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**YOU ARE WHAT YOU EAT:  
EATING DISORDERS AND THE CONSUMPTION OF PATRIARCHY**

**by**

**Litsa Tsouluhas**

**A thesis submitted in conformity with the requirements  
for the degree of Master of Arts  
Department of Curriculum, Teaching and Learning  
Ontario Institute for Studies in Education of the  
University of Toronto**

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You Are What You Eat: Eating Disorders and the Consumption of Patriarchy.

Master of Arts, 1999.

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### **ABSTRACT**

The dramatic increase of eating disorders in contemporary Western society is symptomatic of a cultural backlash against women's increased independence. At a particular historical moment when it would appear that culture has loosed its grip on the female body, many women continue a long-standing legacy of efforts to squeeze their feet into glass slippers — that is, into one impossible form or another. This situation reflects a profound contradiction in the lives women in Western patriarchal culture. As will be discussed in this work, such practices as self-starvation, laxative abuse, and excessive exercise are *continuous* (albeit extreme) responses to culture's perpetual glamorization of a female body that is cellulite-free, firm, and in control of its desires and impulses — precisely those desires and impulses which threaten to corrupt the stability of the patriarchal order.

## **A NOTE ON PLATES**

The images used in this study are representative of those prevalent in contemporary mainstream women's magazines. Unless otherwise indicated, all numbered plates come from current issues of the following: *Vogue*, *Shape*, *Cosmopolitan*, *Vanity Fair*, and *Flare*.

## ACKNOWLEDGEMENTS

The work of confronting my own eating disordered history has been both an anguishing and an empowering journey. In truth, I cannot claim that I have acquired the privilege of hindsight — some things, after all, are easier to deconstruct in theory than they are in practice. Nonetheless, I have, made great strides out of the closet of bulimia and have emerged, Lazarus-like, with a greater ability to distinguish states of physiological hunger from other hungering states (be they sexual, spiritual, creative, etc.). I have many to thank for this.

First, I wish to recognize my supervisor, Dr. Mary Kooy, for the gift of her open heart and her faith in my ability to complete this thesis. I also wish to recognize my second reader, Dr. Tara Goldstein, for her valuable comments and suggestions. Thank you, as well, to Margaret Brennan, financial advisor at OISE/UT, for showing compassion towards hungry students.

Because words are only amateur ventriloquists of what we want to express, I cannot fully convey here my deepest respect and gratitude for the work of Dr. Leo Murphy and Dr. Deborah Levine of Psychiatric Services, University of Toronto. While it is argued that there is no such thing as a safe space, nor indeed a non-objectifying gaze, there are certainly *safer* spaces and more compassionate, *enabling* gazes where the “mutuality of the returned look” (Simon 1992) is more likely to occur. I consider myself extremely fortunate to have been held a *willing* captive of my counselors’ benevolent gazes which, over the course of two years, created a therapeutic space where self-discovery and self-disclosure were made possible.

I am also profoundly indebted to the women with whom I have participated in group therapy — the midwives of my delivery a world of greater possibilities. A special thanks to Athena Maikantis and Sara McCormick who accompanied me in spirit during the solitary hours of writing this thesis. Their empathetic support has been an indispensable part of this journey.

A million thank-you’s to my dear friend Cassandra Hanrahan for her willingness to read this work in its entirety and for providing me with continuous emotional and intellectual feedback. When my belly was bursting-full yet I hungered for input, it was Cassandra who gave me the confidence to believe in this work.

To my sister Sophia Tsouluhas, for being with me during the most difficult year of my life, I am eternally grateful for the medicine of her love, patience, and wisdom.

For giving me rest, I am thankful for the splendour of Greece, full of promise (like the first opening of an eye) and the warm companionship of the Indigo Girls.

Last but not least, I am grateful for my nocturnal cat for quietly breaking the spell of empty hours.



*This work is a labour of love which I dedicate to my parents,  
Charles and Maria Tsouluhas,  
and to Aghios Fanourios,  
patron saint of lost objects  
(including heads and bodies).*



This is a photograph of an icon of Aghios Fanourios. The photo was taken from *inside* the altar of a remote chapel on the island of Milos, Greece.

## THE MENU

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## INTRODUCTION

*Dear Journal,*

1997-04-11

*I've got to stop this. I eat when I don't need to, and I continue well past the comfort zone until I can stand it no more. I'm not even hungry when I binge — physically that is. Emotionally, I think I'm starved. I'm finally admitting that I have a problem, after years of wildly rummaging through the cupboard and freezer and stuffing my face, as if food alone could satisfy a full range of needs. Food is not what I am craving, but I've somehow forged a strange relationship between eating and longing, food and desire...*

*This has been a really bad week: a roller-coaster week for sure. I've forgotten the feel of the ground — steady, supportive, reliable — beneath my feet. Waves of emotion push inward to an unknown destination between here and nowhere. Do you recognize that feeling? The feeling of being in over your head in tides of insecurity. Kicking your feet to stay afloat. Frantically looking for something (or someone) to grab on to.*

*I've got to get a grip, compose myself, pull it together, pull it off; but I'm pickled in the brine of insecurity, loneliness and poverty. I'm not convinced I'll*

*make it through graduate school. Food is the closest refuge: a quick fix, my own little “cleft in the rock of the world where [I] can hide.”<sup>1</sup> Eating is a crutch, food an ally. I silence my “messy” emotions with a battering of “comfort” food. Hush now, isn’t Carnation Hot Chocolate “a warm hug on a cold day”? Isn’t President’s Choice Lasagna “a friend you can count on”?<sup>2</sup> Isn’t food “the only thing that will take care of me?”<sup>3</sup>*

*There is no pacifier quite like bread, though. I’ve awoken many restless nights to bread crumbs in my bed — traces of a late-night binge. Mama still makes bread every Saturday night, her knees pressed together against the hard linoleum floor as she works the dough into a smooth skin. “Manna”, staple of life, miraculously brought to the Israelites amid starvation and sand-swept misery. “Mana”, staple of life, the Greek word for mother. I have memorised the movement of her hands, fluttering like tongues above the saucepan, adding a handful of this and a pinch of that.... Such days as this one, mother, when the cold keeps me indoors, my mind wanders onto the page. On days like these, I dread what my life might be like without you, when the assurance of your love will come only in the form of a distant memory...*

## **AUTOBIOGRAPHY AS REFLECTIVE PRACTICE**

It is as though those stories which are “nothing to write home about” in all their ordinary obviousness, were not in themselves both constituted by, and constitutive of, a history which has to be told. It was the pattern of my daily life which gave this adult that I have become her specificity. There caught in the threads of that ordinary life is the basis for understanding what my subjectivity might be all about.

— Valerie Walkerdine (1990, 162)

Seizing the importance of re-presenting ourselves and re-writing our selves as we reconstruct our visions of world communities entails deconstructing the stories we tell (of) ourselves and the desires which inform them. — Ursula Kelly (1997, 49)

It used to be that when I'd get frustrated, sad, angry or anxious, I'd seek refuge in little bits of paper. Secret thoughts were recorded on napkins, cigarette packages, the inside folds of matchbooks. If paper was scarce, as it often was, I'd write on tabletops, the palms of my hands, or on cement walls with a can of spray paint. I considered these “wayward” thoughts as emotional slippage since, much like fantasies, they contained various “unspeakables” that in the course of my day to day life could neither be expressed nor explored. Many of these slippages are testimonies of “forbidden” hungers (read: *desires*) and the voice of repressed emotions. The margins of the papers on which they are recorded are littered with calorie counts and lists of foodstuffs consumed throughout the day. Every item is meticulously ordered and accounted for: *two pieces of Extra gum = 10.8 calories, 0 grams of fat; one creamer in my morning coffee = 28 calories, 1.2 grams of fat*. Also recorded were the calories I expended, “gestimates” of course, based on knowledge I acquired from hundreds of fitness magazines. Two hours walking, for instance, uses up about 600 calories; thirty minutes jogging burns about 400. Forty five minutes on the Stair Master, set at

exertion level 9, weighing in at 110 pounds, knocks off about 480 calories — the recommended caloric equivalent of the standard American breakfast.

A plastic bag in the corner of my closet still contains many of these slippages, many of them dating back to adolescence: bits of life recorded on bits of paper. At thirty, I string them like beads before me, my hands working the strands of memory into a narrative of sorts — a reflective autobiography. I mean it; for over seventeen years I had been shoving my emotional slippage into a Glad garbage bag, sealed it with a smile,<sup>4</sup> and rarely did I venture to confront the testimony of my own words. Even the very thought of doing so filled me with terror.

Sometime during adolescence, my garbage bag was discovered by a family member, and my secret life was exposed. *Here on in, I shall keep it all inside*, I vowed. Journal writing, which I often resorted to as a coping mechanism — an expressive outlet of sorts — was replaced by another defensive substitute: a ritual of bingeing and purging, characteristic of an eating disorder known as bulimia. In an attempt to disavow desires and emotions which would be disruptive if openly expressed, I used food (and later, drugs) to ward off their persistent threat; to (s)mother them, in a sense, and tuck them beneath a blanket of skin. “Insular fat,” an empathetic roommate once explained, squeezing the fleshy pleats of her belly, “these extra layers of skin which shelter the ‘real’ me.” *Insular fat*,

indeed: for her, a shock absorber against years of sexual exploitation and countless homophobic assaults.<sup>5</sup>

Robert Graham (1991) maintains that the poststructural project of autobiography in education aims to produce the conditions by which “students come collectively to understand some of the workings of ideology and power and their relation to the construction of self and culture” (152).<sup>6</sup> Done critically, autobiography uses “the texts of personal experience to further emancipatory projects” (Kelly 1997, 52). My attempt to do autobiography here is no less than an effort to heal a body mummified (or more accurately, *daddified*) in gender ideology. As reflected in the dramatic increase of eating disorders, more and more Western(ized) women are adopting dis-ordered food patterns and a debilitating obsession with body weight, shape, and fat. Why is the “tyranny of slenderness” (as Kim Chernin coined it) occurring here, now, and at such an alarming rate among *women* — not only white middle class women, but also (and increasingly) older women (Rand and Kuldau 1992), Indigenous women (Rosen *et al* 1988), working class women (Rand and Kuldau 1992), women of color, (Hsu 1987; Gray *et al* 1987), ethnic women (Dolan 1991), bisexual women and lesbians (Brand, Rothblum, and Solomon 1992)?

## THE PROJECT IN BRIEF: STARTERS

I read that if you quit smoking, you are automatically going to gain 10 pounds. That was a big turnoff to me to quit smoking because I thought, "I'm going to get fat if I quit." — Sarah, 22, graduate (pre-law) student, smokes 1-2 packs per day.<sup>7</sup>

People who have never been fat can't appreciate that it permeates your being. It's on your mind every waking second. It's not just that you're wondering what others are thinking about you. It's how you're going to stand, how you're going to sit, how you're going to cross your legs in a way that's more flattering. It's about what you're going to wear and how your clothes are going to look. Is everything still covered the way it should be? After that, it's always about what you can eat and what you can't eat. It's impossible to be in the moment when those kinds of thoughts are running reckless through your mind. — Oprah Winfrey (1996)<sup>8</sup>

It is only recently that I have begun to explore the possibility of a different relationship to food, longing, and my body. For years, I had been living on the periphery of — *transcending*, I had hoped — a female sexual body. For over half of my life, I had internalized a misogynistic revulsion towards my body and thus readily adopted a means to effect its erasure. Ritualistic behaviors, which included obsessive calorie counting, fasting, purging, and excessive exercise, provided a means of subduing what I, through enculturation, believed to be inherently unruly, superfluous, and profane. Through the kinder, safer spotlight of a feminist filter, I come face-to-face with the nature of my own disembodiment. The body, I have come to realize, is a chessboard of a cast of silent players — ideological blindspots, to use an ableist metaphor.<sup>9</sup> In my attempt to make visible what was, for seventeen years, *invisible*, I will explore the construction and normalization of eating disordered bodies. The "will to know" guiding this exploration is a



profound interest in healing a body heavy with cultural imperatives and social contradictions.

The work I am sharing here comes from the things I hid between the lines and in the margins of my herstory.<sup>10</sup> They are voices from ghosts lingering in my closet, in the bathroom, in the kitchen, and in the counselor's office. There is no growing plot or climax to this story, of course, although there are discernible *patterns* which reflect a highly problematic relationship to food, longing, and the female body. These patterns, I hope to show, are frequently removed from the cultural context in which they are embedded, such that the relationship between culture and psychopathology remains obscured. Far from being anomalous ("freaky"), eating disordered patterns of behavior are *continuous* with the conventional practices of femininity as normalized in contemporary Western culture. In fact, the oppressive concern with body shape and weight which colonizes the minds of women is a *learned* and regressive form of narcissism: a culturally pre-scribed path of misdirection frequently pursued by increasing numbers of women in Western industrialized societies.

Following Michel Foucault (1979), power in the modern era does not necessarily operate through physical restraint and coercion, as sovereign power does. Instead, power is maintained through "individual self-surveillance and self-correction to norms" (Bordo 1993, 27). While this form of power may be "non-authoritarian, non-conspiratorial, and indeed non-

orchestrated,” it nonetheless reproduces docile “feminine” bodies which serve prevailing structures of sexual subordination (Bordo 1993, 26). This framework of power can be applied to an understanding of eating disorders and the way in which dominant discourses of femininity work to sustain women’s disembodiment and, ultimately, their disempowerment. When cultural ideals are *internalized*, the oppressive nature of these ideals remains concealed (that is, *ideological*). Thus, a recent Kellogg’s ad, employing the rhetoric of emancipation, runs as follows: “Look good on your *own* terms” [emphasis mine] — as if one’s self and body image (one’s sense of “looking good”) isn’t directly affected or framed by cultural expectations and ideals (Plate 1).

The notion of an “internalized disciplinarian” is crucial to an understanding of how culture maintains its grip on the female body. Consuming the disciplinary practices of femininity — practices which produce docile bodies habituated to exhaustive forms of self-surveillance — women learn to view themselves as if through the lens of the dominant gaze. In John Berger’s classic formulation (1972),

*Men act and women appear.* Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women, but also the relations of women to themselves. The surveyor of women in herself is male: the surveyed female. Thus, she turns herself into an object — and most particularly an object of vision: a sight. (47)

# DON'T LET IT MEASURE YOUR SELF-ESTEEM.

---

*It's unfortunate that something as insignificant as a tape measure can have such an impact on how we feel about ourselves. Don't let it. It can't measure who you are. Exercise. Refuse to skip meals. Start with a balanced breakfast every morning and go from there. Kellogg's® Special K® cereal is fat free and a source of nine essential nutrients so it's a light, sensible way to start your day. After all, looking your best is about being strong and healthy. And the standards you measure yourself by should be your own.*



*Look good on your own terms.*

**Plate 1**

In this sense, then, feminine narcissism is deeply precarious, since narcissistic satisfaction is dependent upon successful adaptation to *hegemonic* ways of looking.

If, as Sandra L. Bartky (1990) notes, “the most pervasive image of all, the one which dominates the pages of *Vogue*, is not an image of woman at all, but of a beautiful adolescent boy” (40), and if approximating this discursive ideal is experienced by most women as *empowering*, then we must problematize the nature of this empowerment for the ways in which it works to reinscribe male privilege through the regulation of women’s bodies. As Susan Bordo (1995) explains, “[w]ithin a Foucauldian framework, power and pleasure do not cancel each other. Thus, the heady experience of feeling powerful or ‘in control,’ far from being a necessarily accurate reflection of one’s social position, is always suspect as itself the product of power relations whose shape may be very different” (27). A case in point, and an alarming one indeed, is the anorexic who derives a tremendous sense of satisfaction from her agonizing efforts to achieve the slender ideal. Recalling her earlier days of anorexia, former-anorexic Aimee Liu (1979) explains:

The sense of accomplishment exhilarates me, spurs to continue on and on. It provides a sense of purpose and shapes my life with distractions from insecurity...I shall become an expert [at weight loss]...The [scale’s] constant downward trend somehow comforts me, gives me visible proof that I can exert control. (36)

I do not want the reader to lose sight of the fact that it is not only anorexics and bulimics who idealize slenderness. At any given time, it is estimated

that 40 percent of all women and 61 percent of adolescent and young adult women are dieting for cosmetic rather than health reasons (Berg 1992). Within the contemporary Western context, it is *undeniably* the case that for the *majority* of women, weight loss is something highly desirable and a condition which provides a profound sense of achievement. Moreover, we must keep in mind that *body image distortion syndrome* (BIDS), which is most commonly associated with eating disordered subjects, is hardly discontinuous with common female misperceptions about their bodies. According to a 1984 *Glamour* magazine poll, for instance, 75 percent of the 33,000 women surveyed considered themselves to be “too fat,” even though “by Metropolitan Life Insurance Tables, themselves notoriously affected by cultural standards, only 25 percent of these women were heavier than their optimal weight, and a full 30 percent were below that weight.”<sup>11</sup> From this perspective, anorexia nervosa and bulimia nervosa (mostly referred to as simply *anorexia* and *bulimia* throughout this work<sup>12</sup>) can best be understood as conventional feminine practices exaggerated to debilitating conditions.

