Anorexia Nervosa' Discourses of ~~Discursive Constructions of Anorexia Nervosa:~~ Gender, Subjectivity and the Body

Helen M. Malson

Thesis submitted for the degree of
Doctor of Philosophy
University of London 1995

Abstract

This thesis investigates how anorexia nervosa is constructed and deployed as a discursive social and psychological category, drawing critically on feminist psychoanalytic and Foucauldian theories of gender, subjectivity and discourse. The introduction provides a brief discussion of diagnostic criteria and the epidemiology of anorexia. It outlines the thesis as a whole, providing a brief explanation of the approach adopted in the thesis. Chapter 2 critically reviews recent research into anorexia nervosa. Chapter 3 sets out the theoretical framework of the thesis, discussing Foucauldian and psychoanalytic theory, particularly, feminist Lacanian theory. Chapter 4 provides a brief critique of empiricist methods in the social sciences and argues the need for a feminist post-structuralist approach to research. In the two empirical studies of this thesis I have adopted a discourse analytic methodology. Hence, Chapter 5 discusses the different forms of discourse analysis within psychology before setting out the specific form of discourse analysis and the methodology for the first study. Study One (chapters 6 and 7) examines the emergence of 'anorexia nervosa' as an object of medical discourse. It first provides an historical overview of Georgian and Victorian medicine and then presents a discourse-oriented history of the emergence of anorexia nervosa as a clinical disease entity. The study demonstrates firstly, an historical variability in discursive constructions of women's self-starvation and of anorexia nervosa and secondly, that these constructions interface with particular socio-historically specific constructions of femininity. The second study (chapters 8 to 12) is based on in-depth, semi-structured interviews with women diagnosed as anorexic. Discourse analysis was used to analyze the interview transcripts to explore how anorexia, femininity, subjectivity and the body are discursively constituted. The analyses are discussed in relation to the theoretical framework of the thesis as well as previous psychological research into anorexia. The conclusion

discusses the analyses of both studies, drawing out the implications of the research in terms of understanding anorexia nervosa, femininity, subjectivity and the body.

Acknowledgements

I would firstly like to thank Dr. Jane Ussher for her excellent supervision throughout this thesis. My heartfelt thanks also for her continued support, encouragement and friendship. Thanks also to everyone in the schools of Cultural and Community Studies and of Social Sciences at Sussex University where I began my PhD and to everyone in the Department of Psychology at University College London where I spent the last two years completing my thesis. Particular thanks to Professor Gun Semin and Dr. Barbara Lloyd and to my good friend and travelling companion Catherine Swann for all their help and support. Also to Dr. Gerry Webster, the course co-ordinator of my first degree, for producing a course that inspired me to begin a PhD. And to all those who contributed to my research, especially those women I interviewed. It was a privilege to have shared in their experience. I would also like to thank the ESRC who funded the last two years of my post-graduate research.

Thanks also to my family and friends, particularly to Laurence and Alan who generously provided accommodation and pleasant evenings in the pub whenever I was in London. And to Carol, Mick and Anita with whom I have spent similarly pleasant evenings in Brighton. Finally, I would like to express my sincere thanks to Otto for having excelled in his role as pet cat and to Paul Sutton whose support, affections and meta-theoretical compatibility have sustained me throughout my doctoral research.

Anorexia Nervosa:
Discourses of Gender, Subjectivity and the Body.

Contents

Study One

A Genealogy of 'Anorexia Nervosa': A Discourse-oriented Analysis of its Emergence

Chapter One

An Introduction

> Pathology, as you know, has always assisted us, by isolation and exaggeration, in making recognizable things which would normally remain hidden. (Freud 1933, quoted in Klein, 1945: 339)

1.1 Introduction

The focus of this thesis is 'anorexia nervosa'. I chose to explore this problem because it seems to me that it crystallizes many of the complex issues surrounding femininity, subjectivity and the body. Having come from a 'natural sciences' background, I was inspired during my undergraduate degree by the social sciences, by structuralist conceptualizations of the individual-society relationship, by critiques of gender as a natural, biological category, by critiques of scientific Truth, by feminist theories and anti-psychiatry, by the creativity of interpretation. Perhaps in particular I was inspired by psychoanalytic theorizations of psychopathology and of gender and identity, by the ways in which Freud, and later Lacan, elucidated the precarious and constructed nature of (gendered) identity. I wanted, therefore, to explore 'femininity' as a fluid concept in a way that rejected any rigid dichotomization of normality and abnormality and in a way that incorporated the problem of embodiment. I had read some of the feminist psychoanalytic work on hysteria and femininity (e.g. Mitchell, 1974; Bernheimer and Kahane, 1985) and wanted to examine the concept of femininity in a similar way but in relationship to a more contemporarily salient 'disorder' (see also Malson, 1992). Anorexia seemed to constitute such a 'disorder' both because of the over-representation of women in its diagnoses and because of its high media profile. It seemed to me to epitomize a culturally specific, complex ambivalence about gender, subjectivity and the problems of embodiment.

This perspective was, however, quite different from much of the 'traditional' psychological literature on anorexia which often, at least implicitly, accepts a medical model of

anorexia nervosa as a distinct clinical entity. Such literature is frequently concerned with discovering a distinct, universally applicable aetiology or with documenting characteristics of 'the typical anorexic'. It is much less concerned with analyzing the concept of anorexia itself or with exploring issues of gender within a socio-cultural context. And indeed, even where socio-cultural context and gender are considered, conceptions of the individual-society relationship and of gender are often under-theorized (see chapter 2). The limitations in current understandings of anorexia are also further compounded by the lack of effective treatments available for those diagnosed as anorexic. Fatalities are estimated at 10-15%, long-term prognosis is often poor (Hsu, 1980) and accounts of unsympathetic, even hostile treatment (e.g. Pembroke, 1993) are not uncommon. Whilst this thesis does not examine treatments per se, I have aimed to provide an alternative account of anorexia that might in some way contribute towards the development of more effective and acceptable help for those diagnosed as anorexic.

One of the aims in producing this account has been, therefore, to provide a critique of the current perspectives on anorexia (see chapter 2). I did not want to adopt a 'traditional' psychological stance that would re-produce 'anorexia' as an individual pathology. Rather, I wanted to take a stance, both theoretically and methodologically, which would enable a critique of 'scientific' knowledges of anorexia and which would provide an understanding of (gendered) subjectivity as fluid, contradictory and as socially embedded. My thesis has drawn, therefore, on post-structuralist theory as well as on the feminist, Lacanian psychoanalytic theory mentioned above (see chapter 3). As I have argued in chapter 3, this theoretical framework provides an understanding of (gendered) subjectivity in terms of multiple, shifting, often contradictory subject positions produced and regulated within discourses. It provides, I think, an opportunity to research anorexia in a way that more fully acknowledges its socio-cultural and gender-specific context and makes it possible to

re-conceptualize 'anorexia' and 'the (anorexic) woman' as multiply produced discursive constructions. And by rejecting the notion of any absolute, objective truth, post-structuralist theory also provides a framework within which to critique the (scientific) Truths both about 'anorexia' and about 'woman'. As Foucault argues, discourses do not objectively describe objects existing anterior to them but rather "systematically form the objects of which they speak" (Foucault, 1972: 49). And "it is in discourse that power and knowledge are joined together" (Foucault, 1979: 100). Such a perspective seems particularly suited to a critique of 'traditional' knowledges of anorexia but it must also be applied reflexively to my own thesis.

The account that I have produced both through a critique of the current literature and through two empirical studies is no more objectively true than those accounts that I have critically reviewed (see chapter 2). It equally forms the objects of which it speaks. My critique of current approaches and my analyses of the nineteenth century discourses within which 'anorexia nervosa' first emerged as a disease entity (study one) and of those discourses and discursive resources used by women today in talking about their experiences of anorexia (study two) constitutes an inevitably partial account of anorexia. It is conditioned by my own subjectivities, by my theoretical stance (see Woodiwiss, 1990), by the particularities of those discourses available to me and to others. Nevertheless I hope that it provides some insights into the ways in which gender is imbricated in the discourses and discursive practices within which 'anorexia nervosa' is produced.

1.2 Anorexia Nervosa: Diagnostic Criteria, Prevalence and Demographic Distribution

'Anorexia nervosa' has existed as a distinct clinical entity since the early 1870s when it first emerged in the medical literature as a nervous disorder associated with young women (Gull, 1874; Lasegue, 1873a). Now described as a mental

and behavioural disorder or syndrome (WHO, 1992) or as a psychosomatic disorder (Wolff et al., 1990), anorexia is currently defined as:

1. a refusal to maintain a 'normal' body weight with body weight at least 15% below that expected (either because of weight-loss or lack of expected weight-gain),
2. an intense fear of gaining weight or becoming fat despite being underweight,
3. body image distortion, 'feeling fat' and overvaluation of thinness,
4. a reduction of food intake, avoidance of 'fattening foods', often with extensive exercise, self-induced vomiting, laxative or diuretic abuse so as to achieve the weight-loss and maintain a low body-weight (APA, 1987; WHO, 1992).

Other symptoms, including amenorrhea, hypothermia, bradycardia, hypotension, edema, lanugo and a variety of metabolic changes that may also occur because of weight-loss (APA, 1987; Halmi 1983; Hughes, 1991).

It is important to note, however, that diagnostic criteria have varied (Russell, 1984; 1985; Casper, 1983). Feighner et al. (1972), for example, includes an age of onset prior to twenty-five as a diagnostic criteria and Russell (1970) includes endocrinal disorder as well as behaviour leading to weight loss and a morbid fear of becoming fat. There are also variations in the percentage weight-loss considered necessary for diagnosis. Whereas ICD-10 (WHO, 1992) and DSM-III-R (APA, 1987) state that weight-loss (or lack of expected weight-gain) should be at least 15%, DSM-III (APA, 1980) states 25% and others (e.g. Merskey, 1980) state 20%. In addition, the now central symptoms of 'weight-phobia' and a drive towards thinness only emerged in the 1960s as a common characteristic of anorexia (Casper, 1983; Habermas, 1989) and the symptoms of self-induced vomiting and laxative abuse, rarely mentioned before the 1930s (Casper, 1983), have become central features of the now separate syndrome, bulimia nervosa, as well as being symptoms of anorexia nervosa (APA, 1987; WHO, 1992).

The lack of standardization in formal and informal diagnostic criteria has caused problems in determining the prevalence of anorexia (Brumberg, 1986). However, there is a general consensus that diagnoses of this formerly rare condition (Merskey, 1980; Bruch, 1978) have increased dramatically since the 1960s (Bruch, 1978; Maloney and Klykylo, 1984; Sheppy et al., 1988; Szmukler et al., 1986; Hoek, 1993; Moller and Nystrup, 1992) and it has been claimed that anorexia is reaching epidemic proportions (Bruch, 1978; Sheppy et al., 1988), at least in Europe and North America (see Wardle et al., 1993). Epidemiological research has found a much lower prevalence of eating disorders in non-Western countries (Wardle et al., 1993). However, the proportions of this Western 'epidemic' remain unclear (Brumberg, 1986). Current estimates of the prevalence of anorexia in the general population range from about 8.1 to 406 per 100,000 (Hoek, 1993; Szmukler et al., 1986) although estimates of its prevalence amongst young women and girls are much higher (APA, 1987; Hughes, 1991; Wolff et al., 1990).

Approximately 90-95% of those diagnosed as anorexic are female (Hughes, 1991; Wolff et al., 1990; APA, 1987; Brumberg, 1986; Rastam et al., 1989; Wolff, 1990; Hsu, 1989). Estimates of its prevalence amongst young women rise to 1% (Hughes, 1991; APA, 1987; Brumberg, 1986) and are higher in particular groups. Garner et al. (1987), for example, estimated that as many as 25.7% of female ballet students may be anorexic. Other occupations such as modelling and beauty therapy (Garner and Garfinkel, 1980; Hughes, 1991; Wolff et al., 1990) and women's athletics (Weight and Noakes, 1987) have also been associated with a particularly high prevalence of anorexia. High prevalence rates of 4.2% and 1% (Pope et al., 1984) and 5.7% (Mintz and Betz, 1988) have also been found in different female college populations. It has also been reported that anorexia is more common amongst girls attending private or grant-aided schools than those attending state schools (Crisp et al., 1976) and that eating disorders are more common in the professional or middle and upper social classes (Hughes, 1991;

Wolff et al., 1990; Hsu, 1989; Goldblatt et al., 1965) and amongst white rather than black and Asian women in Europe and North America (Kendell et al., 1973; Jones et al., 1980; Hooper and Garner, 1986; Wolff et al., 1990; Hughes, 1991; Wardle et al., 1993; Edwards-Hewitt and Gray, 1993; Goldblatt et al., 1965). However, studies of the ethnic distribution of anorexia have produced conflicting results with some authors finding that ethnicity was not predictive of eating disorders (Gross and Rosen, 1988) or that abnormal eating attitudes occurred in women of all ethnic backgrounds (Dolan et al., 1990). Several studies have also suggested that eating disorders, including anorexia nervosa, have spread to all social classes (Pumariega et al., 1984; Thomas and Szmukler, 1985) and that their incidence are now similar across all socio-economic levels (Gibbs, 1986; Gray et al., 1987; Edwards-Hewitt and Gray, 1993; see also p.67).

In short, it is difficult to determine the prevalence and demographic distribution of anorexia nervosa because of variations in formal and informal diagnostic criteria, because of conflicting results from different epidemiological studies, because of differences in referral practices for different sections of the population (Wardle, et al., 1993) and because eating disorders may pass unrecognized when health-care workers believe, for example, that eating disorders do not occur in minority groups (Dolan, 1991). Nevertheless it is widely accepted that anorexia predominantly occurs in young Western women and that anorexia has become increasingly common in the latter part of this century.

1.3 Culture and Gender in Anorexia Nervosa

That many more women than men are diagnosed as anorexic strongly suggests that it is still as much a feminine disorder as it was in the nineteenth century (see Orbach, 1993; Brumberg; 1988; Chernin, 1986; Boskind-Lodahl, 1976). And anorexia and anorexia-like problems are also more widespread amongst women than prevalence studies might suggest, firstly, because there is an over-representation of eating disorders in

women who elect not to participate in surveys on eating disorders (Beglin and Fairburn, 1992). Secondly, studies of diagnostic trends may not include 'sub-clinical' eating disorders. As the literature review in Chapter Two discusses, body-dissatisfaction, a desire to lose weight, pre-occupations with body-weight, shape and food, dieting and also binging and vomiting are disturbingly common in Western women and young girls (e.g. Grunewald, 1985; Gilbert; 1986; Hooper and Garner, 1986; Wardle and Marshland, 1990; Hill and Robinson, 1991). Indeed, Polivy and Herman (1987) have suggested that dieting and an attendant 'diet mentality' are both descriptively and prescriptively normative. Notwithstanding the arguments of Bruch (1985) and Crisp (1980) that dieting and eating disorders are distinctly different, there is clearly some relationship between the cultural idealization of female thinness and the prevalence of dieting and the recent increases in eating disorders (Hsu, 1989; Wetherell and White, 1992; Malson, 1992).

Moreover, as Garner et al. (1983a) argue, the fairly specific distribution of anorexia nervosa as well as its apparent increase strongly suggest a cultural influence. And, indeed, its apparent spread to non-white, non-middle-class women has been interpreted by some as due to increased acculturation to Western values (Pumariega, 1986) and increased dissemination of cultural ideals of female beauty as thinness (Edwards-Hewitt and Gray, 1993; see also pp.65-68).

In addition, the high profile particularly of anorexia nervosa in both the popular and academic press suggests a cultural fascination with eating disorders. It indicates that anorexia is not simply an individual pathology but is also of wider cultural relevance (see Bordo, 1992; Orbach, 1993). Indeed anorexia is increasingly recognized as a 'culture-bound syndrome' (Prince, 1983; Littlewood and Lipsedge, 1985; 1987; Swartz, 1985b; Selig, 1988). And, as Littlewood and Lipsedge (1987: 291) argue, culture-bound syndromes represent public concerns as well as personal predicaments; they "appeal to values and beliefs which cannot be questioned because they are

tied up with the most fundamental concerns and political organization of the community." Anorexia nervosa, like some other illnesses (see Sontag, 1978; 1989; Turner, 1992) can be viewed as a metaphor for socio-cultural concerns of the late twentieth century (Orbach, 1993; Turner, 1992; Bordo, 1992). It "demonstrates core cultural notions of body imagery and sexual identity (see Polhemus, 1978)" (Littlewood and Lipsedge, 1987: 312). Indeed, as the following quote from 'Elle' (Smither, 1994: 20) illustrates, eating disorders have been taken as a metaphor for the very fashion industry with which they are associated (see also p.70) a further discussion of anorexia as a metaphor).

> The fashion industry is tirelessly voracious - frighteningly so for the girls who work at the sharp end. It's an industry that eats up trends and spits them out faster that a superbulimic.

The anorexic body, like other bodies, is then (always already) caught up in a system of meanings, symbolic representations and power-relations (see Turner, 1984; Littlewood and Lipsedge, 1987; Kirmayer, 1992; Bordo, 1992; Foucault, 1977b, 1979). And, as will be argued in this thesis, 'anorexia' is saying something about what it means to be a woman in late twentieth century Western culture (see Orbach, 1993, Malson, 1992; Littlewood and Lipsedge, 1987; Bordo, 1992).

1.4 Outline of Thesis

As the above discussion illustrates, anorexia can only be adequately understood within its cultural context and within a feminist perspective that places gender at the centre of analysis. Such a perspective will equally apply to other eating disorders such as bulimia as well as to other physical and mental health problems. And, as is apparent from the analyses in the second study (see also Knudsen, 1993) many women diagnosed as 'anorexic' also have 'bulimic' symptoms. However, this thesis will be largely confined to a study of anorexia. In addition, as Ussher (1991) notes, there are many feminist perspectives. The feminist perspective adopted in this thesis shares with other feminisms a critical opposition

to the ways in which women are oppressed and 'regulated' within patriarchal societies and analyses the position(s) of women within the theoretical framework set out in chapter 3. Such a perspective, it is hoped, will further understandings of anorexia as a particularly female problem and may thus, in some way, contribute to a reduction in the alarmingly high mortality and 'relapse' rates that women diagnosed as anorexic suffer. (Mortalities are estimated to be 10-15% (Hsu, 1980); see also Crisp et al., 1992; Patton, 1988; Kennedy and Garfinkel, 1992).

This thesis attempts to examine anorexia within a theoretical framework which (a) refuses the 'traditional' dichotomization of individual and society whilst retaining a concept of subjectivity (see Henriques et al., 1984) and (b) provides a theorization of the ways in which subjectivity is gendered (see Freud, 1905, 1924; Lacan, 1958a; Sayers, 1982; Mitchell, 1974). Thus, after critically reviewing the extensive literature in this area (chapter 2), chapter 3 will set out the theoretical framework adopted in this thesis. It will be argued that a perspective drawing on psychoanalytic, particularly feminist Lacanian, theory and Foucauldian post-structuralist theory will enable a more adequate exploration of anorexia as a culture-bound and specifically gendered phenomenon. In addition, this perspective provides a critique of many of the epistemological assumptions of many current perspectives. Specifically, Foucault's theorization of the way in which power is inextricably imbricated in knowledge (Foucault, 1979) undermines the claims of scientific objectivity made by many researchers in this and other areas. His theory that discourses do not transparently reflect reality but are rather constitutive of their objects (Foucault, 1972) enables a questioning of the generally accepted medical model of anorexia (see Swartz, 1985a) as an individual pathology existing independently of discourses and discursive practices (see chapter 3). In contrast, this thesis adopts a concept of anorexia and of subjectivity, femininity and the body as objects of a number of different discourses

which nevertheless have very real and powerful effects (see Walkerdine, 1986).

Chapter 4 provides a brief critique of empiricist methods in the social sciences and argues the need for a feminist post-structuralist approach to research. In the two empirical studies of this thesis a discourse analytic methodology has been adopted. Hence, chapter 5 discusses the different forms of discourse analysis. It then sets out the particular approach to discourse analysis adopted in this thesis and the particular methodological procedure for study one.

The first study (chapters 6 and 7) examines how anorexia first emerged as an object of medical discourse in the nineteenth century. Chapter 6, therefore, provides a background discussion of medical discourse from the seventeenth to the nineteenth century. It focuses on 'early descriptions' of anorexia, on discourses of hypochondria and hysteria and on the ways in which medical discourse constituted 'women' as sickly and nervous. Chapter 7 uses primary source material, analyzing the nineteenth century medical journal articles in which anorexia first emerged as an object of medical discourse.

The second study (chapters 8 to 12) consist of discourse analyses of transcripts of interviews conducted with 23 women (21 medically diagnosed as anorexic and 2 self-diagnosed). In these interviews the women were asked to discuss the ideas about and experiences of anorexia and femininity. The analyses, conducted within the theoretical framework set out in chapter 3, focus on the ways in which 'anorexia', 'the very thin/anorexic body', subjectivity and 'femininity' are discursively constituted within the transcripts. After summarizing these analyses, the concluding chapter will then draw together the implications of the two studies for understanding anorexia nervosa, femininity, subjectivity and the body.

Chapter Two

Recent Research and Theory on Anorexia Nervosa: A Critical Thematic Review

2.1 Introduction

Research into anorexia nervosa and other eating disorders has been conducted from a variety of perspectives (see Darby et al., 1983; Garfinkel and Garner, 1982, 1983) and is extensive. Within psychology anorexia nervosa has been theorized and researched within bio-medical/bio-psychological, genetic and cognitive perspectives. Further theory and research has been conducted within psycho-dynamic, psychoanalytic, feminist and socio-cultural frameworks. Researchers have also investigated body image disturbances, risk factors, pre-morbid characteristics, the possible aetiological roles of the family, possible relationships between anorexia and depression or affective disorders and possible continuums between 'anorexics', 'restrained eaters' and 'normal' women. And in the light of the somewhat limited success of uni-dimensional research, some researchers have also adopted a multi-dimensional perspective both in therapy and in theory and research.

This chapter will critically review the recent research literature on anorexia from the various perspectives listed above. In doing so it will necessarily be selective, presenting a critical thematic review of the approaches used to investigate anorexia. The chapter will conclude with a discussion of the limitations of current approaches; the main problems being an under-theorization of gender, a lack of attention to social context and a reliance on empiricist/positivistic assumptions concerning the nature and status of 'anorexia'. Hence, this chapter will provide both a background to my own research and also a rationale for the theoretical and methodological approach adopted in this thesis.

2.2 Bio-Medical/Bio-Psychological Research

Researchers have speculated about the possible organic causes of anorexia nervosa since its emergence as a disease entity at the end of the nineteenth century. De Berdt Hovell (1888b: 949), for example, considered anorexia nervosa to be "the result of intestinal rather than uterine irritation, coupled with a perturbed state of the nervous system" and Myrtle (1888: 899) similarly claimed that anorexia had "its seat in the nerves of the stomach". (Nineteenth century theories of anorexia are discussed in greater detail in chapters 6 and 7).

More recently bio-medical researchers have investigated dermatological, cardiovascular, gastro-intestinal, endocrine, neurophysiological, thermoregulatory and musculoskeletal abnormalities (Kaplan and Woodside, 1987) as well as disturbances in plasma substrates such as plasma growth hormone (GH) or serum tri-iodothyronine (see Halmi, 1983). Researchers are often urged to continue to

> examine such abnormalities in the hope of identifying those that are not epiphenomena... but, instead reflect underlying biological pathogenic variables. (Kaplan and Woodside, 1987: 648)

However, as will be discussed below, physiological changes are often not specific to anorexia and have often been found to be secondary effects of starvation rather being etiologically significant (Wakeling, 1985; see also Malson, 1992 for a brief critical review of bio-medical theories).

Bio-medical research has focused primarily on endocrinal and neuro-endocrinal abnormalities. It has been suggested, for example, that anorexia may be caused by primary hypothalamic dysfunction (Russell, 1977; Weiner and Katz, 1983). Support for this hypothesis comes from a number of observations. For example, lesions to the hypothalamus and hypothalamic tumours have been shown to produce weight loss and anorexia (loss of appetite) (Kamalian et al., 1975; White et al. 1977). And Hotta et al. (1986) have found elevated levels of corticotrophin releasing factor (CRF) in cerebrospinal fluid (CSF) in underweight 'anorexics' which they argue are due to increased secretion by the hypothalamus.

Bio-medical researchers have found considerable evidence that the hypothalamic-pituitary-adrenal (HPA) axis is particularly activated in at least some anorexics (Weiner and Katz, 1983). Several studies have used the dexamethasone suppression test (DST[1]), measuring plasma cortisol concentrations before and after DST, to examine pituitary-adrenal and hypothalamic disturbances in anorexic and other psychiatric populations (see Zis et al., 1989; Mullen et al., 1986; Schweitzer et al., 1990). Schweitzer et al. (1990), for example, compared 18 'normal' and 20 'anorexic' female participants using the DST. They found that whereas all of the controls were supressors only half of the anorexics were; both pre- and post-DST plasma cortisol concentrations being significantly higher. Similarly, Walsh et al. (1981) found an incomplete suppression of adrenocorticotrophic hormone (ACTH) and cortisol levels by dexamethasone in underweight anorexics. However, this was also seen with 'protein calorie malnutrition' (Walsh et al., 1981). Mullen et al. (1986) have also shown that fasting in 'normal' individuals can result in DST non-suppression thus indicating that HPA-axis dysfunction in anorexia is a secondary effect of malnutrition and low body weight rather than being an etiological factor. This assertion is further confirmed by Hotta et al. (1986) who found that both CSF-CRS and pituitary-adrenal functioning returned to normal with weight recovery and by Treasure et al. (1985) who have suggested that increased adrenal activity may be associated with weight gain.

As Schweitzer et al. (1990) note, it is frequently assumed that the hypercortisolism (evidence of HPA-axis dysfunction) in anorexia is a consequence of low weight itself and that this is corrected with a return to normal weight. However, it is not known why excessive cortisol production rate (evidence of HPA activation) returns to normal when

---

[1] DST non-suppression in anorexics is interpreted as evidence of hypothalamic dysfunction which in turn is associated with disturbances in cortisol and other metabolite levels. See Caroll et al. (1981) for further details of DST.

patients gain even small amounts of weight (Weiner and Katz, 1983). In addition, Schweitzer et al. (1990) suggest that, contrary to previous assumptions, the results of their study indicate that DST non-suppression is not simply due to severely low weight since cortisol concentrations did not correlated with percentage-initial-body-weight and normalization of DST response was not always associated with significant weight gain. They argue that recent acute weight loss rather than severity of weight loss alone might be responsible for non-suppression and that HPA-axis dysfunction may be more complex than previously thought. In short, the physiological meanings of DST non-suppression and HPA-axis dysfunction remain unclear (Halmi, 1987; Weiner and Katz, 1983; Schweitzer et al., 1990) although it appears to be the result of severe or rapid weight loss rather than having etiological significance.

Because, according to self-reports, amennorhea sometimes precedes weight loss (Fries, 1977; Dally, 1969) and does not always return with weight gain (Morgan and Russell, 1975), it has also been suggested (see Halmi, 1987; Kaplan and Woodside, 1987) that amennorhea may be due to primary hypothalamic dysfunction. However, interpreting evidence about menstrual irregularities may be complicated by, for example, the effects of stress and by underestimating the percentage body fat and weight gain necessary for return of menses (Garfinkel and Garner, 1982). Other researchers have argued that severe reduction in caloric intake may trigger amenorrhea before there is substantial weight loss (Halmi and Falk, 1983) and that a 'normal' diet, including adequate carbohydrate intake, may be necessary for menstrual function to return (Halmi and Falk, 1983; Crisp and Stonehill, 1971). Halmi and Falk's (1983) study of 40 female anorexics, for example, suggested that 'anorectic behaviours' are the strongest contributing factor to amenorrhea. It is, therefore, far from clear that amenorrhea is an indicator of primary hypothalamic dysfunction in anorexia.

Further research into reproductive endocrinal

disturbances has investigated abnormalities in the hypothalamic-pituitary-ovarian axis in anorexia (e.g. Weiner and Katz, 1983; De Marinis et al., 1991; see also Kaplan and Woodside, 1987; Halmi, 1987). Golden et al. (1992), for example, examined the possible role of central dopaminergic suppression of gonadotropin secretion in relation to amenorrhea associated with anorexia. They gave a dopamine receptor blocker to ten women diagnosed as anorexic and ten age-matched regularly menstruating controls to examine its effects on serum prolactin and luteinizing hormone levels and found prolactin and estradiol levels to be significantly lower in the anorexic group. Significant differences were also found in prolactin levels at baseline. Other studies (e.g. Katz et al., 1978) have also shown that underweight women diagnosed as anorexic demonstrate luteinizing hormone and follicle stimulating hormone patterns similar to those of prepubertal and pubertal girls and that these patterns sometimes persist after weight-recovery. Similarly, both urinary and plasma levels of gonadotropins have been found to be decreased in anorexia (Nillius and Wide, 1979; see Halmi, 1987).

This 'immature pattern' of gonadotropin levels which accompanies low weight has often been interpreted as supporting the notion that anorexia is a developmental psychobiological pathology (see Hsu, 1984). Crisp (e.g. 1970), amongst others, has repeatedly asserted that anorexia is rooted in the biological and experiential aspects of adult weight. Hence, starvation is seen to represent a psychobiological regression and a need to avoid adolescent and related family turmoil (Crisp 1970). However, whatever their psychological significance, gonadotropic disturbances should not be viewed as evidence of an organic aetiology for anorexia nervosa. As Wakeling (1985: 195) argues:

> although clearly many questions remain to be answered, the balance of evidence suggests that the amenorrhea and abnormalities in the HPG (hypothalamic-pituitary-gonadotropic) axis occurring during the course of the illness are most economically viewed as being related to body-weight and the effects of behaviour associated with weight control.

More recently Chiappelli et al. (1991) have investigated the possible association between plasma-pituitary adrenal hormones (PIA) and numbers of a type of peripheral blood lymphocytes (PBL) in 11 'anorexics' and 14 participants with normal PIA functioning. They found a number of neuroendocrinal dysfunctions (including hypercortisolemia) in 'anorexic' participants. 'Normal' subjects showed a positive correlation between ACTH and numbers of PBL and helper T lymphocytes and a negative relationship between cortisol and these lymphocytes. However, this latter inverse relationship was not found in 'anorexic' participants (Chiappelli et al., 1991).

Research has also investigated the possible role of growth hormone (GH) and GH-releasing hormone in anorexia. De Marinis et al. (1991), for example, have investigated the effects of naloxone on prolactin and GH response to GH-releasing hormone in 'anorexic' participants. Similarly, Rolla et al. (1991) have investigated the ability of pirezepine to blunt GH response to GH-releasing hormone in anorexics in acute and recovery phases and in matched female controls. They suggest that the anomalous GH response patterns in acute anorexia is not simply the result of undernutrition and its biological consequences although again the meaning of this disturbance remains unclear.

Another line of research was taken up by Katz (1986) who has examined the development of increased physical activity, dietary restriction, depressive symptoms and binge-eating in two male long-distant runners who developed 'a manifest eating disorder'. He suggested that extreme exercise may play a role in precipitating and maintaining anorexia in psychologically and biologically vulnerable individuals and postulated that endorphins are involved in this process. In support of this possibility De-Marinis et al. (1991) have found lower circulating levels of beta-endorphins in some anorexic patients. However, Brambilla et al. (1991), comparing peripheral opioid secretion in 10 anorexic women and 10 matched controls, found a number of alterations in anorexics' neurophysiology including <u>increased</u>, rather than decreased,

nocturnal secretion of beta-endorphins. They also found increased diurnal-nocturnal secretion of beta-lipotropin (LPH) and a loss of circadian rhythmicity of both peptides and a blunter beta-LPH response to 5-hydroxytryptophan stimulation.

In addition to Katz' (1986) report of 2 long distant runners developing eating disorders, Nudel et al. (1989) in their study of psychological and physiological aspects of long distant runners also note that two girls of the 16 runners involved in their study were being treated for anorexia thus suggesting a possible association between prolonged exercise and anorexia. Conversely, however, Thoren et al. (1990) posit a potential therapeutic role for exercise. After reviewing the research in this area they suggest that prolonged rhythmic exercise activates central opioid systems by triggering discharge from mechano-sensitive afferent nerves arising from contracting skeletal muscle.

Recent research has also focused on neurophysiology and neurotransmitters in anorexia nervosa (Halmi, 1987). Laessle et al. (1989), for example, found that half of the 17 anorexic and 22 bulimic participants in their study displayed enlarged ventricles. However, their performance was no worse on cognitive tasks than those with normal sized ventricles and it was concluded that this cerebral atrophy did not appear to severely effect either neuropsychological or psychopathological functioning. Krieg et al. (1987) in their study of morphological brain alterations in 100 participants with anorexia and bulimia nervosa also found enlarged ventricles and sulci. However, these alterations were found to be reversible with clinical remission, thus suggesting that they were due to malnourishment induced hormonal and metabolic disturbances rather than having an aetiological role (Krieg et al., 1987). However, conflicting evidence was produced by Palazidou et al. (1990) who found that 17 female anorexics did not differ from 9 age-, sex-, and education-matched controls in terms of ventricular size. They did, however, find that anorexics had comparatively enlarged external cerebrospinal fluid spaces and that enlargement correlated significantly

with worse performance on the cognitive 'Symbol Digit Test'.

In short, there is considerable evidence of physiological alterations associated with anorexia, as well as other eating disorders, and a knowledge of biological aspects of anorexia may be important in advancing medical treatments of secondary effects of starvation such as hypokalemia. The low bone mineral density associated with anorexia, due to low nutritional intake and low body weight (Salisbury and Mitchell, 1991), for example, may require particular medical interventions. Such research may also provide information that would be useful in educating women about the health-related consequences of undernutrition. However, despite promise-laden titles such as 'The neuronal basis of compulsive behaviour in anorexia nervosa' (Mills, 1985), results are often conflicting and there is no firm evidence to suggest any biologically based aetiology for anorexia. The organic argument is further undercut by the culture-, class-, age- and gender-bound demographic distribution of anorexia and the coincidence of its increase with cultural ideals of thinness (see Garner and Garfinkel, 1980; Garner et al., 1983a; see also p.67). Moreover any attempt within the bio-medical model to account for the over-representation of women in diagnoses of anorexia is in terms of dysfunctions of the female hormonal reproductive system (see also Garfinkel and Garner, 1983). As numerous authors (e.g. Ussher, 1992b) have argued, we should be suspicious of such reasoning which relies on implicit beliefs about the female body's propensity for illness.

2.3 Genetic Research

In addition to exploring possible organic causes and consequences of anorexia, some researchers have also examined the possibility that anorexia involves an inheritable risk factor. It has long been noted that children with psychiatric problems often have parents who also have mental health problems (Rutter et al., 1990). However separating environmental from genetic factors remains problematic and the possibility of a genetic role in anorexia nervosa has

frequently been discounted (Rutter et al., 1990). Yet recently a number of researchers (e.g. Elliott, 1985; Mitchell and Eckert, 1987) have argued that evidence from genetics studies suggest the possibility of genetic predisposition for anorexia nervosa (see Rutter et al., 1990).

Garfinkel and Garner (1983), for example, report several observations of increased risk of anorexia (6%) in siblings and a 4-5 fold difference in concordance rates of monozygotic (MZ) and dizygotic (DZ) twins. Holland et al. (1988) used data from the EDI (Eating Disorders Inventory: Garner et al., 1983b) and twin and family data for 25 MZ and 20 DZ twins in a combined twin and family study of anorexia nervosa. They found 56% of the MZ twins and 5% of the DZ twins were concordant for anorexia whilst almost 5% of female first degree relatives also had histories of anorexia. They (and also Garfinkel and Garner, 1982) concluded that their data suggest a significant genetic component in the aetiology of anorexia and that up to 80% of the variance in liability might be accounted for by genetic factors. Consequently they suggest a genetic/environmental etiological model of anorexia such that a genetic predisposition to anorexia nervosa might become manifest under adverse conditions such as "inappropriate dieting" or emotional stress (see also Holland, 1984). Similarly, reviewing recent studies, Elliott (1985) found concordance rates of 33-40% for anorexia among MZ twins, again supporting the possibility of a genetic component in its aetiology.

However, one should be cautious in accepting the results of genetic studies since most of the probands are volunteers (Rutter et al., 1990). Of the few empirical genetic studies many are beset by methodological difficulties (Strober, 1991). Two of the most systematic studies with appropriate methodological controls (see Rutter et al., 1990), conducted by Gershon et al. (1983) and by Strober et al. (1985) do however, in conjunction with the twin data, also suggest a possible genetic mediation. Gershon et al. (1983) found a combined rate of anorexia and bulimia of 6% in first-degree

relatives of anorexic probands compared with only 1% in the relatives of controls. And Strober et al. (1985), pooling the data on anorexia, bulimia and sub-clinical anorexia found that 9.7% of female relatives of anorexic probands had an eating disorder compared with 1.9% of relatives of controls (2.2% and 0.7% for "anorexia nervosa proper").

Gillberg (1985), investigating 4 families in which a female with anorexia had a close male relative with infantile autism, has also suggested that in some cases there may be a common, possibly genetic predisposition which interacts with the environment to produce anorexia in girls and infantile autism in boys. Strober (1991) similarly suggests that evidence from twin studies, chromosomal and association studies and studies of inherited personality traits, whilst as yet inconclusive, indicates familial aggregates of eating disorders. Predisposing factors, he argues, are best understood in terms of genetically transmitted dispositional traits.

However, the role of genetics in personality is highly controversial (Pervin, 1989). And dispositional trait theory has been criticised as "relatively atheoretical and tautological" (Snyder and Ickes, 1985: 892; see also McAdams, 1992). Situationalists have argued that behaviour is not stable but is highly situationally and temporally specific (Mischel, 1968; see also Epstein, 1985, Epstein and O'Brien, 1985; McAdams, 1992; Allen and Potkay, 1973). And many reviews of the personality literature have concluded that dispositions account for only a small proportion of variance in human social behaviour (e.g. Argyle and Little, 1972; Bem, 1972; Bowers, 1973; Mischel, 1968, 1973; McAdams, 1992), thus undermining the concept of 'dispositional traits'. Indeed, there is "a very lively debate about the existence or nonexistence of traits" (Digman and Inouye, 1986: 116) and it has been suggested that 'traits' merely represent linguistic conventions for describing people (see Digman and Inouye, 1986; McAdams, 1992). Although trait theory in the form of 'the big five' has recently become more popular (Bayne, 1994),

the notion of dispositional traits remains controversial. Hence the proposition that heritable dispositional traits may predispose individuals to anorexia must remain highly contentious.

The genetic argument is further confounded by the conflicting results of some research. For example, the results of Water et al.'s (1990) study conflicts with Strober's conclusions above. Waters et al. (1990) compared eleven twin anorexic females with eleven non-twin anorexics by interviewing their mothers to elicit information about the development of anorexia in the daughter. They found no significant differences between pre-morbid personalities of either twin or non-twin anorexics and their non-anorexic sisters thus suggesting that dispositional traits might <u>not</u> constitute a genetically transmitted predisposition to anorexia. Further evidence against the genetic predisposition argument is provided by Suematsu et al. (1986) in a study of 7 pairs of MZ twins. They found five pairs of MZ twins to be discordant and only 2 pairs to be concordant for anorexia and that even in the concordant cases the degree of anorexia differed.

In short, genetic research has been beset by theoretical and methodological difficulties and by conflicting results from different studies. And, as Elliott (1985) and Strober (1991) note, there is as yet too little evidence to draw any firm conclusions concerning an inheritable predisposition to anorexia.

2.4 Anorexia Nervosa and Depression

Further research has examined the possible relationships between anorexia nervosa and affective disorders. As Swift et al. (1986), Altshuler and Weiner (1985) and Rivinus et al. (1984) note, a relationship between anorexia nervosa and depression has been frequently postulated. And considerable research has investigated this possible relationship from a number of perspectives. However, research has produced conflicting views about whether and how the two disorders may

be related.

Clinical features of depression such as insomnia, weight loss and reduced libido are reported as also occurring frequently in anorexia (Jampala, 1985). Strauss and Ryan (1988), for example, using Becks Depression Inventory, found that dysphoria and depression were prominent in anorexic and other eating disordered participants. And anorexic symptoms are also reported to be common in depressed patients (Wolpert, 1980).

In addition there is substantial evidence of abnormal functioning in the hypothalamic-pituitary-adrenal axis of at least some anorexics (Weiner and Katz, 1983; See also pp.24-25 above) and it has been suggested that this might be a function of depression (see Schweitzer et al., 1990). Kolata (1986), for example, has argued that whilst depression and anorexia are 'clinically distinct' they share some common symptoms and sufferers either overproduce or over-respond to the stress hormone cortisol. Similarly, Jampala (1985) has argued that abnormalities in adrenocortical and thyroid activity and catecholamine metabolism are common to both depression and anorexia and bulimia. Schweitzer et al. (1990) also found evidence of HPA-axis dysfunction. However, they also found that those anorexic participants evidencing HPA-axis dysfunction were no more severely depressed, as measured by the Hamilton Rating Scale for Depression (Hamilton, 1960), than those without such dysfunction. The study therefore indicates that any relationship between anorexia and depression may not be mediated via HPA-axis dysfunction.

Further research into anorexia and depression by Lauer et al. (1990) has also produced ambiguous results. They measured the baseline EEG sleep patterns of 10 depressed, 20 anorexic, and 10 bulimic women and found the patterns to be indistinguishable except for an increased REM density in depressed participants. Yet a concomitant major depressive episode in anorexics and bulimics did not effect EEG sleep thus suggesting a physiological distinction between the two disorders. Results of a cholinergic REM sleep induction test

indicated a hypersensitive REM sleep-triggering cholinergic transmitter system in depressed women but not in eating disordered women.

Recent psychiatric genetic research has also investigated possible genetic relations between anorexia and affective disorders (Zerbin, 1987). Rivinus et al. (1984), for example, collected family history data on 40 anorexic non-adopted girls and women and 23 'normal', non-adopted, age-matched controls using the family history research diagnostic criteria (Andreasen et al., 1977). They found that first and second degree relatives of anorexics had significantly more depression or substance abuse than did relatives of non-anorexic controls. 9.9% of first degree relatives of anorexics were found to have depressive disorders compared with 2.4% of first-degree relatives of controls. Similarly Winokur et al. (1980) found rates of depression of 26% and 10% respectively and Strober et al. (1982) found a two-fold increase in rates of affective disorders in relatives of anorexics compared with relatives of controls. Higher incidences of depression in relatives of anorexics and bulimics was also found by Jampala (1985). However, as Rutter et al. (1990) note, rates of affective disorders in relatives of anorexics vary considerably across studies and results conflict on whether of not increased rates apply only to a subset of anorexics with concurrent depression. Further, they argue that to show a genetic association between anorexia and depression requires the demonstration that not only is depression more common in anorexics' relatives but also that anorexia is more common in relatives of those with affective disorders. Neither Strober et al.'s study (1986) nor Holland et al.'s twin study (1984) supported this possibility, thus suggesting that the two 'disorders' are probably genetically separate (Rutter et al., 1990).

Furthermore, when Strober and Katz (1987) examined recent research into possible relationships between anorexia and affective disorders in terms of clinical phenomenology, genetics, biological correlates, course, outcome and

epidemiology, they concluded that available evidence indicates greater divergence than overlap between the two disorders, thus suggesting that they do not share a common aetiology although they argue that depression may play a role in a predisposition to eating disorders.

In short, evidence concerning possible relationships between affective disorders and anorexia nervosa is as yet ambiguous and inconclusive. The nature of any possible relationship between anorexia and depression remain unclear (Swift et al., 1986). Whilst there is evidence that affective disorders are more prevalent in the families of those diagnosed anorexic, it is unclear how such family histories might trigger eating disorders (Hsu, 1984). And "strong positive arguments exist against an important relationship between major depression and anorexia" particularly in terms of demographic distribution (Altshuler and Weiner, 1985: 330). Moreover, like other disorders, depression (Rutter et al., 1990) and anorexia (Halmi, 1983) are clearly heterogeneous categories. Hence, the positing of any relationship must be further complicated by the lack of clarity surrounding the definition of both 'disorders'.

2.5 Cognitive Research

2.5.1 'Anorexic' Schemas and Deficits

A fourth line or research into anorexia has been that taking a cognitive perspective. As Vitousek and Hollon (1990) note, numerous theoretical perspectives assign a central role to the meanings of weight for individuals with eating disorders and describe 'anorexics' as equating body shape with personal value, as using weight regulation for a variety of functions in their lives and as possessing rich conceptualizations of weight. This, they argue, suggests that cognitive factors play a prominent role in anorexia as well as other eating disorders. Evidence within cognitive psychology suggests that the existence of a schema in a particular domain will produce systematic 'errors' in processing information

relevant to that domain and it is therefore hypothesised that such schemas may play a role in eating disorders (Vitousek and Hollon, 1990).

Additionally, the failure of short-term behavioural weight-gain programmes in the treatment of anorexia has led to an increased focusing on cognitive disturbances and the development of cognitive-behavioural therapies in which cognitive 'dysfunctions' are viewed as important factors in both the aetiology and maintenance of anorexia (see Garner et al., 1982; Garner and Bemis, 1985).

Thus, within the cognitive-behavioural model, anorexia is conceptualized in terms of abnormal beliefs, attitudes and behaviours originating either in central features of the disorder or from physiological effects of starvation (Andersen, 1987). As Clark et al. (1989: 377-8; see also Fairburn et al., 1986) note, it is often suggested that "cognitive constructs such as overvalued attitudes and dysfunctional beliefs are central to the maintenance of disordered eating patterns". Consequently much research is devoted to the identification of possible 'distortions' and 'deficits' in anorexics' cognitions. And there are numerous reports of, for example, all-or-nothing thinking, superstitious thinking, and ego-centric thinking in anorexics (see Garner et al. 1982).

Recent research into negative cognitions and cognitive 'deficits' associated with eating disorders have used methods such as recall procedures, recognition procedures (Clark et al. 1989), cognitive tests and cognitively-oriented eating disorder questionnaires such as EAT (the Eating Attitudes Test: Garner and Garfinkel, 1979), EDI (Eating Disorders Inventory: Garner et al., 1983b) and the Anorexic Cognitions Questionnaire (Mizes and Klesges, 1987).

Strauss and Ryan (1988), for example, used Becks Depression Inventory and the Loevinger Sentence Completion Test to investigate cognitive errors and thought disorder in eating disorders. They found that both restrictive and bulimic anorexics manifested more logical errors than controls

although they found no significant differences in cognitive slippage and conceptual complexity. Similarly, Laessle et al. (1989) found that 'anorexic' and 'bulimic' participants, tested during acute stages, performed significantly more poorly in cognitive tasks than did 'normal' controls. And Palazidou et al. (1990) found that both anorexic and bulimic participants performed 'abnormally' on the Symbol Digit Test[2]. Strupp et al. (1986), however, comparing 17 female anorexics with 15 controls, found that although their performances were worse on tests that assessed automatic or incidental information processing, 'anorexics' performed as well as or better than controls on cognitive tasks requiring effortful processing.

Additionally, cognitive differences have been found between eating disorders subgroups. Vitousek and Hollon (1990) suggest that the different symptomatologies of anorexia and bulimia may be due underlying differences in schemata and that only anorexics assign special meanings to extreme thinness. Further, Toner et al. (1987) found that bulimics were more 'cognitively impulsive' than anorexics[3] and also that bulimics made significantly more errors than did anorexics and controls on the Matching Familiar Figures Test. Jones et al. (1991), however, produced conflicting results. They compared 30 underweight anorexics, 38 normal-weight bulimics, 20 long-term weight restored 'anorexic' women and 39 'normal' controls and found that underweight anorexic women demonstrated lower performance than 'bulimics' in 4 of 5 neuropsychological domains. They argue that their results indicated small and subtle cognitive difficulties associated with eating disorders, thus supporting previous assertions of attention

---

[2] These scores were also found to correlate significantly with enlarged external cerebrospinal fluid spaces. See also p.23 for a discussion of bio-medical abnormalities in CSF associated with anorexia.

[3] Sohlberg et al. (1989) have also suggested that impaired cognition may explain poor prognosis of impulsive anorexic patients as they found that impulsivity was the strongest predictor of long-term outcome.

difficulties associated with eating disorders.

Further cognitive differences between women with and without eating disorders and between anorexics and bulimics have been described by Hansson et al. (1988). They studied cognitive style and psychological defense in 25 anorexic women, 29 bulimic women and 31 women undergoing reduction mammoplasty (RMs). Using a version of the rod and frame test and the Meta Contrast technique (to measure 'psychological defense'), anorexics and RMs were found to be more field-independent while bulimics were described as more field-dependent. Bulimics were also found to demonstrate more frequent signs of depression and isolation whilst anorexics showed signs of greater sensitivity to marginal cues and fewer signs of repression.

In terms of possible cognitive 'deficits' associated with eating disorders, Bruch (1978) has also argued that 'anorexics' lack the capacity for abstract thought characteristic of the formal operational stage of cognitive development and that they function with the style of younger children. However, again conflictual evidence has been provided by Kowalski (1986). This study investigated whether, as is frequently suggested, anorexics tend to reason in a childlike manner. She compared performance of 19 anorexic females (aged 13-25) with 19 age matched female 'normal' controls and 19 younger girls (aged 10-12) using formal reasoning tasks. She found that anorexics were far more similar to the age-matched controls and that in only 1 of 4 tasks were they more similar to the younger girls.

The evidence therefore for distinguishing between individuals with and without eating disorders and between different types of eating disorders in terms of cognitive 'deficits' remains inconclusive, with different studies producing conflicting results. However, as noted above, cognitive psychologists have also investigated the possibility that anorexics might be distinguished by particular cognitive schemata.

Some studies suggest that 'anorexics' tend to have a more

negative self-image (Casper et al., 1981), to be more perfectionist and obsessive (Garfinkel and Garner, 1982), to be harshly self-critical (Vitousek and Hollon, 1990) and to endorse irrational beliefs (Ruderman, 1986). Primarily, however, research has focused on weight-related schemata and self-schemata in anorexia and bulimia since, as numerous authors assert (e.g. Bruch, 1973; Garner et al., 1982; Vitousek and Hollon, 1990), weight and body shape represent central referents of self evaluation. Bemis (1983, 1986), for example, asserts that anorexics and bulimics are clearly distinct from 'normal' and recovered individuals in terms of their negative reactions to weight gain and positive reactions to weight loss. And Davis (1986) argues that these concerns become crystallized into hypervalent, affect-laden schemas that virtually control all aspects of an anorexic's functioning.

