**ABSTRACT –**

**Background:** Eating disorders, whose incidence has increased steadily in recent decades, are considered to be a 21st century epidemic (Harris, 2006). Anorexia nervosa is one of the primary illnesses representing these disorders. The majority of studies regarding anorexia deal with an attempt to understand its etiology from various perspectives, but not the experiences of the patients themselves. The few studies that dealt with the experiences of anorexic women have been based on interviews with the women while they were ill (Goldin, 2002; Eli, Gooldin, 2008; Rich, 2006; Warin, 2004, 2014), but the manner in which anorexia shaped their identity as reflected over time has yet to be investigated.

 **The** **Research Goal** of this study is to express and provide a platform for the unique point of view of Israeli women aged 18-36, who had suffered from anorexia several years ago. This was intended to expand research information about experiencing anorexia, which is generally perceived as a homogeneous experience, to pinpoint unique and specific meanings of this experience, and to examine how it shapes the identity and life story of previously ill women. The study adopts a narrative paradigm based on viewing identity as the product of social structuring influenced by culture, social context and psychological aspects, and is reflected through the narratives people tell about themselves. These narratives constitute a path for understanding and shaping the Self (Spector-Marzel, 2008) (Heb.). In line with sociological-anthropological research on the experiences of illness and stigma (Goffman, 1963), the present study is based on the assumption that illness constitutes a significant experience which shapes individual identity (Kleinman, 1988), an experience that can disrupt the familiar relationships between body and soul (Bury, 1982), marking a person as deviant and even socially inferior (Goffman, 1963), and that the narratives of ill people constitute a significant source of knowledge about the disease, beyond bio-medical models (Kleinman, 1988).

 **Method:** This study was conducted with a qualitative approach, while using the narrative genre and principles of feminist research. For purposes of this study, in-depth interviews were conducted within which the women interviewed were asked to tell their life story. Participants were located by means of Facebook groups intended for men and women patients with current and past eating disorders. Ten women participated in this study who had been diagnosed during adolescence with anorexia nervosa according to its clinical definition. After carrying out and transcribing the interviews, data analysis was conducted which included factoring and restructuring of the data by means of an interpretive process and components of ‘grounded theory’ into themes and sub-themes.

 **Main Findings:** The first finding deals with the process of becoming ill. The analysis showed that the “entry” into illness occurred by means of two socialization processes. The first one took place within on-line space and in hospital departments for eating disorders. In these spaces the interviewees first met other women in their situation, which enabled them to dispel the sense of isolation and to resist the experience of stigma involved with meeting others, to learn anorexic language and practice through which they began to define themselves as anorexics. The second process occurred in encounters with mental health professionals. These encounters provided the interviewees with explanations for the development of their disorder, whereby the dominant explanations they internalized focused on disturbed family relationships.

 The second finding of the study deals with the experience of control and its absence within the life of the interviewee. The experience of losing control due to occasions of pressure and stress in their lives was perceived by them as the basis for seeking ways to regain control over their body, and was translated into adopting anorexic practices. By using these practices they managed to regain control of themselves, but over time these practices led to a sense of passivity and submission vis-à-vis the disease.

 The third finding as well as the significant innovation of this study, deals with demarcation of the blurred border between health and illness in the narratives of the interviewees. At various stages of their lives, the interviewees provided ambivalent meanings to the disease. Their multiple perception of the concepts of health and illness and of the blurred border between them, indicates that recovering from anorexia is a tangled, complicated and circular process that does not allow recording a clear point of exit from the disease. It has been found that as opposed to other mental diseases and disorders, anorexia has a dramatically prolonged presence in the lives of those who have suffered from it, even when they are defined as not ill. This presence contains within it the ambivalent nature of the disease, which causes suffering and attraction simultaneously, and influences the professional choices of those who suffered from it, even years after it is no longer active.

Since the absolute majority of those affected by anorexia are women, I have used feminine language forms in this study.