### **THE BIGGER PICTURE: THE MAIN COURSE**

Written on the body is a secret code only visible in certain lights; the accumulations of a lifetime gather there. In places the palimpsest is so heavily worked that the letters feel like braille. — Jeanette Winterson (1992, 89)

In this project (also my “coming out” as a bulimic), I attempt to confront various normalizing practices which discipline the female body by regulating its size, appetite, appearance, comportment, and movement through space

and time, such that it becomes a well-managed body — a body *in control* of its desires, impulses, and various bodily functions. In an effort to remember my own “transgressive” body to the sedimented layers of subjectivity, I retrace various *inscriptions of the Word* — ideological baptisms, so to speak, which reflect ways in which patriarchal culture and post-industrial capitalism foster, in women specifically, disordered relationships to food, the body, and desire. I position myself in the following discussion as a particular disordered subject (a bulimic) speaking her body of stories. I ask the reader’s patience. My body’s emergence from its cocoon of silence has hardly been a linear process, and neither is it complete. Rather, it is a “work-in-progress,” an ongoing struggle towards embodiment and a gradual *purging* of decapitating discourses. I want here to unravel the tangle of discursive strands embalming the disordered bodies of women — to lay bare a cloak of wor(l)ds. This work is, in fact, an effort to undress phallogentric discourses which successfully work to construct and reproduce, at epidemic rates, anorexic and bulimic subjectivities. It is my belief that more veritable forms of female empowerment can emerge only when women contest the various disciplinary practices which normalize oppressive ways of looking (reflected in women’s negative self- and body-image) and which perpetuate an obsession with fat and food.

## **CHAPTER BREAKDOWN: THE INGREDIENTS**

In order to properly commence the forthcoming discussion, we must wet the palate (in other words, contextualize the subject) with a brief sketch of anorexia and bulimia nervosa. This is the focus of Chapter One.

Chapter Two explores the relationship between culture and psychopathology as it relates to the dramatic increase of eating disorders in the second half of the twentieth century. It will explore various factors, endemic to contemporary Western culture, which foster a debilitating preoccupation with body weight, shape, diet, and fat. The goal of this chapter is to heighten awareness of the socio-cultural factors which are productive of eating disorders.

Chapter Three will consider various disciplinary practices of “femininity” and the way they work to perpetuate the subordination of the female body, in spite of the fact that adopting these practices is experienced by many women as *empowering*. As a surface on which culture is written, the unmodified female body bears an “unbearable weight” (Bordo 1993) of negative connotations. Through the normalizing practices of femininity, it becomes a “docile body” (Foucault 1979) habituated to self-defeating forms of self-regulation. Feminist art work, defined as art which effectively de-centers the “normal” of dominant, patriarchal ideology, has proven to be a useful pedagogical tool in the deconstruction of “feminine” body ideals.

## NOTES

<sup>1</sup> This line is spoken by Blanche DuBois in Tennessee Williams' (1947) *A Streetcar Named Desire*. Blanche is referring here to her lover, Harold ("Mitch") Mitchell. Although she does not love Mitch, he has provided her with a temporary respite from the clutches of loneliness, depression, and the fear of aging.

<sup>2</sup> I'd like to notify the reader that the italicized phrases actually appear on these products. There is much to be said about the continuous exploitation of women in contemporary marketing strategies and the ways in which food is constructed as a substitute for human love. This will be further explored in Chapter Two.

<sup>3</sup> This line comes from Marcia Millman (1980), *Such a Pretty Face: Being Fat in America*. New York: Norton, 106. As cited in Bordo (1993, 126).

<sup>4</sup> I am referring to the fact that women, more so than men, are employed in occupations which require them to wear a perpetual grin. This being the case, various "messy" emotions (frustration or sadness, for instance) must remain hidden in order to maintain a cool façade of self-confidence and the illusion of job satisfaction.

<sup>5</sup> According to Susie Orbach (1978), "The most common benefits that women saw in being large had to do with sexual protection.... Many women felt a relief at not having to conceive themselves as sexual. Fatness took them out of the category of woman and put them in the androgynous state of 'big girl'" (35).

<sup>6</sup> As cited in Kelly (1997, 49-50).

<sup>7</sup> In Dana Silbiger, "Why is this Woman Smoking?" *Shape* (August 1997, 100).

<sup>8</sup> Oprah Winfrey, in an interview with Catherine Emily Harris, in "The Ultimate Success Story," *Shape* (December 1996, 136).

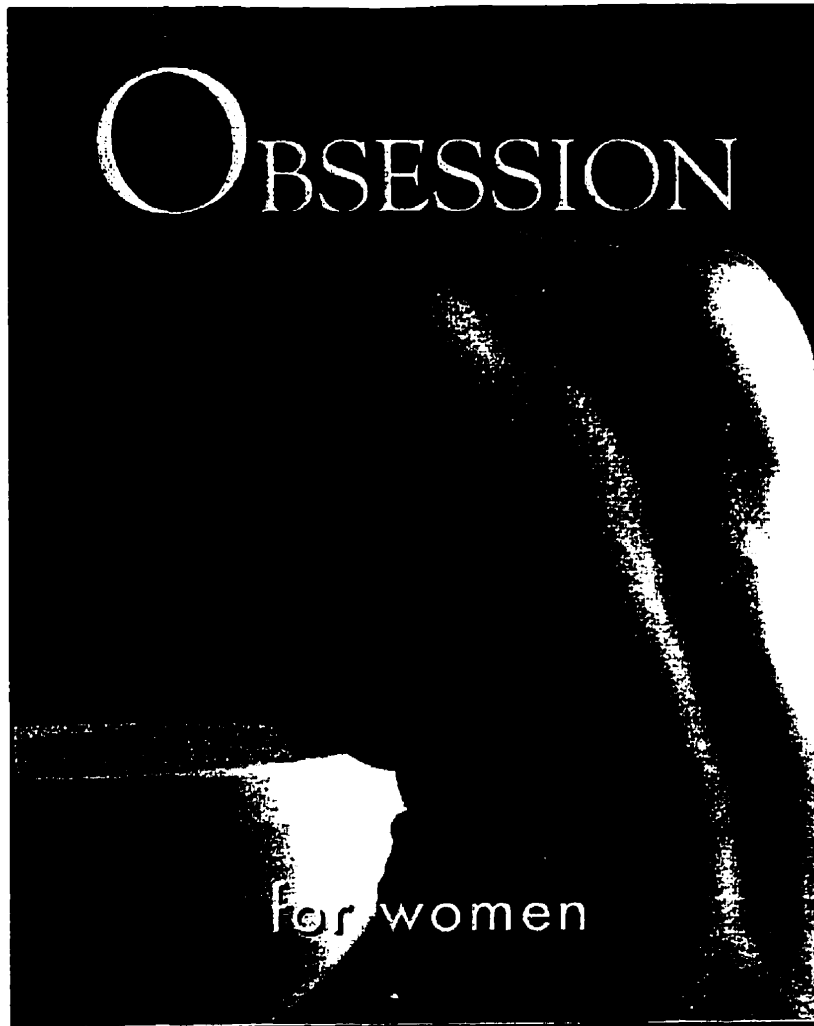
<sup>9</sup> I recognize the ableism reflected in a symbolic order wherein blind denotes *ignorant* or *foolish*.

<sup>10</sup> Many feminist researchers have invented words such as *herstory* in an effort to redress the sexism inherent in language.

<sup>11</sup> This survey appears in "Feeling Fat in a Thin Society," *Glamour* (February 1984, 198). As cited in Bordo (1993, 154).

<sup>12</sup> Technically, *anorexia nervosa* is the proper terminology for the disorder to which I refer in this work as *anorexia*. Similarly, *bulimia nervosa* is the precise term for the condition to which I refer simply as *bulimia*. I use the condensed version of these terms solely for the purpose of readability.





**This image of a woman vomiting into a toilet is the third in a series of four which parodies the effects of the contemporary beauty and fashion industry on Western women. It appears in *Adbusters*© (Spring 1997, 67).**

## CHAPTER ONE

### THE MODERN FACE OF ANOREXIA AND BULIMIA

...And so he [patriarch and capitalist], multiplied by the billions, creates an image of woman in which she is not yet woman – is unripe, sometimes childlike, the breasts small and undeveloped, the hips narrow, the thighs slim, the shoulders slender. The anorexic girl steps forth. It is an image purged of the power to conjure up memories of the past, of all that could remind us of women's mysterious power. — Kim Chernin (1981, 147-8)

Marian's mind grasped at the word "immature", turning it over like a curious pebble found on a beach. It suggested an unripe ear of corn, and other things of vegetable or fruitlike nature. You were green and then ripened: became mature. Dresses for the mature figure. In other words, fat. — Margaret Atwood (1969, 166)

Historian Joan Jacobs Brumberg (1988) begins her book, *Fasting Girls: the History of Anorexia Nervosa*, with a recollection that as a university student in the mid 1960s she and her peers had never before heard of anorexia nervosa. Two decades later, however, as a faculty member at Cornell University, she is surprised to discover that her female undergraduate students are able to converse at great length about anorexia, thus providing a stark contrast to her own earlier experience. Richard Gordon's (1990) book, *Anorexia and Bulimia: Anatomy of a Social Epidemic*, begins in a similar vein. While a young intern at a psychiatric clinic, Gordon had his first direct exposure to an eating disordered patient. The patient referred to him was suffering from anorexia, and then later bulimia. The year was 1971, and Gordon was informed by his fellow colleagues that he should

consider himself extremely fortunate to have been given the opportunity to witness, first hand, such a “rare” disease. No more than a decade later, he notes, as a result of an explosive increase in their rate of occurrence, eating disorders were coined “a thing of the eighties” and, moreover, “a woman’s thing”.

Although accounts of anorexia nervosa have been formally documented in medical reports as early as ancient Egypt and Greece, it wasn’t given much attention till the second half of the nineteenth century when Sir William Gull from London and Charles Lasegue from Paris separately published several papers recording a number of cases of self-starvation occurring in young women (Gordon 1990, 13). They describe various symptoms which clearly correspond to the condition which is now commonly referred to as anorexia nervosa. Following the publication of these papers was the appearance of numerous others, which documented similar accounts of anorexic patients. Yet, despite the heightened interest of medical professionals and the increase in clinical literature pertaining to anorexia, it remained a gravely undertheorized, *decontextualized* phenomenon.

It was only in 1973, with the unprecedented work of German-born American psychiatrist Hilde Bruch that a much-needed theoretical and practical consideration was given to anorexia nervosa, concurrent with the increase in both the visibility and the prevalence of this condition. In *Eating*

*Disorders* (1973) which spans three decades of experience with anorexic and obese patients, Bruch challenged prevailing explanations of eating disorders and pushed their conceptual limitations. Throughout her work, Bruch emphasized the importance of the patient's personality development in the context of her familial background. She explored various biographical factors which predisposed her patients to respond to their psychological conflicts by either overeating or severely limiting their food intake. She argued that anorexia and obesity represented two extremes on a continuum in which food is (mis)used as a means of coping with complex emotional and interpersonal turmoil.

In the early 1980's, popular culture played an important role in increasing the visibility of anorexia nervosa. *The Best Little Girl in the World*, a screenplay written by psychologist Steven Levenkron (1981) and broadcast on television, elicited widespread public interest; so too did Marge Piercy's novel, *Fly Away Home* (1984), whose central protagonist is the mother of an anorexic daughter. Also appearing were a number of autobiographies, among them Sheila MacLeod's *The Art of Starvation: A Story of Anorexia and Survival* (1982), Aimee Liu's *Solitaire* (1979), and Cherry Boone O'Neill's *Starving for Attention* (1982). While autobiographical accounts have provided valuable insights into the world of eating disorders, they have also been accused of contributing to the social modeling of these disorders. One

reader's response to O'Neill's detailed account of her weight-management techniques illustrates this point:

When you came to Australia, I saw you on television...I purchased your book in order that I might learn more about my own problems. I suffer from the "slimmer's disease", as you have probably guessed. In some ways your story helped me to better understand myself but some of the techniques you used were unknown to me and I borrowed them. In some ways your book actually made my problem worse. I wish you hadn't gone into certain details of your illness...<sup>1</sup>

An unprecedented public awareness of anorexia peaked in 1983 with the widely publicized death of singer Karen Carpenter, whose tragic death at age 32 was the result of cardiac failure linked to prolonged starvation and her abuse of the drug Ipecac, a powerful emetic (Gordon 1993, 3).

As has been frequently noted, the term *anorexia* is somewhat of a misnomer. "Anorexia", in its original Greek, means "no appetite", an appropriate descriptor for a symptom associated with various illnesses (such as depression) in which hunger is suppressed. Applied to the condition to which I am here referring, however, the term "anorexia" is misleading, since anorexics do not actually *lose* their appetite. Rather, they are constantly preoccupied with hunger, their self-starvation a conscious and exhaustive effort to rule over and conquer its demands. Such self-denial is typically associated with willpower and self-control — virtues that the anorexic desires, since she is typically plagued by low self-esteem and a deep sense of ineffectualness (Bruch 1973).

Anorexia is largely “a disorder of adolescent development,” with the most frequent ages of onset between 14 and 18. The clinical profile of those treated for anorexia, however, indicates that even younger populations are among those currently afflicted (Gordon 1990, 16). It usually begins with a “normal” diet which is encouraged by a context, such as our contemporary one, in which thinness is a form of cultural capital and where weight loss yields powerful feedback. As Gordon (1990) explains, “in a situation in which she may have felt herself discounted, the refusal of food evokes a powerful response from others, an assertion of her presence that can no longer be ignored” (17). It is *overwhelmingly* a female disorder, with males comprising only 5 percent of the patient population.<sup>2</sup>

According to Richard Gordon (1990), anorexia is a consequence of “an inability to cope with the developmental demands of that period [adolescence], particularly the need to develop a clearly defined personal identity and a sense of personal competence” (16). By adopting the insular world of calorie counts and fitness mania, the anorexic can prove to herself and to others that she is in control and that she can excel. Her body, after all, is proof of this. She vehemently defends her emaciation and frequently conceals it by deceptive measures. My sister, for example, would fill her pockets with rolls of quarters on medical examination days. Others have been reported to drink copious amounts of water prior to weigh-ins and even inserting weights in the vagina or rectum (Brumberg 1988, 16).

The familial context of anorexics is one characterized by a profound concern with external appearances and a tremendous pressure to succeed. Despite their achievements (in school or sports, for example), anorexics typically feel “weak, unworthy, and obligated to live up to what they perceive as relentless demands for perfection” (Gordon 1990, 16). Perceiving themselves (and their bodies) as conduits for *external* expectations, anorexics grow up with the feeling that they exist for *others* (not for themselves) and that they have no control over the course of their own lives. It is this feeling of powerlessness and ineffectiveness that makes dieting, and eventually self-starvation, so appealing — for more than anything else, self-starvation provides a tremendous sense of achievement and self-control. As one anorexic patient put it, “To have control of your body becomes an extreme accomplishment. You make of your body your very own kingdom where you are the tyrant, the absolute dictator” (Bruch 1978, 65).

Families of anorexics oftentimes refuse to admit the need for professional intervention, hoping that the condition is merely a passing stage of adolescence (which, in some cases, it actually is). Unfortunately, by the time the anorexic reaches the clinician’s office, she is already enmeshed in “a complex web of psychological attitudes and physiological sequelae associated with prolonged starvation” (Gordon 1990, 18). While the search for a physiological cause is understandable, given the tragic (even fatal)

consequences of emaciation,<sup>3</sup> it is evident that “the initial triggers for the disorder most likely lie in the developmental history of the subject, which is in turn embedded in a *cultural* context [emphasis mine]” (19). It is this cultural context and the way it foregrounds the development of eating disorders that concerns me in this work.

### **DISEMBODIED SELF: A CASE OF ANOREXIA**

Energy, discipline, my own power will keep me going. Psychic fuel, I need nothing and no one else, and I will prove it.... Dropping to the floor, I roll. My tailbone crunches on the hard floor.... I feel no pain. I will be master of my own body, if nothing else, I vow.  
— Aimee Liu (1979, 123)<sup>4</sup>

From the (ad)vantage point of a psychologically safer space, my sister and I revisit the past, lingering longest in the closets of our adolescent years. Both of us (she formerly an anorexic; I a bulimic) remember the extent to which our lives were guided by a singular purpose: to lose weight. Two decades later, more and more young women are following similar paths of misdirection. Subjecting their bodies and their appetites to extreme forms of self-discipline, young women have deeply internalized the culturally-pervasive myth that by changing the shape of their bodies, they can change the shape of their lives. As Brown and Jasper (1993) explain, “[w]omen’s bodies become the arena for their expressions of discontent and protest. Focusing on ‘improving’ their bodies in order to feel better *about themselves* distracts them from the actual sources of their discontent” (17).



Both my sister and I are high school teachers, and throughout the years of our teaching experience we have identified many students — at least three in every class of thirty — who are suffering from full-fledged anorexia or bulimia. They come from a variety of ethnic, racial, and class backgrounds. The bulimics are harder to identify since they are usually of ‘normal’ weight. The anorexics are easier to identify, for obvious reasons.

In 1984, my oldest sister at 16 years of age has withered down to skeletal proportions. For two years, as I slept beside her, I closely witnessed her body’s gradual then rapid demise. I still shudder when I think of it: her labored breathing, her ribcage rising like a floating staircase, her biceps barely thicker than her wrists, her seventy-two-pound-five-foot-five temple of bones. We were six sisters and one grandmother in a single bedroom, so late-night whisperings were bound to have a small audience. Many nights, in the moments between sleeping and waking, I heard her uttering prayers in the darkness. I was fifteen years old then and a naïve witness to her nocturnal narratives of desire. There she was, the shadow of a boy (the prodigal son in a family of six girls) turned towards the iconoclast in the eastern corner of the bedroom. She’d first coax God with general requests, like asking Him to keep a watchful eye over her family. Then, turning the spotlight inward, she’d get to more me-related matters: “God, help me get 100% on my history test” or, in a similar vein of perfectionism, “God, help me score at least eight baskets in tomorrow’s game.” Whenever her prayers

came true, she credited her success to God or luck — that is, to *external* forces — but never to herself. Despite her near-perfect academic record and numerous MVP certificates, she felt inadequate. “Never good enough,” as many anorexics put it.