It is important to note, however, that whilst many cognitive studies (discussed below) have found differences between 'anorexic' and non-anorexic participants, there are also numerous studies (e.g. Huon and Brown, 1984; Minz and Betz, 1988; Polivy and Herman, 1987; see also pp.55-56) that document the prevalence of body dissatisfaction, weight concerns and a preference for 'slimness' in the general population, particularly amongst women.

Recent cognitive research into anorexia has found that when participants were asked to read and later recall an essay about another person, anorexic (and also obese) participants recalled more weight- and food-related items than did female college students (King et al., 1991). Clark et al. (1989) studied 42 bulimics, 20 anorexics and a control sample of 165 women nursing students. They used a battery of questionnaires including the Modified Distressing Thoughts Questionnaire and the 26-item version of EAT with re-test after 3 months. They found that both anorexic and bulimic participants scored higher on Anxious, Depressive and Weight-related scales than did the nursing students. Clinical observations (Phelan, 1987) have suggested that anorexics also tend to remember teasing

comments about being 'chubby' prior to the 'onset' of anorexia and approving comments about being slim after onset better than they can recall dis-confirmatory information. This has been interpreted as a selective memory bias (Vitousek and Hollon, 1990) although it might equally be argued that such memories may reflect actual frequency of 'teasing' and complimentary comments. Indeed, a study of social attitudes towards anorexia (Branch and Eurman, 1980; see also Hsu, 1989) found that friends and relatives did admire the thinness and control of those diagnosed anorexic.

Although few studies have examined either the processing or organization of information about the self (Vitousek and Hollon, 1990), Stroop tests, used to measure interference caused by schema-based conflicts, have also been used to research concerns about food and body shape. Ben-Tovim et al. (1988), for example, found that anorexics and bulimics were significantly slower at naming the ink colour of food- and weight-related words than of neutral words. Similar results were obtained from anorexics' for food-related words by Channon et al. (1988). However, Ben-Tovim et al. (1988) also note that the absolute differences between those with and without eating disorders was fairly modest and that there was a considerable overlap in distribution.

Support for the assertion that anorexics have different cognitions concerning weight and food has also been provided by the findings of researchers using Repertory Grid Tests. Fransella and Button (1983) and Mottram (1985), for example, suggested that anorexics tend to organize perception around a uni-dimensional weight-related system and that they construe both themselves and others in extreme terms. Cooper et al. (1987) have also used the Body Shape Questionnaire to assess the phenomenological experience of 'feeling fat' and have found differences between bulimics and 'normal' controls although anorexics were not included in the study.

There is, then, substantial evidence to suggest that anorexics may have different cognitions concerning weight and food. However, as Clark et al. (1989) assert, cognitive

methodologies are often limited. For example, they often fail to distinguish between cognition, affect and behaviour. They also tend to focus exclusively on frequency of negative thought, ignoring, for example, dimensions of emotional intensity (the degree of sadness, worry and guilt), belief (the degree to which they stated that a thought was true of themselves) and controllability of thoughts. Vitousek and Hollon (1990) also note that the recent burst in cognitive assessment has been largely restricted to investigations of the low-levels of abstraction using, for example, self-statements about eating and weight, ignoring higher-order cognitive elements. Data obtained from many of these studies, they argue, cannot therefore reveal either the nature or influence of core schemas. They suggest that if there is any distinctive cognitive style to eating disorders equivalent to the memory bias for negative events posited for depression then it might be a 'New Year's resolution' cognitive style of the form: "I must just do X, so that Y will come to pass - and I shall be the better person for my efforts" (Vitousek and Hollon, 1990: 209). However:

> There is as yet nothing in the literature to verify the existence of any truly distinctive cognitive structures in anorexia nervosa or bulimia nervosa that are independent of eating or weight content. ... (Moreover) it is unarguable and ultimately uninteresting that someone who has organized her life around weight control will think a great deal about food and weight, will try to restrict her intake, and will experience considerable emotion as she encounters success and failure in pursuing her goal. (Vitousek and Hollon, 1990: 195, 198).

In addition, it is sometimes found that the 'general beliefs' associated with anorexia are not specific to anorexia but are concomitants of various psychopathologies (Cooper et al., 1985). And, as noted above (see also pp.55-56), numerous studies have documented a prevalence of dieting, body dissatisfaction and food- and weight-related concerns amongst women in general.

2.5.2 Body Image Distortion

Further related research into anorexia nervosa has investigated body-image distortions (BID). BID has been described as a defining characteristic of anorexia whose correction is critical for recovery (Bruch, 1962). "Body-image distortion" (WHO, 1992), "disturbance in the way in which one's body weight, size or shape is experienced" (APA, 1987) or a "distorted, implacable attitude towards eating, food or weight" (Feighner et al., 1972) constitutes a central diagnostic criteria of anorexia.

> Distorted body image is an almost universal finding in anorexia nervosa with many patients insisting that they are overweight when their bodies have become grotesquely emaciated (Bemis, 1979: 490).

This assertion is supported by a variety of studies. And, as Cash and Brown (1987) note, there are numerous techniques for assessing BID in anorexia and bulimia. These included body-part size estimation techniques, distorting image methods, silhouettes and attitudinal measures. Manley et al. (1988), for example, used a battery of tests including a Perceived Body Image Scale to compare 25 'anorexic' women with 15 age- and height- matched bulimic women and 24 sex- age- and height-matched 'normal' controls to explore perceptual, cognitive and emotional aspects of body image. They found that both 'bulimics' and 'anorexics' exhibited greater BID than did controls and that bulimics expressed significantly more body image dissatisfaction than either anorexics or controls. Conversely, however, Steiger et al. (1989) found that 'anorexics' but not 'bulimics' exhibited BID.

Fichter et al. (1986), using a video monitor, moveable callipers and image marking, also found that anorexics significantly over-estimated waist and upper thigh size. Interestingly they found no significant influence of caloric intake on body width estimation. Freeman et al. (1983), using a modified TV camera which electronically distorted the subject's image to assess BID in 'normal', restricting anorexic, bulimic, and psychiatric control participants. They also found BID in participants with eating disorders, although

distortion was only consistent for bulimics. Their findings also suggest that BID is related to self-esteem, eating restraint (see pp.55-65) for a discussion of restrained eating), sense of competence and efficacy and adherence to a cultural stereotype of 'thin is competent'. Similarly, Hartley (1989), comparing 10 anorexics (9 female and 1 male) and 10 college students matched for age, sex and educational attainment, again found that anorexics evidenced significantly greater BID than did controls and that estimation of body size was related to both attitudes towards the body and towards oneself. Similar results are reported by Sunday et al. (1992) who found that anorexics and bulimics overestimated hip size and body depth compared with obese, restrained-eaters, and unrestrained participants.

However, whilst BID is a frequently cited symptom of anorexia, there is a marked inconsistency in research findings (Cash and Brown, 1987; Fraenkel and Leichner, 1989). Fransella and Button (1983), for example, used a repertory grid technique to assess constructs about being thin and being normal weight in 20 hospitalized anorexics. Their findings confirmed those of Fransella and Crisp (1979) that present 'thin self' was seen as undesirable and 'normal weight self' as preferable. In addition, they found no evidence of denial of illness since inter-correlations were generally very high between the construct 'anorectic' and various 'illness' constructs. Whitehouse et al. (1988) also found that whilst anorexic women significantly overestimated waist size, there was very little distortion in perception of the whole body. However they did find that amongst the controls body size over-estimation was related to drive for thinness.

It has been suggest that much of the uncertainty about BID may be due to methodological short-comings (Meerman et al., 1986), in particular the reliance on the calliper technique in which two moveable indicators are used to mark the perceived edge of the body at various points (Freeman et al., 1983). Of the 9 studies using this technique, reviewed by Freeman et al., only one (Slade and Russell, 1973) did not

report overestimation of body size in both anorexics and controls. Pierloot and Houben (1978) and Fries (1977) did however find greater distortion in anorexics. Freeman et al. (1983) argue that these results suggest that there is an inherent 'noise' in the calliper technique which may reduce differences in BID between anorexics and non-anorexics. An alternative explanation, however, is suggested by Heilbrun and Friedberg (1990) who also found evidence of BID in thin non-anorexic undergraduate women with personality characteristics similar to 'anorexics'. They argue that this suggests a continuum between anorexic and non-anorexic women in both BID and other features of anorexia. McWhirter (1985) has further suggested that the frequently reported body size overestimation associated with anorexia may be due to a 'performance effect' resulting from demand characteristics of clinical and experimental settings. Moreover, as Vitousek and Hollon (1990) argue, it is not clear that anorexics and bulimics always see themselves as 'fat' in the sense that overweight people do (see Markus et al., 1987). And, as Fairburn (1987) notes, 'feeling fat' may be a labile experience that varies with environmental events, mood, eating habits and actual weight. Such a conclusion is supported by Brinded et al. (1990) who found that BID in 7 hospitalized anorexics fluctuated across and within individuals over a 4 week period to different extents and in different directions. As they argue, such variations may often be obscured when group data alone is considered.

In conclusion, there is substantial evidence to suggest that many women diagnosed as 'anorexic' often experience body image distortion. However, controversy remains over its nature, stability and prevalence and also over the degree to which this distortion may differ from that found in 'normal' women.

2.6 Family-Oriented and Psychodynamic Research and Theories

2.6.1 Anorexia as a Familial Pathology

A further body of research has also focused on the

psychological characteristics associated with 'anorexia'. And paralleling research and theory in other areas such as schizophrenia (Bentall, 1990), numerous authors have sought to understand anorexia within the context of the familial environment. That is, rather than conceptualizing anorexia in terms of bio-physiological disorder, genetic pre-disposition or individual cognitive distortions or deficits, family-oriented researchers have theorized anorexia as a psychological or psychodynamic disorder, created and maintained within a dysfunctional family context (see also Malson (1992) for a brief critical review of family-oriented theories of anorexia).

As already mentioned (pp.15-16), 'anorexia' is primarily defined in current literature in terms of food-refusal, severe weight-loss, a 'pursuit of thinness' and a 'fear of fat' (Bruch, 1966, 1973; Wilson et al., 1983). Several studies have located these characteristics within the context of various parallel or complimentary 'maladaptive attitudes' and behaviours of the 'anorexic's' family. Thus, for example, Kalucy et al. (1977) have described a familial 'weight and eating pathology', consisting of deviations in weight and eating behaviour, reflecting pathological or pathogenic attitudes towards eating, food and appearance. Family-oriented studies have identified high rates of over- and underweight parents (Kalucy et al., 1977; Garfinkel and Garner, 1982), of 'noticeable' weight fluctuations, particularly in mothers (Kalucy et al., 1977) and of 'anorexia-like syndromes' in the adolescent histories of parents (Kalucy et al., 1977; Halmi et al., 1977; Morgan and Russell, 1975; see Yager, 1982), sisters (Morgan and Russell, 1975; Dally and Gomez, 1979) and first-degree relatives (Crisp et al., 1980) of 'anorexics'. Researchers have also described 'anorexic families' as tending to have 'abnormal' eating styles (Kalucy et al., 1977), as having a propensity for odd diets and vegetarianism (Dally, 1969; Dally and Gomez, 1979) and as being overly preoccupied with appearance (Bruch, 1973; Sheppy et al., 1988; Minuchin et al., 1978). Huon and Brown (1984) have asserted

that they tend to focus family conflicts around food, eating and appearance. Other studies have found increased psychopathology in the parents following their daughter's weight-gain (Crisp et al., 1974) and that parents tend to over-estimate their daughters size, not wishing her to be larger (Crisp and Kalucy, 1974; Ben-Tovim et al., 1977). Kalucy et al. (1977) have also described mothers of 'anorexics' as frequently equating weight-gain with a lack of control of sexual and aggressive feelings.

As Rakoff (1983) argues, the family may play an important role in mediating attitudes towards eating, as well as other behaviours and desires. However, the concept of familial 'weight pathology' is also problematic. Firstly, the evidence is contradictory. Halmi et al. (1978), for example, reported no significant differences in the weights of parents of 'anorexics' compared with a matched control group. And Garfinkel et al. (1983) found no evidence that parents of 'anorexics' had disturbed attitudes towards eating nor that they over-estimated their daughter's size or were unduly pre-occupied with weight-control. Secondly, it seems problematic to pathologize attributes such as vegetarianism (Dally, 1969), an avoidance of red meat (Dally and Gomez, 1979), a pre-occupation with appearance (Sheppy et al., 1988) or an idealization of thinness (Kalucy et al., 1977). Whilst such familial characteristics may be detrimental to family members, their pathologization relies upon an idealized concept of normality that has been assumed rather than demonstrated. The much-documented over-pre-occupation of 'the anorexic family' with health, appearance and food are prevalent to some degree throughout contemporary Western society: the family is a "bearer of general culture" (Rakoff, 1983: 29; see also pp.65-71). And the value judgement implicit in the pathologization of, for example, 'weight-deviations' may itself be seen as a fetishization of cultural ideals about weight and appearance.

Research also indicates that, in addition to food-refusal and an 'obsessive pursuit of thinness' (Bruch, 1966), 'anorexia' may be associated with many other psychological

disturbances for which the more apparent symptoms of anorexia act as a cover or pseudo-solution (Bruch, 1982). Thus, Sheppy et al. (1988; see also Humphrey, 1986) described 'anorexics' as more depressed, anxious, self-punitive, alienated, rebellious and hostile than 'non-anorexics'. Various studies have suggested that 'anorexics' also tend to be highly performance-oriented (Becker et al., 1981) and perfectionist (Humphrey, 1986), having high social, educational and financial aspirations (Guttman, 1986). They are frequently portrayed as feeling helpless and ineffective (Bruch, 1982; Humphrey, 1986), as lacking in self-esteem and in a sense of autonomy and control (Palazzoli, 1974; Guttman, 1986; Bruch, 1973; 1982, Garner et al., 1982; Huon and Brown, 1984) and as having deficits in self-concept (Sheppy et al., 1988; Bruch, 1973).

Again, family-oriented researchers have sought to locate these 'typical' psychological disturbances within the context of familial psychopathology. Thus, 'anorexic families', as well as 'anorexics' are described as highly performance-oriented (Becker et al., 1981), as having high aspirations (Guttman, 1986) and as psychologically disturbed (Sheppy et al., 1988; see also Halmi, 1987). Some research suggests that 'anorexic families' have increased rates of affective disorders (see p.34), 'addictive syndromes' (Kalucy et al., 1977; Strober, 1981, see Yager, 1982; Kog and Vandereycken, 1985) and other psychosomatic and psychological disorders (Kog and Vandereycken, 1985). Mothers are often described as anxious and perfectionist (Garfinkel and Garner, 1982). And Kalucy et al. (1977), for example, describe migraines and phobic avoidance reactions as particularly common in mothers and manic depressive psychoses and obsessive compulsive reactions as particularly common in fathers.

Research has also indicated that 'anorexic families' tend to be controlling (Rakoff, 1983), sexually repressive (Becker et al., 1981) and hostile (Haggarty, 1983), to have high levels of conflict, particularly between parents (Bruch, 1982; Hall and Brown, 1982; Sheppy et al., 1988) and to have

difficulties in resolving conflict (Palazzoli, 1974; Haggarty, 1983; see also Yager, 1982). Others have observed disturbed family communications (see Kog and Vandereycken, 1985). And several studies have described these families as tending to be socially isolated (Becker et al., 1981; Humphrey, 1986; Hall and Brown, 1982), as having a "deep sense of ambivalence concerning separation" (Kalucy et al., 1977: 393) and as having overly close (Kalucy et al., 1977; Bruch, 1973; Humphrey, 1986; Verheij and Booij-van Reek, 1986) or 'enmeshed' (Minuchin et al., 1978) relationships. In particular, mothers of 'anorexics' are typified as over-identifying with their daughters (see Kog and Vandereycken, 1985) and as "intrusive, over-protective, anxious, perfectionist and fearful of separation from their children" (Strober and Humphrey, 1987; 654; Bemis, 1979) whilst fathers are "commonly described as emotionally constricted, obsessional, moody, withdrawn, passive and ineffectual" (Strober and Humphrey, 1987: 654).

Whilst many family-oriented studies leave the (causal) relationship between such family pathologies and anorexia largely untheorized, Minuchin et al. (1978) do provide an influential 'systemic theory' (see Sours, 1980) which elucidates how dysfunctional family attitudes, behaviours and inter-personal dynamics may be implicated in the aetiology of anorexia. (This systemic theory has also been used to explain a number of other psychosomatic illnesses in terms of familial 'pathology'.) They argue that the 'anorexic' daughter (or son) is an active participant within a dysfunctional family system and that her symptoms play a functional role, for example, by diverting attention from parental conflict and thereby maintaining family stability. Further, they assert that the anorexic or psychosomatic family is typically very 'enmeshed'. That is, extra-familial contact is resisted whilst intra-familial relationships are overly close and intrusive (c.f.

above) and the boundaries between different sub-systems[4] of the family tend to be blurred. Such a system, they argue, may result in a child giving primacy to interpersonal family proximity and loyalty over autonomy and self-realization. Hence, 'the typical anorexic-to-be' has difficulty in consolidating a separate, individual identity, distrusts the validity of her own feelings and perceptions (see also Bruch, 1973, 1982; Garner et al., 1982) is overly dependent on parental approval and is unable to meet the demands of adolescent development, turning instead to 'anorexia' as a pseudo-solution to these intra- and inter-personal difficulties.

2.6.2 Psychodynamic Theories of Anorexia

Minuchin et al.'s description of 'the psychosomatic family' converges with many of the above portrayals of 'the typical anorexic family'. Their systemic theorization of anorexia also converges in part with psychodynamic and some psychoanalytic work in this field. Psychoanalysts, for example, have stressed the symbolic meanings of self-starvation in unconscious fantasy (Boris, 1984). Hence, anorexia has been interpreted as a defensive regression from adolescent sexuality (see Sayers, 1988) or from mature femininity (Plaut and Hutchinson, 1986) towards infantile orality. Refusal to eat has thus been interpreted as a fear of oral impregnation (see Sayers, 1988) and as a response to unresolved conflicts in the separation-individuation process (Fischer, 1989; see also Bruch, 1982) and the greed and longing associated with that process. Boris (1984: 318), for example, argues that "the anorexic is not to be found wanting, in both senses of the word" whilst Birksted-Breen (1989) argues that anorexia may be understood as a girl's attempt to have a body and sense of self separate from her mother's

[4] Minuchin et al. (1978) describe the family system as made up of different sub-systems such as spouse, parental and sibling sub-systems. They argue that the boundaries and transaction patterns between these form a 'matrix' for the psychological development of family members.

> as if maturing into adulthood is experienced as becoming the mother (Hughes et al., 1985) ... The wish to be fused, the refusal to take and the attack on the representation of the mother's body through self-starvation are given fuel by feelings of envy ... The anorexic is caught between the terror of aloneness ... and the terror of psychic annihilation (Birksted-Breen, 1989: 30).

In short, psychoanalytic theorists and clinicians have interpreted anorexia as a symptomatic manifestation of unresolved oedipal and pre-oedipal conflicts, associated, in particular, with inadequate ego development (Birksted-Breen, 1989; Fischer, 1989) and with a failure to accept female psychosexual maturity (Plaut and Hutchinson, 1986; see also Sayers (1988) Wilson et al. (1983) and Sours (1980) for further discussions of psychoanalytic theories of anorexia; see also chapter 3 for a further discussion of psychoanalytic theory).

Although critical of psychoanalytic therapy (Bruch, 1978), the extremely influential work of Bruch and of Palazzoli also draws on psychoanalytic theory. And as with much of the psychoanalytic literature (see Sayers, 1988), this work tends to focus on the role of the mother, particularly on disturbances in the early mother-child relationship which is viewed as an origin of the anorexic's poor sense of self. Bruch (1982: 1532), for example, interprets 'anorexic's' self-starvation, their "display of defiance" as "a defense against the feeling of not having a core personality of their own, of being powerless and ineffective". That is, anorexia is conceptualized as a 'self-pathology' (Geist, 1989) in which the body has become the focus of a psychological conflict in which food-refusal signifies greater control (over the body, the self and others) (Palazzoli, 1974). This description of 'the anorexic' as lacking in a sense of autonomy and individual identity is also similar, therefore, to that of Minuchin et al. (1978) discussed above.

Both Bruch and Palazzoli locate the origins of 'the anorexic's' 'ego-deficits' and subsequent anorexia in disturbances of the earliest mother-child relationship (Bruch, 1973), in terms of a real failure of the mother to respond

appropriately to her infant daughter's needs (see also Sayers' (1988) discussion). Instead, it is argued, the mother superimposes inappropriate needs on the child refusing to recognize and thereby legitimate the child's own needs (Bruch, 1973; Palazzoli, 1974). Hence:

> If confirmation and reinforcement of his (sic) own, initially rather undifferentiated, needs and impulses have been absent, or have been contradictory or inaccurate, then a child will grow up perplexed when trying to differentiate between disturbances in his biological field and emotional-interpersonal experiences and he will be apt to misinterpret deformities in his self-body concept as externally induced. Thus he will become an individual deficient in his sense of separateness, with diffuse ego-boundaries, and will feel helpless under the influence of external forces. (Bruch, 1973: 56)

That is, the refusal or inability of the mother to confirm the child's perceptions of her own needs results in the child doubting the legitimacy of her self-perceptions. She becomes confused about appetite and satiety, focusing on what others want rather than what she wants so that her desires become indistinguishable from those of others (see also Caskey, 1986; Minuchin et al., 1978). And her resulting lack of sense of self, her 'diffuse ego-boundaries', is later compounded by the imposition on the child of a role of submissive, high-achieving, perfect child (Bruch, 1982; Palazzoli, 1974). Adolescence further exacerbates her predicament because of its pressures to achieve independence, autonomy and separation from the parents and

> because it scotches the illusion of being a boy, of being able to achieve the same as boys. The anorexic's achievement-oriented response is to be "as good as a man", to be "super-special by being super-thin" (Bruch, 1977: 56, 78, quoted in Sayers, 1988: 366).

Thus, like Minuchin et al., Bruch and Palazzoli conceptualize anorexia as a pseudo-solution to the inter- and intra-personal disturbances created and maintained within a dysfunctional parent-child relationship.

Family-oriented psychological, systemic and psychodynamic

theories and research clearly provide a detailed and contextualized portrayal of the psychological problems that may be associated with 'anorexia nervosa'. However, as noted above (see also Yager, 1982), there are inconsistencies in the research findings and such research can only give a partial explanation of anorexia. The research also suggests that not all families of 'anorexics' are dysfunctional and, even where they are, non-familial factors may also be involved (see e.g. Bruch, 1978). Moreover, when studying the 'anorexic' and her family after the onset of anorexia, such research also cannot easily distinguish between those attributes caused by the stress of a daughter's 'illness' and those that may be causative (Hsu, 1984). Yager (1982), for example, has suggested that their 'exceptional enmeshment' may be explained as a reaction to the crisis of their daughters' anorexia. Similarly, it is not always possible to distinguish between those psychological disturbances caused by prolonged starvation and those that may be more relevant to an aetiology of anorexia (see Bruch, 1982).

Studies have also often been beset by numerous methodological problems in terms of sampling and assessment techniques (Yager, 1982; Halmi, 1983). As Yager (1982) notes, 'classic' descriptions of familial dysfunction are often based on relatively small, skewed samples and may therefore present an over-generalized picture of the 'typical anorexic' and her family. Moreover, several authors (see Yager, 1982; Garfinkel et al., 1983; Rakoff, 1983; Halmi, 1983) have noted a heterogeneity in the personalities and pathologies attributed to both the anorexic and/or her family which make any attempt to define a universal aetiology or to describe a typical 'anorexic' or 'anorexic family' somewhat implausible.

> In sum, it remains to be substantiated that specific abnormal family interaction patterns occur in anorexia nervosa and that they are causally related to the development of the condition. (Hsu, 1984: 410)

"There is no uniform personality" for anorexia and "as with most clinical problems, there are no universal patterns" of

familial aetiology (Yager, 1982: 44).

Finally, whilst several authors recommend a multi-dimensional approach to anorexia (e.g. Sheppy et al., 1988: Garfinkel and Garner, 1982; Bruch, 1978) and have acknowledged the importance of cultural factors (e.g. Bruch, 1978; Minuchin et al., 1978), the emphasis is often on an exclusively familial aetiology. The extent to which the pathologized 'anorexic family' can be distinguished from the 'normal' family or from other 'psychosomatic families' remains unclear and the possible reasons for 'familial dysfunction' remain untheorized. Public and private spheres are kept artificially separated (Goldner, 1989) so that 'system' is narrowly equated with 'family', thus precluding an exploration of the reciprocal interplay between individual, family and society (Walsh and Scheinkman, 1989). That is, family-oriented theory tends to conceptually isolate 'the family', dislocating it from its social context (Walsh and Scheinkman, 1989), thus allowing an uncritical pathologization of familial characteristics such as (over) pre-occupation with food and weight or maternal (over) involvement. As Luepnitz (1988) argues, family theorists (and therapists) need to develop a critical socio-historical understanding of their subject.

Consequently, despite the fact that many more women than men are diagnosed as anorexic (see chapter 1), the category of gender, both within and outside of the family, also remains under-theorized. As several feminist critics have noted, "the category of gender remains essentially invisible in the conceptualizations of family therapists" (Goldner, 1985: 33; see also McGoldrick et al., 1989a) and there is often a naive illusion of marital equality in patriarchal society (Goldner, 1989). The prominent family theorist, Jackson (1977: 23), for example, asserted that:

> it is possible that one could outline marriage as a totally non-sexual affair, nearly excluding all sexual differences, or at least minimizing the causal role usually assigned such differences. (quoted by McGoldrick et al., 1989b: 19)

Similarly the influential Timberlawn group found that women in 'adequate' or 'normal' families tended to be "overwhelmed with responsibility, obese, psychosomatically ill and sexually dissatisfied" whilst their husbands were "functioning well". Yet they concluded that "the family is alive and well" (quoted by Luepnitz, 1988: 11). This patriarchal normalization of gender inequality within the family tends to preclude an exploration of its effects on (the daughter's) female psychosexual development (see pp.73-74 for a discussion of feminist analyses of anorexia and mother-daughter relationships). It also leads to an uncritical pathologization of parents who deviate from gender stereotyped behaviour (see Luepnitz, 1988) and to an over-implication of the mother rather than the father in the daughter's 'illness' (see also Caplan, 1990; Caplan and Hall-McCorquodale, 1985; Sayers, 1988; Yager, 1982). As Bemis (1979: 491) notes:

> mothers of anorexic patients are commonly depicted as dominant and intrusive, and the 'peculiar relationship' and 'striking ambivalence' between mother and child are frequently mentioned ... In contrast to the unflattering prominence of the 'scolding and overbearing mother' in clinical reports (Cobbs, 1950) fathers are briefly characterised as passive and ineffectual figures who play a minor role in the family structure.

As the above discussion illustrates, family-oriented research and theory tends to focus on the mother's 'failings' rather than the father's in explaining anorexia in the daughter (see also Sayers, 1988).

In short, family-oriented research and theory has provided a detailed, contextualized portrayal of the psychological problems that may be associated with 'anorexia nervosa'. The research findings are, however, contradictory and studies tend to present an over-generalized picture of 'the anorexic' and her family. As noted above, there appears to be considerable heterogeneity in both 'anorexics' and their families. Moreover, whilst there is considerable evidence that family dysfunction may (sometimes) play a role in the

development and maintenance of anorexia, the explanatory power of family-oriented theory and research is seriously undermined by the frequent under-theorization of gender and of the individual-family-society relationship.

2.7 Restrained Eating and the Continuum Between Anorexia Nervosa and 'Normal' Eating

As noted above (see p.44), the findings of some research have suggested that women diagnosed as anorexic may not represent a population entirely distinct from so-called normal women. Hence, as Butler et al. (1990) note, 'experts' frequently view eating disorders as on a continuum with dieting and 'normal' eating. Further support for this hypothesis comes from research into dietary restraint and the many studies that have documented the high frequency of dieting in the general population. As Polivy and Herman (1987: 635) note:-

> The current societal preference for a thin physique has spawned a corresponding societal preoccupation with dieting and weight loss. The extent of this preoccupation is such that it may now be accurate to regard dieting and its attendant diet mentality as normative, both descriptively and prescriptively.

The recent shift in societal preference for thinness is well-documented (DeJong and Kleck, 1986; Garner and Garfinkel, 1980; Garner et al., 1980; Silverstein, 1986; see also discussion of socio-cultural perspectives on anorexia below) as is the increased prevalence of diet-related media articles (Garner et al., 1980; Woolf, 1990) and of dieting and body dissatisfaction in normal-weight women (Gilbert, 1986; Polivy and Herman, 1987; Drewnowski and Yee, 1987; Kaplan et al., 1988; Wardle et al., 1993; see also Polivy and Herman, 1983 for a review). Jacobovits et al. (1977), for example, found that 75% of all female college students in a survey dieted to control their weight. Grunewald (1985) also found that more than 60% of female college students in her study had dieted in the last year even though only 9% were overweight. Similarly, Minz and Betz (1988) found that only 33% of the 682 undergraduate women in their study reported 'normal' eating

habits. And Rand and Kuldau (1991) in a random sample of 887 men and 1211 women (aged 18+) found that restrained eaters were predominantly normal and overweight women under 65. These findings are also confirmed by a recent magazine survey (Unsworth, Cosmopolitan, 1993) of 1000 women (130 of whom described themselves as having suffered from an 'eating related problem in the past year'). 21.80% of these women described themselves as 'always dieting', 47.60% as dieting every few months or yearly, and only 30% described themselves as having not dieted last year or as having never dieted. Huon and Brown (1984) found that 56% of girls (aged 15-19 years) at a Sydney High School gave a desired weight of at least 10% below the norm for the age and height. Similarly, Hall and Brown (1982) found that 75% of non-anorexic girls and their mothers gave a preferred weight below their actual weight. Further, Grunewald (1985; see also Wardle and Beales, 1986; Hill and Robinson, 1991) found that the majority of girls (but not boys) as young as 12-13 years felt too fat, attempted to reduce food and felt guilty about eating. It appears then that dieting and body dissatisfaction may be more prevalent, and therefore more 'normal' or normative, than non-dieting amongst women and girls (Polivy and Herman, 1987; Polivy et al., 1986; Rodin et al., 1985).

However, the current prevalence of dieting does not itself constitute an explanation of the much-documented apparent increase in anorexia nervosa. Hence, recent research into dietary restraint may provide useful information about the effects of dieting and its possible links with eating disorders.

The concept of restraint was developed in the mid-70s (Herman and Mack, 1975) and follows previous work on eating behaviour in which obesity, for example, was understood in terms of an 'internal-external theory' (Schachter, 1968, 1971). It was proposed that the eating behaviour of 'normal' weight people was controlled by internal physiological cues such as gastric contraction whereas obese people were more responsive to external environmental cues such as the sight,

smell or taste of food (Ruderman, 1986). However, whilst the findings of many studies supported this theory, many others did not (Ruderman, 1986). Further research problems arose from, for example, distinguishing external and internal cues, palatability being particularly problematic and also being the only variable consistently producing obese-normal differences (Ruderman, 1986). Moreover, as Rodin (1981) argued, this internal-external dichotomy may be too simplistic to adequately explain eating behaviour.

A second explanation of differences in eating behaviour was offered by Nisbett (1972) who proposed that each person has an individually determined, homeostatically defended "set point" or ideal weight. Consequently societal emphasis on thinness may result in normatively, but not physiologically, overweight people attempting to suppress their weight. Thus, dieting equated with biological deprivation and resulted in a number of behavioural responses such as increased responsivity to external cues as a physiological attempt to regain the set point (Ruderman, 1986). Although difficult to test, this theory has spawned much of the recent theorizing and research into dietary restraint and its possible relationships to eating disorders.

Polivy and Herman (1985), for example, have examined the relationship between dieting and binging. Recent surveys of college students (e.g. Halmi et al., 1981; Olmsted and Garner, 1982) have found quite high incidences (13-67%) of binging. A recent magazine survey (Unsworth, Cosmopolitan, 1993) also found that 40 of 1000 women regularly vomited to control weight whilst 101 did so occasionally. Others (Boskind-Lodahl, 1976) also suggest that there is a substantial number of normal-weight people who binge but who have not attracted medical attention. It also appears that approximately 50% of anorexia nervosa patients binge and purge (vomiting, laxative or diuretic abuse) fairly regularly (Polivy and Herman, 1985).

As Polivy and Herman (1987; see also Polivy and Herman, 1985; Hawkins and Clement, 1980) note, there is considerable evidence that binging and dieting co-occur. They argue against

the notion that binging causes overweight which then results in dieting. Rather, they claim dieting increases the likelihood of binging. In accordance with Nesbitt's set point theory, it is argued that dieting may produce chronic hunger and result in a weight below the individual's set point (Polivy and Herman, 1985). Hence, binge eating may be understood as an attempt by the body to restore a more biologically appropriate weight. Casper et al. (1980: 1034) similarly argue that bulimia often begins as "a failure to control overwhelming hunger feelings in anorexia nervosa". This assertion is supported by several clinical reports (e.g. Russell, 1979; Garfinkel et al., 1980; Pyle et al., 1981) in which dieting and weight loss preceded the onset of bulimia. Further evidence for this was provided by Keys et al's research on normal-weight World War II conscientious objectors (Franklin et al., 1948; Keys et al., 1950) who were 'induced' to starve themselves to 74% of their initial weight. When unlimited food and water was later made available these men persistently binged even after regaining their initial weight. The set point theory does not seem to provide an explanation for the persistent binging of the conscientious objectors involved as they continued to binge even after they had regained their 'normal' weight. Nevertheless, these findings do strongly suggest that dieting may increase the likelihood of binging.

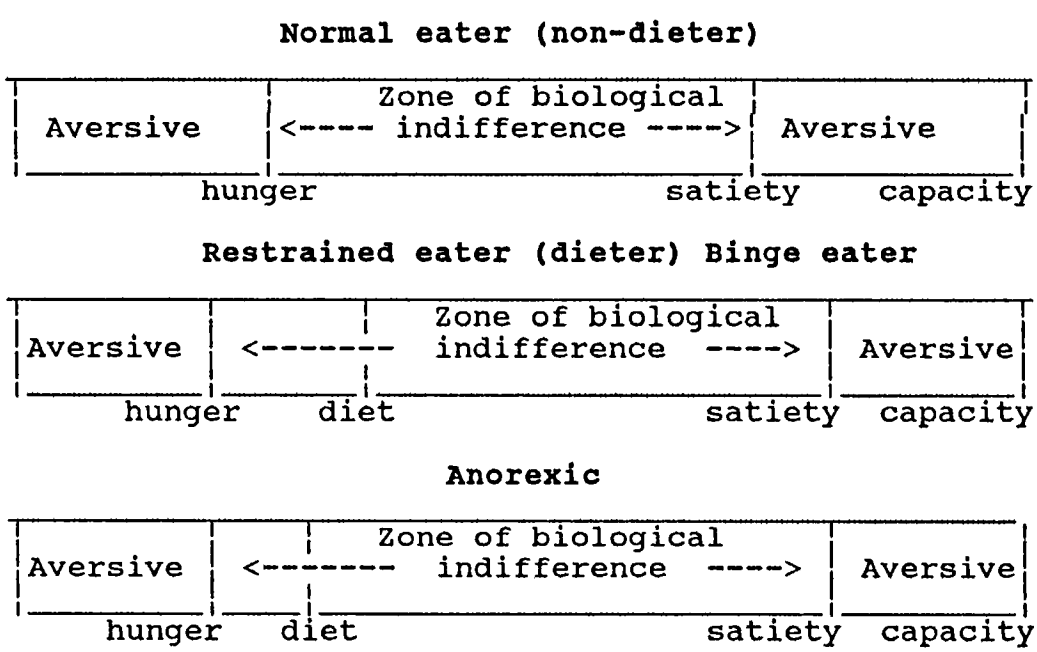
Much of the research into the effects of restrained eating involves 'pre-load' experiments in which, most commonly, college students are categorized as either restrained or unrestrained eaters on the basis of a restraint scale. In a typical experiment half of the participants are then given a pre-load (usually one or two milk shakes) and half are not before a taste-test (often of ice-cream) in which the quantity eaten is measured (see Ruderman (1986) for a review of such studies). The rational behind such studies is based on the 'disinhibition hypothesis'. This states that the self-control usually exhibited by dieters/restrained eaters may be interfered with cognitively, emotionally or

pharmacologically. That is, a large high-calorie pre-load acts as a disinhibitor by causing the restrained eater to feel that she has 'blown' her diet. Once disinhibited she would then eat larger quantities of food than non-restrained eaters. (The ethical problems in such research seem apparent.) Hence, it is predicted that unrestrained eaters/non-dieters will eat less food after a large pre-load than after either no pre-load or a small pre-load. Conversely dieters/restrained eaters will eat little food after either no pre-load or a small pre-load but will eat a great deal after a large, high calorie pre-load. This 'counter-regulation' of food intake has been repeatedly confirmed in numerous studies (see reviews by Ruderman, 1986; Polivy and Herman, 1985).

One explanation for both counter-regulation in dieters and for eating disorders is the boundary model (see figure 1) proposed by Herman and Polivy (1984: see also Ruderman, 1986) in which hunger and satiety are conceptualized as biological pressures functioning to maintain consumption within a set range. Between these two boundaries, it is suggested, is a range of 'biological indifference' within which psychological factors have their greatest influence on food intake. Dieters (and 'anorexics') differ from non-dieters in that they are described as having a third 'diet' boundary below the satiety boundary. If this is transgressed they will then eat until the satiety boundary is reached, an assertion gaining support from numerous pre-load studies. Furthermore dieters and 'anorexics' are thought to have lower hunger boundaries (i.e. tolerate greater food deprivation before reporting hunger). This assertion is supported by the findings of Halmi and Sunday's research (1991). They evaluated hunger and fullness in 84 eating disordered participants and 19 normal weight, healthily eating controls during an experimental liquid meal and found that both 'anorexic-restrictors' and 'anorexic bulimics' had similarly abnormal patterns of hunger and fullness. However, in contrast with Herman and Polivy's boundary model, they suggested that this indicated confusion about these

Figure 1
The Boundary Model of Food Regulation

proposed by Herman and Polivy (1984).
(taken from Ruderman, 1986: 205)



concepts.

Further research has suggested differences in eating behaviour may be understood primarily in terms of cognitive and situational factors. Spencer and Fremouw (1979), for example, gave all participants identical milk-shake pre-loads but told one half of participants it was high in calories and the other that it was low in calories. They found a significant interaction of restraint and belief, thus suggesting that cognitive as well as physiological factors trigger disinhibition. Similar findings are reported by Polivy (1976) and Woody et al. (1981). 'Disinhibition' is also reported in restrained eaters when other 'disinhibitors' such as alcohol are used (Polivy and Herman, 1985).

Dieters are also reported to eat more when distressed in contrast with non-dieters who are found to eat more when calm (Polivy and Herman, 1985), an assertion supported by several studies. Schotte et al. (1990), for example, tested the effects of negative mood induction on food intake in 60 women with varying degrees of dietary restraint using exposure to a frightening or neutral film. High restraint eaters exposed to the frightening film ate significantly more than high restraint eaters exposed to the neutral film and significantly more than low restraint eaters in either condition whilst low restraint eaters ate slightly less after exposure to the frightening film than the neutral film, thus suggesting that negative affect may trigger disinhibition in high but not low restraint eaters. Cools et al. (1992) conducted a similar study in which they tested the effects of neutral, positive, and negative mood induction on food intake in 91 women with varying degrees of dietary restraint again by exposing them to part of 1 of 3 films (a travelogue, a comedy and a horror film respectively). In the neutral condition food intake decreased with increased level of restraint whilst in both the positive and negative conditions food intake increased with dietary restraint, thus suggesting that emotional arousal per se, rather than only negative affect, may trigger binging.

It is therefore suggested that whilst dieters eat less than non-dieters under many circumstances, they will eat more following experimental pre-load or when stressed, anxious or depressed (Polivy and Herman, 1987) or when happy (Cools et al., 1992). Thus, it appears that dieting may be linked to eating disorders in that it may produce disrupted eating (Polivy and Herman, 1987). And, although the binging exhibited by restricted eaters in laboratory settings is generally less extreme than in those with diagnosed eating disorders, this may be due to the time constraint (usually 10-15 minutes) of ad-lib eating in laboratory situations (Polivy and Herman, 1985).

Research into restrained eating therefore supports the assertion (e.g. Hsu, 1989) that the increased prevalence of

dieting is related to the increase in diagnosis of eating disorders in that dieting appears to increase the likelihood of disrupted eating patterns. In addition, it has been repeatedly demonstrated that weight-loss and self-starvation are associated with increased pre-occupation with food, eating and weight (Bruch, 1978; Franklin et al., 1948). These in turn are thought to entrench rigid, dichotomous, all-or-nothing thinking styles, also attributed to anorexics (Garner et al., 1982), in which 'good' diet foods are opposed to 'bad' non-diet foods and 'good' dieting is opposed to 'bad' diet-breaking. This assertion has been recently supported by the research of King et al. (1991). They asked restrained and unrestrained female college students and female obese and eating disordered participants to read and later recall an essay about another person. Restrainers, obese and eating disordered participants all recalled more food- and weight-related items than did non-restrainers. Restraint scores were also found to correlate positively with the frequency with which weight and food were mentioned in an 'accessibility' task. King et al. therefore concluded that the cognitions of both restrained eaters and eating disordered participants were characterized by a focus on weight and food. Further research has also provided evidence to suggest that body dissatisfaction and a desire for perfection, often described as characteristics of 'anorexics', are also found in 'normal' dieters (Garner et al., 1984). Dewberry and Ussher (in press), for example, found that 'high restraint' participants in a sample representative of the general British population felt more guilt about food, were more likely to overeat when stressed, depressed or tired and were more likely to overestimate their body size than were participants with low restraint scores. Women, they found, reported significantly higher levels of restraint than men. A recent magazine survey (Unsworth, Cosmopolitan, 1993) similarly found that 58.44% of women described themselves as not satisfied with their bodies despite 61.71% of the women surveyed weighing 10 stone or below whilst 63.3% reported thinking about food

either all the time or a lot.

As noted above, cognitive research has failed to reliably distinguish anorexics from non-anorexics in terms of cognitive structures except for those with food- or weight-related content. The finding therefore that these cognitions (as well as other characteristics of anorexics) can be found in non-clinical populations of dieters further undercuts the disease model of anorexia nervosa as a distinct individual pathology.

These similarities between anorexia (and other eating disorders) and 'normal' dieting have led many authors to suggest a continuum between eating disordered and 'normal' eating (Polivy and Herman, 1987; Butler et al., 1990), thus paralleling debates in many other areas of psychology about the relationship between 'normality' and psychopathology (Polivy and Herman, 1987).

The notion that eating disorders and 'normal' eating form a continuum was first proposed by Nylander (1971) after interviewing Swedish high school girls and finding the majority perceived themselves to be overweight or fat and that nearly 10% reported three or more symptoms of anorexia. Similar observations are reported by Fries (1977) and Garner and Garfinkel (1980). Others however disagree, arguing that 'true' anorexics differ from 'normal' dieters in their reasons for dieting (e.g. Crisp, 1965), in that anorexia but not 'normal' dieting involves body image distortion, distortion of internal perceptions (Bruch, 1973), deficits in self-esteem, and profound interpersonal distrust (Selvini-Palazzoli, 1974). The research of Garner et al. (1984) partly confirms this contention. They compared normal college dieters, non-dieters, ballet students and anorexics using the EDI (which contains sub-scales measuring drive for thinness, bulimia, body dissatisfaction, ineffectiveness, perfectionism interpersonal distrust, lack of interoceptive awareness and maturity fears). They argue that whilst intense concern with weight, eating, appearance and body shape may be shared with 'normal' dieters, thus representing a continuum, ego-deficits and perceptual disturbances appeared to be more confined to

a smaller number of participants. Huon and Brown (1984) similarly found that anorexic participants differed from controls in terms of self-esteem and attitudes about control, eating and self-presentation. However, research also indicates that adolescent girls in Western societies generally experience more anxiety, insecurity and self-consciousness and exhibit a stronger relationship between self-esteem and body satisfaction than do boys (Hsu, 1989).

Whilst further research is needed before any firm conclusions can be drawn regarding this possible continuum it is clear that there is some relationship between dieting and eating disorders (Hsu, 1989) which may be complex. It also appears that even if 'normal' eating, dieting and eating disorders are not on a continuum they are not distinguishable in terms of disordered eating. Rather, it may be that it is only when 'pathological' eating/normal-dieting patterns are combined with psychological problems such as low self-esteem or fears about interpersonal relationships (that are not specific to anorexia) (Polivy and Herman, 1987) or when weight loss is very severe that a diagnosis of pathology is given. However, as Halmi (1983: 248) has pointed out "there is no data or consensus of opinion as to the degree of weight loss that is necessary for the diagnosis of anorexia nervosa".

The situation is also further complicated by the assertion of Tomarken and Kirschenbaum (1984) who argue that disinhibition does not only occur in dieters. Following their studies of the effects of future meal plans on present consumption, they claim that extreme disinhibitory stimuli may result in unrestrained, as well as restrained, eaters overeating. Their study indicates therefore that the distinction between restrained and unrestrained eaters may not be as clear cut as previous research had suggested. Indeed, restraint scales such as the Dutch Eating Behaviour Questionnaire use a median cut-off point to define high and low restraint. Hence, high and low restraint are only defined relatively (see Dewberry and Ussher, in press)

It remains unclear then whether or not 'normal' eating

and dieting represent points in a continuum with anorexia and other eating disorders. Yet so-called normal dieting is obviously associated with many of the accepted core features of anorexia and of eating disorders generally. Moreover, as Polivy and Herman (1987) argue, it appears that societally 'normal' eating might itself be regarded as disordered or pathological whilst many of the 'pathologies' attributed to anorexics (such as obsessive concerns with weight and appearance) are not only shared by 'normal' dieters, and perhaps by non-dieters too, but are sometimes even regarded as commendable (see Branch and Eurman, 1980; Hsu, 1989). Thus "terms such as normal, acceptable, and overweight can only be understood in the context of societal realities and ideals" (Polivy and Herman, 1987: 635). The prevalence of dieting amongst 'normal' women suggests that there may be cultural factors 'promoting' anorexia in contemporary Western society. It also suggests that it may be problematic to regard anorexia as a distinct individual pathology rather than as a societal problem manifested in individual women.

2.8 Socio-cultural Research

To date research has 'failed' to identify any particular physiological or genetic aetiology of anorexia or to reliably distinguish 'anorexic' and non-anorexic cognitions except in terms of food- and weight-related schemas. And, as discussed above, dieting, body dissatisfaction and 'feeling fat' are now prevalent amongst women generally. Research into body image also suggests that BID might not be entirely reliable in distinguishing between 'anorexic' and non-anorexic women. Hence, several authors have posited a continuum between anorexia, dieting and 'normal' eating. This, together with the much-documented prevalence of dieting and body dissatisfaction amongst women, suggests that anorexia can only be adequately understood within its socio-cultural context. That is, 'anorexia' must be understood within a context in which cultural ideals of thinness, particularly for women, are dominant (see DeJong and Kleck, 1986; Garner and Garfinkel,

1980; Garner et al., 1980; Silverstein, 1986; see also above).

Several studies have documented the increasing slimness of cultural stereotypes of feminine beauty. Silverstein et al. (1986), for example, examining female body shape in women's magazines (Vogue and Ladies Home Journal) between 1901 and 1981, found smallest body sizes in the 1920s and in the late 60s and 70s, linked to increased pressure to diet. Similarly, Garner et al. (1980) found that in the previous 20 years 'Playboy centrefolds' and American 'beauty queens' had become thinner. Woolf (1990; also Garner et al., 1980; 1983a) has noted a steep rise in the number of diet related articles in both women's magazines and in the popular press between 1968 and 1980. Moreover, Wooley and Wooley's literature review (1979) suggests that women are more affected than men by overt prejudices about fatness.

Research into cultural attitudes suggests that the negative attitudes to fatness found in those diagnosed anorexic (see above) are also common in society generally. Popular images of obesity denigrate fat people as psychologically disturbed, lacking in will-power and lazy (Harris et al., 1991). Richards (1961) for example, found that children rated pictures of obese people as less likeable than either pictures of physically impaired or 'normal' people while Steinberg and Birk (1983) found that both sexes were more likely to comply with requests from 'normal weight' than obese people. And Freeman et al. (1983) have found preferred body size to be below average for both anorexic and 'normal' weight 'women, although others have found it to be lower in anorexics (e.g. Touyz et al. 1984).

As noted above, it has been suggested that the current social emphasis on slim female body shape constitutes a strong social reinforcements to diet (Garner and Bemis, 1982) and may in part lead to anorexic concerns and behaviours (Russell, 1986; Hsu, 1989). The prevalence of body dissatisfaction and dieting in 'normal' weight girls and women has been well-documented (e.g. Dewberry and Ussher, in press; Wardle and

Marsland, 1990; Hill and Robinson, 1991; see also above). Moreover, a fear of fatness and a preoccupation with body weight are relatively recent phenomena in anorexia (Russell, 1986). In fact weight related fears in those diagnosed as anorexic were not noticed outside of France until the 1930s (Habermas, 1989) and are rarely mentioned in the literature on anorexia before the 1960s (Casper, 1983). It may be pertinent that these dates coincide with societal changes in dieting and attitudes to female body shape.

The specificity in the distribution of diagnoses of anorexia in terms of sex, age, ethnicity and socio-economic class as well as its recent increase (Garner et al., 1983a; Hsu, 1984) also suggests a cultural influence. As discussed in the Introduction, diagnoses of anorexia have increased dramatically since the 1960s (Bruch, 1978; Maloney and Klykylo, 1984; Sheppy et al., 1988; Szmukler et al., 1986; Hoek, 1993; Moller and Nystrup, 1992). Approximately 95% of those diagnosed anorexic are girls or women (Hughes, 1991; Wolff et al., 1990; APA, 1987; Brumberg, 1986; Rastam et al., 1989; Hsu, 1989). And anorexia is also particularly associated with certain occupations such as ballet dancing (Garner et al., 1987), modelling and beauty therapy (Garner and Garfinkel, 1980; Hughes, 1991; Wolff et al., 1990), women's athletics (Weight and Noakes, 1987) and college students (Klemchuck et al., 1990).

