reflects my feeling as separate from self.

Figure 3

Parts Need Union (oil on canvas).

Courtois and Ford (2015) remind us that when adverse events contribute to ill-health,

> Addressing these challenges often leads to discussion of existential issues, spirituality, religious beliefs, and personal meaning making. Clients question core beliefs about themselves, other people, the world, the meaning and purpose of life . . . and the existence of God. There are existential/spiritual questions for which there are no simple universal answers, and therapists should not attempt to provide (or press clients to accept) any particular 'answer'. Although it is possible, and generally desirable, for clients to achieve a sense of resolution and closure with regard to the existential/spiritual conflicts that trauma engenders, this outcome is a spontaneous form of posttraumatic growth that should not—and, indeed, cannot—either be forced or prescribed. Each client must come to his or her own conclusion about the deeper meaning—if any—of the events they have experienced and of their own spiritual and existential beliefs. (p. 186)

Yet, in contrast to this image, I knew myself to be a work in progress, making efforts to feel congruent and whole. Through meditation, prayer, journaling, and art, I knew it was possible to become physically, emotionally, and spiritually whole (van der Kolk, 2014).

Reflecting on Story Three

In efforts to understand the role of reading and writing in recovery, Berrett et al. (2007) state the world appears unkind and harsh to those who have experienced adverse events:

> Part of the healing process is to learn to honor and appreciate what they did to cope with the trauma early on and to approach the situation with more understanding and with an awareness of having more safety and more choices available to the present. Consequently, they are able to make new coping choices. (p. 384)

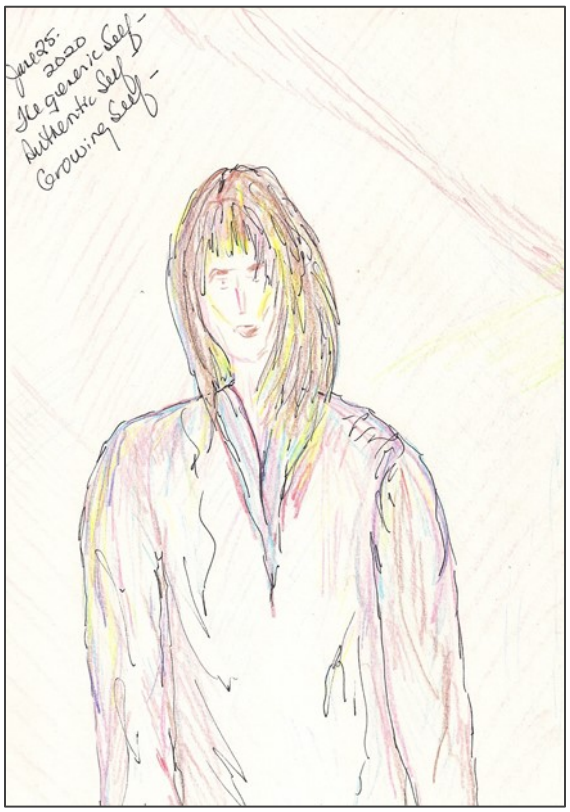
As an adult healing, I knew I could enact new choices. Previous patterns of seeking extreme thinness faded as my voice, agency, and identity grew. Berrett et al. (2007) state individuals turn to 'their creativity to find new choices to avoid abusing situations and to avoid the old pattens for dealing with pain' (p. 384). Coming to an understanding that adverse events may contribute to an eating disorder was daunting; knowing they were intertwined felt like an added burden (van der Kolk, 2014). In this case, spirituality was the thread that, in time, contributed to weaving of new beginnings.

The analysis reveals a consistent use of sketching and drawing of images (Fels, 1998). In response to the analysis process, I reflected and sketched an image of my authentic self, where adverse events no longer speak for me (Figure 4). This image is a portrait of health, a body in union, and in contrast to photographs of extreme ill health. In authentic living, one is connected to self, with agency and voice (Berrett et al., 2007; Courtois & Ford, 2015; van der Kolk, 2014). Spirituality was integral to the process of healing (Grant, 2018). Writing, talking, and praying with my Spiritual Being was beneficial to me, knowing I could freely discuss this element of my life in recovery with the healthcare team. In my life today, nature, art, music, and hikes in the bush to smell and listen to earthly wonders contribute threads to a woven blanket of health in which I am enveloped. Today, I know my Spiritual Being is still in the skies, with long arms of care wrapped around me, resilient and present in my adult knowing.

Finally, Berrett et al. (2007) remind us of the importance of 'figuring out what spirituality means to … [the client, including] attending church, reading scriptures, praying, and so on' (p. 377) and to embed this as part of a treatment plan.