She recorded her exercise regimens and calorie computation on sheets of paper, which my mother always found folded in the pockets of her clothing. If she had completed all the tasks she set out to accomplish, she’d reward herself with a bite-sized Hershey Kiss or a high-in-fiber digestive cookie. Every single day, for almost two years, she jogged twelve kilometers. In summer, she lurched forward with determination: a broken marionette under the hot breath of the midday sun.<sup>5</sup> She trudged through winter’s wrath in beat-up sneakers while her extremities turned blue. She never, ever wore socks. She remembers thinking of her body as something *transcendent*: it had no needs, and it felt no pain. It needed no comfort. As her condition worsened, she preferred to sleep on the hard floor rather than a bed. Pointing to the dark scars on her wrists, she tells me of the day she burned deep holes in her flesh with lit cigarettes. She had been trying to impress a small crowd of male spectators. “It was a case of mind over matter,” she explains. “Such self-control was something that the ‘giggling girly girls’ couldn’t compete with.” A case of mind over matter, indeed. Like Marian in Atwood’s *Edible Woman* (1969), she was severely alienated from her body and her emotional life:

After a while I noticed with mild curiosity that a large drop of something wet had materialized on the table near my hand. I poked it with my finger and smudged it around a little before I realized in horror that it was a tear. I must be crying then! (70)

After her twelve-kilometer jog, my sister would do a “high-impact” aerobics class (sometimes two in a row), then spend an additional hour on weight machines. Her diet consisted of sugar-free gum, diet coke, black coffee, licorice (which she once heard has laxative properties), chicken bones,<sup>6</sup> and the hard crusts of bread (the doughy parts too much like flesh, she used to say). Her daily caloric intake was approximately 400 calories, perhaps 20 percent of what she expended on any given day, and only if she maintained a weight well below three digits would she permit herself to eat. Within a year, the enamel from her teeth had eroded. Like all anorexics, she grew down-like fuzz over her body (the medical term for which is lanugo). Through habitual vomiting, she burned a small hole in her esophagus. Her menses ceased altogether and returned only after seven years. Nonetheless, she felt *empowered* by her condition, wearing it like a trophy in environments where a tubular body was glamorized. For her, any trace of femaleness was associated with weakness and vulnerability, and she’d have none of that. Natural curves, hips, breasts, thighs — she wanted them all gone. Her tubular body symbolized (male) determination, and at the same time, resembled the emaciated bodies of female fashion models.

## **BULIMIA NERVOSA**

The shame and agony involved in vomiting up the nourishment is a compensation, a suitable punishment, for having greedily swallowed it in the first place. It is not just that too much food has been consumed and the fear of becoming fat makes vomiting inevitable ...It is that needs have been perceived that are so terrifying that they must simultaneously be denied. It is about having a clean, neat good, un-needy appearance which conceals behind it a messy, needy, bad part, which must be hidden away.

— Dana and Lawrence (1988, 42)

Perhaps I can find liberation if I could solve this puzzle: the connection between eating and longing.

— Ellen West

Although bulimia was reported to occur in patients in the advanced stages of anorexia, it achieved considerable attention as a separate, though in many ways related, disorder in the mid 1970s when an alarming number of female college students in the United States were reportedly engaging in a cycle of bingeing and purging (Gordon 1990, 24). A much more pervasive problem, bulimia is estimated to occur between five and ten times more frequently than anorexia. The onset of bulimia generally occurs later than anorexia, most commonly between the ages of 16-20. Bulimia, like anorexia, is said to be a developmental disorder; but whereas anorexia is generally regarded as a resistance to adolescence and its associative body changes, the “central developmental impasse” for bulimics is “the psychological separation from the family and the entry into the adult world, and particularly the challenges that these pose to the sense of personal identity” (Gordon 1990, 26). Here’s how one female collegian, leaving home for the first time, is described by psychologist Melanie Katzman (1989):

The bulimic ritual offered a safe structure wherein she might 'go on automatic', relinquish her responsibilities, and create a self-controlled world, a temporary respite. The loss of the stabilizing family system was compensated for by the substitution of a mind-numbing panacea rooted in rigid regimentation... Rebecca maintained her dependency by transferring it from the family to the self-deluding reliance on the mythical power of caloric computations and a rigorous exercise regimen. All meaning and control derived from the strict adherence to this guiding bulimic mythology. It was her existential security blanket.<sup>7</sup>

The bulimic maintains a carefully cultivated persona projecting confidence and control. Beneath this "false-self" (Gordon 1990, 60), however, she is troubled by a range of "messy" emotions — low self-esteem, dependency, anger, shame, powerlessness, abandonment — emotions which she represses through over-eating. As a result, "her protest has gone underground": a battle wages in the gut and, over-stuffed, these disruptive emotions are secretly discharged through bingeing and purging rituals (Gordon 1990, 136).

During the binge part of my own bulimic ritual, I behaved as if I actually *was* a bottomless pit, shoving merciless amounts of food into my mouth and barely pausing between spoonfuls.<sup>8</sup> Obsessed as I had been with eating and not eating, food operated as a relentlessly beckoning presence. It became something that was either altogether denied (on good days, when the diet was maintained) or else entirely over-indulged (on bad days when the diet was broken). During a binge, I did not sit, lady-like, nibbling bite-size portions of food. While I might have done this in public, in private I *devoured* food, ripped into it greedily. Over-eating provided a means to satisfy unfulfilled and unexpressed needs — at least symbolically. I imagined eating to be a

transgressive act, a silent protest against restriction. Grown tired of strict diets, and of deferring my own needs to the needs of others, I binged several times a day and was unable to distinguish the state of physiological hunger from emotional states. This characteristic of bulimia is reflected in the fact that some bulimics have reportedly consumed as many as 15,000 calories a day (Bordo 1993, 146).

In my own experience of binges, guilt and self-disgust settle in quickly, sinking heavily towards the belly. Within minutes of over-eating, I perceive my body as an unbearable weight. “Trouble spots” in the mirror appear more inflated than they did just moments before. I feel a profound sense of self-loathing at the horror of my excess. “Get up,” I tell myself. “You must be punished for this indulgence.” Drinking two or three glasses of water in preparation, I tie my hair away from my face and roll up my sleeves as I bend over the toilet. The water in the sink is kept running so that no one can hear. My eyes are squeezed shut as the blood rushes to my head. I thrust two fingers deep into my throat and push the fleshy skin of my tonsils. My belly lunges forward in fitful waves and spasms of release, till only a frothy liquid remains — yellowish, with occasional sprinkles of blood. I then return to the sink, brush my teeth, wipe the rim of the toilet, hide all traces of disorder. In bed, before turning off the lights, I adjust the calories recorded on my mental blackboard. It was a thorough purge, a way of symbolically (and violently)

riding myself of “forbidden” desires and abetting the guilt for hungering in the first place. Typically, my throat is sore the next morning.

Like anorexics, bulimics idealize thinness and are preoccupied with the fear of gaining weight. Both have a distorted body image (as *most* women do), whereby they misperceive themselves to be considerably larger than they are in reality. Unlike the anorexic, however, whose condition fills them with a sense of pride, bulimics are ashamed of their behavior, which they associate with a lack of control. It is this feeling of uncontrollability that incites bulimics to finally admit their compulsive behavior and seek professional help. Their attitude towards getting help, however, is typically ambivalent. While they would like to rid their lives of the havoc created by disordered eating habits, they have come to rely on bingeing and purging to mitigate emotional distress. This ambivalence is said to parallel the attitude often expressed by alcoholics.

Investigation into the childhood experiences of bulimics reveals that their early notions of gender identity are largely influenced by patriarchal forces. As a result, bulimics learn to associate femaleness with weakness, shame, and excess while maleness is associated with strength, prestige and self-control. Unsurprisingly, an outcome of this early conditioning is that bulimics are particularly sensitive to male criticism and typically seek male approval, in keeping with a patriarchal legacy wherein man and man-made

meaning are privileged. It is believed that this pattern is first established in childhood, as fathers of bulimics are quite often extremely critical of their daughters and set high expectations for their achievement.

Nonetheless, bulimics frequently claim to be more deeply connected to their fathers than to their mothers, who in most cases they perceive as passive and ineffectual. As Gordon (1990) notes, "it is their father's power that they admire and idealize. For bulimics, these attitudes are intimately connected with their ideas about thinness and fatness: thinness is associated with masculine power, fatness with feminine weakness" (Gordon 1990, 61). Their exhaustive efforts to control their appetite and change the shape of their bodies can thus be seen as an attempt to emulate masculinity. At the same time, however, bulimics generally conform to feminine stereotypes and are typically reported to be undemanding, unassertive, overly pleasing, and reluctant to express anger. (This will be further explored in the discussion of the "superwoman" in Chapter Two.)

Clinical experience indicates that most bulimics experienced emotional deprivation as children, perhaps due to parental illness, death, neglect, or alcoholism. "Whatever the cause, the child typically early on turns to food as a means of solace, of filling the void left behind by parental inattentiveness or implicit abandonment" (Gordon 1990, 27). Food functions to (s)mother feelings of loneliness, anger, and rejection — feelings which she is too afraid



or ashamed to express and therefore conceals under a façade of perfection. “It is in fact only in the privacy of the kitchen that she can drop her façade of perfection and let herself go” (Gordon 1990, 27). *Purging*, which takes the form of self-induced vomiting, laxative abuse, or excessive exercise offers an outlet for the expression of these emotions, which in the course of her daily life she keeps at bay. While the bulimic *superficially* appears confident and capable of making her own decisions, her repertoire of childhood experiences was not such that independence was encouraged. Although the young bulimic was expected to be mature, responsible, and “lady-like”, she was denied the opportunity to develop autonomous behaviour. It is in this sense that bulimic patterns of behavior reflect difficulties associated with individuation.

## **FOOD AS TRANSCENDENTAL SIGNIFIER**

[T]hin women representations, particularly in the West, have informed ideologies about femininity and the language which structures desire. Food has become associated with pleasure, danger, and the erotic by women who oscillate between engagement with and resistance to the thin ideal. We feel that fetishism of food may well become more common if the tyranny of slenderness continues to frame women’s comprehension of their bodies and their ph/fantasies.

— Lorraine Gamman and Merja Mäkinen (1994, 11)

I notice that my eating problem comes up when I have a report or professional writing to do. I am afraid of my professional writing, so I stuff myself. It doesn’t matter that I have written hundreds of reports and professional papers. My first impulse when I have something that has to be written for work is to start eating.

— Leslie<sup>9</sup>

What I wanted from food was companionship, comfort, reassurance, a sense of warmth and well-being that was hard for me to find in my own life, even in my own home. And now that these emotions were coming to the surface, they could no

longer be easily satisfied with food. I was hungering, it was true; but food apparently was not what I was hungering for. — Kim Chernin (1981, 11)

*Dear Journal,*

*It's Saturday morning, and I'm sitting at the computer, finally, after making enough room on my desktop for my notebook and a dictionary. Gone are the cups and saucers, the chocolate bar wrapper, the bowl of rice, the bag of popcorn, and the overflowing ashtray. Also gone are the bread crumbs which had fallen between the keys of the keyboard. All evidence of last night's binge has been carefully concealed. Taped to the side of my computer is a reminder I had written myself about a week ago and since forgotten: BE GOOD TO YOURSELF; DON'T BINGE!*

*To be sure, this week has been a regression. This is because a fretful child returns the instant I am faced with an empty screen, a child who remembers that on blank pages or blank screens ideology is written in invisible ink and that school is too often a place where one's gendered, ethnic, and class knowledges are subordinated to man-made meaning. Such is the transmission model of education which fails to acknowledge the varied knowledges that students bring with them upon entering school — the various visions and versions of the world which have been shaped by the multiple discursive communities they occupy. As a Greek, working class, female student, I have experienced this model of education. The process of learning becomes the act of consuming external knowledges. Such fissures are*

*registered on the body and reinscribe its existence as separate from the mind....*

The house is silent, and I'm at the computer preparing myself to continue with the most difficult writing I have ever done. My impulse is to run into the kitchen and stuff my mouth, to anaesthetize (through food) those familiar feelings of insecurity. I *imagine* that I'm hungry, but know this isn't the case: after all, it's only 5 a.m., and I've already had the caloric equivalent of two large breakfasts. "Common to bulimics," explains Hilde Bruch (1973) "is an inability to identify hunger correctly or to distinguish it from other states of emotional arousal" (45).

My cat is fast asleep on my lap. His rhythmic breathing calms me. The warmth of his body makes me feel less alone. Earlier this morning I had misunderstood his crying. My attention and affection was apparently all he wanted, not the bowl of food I impatiently offered him on my way to the kitchen. You'd think I would have known that. Just last night, while I was rereading parts of Susie Orbach's (1978) *Fat is a Feminist Issue*, I came across a passage that I had previously marked with bold asterisks:

If every time a child cries it is answered with food, then food takes on the role of comforter....Feeding in response to other bodily needs alienates a child from its body and interferes with the individual's ability to recognize both hunger and satisfaction.  
(110)

My own mother's immigrant working class condition left her little time, energy, and resources to be overly demonstrative and attentive to each of her children's needs. With seven children, a household to run, and a full-time job, it was virtually *impossible* for my mother to spread herself even thinner without serious risks to her health. She expressed her love in the ways she learned to, particularly through the food she offered. Some days I couldn't get enough. While for years there was only one bedroom, one dresser, and one bicycle to be shared between six daughters, there was always food on the table, lovingly prepared by my mother who, invariably, was the last to be seated at the table.

In the life of eating disordered patients, the eating function is *misused*, such that food is removed from its primary purpose of supplying a necessary energy source to the body. As Hilde Bruch (1973) first noted, disordered subjects "perceive, or misperceive, their bodily sensations so that *the nutritional function can be misused in the service of complex emotional and interpersonal problems*" (50). If we are to understand the dramatic increase of eating disorders in the second half of the twentieth century, we must ask what food and eating (or not eating) means for women in contemporary Western culture. Such an interrogation will reveal that the eating function is infused with symbolic meaning and that this does not only apply to eating disordered women. *Many* women (and men) use food as a means to avoid something they fear doing, as Leslie suggests in the quote beginning this

section. Food is also frequently used as a substitute for human love — a sort of surrogate friend or lover — or else as a means to fill a void (“I’d get the urge to fill up the emptiness and sadness I felt inside. Usually I’d turn to food...”<sup>10</sup>). Preoccupation with food may offer a convenient distraction, a defense against the threat of various unexpressed anxieties (“I think about food all the time. It’s frightening to be so obsessed with it, but at least it stops me from worrying about anything else”<sup>11</sup>).

Along with the food, the bulimic may be swallowing her needs, her anger, her insecurities, and her forbidden desires. So pressing is the need to ward off these emotions that she finds it extremely difficult to stop herself from eating. Here’s how I, in an attempt to disavow homosexual impulses (for which I felt I should be punished) used binge behavior:

*Dear Journal,*

*What is this thing that I must protect at all costs, and at the same time vehemently deny? There was a large plate of potato chips in front of me. Before long, the plate was empty. If you asked me what flavor they were, I couldn’t have told you. Anyway, it wasn’t the taste I was after; I just wanted something fast and really heavy — something to procure a distended belly; something to focus on which would detract me from what’s **really** bothering me. Tomorrow I promise to begin my “purification” diet. Right now, though, I welcome the weariness that results from overeating. I want to usher in the*

*silence with sleep, and stop, at least for the time being, the whirlwind of my fears. Tonight I will sleep with both my hands on my belly, as I often do, and I'll imagine the safety and privacy of the womb. I am scared to death of my desires. I am terrified to confront the fact that my heart races when the phone rings, terrified to admit that in the margins of my homework I have written a woman's name in bold strokes and outlined it with hearts and flowers....*

## NOTES

<sup>1</sup> Cherry Boone O'Neill (1985), *Dear Cherry: Questions and Answers on Eating Disorders*. New York: Continuum, 75. As cited in Gordon (1990, 108).

<sup>2</sup> A high percentage of males suffering from eating disorders are homosexuals. While Gordon (1990) argues that the reason for this may be "the presumably greater preoccupation among gay males, particularly those who play a 'female' role, with their physical appearance" (65), I believe there is another explanation. In my own exploration eating disordered past, I have recognized that both over-eating and refusing to eat have provided a means to deny or punish the body's "unruly" hungers — in particular *sexual* hungers, and even more specifically, *homosexual* desires. In a culture where same-sex relationships continue to be reviled and pathologized, it is possible that the gay teen internalizes its pervasive homophobia.

<sup>3</sup> An estimated 5-10 percent of anorexics die (Gordon 1993, 18).

<sup>4</sup> As cited in Bordo (1993, 150).

<sup>5</sup> At the earliest stages of their food restriction, anorexics are said to experience an exuberance of energy, a "fasting high" which is likened to a state of euphoria. As their condition progresses, however, this state is replaced by depression and apathy.

<sup>6</sup> As Gordon (1993) explains, "Meat is an object of particular avoidance, since animal fat is, in the mind of the anorexic, immediately and magically transformed into body fat" (86).

<sup>7</sup> Melanie Katzman (1989), "Is it true eating makes you feel better?: A Naturalistic Assessment of Food Consumption and its Effects on Stress," in Leighton Whitaker (ed), *Bulimic College Student*, Haworth Press, 208-9. As cited in Gamman and Makinen (1994, 131-2).

<sup>8</sup> I am alluding here to the phallogocentric trope of women's bodies as empty vessels or passive receptacles.

<sup>9</sup> Leslie (only her first name is given) is quoted in *The Women Who Do Too Much Calendar* (entry for February 5, 1998).

<sup>10</sup> B. French (1984), *Coping With Bulimia*, Wellingborough: Thorsons, 29. As cited in Gamman and Makinen (1994, 127).

<sup>11</sup> B. French (1984), *Coping With Bulimia*, Wellingborough: Thorsons, 29. As cited in Gamman and Makinen (1994, 127).

## (H)EROTICS

untold stories  
collect dust  
in the vacuum of ideology

all things air-tight  
cannot breathe  
cannot dance;  
no food enough  
can feed the hunger

woman,  
open wide  
an archive of stories:

unleash your  
hot  
poetic  
tongue  
and lick deep  
the folds  
of artichoke  
hearts.