Traditionally, it has also been thought that the cultural emphasis on dieting and thinness (Gibbs, 1986; Striegel-Moore et al., 1986) and a high incidence of eating disorders were limited to higher socio-economic groups (Goldblatt et al., 1965; Crisp et al., 1976; Hsu, 1984; Hughes, 1991). However, some studies have suggested that eating disorders, including anorexia, have spread to all socio-economic classes (Pumariega et al., 1984; Thomas and Szmukler, 1985; Gray et al., 1987; Edwards-Hewitt and Gray, 1993; see chapter 1).

Epidemiological research has also found a much higher prevalence of eating disorders in Western rather than non-

Western countries[5] and in white rather than black or Asian women (Kendell et al., 1973; Jones et al., 1980; Hooper and Garner, 1986; Wolff et al., 1990; Hughes, 1991; Edwards-Hewitt and Gray, 1993). However, results have not been entirely consistent (see Wardle et al., 1993). Mumford and Whitehouse (1988), for example, found that Asian schoolgirls in England had higher EAT scores than their Caucasian counterparts. And eating disorders have been found in women of all ethnic backgrounds (Dolan et al., 1990; Gross and Rosen, 1988; Smith and Krejci, 1991). Interestingly, Pumariega (1986) found that eating attitudes in young Hispanic American women were correlated with their levels of acculturation to American culture. Thus, the spread of eating disorders to all socio-economic and ethnic groups might be understood in terms of an increasing dissemination of cultural ideals of female beauty/thinness and dieting, reinforced by the media (Edwards-Hewitt and Gray, 1993). And, as Dolan (1991; also Edwards-Hewitt and Gray, 1993) suggests, comparing prevalence rates in groups with different cultural influences may emphasise the role of culture in eating disorders and may lead us to question the ideals to which women are pressured to conform.

However, whilst culture is increasingly recognised as a significant factor in eating disorders (see e.g. Wolff et al., 1990; Hughes, 1991), there are some researchers who maintain not only that there may be non-cultural causes (e.g pp.23-32 above) but also that some forms of anorexia may exist independently of culture. Bemporard et al. (1989), for example, examined the case history of a congenitally blind woman who developed anorexia. They assumed that she was less affected by visual media pressure to achieve current the social ideal of a slim body and argued that since the woman's

---

[5]. See also Sing (1991) who reports several diagnoses of anorexia amongst Hong Kong Chinese. Sing argues that these cases differed from descriptions of 'typical' Western anorexic women. There was very little difference between original and desired body weight and an intense fear of fat and BID were described as inconspicuous. Hence, an imposition of Western models of anorexia on non-Western cases may be inappropriate (Sing, 1991).

history and course of illness was quite similar to sighted anorexics, anorexia may sometimes develop independently of cultural prescriptions of thinness. However, not only is anorexia in congenitally blind women a rather rare occurrence, Bemporard et al.'s argument also assumes rather than demonstrates that blindness results in a lack of awareness of body size and of cultural prescriptions of thinness and that non-visual prescriptions about body shape may not become important.

There is, then, substantial evidence that cultural ideals of female slenderness are dominant in Western cultures, that many girls and women experience body dissatisfaction and that dieting and even binging and purging are prevalent amongst women and girls. And research also suggests the possibility of a continuum between disordered and 'normal' eating. It is, therefore, necessary that therapy and research acknowledges this modern cultural context (Garner et al., 1986).

Yet, it would be both superficial and simplistic to attempt to explain anorexia only in terms of cultural pressures for slimness, to characterize anorexia as a 'slimmer's disease' (Malson, 1992). Many socio-cultural explanations of anorexia are, however, limited to a documentation of the increased emphasis on a thin body and the increased prevalence of dieting in contemporary society. As such they tend to rely on a notion of internalization in which 'anorexics' are conceptualized as 'super-dieters' (e.g. Polivy and Herman, 1985), as over-adhering to omnipresent cultural ideals of feminine beauty as thinness. They therefore tend to focus on thinness and dieting to the exclusion of other aspects of anorexia or female subjectivity without exploring the cultural and political significances of female slenderness.

Yet, as the work of Bruch, for example, suggests, anorexia is also associated with low self-esteem, with a lack of sense of self, of independent autonomy and control as well as with a 'fear of fat' or 'relentless pursuit of thinness'. Thus, Bruch (1978) and Minuchin et al. (1978) describe

anorexia as 'a communicative disorder' (Caskey, 1986) which is experienced as a means of taking control over one's body, as a pseudo-solution to intra- and inter-personal difficulties (see also Caskey, 1986). And culture may also play a role in the 'promotion' of such difficulties. Appels (1986: 481), for example, has argued that "the cultural dynamics of post-industrial society seem to foster many of the conflicts (around identity, self-esteem and autonomy) which underlie the genesis of anorexia nervosa."

Furthermore, the high profile of anorexia, both in the popular and the academic media, suggest a cultural fascination with eating disorders (Malson and Ussher, 1994). As Turner (1992) argues, anorexia is meaningful at a societal as well as a phenomenological level. Paralleling the work of Sontag (1978, 1989), Turner (see also Orbach, 1993) has argued that anorexia, like some other illnesses, can be understood as a metaphor for contemporary socio-cultural concerns and dilemmas. Just as AIDS 'expresses' cultural concerns about the global spread of disease and about uncontrolled, anonymous sex (Sontag, 1989), so anorexia expresses, for example, a cultural conflict between mass consumption and normative thinness (Turner, 1987), between the indulging 'consumer-self' and the controlled, abstinent 'producer-self' demanded by capitalism (Bordo, 1990):

> modern consumerism appropriates all forms of symbolism (including oppositional, anti-capitalist symbolism) to its own commercial purposes. Being hyper-slim, while in opposition to the signs of affluence, is also cool (Turner, 1992: 221).

Brumberg (1988; see also Turner, 1992) has similarly argued that anorexia has been expressive of concerns with consumption, personal display, feminist politics, the fashion for dieting and slimness and the individualistic competitiveness of late capitalism. Anorexia can therefore be described as a 'culture-bound syndrome' (Littlewood and Lipsedge 1985, 1987; Prince, 1983; Schwartz, 1985; Selig, 1988); it represents public concerns as well as personal predicaments (Littlewood and Lipsedge, 1987; Turner, 1992). It

> appeal(s) to values and beliefs which cannot be questioned because they are tied up with the most fundamental concerns and political organization of the community. (Littlewood and Lipsedge, 1987: 291)

And anorexia clearly has a gendered distribution, suggesting that it is also expressive of gender-political concerns and dilemmas (see also Bordo, 1990; Brumberg, 1988). As the work of Turner, Brumberg and many feminist theorists demonstrates, women's relationships to their bodies and to food are more complex than a simple (over) adherence to cultural prescriptions for thinness (see discussion of feminist theories of anorexia below; see also Malson, 1992). The cultural idealization of feminine thinness itself involves complex issues of gender politics (e.g. Lawrence, 1979). Indeed Garner et al. (1983a: 72) note the "compelling analogy" between "the popularization of the thinner physique" and more obviously misogynistic practices (see Ussher, 1991) such as foot binding. That is, socio-cultural and political issues of women's status(es) and roles are also implicated in the phenomenon of anorexia and must also be explored.

2.9 Feminist Approaches to Anorexia

In 'The Golden Cage', Bruch (1978) has argued that anorexia is, in part, a personal response to the confusion and contradictions of female maturation (Turner, 1992). Women are expected to have successful careers, to be intelligent, competent and ambitious. Yet they are simultaneously expected to be desirable and alluringly feminine (Guttman, 1986), particularly if they are heterosexual. Adult women are expected to be both autonomous and compliant, independent and needful of security, sexual and androgenously neutral (Turner, 1992). And Palazzoli (1974), for example, has suggested that recent increases in anorexia may be due to:

> the new and often contradictory roles and expectations currently affecting women in modern society as well as the family's failure to adapt to the changing societal demands. (Garner et al., 1983a: 76)

Bardwick (1971) has also argued that women's roles are no longer so restricted as they had been in the past and that our increased 'freedom of choice' may be experienced as a difficulty by some individuals (Garner et al., 1983a). Similarly, Bruch (1978: ix) wrote that many of her patients

> expressed the feeling that they were overwhelmed by the vast number of potential opportunities available to them which they 'ought' to fulfil, that there are too many choices and they are afraid of not choosing correctly (quoted in Garner et al., 1983a: 77).

Problematically, such explanations might be interpreted as attributing the increased prevalence of eating disorders to the 'liberating' impact of 'Second Wave Feminism', suggesting that women may have been 'safer' when more restricted. Alternatively, however, these explanations may also indicate that society has not progressed sufficiently towards gender-equality; that women are expected to be simultaneously traditionally feminine and career-oriented; that we still "'ought' to fulfil" a number of often contradictory roles - clearly an impossible predicament. Moreover, it may also be misleading to suggest that contradictions in prescribed femininity are new. As several feminist theorists indicate (e.g. Mitchell and Rose, 1982; see chapter 3), the concept of feminine identity within patriarchy is fundamentally problematic. Indeed 'anorexia nervosa' emerged out of the wider category of hysteria (see chapters 6 and 7), itself often described as epitomizing female sickness and as epidemic amongst women in the nineteenth century (Showalter, 1985; Smith-Rosenberg, 1985) and often theorized in terms of the problematics and politics of feminine identity (Sayers, 1982; Ehrenreich and English, 1974; Foucault, 1979). Indeed feminist authors (e.g. Ussher, 1991) have demonstrated a long historical link between femininity and illness, arguing that 'illnesses' such as PMS, depression, and madness may be both consequences of women's oppression and expressive of patriarchal pathologizations of femininity (see also chapter 6).

> Social anxiety about sexuality (has been) directed against women and this anxiety has been expressed

> historically through a variety of medical categories which pinpoint and articulate the subordination of women to patriarchal authority (Turner, 1987: 88).

Feminist theorists have been at the fore in examining the culture- and gender-bound nature of anorexia. Lawrence (1984), for example, provides a political analysis of women's control of their bodies in relation to our lack of power in other areas of life. Chernin (1983) similarly argues that prescriptive stereotypes of the female body as slim and child-like reflect gender power-relations.

Within the feminist approaches to anorexia there is a considerable diversity of opinion about the relationships between anorexia and gender. For instance, Boskind-Lodahl (1976) argues that 'anorexics' strive to achieve an exaggerated ideal of patriarchally prescribed femininity, including a thin body. The psychological problems of 'anorexic' women are seen here as the result of an unquestioning acceptance of the prescription of femininity as beauty/thinness, passivity, dependency, a 'need' for validation of self by a man, and a desire to please (Swartz, 1985). Moreover, as she argues, "our heritage of sexual inequality" (Boskind-Lodahl, 1976: 354) is implicated not only in the aetiology of anorexia but also in the much documented 'negative' attributes of the 'anorexogenic' mother (see p.54). Thus, she suggests that the female therapist should provide a positive role model of non-patriarchal femininity for the anorexic. Conversely Orbach (1979, 1993) asserts that anorexia reflects not so much an unquestioning acceptance as an ambivalence about and a rebellion against femininity. Her view "that the anorectic body is a parody of the fashion for thinness is very compelling" (Swartz, 1985).

Drawing on psychoanalytic theories, feminist theorists have also provided more gender-sensitive and culturally contextualized explanations of how mothers may be implicated in their daughters' 'anorexia' (c.f. family-oriented research). Eichenbaum and Orbach (1983), for example, describe 'anorexic' women as typically feeling shameful of their needs

and, like Bruch, they trace this feeling to the mother-infant relationship. They argue that the mother conveys this feeling to the daughter

> out of a sense that her daughter will have to learn this lesson in order to become properly socialized into the traditional female role of caring for others (Bordo, 1992: 107)

and because the girl represents for the mother "the 'hungry needy little girl' in herself which she denied and repressed" (Bordo, 1992: 108). That is, the mother conveys the contradictory message to her daughter that she must hide her needs if she is to get love and approval (Eichenbaum and Orbach, 1983). This message is then reinforced by cultural gender ideology so that the daughter comes to experience her needs and wants as wrong (see Bordo, 1992). Chernin (1986) has similarly focused on the mother-daughter relationship in explaining anorexia. She argues that

> women's eating disorders stem from the guilt women feel about becoming different from their mothers in a society that still accords this right less to women than to men. (Sayers, 1988: 365)

Referring to Klein's theory of infantile aggression and ambivalence and to the mother's ambivalence about mothering Chernin also argues 'the fat woman' evokes the terror and longing we experienced as infants.

> When we attempt to determine the size and shape of a woman's body, instructing it to avoid its largeness and softness and roundness and girth, we are driven by the desire to expunge the memory of the primordial mother who ruled over our childhood with her inscrutable power over life and death. (Chernin, 1981: 143)

Anorexia, she argues, represents this ambivalence towards the maternal body, "towards regression and development and towards affirmation and denial of identification with the mother as female" (Sayers, 1988: 365). However, whilst both Orbach and Chernin locate the mother-daughter relationship within patriarchal society, they, like family-oriented theorists, tend to focus on the role of the mother to the exclusion of the father and others (Sayers, 1988).

Whilst debate continues about the exact relationship of 'femininity' to anorexia, feminist analyses have clearly furthered understandings of anorexia by demonstrating the centrality of gender in relation to eating disorders. They also elucidate the relevance of gender power-structures (Chernin, 1983; Lawrence, 1984; Sayers, 1988) and of the negativity and pathology[6] of prescribed femininity (Orbach, 1979; Boskind-Lodahl, 1976) to anorexia as a predominantly female problem. However, as Swartz (1985) rightly argues, there is a problematic tendency in some feminist analyses to naturalize this life-threatening condition and to present anorexia as a reasonable expression of quasi-feminist discontent. And rather than adopt a multi-determinist position (see e.g. Garfinkel et al., 1983), some analyses tend to employ a model of unilinear causality in which the dysfunctional hormones, faulty thinking or 'bad' mothering of traditional theories are replaced by patriarchal society (Swartz, 1985). In addition, there is often a conceptual opposition of 'nature' and 'culture' in which the woman's 'natural needs' are obstructed by cultural prescriptions of thin and passive femininity (Swartz, 1985). While such prescriptions are undoubtedly oppressive, their analyses rest upon a false dichotomy - the natural female body versus its social oppression - in which 'the body' is understood as outside of rather than as constituted in culture. Yet, as Riley (1988: 102) argues, "the body is not, for all its corporeality, an originating point nor yet a terminus; it is a result or an effect." That is, whilst our conceptualizations of the (gendered) body inevitably lean on corpo-reality, the body does not precede the social but rather is socially and discursively constructed; there are no needs that we can know before culture intervenes (see chapter 3). Hence, in understanding the (female 'anorexic') body and the cultural

---

[6] See, for example, Broverman et al. (1970) whose study illustrates how 'adult femininity' is equated by Psychology professionals with mental ill health while 'adult masculinity' corresponds with conceptualizations of 'the healthy adult'.

symbolisms, identities and conflicts that are played out on it, it is necessary to explore how it is culturally, discursively constituted in its changing socio-historical specificity.

2.10 Conclusions: Towards a Re-formulation of 'Anorexia'

This chapter has presented a critical thematic review of recent theory and research on 'anorexia nervosa', examining bio-medical, genetic, cognitive and family-oriented research, research into body image distortion, restrained eating, and the possible links between eating disorders and depression as well as theory and research conducted within psychodynamic, socio-cultural and feminist perspectives. Clearly, much of this work has furthered understandings of 'anorexia'. However, there are many limitations to current perspectives. Research findings from different studies often conflict and evidence for any particular aetiology remains inconclusive.

Bio-medical/bio-psychological research, for example, has not only failed to identify any organic aetiology; its reductionist conceptualization of 'anorexia' as a physiological disorder inevitably fails to engage with any psychological or societal meanings of 'anorexia' or 'the anorexic body'. And, as noted above (p.29), the bio-medical argument is further undermined by its inability to account for the culture-, class-, and age-bound distribution in diagnoses. Any attempt to explain the over-representation of women in diagnoses is inevitably conducted in terms of dysfunctional female hormones. As Ussher (1991: 248-9; see also Sayers, 1982) argues, we should be suspicious of attributing women's distress to their/our 'raging hormones'.

> The discourse which positions women as biologically inferior, and thus prey to all manner of disorders, both physical and psychological, became established in the Victorian era[7] ... Women are still seen by many authorities today as biologically labile, and

[7] It was in the 1870s that 'anorexia nervosa' emerged as a 'distinct disease entity' from the wider category of hysteria, 'the quintessential female malady' (Showalter, 1987; see also chapters 6 and 7)

> madness as caused by biology. ... The dictat 'biology as destiny' has in the twentieth century taken on the status of scientifically supported fact ... The message is still the same - women's bodies send them mad.

Similar problems apply to genetic research in terms of methodological shortcomings, inconclusive evidence and a reductionist concept of 'anorexia'.

Cognitive research and research into body image distortion has also failed to identify any cognitive deficits specific to 'anorexia'. Nor has it succeeded in reliably distinguishing 'anorexic' from 'non-anorexic' participants in terms of food- and weight-related schemas or BID. And whilst the cognitive conception of 'anorexia' acknowledges its meaningfulness, it is also individualizing. That is, cognitive research seeks to differentiate between individuals with 'normal' or 'abnormal' cognitions. It is premised on a notion of individual, internal cognitive 'distortions' or 'biases', thus marginalizing cultural context and suggesting that 'anorexia' is caused by individual deficits. Yet the findings of such research indicate precisely a lack of any clear differentiation between the 'cognitions' of 'anorexic' and 'non-anorexic' women, thereby indicating (a) a continuum between 'normality' and 'anorexia' and (b) that 'anorexia' might be better conceptualized as a societal problem (manifested in individual women) rather than as an individual pathology.

Moreover, cognitive research is also premised on the notion of relatively stable, individual clear-cut attitudes (see Marshall and Raabe, 1993). Yet, as many discourse-oriented psychologists have argued, what people say or write should not be seen as a reflection of internal attitudes (Potter and Wetherell, 1987) but as context-specific articulations of particular, socially available discursive resources (Marshall and Raabe, 1993). People draw on a variety of discourses and thus articulate a number of conflicting, shifting 'attitudes' (Marshall and Raabe, 1993; Burman and Parker, 1993). It may therefore be more fruitful to research

anorexia from a discourse-oriented perspective rather than from within a cognitive framework of relatively stable, consistent individual attitudes (see chapters 3-5 for a fuller discussion of this issue).

Moreover, socio-cultural research has amply demonstrated the dominance of a cultural idealization of the thin female body and the prevalence of body-dissatisfaction, dieting and weight- and food-related concerns amongst Western women. And, as several theorists have argued, 'anorexia' is also of wider cultural significance. It is expressive of cultural and political concerns about mass consumption and normative thinness, personal display, feminist politics, and the individualistic competitiveness of late capitalism (Turner, 1987; Bordo, 1990; Brumberg 1988).

Finally, it is clear that 'anorexia' is a gender-bound as well as a culture-bound phenomenon. As feminist theorists (e.g. Boskind-Lodahl, 1976; Chernin, 1981; Lawrence, 1984; Orbach, 1993) have repeatedly argued, 'anorexia' is expressive of gender-political issues. Hence, gender must be central to an understanding of 'anorexia'. Socio-cultural and feminist research and theory thus indicates, again, the necessity of researching 'anorexia' in ways that acknowledge its socio-cultural, gender-specific context.

Paralleling developments in other fields[8], a number of authors (Garfinkel and Garner, 1982; Bruch, 1988; Sheppy et al., 1988) have suggested the adoption of a multi-dimensional approach to anorexia, arguing that 'anorexia' is a multi-determined phenomenon (Garfinkel and Garner, 1983). Whilst such an approach includes cultural as well as biological and cognitive factors, it is nevertheless problematic.

Firstly, not all the perspectives discussed above are epistemologically compatible. For instance, combining the bio-medical concept of 'anorexia' as a physiological disorder with some feminists conception of 'anorexia' is particularly

---

[8] See Ussher (1992c) for discussions of parallel developments research and therapy in depression, schizophrenia and PMS.

problematic. From the post-structuralist feminist perspective adopted in this thesis, the physical reality of the body and of starvation must be acknowledged whilst the 'absolute truth' of bio-medical discourse must be challenged. Bio-medical explanations of anorexia do not simply and objectively describe the physical reality of 'anorexia'. Rather, they discursively constitute anorexia in particular ways which lean on but do not objectively reflect an extra-discursive reality (see chapter 3 a discussion of post-structuralist theory, chapter 4 for a critique of positivistic epistemologies, and chapter 5 for a discussion of a post-structuralist approach to discourse analysis). Indeed, as argued above, the notion that 'anorexia' may be caused by dysfunctional (female) hormones is profoundly sexist as well as reductionist. The various perspectives on 'anorexia' cannot simply be added together to produce a 'fuller picture'.

Secondly, current approaches tend to uncritically accept a medical model of 'anorexia' as a distinct individual pathology (Hepworth, 1991). Yet the research indicates no such clear-cut distinction between 'anorexic' and 'normal' women. And,as argued above, anorexia is expressive of cultural concerns as well as personal predicaments. Many approaches also adopt an empiricist/positivistic stance, assuming that anorexia exists independently of the language in which it is described, that it can be objectively identified through empiricist research. Yet this stance is problematic. Firstly, several authors have commented on the heterogeneity of those diagnosed as 'anorexic' (see Yager, 1982; Garfinkel et al., 1983; Rakoff, 1983; Halmi, 1983), thus illustrating the inadequacy of perspectives that attempt to provide objective, universal descriptions of 'anorexia' and its aetiology. Secondly,as noted above, feminist and post-structuralist critics have also elucidated the problems of empiricist research and of the notion of objectivity. As Foucault (1972) argues discourses constitute their objects. Medical and psychological discourses do not simply describe 'anorexia' more or less objectively but rather construct it in particular

ways (Foucault, 1972; 1979).

This is not to argue that current perspectives cannot be useful in understanding 'anorexia'. Rather, it is to suggest that research should be conducted within a theoretical framework that (a) problematises empiricist/positivistic assumptions concerning the nature and status of 'anorexia', (b) places gender at the centre of analysis and (c) refuses the traditional individual-society dichotomy that has resulted in individualizing and pathologizing 'knowledges' of 'anorexia'. Chapter 3 attempts to set out such a theoretical framework, drawing on feminist, psychoanalytic and post-structuralist theories of discourse, subjectivity and gender. Chapter 4 will discuss critiques of positivistic approaches to psychological research whilst chapter 5 discusses the discourse analytic approaches, promoted in psychology by, for example, Potter and Wetherell (1987), Burman and Parker (1993), Hollway (1989) and Walkerdine (1986; 1988). It also discusses the compatibility of the post-structuralist approach to discourse analysis adopted in this thesis with this theoretical framework. And in the subsequent chapters this approach will be applied in two empirical studies of discursive constructions of 'anorexia nervosa'.

Chapter Three

Psychoanalytic and Post-structuralist Theories of Gender, Subjectivity and Discourse

3.1 Introduction

In the previous chapter I argued for the necessity of researching anorexia within a theoretical framework which situates anorexia within its socio-cultural context and which provides a more thorough theorization of gender. I also argued that it is necessary to question the medical model of anorexia and the empiricist or positivistic assumptions concerning that nature and status of 'anorexia' that underlie many current perspectives. This chapter will attempt to provide such a perspective by drawing on psychoanalytic and post-structuralist theory. The discussion will focus particularly on Lacanian, feminist psychoanalytic theory and on the work of Foucault. It will thereby seek to set out a theoretical framework for this thesis in which the category of gender is theorized rather than assumed, in which an individual-society dichotomy is refuses and in which the nature and status of knowledges (about 'femininity' and 'anorexia') is questioned.

This chapter will, then, firstly discuss Freud's psychoanalytic theorization of subjectivity as fundamentally gendered and of gender as the effect interpretation of the body rather than as a 'natural' effect of biology (see Sayers, 1982). It will then discuss Lacan's re-reading of Freud in which the role of interpretation or signification is emphasised. This discussion will also draw on feminist appropriations and critiques of Lacanian and theory and will then discuss Foucault's post-structuralist theorization of discourse, power subjectivity and the body. (Several of the theoretical themes discussed here are elaborated further in the analyses in studies one and two.)

3.2 Psychoanalytic Theory

3.2.1 Freud's Theory of Psychosexual Development

As several authors have noted, many feminists have viewed Freud as an enemy (see Mitchell, 1974; Ussher, 1991), claiming that psychoanalysis is phallocentric and patriarchalist (see Sayers, 1990) and that it is a justification of the patriarchal status-quo, regarding women as biologically inferior and 'true femininity' as subordination (see Mitchell, 1974). Feminists, including de Beauvoir (1953), have often criticized Freudian theory as a biological determinist account of gender (Sayers, 1982). Other feminists, however, have actively engaged with psychoanalytic theory in one form or another as a useful analysis of patriarchal power relations (Grosz, 1990). As Bowlby (1989) and Grosz (1990) note, there has long been an ambivalent but intense relationship 'between feminism and psychoanalysis' (see Brennan, 1989). The breadth of Freud's work, its theoretical developments and paradigmatic shifts (Loevinger, 1978) clearly enable a diversity of readings. Yet, as will be argued below,

> if we actually look at Freud's account of the development of psychological sex differences we find that he did not subscribe to a biologically determinist account of female psychology. Instead he regarded the development of the characteristically female (and male) personality as the effect of the way the child construes her (or his) biology. (Sayers, 1982: 127)

That is, femininity and masculinity are not mechanistically determined by biology (Sayers, 1982; Grosz, 1990) but are effects of society's <u>ideas</u> about biology (Mitchell, 1974). Psychoanalysis conceptualizes gender, not as a natural given, but as the possible and probable consequence of unconscious <u>interpretations</u> of genital sex differences (Sayers, 1982). Indeed Freud (1935, quoted by Mitchell, 1982: 1) objected to those who attempted to "establish a neat parallelism" between the biological and the psychic. And because psychoanalysis thus deconstructs our 'phallic illusions' about gender and identity (see Sayers, in press/a, in press/b); because "psychoanalysis is not a recommendation <u>for</u> patriarchal

society, but an analysis of one" (Mitchell, 1974: xv), it may be useful in understanding feminine identity, and therefore anorexia, within the context of 'patriarchal' society (see Grosz, 1990).

Freud argued that the early infantile sexuality of boys and girls was similar (Sayers, 1982). Neither initially differentiates self from other (see Mitchell, 1974; Laplanche and Pontalis, 1973). There is at first no unified ego distinct from the external world for either sex (Laplanche and Pontalis, 1973). There is no distinction between ego-libido and object-libido (Freud, 1914). Rather, the baby is born in a 'primary narcissistic' state characterised by a total absence of relationship to the outside (Laplanche and Pontalis, 1973). And it is only through the mother's absences that the infant recognizes her as a separate object and thus experiences itself as discrete (Mitchell, 1974). Hence the fort-da game in which the infant attempts to master this experience of loss, central to the development of the ego (Freud, 1920).

Both boys and girls also take the mother as primary love-object and both show active and passive aims during the oral and anal phases of psychosexual development (Sayers, 1982; Mitchell, 1974; Freud, 1905; Nagera, 1969). The infant is not, therefore, born with a differentiated and integrated sense of self (Laplanche and Pontalis, 1973) nor with a ready-made, complete sexuality (Mitchell, 1974). Rather, it is 'polymorphously perverse', bisexual[1] and initially auto-erotic (Freud, 1905: Mitchell, 1974), Hence, 'normality' is only (precariously, if ever) achieved after a long and tortuous process of psychosexual development (Mitchell, 1974). And it is not until 'the phallic phase' of development that the two sexes begin to diverge psychologically (Sayers, 1982).

During this stage the penis and the clitoris become the

[1] The term 'bisexuality' refers to the idea that "the boy has a bit of the female, the girl a bit of the male" but also to "the very uncertainty of sexual division itself" (Mitchell, 1982: 12; see also Benvenuto and Kennedy, 1986).

principal erogenous zones and their physical differences thus become significant (Sayers, 1982: 127). For the boy, phallic eroticism leads to phallic desires for the mother so that the father becomes an Oedipal rival. Fearing castration by the father in retaliation for these desires, he renounces the mother as love-object, forming instead an identification with the father and thus achieving a masculine identity (Freud, 1924; Sayers, 1982). That is, the Oedipal father is fantasized (by both sexes) as a powerful figure who would punish the child with castration for realizing its oedipal desire for the mother (Freud, 1923 in Sayers, 1990). Genital sexual difference is construed as signifying this paternal authority and the boy's renunciation of his mother is a recognition not only of his father's power but also that he will eventually acceded to it (Sayers, 1990). The boy's belief in castration is, Freud (1924: 318) argues, substantiated by

> the sight of the female genitals. Sooner or later the child, who is so proud of his possession of a penis, has a view of the genital region of a little girl, and cannot help being convinced of the absence of a penis in a creature who is so like himself. With this the loss of his own penis becomes imaginable, and the threat of castration takes its deferred effect.

For girls, however, 'castration' is not a feared possibility but an accomplished fact (Freud, 1924: 321).

> They notice the penis of a brother or playmate. strikingly visible and of large proportions, at once recognise it as the superior counterpart of their own inconspicuous organ, and from that time fall a victim to envy for the penis. (Freud, 1925: 335; see also Freud, 1905: 114)

Freud argues that during the phallic phase the girl's clitoris has been her "true substitute for the penis" (Freud, 1905: 114) and that the penis is always preferred to the clitoris (Sayers, 1982). Hence, her realization that she does not have a penis results in her sense of inferiority. "She acknowledges the fact of her castration, and with it, too, the superiority of the male and her own inferiority" (Freud, 1931: 376). Freud argued that mothers are often blamed for their daughters' being "so insufficiently equipped" (Freud, 1925, quoted by

Sayers, 1982: 128). And when the girl discovers that all women lack a penis her mother also appears similarly devalued. In consequence the girl abandons her mother, taking instead her father as primary love-object (Sayers, 1982). And by replacing her wish for a penis with a wish for a baby she adopts a 'normal' feminine position (Freud, 1924). Alternatively, she may avoid this unfavourable comparison with male genitals by giving up "her sexuality in general" (Freud, 1931, quoted in Sayers, 1982: 129). Or she may continue in her wish for a penis and develop a "masculinity complex" (Freud, 1931, quoted in Sayers, 1982: 129; Freud, 1925). In short, Freud argued "that female psychology is based on envy of the greater size and visibility of the penis" (Sayers, 1982: 133) and on 'recognition' that it is only the penis that signifies (paternal/patriarchal) power.

For Freud, then, the female body is negatively defined by what it is not and femininity begins with an acknowledgement of lack. However, as noted above, this 'femininity' is not conceived as a natural category nor as a simple consequence of female anatomy.

> It is essential to understand clearly that the concepts of 'masculine' and 'feminine', whose meaning seems so unambiguous ... are among the most confused that occur in science ... 'Masculine' and 'feminine' are used sometimes in the sense of activity and passivity, sometimes in a biological, and sometimes, again, in a sociological sense. ... The third, or sociological, meaning receives its connotation from the observation of actually existing masculine and feminine individuals. Such observation shows that in human beings pure masculinity or femininity is not to be found either in a psychological or a biological sense. Every individual on the contrary displays a mixture of the character-traits belonging to his own and to the opposite sex; and he shows a combination of activity and passivity whether or not these last character-traits tally with his biological ones. (Freud: 1905: 141-142, footnote added in 1915)

In short, Freud's work can be read as pre-figuring post-modern understandings of subjectivity because he de-naturalizes and de-stabilizes both identity and gender (Grosz, 1990). In asserting that the self/other distinction is

predicated on a loss or absence (of the mother) and in emphasizing the centrality of the unconscious in psychosexual development, Freud 'deconstructs' our 'phallic illusions' about the individual (see Sayers, 1990, in press/a). His theorization of the unconscious subverts the fantasy of the unitary, rational, self-knowing 'man' because the conscious subject can no longer know her (or his) unconscious thoughts (Grosz, 1990). "The ego is no longer master of its own house" (Freud, 1917: 141-3). That is, Freud posits a subject radically split in itself and therefore "radically incapable of knowing itself" (Grosz, 1990: 13). Similarly, psychoanalysis deconstructs the notion of gender as a natural given. Gender identity is achieved only after a complex process of psychosexual development and is a result of interpretation of physical sexual differences (Sayers, 1982; Mitchell, 1974). It is not until the Oedipal complex that active or passive aims can be described as either masculine or feminine since it is only then that they are placed within the social structure of sexual differentiation (Nagera, 1969). Gender and, therefore, human subjectivity are constituted by the unconsciously acquired ideas and (patriarchal) laws of human society (Mitchell, 1974; Coward et al., 1976).

3.2.2 A Lacanian Re-reading of Psychoanalysis

For Freud then "the ego is first and foremost a body-ego" but "it is not merely a surface entity, but is itself the projection of a surface." (1923: 703). Lacan's re-reading of Freud emphasises the importance for psychosexual development of this projection or interpretation of the body. For Lacan, the unconscious is "the site of interaction between the body, history and psychic representation" (Coward et al., 1976: 8). As Mitchell (1974: 403) argues,

> In each man's (sic) unconscious lies all mankind's 'ideas' of his history; a history that can not start afresh with each individual but must be acquired and contributed to over time. Understanding the laws of the unconscious thus amounts to a start in understanding how ideology functions, how we acquire and live the ideas and laws within which we must exist. A primary aspect of the law is that we live

according to our sexed identity, our ever imperfect 'masculinity' and 'femininity'.

Hence, Lacan's description of the unconscious simultaneously refers to what is 'within' the subject and also to what is beyond her. More specifically, Lacan argues that the unconscious is "precisely constructed in the acquisition of language" (Coward et al., 1976: 17) which always precedes the individual and comes to her (or him) from outside of herself (Mitchell, 1982). Hence, "(t)here is no subject independent of language" (Sarup, 1988: 12).

> Human beings become social with the appropriation of language; and it is language that constitutes us as a subject. Thus we should not dichotomise the individual and society. Society inhabits each individual. (Sarup, 1988: 7)

Lacan's emphasis on language makes it possible to interpret his work as a non-humanist (Mitchell, 1982), de-centring (MacCannell, 1986) account of the subjectivity; as sociological (Squire, 1983) account or, more specifically, as an account which refuses any individual-society dichotomy (see Sarup, 1988). That is, for Lacan (1949: 6) the ego is always constituted in a mis-recognition (meconnaissance) of something outside of itself as itself. Firstly, during 'the mirror stage' the initially undifferentiated infant, whose body-image is fragmentary, identifies with its integrated 'whole' mirror-image. It mis-construes itself as its 'specular image' (Lacan, 1949; see also ver Eecke, 1985).

> This jubilant assumption of his specular image by the child ... would seem to exhibit in an exemplary situation the symbolic matrix in which the I is precipitated in a primordial form, before it is objectified in the dialectic of the identification with the other, and before language restores to it, in the universal, its function as subject. ... this form situates the agency of the ego before its social determination, in a fictional direction. (Lacan, 1949: 2)

This 'specular I' thus "prefigures its alienating

destination" in the 'social I' (Lacan, 1949: 2). It prefigures the moment at which the subject is constituted in language or the Symbolic order (Rose, 1982), in an alienating[2] mis-identification of itself in the pre-existing linguistic position of "I" (Sarup, 1988).

Lacan, therefore, 'deconstructs' the subject, showing it to be social (Sarup, 1988), de-centred (MacCannell, 1986), and fictional (Lacan, 1949) or literary (MacCannell, 1986): "'identity' and 'wholeness' remain precisely at the level of fantasy" (Rose, 1982: 32) because subjectivity does not arise from within the individual, from the Real[3], but from without, created by and within language or the Symbolic order. It is "created in the fissure of a radical split" (Mitchell, 1982: 5) in which subjectivity is constituted as an effect of the symbolic (Sheridan, 1977; Rose, 1982).

For Lacan, the phallus stands for this moment of division in which subjectivity is constituted (Rose, 1982):

> it is to this signifier (the phallus) that it is given to designate as a whole the effect of there being a signified, in as much as it conditions any such effect by its presence as signifier. (Lacan, 1982a: 80)

That is, the phallus has "the privileged function of ... representing human identity" (Benvenuto and Kennedy, 1986: 187). It signifies the effect of the signifier, of language or the Symbolic order in creating subjectivity (Lacan, 1958a). And, being constituted only in relation to the phallus, identity is also profoundly gendered. Sexual

---

[2] For Lacan, this is not an 'alienation' from some pre-existing 'identity', but is rather a 'lack-in-being' of the profound splitting of subjectivity (Rose, 1982: 40).

[3]. For Lacan, language, the symbolic, 'stands in' for objects. 'The real' therefore refers to "the moment of impossibility" (Rose, 1982: 31), describing "that which is lacking in the symbolic order". In "it 'raw' state ... (it) may only be supposed" (Sheridan, 1977: x).

difference

> must exist because no human being can become a subject outside the division into two sexes. One must take up a position as either a man or a woman. Such a position is by no means identical with one's biological sexual characteristics (Mitchell, 1982: 6).

And because it is the phallus that represents human identity, sexual difference is always constructed in language (Coward et al., 1976) such that masculinity is positively signified as 'I' whilst femininity is negatively signified, the 'not-I'.

> Sexual difference is inscribed in language only in relation to the phallus; the other sex is such, only because it does not have the phallus. (Benvenuto and Kennedy, 1986: 189)

That is, the phallus defines identity, the 'I', as masculine. As that which represents the effect of the Symbolic order, it designates the masculine as the position of 'Oneness', of knowing and of being and the feminine as the negatively defined "other of being", not-I, not-all, not-One (Benvenuto and Kennedy, 1986: 186; Rose, 1982). 'Woman' enters the Symbolic negatively "in a relation of lack" (Coward et al., 1976: 15), "guarantee(ing) that unity (of identity) on the side of the man" (Rose, 1982: 47). Thus, like Freud, Lacan defines femininity negatively in terms of a lack.

3.2.3 Feminine Subjectivity: 'Woman' as Ideology

As argued above, Lacan's work can be read as a non-humanist, and de-centring theory of subjectivity in which (gender) identity cannot be reduced to biological difference or to the individual because it is fictionally constituted within the Symbolic order.

> It (sexuality) cannot be solved by any reduction to biological factors, as the mere necessity of the myth underlying the Oedipus complex makes sufficiently clear. (Lacan, 1982a: 75; see also Rose, 1982: 40)

Lacan's re-reading of Freud thus emphasises that gender identity is an effect of signification (or interpretation). The definition of the feminine as a lack is symbolic because "something can only be seen to be missing according to a pre-existing hierarchy of values ('there is nothing missing in the real' PP p.113)" (Rose, 1982: 42; see also Lacan, 1982b). Thus, the negativity of the feminine is a consequence not of a 'real' lack but of the phallic nature of signification. And, drawing on structuralist linguistics, Lacan demonstrates the illusory and precarious nature of this Symbolic identity.

Following Saussure (1974), Lacan[4] holds that not only are language-systems social and external to the individual, they are also "systems of values maintained by social convention" (Lyons, 1981: 221). That is, the relationship between the signified and signifier, which together make up the linguistic sign, is <u>arbitrary</u> (see also Coward et al., 1976; Rose, 1982; Lacan, 1958a, 1977). Language is conceptualized here, not as a transparent nomenclature. Rather words are meaningful only within the structure of a language-system (Lyons, 1981). Meaning is the product of the semantic relations between words (Lyons, 1981). It exists not in the word itself but in the divisions and differences produced within language (see Coward et al. 1976). And the phallus (which is not the penis it signifies) is the 'privileged signifier', signifying sexual difference (Coward et al., 1976, in Sayers, 1982).

> In Freudian doctrine the phallus is not a fantasy, if what is understood by that is an imaginary effect. Nor is it as such an object (part, internal, good, bad etc. ...) in so far as this term tends to accentuate the reality involved in a relationship. It is even less the organ, penis or clitoris which it symbolises. ... the phallus is a signifier whose function in the intrasubjective economy of analysis

[4] Whilst Lacan adopts the epistemological framework of Saussurian linguistics he also transposes Saussure's 'fraction of sign = signified/signifier' (Walkerdine, 1988: 3-4).

> might lift the veil[5] which it served in the mysteries. (Lacan, 1982a: 79)

For Lacan, then, the phallus, which signifies the effect of the Symbolic in constituting (gendered) subjectivity, cannot be simply equated with the penis. Moreover, whilst Lacanian theory has been accused of phallocentrism (see Rose, 1982) this theory is also an exposure of the 'fraudulent' status of the phallus (Rose, 1982). That is, whilst language fixes meaning and constitutes identity, meaning is also constantly slipping (Rose, 1982) along metaphoric and metonymic axes. The signified can always become a signifier. Because meaning is produced only in the relations between words "(w)e are forced ... to accept the notion of an incessant sliding of the signified under the signifier" (Lacan, 1977: 154).

> From which we can say that it is in the chain of the signifier that meaning 'insists' but that none of its elements 'consists' in the signification of which it is at the moment capable. (Lacan, 1977: 153)

The meanings of words are uncertain, unfixed because they are always 'differed' along chains of signifiers (because it is only in the relations between words that meaning is produced). In addition, because the signifier 'stands in' for the object, signification also indicates loss: "language speaks the loss which lay behind that first moment of symbolization (Rose, 1982: 32). Because the phallus signifies the effect of the Symbolic, its presence also signifies an absence (Benvenuto and Kennedy, 1986). The phallus represents 'One-ness' (Benvenuto and Kennedy, 1986: 190). It represents identity and certainty. But Lacan

---

[5] Lacan refers the phallus to the function of 'veiling', indicating that it "covers over the complexity of the child's early sexual life with a crude opposition in which that very complexity is refused or repressed. The phallus thus indicates the reduction of difference to an instance of visible perception, a seeming value" (Rose, 1982: 42).

> deconstructs the omnipotent fantasy of the self as whole and undivided, showing it instead to be founded in the illusory elision of division - of inner and outer - at its very inception (Sayers, 1990: 200).

Hence, the phallus also signifies that 'lack in being', the splitting in which subjectivity is constituted outside of itself. It signifies both subjectivity and desire which arises precisely because of the lack or gap in the Symbolic (see Rose, 1982).

> Freud makes it clear that what is at issue for him (throughout the moment of castration) is the mode of representation of a lack from which the subject finds himself suspended in his traumatic relation to desire: whence the traumatic, unbearable character of this perception and of the profound fissure in which it establishes the subject. (Lacan, 1982c: 113)

Thus, the "idealization of separation and the idealization of the phallus go together" (Benjamin, 1985: 4). Hence, "the status of the phallus", in signifying the certainty of identity, "is a fraud" (Rose, 1982: 40): "the very ideology of oneness and completion" signified by the phallus denies or "closes off the gap of human desire" also signified by the phallus (Rose, 1982: 46). And, as Irigaray (1988: 161) argues,

> from the moment that a pole of difference pretends to decree the Universal, it says that its discourse is not sexualized. However, there are indications of sexual difference in this discourse that has <u>pretensions</u> to the universal.

The concept of the phallus in Lacanian theory indicates, then, not so much an assertion of unproblematic male privilege as the problematic, conflictual nature of human subjectivity and sexuality (Rose, 1982). In short, Lacan de-centres subjectivity, conceptualizing it as an identification with the pre-existing position of 'I' within the Symbolic order. Drawing on structural linguistics, he shows how profoundly precarious, problematic and fictional that subjectivity and

sexuality are. His theory is therefore useful because in questioning the Symbolic as a "register of absolute fixity" he thereby questions and deconstructs the category of woman (Rose, 1983, in Sayers, 1986: 92; see also Frosh, 1994)

Lacan emphasizes, then, that femininity is not a natural category but a symbolic position. And this re-reading of femininity also elucidates the particularly problematic nature of this fictional, Symbolic 'feminine' identity. As noted above, 'femininity' is conceptualized as a socially, symbolically constructed (im)position that is negatively signified in relation to the phallus; as the other, as not-I, not-One (Benvenuto and Kennedy, 1986). It is the Other of identity. But it is not that 'the woman' is outside of the Symbolic order. Rather 'she' is excluded within it.

> Her being not all in the phallic function does not mean that she is not in it at all. She is in it not not at all. She is right in it (Lacan, 1982d: 145).

And, as Lacan argues, there is therefore "something unacceptable" for 'woman' "in the fact of being placed as an object in a symbolic order to which, at the same time, she is subjected just as much as the man" (Lacan, in Rose, 1982: 45).

The category of femininity is thus theorized as unacceptable, at least for women. But it is also "fundamentally conflictual" because 'woman' is (impossibly) contained within an exclusion. 'She' stands as an impossible contradiction - a subject position of the other-of-identity.

> That the woman should be inscribed in an order of exchange of which she is the object, is what makes for the fundamentally conflictual, and, I would say, insoluble, character of her position... (Lacan in Rose, 1982: 45).

Whereas for Riviere (1929) "masquerade ..indicated a failed femininity", for Lacan "masquerade is the very definition of 'femininity'" because 'woman' is defined in terms of that which 'she' is not (Rose 1982: 43). Hence, "~~The~~ woman does not exist" (Lacan, quoted in Rose 1982: 48). Moreover, femininity, therefore, indicates 'the fundamental duplicity' of the Symbolic (Rose, 1982: 42) because it points to the lack

in the Symbolic, to 'something more', "to a jouissance proper to her, to this 'her' which does not exist" (see Lacan, 1982d: 145). Hence, as Rose (1982: 44) argues,

> The description of feminine sexuality is therefore an exposure of the terms of its definition, the very opposite of a demand as to what that sexuality should be. ... it involves precisely a collapse of the phallus ... giving the lie, we could say, to the whole problem outlined.

Lacanian psychoanalytic theory thus elucidates the profoundly problematic, 'unacceptable' and perhaps subversive nature of 'femininity' as the negatively signified other within the Symbolic order. As Sayers (1986: 94) argues, feminist Lacanians have deconstructed the category of woman. Problematically, however, it is not clear what relationship actual women might have to this category of 'woman' nor from what (symbolic) position women might resist this unacceptable (im)position.

3.2.4 Other Femininities (for Feminism?)

Freud argued that femininity and hysteria are linked both historically and psychologically (Mitchell 1984; see also chapter 6 for a further discussion of hysteria): "'the feminine' (being a woman in a psychological sense) was in part a hysterical formation" (Mitchell, 1974: 48). The profoundly problematic and conflictual nature of 'femininity', theorized by Freud and Lacan, clearly indicates the difficulties of female psychosexual development. And the elucidation of the impossibility and unacceptability of 'femininity' must surely further our understanding of 'female maladies' (see Showalter, 1987) such as hysteria and, more contemporarily, anorexia (Malson, 1992). As Mitchell (1984: 308) argues,

> Hysteria was, and is - whatever the age and generational status of the man or woman who expresses it - the daughter's disease. To 'her' 'femininity' really seems to equal the gap indicated by castration or, in Joan Riviere's words, it is enacted as 'a masquerade' to cover it.

And, as noted above, for Lacan 'masquerade' is the very definition of femininity, in that it is defined in terms of a male sign (Rose, 1982). This is not to argue, however, that women are somehow 'naturally' hysterical or that all (or most) women come to be hysterical (Malson, 1992). Rather, it is to suggest that 'the hysterical woman' or 'the anorexic woman' is "a parody of the core of social values, women's expected dependency and restricted social role" (Selig 1988: 413, my emphasis). Similarly, a number of psychoanalytic feminists have argued that 'the hysteric' can be understood as a quasi-feminist refusal of patriarchal heterosexuality (see Ramas, 1985), that 'she' makes "permanent war" with the phallocentrism and patriarchy of the Symbolic order (see Cixous, in Gallop, 1985: 203). Cixous (Clement and Cixous, 1975), for example, describes Freud's Dora's as "a radiant example of feminine revolt" (Moi, 1985: 192). Whilst not denying the rejecting/protesting aspect of hysteria or anorexia, the location of feminist protest in such self-destruction is inevitably problematic (see Swartz, 1985a). Moreover, hysteria may be not so much a feminist political resistance to patriarchy as a dissenting but co-opted defeat. As Clement (Clement and Cixous, 1975: 287, in Gallop, 1985: 203) argues, hysteria

> introduces dissention, but it in no way makes anything burst; that does not disperse the bourgeois family, which only exists through her dissention, which only holds together in the possibility or the reality of its own disturbance, always re-closable, always re-closed.

That is, whilst 'the hysteric' can be understood as (not) voicing 'her' dissent in 'her' symptoms, 'she' is always assimilable within the phallocentric order 'she' contests. The hysteric (and also 'the anorexic') "both refuses and is totally entrapped within femininity" (Mitchell, 1984: 290). And, indeed, this paradoxical entrapment-rejection might in itself be seen as bound up with the problematic nature of femininity discussed above.

A related response to the problem of 'the

feminine'/feminist is proposed by Kristeva. She shifts Lacan's focus on symbolic abstraction to include the semiotics - the 'texture', gestures and rhythms of speech (see Sayers, in press/b). She argues that women speak and write as 'hysterics', as 'outsiders' of phallocentric discourse (Jones, 1985). Her project of 'semanalysis' thus attends to marginal and resistant meanings. "A feminist practice" she argues "can only be ... at odds with what already exists so that we may say 'that's not it' and 'that's still not it'" (Kristeva, 1974, in Jones, 1985: 88). That is, for Kristeva 'woman's' function (which can also include men) can only be negative, challenging (Jones, 1985), subverting and re-claiming (masculine) language as our own (Ussher, 1991).

In contrast with Kristeva, Irigaray argues that women have their own specificity distinct from men. For her, a feminist resistance to phallogocentrism must focus on formulating the specificity of the female body and of the mother-daughter relationship. In this latter respect her work converges with that of many non-Lacanian feminists who, objecting to the phallocentric, father-centredness of Freud's work, have shifted their focus from the father to the mother (see Sayers, 1988, 1991, in press/b). Following on from Klein and later Winnicott, feminists such as Chodorow (1978), Benjamin (1990) and Orbach (1993) have increasingly focused on the pre-oedipal mother-child relationship and (following Winnicott) on the effects of its individual material realities rather than fantasies[6]. As Sayers argues, "(g)iven the value Winnicott, unlike Freud, attaches to the work of women as mothers ... it is little surprise that feminists have found his theories particularly sympathetic" (Sayers, in press/b: 4). Yet it is also paradoxical that this feminist analysis focuses on "individual issues relating to the mother to the neglect of others, particularly the father" when feminism has

[6] See Sayers (1991, in press/b and 1988) for a fuller discussion of the shift towards a focus on the mother in feminist psychoanalysis. See also chapter 2 for a discussion of Orbach's mother-centred psychoanalytic account of anorexia.