Figure 4

The Authentic Self (coloured pencil on white paper).



Summary: Spirituality, Writing, Courage, and Resilience

In this inquiry, autobiographical, document analysis, and performative arts-based inquiry methodologies guided me as the researcher. Through a detailed document analysis, it was possible to identify and appreciate the role of writing about one's spirituality when threaded through and alongside eating disorder treatment and recovery. Through this critical inquiry, I have come to a deeper understanding of my spirituality as embedded in my landscape, in moving toward and living recovered (Fels, 1998, 2012).

A performative arts-based approach (Fels, 1998, 2012), supported this autobiographical inquiry. First, it guided a critical review of art (Finley, 2011) created when living with an eating disorder (Figures 1 and 3). Second, it supported engagement in reflexivity activities (Finlay, 2011) as a medium to express my reflective practice conducted while researching (Figures 2, 4, and 5). Through images, the unspoken and difficult conversations become tangible, enriched with colour in varied mediums. Spirituality, when expressed in this manner, may be life-giving to individuals in treatment and recovery (Akrawi et al., 2017; Barrett et al., 2009).

Training Healthcare Professionals in Spiritual Care

Schafer et al. (2011) reflect on changes recommended in the American Psychiatric Association 2000 practice guidelines. They discuss inconsistent training of healthcare professionals in issues related to spirituality. They reported wide variation in the quality of education and training for healthcare professionals in mental health. Carson (2017) also argues that healthcare professionals may not feel knowledgeable or comfortable talking about spiritual issues due to lack of education and integration of spiritual care principles into their training and education. Finally, researchers have noted that healthcare professionals responsible to assess and support the individual's spiritual issues in fact may not be receiving clear guidance from eating disorder treatment standards and guidelines (Birmingham et al., 2004; Canadian Eating Disorder Alliance, n.d.; Heruc et al., 2020; National Institute for Health & Care Excellence, 2020).

In summary, through the analysis it is evident that courage is an 'essential element in seeking recovery, it requires discipline and determination to yield results' (Grant, 2018, p. 6). The following oil-painting *Energy* in brilliant orange and yellow was reflexively created with painting knives to reflect agency, energy, and hope (Figure 5). Agency and resulting resilience are motivators to move toward understanding the complexities of eating disorders (van der Kolk, 2014). When spirituality is explored with the individual, they may gain an opportunity to grow, flourish, and find agency alongside healing (Carson, 2017; Grant, 2018; Hardman et al., 2003).

Figure 5

Energy (oil on board).

Today, I wonder if healthcare professionals encourage health through diary writing and reading. Would a therapist recommend diary writing and then discuss elements of the text and art created with a client? I wonder if writing about spirituality and the links to adverse events would aid an individual seeking health. Would the intertwining of diary writing and reading on spirituality offer a benefit in navigating one's health?

Recovery from an eating disorder is not an overnight venture. Brown (2007) states that 'we don't derive strength from our rugged individualism, but rather from our collective ability to plan, communicate, and work together' (p. 53). Thank you for quietly coming alongside and listening to this journey. Recovery is a lifelong event, and richer when the spirituality of individuals is considered.

Notes

1. Recovery from anorexia includes affective domains, embodiment experiences, intrapersonal growth, relational and sociocultural dimensions (Beyer & Launeanu, 2019).
2. Adverse childhood experiences are complex and affect individuals as they heal and grow (Centers for Disease Control & Prevention, 2020 April 3). https://www.cdc.gov/violenceprevention/aces/index.html

3. The National Initiative for Eating Disorders (n. d.) stated that over one million Canadians have a diagnosis of an eating disorder. Eating disorders are not always well understood; they are complex, daunting, and at times deadly (American Psychiatric Association, 2013).
4. Means 'living a healthy, productive, and honest life' (Dupont, 1997, p. xxv).
5. Spirituality is a broad concept that I teach in an undergraduate nursing program.
6. Patient may also be a client or resident, depending on the care setting.
7. Coronavirus (COVID-19) is a viral infection that can cause mild to severe symptoms and death (Infection Prevention and Control Canada, 2020). https://ipac-canada.org/coronavirus-resources.phphttps://ipac-canada.org/coronavirus-resources.php
8. In this paper, my Spiritual Being is in deference to my God, as I understand Him.
9. Griffith (1997) wrote about the "promised land of weight loss" and the shallowness of ignoring the "pain and spiritual struggle behind them" (p. 3). https://www.religion-online.org/article/the-promised-land-of-weight-loss/

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