## CHAPTER TWO

### CULTURE AND THE CONSTRUCTION OF DISORDERED BODIES

Following the pioneering work of earlier feminists, Susan Bordo (1993) argues that the focus on “pathology” which prevails in dominant etiologies of eating disorders fails to take into account the various *socio-cultural* factors which participate in the construction of eating disordered subjects. She states that “virtually every proposed hallmark of ‘underlying psychopathology’ in eating disorders has been deconstructed to reveal a more widespread *cultural disorder*” (55). In *Anorexia and Bulimia: Anatomy of a Social Epidemic*, Richard Gordon (1990) presents a similar argument. Borrowing George Devereux’s concept of an “ethnic disorder,”<sup>1</sup> Gordon attempts to demystify the relationship between culture and psychopathology as it pertains to the current epidemic of eating disorders. He argues that a disordered relationship to food and a preoccupation with weight, diet and exercise, far from being “abnormal”, are *continuous* behaviors in a culture obsessed with thinness and the regulation of (female) hunger. As Gordon (1990) explains, “[a]norexics and bulimics draw upon the common cultural vocabulary of their time, through latching onto the contemporary mania about dieting, thinness, and food control that have become endemic to the advanced industrial societies” (11). Much of the clinical literature on eating disorders, however, neglects to actually locate these disorders within the context in which they materialize. Instead, it focuses on possible

physiological explanations. The problem with this, as Gordon notes in reference to anorexia, is that “even if it could be demonstrated that physiological factors are involved in a primary way in the etiology of anorexia...one puzzling fact would still need to be explained: the dramatically increased incidence of the disease in Western societies” (20-1).

In this chapter, I will explore various socio-cultural factors, located within patriarchy, that are central to the production of eating disorders. I wish to argue that anorexia and bulimia are logical (albeit extreme) manifestations of *culturally-modelled* templates of deviant behavior which are *normalized* by women in Western industrialized countries, or countries (like Japan) which are heavily influenced by Western values (Gordon 1990, 36). What, we must now ask, is fostering an “ethics of obsessionality” (Gordon 1990, 100) in the lives of girls and women? What is it about the discourses mediating the construction of gender that makes Westernized women (far more so than men) susceptible to developing eating disorders? Why is the “tyranny of slenderness,” as Kim Chernin (1981) coined it, occurring *now*, at a particular historical moment when the parameters circumscribing women’s social position have been strongly contested and, in many cases, redrawn? How is it possible that in spite of the tremendous challenges posed by many streams of feminism, women are spending an exorbitant amount of time, money and energy in schemes to reduce or otherwise transform their bodies?

It is not my intention to suggest that the forthcoming discussion represents the *totality* of factors within contemporary culture which construct the diseased bodies of girls and women. At best, a partial composite of precipitating factors is presented. Nonetheless, I believe in their centrality — a belief that is deeply informed by my own experience of bulimia and supported by the experiences of others (bulimics, anorexics, and bulimic anorexics<sup>2</sup>) with whom I have participated in group therapy. This group is not merely comprised of heterosexual white women, but also women from various ethnic and racial minority groups and from a variety of class backgrounds and sexual orientations.

### **THE MEANING OF “FAT” AND “THIN”**

In the United States, in particular, fat women are especially stigmatized. One study showed that obese high [school] seniors were typically denied college admission far more frequently than their age-mates of comparable intelligence. Informally, many college admission counselors will readily admit that an overweight student is more likely to “flunk an interview” than a thinner peer. Fat women have also been subjected to pervasive discrimination in employment, and only recently have the American courts formally recognized the stigmatization of obesity as a form of legal discrimination. — Richard Gordon (1990, 91)

For my father, the sight of “fat-free” products in the kitchen has been a recurring source of frustration, mitigated only by the fact that the sudden appearance of such products marks the return to her familial home of one (or perhaps more) of his daughters. When all six daughters are at home — say, for Christmas or Easter holidays — the refrigerator becomes a wastland (pun intended) of “healthier alternatives” to my mother’s

traditional Greek cuisine. “Healthier,” my father remarks, scanning the shelves, “my eyes!” During what has now become an endearing ritual (and it certainly wasn’t always), he reads the labels of several products aloud, carefully enunciating the names of multi-syllabic ingredients. He theatrically takes note of their lack of nutritional value, gives a little taste test with the tip of his finger, and contorts his face. “Ridiculous,” he concludes.

My father’s attitude towards diet foods and dieting is formed from his childhood experiences of poverty and war. Hunger is a stubborn memory, familiar to the have-nots. It clings to my father’s mind like skin did to his bones. His preference was for *Spartanesque* women, ample and strong; but this version of an attractive female body is considered “chunky” in the eyes of his daughters, only a generation later. “Disgusting,” he says, pointing to emaciated figures he sees on the pages of our fashion magazines. “Those aren’t woman *at all*. Those are sick-looking girls” (Plate 2). This was sermon #106, and although in countless matters I’ve challenged my father’s authority, he has been, in such instances, right on the mark.

What constitutes “preferred body weight” for women is subject to historical variation. Fatness and slenderness are shifting social signs that represent different things to different people in different social contexts. Various body shapes and sizes are infused with symbolic meaning, which reflect the



**Plate 2**

gender ideology of a given society and the prevailing discourses governing femininity. Particularly in societies in which food (among other resources) has been scarce, an obese woman represented her husband's wealth and status and, not least of all, her reproductive capacity. This connection between food and femininity is clearly evident in the "fattening ceremony" and "fattening sheds" which were once pervasive in numerous African societies. Described by Gordon (1990),

At a certain point after puberty (usually between the ages of 15 and 18), girls were intentionally overfed and their ample bodies displayed in a ceremony that celebrated their reproductive potential and economic status. The fattening ceremonies have generally disappeared, although one writer reports observing their continued existence recently in rural Eastern Nigeria. Apparently, older African women can still recall the experience of the fattening ceremony in their childhoods, but their daughters, particularly if they are university students in urban Africa, have now come under the influence of the diametrically opposite modern ideals of thinness. (76-7)

In late nineteenth century Western Europe and the United States, restricted eating was glamorized by the privileged elite. Etiquette books written for the young female reader, for example, warned girls to "Keep a great watch over your appetite. Don't always take the nicest things you see, but be frugal and plain in your tastes."<sup>3</sup> As a result, private self-feeding, when women "indulged" their repressed appetites, was constructed as a compensatory inevitability. These *secret luncheons*, as they came to be known, reflect characteristic binge behavior (Brumberg 1988). It was also during this period that changes in female fashion required an even *tighter* corset than ever before — undoubtedly a response to the suffragist movement and the

broadening of white, middle-class women's social sphere. As Bordo (1993) explains, "[a]nxiety over women's uncontrollable hungers appears to peak during periods when women are becoming independent and asserting themselves politically as well as socially" (161). Described as a "mutilation, undergone for the purpose of lowering the subject's vitality and rendering her permanently and obviously unfit for work,"<sup>4</sup> the corset was a somatic cage which imposed severe restrictions on bodily movement. It was, in fact, worn so tightly that it frequently induced fainting spells. Enduring such constraint was an honorable (indeed fashionable) enterprise which, particularly amidst plentitude, reflected woman's moral fortitude and her capacity for self-control. In short, through her emaciated body and restricted eating habits, the wide-eyed and pale-skinned Victorian "lady" transcended the vulgarity of physical labor, "common" hungers, and the working class.

Such attitudes towards slenderness provided fertile soil for an increase in the occurrence of anorexia nervosa. In keeping with the gender ideology of the Victorian era, obesity in contemporary Western culture metaphorically represents, "the repository of all the traits that are considered morally despicable" (Gordon 1990, 85). While we are told that we've "come a long way," feminists continue to question whether women have been (and continue to be) led in the wrong directions. Gordon (1990) notes that by the time they are five years old, the minds of Western children have already been colonized by popular images in which ample bodies signify "stupidity,

laziness, slovenliness, a lack of will power” (85). (Consider, for instance, Roseanne Bar in the television sit-com “Roseanne” or the character of Norm Peterson in “Cheers”.) The slender body, in comparison, “codes the contemporary ideal of a tightly-managed self” and functions as a symbol of “virile mastery over bodily desires that are constantly experienced as threatening to overtake the self” (Bordo 1993, 14). In other words, the slender body is a body *in control*, one which resists the ever-present forces of temptation. It is, in fact, saint-like.

Such significations do not, of course, appear in the social lexicons of economically disadvantaged populations daily experiencing the harsh realities of poverty and famine. In “advanced” industrialized societies, however, where overeating is made simple and obesity has such devastating consequences to self-esteem, the anorexic body represents a certain *accomplishment*. Achieving, even surpassing, the slender ideal, the anorexic is a paragon of self-control and determination. Her ability to deny the persistent demands of hunger confirms the strength of her conviction. As such, she is likely to invoke feelings of admiration and envy. Many “normal” women, in fact, admit to a secret wish of somehow miraculously contracting the disease. The anorexic enjoys such responses to her condition, a recurring theme in the narratives of former anorexics. Speaking to a friend (who was also anorexic), Aimee Liu (1979) says: “They’re in awe of us. It sounds insane, but maybe it’s something like being a celebrity. Everybody



wants to be thin, after all. Right? Including the doctors, our mothers, and our friends. We've achieved what they can't. They're jealous. They want to take it away from us" (61).

The role of popular culture and commercial interests in the glorification of anorexia should not be underestimated. Consider, for example, Philip's recent promotion (1998) for its latest model of televisions, the "Flat Panel TV" (Plate 3). The advertisement reads, "Introducing a television so thin it will give regular tv's a complex" and features an emaciated model who, like the television, is "flat" and whose waif-like dimensions are intended to parallel the narrowness of the television's width: the television is "so thin, in fact, it can be mounted directly on the wall." Both woman and television are without any unwanted bulges. All excess baggage is safely stowed away. Their remarkable thinness, the advertisement suggests, is extra-ordinary — a cut above the rest — and thus an understandable source of envy. Just as the emaciated model is meant to invoke feelings of admiration and competition in others, the Flat TV makes "the common television feel a little more common."

Within the popular collective imagination of the 1990s, images of "saggy" skin, cellulite, and "unsightly" protrusions have become metaphors for unrestrained desire, insatiable hunger, and unruly impulse — in other words, "internal processes out of control" (Bordo 1993, 22). Internalizing

INTRODUCING A TELEVISION SO THIN IT WILL GIVE REGULAR TVs A COMPLEX.



The new Philips FLAT TV is the thinnest television in the world. It's so thin it can be mounted on a wall or a stand. It's so thin it can be used as a picture frame. It's so thin it can be used as a...  
www.flat.tv.com FLATV



**PHILIPS**

*Let's make things better.*

Plate 3

this culturally pervasive mythology, women wage a biological counter-attack — sometimes quite literally *busting their guts* — in order to achieve a tucked-in, well-managed, clean and proper look. An entire industry of “cures” (mostly *feminine* prescriptions) are offered as allies in this battle against aging and flab: slimming products, fading creams, cellulite complexes, face-firmers, liposuction, plastic surgery, thigh machines, for instance — all in the service of bodily “improvement.” Women’s bodies become battlefields on which fat is “burned,” bulges are “blasted,” and thighs are “whipped” into shape. The underlying assumption here is that woman in her unmodified state is repulsive; that if she somehow “lets herself go,” she turns into a monstrosity — a “loose” and “flabby” woman. She must therefore keep a constant and scrutinizing eye over her body and her appetites

The idealization of *firm bodily boundaries* and the meanings associated with this firmness make it easy for contemporary health and fashion industries to commodify both an anorexic and a muscular body. Both ideals, “though superficially very different, are united in battle against a common enemy: the soft, the loose; unsolid, excess flesh” (Bordo 1993, 191). The condemnation of flab as both physical and moral looseness undergirds the contemporary fitness craze and fits well with the anorexic’s quest for power in the form of bodily transformation. Like the anorexic, the female body-builder is overly preoccupied with body shape. She, too, is mobilized by the desire to exert self-control through severe body discipline. As Bordo (1993)

explains, “It is perfectly permissible in our culture (even for women) to have sustained weight and bulk — as long as it is tightly managed. Simply to be thin is not enough — the flesh must not wiggle” (191).

When a tightly-managed body — whether anorectic or muscular — is constructed as a reflection of one’s inner state or capacity for self-control, and when a “flabby” body becomes “a projection of our dysregulated appetites” (Bordo 1993, 89), an obsession with dieting and thinness emerges as a logical response. While this obsession typically overdetermines the lives of anorexics and bulimics, it remains a familiar feature in the day-to-day lives of “ordinary” Western women. For example, most women *feel* better about themselves when they lose weight, whether they are overweight or not. It is in this sense that “eating disorders are not separate from most women’s experiences of their bodies and eating, but instead are understood to exist on a continuum of weight preoccupation” (Brown and Jasper 1993, 14).

## **PROFANITY AND THE FEMALE BODY**

### **Question**

*Body my house  
my horse my hound  
what will I do  
when you are fallen*

*Where will I sleep  
How will I ride  
What will I hunt*

*Where can I go  
without my mount  
all eager and quick  
How will I know  
in thicket ahead  
is danger or treasure  
when Body my good  
bright dog is dead*

*How will it be  
to lie in the sky  
without roof or door  
and wind for an eye*

*Without cloud for shift  
how will I hide?*

— May Swenson

A few years ago, I gave my grade 11 English Studies students a poetry assignment in which they were asked to model the above poem written by May Swenson.<sup>5</sup> I asked them to choose a metaphor for the body which conveyed their attitudes towards, and their experience of, their own bodies. What was most striking to me was how commonplace was the view of the body as something *negative*, and how this negativity was far more frequently expressed by my female students. The body's "haunting presence," as one student put it, is "suffocating" and "oppressive." Others used similar descriptors: "cumbersome," "heavy," "traitorous." Many students expressed the desire to escape the body altogether, or at the very least, to "keep it under control." They used metaphors such as "jail-keeper," "cage," "dictator," and "imposter" to express a view of the body as *alien* and *enemy*: alien in that it is perceived as an entity separate from the self (that which is "not me," an "intruder"), and enemy in that it threatens, through its unruly nature, to corrupt the integrity of the self.<sup>6</sup> With this in mind, my point is as follows: despite all the attention given to the body's every minute detail, it is apparent that *regressive* rather than *affirming* forms of narcissism determine women's attitudes towards their bodies and mediate the ways in which they inhabit those bodies. Indeed, "[w]e may be obsessed with our bodies, but we are hardly accepting of them" (Bordo 1993, 15).

Within our Western philosophical tradition, historically grounded in Plato, Augustine, and Descartes, the world is bifurcated into binary opposites. As

constructed within this dualistic heritage, the body is the negative “other” of the lofty self (however the self is imagined — whether as spirit, mind, creativity, reason, etc.). In keeping with this logic, the body and its desires are constructed as *profane*, a constant threat to self-actualization and the sanctity of the patriarchal order (Bordo 1993, 206). Important to an understanding of eating disorders is the fact that sex-metaphorical associations within this tradition link the body and its insurgent desires with the experience of being *female*. In opposition to this, the achievement of a “true self” lies within the privileged domain of males who, through manly will-power and moral fortitude, are able to overcome the forces of temptation. As Bordo (1993) explains, “if the body is the negative term and if woman is the body, then women *are* that negativity, whatever it may be: distraction from knowledge, seduction away from God, capitulation to sexual desire, violence or aggression, failure of will, even death” (5). This revulsion towards the female body is reflected in the anorexic’s own attitude towards her body and in her quest to erase any bodily signs of femaleness altogether. Thus, her “flight from femininity” enacts a sort of emulation of maleness and the values assigned to maleness within contemporary patriarchal culture.