"repeatedly insisted on the necessity of going beyond the individual-centredness of psychoanalysis to take account of the social and patriarchal factors conditioning women's ills and discontents" (Sayers, 1988: 368-369).

In focusing on the specificity of the female body, Irigaray's work also converges in part with the much earlier work of Horney (1926). Horney argued that 'feminine' psychology does not simply result from penis-envy but, rather, is "rooted in women's 'specific biological nature'" (Horney, 1926: 17, in Sayers, 1982: 130). Yet whilst Horney's attempt to counter Freud's 'male-bias' is appealing, it has also been described as essentialist because it posits a 'primary' natural femininity (see Sayers, 1982; Jones, 1985). Lacan (1982b: 127) has also asserted that her disputing "the anatomical priority" of the penis (or clitoris) "in no sense detracts from Freud's basic thesis on the phallic conditioning of narcissism in the subject irrespective of its sex".

Like Horney, Irigaray argues for a female psychology specific to the female rather than the male body (Sayers, 1982; Jones, 1985). As a post-Lacanian, she asserts that because women are caught up in a phallocentric Symbolic order they "have had no way of knowing or representing themselves" (Jones, 1985: 88). Thus she argues that the mother has no identity as a woman to give to her daughter.

> If the mother is the alienator it is because she has no identity as a woman. And this effectively plunges the mother and the little girl into the same nothingness. But the problem is neither to accuse the mother nor to say that it is the father who comes to liberate the little girl. The mother has to find her identity as a woman and from that point, she would be able to give an identity to her daughter. But this is the key point to which our system is most blind. (Irigaray, 1988: 157)

Irigaray (1988: 156) argues that society is built not just on the Oedipal myth of patricide but primarily on matricide: "when fathers took the power they had already annihilated the mother". What is required, she claims, if women are to find their identity as women, is a return to the specificity of the

female body, to the 'two lips' of the vulva and to a 'specific female desire' (Sayers, 1982) of multiple libidinal energies (Jones, 1985).

Clearly Irigaray's project can be read as essentialist, as an argument that feminists should fight patriarchy so that we could express a 'femininity' that is "essentially constituted in biology" (Sayers, 1982: 131-132). Her 'solution' is bound up with the very system it claims to undermine (Jones, 1985): "the female body hardly seems the best site to launch an attack on the forces that have alienated us from what our sexuality might become" (Jones, 1985: 93). While Cixous' (Clement and Cixous, 1975, in Jones, 1985) description of femininity as flowing from her body, or Irigaray's celebration of female sexuality as diverse, diffused, of woman as "infinitely other in herself", as "temperamental, incomprehensible, perturbed, capricious", "a little crazy" and incoherent (Irigaray, 1977, in Jones, 1985), is certainly opposed to phallic identity, it seems to oppose from that very position in which patriarchal order placed it.

In contrast with this critique, however, Whitford (1989; see also McNay, 1992) has argued that Irigaray is not essentialist because her work can also be re-read at the level of the symbolic rather than at the level of the 'real' body. Whitford (1989) argues that Irigaray's project is the formulation of a female symbolic that would allow the mother to be mother <u>and</u> woman, that would not reduce women to a maternal <u>function</u> and that would give women a (feminine rather than phallocentric) identity as women. In this reading, Irigaray is arguing that women have been left in a state of 'dereliction' not because of women's 'nature' but because they cannot successfully emerge as subjects within an order that only signifies the feminine as a negative (Whitford, 1989). Because the mother-daughter relationship and the female body remain as yet unsymbolized in their own specificity, women are hindered from having a (symbolic) identity. The "problem for women lies" therefore "in the <u>non-symbolization</u> of the relation to the mother and to the mother's body" (Whitford,

1989: 114). Irigaray, thus, criticizes the partiality of the symbolic and argues for the formulation of a feminine imaginary and symbolic based on the constantly touching lips of the vulva and on the diffused multiplicity of 'female desire'.

> The symbolic that you (Messieurs les psychanalystes) impose as universal, free of all empirical or historical contingency, is <u>your</u> imaginary transformed into an order, a social order. (Irigaray, 1985: 311-313, in Whitford, 1989: : 118)

> To turn the 'body without organs' into a 'cause' of sexual pleasure, isn't it necessary to have had a relation to language and to sex - to the organs - that women have never had (Irigaray, 1977, in Whitford, 1989: 113).

Hence Irigaray's description (1977) of 'femininity', Whitford (1989) argues, is not so much a demand for a return to the 'real' of the female body as an attempt to formulate a 'female imaginary' which could be transformed into a 'female symbolic' based on the female body.

Whether Irigaray is talking about literal biology or is using 'the two lips' as an alternative symbolic term is unclear. However, (and setting aside the question of whether or not a 'female symbolic' is possible) Irigaray's work still remains problematic because, like Lacan's, it posits an homogenized category of '<u>the</u> woman' and "I wonder ... whether one libidinal voice, however non-phallocentrically defined, can speak to the economic and cultural problems of all women" (Jones, 1985: 96). That is, both Lacan and Irigaray seem problematically to theorize only one 'woman' (however 'she' is defined). Black, white, working- and middle-class, feminist and non-feminist, Western and non-Western women surely cannot all be adequately accounted for by any single 'monolithic myth' of femininity (see Jones, 1985). Thus, Wittig (1979, in Jones, 1985: 95) comments:

> It remains... for us to define our oppression in materialist terms, to say that women are a class, which is to say that the category 'woman', as well as 'man' is a political and economic category, not an eternal one... Our first task ... is thoroughly

> to dissociate 'women' (the class within which we fight) and 'woman' the myth. For 'woman', does not exist for us; it is only an imaginary formation, while 'women' is the product of a social relationship.

That is, a single concept of femininity seems to "flatten out the lived differences among women" (Jones, 1985: 95). As Rose (1982: 49-50) notes, "(i)f woman is 'not all', ... then 'she' can hardly refer to all women." Thus, Sayers (1986: 93 & 94) argues, "'woman' is indeed a sliding signifier, variously signifying 'daughter', 'lover', 'prostitute', 'Black', 'mother', 'worker', and so on". Lacanian and post-Lacanian theories often lose sight "of the social realities that go to make up the category 'woman'". And outside of actual social relations the concept of "'woman' becomes an abstraction" (Eisentein, 1979: 47, in Sayers, 1986: 93). It is therefore necessary, I would argue, to theorize 'woman' as a multiplicity of various and often contradictory 'femininities' (see Riley, 1988; Jardine, 1985; Poovey, 1988), constituted within actual socio-cultural and linguistic or discursive practices (Walkerdine, 1993; Wetherell and White, 1992):

> 'woman' is historically, discursively constructed, and always relatively to other categories which themselves change; 'woman' is a volatile collectivity in which female persons can be very differently positioned, so that the apparent continuity of the subject of 'woman' is not to be relied on; 'woman' is both synchronically and diachronically erratic as a collectivity. (Riley, 1988: 1-2)

The category of 'woman' fluctuates both culturally and historically, encompassing a multiplicity of socio-historically specific 'femininities'. Whilst 'the phallic mode of identity' (Benjamin, 1985) and the definition of femininity as the other of identity, the not-all, may be ubiquitous, "the ways in which it is defined, imposed, accepted, subverted and defied will vary" (Malson, 1992: 83). Moreover, as Lacan

argues, the relationship of women to 'woman' is also uncertain[7].

> Freud argues that there is no libido other than masculine. Meaning what? other than that a whole field, which is hardly negligible is thereby ignored. This is the field of all those beings who take on the status of the woman - if, indeed, this being takes on anything whatsoever of her fate (Lacan, 1972-3, in Rose, 1982: 27; my emphasis).

Similarly, Riley (1988: 6) argues,

> The question of how far any woman can take on the identity of being a woman in a thoroughgoing manner recalls the fictive status accorded to sexual identities by some psychoanalytic thought. How could someone 'be a woman' through and through, make a final home in that classification without suffering claustrophobia?

That is, women have fluctuating relationships with the already fluctuating category of woman. As will be argued below, the category of woman might be best theorized as a 'plural collectivity' of often contradictory subject positions constituted in and by various socio-historically specific discourses of which the Symbolic is an abstraction. And whilst gendered subject positions lean on the corpo-reality of the body, of genital difference, women take up and are taken up by a multiplicity of different subject positions with "different densities of sexed being" (Riley, 1988: 6).

3.3 From the Symbolic towards Discourse

Lacan's re-reading of Freud emphasises the central function of interpretation, of language or the Symbolic order, in constituting (gendered) subjectivity. And, as noted above, this emphasis on language makes it possible to read his work as a non-humanist, de-centring account of subjectivity that refuses a dichotomization of individual and society. Firstly, because he theorizes subjectivity as constituted outside of

---

[7] C.f. Freud (1925: 342) who argued that in "girls the motive for the demolition of the Oedipus complex is lacking" because castration "has already had its effect".

itself as a symbolic position in language and secondly, because he thereby shows (gender) identity to be fictional. Adopting Saussurian linguistics as an epistemological framework he demonstrates the precarious, uncertain, problematic and fictional nature of subjectivity and of femininity. He questions "the register of the absolute fixity ... of the category of woman" (Rose, 1983, in Sayers, 1986: 92). However, in focusing on the abstract concept of the Symbolic order (c.f. Saussure's langue), Lacan's and some post-Lacanian theories tend to neglect the actualities of speech (c.f. Saussure's parole), the discourses and discursive practices in which language and therefore (gendered) subjectivities are 're-produced' (Henriques et al., 1984; see Sayers, 1986). As Saussure himself argued, language-systems are social and material (Lyons, 1981). Language, like any other social institution, must be put into a social setting so that it can be understood as "something used daily by all" and as "constantly ... influenced by all" even though it cannot be changed by any one individual (Saussure, 1960: 73-74). Language or discourse cannot exist independently of its daily re-production and is therefore changeable (Hollway, 1992)[8] Hence, language can be understood both as an established system that pre-exists the individual and as an historically evolving system that changes because of its continual use (Cox, 1989; Saussure, 1960).

> In a certain sense ... we can speak of both the immutability and the mutability of the sign ... the sign is exposed to alteration because it perpetuates itself. What predominates in all change is the persistence of the old substance; disregard for the past is only relative. That is why the principle of change is based on the principle of continuity. ... Regardless of what the forces of change are ... they always result in a shift in the relationship between the signified and the signifier. (Saussure, 1960: 74-75)

[8] Hence Foucault's genealogies of discourses and discursive practices stresses discontinuity as much as continuity (Foucault, 1977a, see pp.168-169).

That is, by locating language within its social context, Saussure shows it to be socio-historically mutable. Moreover, attention to the social indicates the necessity of moving from Lacan's and Saussure's structuralist concept of language or the symbolic order as a universal totality (see Walkerdine, 1988; Sayers, 1990) towards a post-structuralist concept of discourses (see Foucault, 1972; Henriques et al., 1984) characterized by diversity and power-struggle (Fairclough, 1989). As will be argued below, post-structuralism may provide a more adequate theoretical framework within which to understand subjectivity and femininity (and therefore anorexia) as socio-historically located, multiple and shifting subject positions constituted in discourses and discursive practices (see Walkerdine, 1986).

3.4 Discourse, Power/Knowledge, Subjectivity and Gender

As Walkerdine (1986: 65) argues, many critiques of structuralism have stressed that "the social 'totality' is not a well-fitting and founded structure" and that "the social domain" may be better understood as "a contradictory nexus of social practices" (Hirst and Woolley, 1984, in Walkerdine, 1986: 65). Hence, the structuralist conceptions of language or the Symbolic order as universal totalities might be better reformulated in terms of a post-structuralist, Foucauldian theory of discourses and discursive practices. This section will therefore discuss the contribution of post-structuralist theory to an understanding of subjectivity, gender, power and knowledge and consequently to an understanding of anorexia. The shift from structuralism to post-structuralism clearly produces some tensions between the works of Foucault and Lacan. However, I would argue that these theories are nevertheless epistemologically compatible (see Foucault, 1972). Both adopt Saussurian or post-Saussurian linguistics as an epistemological or meta-theoretical framework, viewing the relationship between signifier and signified as arbitrary. Hence meaning, and therefore knowledge, is constituted within

language. Both Lacan[9] and Foucault must thus contest the notion of absolute, objective, empirically verifiable 'truth'. Further, both refuse an individual-society dichotomy, theorizing a de-centred, non-humanist subject, constituted outside of itself in discourse or the symbolic. However, as Walkerdine (1986: 64-65) notes, Foucault does not (until his most recent work) address "the problem of subjectivity directly, but rather skirts around it". And, as will be argued below, it is important to retain Lacan's theorization of desire and subjectivity within the post-structuralist perspective that Foucault provides.

For Foucault (1972) language is not a unitary, trans-historical totality (Walkerdine, 1988) but rather consists of a variety of different historically specific discourses; for example, economic, medical, psychiatric and psychological discourses. Foucault defines these discourses as regulated systems of statements (Henriques et al., 1984). However, what unites a system of statements, what constitutes the unity of a discourse is always provisional. Whilst discourses are realized in texts and speech, this realization is always fragmentary (Parker, 1990b). As Parker (1990b) argues, we only ever find pieces of discourse. The unity of a discourse cannot be found in the document or the <u>oeuvre</u> because "(t)he frontiers of a book are never clear-cut: ... it is always caught up in a system of references to other books, other texts, other sentences: it is a node within a network" (Foucault, 1972: 23). A document only provides "a weak, accessory unity in relation to the discursive unity of which it is the support" (Foucault, 1972: 23). Hence, for Foucault, a discourse is a dispersed system whose hypothesised unity is always provisional: "we must conceive of discourse as a series

---

[9] The concept of '<u>meconnaissance</u>' - misconstruction or misrecognition - is central to Lacan's thesis in which "knowledge (<u>connaissance</u>) is inextricably bound up with <u>meconnaissance</u> (Sheridan, 1977: xi). Further, for Lacan, the symbolic 'stands in' for 'the real' which itself can only be supposed (Sheridan, 1977: x; see footnote 3).

of discontinuous segments whose tactical function is neither uniform or stable" (Foucault, 1979: 100). The division of language into discourses

> cannot be regarded either as definite or as absolutely valid; it is no more than an initial approximation that must allow relations to appear that may erase the limits of this initial outline. (Foucault, 1972: 30)

Hence, to identify a discourse "is not to close it upon itself; it is to leave oneself free to describe the interplay of relations within and outside it" (Foucault, 1972: 29).

Moreover, the unity of a discourse cannot be based simply upon the existence of its objects - on the economy, the mind, madness, sickness or the body, for example - because, discourses are "practices that systematically form the objects of which they speak" (Foucault, 1972: 49). For Foucault and the post-structuralist and discourse-oriented researchers and theorists that have followed him, discourse is not a transparent medium which simply describes or reflects some underlying reality (see e.g. Henriques et al., 1984; Walkerdine, 1988; Potter and Wetherell, 1987; Wetherell and White, 1992). Rather, discourses (and discursive practices) are constitutive of their objects (Foucault, 1972, 1979). Objects, individuals or experiences are discursively produced (Harre, 1992) and their meanings are inseparable from the ways in which they are described (Widdicombe, 1993).

As Hall (1982) notes, this view of language is very different from the notion of language as reflective.

> It implies the active work of selecting and presenting, of structuring and shaping; not merely the transmitting of an already-existing meaning, but the more active labour of <u>making things mean</u>. (Hall, 1982: 64)

Objects do not exist 'anterior' to discourse, 'waiting' to be discovered and more or less accurately, objectively described (Foucault, 1977a). Rather a discourse "finds a way of limiting its domain, of defining what it is talking about, of giving it

the status of an object - and therefore of making it manifest, nameable, and describable" (Foucault, 1972: 41). Objects of social reality

> are not 'things' set apart from and independent of discourse but are realized only in and through the discursive elements which surround the objects in question. Things then are made visible and palpable through the existence of discursive practices, and so disease and death (for example) are not referents about which there are discourses but objects constructed by discourse. (Prior, 1989: 3)

Similarly, discourses produce 'identities', subject positions, "institutional sites" from which a person can speak or be addressed (Foucault, 1972: 51; see Henriques et al., 1984). Discourses do not simply describe individuals. Rather they offer up a variety of subject positions (see Walkerdine, 1986; Hollway, 1992). Subjectivity does not come from within but is constituted and re-constituted in texts and talk (Wetherell and White, 1992). Hence 'identity' can be conceptualized in terms of a multiplicity of different, shifting, often contradictory positions (Walkerdine, 1993). Femininity, for example, can be understood not so much as a collection of characteristics found within the individual or as a consistent unitary identity than as an empty category that takes on a variety of historically contingent shapes within different discourses (Wetherell, 1986; Wetherell and White, 1992; Jardine, 1985; Poovey, 1988). For Foucault, then, subjectivity is not only de-centred as a subject position in discourse (c.f. Lacan); it is also multiple and dispersed.

> I do not refer the various enunciative modalities to the unity of the subject ... instead of referring back to the synthesis or the unifying function of a subject, the various enunciative modalities manifest his (sic) dispersion. To the various statuses, the various sites, the various position that he can occupy or be given when making a discourse. To the discontinuity of the planes from which he speaks. And if these planes are linked by a system of relations, this system is not established by the synthetic activity of a consciousness identical with itself, dumb and anterior to all speech, but by the specificity of a discursive practice. ... discourse is not the majestically unfolding manifestation of

> a thinking, knowing speaking subject, but, on the contrary, a totality in which dispersion of the subject and his discontinuity with himself may be determined. (Foucault, 1972: 54-55)

Moreover, Foucault argues that a discourse is not simply a set of linguistic practices (Prior, 1989). The concept of discourse includes discursive practices. It is "composed of a whole assemblage of activities, events, objects, selfings and epistemological precepts" (Prior, 1989: 3). A discourse is, then, a practice and discursive relations are neither simply "internal to discourse" nor "exterior to discourse ... they are in a sense, at the limit of discourse" (Foucault, 1972: 46). "Of course, discourses are composed of signs; but what they do is more than use these signs to designate things. It is this more that renders them irreducible to the language (langue) and to speech" (Foucault, 1972: 49). That is, discourses as social practice have powerful, 'real' effects (Walkerdine, 1986). They regulate and normalize human behaviours and activities, defining what is normal and abnormal in various social settings and for various groups of people (Walkerdine, 1986; Foucault, 1977b, 1979).

Similarly, as practices, discourses are not simply conditioned by linguistic rules. The coming into existence of, for example, 'madness' as an object of discourse was 'ruled' by 'the conditions of possibility' (Woodiwiss, 1990: 63) of a discourse on madness. Such conditions included its 'surface of emergence' - the social conditions including the rise of the bourgeois family and of the medical profession who as "the authorities of delimitation ... as a body of knowledge and practice ... became the major authority in society that delimited, designated, named, and established madness as an object" (Foucault, 1972: 41-42). Thus discourses as social practices have 'real' effects (Walkerdine, 1986), legitimating particular practices, particular forms of authority, constituting particular 'truths' about 'reality' and positioning and constituting people as, for example, sane or insane (Foucault, 1967, 1972, 1977b, 1979). "We can thus

suggest that", in constituting fields of knowledge about the 'truth' and in thereby positioning and regulating people, discourses "have powerful and 'real' effects, while at the same time acknowledging that their 'truth' is itself historically produced within certain specific conditions of possibility" (Walkerdine, 1986: 64). Hence,

> the possibility exists for fiction to function in truth, for fictional discourse to induce effects of truth, and for bringing it about that a true discourse engenders or 'manufactures' something that does not as yet exist, that is, 'fictions' it. (Foucault, 1980: 193)

For Foucault, therefore, discourses are about power (see Walkerdine, 1986; Couzens Hoy, 1986; Foucault, 1977b; 1979; 1980): "it is in discourse that power and knowledge are joined together" (Foucault, 1979: 100). In constituting a field of knowledge, a discourse rules out other truths. "The manifest discourse ... is really no more than the repressive presence of what it does not say" (Foucault, 1972: 25). And, as argued above, discourses have powerful effects in constituting and regulating subjectivities. The 'sovereign individual', for example, is "a particular product of historically specific practices of social regulation" (Henriques et al., 1984: 12; see also Foucault, 1977b). Thus,

> we should admit ... that power produces knowledge (and not simply by encouraging it because it serves power or by applying it because it is useful); that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations. (Foucault, 1977b: 27)

For Foucault, then, power functions in and through discourse (and discursive practices). It is conceptualized in terms of a "micro-physics of power" (Foucault, 1977b: 139), as power-relations which, although unevenly distributed, are everywhere (Foucault, 1979: 95). Power is "not so much ... a fixed possession (as in sovereign power), but ... an aspect of the

very regulative knowledge itself" (Walkerdine, 1986: 65; Foucault, 1979). Discourses regulate and discipline by constituting fields of knowledge, instituting truths, constituting subjectivities in particular ways, positioning people within discourses and subjecting them to normalizing judgements (Foucault, 1977b, 1979; Walkerdine, 1988).

However, as Foucault (1977b: 170) argues, this infinitesimal control is not simply a repression. Rather "discipline 'makes' individuals".

> The individual is no doubt the fictive atom of an 'ideological' representation of society, but he (sic) is also a reality fabricated by this specific technology of power that I have called 'discipline'. We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact, power produces; it produces reality, it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (Foucault, 1977b: 194)

Power/knowledge, therefore, does not simply repress but rather produces 'the individual' and other objects in particular ways. Moreover, as Foucault (1979: 96) argues, discourses produce there own 'plurality of resistances'. Nineteenth century medical discourse on sexuality, for example, produced 'the homosexual' as perverse but it thereby produced a subject position from which such pathologization could be resisted (Foucault, 1979). Hence, "(t)here is not, on the one side, a discourse of power, and opposite it, another discourse that runs counter to it. Discourses are tactical elements or blocks in the field of force relations" (Foucault, 1979: 101-102). In short, Foucault (1979: 102) conceptualizes power in terms a "multiple and mobile field of force relations" functioning in discourses and discursive practices "wherein far-reaching, but never completely stable, effects of domination are produced."

Further, the idea of the body is central to Foucault's theorization of discourse and power/knowledge (McNay, 1992). He argues that discourses 'discipline' the body through "a

multiplicity of minor processes of domination" (Foucault, 1977b: 138). Discourses construct the body in particular ways, "exercising upon it a subtle co-ercion, ... obtaining holds upon it at the level of the mechanism itself - movements, gestures, attitudes, rapidity: an infinitesimal power over the active body" (Foucault, 1977b: 137). He insists, therefore, that the body is an historically and culturally specific entity, shaped and re-shaped in different discourses and discursive practices (McNay, 1992; Foucault, 1977a). Hence,

> The body is the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated self (adopting the illusion of a substantial unity), and a volume in perpetual disintegration. Genealogy, as an analysis of descent, is thus situated within the articulation of the body and history. Its task is to expose a body totally imprinted by history and the process of history's destruction of the body. (Foucault, 1977a: 148)

Despite its corpo-reality the body is not "an originating point nor yet a terminus; it is a result or an effect" (Riley, 1988: 102; Foucault, 1977a). The body is 'always already' produced within discourse and discursive practices (McNay, 1992). It is not possible to know it outside of discourse, before it is 'inscribed' within social practices and power-relations (McNay, 1992). However, discourses do not simply produce docile useful bodies (see Foucault, 1977b) since as noted above discourse, power/knowledge, produces its own 'plurality of resistances' (Foucault, 1979). Foucauldian theory thus provides a radically anti-essentialist account of the body which "at the same time, does not deny the materiality of the body" (McNay, 1992). The body as 'always already' multiply produced in socio-historically specific discourses which constitute, 'penetrate' and regulate it in particular ways but which also produce resistances to their 'infinitesimal controls'.

In short, Foucault provides an account of subjectivity and the body as produced in and regulated by discourses which,

I would argue, constitutes a useful framework for feminist analyses and for the analyses in this thesis for a number of reasons (see also McNay, 1992; Walkerdine, 1986). Firstly, the theorization of subjectivity as de-centred, as constituted in and regulated by socio-historically specific discourses, enables an analysis of 'femininity' as a 'plural collectivity' (Riley, 1988; see also Walkerdine, 1986) of historically and culturally varying subject positions (see Wetherell, 1986) rather than as an eternal, asocial category (McNay, 1992). In contrast with psychoanalytic theory, which often lacks historical specificity (McNay, 1992), post-structuralism offers a more grounded theory of subjectivity as it is variously constituted, regulated and resisted.

Secondly, Foucault's theorization of the body is radically anti-essentialist: the body as 'always already' constituted in and regulated by discourses and discursive practices (McNay, 1992). Foucault (1977a) attacks the search for origins, whether in body or in history, as 'an epistemologically problematic quest' for ahistorical, asocial essences (McNay, 1992; see also Riley, 1988). Moreover, he views the body as a locus at which power relations are manifest most concretely (Foucault, 1977b; McNay, 1992). His project thus coincides with that of feminism in its analysis of the body as a material site of power struggle. For Foucault (1979), the body and sex are constructs of discourses and discursive practices which regulate and normalize activities, subjectivities and sexualities (Foucault, 1979; Walkerdine, 1986). And, as argued above, it is through discourses that power/knowledge functions (Foucault, 1977b; 1979, 1980; Walkerdine, 1986). Furthermore, because, knowledge is always bound up with historically specific regimes of power, Foucauldian theory rejects the distinction between ideology and science (McNay, 1992). The notion of an empirically verifiable, objective or absolute truth becomes untenable because societies produce their own specific, normalizing, regulating truths (Foucault, 1979; McNay, 1992). Post-structuralist theory thus enables a feminist questioning of

those scientific 'truths' which have constituted women as (biologically) inferior and defective (see Ussher, 1992a). And at the same time it provides a theoretical framework within which to analyze the 'real' effects of these truths that 'fiction' women in a multiplicity of socio-historically specific ways (see Walkerdine, 1986, Foucault, 1980).

3.5 Conclusions

This chapter has attempted to set out the theoretical framework adopted in this thesis drawing on psychoanalytic and post-structuralist theories. Specifically, I have argued that Lacan's re-reading of Freud offers a particularly useful theory of subjectivity and gender as constituted outside of itself within the symbolic order. However, as argued above, Lacanian and some post-Lacanian theory tends to lack the socio-historical specificity that Foucauldian theory offers (McNay, 1992). Foucault's post-structuralist concept of discourse not only allows a more socially grounded analysis of subjectivity and gender. It also enables a conception of 'woman' as an unstable collectivity of multiple, often contradictory subject positions in discourse (see Riley, 1988; Walkerdine, 1986; Wetherell, 1986). In addition, Foucault's concept of the body as discursively constituted and regulated is not only anti-essentialist but also acknowledges and theorizes the corpo-reality of the body. And because power and knowledge are seen as bound together, functioning in discourse (Foucault, 1979), Foucauldian theory provides an account of the body as a site of power struggle as well as a critique of scientific truths of the female body as inferior and defective (see Ussher, 1992a).

However, as McNay (1992) notes, feminists have been critical of Foucault's lack of attention to the gendering of discursive positionings and regulations. Whilst he provides a detailed theorization of the discursive production of sex and sexuality and of technologies of sex (1979) he often fails to attend to how women and men are differently positioned, disciplined and regulated (McNay, 1992). Thus, I would argue,

it is important to retain the psychoanalytic, Lacanian insights into the phallic nature of signification, into the problematic nature of 'woman' as the negatively signified other. Moreover, as Walkerdine argues (Henriques et al., 1984) the theorization of subjectivity as a 'sum total of positions in discourse' leaves an important area unexplored (Walkerdine, 1986; see also Frosh, 1994). Lacan theorizes the signifier that by its presence also signifies an absence (Benvenuto and Kennedy, 1986). Hence, desire is conceptualized as an effect of the fundamental loss and splitting of signification (Rose, 1982): "it is as a derivation of the signifying chain that the channel of desire flows" (Lacan, 1958b: 259). Desire is then intimately bound up with subjectivity since both are effects of signification. As Bracher (1993: 19) argues,

> Insofar as a cultural phenomenon succeeds in interpellating subjects - that is, in summoning them to assume a certain subjective (dis)position - it does do by evoking some form of desire or by promising satisfaction of some desire.

The psychoanalytic insights into desire, into the irrational and unconscious nature of identification are therefore important in understanding the ways in which women are interpellated (Althusser, 1977) or taken up by and positioned in discourses and in understanding our 'investments' in particular subject positions (Hollway, 1992). Sayers (in press/a), for example, has illustrated how those unconscious defenses, theorized by psychoanalysis, are imbricated in maintaining our 'phallic illusions' in identity. And, as Walkerdine (1990) argues, "woman is fiction, lived as fact, and imbued with fantasy."

In discussing the theoretical perspective of this thesis I have attempted to demonstrate how psychoanalytic, particularly feminist Lacanian theory and post-structuralist theory will provide a useful framework within which to analyze 'anorexia nervosa' as a multiply produced object of discourse and as a category that is, I would argue, particularly relevant to women, to the (discursive) constitution and regulation of femininities, subjectivities and the female

body. Importantly, however, whilst drawing on Lacanian as well as post-structuralist theory, my analyses "shall remain, or try to remain, at the level of discourse itself" (Foucault, 1972: 48). In analyzing the medical texts in which 'anorexia' first emerged (study one) and the transcripts of interviews with women diagnosed as anorexic (study two) it is the texts themselves rather than the authors of the texts - their intentions, desires, cognitions or attitudes - that are the object of analysis. Thus, after having outlined the discourse analytic approach of this thesis, the following chapters will explore some of the discourses that converge on the body - in this case, the female body, the (very) thin body, the 'anorexic' body - to constitute and regulate the body, subjectivity and femininity in multiple, often contradictory ways.

Chapter Four
Methodology and Discourse

4.1 Introduction

In the previous chapter I outlined the theoretical framework of this thesis, discussing Lacanian and post-structuralist theorizations of gender and subjectivity and of discourse and knowledge. In this chapter I shall discuss some of the implications of this theory for psychological research. The chapter will begin with a brief review of the critiques of 'mainstream' positivist methodologies made by feminist and 'new paradigm' psychologists. It will then discuss how post-structuralist theory has further undermined the epistemological and methodological assumptions that underlie positivist research. Further, it will be argued that post-structuralist theory coincides with some of the feminist critiques of positivism discussed below. The chapter therefore presents a feminist post-structuralist framework for research before discussing in chapter 5 the methodology adopted in this thesis.

4.2 Critiques of Positivism

Since at least the 1930s the hypothetico-deductive or positivist methodology has been presented as the dominant paradigm in psychology (Kitzinger, 1987). This approach might be characterized by its idealization of experimental control and manipulation of variables and by its concern with the minutiae of research procedures, with quantification, measurement and statistical analysis (Henwood and Pidgeon, 1992; Kitzinger, 1987; Harre and Secord, 1972; Tseelon, 1991). The philosophy of science underpinning this approach is that of logical positivism, formulated by the Vienna circle in the early 1920s (Harre and Secord, 1972; see Bechtel (1988) and Kitzinger (1987) for further discussion of logical positivism). It assumes an objective knowable reality and is based on the empiricist epistemology that 'true' knowledge must be grounded in experience and observation (Harre and

Secord, 1972; Bechtel, 1988). Objective knowledge, it is argued, is attainable only by scientific experimentation and observation which could verify (or falsify) the truth of logical prepositions (Harre and Secord, 1972; Bechtel, 1988).

> By reducing complex concepts to simple logical functions of simple concepts, related to unambiguous experimental operations, science, it was thought, could be built upon a solid foundation of indisputable facts. (Harre and Secord, 1972: 33)

The critiques of logical positivism by, for example, Popper, Kuhn, and Quine and the works of Lakatos, Lauden, Feyerabend and others have also led to the emergence of post-positivist philosophies of science (Bechtel, 1988; Barker and Gholson, 1984; Woolgar, 1988; Outhwaite, 1987). Broadly speaking, however, the positivist view of scientific research progressively accumulating objective, universally applicable knowledge, determined by the actual nature of the world, persists (see Woolgar, 1988; Parker, 1990b). It remains the dominant paradigm within psychology (Henwood and Pidgeon, 1992). Nevertheless it has received much criticism both within and outside of psychology (Henwood and Pidgeon, 1992; Parker, 1989; see e.g. Harre and Secord, 1972; Kitzinger, 1987; Fee, 1981).

Much of this criticism has come from 'new paradigm' psychologists such as Harre (1979) and Shotter (1975, 1984; see Parker, 1990a). Harre and Secord (1972: 28), for example, argued that the positivist methodology did not automatically produce reliable, scientific knowledge; that behaviourism, the epitome of positivist psychology, yielded only an illusion of objectivity; and that the results of animal and laboratory experiments, so favoured by positivist psychologists, could not be generalized to humans in their social contexts. Positivist social psychology, they argued, was inadequate because it took no account of the meanings or contexts of human behaviour nor of human agency or experience. Consequently 'new paradigm' psychologists adopted ideas and methodologies, such as ethnomethodology (Garfinkel, 1967), role-play analysis, interviewing (see Harre and Secord, 1972)

and speech act theory (Austin, 1962), from other disciplines in an attempt to produce a more person-centred and context-oriented psychology (Harre and Secord, 1972; see Parker, 1990a).

Feminism has also provided a number of valuable critiques of the positivist quest for scientific objectivity. As Ussher (1991: 187) argues, "(t)here are virtually as many different theories and arguments in the feminist debate as there are feminists." Given the myriad of feminist perspectives it would be naive to talk of 'the feminist position' (Ussher, 1991) or 'the feminist critique' of positivism. Rather, there is a diversity of different feminist critiques and feminist agendas for research (see Wilkinson, 1986).

Many feminists have argued that whilst science claims to be objective, value-free and apolitical it is in fact masculine and androcentric (Fee, 1981; Jordanova, 1989; Harding, 1987; Walkerdine and Lucey, 1989; Bleier, 1984; Ussher, 1992b; Griffin, 1986). Firstly, the positivist 'scientific' epistemology is based on a liberal ideology which posits 'rational man' producing objective knowledge of the natural world through scientific endeavour (Fee, 1981). This ideology entails the often unstated assumption that the characteristics of 'rational man' are actually the characteristics of males (Fee, 1981; Harding, 1987). Thus, whether intentionally or unintentionally, science has systematically excluded the possibility that women could be the 'agents of knowledge' (Harding, 1987: 3; Fee, 1981). Whereas 'man' is associated with culture, rationality, knowledge and science, 'woman', as the other of man (see chapter 3), is associated with nature, superstition, and emotion (Jordanova, 1989; Littlewood and Lipsedge, 1987). Associated with nature, 'woman' could only be the object, not the subject, of scientific knowledge (Fee, 1981; Jordanova, 1989; Bleier, 1984).

Secondly, feminists have shown how, within the social sciences, people are often assumed to be male (Harding, 1987). 'Mainstream' research has thus been termed by some feminists

as 'the academic male-stream'(Siltanen and Stanworth, 1984) and as 'men's studies' (Spender, 1980). This androcentrism has not only excluded many aspects of women' lives from 'legitimate' research (Harding, 1987), it has also resulted in a 'male-as-norm' principle (Griffin, 1986) which inevitably marginalizes and pathologizes women. Women are either rendered invisible or are construed as inferior deviations of men (see Jordanova, 1989; Harding, 1987; Griffin, 1986). And, as Griffin (1986) argues, the feminist critique of this 'male-as-norm' principle is not simply a demand for a more 'balanced' focus in research since

> if you take women seriously, if you make women's experience the central feature of what you're doing, then you <u>can't</u> leave the rest undisturbed. (Stanley and Wise, 1983: 3)

It is not possible to simply add women into a scientific research program that is already deeply embedded within patriarchal ideology (see Harding, 1987; Ussher, 1991; Bleier, 1984).

Many feminists (e.g. Ussher, 1991; Sayers, 1982; Jordanova, 1989; Bleier, 1984; Walkerdine, 1984; 1986) have also shown how science has been used in the interests of (white, bourgeois) men by, for example, constructing masculinity and femininity in particular ways and by naturalizing these notions (Bleier, 1984; Jordanova, 1989; see also Ussher 1991; Sayers, 1982; Walkerdine and Lucey, 1989). Hence, gender, the sexual division of labour and the sexual status quo have been constituted as putatively natural facts rather than as socio-political constructions and practices. That is, science has played a part in the construction and regulation of gender and oppressive gender relations (see Walkerdine, 1986; Foucault, 1979; Ussher, 1991). An allegedly value-free science has produced supposedly objective evidence that women are naturally suited (only) to domesticity and mothering (see Sayers, 1982; Walkerdine and Lucey, 1989; Jordanova, 1989); that women are less intelligent than men (see Sayers, 1982; Bleier, 1984), less capable at mathematics (see Walkerdine, 1986, 1988) and more prone to sickness (see

Ehrenreich and English, 1974; see also chapter 6) and mental instability (Ussher, 1991; see also chapter 6). For many years, feminists have challenged these scientific definitions of woman (Walkerdine and Lucey, 1989: 31) and have sought in a number of ways (see Ussher, 1991) to produce different, more positive knowledges of women (Walkerdine and Lucey, 1989).

In short, feminists have challenged 'science' by elucidating the 'masculinity' of its alleged objectivity, by highlighting its androcentric foci and by demonstrating how science has often functioned in support of a patriarchal status quo. Using a variety of epistemologies (Ussher, 1991) and methodologies (Harding, 1987), feminist researchers have sought to falsify scientific knowledges of women's alleged inferiority, to reclaim women's experiences (Stanley and Wise, 1983) and women's voices (Gilligan, 1982) and to deconstruct scientific accounts of gender (Jordanova, 1989; Gavey, 1989; Bleier, 1984); to show that "the line between scientific accounts and science-fictional narratives may be a lot finer than is usually thought" (Walkerdine and Lucey, 1989: 31). As Henwood and Pidgeon (1992) note, feminist researchers are increasingly rejecting 'traditional' positivist methodology for ethical, epistemological and emancipatory reasons (see also Wilkinson (1986), Kitzinger (1987), Ussher (1989) and Wetherell and White (1992) for examples of feminist research). As feminist standpoint theorists argue (see Griffin and Phoenix, 1994), feminist research should not only be 'woman-centred' but should also aim to be reflexive and to be critical of accepted epistemologies and methodologies. Feminist research should adopt epistemological and methodological perspectives that are appropriate both to its research questions and to its emancipatory aims.

4.3 Post-structuralist Theory and Research

Post-structuralist critiques of science share much in common with aspects of the feminist critiques discussed above (see Gavey, 1989; Weedon, 1987). Indeed, some feminists explicitly locate feminism within post-structuralism or post-

modernism (e.g. Flax, 1987) or argue that post-structuralism simply reiterates feminism (e.g Bowles, 1984; Burman, 1990; see Gavey, 1989). Like some feminist critiques, post-structuralist theory undermines science's claims to objectivity and asserts that power is inevitably imbricated in knowledge (see chapter 3).

The post-structuralist critique of science proceeds from post-Saussurean linguistic theory which problematizes the relationship between signifier and signified, between language and reality (see Saussure, 1960; Foucault, 1972; see chapter 3). Language is understood not as a transparent medium through which we can view the world. It does not simply describe reality more or less objectively. Rather, it is constructive of reality (Wetherell and White, 1992; Potter and Wetherell, 1987; Parker, 1990b). Discourses "systematically form the objects of which they speak" (Foucault, 1972: 49). They actively construct certain realities in particular ways (Wetherell and White, 1992). They thereby constitute certain power-relations and normalize certain forms of social regulation (Foucault, 1977b, 1979; Couzens Hoy, 1986; Walkerdine and Lucey, 1989; see chapter 3)

Post-structuralist theory, therefore, radically undermines the claims that scientific discourses objectively describe and explain a reality existing anterior to and independently of discourse (see Foucault, 1972, 1979; Tseelon, 1991; Widdicombe, 1993). It re-casts empirical 'facts' as theory- and language-dependent contentions (Lawson, 1985) and 'scientific methodology' not as a means of revealing reality but as a technique of constructing particular realities and truths (Tseelon, 1991; see also Latour and Woolgar, (1979) and Gilbert and Mulkay (1984) on the social context and discursive production of scientific knowledge).

There is, therefore, no simple correspondence between ontology and epistemology (Parker, 1990b), between extra-discursive reality and our knowledges of the world. As Harre (1992: 153) argues, the notion that "propositions of scientific theory are true or false by virtue of the way the

world is, cannot fruitfully be used to characterize a defensible realism." This is not to argue, a la Derrida (1976: 158) that "there is nothing outside of the text", that there is no material reality outside of discourse (see Parker, 1990a; Harre, 1992). Rather, post-structuralist theory demonstrates the implausibility of 'brute empiricist' claims "that things with ontological status can be directly known" (Parker, 1990a: 258). That is, post-structuralist theory disputes the "philosophical concept of Truth which can provide the ultimate seal for a particular account" (Outhwaite, 1987). It denies the possibility of objectively knowing a reality outside of discourse. It does not, however, necessitate denying the existence of an extra-discursive reality, existing "independently of the perceptions, actions or whatever of human subjects" (Woodiwiss, 1990: 25; Burton and Carlen, 1979). As Bhaskar (1978: 250) argues, there are things which "exist and act independently of our descriptions, but we can only know them under particular descriptions".

> (T)he relations between the 'real material' object and the practices of its production are complex: there is never a moment of 'reality' which is comprehensible or possible outside a framework of discursive practices which render it possible and transformable. (Walkerdine, 1984: 163)

This thesis adopts, therefore, a 'realist' post-structuralist stance (see Woodiwiss, 1990). It assumes the existence of a material, extra-discursive reality whilst maintaining that our knowledge of 'the real' is always socio-historically contingent rather than objective or absolute; that knowledge is always ideological, not because it is biased or distorted but because it can only ever offers a partial view (Hall, 1982; Tseelon 1991).

Post-structuralist theory thus coincides with feminism in disputing science's claims to objectivity and in asserting that power is imbricated in knowledge. It demonstrates that 'scientific' attempts to eliminate the subjective, to guard against bias and other sources of 'error' do not guarantee a value-free objectivity (Tseelon, 1991; see also Fee, 1981). Indeed, the very possibility of absolute truth is rejected

(Gavey, 1989) as fantasy (Walkerdine and Lucey, 1989). And, in rejecting the possibility of absolute, universal truth, post-structuralist theory allows for a plurality of 'truths', including feminist truths (Gavey, 1989: 462).

However, it also problematizes certain feminist perspectives such as the 'privileged standpoint' (e.g Kitzinger, 1986; see Tseelon, 1991; Flax, 1987) and essentialist feminism (see Sawicki, 1991). In particular, it problematizes a feminist (or non-feminist) notion of an authentic feminine or female experience, identity or desire, repressed by patriarchy (Sawicki, 1991). The feminist research focus on women's experience (see Harding, 1987; Griffin, 1986; Stanley and Wise, 1983) and the call for women-centred research (e.g. Nicolson, 1986) has clearly addressed many of the problems of 'male-oriented' positivist research discussed above (see Nicolson, 1986, Griffin, 1986). However, post-structuralist theory necessitates a re-evaluation of the ways in which 'women' and 'women's experience(s)' are conceptualized. Firstly, because it problematizes or deconstructs the category of 'woman' and, secondly, because it posits a de-centred subject whose experience is discursively constituted outside of itself (see chapter 3). Post-structuralist theory argues that there can be no quasi-natural feminine/female experience outside of patriarchy or essentially different from male experience. Rather, women's (or men's) subjectivities, experiences and desires are 'always already' constituted in and regulated by discourses and discursive practices (Riley, 1988; Walkerdine, 1986; Wetherell and White, 1992; see chapter 3). Thus, I would argue, feminist post-structuralist research is concerned not with an exploration or reclamation of an authentic female experience but with analyzing the ways in which women's subjectivities, experiences and desires are discursively constituted and regulated and with elucidating the socio-historical specificities of gender power/knowledges (see Gavey, 1989; Bordo, 1990, 1992; see also chapter 3).

4.4 Conclusion

In this chapter I have briefly reviewed the critiques of 'mainstream' positivist methodologies made by feminist and 'new paradigm' psychologists before discussing the implications of post-structuralist theory for psychological research. Post-structuralist theory, it was argued, coincides with some of the feminist critiques discussed above in disputing science's claims to objectivity and in asserting that power is imbricated in knowledge. Further it was argued that post-structuralist theory provides a fruitful framework within which to re-conceptualize 'women' and 'women's experiences'. Feminist post-structuralism thus constitutes a fruitful framework within which to analyze how 'anorexia nervosa' is and has been discursively constituted and to explore the ways in which the category of 'woman' has been imbricated in these discursive constructions.

The critiques discussed in this chapter have also been accompanied by the development of new, often qualitative approaches to social and psychological enquiry (Henwood and Pidgeon, 1992). Amongst these approaches is the discourse analytic methodology promoted in psychology by, for example, Potter and Wetherell (1987), Burman and Parker (1993), Hollway (1989) and Walkerdine (1986, 1988). And it is this methodology that has been adopted in both the studies of this thesis. In the following chapter I will therefore discuss this approach to research, outlining the different forms of discourse analysis that have been developed within psychology before discussing the particular approach to discourse analysis adopted in this thesis.

Chapter Five
Discourse Analysis and a Methodology for Study One

5.1 Introduction

In the previous chapter I discussed the critiques of empiricism that have been posited by 'new paradigm' psychologists, feminists and post-structuralist theorists. I argued that feminist critiques of positivism and science coincide with post-structuralist critiques in disputing science's claims to objectivity and in asserting that power is imbricated in the production of knowledges. I further argued the need for a feminist post-structuralist approach to research; for research that (a) analyzes the ways in which women's subjectivities, experiences and desires are discursively constituted and regulated and that (b) elucidates the socio-historical specificities of these gender power/knowledges. In this chapter I shall argue that a discourse analytic approach to research constitutes a particularly useful methodology for feminist post-structuralist research.

This chapter, therefore, begins with a discussion of discourse analytic research, outlining the different approaches to discourse analysis within psychology. It then sets out the particular form of discourse analysis adopted in this thesis, discussing the compatibility of this methodology with the theoretical framework set out in chapter 3. The final section of this chapter then discusses the way in which this approach was applied in the first study of this thesis and sets out the methodological procedure of this study.

5.2 Approaches to Discourse Analysis

The critiques of positivism discussed in chapter 4 have also been accompanied by the development of new, often qualitative approaches to social and psychological enquiry (Henwood and Pidgeon, 1992; Kitzinger, 1987; Harre and Secord, 1972). Amongst these approaches is the discourse analytic methodology promoted in psychology by, for example, Potter and

Wetherell (1987), Burman and Parker (1993), Hollway (1989) and Walkerdine (1986, 1988).

Broadly speaking the discourse analytic approach to research can be understood as part of a 'turn to language' within the social sciences (Parker, 1990a). As Wetherell and Potter (1988: 168) argue, social psychology has traditionally taken the view "that language acts as a neutral, transparent medium between the social actor and the world"; that people's ordinary discourse reflects real and often stable phenomena and processes such as attitudes, personalities or cognitions that exist within the individual, independently of language. Researchers have, therefore, aimed to (objectively) reveal these phenomena as if they were transparently reflected in the language through which they are studied.

However, developments in linguistics, literary theory, philosophy and sociology have shown this view of language to be implausible (Wetherell and White, 1992; Wetherell and Potter, 1988; see chapters 3 and 4). Discourse analytic psychologists have, therefore, drawn on ideas in ethnomethodology (Garfinkel, 1967), speech-act theory (Austin, 1962), linguistics, conversation analysis and post-structuralism to develop alternative conceptualizations of language and discourse (Wetherell, 1986; Walkerdine, 1986; Parker, 1990a; Potter and Wetherell, 1987). Within discourse analysis, discourse is viewed as action-oriented and as constructive of reality (Potter and Wetherell, 1987, 1991). "People perform actions of different kinds through their talk and their writing" (Potter and Wetherell, 1991: 3). They construct particular versions of reality using particular, socially available discursive resources (Potter and Wetherell, 1987; Parker, 1990a; see Foucault, 1972). As Hall (1982: 64) argues, this conceptualization of discourse

> is a very different notion from that of reflection. It implies the active work of selecting and presenting, of structuring and shaping; not merely the transmitting of an already-existing meaning, but the more active labour of making things mean.

Discourse analysts share, then, "a concern with the ways language produces and constrains meaning, where meaning does

not reside within individuals' heads, and where social conditions give rise to the forms of talk available" (Burman and Parker, 1993: 3).

There are, however, a number of different approaches to research covered by the term 'discourse analysis' (Wetherell and White, 1992; Potter et al., 1990; Potter and Wetherell, 1991; Antaki, 1988) and within these trends 'discourse' itself is often conceptualized in very different ways (Walkerdine, 1986). Indeed, as Burman and Parker (1993: 3) note,

> it is very difficult to speak of 'discourse' or even 'discourse analysis' as a single unitary entity, since this would blur together approaches subscribing to specific and different philosophical frameworks.

These various approaches have been differentiated in a number of different ways (see, for example, Potter and Wetherell, 1991; Potter et al., 1990; Wetherell and White, 1992; Antaki, 1988). Potter and Wetherell (1991), for example, identify at least four different types of work commonly described as discourse analysis. The first of these has been strongly influenced by speech-act theory and is primarily concerned with analysis of conversational exchange in particular institutional settings. Sinclair and Coulthard (1975; see also Coulthard and Montgomery, 1981; Flanders 1970), for example, analyzed classroom discourse in terms of verbal 'acts', similar to grammatical clauses, which could be combined to form moves such as 'focusing' and 'framing' of classroom activity.

A second form of 'discourse analysis' identified by Potter and Wetherell (1991) is characterized by the work of van Dijk (e.g. van Dijk, 1983; van Dijk and Kintch, 1983) who conceives of discourse analysis as "part of a more embracing cognitive and social theory about the rules and strategies that underlie the production and understanding of (media) discourse" (van Dijk, 1983: 27). Here, 'discourse analysis' is concerned with the effects of 'discourse' on cognitive processes such as understanding and recall. His analysis of

newspaper articles, for example, was used to develop a cognitive model of media production, comprehension, and recall.