As a young girl, I was deeply perplexed by the sexism of my religious tradition. Every Sunday, along with the other children, I sat on the red carpeted floor in the front of the entrance to a designated sacred area: the Holy Altar. The girls sat on one side of the entrance, the boys on the other

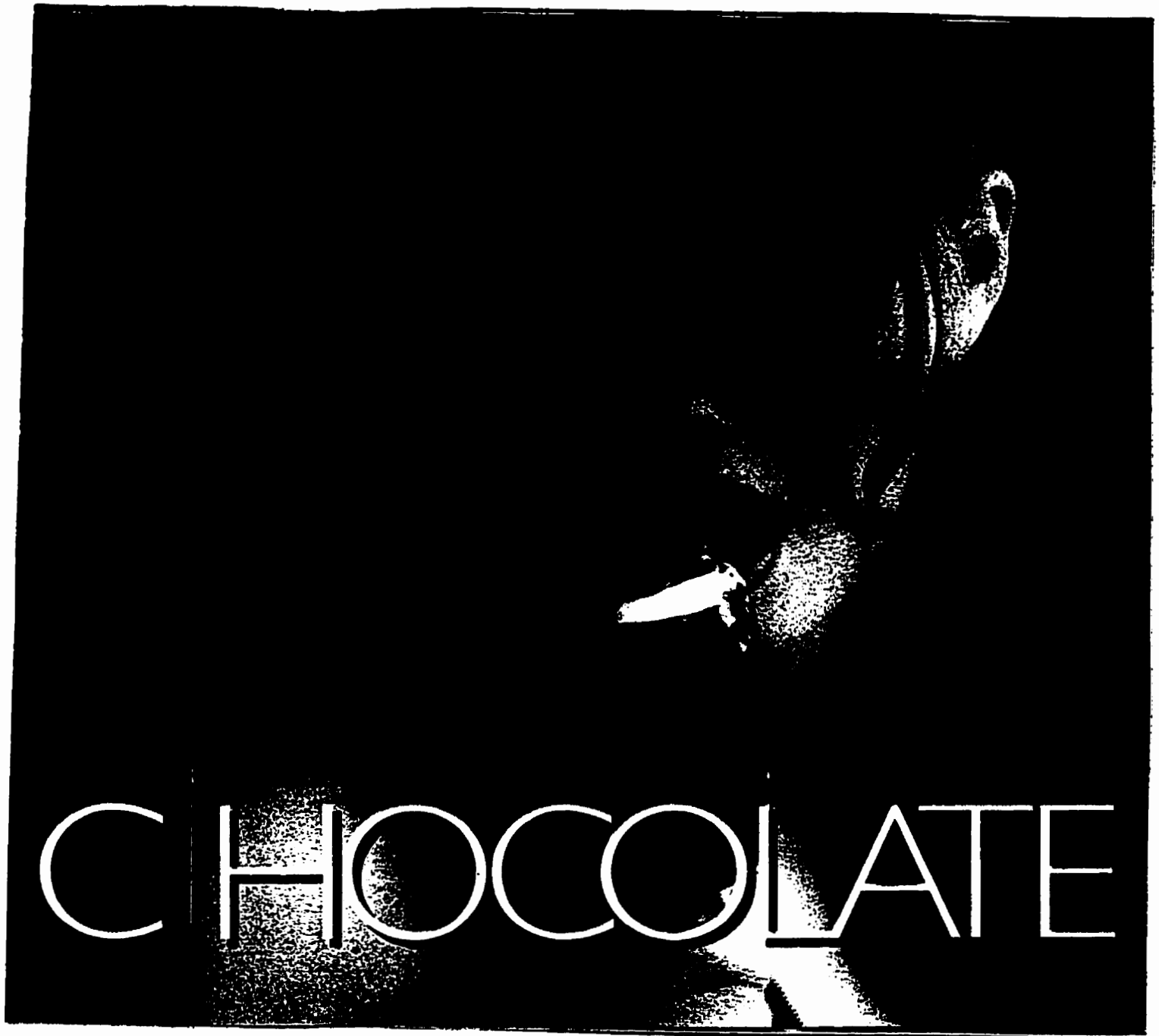
— a legacy from the days when segregation was mandatory. If the choice were mine, I would have stood at the back of the church, where the “bad” boys were known to linger, near the door where they could silently slip out for a cigarette in the bushes. But as it were, I was a girl; and that, in countless circumstances, was a real drag. Straining my eyes, I would sneak furtive glances at the inside of the Altar, trying my damndest to see the things every boy was entitled to see, things forbidden to a young girl’s eyes. My female body, as much as I tried to make it “pure” (sometimes by bathing three times a day), was irrevocably profane. Betterton (1996) explains:

Eve as the original temptress was the prototype of all women whose lust brought about the destruction of male rationality, and thus came to be seen as emblematic of the bestial side of human nature. The figure who reversed Eve’s sinful legacy was, of course, the Virgin Mary, for whom the denial of sexuality was replaced by maternity and eternal life. (149)

Similarly, images of women surrendering to food function as a metaphor for her sexual appetite — an appetite which is not only transgressive, but also destructive and man-eating (Plate 4). As Bordo (1993) explains,

[T]he sexual act, when initiated and desired by a woman, is imagined as itself an act of eating, of incorporation and destruction of the object of desire. Thus, women’s sexual appetites must be controlled, because they threaten to consume and deplete the body and soul of the male. (117)

It seems logical to me now that as a youngster I would cultivate the desire to transcend my female (sexual) body.



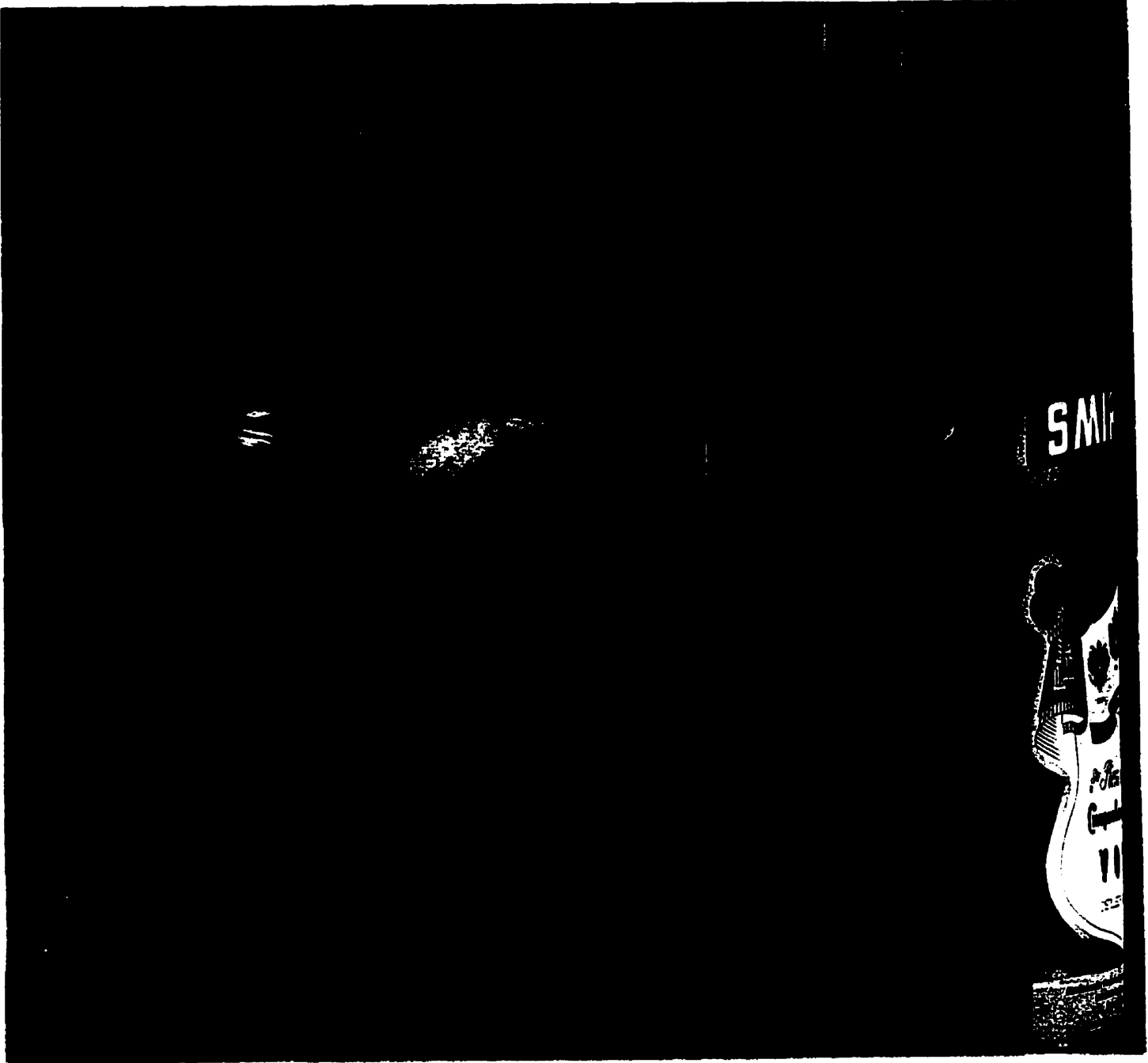
**Plate 4**



Images of women as seductresses or aggressors, luring men by their womanly wiles to perform evil, reinscribe the long-standing misogyny of Western philosophical and religious traditions. (“You are the true hiennas,” maintains Walter Charleton, “that allure us with the fairness of your skins, and when folly hath brought us within your reach, you leap upon us and *devour* us.”<sup>7</sup>) Encoded in such images is the pervasive mythology that female sexuality is inherently voracious, insatiable, *castrating*, and therefore needful of containment (Plate 5). As a result, these images, “work to disclaim male ownership of the body and its desires” (Bordo 1993, 6), a fact that is played out in the lives of anorexics and bulimics, many of whom have had early incidents of incest, rape, and other forms of sexual abuse or humiliation (Bruch 1979, 75). These women typically internalize a view of themselves as *femme provocatrices*, and thus hold *themselves* responsible for unwanted sexual advances (Beckman and Burns 1990; Calam and Slade 1989; Hambidge 1988; Kaperowski 1991; Smolak, Levine, and Sullins 1990). This, however, is not an illogical response, since the archetypal image of the female temptress

is so powerful that rapists and child abusers have been believed when they have claimed that five-year-old female children “led them on”... Frequently, even when women are silent (or verbalizing exactly the opposite), their bodies are seen as “speaking” a language of provocation. When female bodies do not efface their femaleness, they may be seen as inviting, “flaunting”.... (Bordo 1993, 6)

Plate 6 provides an example of the glamorization of this misogynic logic. Eaton’s Canada (in a desperate attempt to redress financial ruin) has given



**Plate 5**

All the latest dresses  
**your boyfriend**  
won't want you to wear

  
**EATON'S**  
Department Store



QUI M'AIME ME SUIVE BY POIRAS / BEADED FRINGE DRESS \$285 / KENNETH COLE SHOE

**Plate 6**

itself a new look. "Times have changed" is their most recent motto. Yet, it is clear that marketing strategies continue to rely on enduring patriarchal discourses which frame the female body and female sexuality as an *enticement*. For the anorexic, self-starvation offers a means of erasing any sign of femaleness (which they typically associate with vulnerability) and also a means to escape "the abominable business" of sexuality (Liu 1979, 101).

### **DIETING AND BODILY DIS-EASE**

The representation of unrestrained appetite as inappropriate for women, the depiction of female eating as a private, transgressive act, make restriction and denial of hunger central features of the construction of femininity and set up the compensatory binge as a virtual inevitability. Such restrictions on appetite, moreover, are not merely about food intake. Rather, the social control of female hunger operates as a practical 'discipline' (to use Foucault's term) that trains female bodies in the knowledge of their limits and possibilities. Denying oneself food becomes the central micro-practice in the education of feminine self-restraint and containment of impulse.

— Susan Bordo (1993, 130)

There is a tradition in Greek Orthodox culture of fasting before high religious holidays. On a symbolic level, these fasts are intended as a means of purification in preparation for the Holy Ghost. One particular fasting period preceding Easter lasts forty days. Millions of Greek Orthodox Christians all over the world begin a strict monitoring of food intake. Although accounts differ, certain rules of the fast remain the same, namely that absolutely no meat is to be consumed, nor is any form of sexual activity permissible at any point during the forty days. Constantly threatening to overtake the soul, the body and its hungers must be restrained. One's capacity to ward off hunger (that is, to *control* it) functions symbolically as a

reflection of one's moral stamina. My mother and aunts, I would argue, deserve to be seated next to the saints.

Religious fasting and dieting offer similar pedagogies pertaining to the regulation of hunger/desire. Like the religious fast, the modern-day diet is framed by trope of temptation and fall (Bordo 1993, 114), as is exemplified in many advertisements for diet products (Plate 7). Like the spiritual fast, the "miracle diet" can *transform* our guilty bodies into fat-free bodies. This transformation, we are led to believe, will effect changes in our lives very much likened to salvation. Girls as young as seven years old, right through to post-menopausal women, have absorbed the message that they can solve emotional problems, sexual problems, relationship problems, even financial problems, through the transformation (i.e., reduction) of their bodies (Kaplan 1997). The fat-free body, like the spiritually-pure body is *guilt-free*. It is, as Richard Gorgon (1990) describes it, a virtuous body: "Lacking a moral vocabulary, contemporary societies have projected the notions of good and evil onto the images of our own bodies: the idea of God (the qualities of perfection, of cleanliness, of goodness) is now contained in the images of thinness; while that of the Devil (i.e. corruption by the appetite, sloth, greed) is embodied in fatness" (92). The regulation of hunger, whereby one is constantly battling the forces of temptation, is the state of choosing "good" over "evil." It fills dieters with a sense of accomplishment — just as religious fasting fills one with a sense of having behaved well. "My soul seemed to

grow as my body waned,” recalls one anorexic. “I felt like one of those early Christian saints who starved themselves in the desert sun.”<sup>8</sup>



**Plate 7**

The regulation of hunger within contemporary consumer culture presents a double-bind for women, who are relentlessly hit with images of tempting foods while their bodies are expected to be impossibly thin. As Bordo (1993) notes, “on television and in popular magazines [aimed at women], with a flip

of a page or barely a pause between commercials, images of luscious foods and the rhetoric of craving and desire are replaced by advertisements for grapefruit diets, low-calorie recipes, and exercise equipment..." (199). This double-bind is not easily reconciled in the real, everyday lives of women, as is reflected in the symptomatic behaviour of bulimia nervosa. "Could it be," ask Gammon and Makinen (1994), "that women unconsciously play out these impossible social contradictions upon a body that allows the *pleasure* of satiation, while simultaneously escaping some of the dangers by vomiting food?" (11).

### **PICKLED IN THE BRINE OF INSECURITY AND GUILT: WOMEN AND IDENTITY CRISIS**

Guilt and sadness about mother are particularly prevalent female preoccupations as likely to limit female autonomy, pleasure, and achievement as any cultural mandate. This is so even if the conditions under which female autonomy, pleasure, and achievement tend to involve surpassing the mother are a product of unequal gender relations and beliefs. Similarly, women's shame vis-à-vis men, whether of dependence or of discovery in masculine pursuits, is certainly situated in a cultural context in which such pursuits are coded as masculine in the first place.

— Nancy Chodorow (1995, 540)

In *The Hungry Self: Women, Eating, and Identity*, Kim Chernin (1985) maintains that "the present epidemic of eating disorders must be understood as a profound developmental crisis in a generation of women still deeply confused, after two decades of struggle for female liberation, about what it means to be a woman in the modern world" (17). In a period of significant cultural transition for women, marked not only by increased

opportunities but also greater pressure to prove themselves the equals of men, women are struggling “to synthesize a ‘viable’ or ‘workable’ identity, and suffer inwardly from a sense of fragmentation, confusion, or self-doubt” (Gordon 1990, 52). Within this context, anorexia and bulimia provide a defense against the emotional stress caused by an ambiguously defined female identity. By committing herself to the world of weight preoccupation, the eating disordered subject effectively delays psychosocial development. In extreme cases, anorexia and bulimia bring developmental growth entirely to a stand-still, as the sufferer withdraws from social life, school, and even employment. “Some days,” admits one bulimic, “even in the rain, I walk thirty, forty miles. What difference does it make? I’ve given up all other activity anyway.”<sup>9</sup>

The most critical period for the development of an identity occurs in adolescence, that point in life when the subject must “put together the foundations of the self laid down in childhood experience with the new demands and challenges posed by personal and social experiences of that period” (Gordon 1990, 52). The search for an escape route oftentimes occurs when the subject, faced with greater opportunities, feels *guilty* about surpassing the limitations of her mother’s life. While they may recognize the powerlessness of their mother’s lives, and while they may desire a different experience of womanhood, many women nonetheless feel as if they are betraying or rejecting their mother by “leaving her behind,” either by moving



away from the familial home or by seeking a more fulfilling life. As Sandra Friedman (1997) notes, “[a]t the moment when serious political gains have been won and women are able to take up the opportunity for further development, there is a marked tendency among women to retreat, to experience a failure of nerve, a debilitating inner conflict about accepting advantages and opportunities denied to their mothers” (43). This insight has allowed me a greater understanding of my own reasons for “choosing” bulimia:

*Dear Journal,*

*In the theatre of my memory, my mother is standing before the window, her belly swollen with the promise of a seventh child. I am eleven years old, watching her nightgown graze against the radiator. It is a cool May morning, and the buds are just beginning their outward push. What is my mother thinking as she faces the morning sun? I want to reach out and touch her face, to smoothen the frenzied routes above her brow. “What is troubling you, mama?” I want to call out. But I remain croached in the doorway, conscious of intruding into the rare moments she has left for herself. My mother, fairest of them all, her dark curls soft against her face; her nervous hands absent-mindedly working the tassels of the curtain.*

*Mother, are you wondering if there is nothing more than this? Do you look at your life with weary eyes and fear you’ll fall into its gaping emptiness? What*

*were you like as a young girl, mother? Tell me that story again of how you danced wildly along the river, a village girl, the pride and joy of her father; then how you were suddenly sent away to the New World — the “Land of Opportunity” — leaving behind the fertile landscape which bore your dreams. Do you trace each one of your sorrows along the spidery veins of your legs? Where have you buried the roots to your heart, afraid now to confront their severed ends? Mother, aged in obligation, your boundaries have been broken by the onslaught of expectations. Seven tiny bundles feed from your flesh (taking taking taking), till you have nothing more to give....*

### **THE SUPERWOMAN MYTH**

Richard Gordon (1990) notes that career women, especially those employed in traditionally male-dominated professions, are typically extremely weight conscious and prone to developing bulimia. The “false-self” construction that is characteristic of bulimics is common among this group of women who, beneath a façade of perfection, conceal an underlying sense of deprivation, loneliness, anxiety, insecurity, and other discomfiting emotions which they do not allow themselves to openly admit lest they appear weak and incompetent in “a man’s world.” (*Never let them see you sweat*, says a recent ad for female deodorant.) The resulting tension between repression and compensatory release is inscribed on the body and is expressed through bingeing and purging. As Bordo (1993) explains, “many of us find ourselves vacillating between a daytime rigidity ruled by the ‘performance principle’

while our nights and weekends capitulate to an unconscious 'letting go' (food, shopping, liquor and other addictive drugs)" (97).

Many contemporary women bemoan the fact that in addition to the increased expectations for achievement and performance, the expectation to be traditionally "feminine" — in the sense of being nurturing, unassertive, and aesthetically pleasing to the dominant gaze — is as coercive as ever before. Popular culture has mythologized the notion of the "superwoman" (Plates 8 & 9) — the woman who "has it all"; who is both "strong" (an expression of male will) and has a "soft side" (traditionally feminine and nurturing). The woman who, on top of it all, is extremely meticulous about her physical appearance, not least of all her weight. Let us not here lose sight of the fact that for the majority of women, attaining the body beautiful of popular culture would require that they live in a constant state of denial. After all, the figures which appear on the pages of fashion magazines are, on average, 23 percent lighter than the average North American woman (Sheinan, 1990).

At the same time as their bodies are required to be extremely thin, superwomen are also expected to nurture *others* and "rescue those who need [them]" (Plate 10). This *other-oriented economy* is of course continuous with patterns of female socialization. Following the pioneering work of

# HOLT RENFREW DRESSES



NOW YOU DON'T HAVE  
TO COMPROMISE.  
BE STRONG AND STILL HAVE  
A SOFT SIDE.  
HOLT RENFREW DRESSES.

SLEEVELESS DRESS WITH  
ONE-BUTTON JACKET, \$350.

**Plate 8**

Dayton's / Hudson's / Marshall Field's



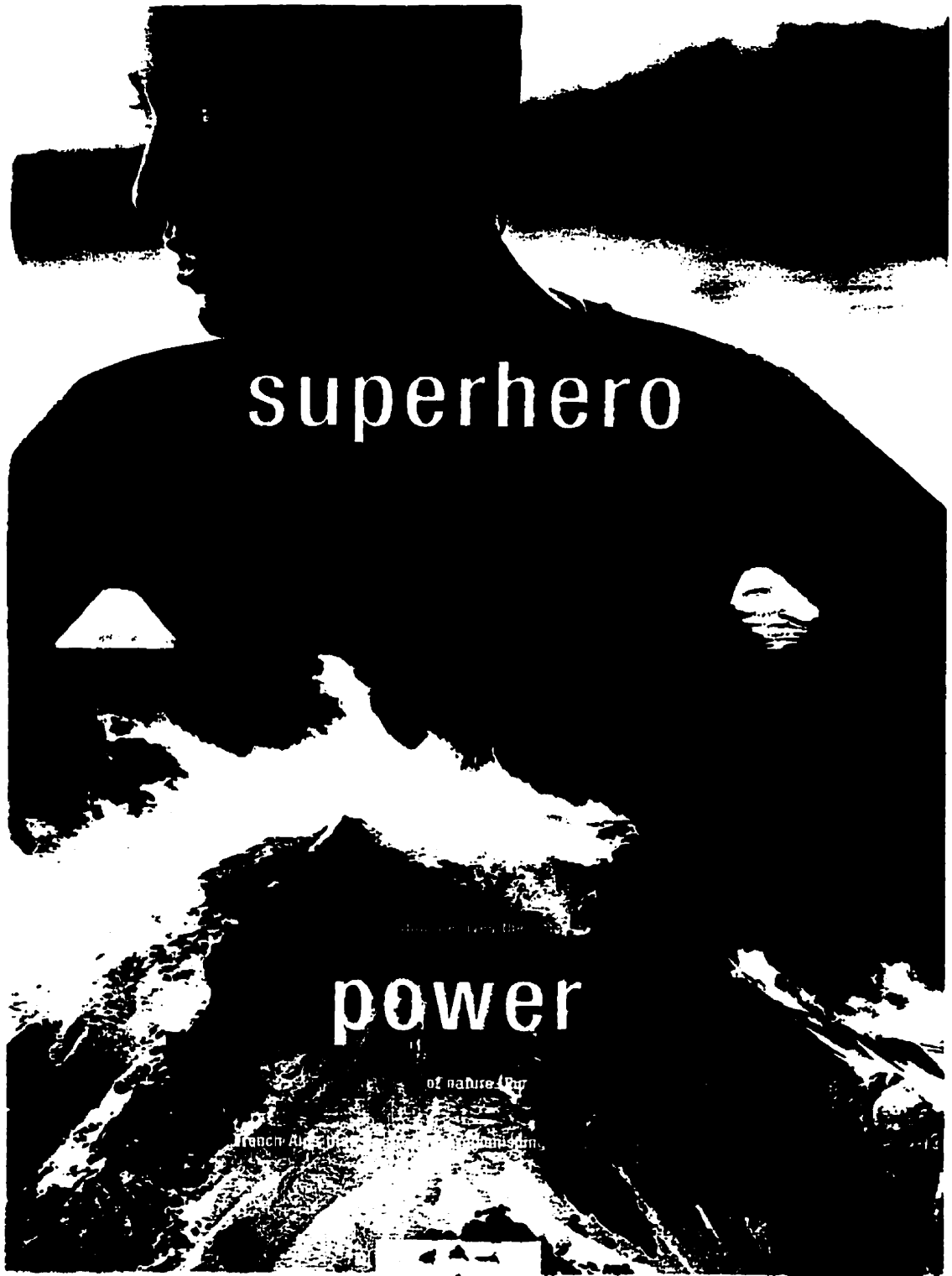
she is always  
and never the same



**Contradiction**  
a new fragrance for women  
Calvin Klein

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**Plate 9**



superhero

power

evian.  
From the French Alps

Plate 10

Janet Baker Miller, Gordon (1990) notes that “[t]he orientation towards pleasing others and the intense sensitivity and responsiveness to external demands is of course in keeping with young girls’ socialization to be nurturers, a pattern which persists, despite the changes brought on by feminists” (54). This other-oriented economy — *an outgrowth of a patriarchal political economy* — expresses itself as the tendency to deny one’s own desires in order to fulfill the desires of others. It is reflected in the difficulty many woman have in defining, drawing, and asserting their own boundaries. And it certainly not exclusive to anorexics and bulimics.

Susie Orbach (1988) explains:

What is meant by boundaries is the amount of space one takes up in the world — where one begins and where one ends. The reason why boundary issues are so difficult for women has its social roots in the development of a feminine psychology. We know that the female role requires the woman to be a nurturing, caring person who gives emotional sustenance to the people around her. She is required to merge her interests with those of others and seek her fulfillment in adjusting her needs and desires to others — mainly lovers and children with whom she is centrally involved. (78 – 79)

Although it is beyond the scope of this thesis to elaborate here, I am interested in career women, specifically young female teachers, and the ways in which their professional identity reflects the ideological trappings of the superwoman myth. (“Like the ‘good’ woman,” claims Deborah Britzman, the ‘good’ teacher is positioned as self-sacrificing, kind, overworked, underpaid, and holding an unlimited reservoir of patience.”<sup>10</sup>) Through interviews with female educators, I wish to explore the notion of boundaries

alluded to above, and the way in which eating patterns and weight preoccupations reveal certain subtexts about what it means for women to live and work in patriarchy.

## **TAKING STOCK**

The aim of this chapter was to locate the current epidemic of eating disorders in the context of contemporary Western culture. The chapter began with a consideration of the cultural significations of the categories “fat” and “thin”. It then turned to a discussion of the female sexual body and various ways in which contemporary gender ideology, continuing the misogyny of Western religious and philosophical traditions, constructs negative attitudes towards the female body and its hungers. This discussion is important to an understanding of the *learned* aspects of eating disorders, since both anorexics and bulimics internalize a cultural dis-ease with the female body which make them prone to punishing the “profane” body and its “excessive” hungers. Adopting a view of their hunger (for independence, nurturance, sexual expression, etc.) as “too much” or “selfish”, women normalize bodily restrictions “I hated clothing touching my skin,” my anorexic sister once explained, “because I hated the idea of *taking up room* in my pants.” Thus, in an attempt to reduce the amount of space she occupied, she almost disappeared altogether. The point I hoped to stress is that there is an intricate relationship between the way we feed ourselves and our attitudes about what we are entitled to.



In the final section of this chapter, I considered the identity crisis which many women are currently facing. In a period of increased opportunities for women, coupled with a greater emphasis on performance and achievement, the “new woman” steps forward. A paragon of success and self-control, the superwoman (in addition to fulfilling both stereotypical male and female roles) is extremely weight conscious and has a pattern of deferring her own needs to the needs of others. Although she is framed by the rhetoric of emancipation.

## NOTES

<sup>1</sup> The notion of an “ethnic disorder” refers to a disorder which is specific to a particular society and expresses, symptomatically, “crucial contradictions and core anxieties” of that society. To focus eating disorders as *ethnic disorders* means to focus on their *constructed* nature — that is, on the ways in which they are *products* of a given society and historical period. See Gordon’s (1990) discussion of ethnic disorders in the first chapter of his book, *Anorexia and Bulimia: Anatomy of a Social Epidemic*.

<sup>2</sup> If self-starvation continues long enough, eventually the demands of hunger become intolerable. At this point, the anorexic breaks her fast by an episode of binge eating. “Such episodes of bulimia,” explains Gordon (1990), occur in between 40 and 50 percent of anorexic patients, and their emergence is typically an ominous sign, making the disordered particularly recalcitrant to treatment.” (21)

<sup>3</sup> As cited in Brumberg (1988, 179).

<sup>4</sup> As cited in Bordo (1993, 162).

<sup>5</sup> This “body metaphor” assignment is taken from Gabriele Lusser Rico (1983), *Writing the Natural Way: Using Right-Brain Techniques to Release Your Expressive Powers*. New York: St. Martin’s Press, 207.

<sup>6</sup> For an insightful discussion of the mind/body dualism as it pertains specifically to eating disorders, see Bordo (1993, 144 – 54).

<sup>7</sup> Brian Easlea (1980), *Witch-Hunting, Magic, and the New Philosophy*. Atlantic Highlands, N.J.: Humanities Press, 242 (emphasis added). As cited in Bordo (1993, 161).

<sup>8</sup> Jennifer Woods, “I Was Starving Myself to Death,” *Mademoiselle* (May, 1981). As cited in Bordo (1993, 68).

<sup>9</sup> As cited in Chernin (1981, 21).

<sup>10</sup> Deborah Britzman (1991). *Practice Makes Practice: A Critical Study of Learning to Teach*. Albany, New York: State University of New York Press, 5.

## Horizontal

Your body is an icon:  
mine is dressed in shame,  
guilt, fear:  
cultural garb  
(whatever's in fashion).

I am  
your subject,  
a mermaid  
or  
a princess,  
genuflecting  
before ivory towers:

white dicks.

I slither  
or crawl  
hungry  
bruised, tattered  
(with no memory of pain)  
on stairways to heaven,  
past vultures and demons  
to reach your shores —  
the desk's edge,  
the foot of your throne.

This is what you want, isn't it?  
This fills the caverns of your fantasy.

But you,  
Cult Stud,  
you will not breathe  
my hot breath.  
Not you.  
I'll no longer give you that.

You will not bend  
my back  
with throes of your desire.

I will not be  
she  
who worships you  
she  
who stirs beneath you feet,  
stamped with your approval:  
your impression.

She is not me.  
I am different —  
un-done,  
re-formed.

## CHAPTER THREE

### THE MAKING AND BREAKING OF "FEMININE" MOULDS

Through the pursuit of an ever-changing, homogenizing, elusive ideal of femininity — a pursuit without terminus, requiring that woman constantly attend to minute and often whimsical changes in fashion — female bodies become docile bodies — bodies whose forces and energies are habituated to external regulation, subjection, transformation, "improvement." Through the exacting and normalizing disciplines of diet, makeup, and dress — central organizing principles of the time and space in the day of many women — we are rendered less socially oriented and more centripetally focused on self-modification. Through these disciplines, we continue to memorize on our bodies the feel and conviction of lack, of insufficiency, of never being good enough. At the farthest extremes, the practices of femininity may lead us to utter demoralization, debilitation, and death. — Susan Bordo (1993, 166)

There is a limit to the extent to which women can change our biological bodies to accommodate the hyper-real meaning of signs about the feminine; beyond these limits our bodies become sick, or disintegrate altogether.

— Lorraine Gamman and Merja Makinen (1994, 217-8)

As we have seen in the previous chapter, the unmodified female body bears the weight of cultural scripture which casts it as inherently unruly, excessive, and a potential threat to the patriarchal order. As such, it is relentlessly bombarded by messages of its inferiority. There are a number of ways that this pathologized body is brought to order, such that it becomes a regulated body, "obedient to imperatives which are both capitalist and phallogocentric" (Bartky 1993, 42). Dieting and exercise, for instance, are two disciplinary measures frequently undertaken by women for the purpose of taming the "unrestrained" body and its "wayward" appetites. What makes these disciplinary practices so precarious is not that exercise or dieting are, in and of themselves, detrimental — indeed, the benefits of both to well-

being have been amply substantiated. What makes them decidedly problematic, however, is that they are frequently mobilized *by repressive narcissistic satisfaction* which works to sustain male privilege through the subordination of women's bodies.

As Sandra Lee Bartky (1990) maintains, repressive satisfaction "fastens us to the established order of domination, for the same system which produces false needs also controls the conditions under which such needs can be satisfied" (42). She explains:

'False needs,' it might be ventured, are needs which are produced through indoctrination, psychological manipulation, and the denial of autonomy; they are needs whose possession and satisfaction benefit not the subject who has them but a social order whose interest lies in domination. The price exacted for the satisfaction of repressive needs is high, for guilt, shame, and obsessional states of consciousness accompany the repressive satisfactions allowed us by the fashion-beauty complex. Repressive narcissistic satisfactions stand in the way of the emergence of an authentic delight in the body, too: The woman unable to leave home in the morning without 'putting on her face' will never discover the beauty, character, and expressiveness her own face already possess. (42)

Indeed, the desire to transform one's body is disturbing, and ultimately disempowering, when it is mobilized by a profound sense of *inadequacy* — a characteristic dimension of the dis-eased relationship between Western women and their bodies. This hostile and self-defeating attitude towards the body is the driving force behind the "tyranny of slenderness," but it is not, I wish to stress, exclusive to anorexics and bulimics. In a society where 70 percent of *all* adult women desire to lose weight (Health and Welfare

Canada 1988), where 80 percent of *all* women have dieted before the age of 18 (Sternhell 1985), where 60% of *all* women have already begun to diet before the age of 13 (Friedman and Maranda 1984), and where 95 percent of anorexics and bulimics are women (Bemis 1987; Striegel-Moore, Silberstein, and Rodin 1986), it is safe to assume that weight preoccupation and eating disorders emerge from conventionalized practices of femininity.

### **FEMININITY AS DISCURSIVE NOOSE**

Within feminist cultural analysis, the notion of femininity as a *social construction* has posed tremendous challenges to normalized assumptions about gender difference. Mary Devereaux (1995) argues that “[a] key move distinguishes sex from gender. A child is born sexed; through education and experience, it acquires gender” (127). In Judith Butler’s terms (1990), a child learns to *perform* gender through the processes of socialization.<sup>1</sup> Gendering involves a process of adopting a network of disciplinary practices, disseminated by culture, which work to (re)produce a gender-normative body — a “subjected and practiced” body (Foucault 1979, 138) — a recognizably “feminine” body as figured in the dominant white imaginary.

According to Lorraine Gamman and Merja Mäkinen (1994), femininity is “the perfect simulacrum: the exact copy of something that never existed in the first place” (104). Nonetheless, the artifice of femininity (and its ideal shape and size) is one of the most seductive ideological regimes of the

modern era. As Bordo (1993) suggests, the current prescription for the “feminine” body, bordering as it does on emaciation, effects a sort of backlash phenomenon which reinscribes hegemonic power relations in spite of (indeed, *because of*) the role feminism has played to disrupt traditional sex-role expectations (166). The bodies which appear on the glossy surface of fashion magazines do not, after all, mirror the reality of women’s bodies. Just a quick look around would indicate that *most* women’s bodies are considerably larger and more varied. The fact that the glamorization of the anorexic body occurs precisely at a historical moment when increasing numbers of women are experiencing greater advances in economic, political, and social life is a deeply problematic contradiction. How do we explain the fact that precisely when significant political gains have been made by women, body ideals become restrictive, and the idealized “feminine” figure is waif-like and sickly looking?

Indeed, there is a direct link between the cultural standards set for women’s beauty and the desire to restrict women’s psychosocial development. In the contemporary Western context, the boundaries which frame the feminine ideal reflect patriarchy’s desire to *contain* the female body, to *limit* rather than broaden women’s participation in the public sphere. As anthropologist Mary Douglas (1966) argues, “It is a mistake to treat bodily margins in isolation from all other margins” (121). Corporeal boundaries do not exist on their own; rather, they are a microcosm of wider social and cultural

boundaries. As such, images of the body which transgress dominant aesthetic codes are associated with social deviancy, profanity, taboo, and the abject.

### **FALSE ICONS**

Much of my childhood memories are framed around the image I have of a great big eye (colour, hazel) lodged above the Holy Altar at church. For hours, while mesmerized by the floating dance of incense before me, the eye appeared to dilate in sync with the swelling of the priest's voice. It pulsed, it seemed to me, sometimes brimming with tears, other times wide with the wrath of vengeance. (It never winked; that's for sure). It was all extremely hypnotic, and twice in my youth I fell completely over sideways, both times caught by a firm hand before my head hit the pew. **"God is watching you!"** was the message imprinted on the landscape of memory long after the congregation dispersed. This message lingered in the recesses of my mind, accompanying me for years. **"God is watching you!"** Far, far away from the purview of that Eye, I became a self-policing subject, regulating my behavior in accordance to the Laws of the Father. I was both judge and judged — a self-disciplinarian. More than anything else, I feared the consequences of not being a "good girl" with a "clean and proper" body. During adolescence, when sexuality was heightened, I began punishing my body for its "transgressive" hungers and "unruly" impulses.



The repertoire of images that framed my childhood imagination was largely of sinners and saints, with few exceptions in between. Sex-role expectations were also polarized, and I remember wishing I were a boy so I could experience the things forbidden to a girl. Girls, I was told, are not permitted to enter the Holy Altar, the most sacred area of a Greek Orthodox Church. This is because they menstruate, and “bleeding” is considered dirty or impure. Women’s bodies, unlike the bodies of men, are associated with the profane. I deeply embodied the misogyny of my family’s religious tradition, and for years my female (sexual) body led a closet existence. When a new church was under construction about fifteen years ago and the artifacts from the old were boxed for transport, I was shocked at the unworldliness and fragility of that eye: a painting, and not even a precise one, done on plywood. As I held that piece of plywood in my hands, the discourses that reified it fell through my fingers. The world as I had known it began to crumble before my very eyes. It was as if discursive nooses were loosened from my neck. Having been somewhat released from the stronghold of fundamentalism, I felt freer and, undeniably, *lighter*.