Other researchers have used discourse-analytic methods in a similar way in clinical settings. Hoffman et al. (1986), for example, have re-conceptualised 'thought disorder' as an 'abnormality of language' and have used 'discourse analysis' to investigate the apparent incoherence of manic and schizophrenic speech. Similarly Alverson and Rosenberg (1990) used a 'discourse-analytic expansion' of 'schizophrenic speech' to challenge previous conclusions that such speech exhibited 'cohesive weakness' and was therefore incoherent. Through attending to the possible functions of the utterances of schizophrenic patients they argued that schizophrenic speech is not simply incoherent. Rather, it may be characterized as violating 'normal' rules of discursive interaction by, for example, interpreting a would-be request as a challenge.

These forms of 'discourse analysis' described above share little in common with the approach adopted in this thesis beyond a concern with language. They are not opposed to the conceptualization of language as a transparent medium through which we can access 'the real world'. They are not epistemologically compatible with the theoretical framework discussed in chapter 3. Such approaches to 'discourse analysis' might be viewed as methodological developments within empiricist psychology rather than as radical alternatives to that paradigm. Indeed, the latter two approaches quite explicitly conceptualize the analysis of 'discourse' as a means of revealing underlying cognitive processes (see also Potter et al., 1990).

A third type of discourse analysis, identified by Potter and Wetherell (1991), was that developed within the sociology of science. This body of research (e.g. Gilbert and Mulkay, 1984; Woolgar, 1988; see also Potter and Wetherell, 1987) is concerned with analyzing scientists' talk and texts so as to elucidate the ways in which they produce their actions as

rational and their findings as factual whilst conversely others' 'scientific' activities are produced as flawed (see also Potter et al., 1990; Potter and Wetherell, 1987, 1991). This approach to discourse analysis is closer to the approach adopted in this thesis in that it eschews the notion of an objectively knowable Truth existing anterior to discourse and is, rather, concerned with an analysis of the ways in which discourses constitute their objects in particular ways. However, as will be discussed below, there are also important differences between this approach and the approach adopted in this thesis.

A further approach that might be distinguished within 'discourse analysis' is primarily concerned with analyzing rhetoric, with examining the ways in which particular discursive resources are deployed in talk and text to produce particular effects. Rhetorical analysis is not, therefore, concerned with questions of 'accuracy', of how an account relates to some putative reality (Potter and Wetherell, 1991). Rather, its aim is to elucidate how an account is constructed to successfully compete with other versions of 'reality' (Billig, 1991). Potter et al. (1991), for example, have examined the quantification rhetoric used in a recent TV documentary on cancer and by British cancer charities. They showed how particular forms of calculation (for example, of incidence rates, frequencies of different types of cancer and success rates of treatments) and particular presentation practices were successfully deployed by different groups to produce conflicting accounts of the degree of success of medical research in treating cancers.

Other rhetoric-oriented discourse-analytic studies have also analyzed media material. Jensen (1987), for example, analyzed two news programs on US Network TV and demonstrated how particular linguistic formulations constituted major socio-economic developments as attributable to individuals whilst politics and economics appeared to function in isolation. Rae and Drury (1993: 329) similarly examined the "reasoning and rhetoric about economic recession" in a sample

of British newspapers. They examined the rhetorical devices deployed to produce 'the economy' as something divorced from social life and explored the ways in which definitions and evidence about the recession were differently 'managed', thereby producing conflicting versions of reality.

A further study that characterizes this approach to discourse analysis is Potter and Edwards' (1990) analysis of the rhetorical devices used in a media debate about a lobby meeting held by Nigel Lawson (the then chancellor of the exchequer) in 1988 in which he was reported to have floated the idea of abandoning universal benefits for pensioners, a claim that Lawson denied. Potter and Edwards showed how rhetorical devices, such as emphasising consensus, warranted the factuality of a claim and that similarly such warrants can be undermined by invoking a rhetoric about collusion.

A similar approach to discourse analysis was adopted by Widdicombe (1993) who examined "the rhetorical processes of negotiation and argument" involved in talking about changes in identity. She analyzed interviews with 'punks' and 'goths' to examine their accounts of 'becoming' a member of a sub-culture, focusing on the functions and effects of particular autobiographical constructions. She identifies some of the ways in which speakers orientate to and negotiate the problem of appearing authentic rather than as simply copying others. Authenticity (in this case, 'appearance as an expression of true self') is achieved by, for example, claiming to have been ignorant of similarly dressed people who were only discovered after a participant's adoption of a particular style. Widdicombe and Wooffitt (1990) have also shown how members disparaged particular factions of their sub-culture in order to present their group in an optimally positive way. Some members, for example were described as having joined for shallow reasons in contrast to 'genuine' members.

In short, this approach to discourse analysis is concerned with explicating the discursive resources deployed in constructing particular accounts of reality, in, for example, warranting particular accounts as factual whilst

undermining alternative versions. As such, these studies emphasise the constructive nature of discourse; the way in which discourses and discursive resources do not simply reflect some reality that exists anterior to discourse but rather constitute their objects or events in particular ways. And by focusing on the argumentative aspects of talk and text they also begin to elucidate the ways in which power is imbricated in discourse, in fields of knowledge. This approach shares, therefore, some of the theoretical and methodological concerns discussed in chapters 3 and 4. It opposes itself to the empiricist project of objectively revealing a (putative) reality existing anterior to discourse and is concerned rather with an explication of the ways in which discourses and discursive resources constitute their objects within particular socio-cultural contexts (see e.g. Potter and Wetherell, 1987). However, as will be discussed below, whilst the form to discourse analysis adopted in this thesis draws on this approach, there are also significant differences between the two approaches.

The form of discourse analysis adopted in this thesis is, in fact, closest to the fourth approach described by Potter and Wetherell (1991). This final approach (see also section 5.3 for a further discussion of this approach) is characterized by the works of, for example, Henriques et al. (1984), Hollway (1989), Walkerdine (1986, 1988) and Wetherell (e.g Wetherell and White, 1992). It is concerned with elucidating the ways in which discourses constitute and regulate particular (discursive) practices, experiences and subjectivities; the ways in which discourses constitute particular knowledges or Truths and thereby regulate our lives. Unlike those approaches described above, this form of discourse analysis draws on continental social philosophy and cultural analysis, most notably on the post-structuralist theory of Foucault (see also Potter and Wetherell, 1987; Potter et al., 1990; Parker, 1990a, 1990b; see also chapter 3). It can be distinguished from those other approaches by its more explicitly theorized concern with epistemology and with

the development of a post-structuralist theoretical framework for research (see e.g. Parker, 1990a, 1990b). Hollway (1989), for example, showed how (heterosexual) sexual relationships are produced by a limited number of discourses such as 'a male sexual drive discourse', a 'permissive discourse' and a traditional 'have-hold discourse'. Similarly, Walkerdine (1986) examined 'everyday social practices' in the family and the school. She showed how particular discourses defined 'childhood', 'good' teaching and 'good' mothering and how these definitions constituted "part of a variety of 'regimes of truth' which have positive and powerful effects in regulating the modern order". Her study was

> concerned with understanding how assumptions about 'good mothers', sensitive teachers' and the 'nature of the child' operate and have effects in those domestic and pedagogic practices which make up the daily lives of many women and children. (It was) concerned primarily with the relationship between conceptions of truth, power and the construction of the subject ... (with exploring) the way in which post-structuralism may help us to understand the positioning of girls and women in these practices. (Walkerdine, 1986: 57)

In short this approach is distinguished by its explicit concern with post-structuralism; with the ways in which discourses constitute and regulate knowledges, objects, practices, subjectivities and experiences; and with elucidating the socio-historical specificities of these power/knowledges. And, as noted above, it is this approach to discourse analysis that has been adopted in the two empirical studies in this thesis.

The differentiation of these different forms of discourse analysis is, I would argue, useful in locating 'discourse analytic' studies within their particular methodological and theoretical frameworks. This categorization is, however, provisional in that many studies will draw on more than one of these approaches. Potter and Wetherell (1991), for example, characterize their own work as drawing on both the third and

fourth approaches that they describe. Similarly, Rae and Drury (1993), whilst concerned with an analysis of rhetoric, also draw explicitly on Foucauldian theory in their study. And Widdicombe's study of the rhetorical resources used in autobiographical accounts of 'becoming a goth' exhibits a concern with the discursive production of the subject that is more often associated with a post-structuralist rather than a rhetoric-oriented approach.

The distinction between the different forms of discourse analysis described above is, therefore, often blurred, with studies drawing on a more than one approach. Indeed, I would argue that the methodology adopted by, for example, Potter and Wetherell (1987), Gilbert and Mulkay (1984) and rhetoric-oriented 'discourse psychologists' is not incompatible with the theoretical framework of post-structuralism. Both approaches are premised on a conception of discourses as 'action-oriented' and as constitutive of reality (Potter and Wetherell, 1987. 1991). Both share "a concern with the ways language produces and constrains meaning, where meaning does not reside within individuals' heads, and where social conditions give rise to the forms of talk available" (Burman and Parker, 1993: 3). Yet, as the above discussion illustrates, there are also important differences between these approaches. Firstly, the approach of, for example, Wetherell and White (1992) Hollway (1989), Walkerdine (1986, 1988) or Parker (1990a, 1990b) might be characterized by its tendency to be concerned with 'global' analysis (see Wetherell and White, 1992), with broadly explicating discourses and discursive resources and analyzing the ways in which they constitute and regulate their objects. In contrast the approach of, for example, Potter and Wetherell (1987), Potter and Edwards (1990) or Widdicombe (1993) may be characterized as 'fine-grained' (Wetherell and White, 1992) in that it focuses on the more detailed discursive procedures (such as rhetorical devices) that are deployed in the production of particular accounts.

Secondly, and more importantly, these approaches differ

in terms of their theoretical framework. Whilst, the methodology deployed in 'fine-grained' analyses is not incompatible with post-structuralism, neither is it explicitly post-structuralist. It is not, for example, committed to the use of a Foucauldian conceptualization of 'discourse'. As the debate between Parker (1990a, 1990b) and Potter et al. (1990) illustrates, the use of the term 'interpretive repertoires' rather than 'discourse' indicates subtle but important distinctions between thew two approaches in terms of the way in which 'discourse' is conceptualized and in terms of the way in which post-structuralist theory does or does not inform analysis.

In short, the term 'discourse analysis' covers a wide range of approaches to research, some of which have little in common with the approach adopted in this thesis. The approach adopted here can be broadly located within those approaches which (a) eschew any notion of an objectively knowable reality existing anterior to discourse and (b) are concerned with an analysis of the ways in which discourses and discursive resources are constructive, rather than reflective, of their objects. More specifically it can be characterized as a post-structuralist form of discourse analysis, concerned primarily with a 'global' rather than 'fine-grained' analysis of the discourses and discursive resources deployed in the production and regulation of 'anorexia', subjectivity and gender.

5.3 Discourse Analysis and Post-structuralism

As noted above, a post-structuralist approach to discourse analysis has been adopted in both the empirical studies of this thesis. It aims to follow the works of, for example, Henriques et al. (1984), Walkerdine (1984, 1986, 1988), Hollway (1989, 1992), Fairclough (1989), Ussher (1992a), Wetherell (1986; Wetherell and White, 1992), Gavey (1989) and Bordo (1990, 1992). That is, the methodology deployed in these studies is developed from the theoretical framework set out in chapter 3 and draws explicitly on Foucauldian theory, particularly on Foucault's theoretical

discussions of discourse and knowledge (1972), power and regulation (1977b, 1980), and, in the first study, genealogy (1977a). This approach also draws on Lacanian theory of subjectivity and gender (see also Hollway, 1992; Bracher, 1993) and on feminist appropriations of these theories (see chapter 3) in its analysis of discursive constructions and interpellations of the subject and in its focus on the ways in which women's bodies, subjectivities, desires and experiences are discursively constituted and regulated within a patriarchal context.

This form of discourse analysis is, therefore, committed to a Foucauldian concept of discourses as socio-historically located social practices (Parker, 1990a) that systematically constitute and regulate their objects. That is, the meanings of objects, events, subjectivities or experiences are inseparable from the ways in which they are constituted in discourse (Widdicombe, 1993). "Particular regimes of truth, bodies of knowledge, make possible both what can be said and what can be done" (Walkerdine, 1984: 154-5). Discourses construct particular truths, particular realities and subjectivities and thereby re-produce power relations (Parker, 1990a; Henriques et al., 1984; See also chapter 3). And discourses constitute subjectivities, interpellating the speaking (or listening) subject in particular ways (Hollway, 1992; Parker, 1990a). This form of discourse analytic research is concerned, therefore, not with revealing any objectively knowable reality outside of discourse, but with analyzing discourses themselves as they are manifest in texts and talk (Potter and Wetherell, 1987; Parker, 1990a; Burman and Parker, 1993) and in practices and institutions (Henriques et al., 1984). This approach does not, therefore, reduce the concept of discourse to that of language. Rather, it elucidates the inseparability of discourses from their conditions of emergence and from the institutions and practices of which they are a part (see Walkerdine, 1984; Foucault, 1972; see also chapter 3). It seeks to demonstrate how objects, practices, subjectivities and desires are constituted in and

regulated by discourses and discursive practices and how the discursive production of truths can be understood in terms of a 'micro-physics of power' (Foucault, 1977b: 139; Walkerdine, 1986; see also chapter 3).

In short, drawing in particular on Foucauldian theory, the form of discourse analysis adopted in this thesis is consistent with a feminist post-structuralist perspective (Gavey, 1989: 466) and is compatible with the theoretical framework discussed in chapter 3. It is a methodology which enables a critical questioning of the concept of 'anorexia nervosa'. It facilitates a mode of enquiry that more fully locates 'anorexia' within its socio-cultural discursive contexts. It enables an exploration of the discourses in which anorexia, femininity, subjectivity and the body are discursively constituted and regulated.

5.4 The Methodology of Study One

5.4.1 Introduction

In the preceding sections of this chapter I have discussed the discourse analytic approaches to research, outlining the different forms of discourse analysis that have developed within psychology and specifying the particular approach adopted in this thesis. In this final section of this chapter I shall elaborate further on how this approach has been applied in Study One.

There are now a number of accounts on 'how to do' discourse analysis (e.g Potter and Wetherell, 1987; Parker, 1990a). These are, however, much less detailed than, for example, texts on experimental procedures or statistical analysis and, moreover, are presented as guidelines rather than as procedures to be rigidly followed. Whilst the methodology adopted in this study draws on these approaches it also draws on the aspects of methodology implicit in many of the post-structuralist and 'global' approaches to discourse analysis discussed above. Thus, as noted above, the approach adopted here is informed by post-structuralist theory. Study One in particular, also draws on Foucault's (1977a) discussion

of genealogy. It aims to provide an empirically-grounded analysis of the emergence of 'anorexia nervosa' as an object of medical discourse in the late nineteenth century; to provide a genealogy of 'anorexia nervosa'. This study analyzes the texts of late nineteenth century medical journal articles because it is in these texts that 'anorexia nervosa' first emerged as an object of medical discourse.

As the following two chapters illustrate, it is particularly important to locate a feminized 'disorder' such as 'anorexia nervosa' within its socio-historical contexts, to examine it genealogy in order to better understand the gender-specificities and socio-historical specificities of the power/knowledges by which it has been and is constituted and regulated. By exploring the historical discontinuities, as well as the continuities, in the category of anorexia, this genealogy also aims to counter the notion of anorexia as a trans-historical, 'natural' disease entity (see also p.147). In analyzing the medical texts in which anorexia was first constituted I am not attempting to "restore an unbroken continuity" between past and present, to assess the 'accuracy' of nineteenth century descriptions, or to retrospectively establish diagnoses (see Foucault, 1977a: 146).

> Genealogy ... rejects the metahistorical deployment of ideal significations and indefinite teleologies. It opposes itself to the search for 'origins'. (Foucault, 1977a:140)

My aim here is not to reveal any presumed origin of 'anorexia' but to demonstrate the discursive nature of anorexia; to analyze those discourses and discursive practices that, first, made possible and, second, constituted anorexia as a category of medical discourse. In analyzing these documents I am attempting to explicate the discourses in which anorexia nervosa was first constituted and to explore the ways in which the body, woman and pathology were articulated in the nineteenth century.

5.4.2 The Selection of Documents

There are, however, relatively few nineteenth century medical journal articles on anorexia. The sample of texts analyzed was, therefore, as comprehensive as was possible. Bibliographies of already published histories of anorexia were searched for references to primary sources. The library catalogues of the British Library, The Wellcome Library, Sussex University Library, University College Library, the University of London Library, and the Sussex General Hospital Post-graduate Medical Library were also searched for British articles relating to anorexia between 1855 and 1910. In addition the index of all volumes of the Lancet between 1855 and 1910 and of the available volumes of the British Medical Journal from 1889 were searched for articles on or relating to anorexia. Articles and books on or relating to anorexia written in Latin were not included. In all, twenty-six medical articles and letters (listed in appendix 5a) on anorexia or central to the contemporary debate about anorexia were included in the primary source sample.

A further twelve articles on hysteria, hysterical vomiting and food refusal, neuroses of the stomach and gastric ulcers (listed in appendix 5b) were also included to provide an illustration of the wider discursive context within which the papers on anorexia appeared. In contrast with the selection of articles on 'anorexia', the selection of this latter group of documents was not comprehensive and was also less systematic. These texts were found whilst I was searching through bibliographies of histories of anorexia and hysteria and through the nineteenth centuries volumes of the Lancet and the British Medical Journal for articles on anorexia. As the discussion of Georgian and Victorian medicine (chapter 6) illustrates numerous articles on hysteria and on nervous disorders of the stomach were published during the eighteenth and nineteenth centuries. These documents constitute, therefore, only a small proportion of the relevant literature. Whilst the selection of this latter small group of documents was less systematic than the selection of articles on

anorexia, their contents did corresponds with the nineteenth century medical literature described in many feminist and other histories of medicine. Moreover, they do represent a sample of texts which correspond with those articles on anorexia. Eight of these texts appeared in the Lancet (Anon., 1874; Anon., 1881b; Anon., 1885; Cavafy; 1874; Hedley, 1893; Robinson, 1893; Salter, 1868), the Transactions of the Clinical Society (Sutherland, 1881) and the Journal of Psychological Medicine and Mental Pathology (Marce, 1860b) at the same time as the articles on anorexia. The remaining three represent texts that were particularly influencial in late nineteenth and early twentieth century medical discourse on 'nervous women' (Allbutt, 1913; Charcott, 1889; Weir Mitchell, 1881). These texts thus provide a wider sample of those medical discourses on 'nervous women', hysteria and nervous disorders of the stomach which, during the time of their publication, also converged to produce 'anorexia nervosa' as an object of medical discourse.

In short, the documents selected from analysis in Study One consisted of

(a) 26 papers on anorexia. This sample was as comprehensive as was possible, based on a systematic search of a variety of sources,

(b) 11 papers on hysteria, hysterical vomiting and food refusal, neuroses of the stomach and gastric ulcers. This sample was less systematically selected from a far greater number of documents and served as an illustration of the wider discursive context within which the articles on anorexia appeared.

5.4.3 Analysis

As noted above, a discourse analytic approach, informed in particular by Foucauldian theory (Foucault, 1972, 1977a; 1979), was used to analyze the documents so as to examine how anorexia emerged and was constituted as an object of medical discourse.

The selected articles were first photocopied and read

repeatedly. During this process of repeated re-readings, notes were made on the particular themes and discursive constructions that recurred in the texts; on the variations and contradictions between particular discursive formulations; on the particular discursive resources deployed in published debates; on aspects of the texts that confirmed or disconfirmed already published literature in this field; and on particular aspects that resonated with the theoretical framework set out in chapter 3. Thus, for example, the way in which these texts constituted femininity as a profoundly pathological, hysterical category constituted a particular focus for this study.

A further concern of this analysis was with the chronology of the articles, with the precise order in which they appeared and hence with the way in which they related to each other and thereby inter-textually constituted their object. This concern is reflected in the structuring of the analysis (chapter 7) which first examines the initial emergence of 'anorexia hysterica/nervosa' in the earliest articles (published in 1873 and 1874) before presenting an analysis of the later texts (1874-1900); of the ways in which they consolidated and disputed the nature of this newly emerged object of medical discourse, its discursive relationships with contemporary medical debates and, in particular, its relationships with contemporary discursive constructions of 'woman'.

After this initial stage of analysis, the articles were photocopied again and extracts were selected and sorted on the basis of the first stage of analysis described above. This process of analysis was not, however, linear. It did not move neatly from the first to the second stage. The repeated re-reading and analysis of particular sets of sorted extracts often resulted in the explication of further aspects of the texts and a re-ordering of the extracts. This cyclic process of analysis also involved a returning to the secondary literature in this field as new, unexpected aspects of the texts emerged. For instance, one of the dominant but

unexpected features of these documents was a focus on the 'hypochondriacal' characteristics of anorexia. Hence, it became necessary to consult further histories of medicine in an attempt to better understand and locate this nineteenth century medical concern.

In short the process of analysis of the nineteenth century medical journal articles was a cyclical process, drawing on the discourse analytic methodologies described by Potter and Wetherell (1987) and Parker (1990a) and on the post-structuralist approach to discourse analysis discussed above. That is, the analysis developed out of the theoretical framework set out in chapter 3 and was informed, in particular, by Foucault's theorization of discourse and knowledge (1972), power and regulation (1977b, 1980), and genealogy (1977a).

5.5 Conclusion

This chapter has presented a discussion of the discourse analytic methodology adopted in this thesis. After discussing the different approaches to discourse analysis, the chapter set out the particular approach adopted in both Study One and Study Two. It discusses the compatibility of this methodology with the theoretical framework set out in chapter 3. Section 5.4 then discusses the way in which this approach was applied in the first study of this thesis and sets out the methodological procedure of selection and analysis of the documents in Study One.

After having presented the methodology of Study One (Section 5.4) I shall, in chapter 6, examine the discursive medical and cultural milieu within which 'anorexia nervosa' was to emerge in the late nineteenth century. Chapter 6 thus presents a 'surface of emergence' of 'anorexia nervosa' before chapter 7 analyzes the British nineteenth century medical journal articles in which anorexia was first constituted as an object of medical discourse.

Study One

A Genealogy of 'Anorexia Nervosa': A Discourse-oriented Analysis of its Emergence

Chapter Six
Cultural and Medical Contexts

6.1 Introduction

In the preceding two chapters I have discussed the theoretical and methodological approach adopted in this thesis. In this chapter and the following chapter I shall apply this approach to an empirically-grounded analysis of the emergence of 'anorexia nervosa' as an object of medical discourse in the late nineteenth century. Chapter six therefore examines the discursive medical and cultural milieu in which 'anorexia nervosa' was to emerge as a medical entity. Chapter seven then analyzes the British nineteenth century medical journal articles (listed in appendix 5a; see also appendix 5b) in which 'anorexia' was first constituted. Thus, after setting out its 'surface of emergence' (Foucault, 1972), this study seeks to explicate the particular discourses and discursive resources deployed in constituting 'anorexia nervosa' and the 'anorexic' woman.

It is, I have argued (see chapter 5), particularly important to locate a feminized 'disorder' such as 'anorexia' within its socio-historical context, to examine its genealogy so as to better understand the gender-specific power/knowledges (see chapter 3) by which it is constituted.

Indeed, the socio-historical affinity between 'insanity', sickness and the category of 'woman' has been explored by numerous feminist authors (e.g. Ussher, 1991; Nicolson, 1992; Sayers, 1982; Chesler, 1972; Showalter, 1985). This relationship is apparent both in the over-representation of women of diagnoses and in cultural representations of insanity and sickness as feminine. Firstly, more women than men have been diagnosed and treated for 'mental illness' both in the twentieth century (see Ussher, 1991: 165; Chesler, 1972; Littlewood and Lipsedge, 1987) and in the eighteenth and nineteenth

centuries (Showalter, 1985; Ehrenreich and English, 1974)[1].

Secondly, as the other of 'rational man', 'woman' has often been 'fictioned' as sick (Ussher, 1991; Ehrenreich and English, 1974), intellectually impaired (Sayers, 1982), as irrational and mad (Ussher, 1991). As Strong (1989: 10) argues,

> The feminine, by virtue of its negative status as the contranuptual note to a masculine typology, becomes plural, mobile, deceitful, unreasonable, and finally mad.

That is, "women and madness share the same territory", entering "a concentric relationship around a central point occupied by a fundamentally male normality" (Martin, 1987: 42, quoted by Ussher, 1991: 63). As will be demonstrated below, this equation of femininity with sickness and insanity was certainly apparent in the nineteenth century (see Ussher, 1991; Showalter, 1985; Ehrenreich and English, 1974). It was evident in the cult of 'female invalidism' (Ehrenreich and English, 1974), in the concepts of hysteria, neurasthenia, chlorosis (Showalter, 1985; Veith, 1970; Brumberg, 1982; Malson, 1992) and in the pathologization of the female body (see Sayers, 1982). Puberty, menstruation, pregnancy, childbirth and menopause were considered to be both causes of illness and pathological in themselves (Strong, 1989; Ussher, 1991; Ehrenreich and English, 1974; Smith-Rosenberg and Rosenberg, 1973/4). The female reproductive system was thus alleged to render woman 'a natural invalid' (Livermore, quoted by Ehrenreich and English, 1974: 25) and, moreover, to determine feminine nature in general (Ehrenreich and English, 1974). Whilst "man possesses sexual organs", a

---

[1] Whilst the validity of this claim is generally accepted, Porter (1987) asserts that prior to the mid-nineteenth century more men than women were admitted to asylums. Busfield (1994: 259) similarly argues against Showalter, asserting that "whether we look at the statistics on insanity or at cultural representations, neither provide evidence of any marked affinity between women and madness."

Victorian doctor claimed, "her sexual organs possess woman" (quoted by Littlewood and Lipsedge, 1987: 301). It was to the ovaries that woman owed her "artfulness and dissimulation" but also her "physical perfection ... all that is great, noble and beautiful, all that is voluptuous, tender and endearing" (Bliss, 1870, quoted by Ehrenreich and English, 1974: 30). 'Feminine nature' was thus considered to be determined by the female reproductive system and was thereby inextricably linked with sickness and mental instability. Hence, S.W. Mitchell (1888) claimed that "the man who does not know sick women does not know women" (quoted by Veith, 1970: 220).

Whilst medical and cultural discourses about gender have changed significantly since the nineteenth century, femininity is still associated with sickness and insanity. Broverman et al.'s (1970) study of clinicians' concepts of mental health for women and men, for example, found that

> the clinicians' concepts of a healthy, mature man do not differ significantly from their concept of a healthy adult. However, the clinicians' concepts of a mature, healthy woman do differ significantly from their adult health concepts. Clinicians are significantly less likely to attribute traits which characterize healthy adults to women than they are likely to attribute these traits to a healthy man. (Broverman et al., 1970: 5)

Similarly, a recent article on 'somatization disorder' organized the symptom list of a screening test in such a way that the following mnemonic could be used: "somatization disorder besets ladies and vexes physicians" (Othmer and DeSouza, 1985: 1148). As Showalter (1985: 4) argues,

> while the name of the symbolic female disorder may change from one historical period to the next, the gender asymmetry of the representational tradition remains constant.

In short, feminist authors have repeatedly demonstrated the patriarchal politics of medical discourses

and discursive practices in a variety of historical periods. This study aims, therefore, to provide a genealogy of 'anorexia nervosa', to examine the cultural and medical milieu which led to its emergence and to analyze those discourses in which it was first constituted as a medical entity.

In this chapter I shall, therefore, briefly discuss pre-medical and early medical accounts of women's self-starvation before providing an historical background of those aspects of eighteenth and nineteenth century medicine relevant to a genealogy of anorexia. As will be discussed below, prior to the sixteenth century self-starvation was primarily understood within a medieval religious framework (Brumberg, 1988; see Morgan, 1977). However, the Renaissance and Classical Ages saw the ascendency of science and medicine (Foucault, 1967). Theological power/knowledge began to be supplemented and then usurped by scientific knowledge and authority (Ehrenreich and English, 1974[2]). Hence, self-starvation was increasingly seen as a medical rather than a religious phenomenon. By the eighteenth and nineteenth centuries there was a distinct cultural pre-occupation with sickness and especially with nervous disorders. The concepts of hypochondria and hysteria became 'institutionally fixed' and culturally entrenched (Porter and Porter, 1988; Rousseau, 1991; Strong, 1989; Showalter, 1985). Hypochondria provided an historical and etymological relationship between nervous and gastric disorders whilst hysteria epitomized the gendering of nerves and the cultural construction of 'woman' as pathologically nervous. And it was within this context that 'anorexia' first emerged as a distinctly feminine nervous disorder. As will be argued below it was not so much that 'anorexia nervosa' was 'discovered' through scientific endeavour (c.f. Vandereycken and Van Deth, 1989). Rather, its emergence was

[2] See also Ussher (1991) for an analysis of this ideological shift, focusing on understandings of witchcraft and hysteria.

a discursive event made possible by the gaps in and the relationships between discourses (see Foucault, 1977a). Anorexia emerged at the interface of medical and cultural discourses on hypochondria, hysteria and femininity. It was constituted as a feminine nervous disorder (Lasegue, 1873b) at a time when 'the nervous woman' was a significant cultural figure (Ehrenreich and English, 1974) and when explanations of female nervous debility were shifting (see Rousseau, 1991; Smith-Rosenberg and Rosenberg, 1973/4). Anorexia thus figured as a forum in which to debate and therefore constitute and re-constitute feminine nervousness.

6.2 Pre-medical Cases of Female Self-starvation

There have been numerous documented cases of religiously inspired female self-starvation in medieval Europe (Brumberg, 1988). The sainted Princess Margaret of Hungary, for example, fasted until she died in 1271 with a "poor and wasted body" at the age of 26 (Halmi, 1983: 2). A thirteenth century Leicester nun's claim to have ingested nothing but the eucharist for seven years was confirmed when the Bishop of Lincoln sent 15 clerks to observe her for 15 days (Strober, 1986). And in the fourteenth century Liduine of Schiedam was said to have existed on nothing but "a little piece of apple the size of a holy wafer" (Strober, 1986: 231). And, in addition to the very well known case of Caterina Benincasa da Sienna (Catherine of Sienna) (1347-1380) whose life is documented in detail in 'Holy Anorexia' (Bell, 1985) there are numerous other documented examples of religiously inspired female self-starvation: for example, Margery Kempe, Ida of Louvaine, Mary of Oignies, Joan the Meatless, Margaret of Cortona who also "saw the hands of an unchaste priest turn black when he held the host" and who "when the priest bought an unconsecrated wafer ... vomited it out" (Bynum, 1987: 229) and Christina the Astonishing "who gave up food because she had nothing else to give up for Christ" (Bynum, 1987: 193).

Several historians of anorexia have asserted that many such cases can be retrospectively diagnosed as anorexia. Halmi (1983: 1), for example, argues that "although anorexia nervosa is regarded as an illness of the twentieth century, it did, in fact, exist as early as the 13th century" and that Margaret of Hungary "had a typical anorectic premorbid personality". Palazzoli (1974: 3-4) similarly argues that

> (i)t is quite possible that cases of anorexia nervosa have been known since time immemorial; in any case the history of medical psychology makes it clear that the disease was not uncommon in the Middle Ages.

Others (e.g. Habermas, 1989; Bell, 1985; Shorter, 1987; Tolstrup, 1990) are more cautious in their retrospective diagnoses. Nevertheless, many historians of anorexia (e.g. Habermas, 1989; Palazzoli, 1974; Tolstrup, 1990)[3] assume that it is legitimate to apply the current concept of anorexia, more or less categorically, to a variety of historical cases of (women's) self-starvation. They thereby privilege modern medical and psychological knowledges of anorexia as objective, trans-historical truths (Brumberg, 1988). They assume 'anorexia' to be a trans-historical medical entity, existing independently of the discourses in which it is currently constituted and the cultural milieu in which it is now experienced. As Brumberg (1988: 42) notes "some medical writers and historians ... would have us believe that Karen Carpenter and Catherine of Siena suffered from the same disease."

Yet such retrospective diagnosis is highly problematic (Shorter, 1987; Brumberg, 1986; Dinicola, 1990). As Bynum's (1987; see also Brumberg, 1988) historical analysis of self-starvation demonstrates, medieval European meanings of food and fasting were very different from those that are

---

[3] See also, for example, Waltos (1986) and Bruch (1974) who describe early medical accounts of self-starvation as unrecognized cases of anorexia nervosa.

available today. Famines were still present in Europe and ascetic world-denial, including fasting, was a common religious practice. Gunther of Pairis (c. 1200), for example, claimed that

> fasting is useful for expelling demons, excluding evil thoughts, remitting sins, mortifying vices, giving certain hope of future good and a foretaste of celestial joys (quoted by Bynum, 1987: 2-3).

Food, particularly the Eucharist, was located within a religious framework. God and Jesus were frequently represented as both feeders and food. The eucharist symbolized union with God through eating and many of the female fasters ate nothing but the host (Bynum, 1987). Within medieval Europe fasting was understood not as an individual pathology but as an instrument of spirituality (Brumberg, 1986, 198; Bynum, 1987).

There are inevitably similarities between Medieval descriptions of fasting women and twentieth century descriptions of anorexia nervosa in terms of the physical effects of starvation (Brumberg, 1988; Tolstrup, 1990). Beyond this, however, the differences are so great as to make an argument of equivalence between the two phenomena almost meaningless (Tolstrup, 1990). The differences between Medieval and contemporary culture indicate that fasting resulted in very different social consequences and had very different meanings from contemporary 'anorexia'. The subject positions of religious female faster and twentieth century 'anorexic' are very different. As Brumberg (1986) argues, symptomatic continuities between self-starvation in Medieval and twentieth century Europe are not evidence of a continuity of personal experiences or of social meanings (see also Dinicola, 1990). Nor do they indicate some trans-historical 'natural' feminine propensity to eating disorders.

> (T)o call Catherine of Sienna an anorectic - that is, to use a contemporary psychosomatic model to explain her behaviour - is to distort her psychological orientation, misread her actions as she understood them, and misrepresent the context

in which she lived. (Brumberg, 1986: 97)

Contemporary records construe Catherine of Sienna's fast as an admirable and holy expression of piety. Her death was not presented as a regrettable or tragic culmination of a disease or disorder (Tolstrup, 1990).

6.3 Self-starvation in Early Medical Discourse

With the Protestant Reformation, tradition Catholic practices including harsh asceticism and the worship of saints were disavowed. Female fasters thus came under greater scrutiny and suspicion (Brumberg, 1988). However, cases of female fasting continued to be recorded into the nineteenth century (see Morgan, 1977). "Scores of young women ... undertook fasts that were extolled in vernacular folk literature as proof of divine providence" (Brumberg, 1986, p.96; also Morgan, 1977). Jane Stretton, for example, was alleged to have fasted for 9 months, Katerine Cooper for 9 years and Eva Fliegen for 14 years (Brumberg, 1986). Other examples include Jane Balan (c. 1599) "the French Fasting Girl of Confolens", Martha Taylor (c.1669) "the Famed Young Derbyshire Damsel" and Ann Moore (c. 1807) "the Fasting Woman of Tutbury" (Morgan (1977). These women were alleged to have fasted for considerable periods of time with little or no food. It was claimed that Martha Taylor, for example, "existed without any appreciable amount of food and drink for at least 13 months" (ibid., p.1653) and that despite diligent observation there was no detection of fraud. Sarah Jacobs (c. 1873), the famous "Welsh Fasting Girl", however, deteriorated after 18 days of her 26 month fast being monitored and died (Morgan, 1977).

These records of 'miraculous maids' and 'fasting girls' represent an important transition in the history of women's self-starvation. Whilst they were often recorded within a religious framework they were also increasingly being appropriated into the domain of the emerging medical profession. Thus, during the sixteenth and seventeenth centuries 'anorexia mirabilis' became a subject of heated

debate amongst doctors and civil authorities as well as clergy. Physicians and magistrates began to be considered as suitable investigators of claims of miraculous fasting (Brumberg, 1988). The term 'anorexia mirabilis', coined by Francois Boisser de Sauvages de la Croix in 1772 (Brumberg, 1988: 194), itself indicates this transitional point from theological to medical explanations of fasting.

The transition from religious to medical formulations of self-starvation did not occur instantaneously (see Brumberg, 1988; see also Foucault, 1967). Yet this juncture nevertheless marks the beginning of a 'radical discontinuity' in discursive constructions of self-starvation. 'Scientific' theories began to displace theological interpretations (Foucault, 1972; Ehrenreich and English, 1974; Brumberg, 1988; Palazzoli, 1974). As Foucault argues, with the ascendency of the medical profession "(t)he flesh was brought down to the level of the organism" (1979: 117). By the end of the eighteenth century "a completely new technology (of sex)", a medical technology, had emerged which "escaped ecclesiastical institutions without being truly independent of the thematics of sin" (Foucault, 1979: 116; Scull, 1983). 'The workings of the devil' declined as an explanation of illness although religion still figured in representations of illness as a penalty for sin and excess or as 'a cross to bear' (Porter and Porter, 1988: 168-9; see also Stainbrook, 1965). And as medical interpretations of self-starvation became detached from previous formulations, constructions of fasting as miraculous or divine were increasingly viewed as ideological (see Foucault, 1972). Hence the scepticism with which doctors often wrote of 'fasting girls' (see Smith-Rosenberg and Rosenberg, 1973/4; Morgan, 1977; Brumberg, 1988; Vandereycken and Van Deth, 1989; Vandereycken and Lowenkopt, 1990). Hammond (1879), for example, in his medical analysis of 'fasting girls', criticised the religiosity of many early descriptions as unscientific, claiming that they were probably cases of

deception, fraud or organic disease (Strober, 1986).

It is this juncture in which self-starvation became a more medical than religious concern that is often taken as 'the beginning' of the history of anorexia (e.g. Bruch, 1974; Strober, 1986; Palazzoli, 1974; Waltos, 1986). A number of late seventeenth century accounts of 'wasting' through lack of appetite have been presented as early medical descriptions of anorexia nervosa. Strober (1986: 232), for example, quotes a description by the physician Fabricius in 1611 of a 13 year old girl said to have lived without food or drink for three years (see also Brumberg, 1988; Dinicola, 1990).

> She was of a sad and melancholy countenance; her body was sufficiently fleshy except only her belly which was compressed so as that it seemed to cleave to her back-bone. ... As for excrements she voided none; and did so abhor all kinds of food. That when one, who came to see her privately, put a little sugar in her mouth she immediately swooned away. But what was most wonderful was, that this maid walked up and down, played with other girls, danced and did all other things that were done by girls of her age; neither had she any difficulty of breathing, speaking or crying out. (quoted by Hammond, 1879: 10; also by Strober, 1986: 232)

Although many other contemporaneous cases of self-starvation were still interpreted religiously (Morgan, 1977; Brumberg, 1988; 1986) this account is recognizably medical. That Fabricius was a physician and that he documents the girl's physical condition also guarantees its medical status. This is clearly an example of early medical discourse. Yet, contrary to Strober's assertion (1986: 232) that "the clinical resemblance to true anorexia nervosa is self-evident", it is not so clearly a description of anorexia nervosa as it is presented in late twentieth century medical and psychological literature. Although the girl's belly is described as very 'compressed' her body, whatever its weight, was construed as otherwise "sufficiently fleshy". As with earlier religious accounts of fasting, and in contrast with modern descriptions of

anorexia, there is an emphasis on apparently continued health despite self-starvation (see Brumberg, 1986). This "maid" walked, played and danced "and did all other things that were done by girls of her age". Similarly, "swooning away" when "a little sugar" is put in the mouth is not characteristic of current descriptions of anorexia and there is no mention in the text of the now central characteristics of fear of fatness or body image distortion (see APA, 1987; Hughes, 1991).

Other seventeenth century reports that have also been presented as early medical descriptions of anorexia nervosa include Hobbes' 'Medical Lectures and Clinical Aphorisms' (1668), Reynolds' (1669) 'A Discourse on Prodigious Abstinence' (see Bliss 1982) and Whytt's (1767) discussion of 'nervous atrophy' (see Dowse, 1881). Most commonly, however, it is Richard Morton's 'Phthisiologica: or a treatise of consumption' (1689/1694) that is credited as the earliest report of anorexia in the medical literature (Bruch, 1974). Many historians of anorexia describe this as the first detailed, comprehensive or exact and easily recognizable description of anorexia nervosa (Tolstrup, 1990; Waltos, 1986; Strober, 1986; Halmi, 1983; Silverman, 1983; Palazzoli, 1974). In 'Phthisiologica' Morton described the cases of several women and one man who were 'wasted' with "nervous atrophy or consumption"[4]. He wrote:

> A Nervous Atrophy or Consumption is a wasting of Body without any remarkable Fever, Cough, or Shortness of Breath; but it is attended with a want of Appetite, and a bad digestion, upon which there follows a Languishing Weakness of Nature, and a falling away of the Flesh every day more and more. ... The Causes which dispose the Patient to this Disease, I have for the most part observed to be violent Passions of the Mind, the intemperate drinking of Spirituous Liquors, and an unwholesome Air, by which it is no wonder if the Tone of the Nerves, and the Temper of the Spirits are destroy'd. (quoted by Bliss and Branch, 9-10)

---

[4]. See appendix 6 for a lengthier quote.

> Mr. Dukes Daughter in St. Mary Axe, in the Year 1684 and the eighteenth Year of her Age, in the month of July fell into a total suppression of her Monthly Courses from a multitude of Cares and Passions of her Mind, but without any Symptoms of the Green-Sickness following upon it. From which time her Appetite began to abate, and her Digestion to be bad; her flesh also began to be flaccid and loose, and her looks pale ... I do not remember that I did ever in all my practice see one, that was conversant with the Living so much wasted with the greatest degree of a Consumption (like a Skeleton only clad with skin) yet there was no Fever, but on the contrary a coldness of the whole Body; no cough, or difficulty with breathing, not an appearance of any other distemper of the lungs, or any other entrails (Quoted in Bliss and Branch, 1960: 10-11; and by Waltos, 1986: 1-2).

In his general description and his account of 'Mr. Duke's Daughter' Morton categorizes this 'nervous atrophy' as a form of 'consumption' or 'phthisis', that is, as a 'wasting' disease. It is characterized by a "want of Appetite", food-aversion, amenorrhea, extreme emaciation and by an absence of "Fever, Cough, or Shortness of Breath" or other "distemper". However, it does not follow from this, as some historians of anorexia have argued (e.g. Bruch, 1974; Palazzoli, 1974; Strober, 1986) that Morton had identified a disease in the modern medical sense or that the 'distemper' he describes is 'anorexia nervosa'. Georgian conceptualizations of disease were rather different from modern medical and psychological theories. As L.P. Hartley argued: "The past is a foreign country; they do things differently there" (Hartley, 1953: 1, quoted by Dinicola, 1990: 170).

Pre-modern medicine lacked a systematic nosological system and theory of disease. Diagnosis depended on patients' accounts of illness, thus creating an ongoing dialogue between lay folklore and the 'scientific' theories of the emerging medical profession (Porter and Porter, 1988). A multiplicity of explanatory models existed. Among these, the theory of 'humours', a pre-occupation with 'nerves' and 'nervousness', the effects of the imagination

on the body, the dangers of the environment, and an holistic concern with 'constitution' predominated (Porter and Porter, 1988; Rousseau, 1991). For example, "traditional humoral theory saw temperament, physique and health all determined by the same fluctuating equilibrium of internal fluids, spirits, appetites and 'souls'" (Porter and Porter, 1988: 201). Diseases were not understood as 'generic fixed entities' but were frequently explained in terms of temporary concentrations of humours. Hence one disease could mutate into another (Porter and Porter, 1988). Any illness could be caused by humours, by the imagination or by nervousness (Stainbrook 1965). Sickness was often seen as the sign of a 'vitiated constitution'. It was deep-seated and however trivial could involve the whole body and the whole person (Porter and Porter, 1988).

Morton's medical discourse thus differs from modern medical discourse. In the eighteenth century 'consumption' or 'phthisis' denoted a state rather than a thing (Porter and Porter, 1988). Hence, for Morton it was the state of 'wasting' that constituted the disease. His distinction between 'nervous' and other consumptions is not equivalent, therefore, to a modern differentiation of TB from 'anorexia nervosa' (c.f. Bruch, 1974). Moreover, consumption indicated a 'broken constitution' (Porter and Porter, 1988). Nerves or imagination could play a part in 'organic' as well as 'nervous' consumption (Haygarth, 1800 in Stainbrook, 1965; Rousseau, 1991).

Morton attributes the cause of 'nervous atrophy' to "Violent Passions of the Mind" (as well as alcohol and "unwholesome Air") which destroy "the Tone of the Nerves", "the Temper" and "the Spirits". He thus produces a typically Georgian holistic explanation of disease to which the modern distinction between psychological and somatic causation are not applicable. Even until the end of the nineteenth century 'nervous disorders' referred as much to physically diseased or inflamed nerve fibres as to psychopathology (Rousseau, 1991). Dowse (1881: 9), for

example, wrote of "inflamed, irritated, or softened" "pneumogastric nerves" causing a lack of hunger. To describe Morton's account as heralding contemporary psychosomatic thought (e.g Strober, 1986) is, therefore, anachronistic since the discourses within which Georgian physicians construed the relationship between mind and body differed significantly from those that prevail today (see Stainbrook, 1965). For them "self and soma (were) at least synergistically united, if not the same, Their mutual interplay, through experience, result(ed) in their mutual transformation" (Porter and Porter, 1988: 201).

As Dinicola (1990; see also Brumberg, 1988) argues, the texts of Fabricius (1611/1646), Morton (1689/94), de la Croix (1772), Whytt (1764), Naudeau (1789) or Willan (1790), so often presented as more or less definite descriptions of anorexia nervosa (e.g. Shorter, 1987; Halmi, 1983; Strober, 1986), are more appropriately understood as early medical attempts to explain fasting. Attempts at retrospective diagnosis inevitably deny the differing cultural significances of self-starvation (Dinicola, 1990; Brumberg, 1988; 1986) as well as the considerable differences and discontinuities in medical 'knowledge' (Foucault, 1977a). They also gloss over the substantive differences in descriptions (see Habermas, 1989; Dinicola, 1990). As Russell (1985: 101) argues, 'anorexia nervosa' "has undergone major transformations over the course of recent decades". Attributing differences in presented symptomatology to faulty observation and lack of medical expertise in pre-modern physicians (e.g. Shorter, 1987; Waltos, 1986) is necessarily problematic. Such explanations privilege current medical and psychological knowledge as trans-historical truth. They also presume rather than demonstrate that 'anorexia nervosa' has always existed as a 'disease entity' independently of medical knowledge or cultural context.

6.4 The Surface of Emergence of Anorexia Nervosa

6.4.1 Hypochondria and Nervousness in the Eighteenth and Nineteenth Centuries

Explanations of 'wasting', fasting or lack of appetite continued to appear in medical texts throughout the eighteenth and nineteenth centuries with various explanations. Whytt (1767), for example, a famous 'nerve doctor' (Rousseau, 1991), attributed food-aversion to disturbances in the gastric nerves (Dowse, 1881; Palazzoli, 1974; Strober, 1986). Marce (1860a; 1860b) wrote of a "very common" "form of hypochondriacal delirium occurring consecutive to dyspepsia and characterized by refusal of food" . Patients were characterized as "young girls ... at the period of puberty" suffering from "inappetency" and painful digestion (1860b, quoted in Silverman, 1989: 833). Mesmer and Naudeau also discussed food-aversion as a nervous complaint (Strober, 1986). In fact, from the mid-seventeenth and through the nineteenth century medics paid great attention to the stomach and its disorders (Porter and Porter, 1988). Numerous disorders were attributed to the stomach which was often regarded as "the crucible of the metabolism", the body being regarded as "a through-put machine, requiring efficient digestion and speedy waste disposal" (ibid, p.144; see e.g. Buchan, 1769). Hence, Thomas Trotter, considered the stomach to be

> endued by nature, with the most complex properties of any of the body, and forming a centre of sympathy between our corporal and mental parts, of more exquisite qualifications than even the brain itself. (Trotter, 1807: 203. Quoted in Porter and Porter, 1988: 144)

Georgian society described itself as plagued by various gastro-intestinal disorders such as colic, hysteric colic, biliousness, 'gouty wind', gastralgia and vomiting (Porter and Porter, 1988). And these 'horrors of digestion' were not construed as local disorders but as disorders of the whole constitution (Porter and Porter, 1988). Cases of food-aversion or of wasting through "want of appetite" thus occurred in a context in which disorders of the stomach

evidently had particular, historically specific cultural significance. In fact, 'hypochondria' - defined until the turn of the eighteenth century as a somatic abdominal disorder accompanied by multiple symptoms moving around the body - was a deeply enculturated illness (Rousseau, 1991; Porter and Porter, 1988).

During the Georgian era traditional humoral theory began to be replaced by a Lockian empiricist theory of the person "which restated the synthesis of body and consciousness via the notions of sensations and the nervous system" (Porter and Porter, 1988: 201; Stainbrook, 1965). Increasing importance was accorded to 'sensibility' (Porter and Porter, 1988) and a capacity for 'exquisite feeling', including suffering, was often viewed as the hallmark of superior people (Rousseau, 1991; Porter and Porter, 1988; Scull, 1983). In addition Lockians accorded considerable importance to the role of the imagination in health (e.g. Locke, 1965). Mary Wollstonecraft, for example, wrote in 1798 that "a lowness of spirits, which I cannot conquer, leaves me at the mercy of my imagination" (Wardle, 1979) whilst the physician, John Moore wrote of epidemics of 'imaginary complaints' (Hunter and Macalpine, 1963). Nervous delicacy, hypersensitivity and pain constituted a particular socio-cultural identity (Porter and Porter, 1988; Rousseau, 1991).