The above narrative is intended to highlight the *constitutive* power of formal institutions (including religion, art, education, and fashion) wherein “the subject not only learns to desire within the symbolic order; it learns *what* to desire” (Silverman 1983, 177-8).<sup>2</sup> In my own life, the power of religion in shaping my attitude towards the body was significant, as was popular

culture and its icons of feminine perfection. Both of these cultural institutions disseminate specific “Truths” about what constitutes proper femininity. Both reflect patriarchal values which work to secure male privilege. Both foster problematic forms of narcissism (in particular, a negative body image), and both produce a desire for bodily transformation which, in effect, works to restrict the female body.

### **ART AND LIES**

The forms, conventions, and poses of art have worked metaphorically to shore up the female body — to seal orifices and to prevent marginal matter from transgressing the boundary dividing the inside of the body and the outside, the self from the space of the other. Clearly, the relevance of this analytical model goes far beyond the examination of art. For if, as Douglas suggests, the body’s boundaries cannot be separated from the operation of other social and cultural boundaries, then bodily transgression is also an image of social deviation.

— Lynda Nead (1992, 6-7)

In a feminist re-reading of Kenneth Clarke’s *The Nude*, Lynda Nead (1992) explores how the tradition of the fine art nude functions to contain or *frame* the female body and female sexuality within dominant aesthetic discourse. The frame, Nead argues, is “the site of meaning, where vital distinctions between inside and outside, between proper and improper concerns are made” (6). Her insightful analysis of the forms, conventions, and poses of the female nude unsettles the convenient myth that art, art criticism, and art history are “innocent” fields of inquiry removed from the politics of everyday life. Nead (1992) maintains that the classical nude — a sealed, smooth, controlled, and invariably white, heterosexual body — more than

any other figure, signifies "Art." Whereas the *naked* female body is associated with "natural", *unformed* matter and *unregulated* desires — an unstructured body *in excess* of aesthetic ideals — the female *nude* has become emblematic of "the most complete example of the transformation of matter into form"(14).<sup>3</sup> The assumption here is that the unmodified female body is an *obscene* body, one which transgresses the boundaries of representation. As Nead (1992) explains,

If the female body is defined as lacking containment and issuing filth and pollution from its faltering outlines and broken surface, then the classical forms of art perform a kind of magic regulation of the female body, containing it and momentarily repairing the orifices and tears.  
(7)

In the tradition of classical art, the female body worthy of respect must not show signs of permeability, where the detritus of the body (feces, spit, urine, cum, menstrual blood, and tears, for instance) might escape. "By sealing all of her orifices," Michelle Hirshhorn (1996) maintains, "Western art has effectively 'framed' the female sexual body within the nude, preventing all marginal matter from transgressing the boundary of representation" (115). Within this libidinal economy, the artist, traditionally male, is given the task of saving woman from the *horror* of herself — of exorcising her inherent monstrosity. The image of the sealed, docile body is one in which all threatening elements have been disavowed. It thus represents a lofty ideal: "pure nature transmuted, through the forms of art, into pure culture" (Nead 1992, 18).

This notion of a “make-over” continues, of course, to be deployed by contemporary health, diet, fashion, and cosmetic surgery industries, where images of women’s faces and bodies are air-brushed (among other “enhancing” techniques) in order to achieve a smooth, sealed, and polished look. Laura Mulvey (1991) has suggested that “the smooth, glossy body polished by photography, is a defense against an anxiety-provoking, uneasy and uncanny body” (144). She maintains that the cosmetically finished surface of the body must conceal the abject matter of female interiority and, in psychoanalytic terms, “this cosmetic surface conceals the wound or void left in the male psyche when it perceives sexual difference” (146). Thus, the fetishized surface of the female body and its *firm* corporeal boundaries masks the horror of the marginal matter contained in its interior. What I would simply like to suggest here is that feminist re-presentations of the female body in ways which transgress the confining frames of patriarchal ideals (as reflected in high art and popular culture) are crucial to the project of re-membering the repressed body to the sedimented layers of subjectivity. I will return to this theme shortly.

## **CONSUMING PATRIARCHY AND INTERNALIZING THE TECHNOLOGICAL GAZE**

Body ideals include not only ideals of appearance, which are particularly influential for women, but also ideals of strength, energy, movement, function, proper control; the later are unnoticed assumptions for most people who can meet them, but they leap to the foreground for those who are sick or disabled.

— Susan Wendell (1996, 86)

Pressures on women to conform to cultural ideals are severe, since failure to do so frequently results in ridicule, discrimination, self-loathing and shame. When they *do* manage to lose weight or reshape their bodies, women are heralded as *success stories*. The nature of this success and the empowerment it provides is highly problematic since it relies on the exploitation of women's sense of inadequacy about their unmodified bodies. Through the construction of repressive desires and the normalization of hegemonic pleasures, women unwittingly collude with forces which sustain their disembodiment. Rosalind Coward (1985) explains:

Feminine [subject] positions are produced as responses to the pleasures offered us; our subjectivity and identity are formed in the definitions of desire which encircle us. These are the experiences that make change such a difficult and daunting task, for female desire is constantly being lured by discourses which sustain male privilege. (61)

Clearly, to talk about female "empowerment" while simultaneously idealizing a "feminine" body which is impossibly thin is to legitimize the violence normalized by such contractions. We need an alternative concept of empowerment, not one which merely (re)produces a conforming consumer of mainstream culture. A feminist interest in empowerment would oppose oppressive mainstream traditions in an effort to realign women's

relationship to power. It is true that we are not hauled off to gym every day by a member of the Thought Police; nor are we held at gunpoint until our pubic area has been waxed and our eyebrows neatly plucked. But it would be mistaken to insist, as many have tried, that beauty rituals are entirely *voluntary* practices. In as much as our desire for bodily “improvement” is mobilized by a sense of our bodies as *inadequate*, we must understand the disciplinary practices of femininity to be “aspects of a far larger discipline, an oppressive and inegalitarian system of sexual subordination” (Bartky 1990, 75).

The proliferation of body technologies has meant that women’s psyches are increasingly colonized by images of silicon goddesses. These simulacra of feminine perfection exert a great deal of *constitutive* power, resulting in a greater number of women who perceive their own bodies as flawed and inferior. The desire for bodily transformation thus becomes a constant and consuming craving which is exploited by various advocates of a never-ending workout. We are lured into believing that there is always time, place, and opportunity for bodily “improvement”: during coffee breaks, we *could* be doing leg lifts against the office chair; we *could* walk home at the end a workday with weights strapped onto our ankles and our gluteous muscles contracted; while driving, we *could* perform face exercises to avoid saggy skin; lying in the bathtub, we *could* be working our abdominal muscles. Sophia Loren, sharing her beauty secrets, has even suggested

that a strip of tape be placed on the forehead, between the eyebrows, as a subtle reminder that facial frowning may lead to wrinkles.<sup>4</sup> Plate 11 suggests that even new mothers can achieve a taut and muscular stomach. With such a regimen, it's a wonder that we are left with any time (not to mention energy) to do anything else. We thus become, as Bordo (1993) suggests, "less socially oriented and more centripetally focused on self modification" (166).

Plastic surgery is an increasingly popular form of "beautification." Anne Balsamo (1996) explains that there are two types of plastic surgery: reconstructive and cosmetic. Whereas *reconstructive* plastic surgery is used in order to "repair catastrophic, congenital, or cancer-damage deformities," *cosmetic* surgery is employed for the purpose of "improv[ing] self-esteem, social status, and even professional standing" (58). In order to understand the increase in the number of aging woman *choosing* to undergo plastic surgery, we must contextualize this increase by considering the seductive influences of a youthful, cellulite-free body ideal. Any ideal is predicated on a rejected/abjected "other" which functions to secure the "normalcy" of that ideal. In other words, the normalization of certain body forms entails the rejection or marginalization of other forms. In an unfortunate paradox, celluloid bodies are passed off as "normal" while what were previously accepted as natural variations of shape and size are increasingly posited as "deformities", "unsightly protrusions", "excessive body mass" — a litany of



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**Plate 11**



pejorative descriptors which heighten feelings of inadequacy and intensify the desire for bodily refashioning.

Aging, for example, is a natural and inevitable process. Nonetheless, in the technical and popular literature on cosmetic surgery, it is commonly referred to as bodily “decline” or “deterioration.” One of the consequences of this is that the seemingly obvious categories *normal* and *pathological* are obscured. In reference to blepharoplasty (eyelid surgery), Anne Balsamo (1996) explains:

Because body tissue loses its elasticity in the process of aging, eyelids often begin to sag when a person reaches the early fifties. Baggy eyes are caused by fat deposits that build up around the eye and stretch the skin, producing wrinkling and sagging, and is most likely the result of hernia – the weakening of the tissue around the eye – in which the fat deposits push outward and downward. Although eyestrain and fatigue can result from overworking the muscles around the eyes in an effort to keep eyes looking alert and open, eyelid surgery rarely involves a “catastrophic” or “cure-based” medical rationale. (63)

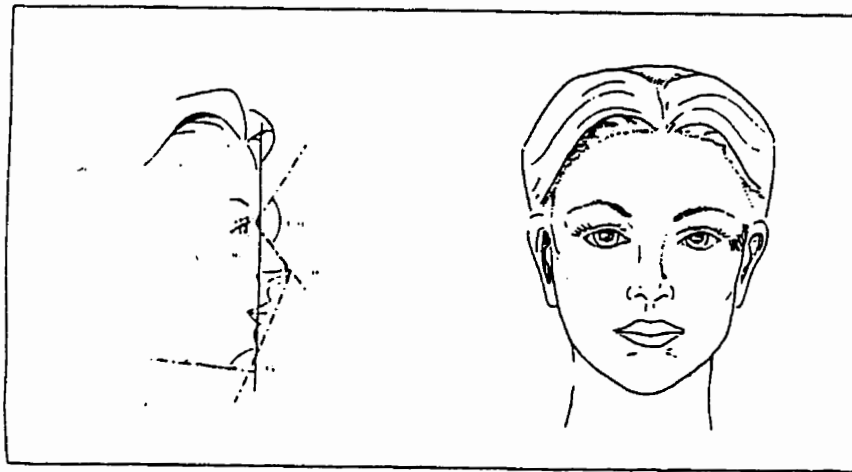
The implication here is that the un-restructured female body is deviant, while the technologically re-formed body is cast as more “natural” looking. In effect, the normalization of cosmetic surgery secures a negative impression of the aging body as *monstrous*, such that its exclusion from dominant representational practices (in art or popular culture, for instance) remains uncontested (Kaplan 1997, 259). Aging women seeking a recourse for the monstrosity of their aging bodies are seduced by the imagery and language cultivated by plastic surgery and other expensive “age-defying”

practices (Kaplan 1997, 259). When youthfulness is marketed as the ideal, and the aging body as pathological, then cosmetic surgery emerges an appealing “curative” measure (Balsamo 1996, 63).

The surgical gaze is one which fragments the female body into a series of isolated parts (commonly referred to as *trouble spots*) which can be “repaired” or “corrected.” Through surgical intervention, the female body is transformed into a sign of ideal feminine beauty. Here, one is reminded of the myth of Zeuxis, who wished to paint an image of Aphrodite, the goddess of beauty. Since no one woman embodied his ideal of perfection, he chose five young women from his town of Croton as models.<sup>5</sup> He selected one bodily feature from each of these five women and then compiled them to create an image which exemplified feminine perfection. As separated fragments, these features held no importance; “their meaning lay in their relationship to an ideal: the complete, finished form of woman” (Nead 1992, 70). In a similar way, women adopt a fragmented body image and become fixated on various body parts (eyelids, nose, inner thighs, stomach, for instance) which appear disproportionate or abnormal when compared to a celluloid ideal. Thus, looking at themselves in a mirror, they confront a bodyscape that is a composite of “acceptable” or “unacceptable” parts.

Clinical literature on cosmetic surgery abounds with images of a woman (invariably a white woman) whose face represents the current version of feminine beauty (Plate 12<sup>6</sup>). As with other forms of “beautification,” surgical

interventions are premised on the principle of *homogenization*. As women strive to conform to cultural ideals of feminine perfection, *uniformity* rather than human *diversity* is normalized. Balsamo (1996) notes, “surgical techniques literally enact the logic of assembly-line beauty: ‘difference’ is made over into sameness. The technological gaze refashions the material body to reconstruct it in keeping with culturally determined ideals of Western feminine beauty” (58).



**Plate 12**

While what constitutes the body beautiful is historically variable, subject to “the waxing and waning of fashionable desires” (Balsamo 1996, 58), the mannequin in the store-front window is *consistently* young, white, abled, symmetrical, controlled, and, presumably, heterosexual. This means that all other bodies will be measured against that standard. As Susan Wendell (1996) puts it, “Implied in any idealization of the body is the rejection of some kinds of bodies or some aspects of bodily life” (85). There are, of

course, bodies which are better positioned to achieve culturally-determined standards of beauty; and then there are those who are instantly disqualified, since they lack sufficient cultural capital. Disabled women, for instance, are not only subjected to stigmatization, avoidance, or pity by a “cultured” interpellation, but they are also perceived as *tainted* or *lacking* in terms of femininity and sexuality.

As the healthy, controlled, body continues to structure prevailing normativities, disabled bodies are cast as tragic and deficient bodies, bodies that must be “managed” and “healed”. These bodies are among the “rejected” or “negative” bodies<sup>7</sup> which function as the necessary ‘other’ in the counter dialectic of normal and abnormal, acceptable and unacceptable, beautiful and monstrous, desirable and repulsive, wholeness and fragmentation. Various attempts made by artists to de-center patriarchal frames of representation have provided an exciting opportunity for viewers to develop a greater understanding of their own unconscious dependence on the *marginal* in structuring attitudes towards the body in mediating the ways in which one inhabits the body. Joe Spence’s “Narratives of Dis-ease,” for instance, is an autobiographical photojournal which explores the construction of such masternarratives as “femininity”, “normalcy”, and “wholeness”. Using images of her own middle-aged, imperfect, diseased and scarred body (Plates 13 & 14<sup>8</sup>), Spence re-presents her experiences of breast

cancer. She thus “makes visible in public the taboo subject — the unhealthy and aging female body” (Nead 1992, 80).



**Plate 13**



**Plate 14**

## **ABJECT BODIES, BODIES OF HORROR**

At an early age, children are taught to associate certain aspects of corporeality with transgression and impropriety. As children learn to differentiate what is acceptable from what is unacceptable, they learn ways to *perform* their bodies. They are entreated, for example, never to pass gas, salivate, urinate, or masturbate in public. In this sense, the body — styles of dress, eating habits, rules governing hygiene and comportment, for instance — serve as a *metaphor* of culture. As Bordo notes, “(f)rom quarters as diverse as Plato and Hobbes to French feminist Luce Irigaray, an imagination of body morphology has provided a blueprint for diagnoses and/or vision of social and political life” (165). To repeat an earlier point, *corporeal boundaries cannot be separated from the operation of other social and cultural boundaries*. How might this perspective demystify the ideological and material frames which delimit the “proper” from “improper” body? *Which* bodies must be repressed, and *which* aspects of corporeality must be disavowed in the name of proper sociality and “civilization”? Which bodies must be disciplined, or brought to order, such that they do not offend or corrupt the stability of the dominant patriarchal order? Are there not, indeed, *gendered* codes of conduct which require that women repudiate parts of themselves, and how do these *abjected* aspects of self assume a central role in the construction of women’s self- and body-image?

In her examination of Julia Kristeva's (1982) *Powers of Horror: An Essay on Abjection*, Elizabeth Grosz (1989) explores the ways in which "proper" subjectivity and sociality require the expulsion of the improper, the unclean, and the disorderly" (71). Kristeva's psychoanalytical framework is a variation of Freud's argument in *Totem and Taboo*, but it differs in one very crucial respect:

What is new is that Kristeva's assertion that what is excluded can never be fully obliterated but hovers at the borders of our existence, threatening the apparently settled unity of the subject with disruption and possible dissolution. It is impossible to exclude these psychically and socially threatening elements with any finality. The subject's recognition of this impossibility provokes the sensation Kristeva describes as abjection. (71-2)

That which threatens to disrupt the sanctity of the patriarchal order (the *hungering* female body, for instance) must, according to Kristeva, be disavowed in order for the subject to gain a position in the symbolic order. From an eating disordered perspective, Kristeva's psychoanalytic framework is a helpful pedagogical tool which can be used in therapy. As we have seen, anorexics and bulimics deeply internalize a view — widely disseminated in patriarchal culture — that various modes of corporeality, in particular those considered unacceptable, unclean or anti-social, must be rejected. Exploring the ways in which one's negative attitude towards the abjected body is shaped by misogynistic ideological traditions is central to an understanding of anorexia nervosa and bulimia.



Throughout my own experience of bulimia, visual re-presentations of the female body which transgress dominant representational practices have helped me confront my own *body of horror* : an imperfect body, an aging body, a sexual body. Various attempts made by artists to re-present disavowed aspects of the body and aspects of bodily life constitute pedagogical sites of possibility, methods of breaking the skein of silence beneath which lay the schooled and docile bodies of women.

### **TRANGRESSIVE CORPOREALITIES**

The transgressive body not only mutates from old to young and back, but across genders, redefining itself in multiple ways, rejecting any fixed form.

— Marcia Tucker (1994, 34)

If the lesbian body — even the idea of a lesbian body — is repugnant to a majority of the straight world (unless it's in *femme* form and engaged in sex for the enjoyment of male viewers), its most extreme embodiment, the “bull dyke,” is the grotesque and transgressive body par excellence. Marcia Tucker (1994, 34)

In *The Female Grotesque: Risk, Excess, and Modernity*, Mary Russo (1994) argues that “[t]he images of the grotesque body are precisely those which are abjected from the bodily canons of classical aesthetics (8). In contrast to the controlled, sealed, static, symmetrical body associated with high culture, the *grotesque* body is “open, protruding, irregular, secreting, multiple, and changing” (Russo 1994, 8). It is a *volatile*<sup>9</sup> and agentic body which defies patriarchal aesthetic codes and stretches itself beyond the small of confining spaces. The grotesque body is an “in your face” parody of commonly-held values and norms. It is an anxiety-provoking, uncanny,

and disruptive body. It is a body of *excess* (invariably fat) which breaks through the ideological defense of dominant sensibilities. It is intended to provoke a different kind of response: a “lowly” sensual experience which opposes the “cultured” and detached pleasure related to the experience of high art (Nead 1992, 27).

Marcia Tucker (1994) explains that “The grotesque body, by virtue of its lack of stable boundaries, its ingestions and excretions, its openings and its orifices, breaks the confines between the body and the world. It is engaged and interactive. And it is indisputably female” (32). My particular fascination with transgressive figures lies in their subversive potential — in the way they function to expose the ideological underbelly of societal taboos, bringing to the foreground what is so often socially peripheral. In other words, by making visible that which is repressed by art and aesthetic discourse, the *de-aesthetic* enables a sort of *pedagogy of provocation*: an encounter between viewer and text which exposes the viewer’s ideological assumptions and the oppressive nature of these assumptions. “In such encounters with the unexpected,” explains Cuco Fusco (1994), “people’s defense mechanisms are less likely to operate with their normal efficiency; caught off guard, their beliefs are more likely to rise to the surface” (40).

In order for encounters with the visual to be transformative, viewers must foster a new looking relations to images produced by dominant culture — an

*oppositional gaze* through which counter-hegemonic identifications are made. As I noted in the opening pages of this work, I am interested in ways which enable women to “unlearn” the various disciplinary practices and discourses which mummify the female sexual body. According to Rosemary Betterton (1996), “in art works made by women that deal with the body’s margins and its oral and erotic pleasures, we can see an attempt to explore our ambivalent fascinations with and fears of our own changing, consuming, and desiring corporeal being” (132). The subversive potential of the visual arts, in particular *feminist art*, is a theme I will return to in the final section of this chapter.

### **CRITICAL SPECTATORSHIP: IN SEARCH OF NEW LOOKING RELATIONSHIPS**

If feminine narcissism is a major ingredient in what is ordinarily regarded as “femininity,” and if certain manifestations of “femininity” can be constructed as modes of alienation, then it follows that the de-alienation of women’s existence will require a struggle against that excessive, debilitating narcissism that now holds sway.

— Sandra Lee Bartky (1990, 42)

I’ve been looking in the mirror lately and not recognizing the image that greets me. Does that make sense to you, to look in the mirror and not recognize your own reflection, the body you’ve struggled to deny for most of your conscious life? Here I am, having recently confronted a full-length mirror, looking as if for the first time through the lens of a different gaze. An imperfect body, aging body, sexual body stares back at me. I am learning to come to terms with that body and accept it as my own.

— Journal entry (1997)

The relationship between an artistic text and its viewer is *interactive*.<sup>10</sup> As we are viewing (or reading), we are constantly engaging in a process of meaning-making — that is, *interpretation*. The act of viewing involves an interaction between a historically-located reader and a historically-located

text. The viewer's response to a text is informed by her particular interpretive *schema* — that is, the ideological framework that is constructed from her life experiences and her experiences of other texts. The text, too, is encoded with the artist's culturally-mediated assumptions about life and other texts. Just as readers are subject to cultural forces, likewise texts are produced in particular socio-historical contexts. A text, after all, is not a container of truth, a "text-in-itself" which holds universal significance. Rather, the meaning of a text is produced (perhaps rewritten altogether) by different readers under different conditions. Consider, for example, how the feminine ideal of the fifties is "read" in relationship to current standards: what is now classified as a "full figure" was, not that long ago, acclaimed as the ideal body shape and size. Susan Bordo (1993) illustrates this point by mentioning how her students, influenced by the contemporary ideal of slenderness, have referred to Marilyn Munroe as "a cow."

It is in the interaction between the reader and the text that meaning is forged. Any set of viewing practices will yield certain interpretations and close off others. Although certain texts encourage a "preferred" meaning, viewers will construct different meanings, depending on the varied knowledges, biases, and experiences that constitute their interpretive lens. There is no such thing as a homogeneous audience which produces a univocal response to a cultural text. Nor does there exist a text which is, in itself, inherently transformative. In so far as abject art<sup>11</sup> depicts material

which transgresses the boundaries of dominant aesthetic codes, it does not necessarily evoke the kind of visceral response that transforms. It could very well be the case, in fact, that interaction with a particular visual text does nothing more than *reinscribe* dominant ways of thinking. As Laura Mulvey (1991) says about Cindy Sherman's "bulimic" photographs, "the female psyche may well identify with misogynistic revulsion against the female body and attempt to erase signs that mark her physically as feminine" (146). For this reason, transgressive re-presentations of the female body and the bodily object cannot simply be reclaimed for women, and their role in the development of a feminist consciousness remains highly ambiguous. What makes the interaction between reader and text transformative is *the way in which the text is engaged*. Echoing Kathleen McCormick's argument (1994), I suggest that "if [viewers] come to inhabit a discursive space in which they recognize the constructed nature of both the texts they read [or view] and their responses to them, it will be possible for them to develop more historicized, self-reflective and resistant readings of texts, and thus to become more active producers of meaning" (54).

In this sense, we are always already theorists, even though we are often not aware of the hidden (in other words, *ideological*) assumptions that inform our perspectives. A lack of awareness of the *constructed* nature of our ways of thinking has severe consequences. For instance, if women continue to accept as "truth" the texts of popular culture which normalize unattainable

ideals of slenderness, then we will continue to perceive our bodies as inadequate, and we will continue to live unhappily in those bodies, perpetually seeking ways to bring about their transformation. Indeed, we will continue to be exploited by the whims of fashion and contemporary advertisements which are virtual blueprints for disordered relations to food and hunger.

My point is that critical or reflective viewing practices must attend to the *locatedness* of our reading position — on the ways we have been constructed as readers of cultural texts and of ourselves. This is particularly important to me, and people like me, who have adopted the symptomatic behavior of eating disorders as a means of disavowing the “horror” of the unmodified female body and its “unrestrained” appetites. By focusing on our own responses to various feminist re-presentations of the female body, in particular those deemed offensive by patriarchal, heterosexist, and ableist ways of looking, then we might better understand the origins of these responses — in other words, we are more likely to recognize their *ideological* nature. In effect, critical self-reflexivity helps us achieve greater control over our own meaning-making processes, and thus we better position ourselves to resist the ideological hegemony which colonizes our subjectivity and fosters a pervasive dis-ease with our bodies.

## THE POLITICS OF RE-PRESENTATION

[The body's] form, capacities, behaviour, gestures, movements, potential are primary objects of political contestation. As a *political* object, the body is not inert or fixed. It is pliable and plastic material, which is capable of being formed and organized in other, quite different ways or according to different classificatory schema than our binarised models. If it is a social object, the body can be redefined, its forms and functions can be contested and its place in culture re-evaluated or transformed.

— Elizabeth Grosz (1987, 3)

The re-inscription of the female body in ways which transgress its boundaries may be seen as part of an attempt to visualize the repressed, corporeal and unregulated aspects of ourselves. Acknowledging and recognizing that part of the social, sexual and psychic body which has been excluded, it not only to celebrate it, but to demythologize its fearful power. In the end we have no choice but to re-invent the project of modernity and to re-inhabit it its social body with, among others, the absent bodies of women.

— Rosemary Betterton (1996, 18-19)

Dominant representations of the female body can be understood as “a kind of tyranny of *invisibility*, as a tradition of *exclusions*” (Nead 1992, 60). Given that women’s position within the symbolic order is constituted negatively, the goal of giving women greater control over the processes of signification with which to “speak” themselves rather than “be spoken” is a crucial component of any feminist agenda. If the discourses we are given to name ourselves don’t adequately represent us, then we must find others, or else speak new worlds into existence. While the ways we inhabit our bodies are socially and culturally mediated, we are not condemned to the narrow repertoire of images produced by malestream culture. We are not merely ventriloquists of patriarchal discourses: our bodies our not simply “spoken” bodies, entirely pre-scribed, inert, inflate-a-mates, specimens, case studies.

How might the female body be re-presented (de-signed) in such a way as to enable its *re-capitulation*?<sup>12</sup> Of course, there is no monolithic category of the female body. There is, instead, a wide range of bodies that exhibit a variety of shapes, sizes, gestures, postures and movements. Most of these, however, have been excluded or rendered inadequate by a dominant aesthetic tradition which posits a slender, white, healthy, youthful, middle-class, heterosexual body as the ideal of femininity. If we take art and popular culture as a reasonable gauge of social visibility, then we can easily discern which bodies have been denied visibility. As part of its political agenda, feminist art work has challenged the exclusionary practices of dominant representational practices and attempted to create a space in which women can re-present themselves as embodied subjects.

Lynda Nead (1992) maintains that, “[t]o speak of feminist art is to speak of visual representation that engages with and challenges historically constituted audiences and ideologies” (Nead 1992, 61). The focus here is on the *effect* of the textual image on viewers — more specifically, on its ability to interrupt a dominant gaze. This notion of feminist art is borrowed from Griselda Pollock (1987), who claims that a work is feminist

according to the way [it] acts upon, makes demands of, and produces positions for its viewers. It is feminist because of the way it works as a text within a specific social space in relation to dominant codes and conventions of art and to dominant ideologies of femininity. It is feminist when it subverts the normal ways in which we view art and are usually seduced into a complicity with the meanings of the dominant and oppressive culture. (93)<sup>13</sup>



The project of representing aspects of the body which are otherwise excluded or repressed is always a risky endeavor. As Mary Kelly (1990) has argued, "to use the body of woman, her image or person is not impossible, but problematic for feminism" (120). As alluded to earlier, an audience's "reading" or reception of an image, contrary to the artist's intent, might do nothing more than reinscribe sexist and misogynistic reading positions. My contention, however, is such risks must be taken. Quoting Nead (1992), "The image of the female body may never be free of contradiction but patriarchal traditions of representation can be sufficiently disturbed to create new and different associations and values" (75).

### **TAKING STOCK**

The aim of this chapter has been to show various ways in which "femininity", as a powerful disciplinary regime operating in the lives of contemporary Western women, ensures the reproduction of self-monitoring "docile" bodies habituated to self-improvement towards an elusive, coercive, and homogenizing ideal. With the normalization of cosmetic surgery, and other "age defying" or "enhancing" mechanisms, the reductive nomenclature defining "femininity" has put even greater pressure on women to conform to patriarchal ideals. These ideals, disseminated from the pulpits and podiums of dominant culture, are internalized, such that they inform women's (mostly negative) attitudes and perceptions of their own bodies. Feminist art, defined as art which opposes dominant ways of looking is one

way (and I would argue a very effective way) of exposing the ideological underbelly of bodily taboos. By making *symbolically central* what is so often *socially peripheral* (Stallybrass and White 1986, 3), feminist art enables an oppositional viewing practice and provides a means by which to explore aspects of the body which are disavowed by the “cultured” gaze. It thus constitutes a pedagogy of possibility.

## NOTES

<sup>1</sup> For an extended discussion on the discursivity of gender, see Judith Butler (1990), *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

<sup>2</sup> Kaja Silverman (1983), *The Subject of Semiotics*. As cited in Kelly (1997, 33).

<sup>3</sup> Here Nead (1992) is quoting Kenneth Clarke (1956), *The Nude: A Study of Ideal Art*, 23.

<sup>4</sup> Sophia Loren (1984), *Women and Beauty*, 57. As cited in Bartky (1990, 67).

<sup>5</sup> The account of the myth of Zeuxis is given by Nead (1992, 70-71).

<sup>6</sup> This line drawing comes from a cosmetic surgery text entitled *Proportions of the Aesthetic Face* by Nelson Powell. See Balsamo (1996, 60).

<sup>7</sup> Wendell's (1996) definition of rejected or negative bodies is as follows: "those aspects of bodily life (such as illness, disability, weakness, and dying), bodily appearance (usually deviations from cultural ideal of the body), and bodily experience (including most forms of bodily suffering that are feared, ignored, despised and/or rejected in a society and its culture" (85).

<sup>8</sup> These photographic images of Joe Spense (taken by Dr. Tim Sheard) appear in *Cultural Sniping: The Art of Transgression* (1995, 206-7). Plate 13 depicts the series of five photographs which make up "Narratives of Disease". In order of appearance, the photographs are entitled: *Excised*, *Exiled*, *Expected*, *Expunged*, *Included*. Plate 14 is entitled *Greedy*.

<sup>9</sup> Sharon Todd (1996) defines the "volatile bodies" as "indeterminate psycho-social products" which inhabit an agentic possibility that exists in excess of how we 'read' bodies" (2).

<sup>10</sup> For an excellent discussion of "the reading situation" (that is, the interaction between reader and text), see "Text, Reader, Ideology" in Kathleen McCormick's *The Culture of Reading and the Teaching of English* (1994, 68-90).

<sup>11</sup> The following definition of *abject art* is given by Ben Levi *et al* and cited in Betterton (1996, 136):

Although 'abject art' is a play on 'object art', the term does not connote an art movement so much as it describes a body of work which incorporates or suggests abject materials such as dirt, hair, excrement, dead animals, menstrual blood, and rotting food in order to confront taboo issues of gender and sexuality. This work also

includes abject subject matter – that which is deemed inappropriate by a conservative, dominant culture. (1993, 7)

<sup>12</sup> I borrow the expression “recapitation” from Hilary Davis (1996). Whereas “decapitation” refers to the splitting of the body and the mind into binary opposites, “recapitation” refers to the collapse of this binary in the interest of a feminist notion of embodiment.

<sup>13</sup> As quoted in Nead (1992, 61).

## CONCLUSION

*Dear Journal,*

*December, 1998*

*The room is silent, as it always is at the beginning of each therapy session. The women around me are looking at their feet, at the gray carpet, off into space. There are eight bodies in the room. There are 18 x 22 tiles on the ceiling. The time is 10:03 a.m.. There is a box of tissues on the glass table in the center of the room.*

*Two of the women have their hands on their bellies, as if they are keeping something safe (and, unsurprisingly, they are). One of them looks extremely tired, her eyes puffed out like Spanish onions. The corners of her lips are cut open, and there are deep lines etched on her forehead. Another of them, a larger woman, is hugging a woolen comforter. "I've had a bad taste in my mouth all week," she finally admits, only minutes before the session comes to an end.*

*The skinny one, in her typical manner, is taking as little room as possible. She remains silent, but her listless body admits that her boundaries have collapsed. There's nothing more she can give, not even words. She sits in fetal position, her long blonde head hung low, her breasts tucked into her curved back. "Hold your head up," I want to say. But I've got my own hand*

*over my mouth, as if I'm pushing something down, holding something in, keeping something back (and, unsurprisingly, I am).*

*But not for long; not like I used to.*

*The silence slips into a fourth minute. It gets louder, drowning out the clock. It makes me uncomfortable, self-conscious. Then, out of habit, I think of jumping into my old persona (that "false self") and performing the role of group comedian — after all, some things are easier to deconstruct in words than they are in practice. However, the mission is impossible: I am no longer adept at sustaining an illusion, and if it's sadness I'm feeling, the tears will slip easier through the cracks of silence. After two years of coming here, I am no longer ashamed of my own emotional "detritus": the feelings I'd (s)mother with a battering of food.*

*"I'm very sad today," I begin, in response to the counselors' soft and inviting gazes. Two years ago I would not have gotten that far. I would have imagined I was hungry, and then run to shove something in my mouth — food mostly, sometimes a joint. It was a self-induced form of erasure, bulimia was, and through enacting its symptomatic behaviors I would fly high: an auto pilot in denial mode.*

*Every narrative is structured by its audience. In this room, with these people, I feel free to disclose at least this much, at least for now: "I've been thinking about leaving the group," I say. I explain that this it is not because I do not respect, even love, those who share this space. It is not because I feel unsafe here or because I'm looking for an escape. I am not running away, like the last girl did, to beat the pavement for two hours straight with fists of bottled emotion — insecurity, anger, anxiety, deprivation, sadness, shame, guilt. (I used to be like that, preferring to "sweat it out" than talk about it.). "I'm leaving because I feel ready to make the separation," I explain.*

*In and out of conversations, I ponder how far I've emerged from the closet of bulimia. "You've come a long way, woman," I say to myself. Woman, I repeat, neither a baby, nor an adolescent boy...*

This writing began with a painful rumble in the belly. Despite my attempts to appease it with food, it persisted. It has been an abusive pattern of mine to sedate such metaphorical rumbles — emotional stirrings, if you will — by eating. *Emotional eating*, as it is often referred to, reflects "the use of food to meet needs and serve purposes beyond physiological ones" (Zimberg 1993, 141). I have only recently attended to the silent voice of my insatiable appetite.

This work represents an attempt to locate the current epidemic of eating disorders within the socio-cultural milieu in which they are fostered —

namely, the contemporary Western patriarchal context, a context which glamourizes a female body in control of its desires and impulses, despite the contradictions of consumerist culture. I have tried to show that such a body, as a certain text of "femininity," reflects values and ideals which perpetuate rather than subvert various mechanisms of female subordination. The high incidence of eating disorders can be traced to a number of interrelated factors: the continued stigmatization of the unmodified female sexual body; the fetishization of food in consumerist culture; the glamorization of the slender ideal in popular culture; and the crises of identity facing a new generation of women. In order to understand the dramatic increase of eating disorders in the second half of the twentieth century, we must stop classifying these disorders as "pathological" and therefore unrelated to the experiences of other, indeed *most*, women. Instead, we must view anorexia and bulimia, as Susan Bordo (1993) does, as "the logical (if extreme) manifestations of anxieties and fantasies fostered by our culture" (14).

Isn't it ironic that celluloid goddesses, picture-perfect and cellulite-free, are being manufactured *now* with a greater intensity than ever before in the lives of girls and women?



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