This nervous delicacy, especially common in women but also existing in men (Scull, 1983), was epitomized in the figure of 'the hypochondriac' (Porter and Porter, 1988). Hypochondria, or the grand 'English malady' (Cheyne, 1733; see Scull, 1983), became increasingly defined by the multiple secondary symptoms of the body rather than somatic abdominal disorder. It became a protean 'malade imaginaire' (Jackson, 1986; Fischer-Homberger, 1972) and a fashionable disease (Adaire, 1790; Hunter and Macalpine, 1963; Rousseau, 1976; Rousseau, 1991). As Porter and Porter (1988: 209) argue:

> This 'coming-out' of the hypochondriacs as a cultural type marks an important moment. It

> signals a stage in medicine itself, with lay desires generating a medical consumerism integral to the wider development of market society. But it also had deeper cultural affinities. Polite society encouraged individualism. People in the fast lane were expected to be different, special, interesting, prima-dona-ish, albeit within the permitted degrees of conventional polish. ... Sickliness provided social alibis while suffering purchased the right to be different, to be oneself. Pain commanded a certain social bargaining power.

That is, hypochondria, and more generally 'nerves', formed an integral part of Georgian society - economically, politically, culturally and medically. As Rousseau (1991: 42) argues, it is not so much that scientific progress produced a cultural concern with nerves but rather that "a cultural myth engulfed medical theory itself, privileging the nerves and exalting them as never before." Nervousness produced an enormous economy in terms of 'quack' and 'medical' treatments, Spa town industries and doctors' fees (Rousseau, 1991). Nerves, as the mark of superior people (Porter and Porter, 1988; Scull, 1983), segregated social ranks anew and constituted an integral part of the development of bourgeois individualism (Rousseau, 1991). The concept of nerves was so deeply enculturated in Georgian society that it was 'metaphorized' to describe the social body (e.g. Lowde, 1694) and social commentators like Samuel Johnson sought to define a 'nervous style' of literature (Rousseau, 1991). Henry Mackenzie's claim that "this is an Age of Sensibility" (quoted in Rousseau, 1991: 40) and Jane Austen's depiction of 'Sense and Sensibility' (1811) both illustrate the deeply enculturated nature of 'nerves'.

This is not to argue that there was a universal sympathy for hypochondriacs. There is evidence of stigmatizing and ridicule as well as romanticizing sympathy and individualizing connotations (Porter and Porter, 1988). What is important, however, in terms of a genealogy of 'anorexia' is that 'nervous disorder', epitomized by

'hypochondria', was a profoundly significant cultural concept.

Inevitably theories of nerves did not remain static through the eighteenth and nineteenth centuries (Rousseau, 1991). However, as Rousseau (1991) demonstrates, medical concern with hypochondria, already institutionally fixed throughout Europe by the eighteenth century, continued to grow throughout the nineteenth century. As late as 1893 Sir William Gull is attributed with describing the stomach as "a mad organ" (Robinson, 1893: 1381). In addition, reports of 'hysterical vomiting' were common (e.g. Robinson, 1893; anon., 1881b; Sutherland, 1881; Salter, 1868) and at least some cases of gastric ulcer continued to be construed as nervous. At a meeting of the London Medical Society in 1885 'nervous gastralgia', 'hysteric apepsia' and 'apepsia nervosa' were all included in a discussion of gastric ulcers (anon., 1885). At the same meeting Dr. Stretch Dowse asserted that

> the sensory side of the nervous system in some cases of gastric ulcer was in an abortive state ... it was an example of nervous dystrophy. (anon., 1885: 1049).

Thus, 'nervousness' and particularly 'hypochondria' - historically associated with gastric disorder and increasingly viewed as 'nervous' - were highly significant concepts of the surface of emergence (see Foucault, 1972) or cultural and discursive context in which 'anorexia nervosa' would emerge as a distinct disease entity.

6.4.2 Gendered Nerves and Hysteria in the Eighteenth and Nineteenth Centuries

A second facet of eighteenth and nineteenth century medical culture that is relevant to a genealogy of anorexia is the way in which nerves were gendered so that nervousness was increasingly feminized (Rousseau, 1991). As many feminist authors (e.g. Ussher, 1991; Nicolson, 1992; Sayers, 1982; Chesler, 1972; Ehrenreich and English, 1974; see also pp.127-129) have demonstrated, 'femininity' has

been historically associated with both madness and physical illness in terms of both prevalence and cultural representation. 'Nerves' had been gendered throughout the eighteenth and nineteenth centuries (Dover, 1732, cited in Rousseau 1991; Hall, 1827; Tracy, 1860, cited in Smith-Rosenberg and Rosenberg, 1973/4). And hysteria, unlike other nervous diseases, epitomized feminine nervousness (Showalter, 1985). Hypochondria and hysteria were often considered as brother and sister disorders (Porter and Porter, 1988; Rousseau, 1991). And like 'hypochondria', 'hysteria' - as well as 'vapours', 'spleen' and 'biliousness' - constituted an integral part of the fashionable language of 'nervous disease' (Rousseau, 1976; Scull, 1983).

Since Egyptian (Strong, 1989) and Greek (Shafter. 1989; Veith, 1970; Ussher, 1991) antiquity hysteria had been defined as an authentic somatic disease of women in which the 'wandering womb' rose up, affecting various parts of the body and finally constricting the throat in 'globus hystericus' (Porter and Porter, 1988; see also Veith, 1970; Micale, 1990; Bernheimer and Kahane, 1985). Hysteria was thus constituted as a <u>fundamentally</u> gendered disorder (Showalter, 1985). By the eighteenth century, however, the term was breaking from its etymological origins and increasingly denoted "the volatile physical symptoms associated with hypersensitivity" (Porter and Porter, 1988: 209). Morton Prince (1895), for example, concurring with French Psychiatry, argued that "it is evident that we must look for the origins of hysteria in the brain or mind itself and not in irritations from distant parts" (quoted by Stainbrook, 1965: 13).

One consequence of this development was that men as well as women might be diagnosed hysterical (e.g. Cavafy, 1874; see also Porter and Porter, 1988). Nevertheless, 'hysteria' continued to be viewed as a 'quintessentially female malady' (Showalter, 1985; Ussher, 1991; Veith, 1970; Sayers, 1982). This was partly because, as late nineteenth

century medical debate demonstrates, the dissociation of 'hysteria' from 'uterine irritation' was not entirely decisive. Many medics continued to attribute all manner of illness in women to 'disease of the womb'. Dr. M.E. Dirix (1869), for example, asserted that

> women are treated for diseases of the stomach, liver, kidney, heart, lung etc., yet in most instances, these diseases will be found, on due investigation, to be no disease at all, but merely the symptoms of one disease, namely, a disease of the womb. (quoted by Ehrenreich and English, 1974: 29-30)

Thus, de Berdt Hovell, campaigning against the continued use of the term 'hysteria', berated other medics for their adherence "to the Addisonian heresy of uterine irritation in connection with the hysteric hypothesis" (1888: 597) and questioned the grounds on which "examining the patient with the speculum" was still "gravely advocated in all cases of hysteria" (1873: 873). The historical connection between hysteria and the womb thus continued to have some influence on medical conceptualizations of women. And even as this influence diminished hysteria remained a 'female malady' since women were assumed to have more delicate and sensitive nerves than men and to therefore be more prone to nervous disorder (e.g. Dover, 1732; Hall, 1827: Wilks, 1888). Women's 'nerves' were

> smaller and of a more delicate structure. They are endowed with greater sensibility, and, of course, are liable to more frequent and stronger impressions from external agents or mental influences. (Tracy, 1860: xv; quoted in Smith-Rosenberg and Rosenberg, 1973/4: 334)

Paradoxically this theory which disputed the etymological, exclusive femininity of hysteria succeeded in increasing the hysterization of 'woman'. Woman's entire nervous system rather than one organ was pathologized. As Foucault argues (1979: 104, emphasis added) the new medical 'technologies' that began to emerge in the eighteenth century hysterized the female body so that it was

> thoroughly saturated with sexuality; whereby it was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it; whereby finally, it was placed in organic communication with the social body.

In addition, during the nineteenth century mental and 'moral' factors began to be viewed as causes of hysteria and nervous disorder (Rousseau, 1991; Stainbrook, 1965). It had been theorized that hysteria resulted from bodily conditions such as 'taught' or disordered nerves. This concept of 'taught nerves' was then metaphorized to signify a pathologized mentality. Hence, nineteenth century medics increasingly explained hysteria as a consequence of mental weakness, of suppressed feelings, especially of sexual desire, as evidenced in psychoanalytic theory of hysteria (e.g. Freud and Breuer, 1895; see Rousseau, 1991).

Whether because 'she' was dominated by her reproductive organs, because 'her' nervous system was so delicate, or because 'she' suppressed her feelings and was mentally weak, 'woman' was construed as especially prone to nervous disorders, particularly hysteria (Showalter, 1985; Strong, 1989).

The nervous or hysterical woman was not the only conceptualization of 'woman'. Indeed working-class and immigrant women were frequently excluded from 'nervous femininity'. Whereas upper- and middle-class women were allegedly invalids, working class and immigrant women were considered capable of enduring severe deprivation and continual hard work without ill effects (Ehrenreich and English, 1974; Veith, 1970). In addition, social reformers such as Mary Wollstonecraft or J.S. Mill presented alternative images of women (see Showalter, 1985). And women physicians like Mary Livermore argued against "the monstrous assumption that woman is a natural invalid" (quoted by Ehrenreich and English, 1974: 25; Smith-Rosenberg and Rosenberg, 1973/4) as others disputed the reality of nervousness more generally (Porter and Porter, 1988).

Nevertheless 'the hysteric' was a deeply enculturated figure (Rousseau, 1991), particularly during the late nineteenth century, 'the golden age of hysteria' (Showalter, 1985: 129). The concept of hysteria was thoroughly imbricated in the theoretical divergence of the genders over the eighteenth and nineteenth centuries (Rousseau, 1991) and in the Victorian pre-occupation with and regulation of sex and sexuality (Foucault, 1979). For example, along with neurasthenia, chlorosis and other female nervous disorders, hysteria was constituted as a cultural bar to education and suffrage for women (Sayers, 1982; Smith-Rosenberg and Rosenberg, 1973/4). "Grant suffrage to women", one Massechusetts legislator claimed

> and you will have to build insane asylums in every county, and establish divorce courts in every town. Women are too nervous and hysterical to enter politics. (quoted in Ehrenreich and English, 1974: 22)

Similarly, the establishment of the first colleges for women precipitated numerous warnings of the injurious effects education would have on the female reproductive system (Sayers, 1982; Theriot, 1988; Ehrenreich and English, 1974). Herbert Spencer (1896), for example, declared that

> the deficiency of reproductive power (of upper class women) may be reasonably attributed to the overtaxing of their brains - an overtaxing which produces serious reactions on the physique ... (and) ... is not shown only by the greater frequency of absolute sterility; nor is it shown only in the earlier cessation of childbearing; but it is also shown in the very frequent inability of such women to suckle their infants. (quoted by Sayers, 1982: 8)

Medical discourse on hysteria, in continual dialogue with popular culture, thus played a very considerable part in the regulation of gender (Foucault, 1979), in the 'cult of female invalidism' and the fashionability of female debility (Douglas-Wood, 1973), in determining women's 'proper' social role (see Sayers, 1982; Smith-Rosenberg and Rosenberg, 1973/4) and, indeed, in constituting the

category of 'woman' in the eighteenth and nineteenth centuries (see Sayers, 1982; Foucault, 1979; Veith, 1970; Theriot, 1988).

In short, the cultural and medical milieu in which 'anorexia nervosa' was to emerge in the late nineteenth century was one that was pre-occupied with sickness and especially with nervous disorders. Hypochondria and hysteria were dominant concepts, 'institutionally fixed' and culturally entrenched (Porter and Porter, 1988; Rousseau, 1991; Showalter, 1985). In the prevailing 'nervous mythology' hypochondria provided an historical and etymological relationship between nervous and gastric disorders whilst hysteria epitomized the gendering of nerves and the cultural construction of 'woman' as pathologically nervous.

6.4.3 A Convergence of the Medical Discourses on Hysteria and Hypochondria

As both 'hysteria' and 'hypochondria' became progressively detached from their etymological roots the two concepts appeared to converge. Both concepts increasingly denoted general and protean nervous disorder associated with hypersensitivity (see Rousseau, 1991; Porter and Porter, 1988; Stainbrook, 1965). And nervous disorder became increasingly feminized to the extent that some physicians claimed they were entirely limited to women (e.g Raulin, 1758; see Rousseau, 1991). In addition, gastric disorders, including lack of appetite (e.g. Gull, 1874; Marce, 1860a/b; see Silverman, 1989), constituted common symptoms of nervousness and nervous disorder (e.g. anon., 1885) in both medical and cultural discourses. Jane Austen's portrayal of Marianne in 'Sense and Sensibility' (1811) illustrates both the cultural entrenchment of feminine nervousness and the intimate relationship between nervousness and the stomach.

> She was awake the whole night, and she wept the greatest part of it. She got up with a headache, was unable to talk, and unwilling to take any

> nourishment; giving pain every moment to her mother and sisters, and forbidding all attempts at consolation from either. Her sensibility was potent enough! (Austen, 1811: 69)
>
> Elinor ... returned to Marianne, whom she reached just in time to prevent her from falling on the floor, faint and giddy from a long want of proper rest and food; for it was many days since she had had any appetite, and many nights since she had really slept; and now ... the consequence of all this was felt in an aching head, a weakened stomach, and a general nervous faintness. (ibid., p.154)

The extent of convergence of hypochondria and hysteria was also evident in the interchangeability of the two terms (e.g Marce, 1860b) and in constructions of gastric symptoms such as vomiting, gastralgia, haematemes, constipation and diarrhoea, as hysterical (e.g. Salter, 1868; Lasegue, 1873b; Robinson, 1893; anon, 1881; Sutherland, 1881). Louis-Victor Marce's account of "a form of hypochondriacal delirium occurring consecutive to dyspepsia, and characterized by refusal of food" (1860b; see Silverman 1989) similarly produced a discursive convergence of mental weakness, 'nervous femininity', 'hysteria', 'hypochondria' and gastric disorder. Marce (1860b) presented "inappetency" as a common nervous symptom.

> the majority of hysterical and nervous sufferers make themselves remarkable for the slenderness of their diet, by their liking for indigestible food, and their antipathy for bread, meat, and strengthening dishes. (quoted in Silverman, 1989: 834)

He described two "very common" varieties of hypochondriacal dyspepsia - "inappetency" and painful digestion - which occurred even though "The stomach digests perfectly what is committed to it" (ibid., p.833) and "was perfectly uninjured" (ibid., p.834).

> Deeply impressed, whether by the absence of appetite or by the uneasiness caused by digestion, these patients arrive at a delirious conviction that they cannot or ought not to eat. In one word, the gastric nervous disorder becomes cerebro-nervous. (ibid., p.833)

This hypochondriacal disorder thus encompasses both nervous dyspepsia and a more mental nervous disorder. The sufferers, presented as "young girls ... at the period of puberty" (ibid., p.833) are described as mentally weak throughout the paper. 'They' are "predisposed to insanity from hereditary antecedents and (are) rendered still more impressionable by that profound nervous disturbance which accompanies the establishment of the menstrual functions" (ibid., p.833). 'They' are in "a state of partial delirium" and their "intellectual energy" and "affective sentiments" are debilitated (ibid., p.833). Without relinquishing the classical connection between female reproductive functions and hysteria/nervousness, Marce consolidates the femininity of this nervous disorder by constructing an emotionally and mentally weak woman as the sufferer. And, like other physicians of the nineteenth century (see Ehrenreich and English, 1974; Ussher, 1991), in constructing a mentally weak female patient Marce simultaneously produces the necessity of "moral ascendency" over 'her' (Silverman, 1989: 834).

Marce's account (1860b) is interesting because the discursive construction of the 'hypochondriacal' disorder, the patient and the treatment is remarkably similar to the constructions of 'hysterical anorexia' and 'anorexia nervosa' presented by Lasegue (1873b) and Gull (1874). But it also important because it evidences a discursive convergence of nervousness, hypochondria and hysteria in which the nervous gastric disorders of 'inappetency' and gastralgia became distinctly feminized.

6.5 Conclusion

By the eighteenth and nineteenth centuries self-starvation had become a medical rather than a religious phenomenon. The medical discourse within which 'anorexia nervosa' was to emerge differed significantly from contemporary medical discourse. Georgian and Victorian society evidenced a preoccupation with nerves and

nervousness, epitomized in the concepts of hypochondria and hysteria. Hypochondria, which had previously denoted gastric disorder, was increasingly associated with nervousness. The concept of hysteria also referred increasingly to disorders of the nervous system rather than to 'diseases of the womb'. Nevertheless, it remained a "quintessentially female malady" (Showalter, 1985) and was, in fact, thoroughly imbricated in the theoretical divergence of the genders over the eighteenth and nineteenth centuries (Rousseau, 1991), in the feminization of nerves (Smith-Rosenberg and Rosenberg, 1973/4) and in the discursive production of 'the nervous woman' (Foucault, 1979). In short, Georgian and Victorian medical discourse, in continual dialogue with the wider culture, constituted the body as nervous; the concept of 'hypochondria' provided an historical association between nervousness and the stomach whilst 'hysteria' epitomized the feminization of nervousness. Nervousness, gastric disorder, hypochondria, hysteria and pathologized femininity were the intimately related and culturally entrenched concepts that were to converge in the medical formulation of 'anorexia nervosa'.

Chapter Seven

Discourse and the Emergence of 'Anorexia Nervosa' in the Nineteenth Century.

7.1 Introduction

In the previous chapter I discussed those aspects of eighteenth and nineteenth century medical discourse that may be considered pertinent to a genealogy of 'anorexia nervosa'. In this chapter I have analyzed the texts of the nineteenth century medical journal articles in which 'anorexia' first emerged as a distinct medical entity.

I chose to analyze these texts, to produce a genealogy of 'anorexia' firstly because, as noted above (p.13), I was inspired by the feminist psychoanalytic work on the primarily nineteenth century 'disorder' of hysteria. I wanted, therefore, to examine how 'anorexia' emerged in 'the golden age of hysteria' (Showalter, 1985: 129), to explore its relationship to that category and to the category of 'woman' as it was constituted in the nineteenth century. By locating anorexia in its shifting socio-historical contexts, I also wanted to counter the notion of anorexia as a trans-historical, 'natural' disease entity (see also p.132). That is, I wanted to explore the historical discontinuities, as well as continuities, in the category of anorexia. Thirdly, I wanted to demonstrate the discursive nature of anorexia; to analyze those discourses and discursive practices that, first, made possible, and, second, constituted anorexia as a category of medical discourse.

Hence, this genealogy of anorexia nervosa shall "remain, or try to remain, at the level of discourse itself" (Foucault, 1972: 48); to look at the documents themselves rather than 'see' beyond them (see Foucault, 1972: 7). As argued above (see chapter 5), in analyzing the medical texts (listed in appendix 5a; see also appendix 5b) in which anorexia was first constituted I am not attempting to "restore an unbroken continuity" between past and present, to assess the 'accuracy'

of nineteenth century descriptions, or retrospectively establish diagnoses (see Foucault, 1977a: 146).

> Genealogy ... rejects the metahistorical deployment of ideal significations and indefinite teleologies. It opposes itself to the search for 'origins'. (Foucault, 1977a:140)

In analyzing these documents I am attempting to explicate the discourses in which anorexia nervosa was first constituted, to explore the ways in which the body, woman and pathology were articulated in the nineteenth century. As noted above (see chapter 5), a discourse analytic approach, informed in particular by Foucauldian theory (Foucault, 1972, 1977a; 1979), was used to analyze the texts so as to examine how anorexia was first constituted and then consoloidated as an object of medical discourse.

7.2 Interpreting Nineteenth Century Texts on Anorexia Nervosa

The term 'anorexia nervosa' was first used by the eminent (Vandereycken and Van Deth, 1989) and fashionable (Talbott, 1970) physician Sir William Withey Gull in 1874. However, what was agreed to be the same condition (Gull, 1874; anon., 1873b; Dowse, 1881) originally had several aliases - 'hysterical anorexia' (Lasegue, 1873b; Gull, 1874), 'hysteric apepsia' (Gull, 1868) and 'apepsia hysterica' (Gull, 1874). The medical texts in which 'anorexia nervosa' was first constituted began with an article, 'De l'anorexie hysterique', by the French professor of medicine, Charles Lasegue (1873a). An eight-line summary of this "able memoir" was then published as a 'Foreign Gleaning' in the Lancet under the title 'Hysteric Anorexia' (anon., July 12, 1873a). A month later Gull presented a paper "on Anorexia Hysterica (Apepsia Hysterica)" at a meeting of the "Clinical Society" in which he claimed that he and Lasegue had "the same malady in mind" (Gull, 1874: 25) but that he had been the first to describe it with the term 'hysteric apepsia' in 1868. His paper was summarized in the Medical Times and Gazette (anon., 1873b) and presented in full in the Transactions of the Clinical Society (Gull, 1874) under the title "Anorexia nervosa (Apepsia Hysterica, Anorexia

Hysterica)". Reports of 'nervous' self-starvation continued to appear with different diagnoses (Tolstrup, 1990) such as hysteria (e.g. Sutherland, 1881), chlorosis (e.g. Allbutt, 1905; see Brumberg, 1982; Tolstrup, 1990; Parry-Jones, 1985), sitomania (Chipley, 1859; see Vandereycken and Lowenkopt, 1990) or neurasthenia (Weir Mitchell, 1877; see also Playfair, 1888; Charcot, 1889). However, the term 'anorexia nervosa' became increasingly established through the late nineteenth century. Dowse's report of "A Case of Anorexia Nervosa" (1881), for example, gave no introduction to the disorder, suggesting that readers were at least assumed to be familiar with the term. Reports of meetings of the 'Clinical Society of London' (anon., 1881a) and the 'Medical Society of London' (anon., 1885) also evidence this familiarity. A further article, "Anorexia Nervosa" (Gull, 1888) began a flurry of papers on the subject (e.g. Editorial, 1888; de Berdt Hovell, 1888a; 1888b; Mackenzie, 1888; Wilks, 1888; Edge, 1888). And by the 1890s articles on 'anorexia nervosa' appeared fairly regularly, although not commonly, in the medical press (e.g. Collins, 1894; Marshall, 1895; anon, 1895a; anon., 1895b; Taylor, 1904).

The almost synchronous publications of Gull (1874) and Lasegue (1873a/b) and the coining of the term 'anorexia nervosa' (Gull 1874) is frequently taken as a beginning of the history of anorexia (e.g. Vandereycken and Lowenkpoft, 1990) or as the moment in which it was 'recognized' as "a modern clinical entity with distinct morbid and pathological features" (Palazzoli, 1974: 3; Halmi, 1983; Waltos, 1986; Strober, 1986; Tolstrup, 1990). It is often presented as a 'discovery', 'identification' or 'recognition' made possible by scientific progress (e.g. Tolstrup, 1990; Vandereycken and Lowenkopt, 1990; Waltos, 1986; Bliss, 1982). However, whilst this moment is undoubtedly significant its interpretation as a 'discovery' is highly problematic (see also Brumberg, 1986; Dinicola, 1990; Foucault, 1972).

To view Gull's and Lasegue's publications as discoveries of a modern eating disorder is to privilege today's medical

and psychological discourse as trans-historical truth and to assume that 'anorexia nervosa' is a 'natural' trans-historical clinical entity which pre-existed its discursive constructions in the medical literature. Yet as Foucault (1972: 45) argues:

> the object does not await in limbo the order that will free it and enable it to become embodies in a visible and prolix objectivity; it does not pre-exist itself, held back by some obstacle at the first edge of light. It exists under the positive conditions of a complex group of relations.

The object 'anorexia nervosa' did not exist independently of medical discourse, 'waiting' to be revealed by scientific progress. Gull's and Lasegue's papers did not simply describe something - 'anorexia nervosa' - that was beyond or anterior to them. Rather, discourses constitute the objects of which they speak (Foucault, 1972; see also chapter 3). 'Anorexia nervosa' was constituted through the medical discourses and discursive practices that defined and treated it.

> In these fields of initial differentiation, in the distances, the discontinuities, and the thresholds that appear within it, psychiatric discourse finds a way of limiting its domain, of defining what it is talking about, of giving it the status of object - and therefore making it manifest, nameable, and describable. (Foucault, 1972: 41)

And, as the discussion of eighteenth and nineteenth century medicine (chapter 6) indicates, discourses constitute and sustain material discursive practices (Foucault, 1972, 1977a). Medical discourse was itself a practice which had already legitimated the expanding medical profession, supported and constituted its authority, its 'fields of knowledge', its material practices and regulatory procedures (Foucault, 1972; 1979). And in continual dialogue with popular culture (Porter and Porter, 1988) it had already constituted "an Age of Sensibility" (Mackenzie, quoted in Rousseau, 1991: 40) and 'a golden age of hysteria' (Showalter, 1985) in which the medical truths about 'nerves' and nervous disorder were institutionally established (Rousseau, 1991; Porter and Porter, 1988) and in which 'woman' denoted a pathologically nervous or hysterical category (see pp.142-145; see also

pp.178-181 and 187-189).

Moreover, as Foucault (1977a: 147; see also Riley, 1988; McNay, 1992) argues history or 'descent' "attaches itself to the body (Nietzsche, The Gay Science, p.200)". Discourses and discursive practices are 'inscribed' in the body.

> The body is the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated self (adopting the illusion of a substantial unity) and a volume in perpetual disintegration. Genealogy, as an analysis of descent, is thus situated within the articulation of the body and history. Its task is to expose a body totally imprinted by history and the process of history's destruction of the body. (Foucault, 1977a: 148)

That is, the body is not a stable, trans-historical, pre-discursive entity that is only described in different ways. Rather, discourses and discursive practices penetrate and mould the body (Foucault, 1977a; 1979; Riley, 1988). As the discussion in chapter 6 indicates, Georgian and Victorian medical discourses made the body 'nervous' and made 'nerves' gendered. Thus, the late nineteenth century medical discourse in which 'anorexia nervosa' emerged did not simply describe a 'reality' that existed independently beyond it. Rather, this discourse, in dialogue with the wider culture, was 'inscribed' on the (female) body that could be diagnosed as anorexic. The body - whether masculine or feminine, hysterical, nervous, hypochondriacal or anorexic - is historically mutable; it is 'always already' inside culture (Riley, 1988). The diagnosed body cannot be easily distinguished from the discourses that speak of it.

Thus, to talk of 'anorexia nervosa' as a discursive object rather than as a 'thing' anterior to discourse is not to relegate it to a non-material realm of words or ideas. Rather it is to more fully locate 'anorexia nervosa' in its cultural and corporeal context (c.f. Brumberg, 1986). As Dinicola (1990: 174) argues "(t)he more seriously we take a contextual view of human experience, the more context is taken as fundamental in constructing the illness, rather than as mere 'cultural dressing'."

7.3 The Discursive Construction of 'Hysterical Anorexia'

As noted above, what was considered to be "the same malady" (Gull, 1874: 25) was first reported under the title 'De l'anorexie hysterique' (Lasegue, 1873a, April) in the French journal 'Archives Generales de Medicine'. The Lancet's summary of this paper (anon., 1873a) gave it the title 'Hysteric Anorexia' again denoting that 'the malady' was hysterical (see also Vandereycken and Lowenkopt, 1990).

> ... The author describes various symptoms of the disease, based upon observation of eight cases. Dr. Lassegue (sic), in concluding, insists on the important part played in certain forms of hysteria by the mental disposition of the patient, and on the intimate relation between hysteria and hypochondria. (anon., 1873a: 49)

'Hysteric anorexia' was thus presented as a form of hysteria in which "the mental disposition of the patient" played an important part. That 'the disease' was hysterical immediately signified that it was a 'feminine' disorder whilst the reference to patients' "mental disposition" was typical of the increasing concern with the role of mental or 'moral' factors in nervous disorders (see Rousseau, 1991; Stainbrook, 1965). Significantly, 'hysteric anorexia' was also construed as intimately related to hypochondria, thus suggesting a convergence of two culturally entrenched concepts in this disorder.

This convergence of hysteria and hypochondria, of feminine nervousness and nervous gastric disorder, was again apparent in the abridged translation of Lasegue's article which appeared in the Medical Times and Gazette two months later (Lasegue, 1873b). Here 'hysterical anorexia' was presented as a form of "hysteria of the gastric centre" and was located amongst the "numerous" "disturbances of the digestive organs which supervene during the course of hysteria" (ibid., p.265). Such disturbances included "incoercible vomiting, ... gastric pains, haematemes, ... constipations or diarrhoes , ... (and) the curious perversions of appetite, examples of which superabound in almost innumerable varieties" (ibid., p.265). 'Hysterical anorexia'

was itself described as a "splanchnic neurosis" (ibid., p.266) and as a peculiar "dyspepsia" (p.368) involving "sensations, which in more than one particular resemble the impressions of hypochondriacs" (ibid., p.367). The text thus suggests a convergence of hypochondriacal and hysterical symptoms such that the two disorders were presented as intimately related and nervous gastric symptoms were construed here as symptoms of hysteria.

'Hysterical anorexia' was construed as a distinct "symptomatic complexus" of "gastric hysteria" because of the "sufficient frequency" of its "constant" symptoms - hysterical "gastric pains", a "repugnance" for food and a "suppression of appetite" without "stomachal lesion" or impaired "intestinal functions" (ibid., p.265-266). However, whilst the link with hypochondria was explicit, the predominant emphasis throughout the article was on the hysterical nature of 'hysterical anorexia'. The paper opens by justifying itself, presenting it as part of a wider project to understand hysteria.

> In my opinion we shall never succeed in composing the hysterical affections but by the separate study of each symptomatic group. After this preliminary analytic labour, we may collect the fragments, and from them reproduce the whole disease. ... The object of this memoir is to make known one of the forms of hysteria of the gastric centre which is of sufficient frequency for its description not to be, as too readily happens, the artificial generalization of a particular case. (ibid., p.265)

'Hysterical anorexia' was construed as worthy of attention not so much because it was itself important as because it was a "symptomatic group" of "sufficient frequency" to warrant its description as part of an attempt to understand hysteria as a whole. And throughout the article the 'hysterical' nature of the condition was repeatedly asserted.

The "point of departure" of 'hysterical anorexia' is presented as "gastric pain" which "varies in intensity from a confused sense of pressure to a kind of stomachal cramp, accompanied by fainting, pallor, sweats, or even shivering ... Food induces them, and they do not occur except after meals" (ibid., p.266). This 'gastralgia' was attributed to "reflex

causes", to "only the reflex impression of a perversion of the central nervous system" associated with "certain cerebral conditions" (ibid., p.266). The construction is typical of medical discourse on hysteria. Noticeably it evidences the break with traditional theory on hysteria, locating the cause in nerve reflexes and the central nervous system rather than the womb. And in common with other French medics (see Stainbrook, 1965), Lasegue attributes an important aetiological role to "cerebral conditions" or "mental perversions" (ibid., p.266).

The hysterical nature of 'hysterical anorexia' is again asserted in discussing the patient's reaction to her hysterical gastralgia. Like other gastralgia-sufferers, "The patient thinks to herself that the best remedy for this indefinite and painful uneasiness will be to diminish her food". However, unlike these others she does not "become assured that such relative inanition is not only profitless but aggravates his condition" (ibid., p.265).

> With the hysterical things take another course. Gradually she reduces her food, furnishing pretexts sometimes in a headache, sometimes in temporary distaste, and sometimes in the fear of a recurrence of pain after eating. At the end of some weeks there is no longer a supposed temporary repugnance, but a refusal of food that may be indefinitely prolonged. The disease is now declared and so surely will it pursue its course that it becomes easy to prognosticate the future. (ibid., p.265)

Thus, both the cause of the gastric pain and the patient's reaction to this pain are construed as typically hysterical. Other aspects of the illness are similarly construed as hysterical. For example, Lasegue reports that "The repugnance for food continues slowly progressive" but that for "weeks or months" the patients health does not appear to suffer and "There is no emaciation" despite the lack of food (ibid., p.266). This is explained as typically hysterical.

> The power of resistance of the general health in the hysterical is too well known for astonishment being excited at seeing them support without injury a systematic inanition to which robust women could not be exposed with impunity. (ibid., p.266)

What had once been construed as a miraculous ability to exist without food was now explained as typical of 'the hysteric's' resilient constitution. The formulation also suggests that whilst 'the hysteric' was by definition ill she was also more healthy than other women. 'Hysterical anorexia' is thus implicitly constructed, as hypochondria also was (Porter and Porter, 1988), as a 'malade imaginaire'. However, it is not only the patient's resistance but also her eventual 'inanition' that is presented as hysterical. "In the end the tolerance of the economy, marvellous as it is, becomes exhausted, and the disease enters upon its third stage." (ibid., p.368). This 'stage' is characterized by a variety of new symptoms including "emaciation", "inanition" or "cachexia", "obstinate constipation", "anaemic cardio-vascular souffle" and "neuralgias" (ibid., p.368). However, the first mentioned of these symptoms is amenorrhea. "Menstruation, which up to then has been insufficient and irregular, now ceases" (ibid., p.368). Menstrual irregularities, a pre-occupation of nineteenth century medics (Porter and Porter, 1988) and a standard symptom of hysteria (Ussher, 1991; Showalter, 1985; see also Ehrenreich and English, 1974; Sayers, 1982; Veith, 1970) again confirmed the 'hysterical nature' of this "morbid condition".

Similarly, the patient's resistance to her family's attempts - "entreaties and menaces" - to make her eat was also presented as hysterical. The "excess" of her family's "insistence begets an excess of resistance" on her part. Her "obstinacy of the hysterical" is construed as the manifestation of "a well known law conformable to the experience of all" (ibid., p.266). And this 'hysterical' relationship between patient and family is also extended to represent a general mutual influence.

> The anorexia gradually becomes the sole subject of preoccupation and conversation. The patient thus gets surrounded by a kind of atmosphere from which there is no escape during the entire day. ... Now there is another most positive law that hysteria is subject to the influence of the surrounding medium, and that the disease becomes developed and condensed so much the more as the circle within which revolve

> the ideas and sentiments of the patient becomes more narrowed. (ibid., p.367)

This passage articulates a particular concern with the relationship between the emerging bourgeois family and hysteria. Its medicalization of the family can be seen as part of a wider strategy in which "an entire medico-sexual regime took hold of the family milieu" (Foucault, 1979: 42; see also Smith-Rosenberg and Rosenberg (1973/4) and Sayers (1982) on medical pre-occupations with women's reproductive capacities). As bourgeois family-relationships intensified the family became "an agency for control" and was also subject to medical regulation (Foucault, 1979: 120; Smith-Rosenberg and Rosenberg, 1973/4). This strategy included the medicalization and attempted eradication of childhood masturbation, the psychiatrization of 'peripheral' (i.e. non-reproductive) sexuality, the pathologization of birth-control, the medical interventions in determining women's 'proper' role and the hysterization of women's bodies (Foucault, 1979; Smith-Rosenberg and Rosenberg, 1973/4; Sayers, 1982 Veith, 1970; Ehrenreich and English, 1974; Weeks, 1989; Showalter, 1985). Thus,

> it was in the 'bourgeois' family that the sexuality of children and adolescents was first problematized and feminine sexuality medicalized; it was the first to be alerted to the potential pathology of sex, the urgent need to keep it under close watch and to devise a rational technology of correction. It was this family that first became the locus for the psychiatrization of sex. ... It is worth remembering that the first figure to be invested by the deployment of sexuality, one of the first to be 'sexualized', was the 'idle' woman. She inhabited the outer edges of the 'world', in which she always had to appear as a value, and of the family, where she was assigned a new destiny charged with conjugal and parental obligations. Thus there emerged the 'nervous' woman, the woman afflicted with 'vapors'; in this figure, the hysterization of woman found its anchorage point. (Foucault, 1979: 120-121)

By implicating the family in the patient's hysteria Lasegue simultaneously asserts the hysterical nature of 'hysterical anorexia', the "moral element" of hysteria and the necessity for medical intervention in the family.

> It must not cause surprise to find me always placing in parallel the morbid condition of the hysterical subject and the preoccupations of those who surround her. These two circumstances are intimately connected, and we should acquire an erroneous idea of the disease by confining ourselves to an examination of the patient. Whenever a moral element intervenes in a disease, as here it does without any doubt, the moral medium amidst which the patient lives exercises an influence which it would be equally regrettable to overlook or misunderstand. (Lasegue, 1873b: 368)

'The bourgeois family' is thus constructed as potentially pathological and its intimacies are thoroughly medicalized. It is construed as a prime site for medical intervention, for regulating both the individual and the social body (Foucault, 1979; Smith-Rosenberg and Rosenberg, 1973/4) and it is profoundly imbricated in "the hysterization of woman". In firmly locating "the hysterical subject" within the family Lasegue thus asserts a medical authority over the family at the same time as consolidating the 'moral' nature of hysteria and the hysterical status of the patient.

In short, hysterical anorexia was discursively constructed as a form of gastric hysteria, intimately related to hypochondria. Its hysterical nature, however, was paramount. 'Hysterical anorexia' was constituted as a distinct 'symptomatic group' by its symptoms of hysterical gastralgia, a suppressed appetite, food-aversion and eventually emaciation and inanition. Yet 'On Hysterical Anorexia' was not so much the differentiation of a distinct disorder as a catalogue of the ways in which this 'symptomatic complexus' was in every respect hysterical.

7.4 Constructing the Subject of Hysterical Anorexia

Lasegue's paper articulates contemporary medical truths about the nature of the body and hysteria. The body is essentially 'nervous' and the stomach is particularly prone to nervous disorders which themselves are caused by "cerebro-spinal diseases" and "mental perversions". And as it constructs a 'nervous' body and an hysterical disorder it also

constructs a sexualized body and an hysterical female patient. As noted above, nineteenth century medical discourse construed nerves as gendered (Rousseau, 1991; Smith-Rosenberg and Rosenberg, 1973/4). Hysteria epitomized this gendering (see pp.142-145 and 160-164). It was feminized either through the classical theory of 'uterine irritation' or more frequently in the nineteenth century through the theory that women's nerves were more delicate and therefore more prone to disorder than men's (Dover, 1732; cited in Rousseau, 1991; Hall, 1827; Tracy, 1860; cited in Smith-Rosenberg and Rosenberg, 1973/4).

Throughout 'On Hysterical Anorexia' the patient is consistently presented as female. Of the eight cases on which the paper was based all were women (Lasegue, 1873b: 368) and in discursively constructing the patient gender is paramount. However, Lasegue's paper goes beyond a technical feminization of the patient. It evidences a dialogue between medical discourse and the wider culture to produce a 'densely' gendered patient (see Riley, 1988). The discursive construction of 'woman' is at once medical and social. The typical patient is presented as

> A young girl, between fifteen and twenty years of age, suffer(ing) from some emotion which she avows or conceals. Generally it relates to some real or imaginary marriage project, to a violence done to some sympathy, or to some more or less conscient desire. (Lasegue, 1873b: 265)

This passage draws on a particular cultural 'knowledge' of women to present "a young girl" as emotional and at least potentially hysterical. Lasegue does not differentiate this typical patient from other young women. Rather, 'her' hysterical tendencies are 'explained' precisely by her gender. The passage can thus be read as a dialogue between medical and non-medical discourses, producing a particular, but unremarkable, construction of 'woman-as-pathological'. And, as numerous authors have demonstrated (e.g. Ehrenreich and English, 1974; Showalter, 1985; Micale, 1990; Theriot, 1988; Veith, 1970) this pathologized 'woman' constituted a dominant cultural and medical figure.

Having thus pathologized this unremarkable 'woman'

Lasegue elaborates to construe 'her' as child-like and mentally weak. Although aged between fifteen and twenty (ibid., p.265) or eighteen and thirty-two (ibid., p.368), the patients are presented as 'young girls' who resist all attempts to make them eat because

> A single concession would transfer them from the position of patient to that of capricious children; and to this concession, in part from instinct and in part from obstinacy, they will never consent. (ibid., p.266)

The patient is thus construed as "in part" an obstinate "capricious" child. But 'she' is also mentally and morally weak and therefore not responsible for her actions.

> The fault does not altogether lie in a pathological vitiation of disposition. Under the influence of sensations, which in more than one particular resemble the impressions of hypochondriacs and the delirious ideas of the insane, the hysterical constantly find themselves unable to resist this domination (of illness and surroundings) by a voluntary effort. (ibid., p.367)

The 'hysterical' woman is thus presented as so mentally weak as to be incapable of conscious, voluntary control of her symptoms. Moreover, this mental weakness or 'perversion' is central to her diagnosis. She develops "that mental perversion, which by itself is almost characteristic, and which justifies the name which I have proposed for want of a better - hysterical anorexia" (ibid., p.266). And "...in fact the whole disease is summed up in this intellectual perversion" (ibid., p.368).

In short, Lasegue's 'typical patient' is thoroughly gendered. 'She' is produced as a woman who is at once unremarkable and pathological, characterized as emotional, childishly capricious and mentally perverse. Like other works on hysteria (see p.160), 'On Hysterical Anorexia' discursively produces a gendered disorder and a pathologized woman. And in producing 'woman' as the other of adult (masculine) rationality the paper simultaneously produces the necessity of "moral treatment" (ibid., p.266) and of asserting a medical "authority" (ibid., p.368) over the patient.

7.5 The Nosology of 'Anorexia Nervosa' and the Politics of 'Discovery'

As noted above, Lasegue's article was shortly succeeded by Gull's paper, 'Anorexia Hysterica (Apepsia Hysterica)', read at the October meeting of the 'Clinical Society' in 1873 (anon., 1873b) and published as 'Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)' in 1874 (Gull, 1874). As the aliases of the titles indicate, there was a nosological contention which was both medical and political. In contrast with Lasegue, Gull did not construe his paper as an attempt to understand hysteria through understanding one of its 'symptomatic groups'. Rather, he presented this condition as "a peculiar form of disease" (Gull, 1874: 22) which he claimed he was the first to describe. His rather spurious claim (see Decourt, 1954; Brumberg, 1988; Vandereycken and Van Deth, 1989) rests on a passing reference to 'hysteric apepsia' made in a wide-ranging 'Address in Medicine' in 1868[1].

> In the diagnosis of abdominal disease, we want an increase in the number of our more cardinal facts; ... At present our diagnosis is mostly one of inference, from our knowledge of the liability of the several organs to particular lesions; thus we avoid the error of supposing the presence of mesenteric disease in young women emaciated to the last degree through hysteric apepsia by our knowledge of the latter affection, and by the absence of tubercular disease elsewhere. (Gull, 1868: 175)

'Hysteric apepsia' was thus presented in Gull's 'Address' to illustrate the inferential nature of diagnosis. It is only in 1873 (see anon, 1873b) that the passage is reconstructed as a 'discovery' of 'apepsia hysterica/anorexia hysterica/anorexia nervosa' that preceded Lasegue's. Significantly, however, the passage suggests a common knowledge of "young women emaciated to the last degree through hysteric apepsia". 'Hysteric apepsia' is presented as already

---

[1]. See Vandereycken and Van Deth (1989) for a fuller analysis of Gull's claims to priority over Lasegue and of the politics of the issue.

part of "our knowledge". Like Lasegue (1873b; see also Porter and Porter, 1988), Gull (1868) construes hysterical gastric disorder as a familiar occurrence.

Gull's reconstituting this passage (anon., 1873b; Gull, 1874) as a discovery is also significant as a professional-political strategy. It indicates a prestige in the 'discovery'. In fact, Gull's 'Address' (1868) continues to be credited as a description of 'anorexia nervosa' (e.g. Tolstrup, 1990; Waltos, 1986) and Gull is frequently given priority over Lasegue, at least in the English literature (see Vandereycken and Van Deth, 1989). As Bruch (1974: 213) notes, the reference to his 'Address' "is almost obligatory to ensure him priority". More immediately, medical publications functioned as commercial advertisements for physicians (Rousseau, 1991) and Gull's claim to discovery may therefore have been economically as well as professionally advantageous.

More importantly, the prestige of 'discovery' suggests a wider strategic importance in constituting 'anorexia nervosa' as an object of medical discourse. As Foucault argues, "no one is responsible for an emergence; no one can glory in it, since it always occurs in the interstices" of discourse (1977a: 150). It is not that either Gull or Lasegue discovered 'anorexia nervosa' through individual scientific endeavour (c.f. Vandereycken and Van Deth, 1989). Rather, 'discovery', or the emergence of an object, is a discursive event made possible by the gaps <u>in</u> and the relationships <u>between</u> discourses. Anorexia emerged at the interface of medical discourses on hysteria and on nervous gastric disorders. It was constituted as a feminine nervous disorder (Lasegue, 1873b) at a time when 'the nervous woman' was a significant cultural figure (Ehrenreich and English, 1974; Showalter, 1985) and when explanations of female nervous debility were shifting (see Rousseau, 1991; Smith-Rosenberg and Rosenberg, 1973/4). Anorexia could thus figure as a forum in which to debate and therefore constitute and re-constitute feminine nervousness.

Gull's initial term 'hysteric apepsia' denoted an

inability to digest food caused by a peripheral (stomach) disorder of hysterical origins (anon., 1873b; Gull, 1874; see also Dinicola, 1990; Palazzoli, 1974). In 1873 "the word anorexia had been preferred to that of apepsia, as more fairly expressing the facts, since what food is taken, except in the extreme stages of the disease, is well digested" (anon., 1873b: 534). Like Lasegue (1873b), Gull construed 'anorexia hysterica' as a "want of appetite ... due to a morbid state" (anon, 1873b: 534). And like Lasegue he also categorized it as hysterical without implying uterine causation.

> He (Gull) had not observed in the special cases in question any gastric disorder to which the want of appetite could be referred. He believed that the origin was central not peripheral. ... We might call the state hysterical without committing ourselves to the strict etymological value of the word, or maintaining that the subjects of anorexia hysterica had any of the common symptoms of hysteria proper. (anon, 1873b: 534)

Anorexia hysterica was thus differentiated from "hysteria proper" since its cause was attributed to the central nervous system rather than the uterus. As noted above this nineteenth century shift in constructing hysteria meant that it was no longer essentially, etymologically feminine and could therefore occur in men as well as women. This is presented by Gull (1874) as the reason for re-naming 'anorexia hysterica' as 'anorexia nervosa'.

> I prefer, however, the more general term 'nervosa', since the disease occurs in males as well as females, and is probably rather central than peripheral. (Gull, 1874: 25-26)

The standard nineteenth century causal explanation of hysteria provided by Lasegue (1873b) was thus maintained whilst the name was changed. This change both consolidated Gull's claims on the disorder but it also emphasised that 'anorexia nervosa' was not exclusively, etymologically feminine. Nevertheless, it remained markedly feminine.

> The subjects of this affection are mostly of the female sex, and chiefly between the ages of 16 and 23. (Gull, 1874: 22)

7.6 Consolidating 'The Nervous Woman'

Like Lasegue, Gull (1874) asserted an absence of organic disease and the ineffectiveness of medical treatments except "warmth and a steady supply of food and stimulants" (ibid., p.25).

> Various remedies were prescribed ... but no perceptible effect followed there administration. ... It will be observed that all the conditions in this case were negative, and may be explained by the anorexia which led to starvation, and a depression of all the vital functions; viz., amenorrhea, slow pulse, slow breathing. (ibid., p.23)

The patients' physical condition was presented as "one of simple starvation" (ibid., p.22) caused by a "nervous" (ibid., p.23) or "morbid mental state" (ibid., p.25). 'Anorexia nervosa' was thus constructed as a nervous disorder. And whilst it was no longer construed as hysterical, both the disorder and the patient remained profoundly gendered. Like Lasegue (1873b), Gull consistently presented his patients - Misses A, B and C - as female. And whilst "the disease occurs in males as well as females" (ibid., p.25-26) the construction of nervous pathology centred upon a construction of femininity that was cultural as well as medical.

> That mental states may destroy appetite is notorious, and it will be admitted that young women at the ages named are specially obnoxious to mental perversity. (ibid., p.25)

Thus, 'anorexia nervosa' was caused by "mental perversity" which was simply a characteristic of young women. The passage feminizes this nervous disorder by deploying a discursive construction of 'woman' as "specially obnoxious to mental perversity". As in 'On Hysterical Anorexia', patients are not differentiated from other young women but are pathologized precisely by their gender. 'They' are pathologically nervous with 'peevish tempers' and feelings of jealousy (ibid., p.23), "wilful patients ... persons of unsound mind ... Mind weakened. Temper obstinate" (ibid., p.26).

Interestingly, Gull is often praised for his understanding of "the essential psychogenic element" of

anorexia" (Tolstrup, 1990: 2) and its "emotional etiology" (Waltos, 1986: 3). Historians of anorexia (e.g. Strober 1986; Morgan, 1977; Bruch, 1974) have even discussed the above passage without commenting on the discursive construction of 'woman'. Strober (1986: 234), for example, commends it for noting the "characteristic onset during adolescence, preponderance on females, and significant psychological component". Clearly there is some continuity of this nineteenth century construction of pathologized femininity into the late twentieth century.

In constructing a nervous female patient of weak mind and pathological obstinacy, Gull, like Lasegue, simultaneously produced the necessity of asserting a medical authority in this distinctly gendered doctor-patient relationship. Hence, "The inclination of the patient must in no way be consulted" (ibid., p.24) and the "restless activity referred to is also to be controlled" (ibid., p.25).

> I have remarked above that these wilful patients are often allowed to drift their own way into a state of extreme exhaustion, when it might have been prevented by placing them under different moral conditions. The treatment required is obviously that fitted for persons of unsound mind. The patients should be fed at regular intervals, and surrounded by persons who would have moral control over them; relations and friends being generally the worst attendants. (ibid., p.26)

Gull diverges here from Lasegue about when medical intervention should commence. Whereas Lasegue (1873b: 368) asserted that it was futile to intervene until "the hysterical subject has been constituted really a sick person", Gull insisted on immediate intervention. However, both converge on the need for 'moral' treatment, for control over the mentally and morally weak, feminine patient.

In short both texts converge in constructing 'anorexia hysterica/nervosa' as a feminine nervous disorder characterized by gastralgia (Lasegue, 1873b; Gull, 1868; Quain in anon, 1873b), a repugnance for food (Lasegue, 1873b; Quain in anon., 1873b), a lack of appetite and consequently emaciation and inanition (Lasegue, 1873b; anon., 1873b; Gull,

1874). And whether 'hysterical' or 'nervous' the subject of 'anorexia hysterica/nervosa' was constituted as an archetypal nineteenth century 'nervous woman'.

7.7 The Ensuing Debate: 1874-1900.

7.7.1 Consolidating Anorexia as an Object of Medical Discourse

The debate that followed the publication of Lasegue's and Gull's seminal papers was significant in consolidating 'anorexia nervosa' as a legitimate object of medical discourse. In the discussion of Gull's presentation at the 'Clinical Society' (reported in anon., 1873b) Doctors Quain, Greenhow, Carter, Thompson, Smith and Edis all confirmed the reality of "the form of disease described by Sir William Gull" (ibid., p, 535). Seven years later Dr. Dowse's report of a case of "Anorexia Nervosa" (Dowse, 1881; anon, 1881a), and his discussion of those cases reported by doctors Gull, Fenwick, Winslow, Wilks and Johnson, further reified this newly emerged diagnostic entity in the contemporary medical discourse[2]. A further case of "Anorexia Nervosa" published by Gull in 1888 prompted a flurry of debate in the medical press which again consolidated the legitimacy of 'anorexia nervosa' as an object of medical discourse. Between March 17th (Gull, 1888) and May 19th (Garry, 1888), three case reports (Gull, 1888; Mackenzie, 1888; Edge, 1888), one note (Playfair, 1888), six letters (de Berdt Hovell, 1888a; 1888b; Wilks, 1888; Myrtle, 1888; Adams, 1888; Garry, 1888) and one editorial (1888) on 'anorexia nervosa' appeared in the Lancet (see also Silverman, 1988; Tolstrup, 1990). And by the 1890s articles on 'anorexia nervosa' appeared fairly regularly in the medical press (e.g. Collins, 1894; Marshall, 1895; anon, 1895a; anon, 1895b; Taylor, 1904).

This public debate reified 'anorexia nervosa' as a distinct disease entity by fixing it as a legitimate object of

---

[2]. See e.g. Potter and Edwards (1990) who discuss 'consensus warranting' as a rhetorical resource for producing an account as 'factual'. That is, the 'factuality' of an account may be increased by its being consensually agreed upon.

medical discourse and by constituting it as a familiar or even common disorder among women (e.g. anon, 1873b; Dowse, 1881; Williams in anon., 1881a; Playfair, 1888; Myrtle, 1888). But the debate was also significant in shaping and consolidating the construction of its particular characteristics and causes, and in elucidating the nuances and ideological connotations of its construction.

7.7.2 Confirming Femininity and Symptomatology

One point of consensus in this sometimes vociferous debate (see also Silverman, 1988) was the femininity of 'anorexia nervosa'. With the exceptions of Fenwick's "young man of 19 years" (see Dowse, 1881: 9) and Drummond's "neurotic young man of 25" (anon., 1896: 7; anon., 1895b: 987) all the reported cases were female. Although younger cases were reported (e.g. Collins, 1894; Marshall, 1895) the typical patients were young women. And this gendering of 'anorexia nervosa' was repeatedly stressed.

> The patients are generally young girls from fourteen and upwards, though we have known a striking case at a much earlier age. (Editorial, 1888: 584; also quoted in anon., 1895a: 31)

> ... the subjects of this affection are mostly of the female sex, although it may occasionally by found in males, and Dr. Fenwick states that it is much more common among the wealthier classes. (Dowse, 1881: 9)[3]

There was also a general consensus on the symptomatology of 'anorexia nervosa'. Like Gull (1874; anon., 1873b) and Lasegue (1873b) the participants in this debate characterized anorexia nervosa by aversion to food, gastric pains, loss of appetite and subsequently emaciation and other symptoms of starvation.

> She was quite willing to do all she could for her benefit, but food she would not take. At last she became so exhausted that she was more or less

[3]. See Ehrenreich and English (1974) and Veith (1970) for discussions of femininity as a class-specific concept.

> unconscious ... She then more resembled a dried mummy than a living being. (Quain, in anon., 1873b: 535)
>
> The patient ... began early February, without apparent cause, to evince a repugnance to food; and soon afterwards declined to take any whatever, except half a cup of tea or coffee. ... She was then extremely emaciated. (Gull, 1888: 516-7)
>
> The great feature of the case is anorexia leading to extreme emaciation, with slow pulse, subnormal temperature and very few respirations. (Editorial, 1888: 584)
>
> I elicited that originally, on account of pain, she had been taking insufficient food until she had really starved herself into her present condition. ... Her abdomen was retracted, and the bowels constipated ... the catamenia had always been irregular and scanty, and had been absent since August. ... She stated that food, even in small quantity, caused her a feeling of fullness and pain in the stomach. (Mackenzie, 1888: 614)

Anorexia nervosa was consistently constituted as a disorder characterized by loss of appetite due to "a repugnance to food" and/or stomach pains associated with eating. The subsequent lack of food then resulted in emaciation, exhaustion, amenorrhea, constipation, and slow pulse and respiration. These physical symptoms were construed as effects of starvation and it was repeatedly asserted that there was no organic disease to which the disorder could be attributed.

> On a most careful search through the body not a particle of disease of any kind was found, the intestine was healthy throughout. (Wilks, in Dowse, 1881: 9)
>
> There is an entire absence of sign or symptom of tubercular or other organic disease. (Editorial, 1888: 584)
>
> The girl was carefully examined, but no thoracic or abdominal disease could be detected. (Edge, 1888: 818)
>
> Careful examination failed to reveal any signs of disease in the chest, abdomen, and fundi. (Mackenzie, 1888: 613)

> On examination she was found to be extremely emaciated , but there were no signs of organic disease. (Marshall, 1895)

Both the absence of organic disease and the frequently reported 'restlessness' of the patients (e.g. lasegue, 1873; Gull, 1874; 1888; Editorial, 1888; Edge, 1888; Playfair, 1888; anon., 1895a; Marshall, 1985) were presented as indications of the 'nervous' nature of the anorexia. However, the nature of this 'nervousness' was a subject of contentious debate.

7.7.3 The Politics of Nerves: Debating the Causes, Classification and Treatment

As noted above, both Lasegue (1873b) and Gull (anon., 1873b; 1874) had asserted that 'anorexia hysterica/nervosa' was, in part, caused by "a perversion of the central nervous system" (Lasegue, 1873b: 266). Several authors developed this construction to produce anorexia as "a distinct form of disease, having its seat in nerves of the stomach" (Myrtle, 1888: 899) or "a functional neurosis" caused by "a profound alteration of the nervous system" (Playfair, 1888: 817). Dowse (1881: 9), for example, produced a rather technical construction of 'anorexia' as a disease of the pneumogastric nerve (see also Editorial, 1888).

> I do not think sufficient attention has been paid to the microscopical examination of the nervous system, and particularly of the medula oblongata, and although I consider the term 'anorexia nervosa' very appropriate, yet I cannot help thinking that in many of these cases there is some functional derangement of the pneumogastric nerve, such in fact as may warrant the use of the term 'pneumogastric neurose' (sic), but I cannot lay stress upon this point from any other than clinical observation, and a few rare instances where the pneumogastric nerve upon post-mortem examination has been found diseased.

'Anorexia nervosa' was thus construed to be the result of diseased nerves. But, as noted above, it was also associated with "certain cerebral conditions" (Lasegue, 1873b: 266) and many texts emphasised psychological as well as physiological causation (e.g. Gull, 1888; Dowse, 1881; Playfair, 1888; de Berdt Hovell, 1873; 1888a; 1888b). Physiological and

psychological explanations were not mutually exclusive and often merged. Playfair (1888: 817-818), for example, attributed "so-called anorexia nervosa" to "this age of culture, over-strain , and pressure" and "moral causes" as well as an altered nervous system. In addition, he wrote that he had

> seen many instances in young girls which have followed severe study for some higher examinations for women now such much in vogue. Other common causes of an analogous kind are domestic bereavement, money losses, disappointments in love, strain of over-athletic work ... (Playfair: 1888: 818)

His explanation is typical of contemporary medical theorizing on the consequences of allowing women an education (see Sayers, 1982; see pp.163-4). But it also illustrates a combination of a 'scientific' medical discourse on nerves with more psychological and context-oriented discourses about the effects of the social and domestic environment upon 'mentality'. Authors argued over whether 'anorexia' was hysterical (see de Berdt Hovell, 1873; 1888a; 1888b), neurasthenic (see Playfair, 1888; Myrtle, 1888) or nervous (see e.g. Gull, 1874; Mackenzie, 1888). What varied, however, were not so much the explanations of physical causations as the constructions of the patient's mental and 'moral' state and consequently of the treatments that she required or deserved.

Many of the texts consolidated the initial construction of 'anorexia nervosa' (Lasegue, 1873; anon., 1873b; Gull, 1874) as a "mental perversion", presenting the patient as mentally weak, childish and obstinate.

> Dr. Symes Thompson said it was difficult to draw the line between such cases and real insanity. (anon., 1873b: 535)

> This story ... is an illustration of most of these cases, perversions of the 'ego' being the cause and determining the course of the malady. (Gull, 1888: 517; see also Editorial, 1888)

> She would cry at the slightest opposition to her wishes, and often without any apparent reason. Being a delicate child, she had always been treated with

more indulgence than the rest of the family. She had, in fact, been allowed to do nearly as she liked; and in her sullen fits at this time she would never speak to her mother except in tones of the greatest insolence. She grew from bad to worse; and in February last she went thirteen days without taking anything besides a little water - at least not to anybody's knowledge. (Dowse, 1881: 96-97)

The child was reported to be very deceitful and intensely selfish; she took no notice of other children in the ward; was self-absorbed. very vain, and "told long stories of other people who had been ill just like her and what terrible things had happened to them". (Collins, 1894: 202)

She was rather affected in her manner and at times almost childish in her conversation. ... the patient ... was the only girl out of six children, and the spoilt child of the family. (anon., 1985 31)

She had a wild, hysterical appearance ... (Marshall, 1895: 149)

The subject of 'anorexia nervosa' was thus produced as perverse, mentally weak, irrational, obstinate and childish, even as deceitful, selfish, vain and spoilt. 'She' was, as Marshall's comment (1895; see also Edge, 1888) indicates, still 'hysterical'. And, as noted above, in construing the patient as the other of rational masculinity, these texts simultaneously constructed a justification for asserting medical authority and force.

Dr. Williams asked, inasmuch as the mental rather than the bodily condition seemed at fault, would not forcible feeding do good? ... She refused food and no amount of coaxing could get her to take it. They used beef-tea enemata for a time, and in a short time she began to improve and left quite well. (anon., 1873b: 535)

... she became stupid, and everything had to be administered to her forcibly (Edge, 1888: 818).

The cure consists of three things - rest, warmth and the regular and frequent introduction of food, in utter disregard of the anorexia of the patient. (Editorial, 1888: 584)

She was ordered milk and beef-tea, eggs, pudding, and brandy mixture at regular intervals, with instructions that if the food was not taken each time it was to be administered by the stomach-pump

or enema. (Mackenzie, 1888: 614)

Many of the late nineteenth century texts advocated force-feeding and/or enemas as a cure for anorexia (see also Dowse, 1881; Garry, 1888). But medical authority also extended to 'moral control'. Gull and Lasegue had already asserted the necessity of 'moral treatment' of anorexia, "fitted for persons of unsound mind" (Gull, 1874: 26), of intervening in "the moral medium amidst which the patient lives" (Lasegue, 1873b: 368) and "placing them under different moral conditions" (Gull, 1874: 26). Many physicians similarly advocated asserting moral authority. Patients were often removed from their families (Garry, 1888) and hospitalized (e.g. Mackenzie, 1888; Edge, 1888; Collins 1894; Marshall 1895) or 'isolated' (Playfair, 1888) to this end.

> they must be removed entirely from their usual domestic surroundings, involving, as these almost always do, much that is unwholesome for the patient, and tending directly to foster that which Sir William calls "the perversion of the ego." ... Absolute rest, massage, and the abundant over-feeding ... are no doubt valuable adjuncts in the case, but without isolation they will almost certainly fail. (Playfair, 1888: 818)

> As the girl was under no control whatever at home I advised her parents to allow her to come into the Cottage Hospital on the distinct understanding and promise that whatever treatment was thought necessary should be carried out. (anon., 1895a: 31)

> It is ever to be borne in mind that the disease is moral as well as physical; and so must also be the treatment (de Berdt Hovell, 1873: 873)

The treatment advocated for 'anorexics' (e.g. Playfair, 1988) was very similar to the 'moral treatment of 'bed rest' frequently prescribed for many female nervous disorders such as neurasthenia and hysteria (Mitchell; 1877; Charcot, 1889; see also Ussher, 1991; Ehrenreich and English, 1974; Theriot, 1988) and dramatically described by Charlotte Perkins Gilman (1892) in 'The Yellow Wallpaper'. The more explicitly hostile and punitive aspects of the prescribed treatments can also be viewed within the context of 'cures' such as bleeding the genitals and breasts, clitoridectomies and ovariotomies

commonly advocated for other female nervous disorders, for hysteria in particular (see Ehrenreich and English, 1974; Showalter, 1985; Ussher, 1989; Weeks, 1989).

Nineteenth century medical discourse thus constructed the 'subject of anorexia nervosa' as a mentally weak and childishly obstinate women requiring forced feeding and/or moral control. Descriptions of the patient as wilful, obstinate or deceitful also indicate a moralistic theme in which the patient was construed as a "hardened neurotic sinner" (Playfair, 1888: 818) and in which treatment therefore involved punishment (see e.g. Edge, 1888; see also Morgan, 1977). This punitive aspect is particularly explicit in arguments against isolation. Myrtle (1888: 899), for example, agreed

> with Dr. Playfair that for the "hardened neurotic sinner" removal from the usual and, above all, unwholesome domestic surroundings is essential; but the subject of nervous dyspepsia is more sinned against than sinning and can be cured without imprisonment.

His text makes explicit the punitive aspects of isolation. And at the same time it also reconstructs the patient as a victim rather than a perpetrator of sin. Similarly, De Berdt Hovell, in his campaign against "the pernicious doctrines" on hysteria (1873: 873; see also Silverman, 1988), also emphasised the moralistic and punitive theme that prevailed in medical discourse on hysterical or nervous disorders including 'anorexia nervosa'. He described the practice of removing patients from their families to "so-called hysterical home(s)" as ineffective and humiliating (1888b: 949), arguing that "the doctor has become vindictive, and desired to punish the patient ... our province is to heal and not to judge" (1873: 873; see also Morgan, 1977).

As de Berdt Hovell's polemics illustrate, the majority of texts construed anorexia nervosa, like other nervous or hysterical disorders (see Strong, 1989; Showalter, 1985; see also pp.160-163), as simultaneously real and fictitious. There were neurological explanations of anorexia nervosa but the patient was also construed as wilful, obstinate and mentally

perverse, implying that 'she' had purposely made herself ill. Anorexia nervosa, like hysteria and hypochondria, was implicitly construed as a 'malade imaginaire' (see Porter and Porter, 1988; c.f. Lasegue, 1873; anon., 1873a).

> One main difference between the hypothesis of hysteria and that of neurosis is that the first is apt to regard complaints as unreal and fictitious, the result of wilfulness and obstinacy and the aforesaid moral obliquity in various forms; while the second deals with facts instead of imputing motives. The hysterical doctrine is positively mischievous; ... it cannot possibly treat with judgement a disease which it considers to be unreal. (de Berdt Hovell, 1873: 873)

De Berdt Hovell's presented his articles as attacks on the "really absurd and objectionable nomenclature" of 'hysterical anorexia' (1873: 874) and the "illogical" theory of "Uterine Irritation" (1873: 873; see also Silverman, 1988). However, his construction of anorexia nervosa as the result of a perturbed nervous system (1888b: 949) coincided substantively with those of his opponents. The majority of texts combined <u>both</u> the 'hypothesis of neurosis' and the 'hysterical doctrine' to produce anorexia nervosa as simultaneously a real neurological disorder <u>and</u> a fictitious result of young women's obstinate irrationality. They thus produced a 'nervous woman' who was both scientifically pathologized and viewed as morally culpable for her own pathology.

In countering 'the hysterical hypothesis', de Berdt Hovell repeatedly asserted that it was the doctors' rather than the patients' egos that were perverted.

> it is not an unfair inference that "the perversion of <u>ego</u>," which Sir W. Gull attributed to the patient, may perhaps with greater force be applied to the profession" (de Berdt Hovell, 1888a: 597)

The subjects of anorexia nervosa, he argued, were neither 'mentally perverse' nor intellectually impaired (see also de Berdt Hovell, 1888a; 1888b; Mackenzie, 1888).

> It appears to occur in patients whose physical or moral power, or both, are depressed, although the intellect is not necessarily disordered. (de Berdt Hovell, 1873: 873)

'They' were not merely wilful or "craving for sympathy" (1873; 1888b) but were physically and emotionally or 'morally' weakened. "The complaints of such patients" he asserted were "often better founded than they appear to be ... 'They speak truth who breathe their words in pain'" (de Berdt Hovell, 1873: 874). De Berdt Hovell thus presented an alternative construction of 'anorexia nervosa' and its subjects which highlighted the tensions of most other texts. If the 'disease' was real - the result of "nerve shock ... attended by loss of moral as well as physical power" (de Berdt Hovell, 1889b: 949) - then it could not logically be dismissed as the product of obstinate, irrational femininity.

De Berdt Hovell certainly produced a more sympathetic, less moralistic construction of 'the nervous woman', advocating encouragement and kindness: "treat the patient firmly if you will, but kindly and reasonably; meet disappointment with cheerfulness, irresolution with encouragement ..." (1873: 873). Nevertheless, 'woman' remained the pathologized other of rational masculinity. 'She' did not deserve blame and punishment but her "loss of moral power" resulted in a "loss of moral control or ... temper" (1873: 874) and "implies disability and more or less incapacity of action" (1888b: 949). "Craving for sympathy" was re-constructed as a "want of help" for these 'powerless' and 'helpless' creatures (see de Berdt Hovell, 1873: 873). The subject of anorexia nervosa thus remained distinctly 'feminine' and a pathologized 'femininity' was precisely the explanation of the disorder.

> Those most liable to it are obviously the feeble and sensitive, in contradistinction to the strong and unfeeling. (ibid., 873)

Whilst de Berdt Hovell's construction of 'the patient' is 'kinder' than, for example, Gull's (1874; 1888) or Playfair's (1888), his texts nevertheless produce a similarly pathologized 'woman' in need of (masculine) medical assistance.

7.8 Conclusion to Study One

This study has examined the medical texts in which anorexia first emerged and was then consolidated as an object of medical discourse. I have aimed to explicate the medical and cultural discourses deployed in these texts and to thereby demonstrate that 'anorexia' was not so much discovered through scientific endeavour as discursively constituted in the gaps in and the relationships between pre-existing medical and cultural discourses (see Foucault, 1977a). Anorexia nervosa was constituted at a point of convergence between medical discourses on hysteria, hypochondria and nervous disorders. It was produced as a nervous disorder characterized by loss of appetite due to gastric pain or aversion to food, resulting in emaciation and other symptoms of starvation.

Its discursive construction was also inextricable from the culturally significant figure of 'the nervous woman' (Ehrenreich and English, 1974; Showalter, 1985). And as a feminine nervous disorder (Lasegue, 1873b) 'anorexia' re-produced this 'nervous woman' as the 'natural' object of medical discourse and practice. The typical patient was consistently represented as female (although male and child cases were occasionally reported). This gendering of 'anorexia' involved both the feminization of the patient and the pathologization of 'woman' in general. 'Femininity' figured as a causal explanation. And, in combining neurological explanations with this pathologized femininity, many texts produced 'anorexia nervosa' as simultaneously a real and fictitious illness. The subject of anorexia nervosa had a disordered nervous system but, being feminine, 'she' was also irrationally, pathologically, obstinate and mentally perverse and therefore culpable for her own illness. Throughout the debate 'femininity' and 'pathology' were merged to produce a profoundly gender subject whose intrinsic nature requires the existence of (masculine) medical authority.

As noted above, many histories of anorexia present it as a trans-historical and objectively knowable disease entity (e.g Halmi, 1983; Selvini-Palazzoli, 1974; Habermas, 1989). In

contrast, this study has attempted to demonstrate the discursive nature of and the socio-historical and gender specificities of 'anorexia'.

7.9 From Nineteenth Century Medical Texts to Twentieth Century Women's Talk

Study One presented an analysis of the nineteenth century medical journal articles in which anorexia nervosa first emerged as an object of medical discourse. One logical progression for further empirical research in this thesis would be an analysis of the later medical and psychology texts on anorexia nervosa, following the genealogy of anorexia up to the present day.

This would have involved an exploration of the way in which twentieth century texts have intermittently constituted 'anorexia nervosa' as a psychosomatic, psychological or organic disorder (see Brumberg, 1986). It would have involved an analysis of the ways in which these discursive constructions were related to developments in medical research and in theories of human development and to the fluctuating prevalence of diagnoses of anorexia (see Brumberg, 1986).

Briefly, this research could have focused firstly on the traditional psychoanalytic work of the early twentieth century in which the relationship between eating and sexuality was emphasised (see Brumberg, 1986; Bruch, 1974). In general, psychoanalytic texts constituted anorexia nervosa as a neurotic defense against sexual trauma, as a manifestation of 'poor heterosexual adjustment' (Brumberg, 1986: 102). Secondly, the study could have examined how, during the 1920s and '30s, explanations of anorexia as an endocrinal dysfunction came to predominate (Bruch, 1974). Following the German endocrinologist, Simmonds, self-starvation was increasingly diagnosed as Simmonds' disease (Simmonds, 1914; see Brumberg, 1986; Tolstrup, 1990). That is, self-starvation, emaciation and other symptoms of 'anorexia nervosa' such as hair-loss, low blood pressure and amenorrhea, were attributed to atrophy of the anterior lobe of the pituitary gland

(Brumberg, 1986). As the discussion of bio-medical research in chapter 2 illustrates, anorexia continues to be associated with endocrinal dysfunction of the HPA-axis and such continuities could have been explored. This research project could then have explored how psychological and psychosomatic explanations of anorexia nervosa re-emerged during the 1940s (Tolstrup, 1990) so that during the late twentieth century a plethora of different medical and psychological explanatory models co-exist (see chapter 2).

By focusing in this way on a genealogy of anorexia nervosa, my empirical research could have also taken a broader perspective. It could have, for example, incorporated an analysis of treatment regimes; examining, in relation to the theoretical explanations, the developments in these discursive practices from the nineteenth century treatments discussed above to the treatments with pituitary extracts associated with Simmonds' disease (see Brumberg, 1986) to the medical, behavioural, cognitive, psychological and psychodynamic treatments deployed today (see Tolstrup, 1990; see e.g. Martin (1985) for a review of different theoretical and treatment approaches). Such a project could also have widened its scope to include a more thorough exploration of how the evolution of the bourgeois family has been imbricated in the genealogy of 'anorexia' (see Brumberg, 1986). It could have also analyzed the wider socio-political contexts more thoroughly. It could, for example, have explored a genealogy of anorexia in relation to the feminist movements of the late nineteenth century and late twentieth century as well as continuing the analysis of 'anorexia nervosa' in relation to contemporary discursive constructions of femininity.

This would have clearly constituted a worthwhile research programme. However, there are also several reasons for choosing instead to analyze the talk of women who have been diagnosed as anorexic in the late twentieth century (see Study Two).

Firstly, an analysis of contemporary medical and psychology texts on anorexia would have involved considerable

overlap with the literature review presented in chapter 2. This review presents a number of detailed criticisms of current research and theory in this field. A discourse-oriented analysis of this literature would provide further useful insights into contemporary medical and psychological discursive constructions of anorexia. However, because the critiques presented in chapter 2 are detailed and based on a close reading of a considerable number of texts, it was felt that further research for this thesis might be more fruitfully focused elsewhere. Secondly, there are already feminist critiques of contemporary treatments (e.g. Hepworth, 1991; Jarman and Walsh, 1995) of eating disorders. There was, therefore, considerable potential for overlap. Hence, the research project outlined above may not have made an original contribution to knowledges of 'anorexia' whereas a detailed post-structuralist analysis of the discourses deployed by women diagnosed as anorexic has not as yet been conducted.

Thirdly, I also felt that it was particularly important to analyze what women diagnosed as anorexic had to say rather than focusing exclusively on medical and psychological discourses. Such an analysis should, I would argue, be prioritized, firstly, because it begins to provide a rare space in which 'the voices' of women diagnosed as anorexic can be heard. In this sense, one of the aims of Study Two is to contribute towards the 'empowerment' of women (see Widdicombe, 1993). However, as Widdicombe (1993; 109-110; see also Marks, 1993) argues, there is also

> a certain irony in this approach and its objectives. In an important sense the participants themselves are irrelevant because it is the language they speak that is the site of investigation. I have taken apart what was said, subjected it to detailed examination, justified doing so with reference to often dense theoretical arguments, and presented it to a select audience ... Moreover, there is a danger that analytic 'expertise' merely replaces scientific expertise as the means of distancing researcher and researched. It is therefore questionable whether the 'democratic' underpinnings of this approach can ever be fully realized in practice.

Despite these unresolved problems (see also chapter 5) I would argue that the analytic prioritization of 'the voices' of women rather than (masculine) 'experts' is nevertheless a worthwhile objective.

Finally, and most importantly, the aims of this thesis are (a) to demonstrate that 'anorexia nervosa' is a discursively constituted category rather than a 'natural' clinical entity; (b) to explicate those discourses in which anorexia is constituted and regulated, to demonstrate the socio-historical specificities of those discourses and to explore how anorexia is discursively constituted; and (c) to elucidate, in particular, the ways in which particular socio-historically specific constructions of femininity are imbricated in discursive constructions of anorexia, to analyze those discourses by which <u>women</u> are constituted and regulated as 'anorexics'.

Clearly, it is not possible to retrieve 'the voices' of women diagnosed as anorexic in the nineteenth century. However, by analysing the nineteenth century medical texts within which anorexia first emerged (Study One) and then analysing those discourses and discursive resources used by women diagnosed as anorexic today (Study Two) it was felt that the aims outlined above would be achieved. By analysing the discourses within which 'anorexia nervosa' first emerged and by elucidating the social conditions of possibility of that emergence Study One demonstrates how anorexia was constituted in the gaps in and the relationships between already-existing socio-historically specific medical and cultural discourses. It shows how the category of 'anorexia nervosa' was discursively constituted and illustrates how particular socio-historically specific constructions of 'woman' were imbricated in this process. The juxtaposing of an analysis of late nineteenth century medical texts (Study One) with an analysis of late twentieth century women's talk (Study Two) further emphasises the socio-historical specificities of discursive constructions of 'anorexia' and of the discursive constructions of the 'femininities' that are imbricated

therein.

Study One is intended, therefore, to provide a genealogical background to an analysis of the talk of women who have been diagnosed as anorexic in the late twentieth century. The analysis of these women's talk will elucidate those discourses and discursive resources that women themselves deploy in constituting themselves as 'anorexics', as 'women' and as 'individuals'. It will illustrate how women in late twentieth century Western society are interpellated and regulated by particular discourses and discursive practices; how particular discourses converge upon the female body, constituting and regulating it in particular socio-historically specific ways.

The medical and cultural discourses in which 'anorexia' emerged in the nineteenth century are very different from the discourses of the late twentieth century in which 'anorexia' is now constituted. However, whilst there are clear discontinuities, there are also continuities in these discourses (see Foucault, 1972), particularly in the discursive construction of 'woman' at the interface of medical and cultural discourses (see Ussher, 1991). As will be discussed in the second study of this thesis (patriarchal) constructions of femininity are still profoundly imbricated in the discursive construction of 'anorexia'.

Study Two

A Discourse Analytic Study of Interviews with Women Diagnosed as Anorexic

Chapter Eight

The Thin/Anorexic Body and the Discursive Production of Gender

8.1 Introduction to Study Two

In the first study of this thesis I analyzed the nineteenth century medical journal articles within which 'anorexia nervosa' was first constituted as an object of medical discourse. I attempted to demonstrate the discursive nature of anorexia, to explore how it was discursively constituted and to elucidate the tensions contained within its construction. The study also aimed to show how the construction of anorexia nervosa as a medical entity was inextricably imbricated with a socio-historically specific construction of woman as pathologically nervous and in need of medical (masculine) authority. It thereby countered the notion that the term 'anorexia nervosa' transparently and objectively reflects a trans-historical disease entity by demonstrating the socio-historical specificity of the discourses and discursive practices within which it was constituted as a fundamentally gendered category.

There are, then, clearly discontinuities as well as continuities between nineteenth and late twentieth century constructions of anorexia nervosa. However, the fact that many more women than men are diagnosed as anorexic (see p.16) strongly suggests that it is still constituted as a 'feminine' disorder. Indeed, as will be discussed below, a variety of (ideological) discursive constructions of femininity continue to be imbricated in discursive constructions of anorexia and of the very thin/anorexic body (see also Malson and Ussher, 1994a, 1994b; Malson, in press). This second study aims, therefore, to explore (a) how anorexia is currently constructed and deployed as a discursive category and (b) how these constructions lean on and interact with contemporary discursive constructions of femininity.

This chapter begins, therefore, by setting out the

methology of Study Two, discussing the women who participated in this interview-based study, the interview process, the process of analyzing the interview transcripts and of selecting the discourses and discursive resources to be discussed. The second half of this chapter then presents an analysis of discursive constructions of the fat and the thin body, focusing on the ways in which the body is differnetly gendered within different discourses. The following four chapters then present further analyses of the discourses and discursive resources that converge on the thin, anorexic (female) body, constituting and regulating it in a multiplicity of socio-historically specific ways.

8.2 The Methodology of Study Two

8.2.1 The Participants

The study is based on interviews with 23 women, 21 of whom were diagnosed as anorexic and 2 of whom were self-diagnosed. The women were all aged 17 years or over, the oldest (Barbara) being in her late forties. Most were in their early twenties. Except for one Turkish woman (Layla), one Asian British woman (Michelle), one British woman with parents of East European origin and one white American woman (Zoe) all participants were white British and tended to be of 'middle class' backgrounds from the South East of England. The participants were contacted through a variety of sources[1], through psychiatrists and self-help groups, through advertisements for participants in the MIND newsletter 'Open Mind', the 'Women's Page' of the Guardian, a local newspaper and through posters in eating disorder clinics and university common rooms. (The text of the poster is provided in appendix 8a.) The size of the sample was limited by the difficulty of recruiting participants. Many psychiatrists and other

---

[1] Particular thanks to Philip Bacon of the Promis Recovery entre, Professor Wakeling of the Royal Free Hospital, to Dr. tonehill of the Charter Nightingale Hospital and to Mr. and Mrs. hort, the contacts for a self-help group in the South East. articular thanks also to all the women who participated in the tudy.

clinicians who were approached declined to participate in the study and many others were not seeing 'suitable' clients during the study. In addition, a number of those women with whom I was put in contact also declined to participate as they felt unable to discuss their experiences of 'anorexia' with me. Of those women that did participate 3 were NHS out-patients contacted through psychiatrists; 1 was an in-patient contacted through psychiatrists working in an NHS hospital with a specialist eating disorders unit; 4 were contacted through a private in-patient clinic specializing in addictions; 4 through a private hospital with a specialist eating disorders unit; 3 through a self-help group; 6 through posters in university common rooms; 1 through an advertisement in Open Mind and 1 through a personal contact. The majority (19) of the women were, therefore, in treatment or attending a self-help group at the time of the interview.

8.2.2 The Interview Process

The interviews were conducted in a variety of settings; in hospitals and clinics, at university sites, self-help group sites and in participants' homes. Sixteen of the interviews were conducted on a one-to-one basis, two involved two participants and one was a group interview with three participants. These arrangements were determined by institutional context and participants' and my own convenience. The interviews were semi-structured and loosely followed an interview schedule (see appendix 8b). The women were asked about their experiences of and ideas about 'anorexia' and 'femininity'. However, following Marshall and Wetherell (1989), the emphasis was on maintaining an informal, conversational style. I also wanted to discuss issues that the women considered important as well as covering my own agenda.

Where possible a copy of the interview schedule was sent to participants beforehand and before starting each interview I gave a brief explanation of the study and assured participants of the confidentiality of the interviews. (All names and identifying details have been changed.) I also

reminded the women that they could terminate the interview at any point and that they need not answer any questions they chose not to. It was very probable that distressing issues would be covered and although I did not ask any direct questions about past traumas several of the women disclosed particularly disturbing experiences. It was, therefore, particularly important to remind women at certain times during the interviews that they could terminate the interview or not answer questions if they wished.

In keeping with the feminist post-structuralist perspective adopted in this thesis (see chapter 3), the interviews were not viewed as a means of eliciting 'facts' about 'anorexia' in an 'objective' and impersonal situation (see Griffin and Phoenix, 1994). Rather, they were social and emotional interactive processes (see Griffin and Phoenix, 1994) in which the women and I explored their experiences of and ideas about 'anorexia', 'femininity' and subjectivity, in which my own subject positions both as interviewer and as a thin woman were also significant.

Each interview lasted between 20 minutes and 2 hours, most lasting about one hour. Conducting these interviews was often an intense and emotional experience and was sometimes distressing both for myself and, I think, for the interviewees. It was also a very rewarding experience and I am very grateful to the women for their contributions to this study. Throughout the interviews I attempted to engage emotionally with the women rather than keep a distance. Thus, I sometimes contributed some of my own experiences and opinions to the discussion where I felt it was appropriate or supportive to do so. By participating in the discussion I was also attempting to reduce any differences in power that may have resulted from perceptions of myself as an anonymous observer who might make 'scientific', clinical judgements about the women. I also felt that such power inequalities were further minimized by my being a thin woman of a similar age to most of the participants. Clearly this also had some influence on the interview process, on the issues that the women were

willing to discuss and on the discourses and discursive resources that the women deployed in the discussion. Similarly my own subjectivities effected the interview process as well as the ways in which I later analyzed the interview transcripts. The discourses by which I am interpellated have inevitably conditioned and delimited my readings of these texts.

It might be argued that the study is partial since it is based on only a small sample of women who were interviewed in a variety of locations and whose talk may have been influenced by myself. However, such objections about reliability and validity are misplaced (see Widdicombe, 1993) since the study is not concerned with identifying underlying causes of 'anorexia' nor with attributing these women with particular psychological characteristics and presenting these as universal characteristics of 'anorexic' women. Rather, it aims to explore those discourses and discursive resources deployed in accounts about anorexia, femininity, subjectivity and the body. The interviews might be viewed as situations in which discursive resources and practices are elicited rather than created (Widdicombe, 1993).

8.2.3 The Analysis of the Transcripts and the Selection of Discourses

All the interviews were audio-taped and transcribed verbatim. Following Marshall and Wetherell (1989) the transcription convention (see appendix 8c) stresses readability rather than the detailing of speech features such as intonation or lengths of pauses or overlaps (see also Potter and Wetherell, 1987) since these were not considered in the analyses. The transcripts were then analyzed using a discourse analytic methodology. The women I interviewed were also sent copies of the transcripts and invited to comment on them although none did.

As discussed in chapter 5, the post-structuralist approach to discourse analysis adopted in this thesis draws on that set out by Potter and Wetherell (1987). More

specifically, it is an approach informed by Foucauldian and Lacanian theory and follows the works of, for example, Wetherell (1986; Marshall and Wetherell, 1989; Wetherell and White, 1992), Walkerdine (1984, 1986), Hollway (1989) and Bordo (1990, 1992).

The analyses are, then, based on repeated readings and questionings of the transcripts (see Rae and Drury, 1993; Widdicombe, 1993), informed by post-structuralist and Lacanian psychoanalytic theories. The process of analysis in Study Two was therefore similar to that of Study One (see chapter 5).

During the initial process of repeated and close reading of all of the transcripts, notes were made on recurrent and/or striking themes and discursive formulations in the texts; on variations within and between transcripts; on aspects of the transcripts that related to the literature on anorexia; and on those aspects that resonated with the theoretical framework set out in chapter 3.

On the basis of these notes a list of pertinent themes was compiled and selected extracts were then copied and sorted on this basis. At this stage the themes chosen were very broad. Hence, this first attempt to select and order extracts resulted in the sets of extracts being of an unmanagable size. Consequently, I returned to the transcripts, casually selecting two transcripts and subjecting them to a more detailed analysis. This involved making descriptive and analytic notes on each line of the transcripts. This enabled me to produce more specific criteria on which to select particular extracts. Hence, after this second stage of reading, all the transcripts were re-read and the relevant extracts were sorted into various groupings. Particular groups of extracts were then re-read in order that emergent themes, particular discourses and discursive formulations could be explicated and analyzed.

As with Study One, however, the process of analysis was not linear but cyclical. During the process of repeatedly re-reading and analyzing extracts further aspects of the transcripts emerged. Re-reading the texts often resulted in

the perception of new and different relationships between themes, discourses and discursive formulations. This in turn resulted in a returning to the transcripts as a whole, to the selection of further transcripts to be analyzed line by line and to a re-organization of extracts. The process of writing up the analyses was similarly combined with further explorations of the texts and often resulted in further re-reading and analysis (see also Potter and Wetherell, 1987).

The analytic process also involved a returning to the theoretical texts (as discussed in chapter 3) and to the existing literature on anorexia (see chapter 2) which again often resulted in further analysis. Particular aspects of the transcripts resonated with, for example, Foucault's theorization of discipline or Lacan's theorization of 'woman'. And a return to these texts elucidated further ways in which the transcripts could be analyzed in relation to the theoretical framework of this thesis or to the existing literature on anorexia.

The selection of extracts presented in this study and the discourses and discursive resources that have been analyzed in Study Two is the result therefore of a dynamic, cyclical process of analysis, based on repeated and close readings of the transcripts. The discourses and discursive resources discussed in this and the following four chapters emerged, therefore, from the transcripts themselves. It is important to note, however, that this process of reading, selection and analysis was informed by the theoretical framework discussed in chapter 3 and by the already existing literature on anorexia. That is, the transcripts were read and analyzed through a post-structuralist perspective; through Foucault's theorization of discourse and knowledge (1972), power and regulation (1977b, 1980); through a post-structuralist theorization of subjectivity; through a Lacanian theorization of gender and subjectivity (see chapter 3); through feminist appropriations of Foucault (e.g. McNay, 1992) and Lacan (e.g. Grosz, 1990; Mitchell and Rose, 1982); and through the feminist and non-feminist literature on anorexia.

The interviews with the women diagnosed (or self-diagnosed) as anorexic were often, as noted above, quite intense. Consequently the transcripts tended to be very 'dense' as well as lengthy. The analysis of the transcripts is, therefore, far from exhaustive. Certain aspects of the transcripts and foci of analysis were necessarily prioritized. As the above discussion (pp.197-201) indicates, the aim of this study is to elucidate those discourses and discursive resources that these women deploy in constituting themselves as 'anorexics', as 'women' and as 'individuals'. It aims to explicate the particular discourses and discursive practices that interpellate women in late twentieth century Western society and that converge upon the (thin, anorexic) female body constituting and regulate it in particular socio-historically specific ways. The analyses presented here focus, therefore, on an explication of these discourses and discursive resources. They are not concerned with the interview process itself, with analyzing the discursive dynamics between myself and the interviewees, with rhetorical devices deployed during the interview. That is, Study Two presents a series of 'global' rather than 'fine grained' analyses.

In short, the process of analyzing the interview transcripts was a dynamic, cyclical process based on repeated re-readings of the texts and informed by post-structuralist and Lacanian theory. The process of selecting extracts to be analyzed was therefore quite complex, being based on (a) issues, discourses and discursive formulations that predominated in the transcripts or that were particularly striking, (b) variations within and between transcripts, (c) aspects of the transcripts that related to the existing literature on anorexia and (d) those aspects that resonated with the theoretical framework set out in chapter 3.

In the remainder of this chapter and in the four chapters that follow I have, therefore, presented an explication of the discourses and discursive resources deployed in accounts about anorexia, femininity, subjectivity and the body. In the

following sections of this chapter I will explore how the thin/anorexic body is discursively constituted by different discourses, focusing on the ways in which that body may be differently gendered. That is, I will argue, the thin/anorexic body sustains a multiplicity of often contradictory meanings. It sustains different densities of gender (see Riley, 1988), signifying a variety of feminine and non-feminine subjectivities.

8.3 Analysis: Construing the Fat and the Thin Body

As noted above (p.15), a severe reduction in body-weight, a pursuit of thinness, and a fear of being fat are now considered to be central diagnostic criteria of anorexia nervosa. And as several authors (e.g. Woolf, 1990) have documented, one of the most prominent ways in which the body, particularly the female body, is discursively constructed and regulated in contemporary Western culture is through the social significations accorded to body weight and shape. Numerous studies have shown that negative constructions of fatness and an accompanying desire for a thinner body are not restricted to those diagnosed with eating disorders (see pp.55-56 and 65-67) Rather, fat and thin bodies are saturated with cultural meanings. As Wetherell and White's discourse-analytic study (1992) of young women's talk about eating, dieting and body image demonstrates, fat and thin bodies are frequently construed within cultural narratives that imbue these bodies with particular personological and moral values. Amongst the discourses identified in the young women's talk Wetherell and White describe a "personological discourse of fatness and thinness" in which a fat self was constructed as unattractive and shameful and was associated with introversion and lack of self-esteem. Conversely a thin self was seen as highly desirable and was associated with extraversion, self-confidence, and happiness. Within this discourse, then, weight loss was described as an accomplishment and as a sign of personal control. Inevitably this discourse could also be identified in the transcripts of the interviews with anorexic

women in the present study and constituted a large part of the texts. As the following extracts illustrate, both fat and thin bodies signify a variety of personal characteristics[2].

(Emma, p.13)
Emma: Well it's just, it's just my fat. /H: right/ You know I just hate it. I can't stress enough /H: right/ how much I hate it. There's not a day goes by and I don't wake up first thing in the morning and (.) and just hate it.

(Layla, p.7)
Layla: I thought if I lost some weight I would look much nicer and attractive /H: right/ (.) and then I would be more happier /H: right/ because then I would have confidence in myself. (.) I I would be able to do things I've (.) never dreamed of doing because /H: mm/ I was ashamed of the way I look and of the way I was /H: right/ (.) all together. /H: mm/ So I thought if I could change the way I look I might be better able to (.) do things that I want to /H: right/ and I'm afraid to do.
H: So it would make you feel freer in a sense?
Layla: And happier.

(Jane/Simone/Lynn, p.16)
Jane: So I just wanted to get rid of all this weight an' /H: right/ (.) it made me feel I was better cos there was less fat /H: mm/ as if there was less /H: mm/ bad.

(Jackie, p.5)
H: Mm yeah what about um fatness or a more curvy figure. I mean are there, is there anything that you particularly associate with that? (.)
Jackie: (laughing) gluttony (laughter) you know, that sounds awful uh (laughter)

(Teresa, p.5)
Teresa: There's something about being anorexic can be powerful. /H: right/ Um, passivity is linked in my mind to being fat and to being indulgent, /H: right/ to being out of control. /H: mm, yeah/

(Tricia, pp.6-7)
H: Was um I mean what at the time did um being fat mean (.) to you? Why was it something that you didn't want?
Tricia: I s'pose for me it was (.) I felt being clumsy and being ugly, /H: right/ (.) being out of control, (.) /H: mm/ but I think uh as far as a woman goes, being (.) sexually so desirable by men and not being able to say no.
H: Right fatness meant that? (.)
Tricia: Yes, /H: oh right/ much more open to sexual to sexual advances from men (.) /H: right/ but (.) because of course being a woman one's not allowed to say no.
H: Right (short laugh) yeah.=
=Tricia And also maybe it (.) more of a link with my mother which I /H: mm/ particularly wanted to dis' I mean not that my mother was fat /H: right/ but it's just the image of being a mother.

These extracts illustrate how discursive constructions of 'the fat body' may be strongly negative. And this negativity is produced in a variety of ways. 'The fat body' is ugly, unattractive, disgusting, passive, shameful, bad and hated. It is a sign of gluttony, excess, sexual availability, and motherliness. The 'fat self' is unhappy, lacking in control and self-confidence. 'Fat' seems to be a 'metaphor without

[2] Ironically, given the emphasis on talk and text in this thesis, the extracts from the interview transcripts are printed in a small font. Because I have quoted extensively from the transcripts, the use of a small font became necessary so as to avoid the thesis being impracticably large.

brakes'[3]. Thus, I would argue, this "personological discourse of fatness and thinness" can be understood as the effect of an intersection and entanglement of various themes 'borrowed' from a number of different discourses, an effect of which is to consolidate and re-consolidate the disciplinary power of discursive constructions (see chapter 3) of the thin/anorexic body.

8.4 Gendering the Thin/Anorexic Body

8.4.1 Fat is Ugly - Thin is Beautiful

One of the ways in which the idealization of thinness and negativity of fatness is produced in these texts, and also in the wider social sphere, is through the construction of fat as ugly and thin as beautiful. The fat body is despised as unattractive and conversely the thin body represents perfection and beauty.

(Emma, p.3)
Emma: I mean I can't bear it and especially when I see somebody who really doesn't have to pay very much attention to what they eat. /H: mm/ You know and they're still so slim and they're and they're so beautiful.

(Wendy, p.6)
Wendy: you know all the best people were sort of like (indicates a thin body shape with hands) you know /H: and rich/. Exactly (laughing) and I never achieved that.

(Zoe, p.6)
Zoe: Well I thinks ads like told me you know like: okay, being thin was like beautiful, or slim. And when I looked at all the pictures of myself when I was an adolescent I was really thin. And you know, so I thought: oh okay I was beautiful and thin then. Like what happened to me.

(Layla, p.5)
Layla: But my generation (.) is now becoming more similar to a European kind of /H: right/ views. So in my generation there is an emphasis on slimness but not not as much as in (.) in this, you have (.) /H: right/ in this country or in another European country /H: mm/ but still being slim is meant to be uh ideal /H: right mm/ in the culture that I take care of /H: mm/ that I'm (.) you know part of, yeah.

The idealization of the slim body, the construction of fat-as-ugly and thin-as-beauty is so dominant and normalized that it often appears to be an unquestionable prescription of some law of natural aesthetics; that fat is ugly and thin is beautiful. Yet as numerous authors (e.g. Orbach, 1993) have noted, prescriptions about what constitutes a beautiful body have fluctuated from the Rubinesque to 'the beanpole'. Beauty

[3]. a phrase of Roland Barthes used by Jardine (1985) in her liscussion of femininity.

then is a concept whose specific expression differs both historically and culturally (Malson, 1992). And more importantly perhaps, as several of the women commented, these aesthetics normative values have regulated the female much more than the male body (Woolf, 1990; Orbach, 1993).

(Barbara/Olivia, p.5)
Barbara: (If) men have a bit of a beer paunch, on the whole their less, it's not so bad to to be fat as a man. It's more accepted.

(Cathy, p.11)
Cathy: Um (.) well they, it seems to me that the bigger the better if you know what I mean /H: mm right/. With men it's like uhm (.) to me it's like they don't depend on their appearance to succeed. /H: right/ It depends on their or whatever and (.) if they succeed I mean it, to me, it seems to me that a lot of men take the attitude of: well if I've got money I can look the way I like because women can /H: mm/ are going to come flocking round me anyway.

(Laura/Penny, p.5)
Laura: The ideal men don't have to necessarily be attractive to women /H: no/=
=Penny: Exactly, it's okay for men to be a bit overweight /H: mm/, you know it's okay for men, That's allowed. [...] get, men get, (laughing) I don't mean to generalize, but men do get away with a hell of a lot more when it comes to you know what you have to look like.

These extracts construe men as exempt from prescriptions of physical perfection. Masculine ideals are neither defined through the male body nor are they dependent on women's validation. It is women's, but not men's, moral duty to attain a beautiful, i.e. thin/slim, body (see Ferguson, 1983). This is not to argue that men in their totality <u>are</u> exempt from any prescriptions of physical perfection or concerns about others' opinions of their bodies. Nevertheless, I would argue that the discursive construction of 'men' articulated here forms a significant part of the plural collectivity of 'men'. And, as Woolf (1990) amongst others has argued, one of the most dominant ways in which femininity, rather than masculinity, is currently regulated is through standards of physical perfection, through slimness. This gender asymmetry is evident both in construing men as exempt from this disciplinary discourse and in directly equating femininity with thinness, in defining female beauty and (heterosexual) attractiveness in terms of a thin body. Thus, for example, Zoe contrasts herself with her 'gorgeous' room mates. Men, she says, ignored her because she was fat. Emma and Wendy also produce similar constructions of fat as ugly and thin as beautiful and heterosexually attractive.

(Zoe, p.8)
Zoe: Like I felt like um guys didn't like me or guys never paid any attention to me as much as they did to like my room mates who were like gorgeous. And I, and I just felt ignored, like no, like they didn't look at me because I was fat. [...] So that's what I was dealing with.

(Emma, p.1)
Emma: And if I feel fat and ugly /H: mm/ then that's why I'm failing in the relationship. And if I wasn't fat and ugly then there wouldn't be a problem

(Wendy, p.11)
Wendy: It was all tied up with the image that it was good to be slim and you'd attract the boys if you were slim

One dominant meaning of feminine beauty, then, is being heterosexually attractive, the object of a male desire. And this meaning is, I would argue, firmly embedded within a romantic cultural narrative in which the beautiful woman gets a perfect life and lives happily ever after.

(Cathy, pp.9-10)
Cathy: There is an awful lot more pressure on women to look a certain way /H: right/ um I mean for heaven sakes it seems to me that you know things like the media /H: mm/ they seem to connote that (.) um (.) that if you're slim then you're successful, you're intelligent, beautiful, you get the man of your dreams /H: right/, dream children, dream house, money whatever. And I think there's an awful lot of pressure /H: mm/ whereas with men it's less pressurized

(Zoe, p.4)
H: Like personality characteristics or I mean do you think it's portraying anything other than slimness to you or?=
=Zoe: Yeah, oh sure. It seems like yeah they're (models) beautiful. There's no doubt they have the perfect lives like, you know everything's cool, like great, like what more could you ask for, that sort of thing.
H: Right, uh so the kind of happy-ever-after scenario with the=
=Zoe: Yeah, right, yeah, yeah.

This narrative which structures numerous fairy-tales and romantic fictions[4] constructs a beautiful (thin/slim) heroine who will, after some trials and tribulations, be rewarded with "the man of (her) dreams [...] dream children, dream house, money whatever". "Like what more could you ask for". Thus, physical beauty does not simply connote heterosexual attractiveness since it thereby represents the passport to a 'perfect' life. As Wetherell (1991: 2) has argued, romantic discourse "presents an image of redemption, of salvation and rescue through the gaze of the Other. Usually, but not necessarily this is presented as a heterosexual passion."

---

4. See also Adams (1986) who describes children's fairy stories as 'conspiring' to regulate the readers' subjectivity and emotions within particular cultural frameworks. Such texts, he argues, (1986: 4) "conspire with language to direct readings which are appropriate to the culture". See also Wetherell (1991) for a discussion of romantic discourse. See also Coward (1984).

Within romantic discourse a beautiful slim body is necessary to attract a man who will 'rescue' the woman, providing her with a perfect life and happiness. And women are required to be the 'perfect' shape to fit into this romantic and patriarchal story, to take up the feminine position within this narrative discourse.

In short, romantic discourse idealizes the thin female body, equating thinness with female beauty and defining female beauty in terms of heterosexual attractiveness. Hence, the thin/anorexic body was construed as 'romantically' feminine, a means of achieving 'redemption' and a perfect life through a heterosexual passion.

8.4.2 The Petite Woman

Within romantic discourse 'the thin body' signifies a 'traditional' heterosexual femininity. And as several authors (e.g. Wetherell, 1986) have noted, femininity is associated with a variety of psychological as well as physical characteristics. Femininity and masculinity are frequently conceptualized as fixed, categorically different sets of individual traits (Wetherell, 1986). Thus, for example,

> Big boys are made of - independence, aggression, competitiveness, leadership, task orientation, outward orientation, assertiveness ... Big girls are made of - dependence, passivity, fragility, low pain tolerance, non-aggression, non-competitiveness, inner orientation, interpersonal orientation, empathy, sensitivity, nurturance ... (Bardwick (1971) quoted by Wetherell, 1986: 79)

Rosenkrantz et al.'s Sex-role Stereotype Questionnaire (see Broverman et al., 1970) re-produces a similar image of femininity, including items such as 'very dependent', 'very passive', 'very submissive', 'very subjective', 'very emotional', very illogical', 'very quiet', 'very strong need for security', 'very excitable in a minor crisis', 'not at all aggressive', 'not at all competitive', 'not at all self-confident', and 'not at all adventurous' on their 'feminine pole'. These 'traditional' feminine characteristics are, I would argue, precisely those required of the woman in the

romantic narrative. Indeed, dependency and passivity are central features of the romantic femininity since 'woman's' self-validation and redemption is achieved here only through the intervention of 'man'. Such characteristics are, I would argue, also signified by the thin/anorexic body as it is constructed within romantic discourse. In the extracts below, for example, 'anorexia' and the thin body are produced as signifiers of a child-like, meek, delicate femininity.

(Lynn/Jane/Simone, pp.1-2)
Lynn: I wanted to look like a 12 year old /H: right/ You know, and I I mean I did look like a 12 year old. I had no chest [...]
=Jane: And buying children's clothes, it made you feel you were really successful /Simone: yeah, quite/ (laughter) oh god yeah. (laughter)
Lynn: And petite and feminine, [Jane: yeah/ you know really delicate. It made you feel like that. /H: right/ Instead of when being overweight I always felt clumsy an' /H: yeah/ and useless.

(Teresa, p.7)
Teresa: Well it's (anorexia) feminine because you're, you're childish /H: right/. You're not, you're not a grown up woman /H: mm/. So yes it's, there is a big issue about taking responsibility.

(Elaine, p.5)
Elaine: Um (..) well I s'pose I I would think of it (a slim female body) as being <u>meek</u> (.) /H: right/ and child-like. /H: mm/ I mean when I think of Kate Moss, for instance, who's always portrayed as, who's always said to be <u>the waif</u>, the child-waif /H: yeah/ kind of and that's exactly how she comes across.

In these extracts thinness signifies a delicate, meek, child-like femininity rather than a grown up, responsible womanhood. The extreme thinness of many women diagnosed as anorexic may make this signification more accessible since breasts and hips are reduced in size and menstruation often ceases. Indeed, anorexia has been interpreted as a retreat from adulthood (Plaut and Hutchinson, 1986; Crisp, 1970). And it has been similarly portrayed in the popular media as a trivial affliction of childish and vain girls. Roy Hattersley's discussion of eating disorders in The Guardian (1993), for example, suggested that "it is in the hope of looking like (top models) that girls refuse to eat their rice pudding." The phrase is, I would argue, reminiscent of A.A. Milne's (1924: 48-51) poem 'Rice Pudding' in which a little girl refuses to eat her pudding despite being "perfectly well". It thus creates an image of 'anorexic' women as childishly petulant; an image which parallels nineteenth century descriptions and treatments of 'hysterical' women (see Gilman, 1892; see also chapters 6 and 7). And, as Orbach

(1993: 4) argues, "once seen as a child, the anorectic woman becomes much less of a threat"; her symptoms and opinions become discountable because, like her, they are immature. However, as Elaine's description of Kate Moss indicates, images of childish and child-like women are also idealized and constructions of 'child-waifs' abound in the fashion media. Recent images of Madonna, Naomi Campbell and Courtney Love dressed up as sexualized little girls demonstrate the prevalence of cultural figures of infantilized femininity. Such constructions emphasise a profound contradiction between constructions of 'woman' as adult and 'woman' as heterosexually attractive, child-like, dependent and passive. Yet, as argued above, 'traditional' femininity is often presented in terms of these latter characteristics and is therefore, at least implicitly, produced as inferior to masculinity. In the extracts below, this feminine inferiority or subservience is also signified by the thin/anorexic body, particularly by its smallness.

(Penny/Laura p.2)
Penny: Um, I think the appearance, the appearance matters to me a lot um (.) I don't really know in what way. It's just that I was totally, I think I always found that to look feminine you have to be a size eight and then you know, /H: mm/ just like the kind of society always kind of dictates it to me. I think femininity is not, you know, bigger than size eight or ten.

(Simone/Lynn/Jane, p.2)
Simone: (to Lynn) Cos as you said I always felt big as well. I always felt much bigger than anybody else and wanted to be smaller than, than men and feel like a subservient, stupid little girl (laughter) or whatever. I always wanted to be fragile and it's, it was rather a nice feeling /H: mm/ (.) for a while.

(Mandy, p.10)
H: Do you think it's anything about being female or, or not that there's that feeling to want to sort of fade away?
Mandy: Um I think uhr again from a sort of viewpoint of um how society is rather than my own personal /H: mm/ view, yeah. I think it has because there is this um image of um being smaller /H: right/ in every way /H: mm/ and being the, the second class citizen to the male /H: right/. So I think that probably, possibly is, is a factor. /H: right/ But there is this, this image that women are somehow less important and are behind, physically, /H: yeah/ behind, you know, the male.

In these extracts femininity is defined by size, by not being "bigger than size eight or ten" and size itself signifies the inferior status of women that is implied in constructions of femininity as child-like. An important meaning of thinness is, therefore, not only beauty but smallness. It signifies a delicate fragile 'petite' femininity, a woman as a diminutive of man.

(Emma, p.5)
Emma: I just do feel like this big, monstrous size /H: mm right/ and I want to be a little, little, you know sylph-like size. /H: right, mm/ (.) I don't know why though. It's just the, yeah the weight, just fragility just really comes into it /H: right/ but I don't know why. I don't know why I think of it like that.

'The thin body' can, therefore, be understood as culturally over-determined in its signification of feminine 'perfection' since it is not only 'beautiful', it is also small, petite, diminutive, inferior. 'The thin body' is a site at which feminine beauty converges with smallness. As Lacan, like Derrida, insists, "no word is free of metaphoricity" (Sarup, 1988: 12). The signified is always commutable, always becomes itself a signifier[5]. In being small 'the thin body' again becomes a trope, signifying the fragility and delicacy of "petite", "sylph-like" femininity. 'The thin woman' is not only beautiful but in being 'petite' 'she' is also dainty (Concise OED, 1990), fragile and delicate but also "of lesser importance" (Concise OED, 1990). The thin body thus signifies several aspects of a femininity that are simultaneously idealized and belittled. The ambivalence entailed in the term 'petite' parallels, I would argue, a social ambivalence towards a 'femininity' that is indicated by the smallness of 'the thin body'.

Moreover, as a diminutive object, this 'woman' might also be understood as an analogue of grammatical diminutives. Like a pet name, 'woman' is an abbreviation, cut short, lacking. She is 'castrated', and has meaning only in relation to the proper term/phallus/man from which 'she' is derived. 'The petite woman' is therefore, an exemplary of 'the woman' of psychoanalytic theory (see chapter 3) in which 'femininity' emerges as a lack, defined negatively in relation to a masculine signifier - the phallus - and who is therefore 'castrated', cut short like a diminutive. As Freud's theorization of psychosexual development makes clear, size (of the penis versus the clitoris) is of central importance in the

[5] Squire (1983: 49) similarly argues that for Lacan "tropic relations of unconscious signifiers must continue indefinitely and never be completely tied down" since such relations are grounded in the Symbolic in an absent, unidentifiable signified.

determination of sexual identity within patriarchal society. It is because of the 'stunted', diminutive clitoris, that the girl develops penis-envy, turns in anger from her mother to her father and eventually accepts her own inferiority; that is she adopts the 'feminine' position. It is smallness that defines 'woman' as both 'properly' feminine and as inferior within the patriarchal or Symbolic order (see chapter 3).

> If during the phallic phase she tries to get pleasure like a boy by the manual stimulation of her genitals, it often happens that she fails to obtain sufficient satisfaction and extends her judgement of inferiority from her stunted penis to her whole self.(Freud, 1940, quoted in Nagera, 1969: 144)

In relation to the phallus woman's gender is assigned on the basis of her 'castration', her 'stunted penis' whose smallness symbolizes her inferiority. Whilst Freud asserts that the clitoris is inferior because it supposedly affords less pleasure, the passage also suggests a symbolic significance of size, which I would argue is repeated in discursive constructions of the thin body as a signifier of a 'traditional' femininity that is simultaneously idealized and denigrated.

8.4.3 Anorexia: A Convergence of Femininity and Sickness

The dependency, fragility and inferiority of 'the petite woman' are, I would argue, further consolidated by constructions of the thin/anorexic body as sick. The location of 'anorexia nervosa' within medical discourse (see chapters 2 and 7) is clearly central to constructions of anorexia as a pathology. And, indeed, terms such as 'slimmers' <u>disease</u>' indicate the widespread conceptualization of anorexia as an illness. Within the interview transcripts the medicalization and pathologization of 'anorexia' was both resisted and accepted (see pp.293-95). The transcripts contained constructions of anorexia as an illness and some women also described the physical damage to their bodies that had resulted from prolonged self-starvation. In the extract below, however, this pathologization is explicitly gendered. The construction of the thin body as feminine, 'petite', fragile

and inferior, is extended so that the thin body also signifies a sick body.

(Elaine, p.6)
Elaine: Well that's how it s' (.) seems to come across sometimes in the media which annoys me a lot /H: mm/ because it's such a dangerous illness. And people really muck around with it a lot. /H: right mm/ It's it seems to be the big thing the that that a pop star can say: well I was anorexic ten years ago. It's like /H: right mm/ poor you kind of thing /H: mm/ (.) or something like that. I'm not exactly sure what they want, they want to be seen as having had this illness /H: right/ for some reason. I don't understand it.
H: Mm yeah (.) yeah it's almost like it adds to their status in some ways /Elaine: mm/ sometimes isn't it.
Elaine: And it was the same with Mandy Smith (.) that she (.) I mean she was shown to be so frail and like she was getting very ill. /H: mm/ I mean I I think through all that, I think her problem was anorexia or whatever but there's this whole /H: mm/ glamorous thing about (.) you know (.) /H: this/ this poor yeah /H: yeah/ poor ill creature /H: mm/ (.) seems so glamorous to the world for some reason. (.) /H: yeah/ And it was the same with Princess Diana. Everybody wanted to know about (.) /H: mm/ this poor (.) creature.

In her account of the media coverage of eating disorders, Elaine describes an image of 'the sickly anorexic' as glamorous, as an identity for pop stars. Mandy Smith is described as "very ill", as pitiful: "it's like [...] poor you kind of thing" whilst Princess Diana is described as "this poor (.) creature". Yet they are simultaneously glamorous and remain feminine. This convergence of 'femininity' and sickness, epitomised by the Nineteenth century cult of female invalidism (see chapter 6), may appear to be of little relevance in the late twentieth century. Yet 'anorexia', I would argue, appears to be a site at which it re-emerges. In the construction of Mandy Smith or Princess Diana as simultaneously "poor ill creature(s)" and "glamorous", 'sickness' and 'femininity' become entangled in a morbid spectacle that "(e)verybody wanted to know about". These women "want to be seen as having had this illness". The entanglement of femininity and sickness in this construction of 'the thin body' is, I would argue, consolidated by its similarities with the fragile and delicate 'woman' of romantic discourse and in turn reaffirms both the femininity and the inferiority of this petite 'woman'. 'The thin body' in signifying 'femininity', fragility, and sickness, can thus be 'read' as a point at which quasi-medical and medical discourses converge with romantic discourse to consolidate 'femininity' as at once 'ideal' and pathologized, as 'properly' inferior (c.f. chapters 6 and 7).

These readings of the transcripts might be interpreted as

an endorsement of Boskind-Lodahl's (1976) description of 'anorexic' women as having never questioned 'traditional' femininity and as devoting their lives to fulfilling this feminine role in which self-validation is achieved through male approval of the beautiful (female) body. However, as noted above, discourses do not simply reflect people's attitudes and beliefs but, rather, construct and regulate their objects in particular ways. Moreover, as will be argued below, the transcripts did not consist of only one discourse but, rather, evidenced a number of different discourses which construct the thin/anorexic body in a variety conflicting as well as converging ways. That is, even within one transcript the thin/anorexic body may be very differently produced by the different discourses that are deployed. For instance, as well as signifying a 'traditional' or romantic femininity it may also signify more quasi-feminist or non-feminine subjectivities. There is a multiplicity of converging and diverging meanings of the thin (or fat) body produced within a complex entanglement of discourses.

8.4.4 'Be More Beautiful': A Discourse from Women's Magazines

One discourse that both converges and diverges from romantic discourse in its construction of the thin body is a 'be more beautiful' discourse promulgated in women's magazines (see Ferguson, 1983). As Ferguson (1983: 59) argues "physical beauty is presented" in women's magazines "less as an aspirational ideal, more as a holy commandment. There is reassurance: salvation can be achieved from a state of non-beauty" through ritualistically following "the 'step-by-step' instructions, the day-to-day diets" for beautification.

This 'be more beautiful' discourse converges with romantic discourse in their mutual themes of salvation or rescue as well as in their emphasis on female beauty. In the 'be more beautiful' discourse, however, the beautiful thin body is not construed as a requirement for attracting a man who will save the woman. Rather, it <u>is</u> the state of salvation, achieved through the woman's efforts rather than through male

intervention. Thus, whilst retaining a romantic theme of salvation, this discourse displaces the masculine position by constructing a more self-possessed 'woman': the woman is beautiful for herself and her beauty <u>is</u> her salvation. As Ferguson (1983) notes, women's magazines contain surprisingly few references to the 'benefits' of female beautification in attracting and holding a male's attention.

The absence of men from this discourse does not, however, necessarily signify their lack of importance here. It might, instead, suggest "an implicit and latent meaning so powerful that it does not require explicit and manifest statement" (Ferguson, 1983: 60). It might not need to be said that women's beautification is for men. However, the absence of men from this discourse also "emphasises the extent to which physical appearance is made integral to a woman's self-concept and her femininity as such - narcissism is an explicit norm within these pages" (Ferguson, 1983: 60; see also Coward, 1984). Thus, as noted above, this discourse might be understood as producing a more self-possessed woman who is beautiful 'for herself' rather than for an other and for whom the pursuit of thinness/beauty is a form of self-care. Hence,

(Olivia/Barbara, p.6)
Olivia: If you're fat then oh it's a sign of letting go, not looking after yourself.

In short, this 'be more beautiful' discourse converges with the romantic discourse discussed above in its emphasis on feminine beauty and its idealization of thinness and its theme of salvation through the female body. They thereby consolidate an idealization of thinness. Yet the two discourses also construes the thin/anorexic body quite differently. Whilst, it signifies a 'traditional' femininity in romantic discourse, in the 'be more beautiful' discourse it signifies a more self-possessed, narcissistic 'woman' who can look after herself and be beautiful 'for herself'. Whilst this latter 'reading' of 'the thin body' can not entirely escape patriarchally imposed meanings, it does suggest the possibility that 'the thin body' sustains a variety of meanings, not all of which conform to patriarchally defined ideals of 'femininity. The disciplinary

power of discursive constructions of the body as fat or thin is produced through the entanglement of different discourses through which the multiple meanings of the fat or thin body continually slip. And it is within this entanglement and slipping of significations of 'the body' and 'the woman' that alternative and often contradictory meanings are consolidated.

8.5 A Struggle Over Meanings

As noted above, fat and thin bodies sustain a variety of meanings so the transcripts can be understood as sites of struggle over the meanings of the body and over the forms of subjectivity that that body signifies. In the extract below Michelle articulates such a struggle over some of the entangled meanings of thinness and femininity focusing on a super-model who she has discussed with her parents.

(Michelle, pp.3-4)
Michelle: Um (.) I I remember having lots of chats about her (a super-model) with my dad (.) and my mum and everything (.) and um my dad was saying: oh she's alright but you know she's she's terribly thin. /H: right hu/ You know: I hate hate women that look so thin an' (.) /H: mm/ you know she should, she doesn't really look like a woman an' hu (.) /H: (laughing) right/ But I admit I didn't really agree with him and I don't think (.) if there were ever any women in the room (.) when (.) he was saying this I don't think they would either. /H: right/ But /H: mm/ (.) he just said (.) he preferred to see women that looked like women, women /H: right/ woman-shaped.
H: Right so more (coughs) more curvy and just /Michelle: yeah/ (.) bigger. (.)
Michelle: But I didn't think so. I thought that she was (.) really perfect /H: right/ But maybe (.) sort of a long you know (.) that (.) length of time ago, maybe I would've thought that she was a bit thin but (.) /H: mm/ (laughing) not now. (laughter)
H: Mm was there anything other than the th' her thinness that you admired? (.)
Michelle: Um I just thought she looked beautiful generally /H: right/ um (.) And (.) that I mean I I knew quite a lot about her personality. I thought she was a nice person. She was very (.) she was very how I thought (.) at the time I thought women should be. She was (.) she was quite quiet really and um (.) (laughing) you know she behaved herself. (laughter) Yeah she was very um (.) I don't know how to put it really (.) um. She was kind of dignified really /H: right/ and um (.) you know if she did interviews or something she would (.) she'd never say anything embarrassing or she just seemed generally nice (.) /H: right/ I think yeah /H: mm/ I could be like her. (laughter)

In this extract Michelle describes the model as "really perfect". She was "thin", "beautiful", "a nice person", "quite quiet really", "she behaved herself" and was "dignified". Ostensibly she is a manifestation of the feminine position signified in the reading of the thin body above. Yet Michelle's account of her father's contribution to the discussion suggest a different reading. In contrast to her admiration 'he' says "Oh she's alright but you know she's she's terribly thin." "I hate hate women that look so thin [...] you know she should, she doesn't really look like a

woman." "{H}e just said (.) he preferred to see women that looked like women, [...] woman-shaped."

Whereas Michelle describes this model as a perfect (thin) woman, her father argues that she does not even look like a woman because she is "terribly thin". She is therefore not "woman-shaped". Thus, Michelle's account of this discussion introduces a signification of thinness as not-woman. Fat, not thin is feminine; a construction which directly opposes the equation of thinness and feminine perfection discussed above. The difference between Michelle's and her father's opinions is emphasised and explicitly gendered by Michelle's comment that it is not only herself that would disagree with her father. If there were ever any women in the room they would also disagree with him. Thus, I would argue, in this extract Michelle not only introduces the possibility that 'thinness' may signify 'non-woman' as well as 'perfect woman'. By juxtaposing this 'male'-voiced possibility with her own description of the model she also alters the meaning of her construction of the thin body. Her definition of the thin body as feminine perfection involves a conflict with 'male' opinion rather than a desiring of 'male' approval.

The above extract illustrates, therefore, a discursive struggle over the meaning of 'the thin body' where the dependence on male approval connoted by 'the thin body' in romantic discourse is resisted. Such struggles and resistances were frequently apparent in the interview transcripts employing a variety of discursive resources. In the extract below, for example, Zoe emphasises the possible power that a woman might gain in relation to men by being attractive.

(Zoe, p.6)
Zoe: If you're unattractive men aren't going to listen to you but if you are attractive then men are going to want something else from you so they're more apt to listen to you /H: right/. So therefore you can have, you, like it's a way of like wielding power.

Michelle produced a slippage in the meaning of 'the thin body' through a rhetorical juxtapositioning of interpretations, re-producing the perfection of 'the thin body' in an opposition to male approval. Zoe however has re-produced the importance to women of male approval whilst still altering the meaning of

'the thin body'. Although 'the thin body' is construed as heterosexually attractive, and male approval as important, this male approval is valued not simply because it is necessary for self-validation but because it confers power: "it's a way of wielding power". Thus whilst this construction remains entrenched within romantic discourse, it nevertheless construes the thin bodied woman as powerful rather than powerless.

There is, then, no one meaning of the thin (or the fat) body. As Bordo (1990) has argued the thin body sustains multiple and often conflicting, mutually deconstructing meanings. Thus, for example, whilst 'the thin body' may connote feminine fragility, defencelessness, and lack of power (Bordo, 1990) ('ideal' characteristics for a heroine of a heterosexual romantic discourse), it can also symbolize "a new freedom, a casting off of the encumbrance of domestic reproductive femininity" (Bordo, 1990: 86). 'The thin body' may be construed both as the body of the romantic heroine and of the 'liberated' woman. It may also, simultaneously, signify a rejection of femininity and/or a quest for un-gendered subjectivities.

8.6 Differing with Gender

8.6.1 Construing the Thin Body as Boyish

> Why can't a woman be more like a man?
> (My Fair Lady)

As argued above talk about 'the thin body' can be viewed as a site of struggle over its multiplicity of meanings. It can, for example, be 'read' as signifying non-woman as well as 'perfect femininity'. It resists as well as it embodies patriarchal gender identities. And one way in which the femininity of 'the thin body' is most clearly resisted is in its discursive construction as boyish.

This quasi-feminist signification of the boyish body ideal has also been paralleled in some modernist elements of women's fashion. As Evans and Thornton (1991: 50) argue, a fashion item "negotiates the terms of sexual difference and

constructs the feminine ... (T)he work actively negotiates difference and generates meaning." That is, like a body, fashion is located in a significatory system in which its meanings are produced and re-produced. The 1920s work of Chanel, for example, adopted the "restrictions of masculine dress ... to signify control" (ibid., 50) as women's power-dressing did in the 1980s. In contrast, for example, to Schiaparelli's work of the 1930s whose "excess and folly", "decorative, superfluous, and non-functional" flowing dresses were an "appropriation of female masquerade" the clean, straight lines of Chanel's suits represented an "appropriation of masculine power". Her functionalist and anti-decorative rhetoric "indicate a cultural rejection of the feminine in favour of an exclusively masculine model of power" (ibid., 50).

Like women's 'masculine' clothing, the thin body may also signify 'cultural rejection of the feminine'. It may be construed as boyish. And, in appropriating the masculine, the thin 'boyish' body disrupts the gendering of the female body. It signifies masculine power and control. It resists a patriarchally imposed 'feminine' identity and can thus be 'read' as signifying a quasi-feminist, 'liberated' subjectivity of the late twentieth century (Bordo, 1990). However, I would argue that this discursive construction of the thin body as boyish is also highly ambiguous. In the extracts below, for example, the thin body is produced as boyish but these constructions seems far from liberatory.

(Elaine, p.4)
Elaine: Uh (.) well women are always so (.) portrayed so petite like (.) not not even like girls. They're portrayed like little boys. (.) /H: right/ Men are always like this muscular, /H: mm/ big, almost, almost to make (.) one protective over the other /H: right (.) mm/ sometimes. /H: yeah/ (.) But women are always kind of shown to be thin and slim and tall.

(Layla, p.11)
Layla: I remember the times when I was ten or (.) twelve kilos less than I am now and there were times when I felt fat /H: right/ (.) or when I look back that body just looks sick to me (.) but (.) I was so desperate or not desperate but so crazy that I loved that body /H: right/ that I thought it was nice and attractive and I could easily offer it to men I like /H: right/ and now that seems sick that I have to question how the hell could they sleep with me /H: right/ (.) cos it was obviously a body of a boy /H: mm/ and it was sick.

Construing the thin body as boyish may signify a liberation from oppressive patriarchal gender (im)positions.

Yet it also resonates with the construction of the thin body as child-like, as powerless, dependent and femininely fragile. This resonance between constructions of 'the thin body' as boyish and as child-like is particularly apparent in Elaine's account in which women, even if boyish, are construed as "little", "petite", and defenceless in contrast to men who are "big", "muscular", and "protective". The primary signification is that the body is little and child-like and then it is differently gendered. Patriarchal gender relations remain in tact. Moreover, the construction of women's bodies as boyish is articulated as an imposition rather than as a liberation. This is how women are "portrayed", not how they are. In Layla's account, the 'boyishly' thin body is again negatively construed. She articulates two contrasting descriptions of her 'boyish' body - as "nice and attractive" and as "sick". There is an ambiguity in this passage about what it is that is described as sick. Her body may be construed as 'sick' both because it is physically emaciated and because it is "obviously a body of a boy" and is, therefore, not 'properly' gendered. This latter reading is further emphasised by her questioning "how the hell (men) could sleep with (her)", suggesting an implicit, heterosexist construction of her relationships with men as not 'properly' heterosexual since her body contradicted her 'proper' gender identity. Whilst not wishing to deny the more liberatory meanings of the boyishly thin body, the extracts above do indicate some of the difficulties and ambiguities of this discursive construction.

As argued above, the thin/anorexic body may signify both femininity and a 'boyish' non-femininity. It is, therefore, doubly gendered, and might be understood as signifying a bi-sexual gender-identity. And if bisexuality figures as "the sign of that precariousness" of subjectivity (Rose, 1982: 29), then the discursive construction of 'the thin (woman's) body' as boyish is inevitably ambiguous. It involves a precarious balancing between significations of masculine power and petite femininity. The meaning of this doubly or bi-sexually gendered body is then endlessly differed back and forth between these

two significations (see chapter 3). It refuses to "line up on one or other side of the divide" of gender difference (Rose, 1982: 42). It refuses the (illusory) possibility of stable (gender) identity by refusing closure and difference (see Wetherell, 1991).

Yet whilst the subject position(s) signified by 'the 'boyishly' thin body is undoubtedly precarious it might also be understood again as subversive precisely because it exposes the illusory, fictional nature of identity as a point of permanent closure and difference (see Wetherell, 1991). As Lacan argues, within the Symbolic order "sexual difference is a legislative divide which creates and reproduces its categories" in relation to the phallus (Rose, 1982: 41). The 'boyishly' thin female body is, I would argue, subversive in that it signifies a differing with this difference. It signifies a subject position which resonates with '~~the~~ woman' described by Lacan since similarly "there is for her something unacceptable" about an order which produces difference in relation to the phallus. The "character of her position ... (is) ... fundamentally conflictual, and I would say, insoluble" (Lacan, quoted by Rose, 1982: 45). Like '~~the~~ woman', the discursive construction of the thin female body as boyish is profoundly conflictual and impossible. It unsettles the very notion of categorical difference and unitary, stable identity (see also chapter 3).

The theme of masquerade produces further resonances between the subjectivity signified by the boyishly thin body and the category of 'woman', theorized by Lacan. Discursive constructions of the thin/anorexic female body as boyish produces that body as something that it is not, as a masquerade. Women are "<u>portrayed</u> like little boys" (emphasis added). And "for Lacan, masquerade is the very definition of 'femininity' precisely because it is constructed with reference to a male sign" (Rose, 1982: 43). Joan Riviere's (1929) similarly described the "failed femininity" of the hysteric as a masquerade. "To 'her' 'femininity' really seems to equal the gap indicated by castration ... it is enacted as

'a masquerade' to cover it" (Mitchell, 1984: 308). And if, as Freud argues, "the feminine ... was in part a hysterical formation" (Mitchell, 1974: 48) then femininity and masquerade are again equated. Thus I would argue, the 'boyishly' thin female body, like Chanel's 'masculine' clothes, collapse into the very category that it rejects. Whilst the two significations of 'the thin body' - romantic femininity and boyishness - do appear directly contradictory they are also simultaneously (and impossibly) compatible.

8.6.2 Bloody Women: Discourses of Femininity and the Amenorrhea-ic Body

In the extracts discussed above the thin/anorexic body is construed as boyish, as non-feminine. This discursive construction of the thin/anorexic body as non-feminine is further consolidated in constructions of the body as amenorrhea-ic. In the following analysis (see also Malson and Ussher, 1994b) I shall examine how menstruation is discursively construed as a signifier of a 'biologically labile woman' (see Ussher, 1991) and how the amenorrhea-ic body is therefore produced as an evasion of this femininity.

As Halmi and Falk (1983; see also p.15) note, most researchers consider amenorrhea to be "a major diagnostic symptom of anorexia nervosa" and there has been much research into its possible causes. As noted above (see pp.25-26) amenorrhea is frequently considered as a biological matter. Yet as several authors (e.g. Ussher, 1991; Millett, 1971) have shown, menstruation (and therefore its absence) is a socially embedded phenomenon surrounded by 'superstitions', rituals and taboos. Menstruation and amenorrhea are located within sets of discursive (and material) practices through which they acquire particular meanings. 'The menstruating woman' has often been figured as incapacitated, dangerous and dirty (Ussher, 1991). 'She' has been barred from religious and sexual activity, from preparing food and from sleeping in the family home (Ussher, 1991). Leviticus (16: 19-33), for example, claims that

> if a woman have an issue, <u>and</u> her issue in her flesh

> be blood, she shall be put apart seven days: and whosoever toucheth her shall be unclean until the even. And every thing that she lieth upon ... everything also that she sitteth upon shall be unclean. ... And if a man lie with her at all he shall be unclean seven days ... and the priest shall make atonement for her before the LORD for the issues of her uncleanness.

The recent controversy over television advertisements for sanitary products suggests that constructions of menstruation as a shameful 'curse' are still deeply entrenched in society. The medical concept of PMS can similarly be viewed as reproducing an image of a debilitated and often dangerous, biologically labile woman governed by her menstrual cycle. Despite the lack of satisfactory supporting evidence, 'PMS' has lent scientific authority to the notion that women are rendered unreliable, debilitated, accident-prone, mentally unstable, violent and dangerous (Ussher, 1989, 1991; Parlee, 1974, 1989; Laws, 1985) and that woman's supposed inferiority is rooted in her body: "the notion of menstrual lability is a fiction linked to a fantasy, seen as a fact" (Ussher, 1991). As Ussher (1991: 22) argues,

> Whether menstruation is deemed to be woman's relic of Eve - the punishment for the Fall - or merely a biological phenomenon which is inherently debilitating, the taboo ensures that, within patriarchal culture, menstruation is conceived as a curse .... Our blood marks us as Other - as we bleed we fail, we fall.

The menstruating woman has, then, been negatively construed as dirty and dangerous within a variety of socio-cultural contexts. And the amenorrhea-ic body is inevitably construed in relation to those discourses and discursive practices that surround menstruation.

8.6.3 Discursive Constructions of Menstruation and Amenorrhea

Within the interview transcripts, constructions of menstruation were most frequently negative. One way in which this negativity was achieved was through accounts of menstruation as painful or inconvenient.

(Olivia/Barbara, p.11)
Olivia: And um (.) it was like one less weight factor [...] agony and just pain and stuff.

(Denise, p.4)
Denise: I mean practically I always thought: Goodness, what about periods. They're, they're a pain.

(Nicki, p.1)
Nicki: It was the periods that really jolted me and made me angry.
H: Was there any particular reason why they made you feel like that?
Nicki: Cos of the nature of them, /H: mm/ cos they were annoying.

The negativity of periods is produced in these extracts as a practical, factual matter. It is 'the nature of them' that they are 'annoying' and painful. Yet, whilst menstruation may be experienced as painful and inconvenient, experience is 'always already' located within a particular discursive context that produces menstruation as a negative event. As Parker (1992: 29-30; see also Riley, 1988) argues "it is not possible to obtain knowledge about things with only an ontological status ... without a pre-existing array of knowledges (and techniques)." The body is only known and experienced through its articulation in its cultural, historical contexts (Foucault, 1977a; Riley, 1988).

Within the transcripts menstruation was also construed negatively as a signifier of femininity. Menarche represented an endpoint of childhood and a beginning of an unwanted womanhood. Amenorrhea was thus construed positively as a rejection of this adult femininity.

(Nicki, p.1)
Nicki: It was like uh when like when my periods started and that was when I first sort of you know realised that I was becoming a woman. /H: right/ And I can remember being really angry. /H: mm/ And it was more, it was very specific. [...] I just wanted to be young again.

(Elaine, p.7)
Elaine: What what they would be trying to do through their anorexia?
H: Yeah. (.)
Elaine: A lot of things. /H: mm/ They'd be isolating themselves. They'd be (.) stopping their periods and not being a woman anymore. (.) /H: right/ They'd be (.) avoiding emotions. (.) /H: mm/ All kinds of things like that /H: mm/ in that range.

(Cathy, pp.7-8)
Cathy: And um (.) I suppose when I started my periods, I mean I don't have periods anymore, /H: right/ I haven't had for years. But when I started um (.) I felt angry and I wanted to be a boy.

In these extracts menstruation is construed both as a source of anger and as a signifier of an adult femininity, of 'becoming a woman'. Amenorrhea as a symptom of anorexia thus acquired the positive connotations of "not being a woman any more", of escaping the femininity signified by menstruation, of being "young again". Thus, the amenorrhea-ic body, like the 'boyishly' thin body, is discursively constituted as non-

feminine.

Anorexia has also been interpreted as a psycho-biological retreat into childhood (Hsu, 1984; Crisp, 1970; 1980) and a refusal to be an adult woman (Plaut and Hutchinson, 1986). Goodsitt (1985), for example, describes anorexia as a symptomatic manifestation of a failure to accept female psycho-sexual maturity. "Pubertal body changes panic her because they mean becoming a self-sufficient adult woman" (Goodsitt, 1985: 75). However, this interpretation is not only problematic (see also p.217), it is also simplistic. It involves an assumption that adult femininity is an unproblematic, unitary category, that a refusal of the femininity signified by menstruation is a refusal of femininity per se. Yet, as argued in chapter 3, femininity might be better understood as a plural collectivity of often contradictory representations. Menstruation may signify a particular femininity that differs from other femininities produced in different discourses. It may not signify 'a self-sufficient adult' womanhood.

In Elaine's extract above, amenorrhea is associated not simply with a refusal of womanhood but also with "avoiding emotions" and "all kinds of things like that". The extract suggests, therefore, a stereotypical association between femininity and emotionality (see Bem, 1974; Broverman et al., 1970; Nicolson, 1992). In the extract below this association is again apparent but there are also other attributes associated with the particular discursive construction of femininity that is signified by the menstruating body.

(Teresa, pp.4-5)
Teresa: It (anorexia) was about not having feelings, not having periods, not being (.) /H: mm/ emotional, not being vulnerable. /H: right/ I mean vulnerability is just the one thing I couldn't afford. /H: right/ And um, although I'm sure in a lot of ways I was vulnerable but I mean it /H: yeah/ um and I was very asexual. I mean I'd sleep around but I didn't have orgasms.

Menstruation is associated here with emotionality, sexuality, vulnerability, danger and lack of control. The extract reproduces a socially prevalent, polyvalent figure of the 'biologically labile' woman. That is, menstruation is constructed in this extract as a signifier of a particular femininity and amenorrhea as a symptom of anorexia is construed as a refusal of this specific version of 'woman'

rather than of femininity per se.

8.6.4 The Amenorrhea-ic Body and a Discourse of Cartesian Dualism

In the extracts above the menstruating body is produced as a signifier of a particular 'biologically labile' femininity that is emotional, sexual, vulnerable and dangerous. This femininity is also firmly located in the female (menstruating) body. The very thin, amenorrhea-ic body is construed, then, as a rejection of this particular femininity. It is both physically and discursively dissociated from the menstruating body and from the subjectivity that that body signifies. In the extract below this dissociation is particularly apparent.

p.1
Nicki: It was very specific. It was involved with my periods starting and I hated them /H: right/ and I was very annoyed and I sort of saw my body as separate thing, like it wasn't me /H: right/. It was a separate thing and I was very angry /H: right mm/ and I wanted to sort of distant myself from it. [...] It felt, well it felt scary /H: mm/ cos it felt like I wasn't secure [...] all of a sudden it was doing something that was out of my control /H: mm right/ and I saw it as being not me /H: mm/ and I couldn't relate to it and I wanted to sort of get rid of it.

The menstruating body is construed here as uncontrolled and dangerous, as 'scary' and as a source of insecurity. The negative attributes signified by menstruation are firmly located in the body which is then presented as alien to the self. "It was a separate thing [...] it was doing something out of my control [...] and I saw it as being not me [...] and I couldn't relate to it". The extract draws, I would argue, on a discourse of Cartesian dualism in which mind and body are bifurcated. Subjectivity is constituted as a dissembodied mind/self, dissociated from the body which is produced as lacking in control and as alien and threatening to the mind/self (see Bordo, 1992):

> the body is the locus of all that threatens our attempts at control. It overtakes, it overwhelms, it erupts and disrupts. (Bordo, 1992: 94)

This discourse of Cartesian dualism constructs the body as unruly and threatening and, at the same time, constructs a disembodied subjectivity of mind/self. It bifurcates mind and body, producing an identity dissociated from the

(menstruating) body. Hence, the 'biologically labile' femininity signified by and located in the menstruating body is construed as other of the self. Amenorrhea might thus be read as a physical and discursive consolidation of this dissociation.

Bruch (1978) has commented that many women diagnosed as anorexic talk of two 'warring' selves - one spiritual, intellectual, strong-willed and 'male' and the other bodily, uncontrollable, impure, weak-willed and 'female' (see also Bruch, 1982; Palazzoli, 1974; Minuchin et al., 1978). This aspect of anorexia might fruitfully be understood not so much as an individual pathology than as the interpellation of the subject by a socially pervasive discourse of Cartesian dualism. Discourses of mind/body dualism have a long history in the traditions of Christian asceticism and stoicism (Foucault, 1988). They are also manifested in a variety of contemporary cultural representations of the body, for example, in the division between mental and physical illness (Turner, 1987); in the images of bulging, unruly fat promoted by the diet industry (Bordo, 1990, 1992) and in the horror film genre's concern with the alien, eruptive and disruptive body (Bordo, 1990). They set up an antagonism between mind and body which informs a variety of cultural practices such as dieting and exercise as well as self-starvation and purging (Bordo, 1990; 1992), ideals of being without a body (Chernin, 1981; Bordo, 1990) and the constructions, articulated above, of the (menstruating) body as alien and threatening.

The above extracts deploy, then, a discourse of Cartesian dualism to construct a disembodied mind/self that transcends the femininity signified by the menstruating body. Yet, as indicated above (see Bruch, 1978), this mind/body duality is also distinctly, systematically gendered. 'Woman' has frequently been made to signify otherness (Mitchell and Rose, 1982) and bodily-ness (Crowley and Himmelweit, 1992), particularly the sexualized body (see de Beauvoir, 1953; Ussher, 1992a, Nicolson, 1992; Foucault, 1979), the pathologized, defective and disruptive body (see Ussher, 1991;

Showalter, 1985, Foucault, 1979) and the excluded body (see Sayers, 1982; Marshall and Wetherell, 1989). And dualist discourse re-articulates these patriarchal dichotomies that equate woman with the body, with weakness, irrationality and lack of control and man with the mind, with rationality, strength and control. That is, the body of dualist discourse is frequently figured as a feminine body. It is homologous with constructions of the menstruating body articulated above.

In short, the discourse of Cartesian dualism, evidenced in the extracts above, interpellates the subject as a disembodied mind/self dissociated from the biologically labile femininity signified by menstruation. But it simultaneously consolidates the discursive construction of the (feminine, menstruating) body as eruptive, threatening and alien to the self. Ironically, menstruation can be seen as signifying both the uncontrollability of the biologically labile woman' and the self-division produced by dualist discourse. Like eating and purging, menstruation transgresses the body's boundaries and can be read as a metaphor both of uncontrolled bodily eruption and of a disrupted self. Within a discourse of Cartesian dualism, the very thin, amenorrhea-ic body, like the 'boyishly' thin body, is construed as non-feminine. It signifies a dissociation both from this uncontrolled and threatening body and from the 'biologically labile' feminine subjectivity that that body signifies.

8.7 Conclusion

This chapter has aimed to explore how the thin/anorexic body is differently constituted by different discourses, to show that that body sustains a multiplicity of often contradictory meanings. Yet these discourses also converge, in their idealization of the thin body. The analysis has focused, however, on the ways in which, within different discourses, this body signifies a diversity of differently gendered subjectivities. Within romantic discourse, for example, the thin/anorexic body is constituted as feminine and heterosexually attractive, a signification which is

consolidated by constructions of the thin/anorexic body as child-like, as small and petite, as fragile and as sick. Yet this body is also construed as 'boyishly' thin, as non-feminine. And this alternative representation is consolidated in dualistic constructions of the amenorrhea-ic body as a rejection of a bodily, 'biologically labile' femininity. These discourses produce the thin, anorexic and amenorrhea-ic body in very different ways. They locate it within different power/knowledge relations (Foucault, 1979). As Foucault (1977b: 27) argues:

> power and knowledge directly imply one another; ... there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations.

It is "in discourse that power and knowledge are joined together" (Foucault, 1979: 100). And it through discourses that power permeates the body, it movements, it routines, its sensations, its sexuality, its meanings (Foucault, 1977b; 1979). The interview transcripts can be understood, therefore, as sites of struggle over the multiplicity of meanings of the body and over the differently gendered subjectivities that the body signifies. They can be read as sites at which different discourses converge upon the thin/anorexic body producing and regulating it in a variety of ways.

Chapter Nine

Subjectivity and Embodiment in a Discourse of Cartesian Dualism

9.1 Introduction

In the previous chapter the analysis focused on the ways in which the thin/anorexic body was differently gendered by different discourses deployed in the interview transcripts. The analysis illustrated how the thin/anorexic body sustains a variety of often contradictory meanings and thus signifies a number of different subjectivities. One of the discourses that was explicated in this analysis was a discourse of Cartesian dualism which produced the body as uncontrolled and as threatening and alien to the dissembodied subject position of mind/self. This chapter extends the analysis of this discourse. It examines how the thin/anorexic body is constituted as a controlled body, exploring how issues of control, subjectivity and embodiment are discursively constructed.

9.2 The Discursive Production of Control

Several authors (e.g. Bruch, 1978; Palazzoli, 1974; see Dittmar and Bates, 1987) have argued that anorexia is a response to feeling out of control, that it is an attempt to assert control by controlling the body. Bruch (1974), for example, has argued that 'anorexics' seek control over their bodies because they have been denied a sense of independence and autonomy in their lives. This theme of control was also prominent in the interview transcripts.

(Wendy, p.6)
H: Um, what was it that made you feel that being thinner was was better? Was there something that say being thin meant to you?
Wendy: Yes it made me feel successful, as if I was kind of (.) I don't know, in control.

(Nicki, pp.2-3)
Nicki: There are a lot of characteristics that I admire like being slim /H: mm/ um just personality features as well like being strong /H: right/. Like we've just had a lecture on physical attractiveness /H: oh right?/ and how people who are more attractive are rated as being more successful and /H: yeah/ and you know. /H: mm/ It's the kind of idea of being in control of your life and doing all your work and sticking to deadlines and /H: mm/ you know /H: being competent/ sort of perfection, yeah the perfection ideal. /H: yeah/

(Zoe, pp.8-9)
Zoe: Yeah and so I think, yeah I mean, they (men) like, everyone makes you feel totally guilty. I felt like such a loser because I felt like I couldn't control my weight because I was overweight. /H: right/ So there must be something wrong with me because you know: oh well, I didn't have enough self-control. And that was like a bad, like that gave me like a lower self-image. /H: mm/ So I was like out to prove everyone wrong. And no and I was like: well I can't stand having people think (.) that /H: right/ that I'm not' You know what I mean? /H: yeah/ That part of my life is out of control. So I like (laughing) went to the extreme uh other end, I guess.

The constructions of thinness evidenced here is very different from its construction in, for example, a romantic discourse where it signifies feminine beauty. Nevertheless, it converges with those constructions discussed in chapter 8 in that thinness is again construed as an ideal. In these extracts, however, the thin/anorexic body is construed as a controlled body. It is associated with strength, success and perfection. It is part of "the perfection ideal" of "being in control of your life and doing all your work and sticking to deadlines". The thin woman is perfect because she is in control. Conversely, fatness is construed as "bad" or "wrong" because it indicates a lack of control: "I felt like such a loser because I felt like I couldn't control my weight because I was overweight. [...] So there must be something wrong with me [...] I didn't have enough self-control."

Significantly, this construction of the thin/anorexic body as a controlled body undermines alternative constructions of anorexia as a vain and trivial pursuit of beauty (see pp.291). A pursuit of thinness is construed here not simply as a concern with appearance. It is also about the 'more serious' matter of control.

The discursive construction of the thin body as controlled can also be read as consolidating and developing the connotations of self-care and independence that it has within the 'be more beautiful' discourse discussed above in which the woman is beautiful 'for herself'. Here the thin/anorexic body signifies a woman's taking control of her body and her life. The thin body is produced as a signifier of a 'woman' who is in control. And this quasi-feminist 'woman' is perhaps most clearly reified in images of 'the career woman'.

(Denise, p.2)
Denise: Well when I (.) I sort of um think of the future and how I'd, how I'd like to be /H: mm/ I don't

think there's a particular person. I can't say you know: I want to be like her. /H: right/ Um but I s'pose I sort of (.) I have the (.) the usual old um advert (laughing) stereo' stereotype of a (.) of a perfect woman, um sort of (.) I s'pose a career woman /H: mm/ because I'd like to have a career. /H: mm/ So I s'pose that entails again confidence, /H: yeah/ sort of nice appearance, smart looking, in control, /H: mm/ confident.

As in the extracts discussed in chapter 8, the thin body again signifies a 'perfect woman'. In these extracts, however, the 'perfect woman' is not passive and dependent as 'she' is in romantic discourse. Rather, 'she' is career-oriented, smart, confident and in control. Significantly, the positive value of being in control, like being thin, is articulated (and read) as a self-evident truth. It does not seem necessary to explain why control or thinness are good, nor why a thin body should signify being in control of one's life.

9.3 A Controlled Body - A Controlled Life.

One way in which the thin body is construed as controlled is in terms of it being the result of dietary-restraint. And there are numerous examples in the transcripts in which dieting and weight loss are constructed in these terms.

(Michelle, p.7)
Michelle: Um and there are so many things in magazines (.) um about (.) diets you know how /H: right/ how you should make an effort with yourself, you should be really tough /H: mm/ and (.) /H: right/ um you know after Christmas the first thing you've got to do is go on this diet to get back (laughing) some of your /H: (laughing) right/ self-control or whatever.

(Jackie, p.10)
Jackie: I achieve also control /H: mm/ definitely cos /H: right/ you know no none of my, however much people try and make you eat no-one can (.) /H: right/ you know control <u>that</u>. I mean it's sh' it's <u>me</u> doing what I want.

In these extracts dieting or not eating is construed as a means of achieving control. You "go on this diet to get back some of your [...] self-control". The thin body is valued here not so much for its beauty as for its being the product, the proof, of self-control. Yet many of the extracts also evidenced a theme of restricted control. Food and body weight are presented as the only arenas in which control is possible.

(Cathy, p.4)
H: What is it that's you're, you're eating habits and what have you help you to cope with? (.)
Cathy: With feeling down and also I mean the classical thing, in control. I mean if I know that uhm, if I can, at least it's something I can keep control of.

(Denise, p.9)
Denise: I didn't like myself so, I saw myself as a failure, can't do anything right. /H: right/ And in in a way (laughing) that losing weight or having troubles around food was sort of saying: well I can do this. /H: right/ You know: I'm in control of <u>this</u>.

(Penny/Laura, p.5)
Penny: I didn't want to lose, I thought I was fat. I needed to lose weight more. Nothing was ever good enough. Every half a stone I lost I wanted to lose another one /H: mm/ And I keep saying 'no I'll stop when I get to six stone, you know. It carried on so you know, it just took a snow ball and I couldn't let go cos I wanted /H: mm/ that control that I thought I didn't have over my life.

The defiance of taking control and "doing what I want" is immediately undercut by the construction of food and body weight/shape as perhaps the only aspects of life where control is possible. In signifying control, the 'boyishly' thin/anorexic body may connote a "new freedom" from female dependence and domesticity (see Bordo, 1990). Yet that control is restricted to the traditional arena of female domesticity, to food and the body (see Bynum, 1987; Brumberg, 1988).

Despite this theme of restricted control, the thin/anorexic body simultaneously signifies a control beyond the body and food. 'The controlled body' becomes a metonym of a controlled life. In the two extracts below controlling one's eating, and therefore body shape/weight, quite explicitly signify this total control.

(Nicki, p.5)
Nicki: If um if I'm feeling that everything's getting on top of me /H:mm/ like I was in my room last night and it was a tip and I was tired and I've got all these deadlines and I hadn't done the work. /H: right/ So I hadn't done the work and also I'd had a row with someone and I just felt sort of out of control /H: right/ and everything and then the thought of being hungry felt so nice /H: right mm/ cos it'd mean, I mean if like if I lost weight then everything else'd be solved as well /H: right/ cos I'd be in control.

(Lynn/Jane/Simone, p.12)
H: What did it mean to you that you, you didn't want to associate with, (.) um that you didn't want to be called anorexic? What was (.) kind of negative about it?
Lynn: People'd probably think you're mad and /H: right/ you know, yeah people think you're a bit mental or something you know /H: right mm/ I thought: no I'm not. I'm just, I'm just thin. /H: (coughs)/ And I'm, I'm not mental you know. /H: mm yeah/ I'm in, you know, I'm in control with everything.

In Nicki's account of the previous evening she describes <u>everything</u> as getting on top of her. There is nothing that she is in control of. The description of her room as "a tip" works as a metaphor for the rest of her life at that moment which seems overwhelmingly cluttered with problems. She is tired, she hadn't done her work, she isn't going to meet the deadlines she has been set and she has just had a row with someone. In contrast "the thought of being hungry felt so nice". The 'solution' is simple: "if (she) lost weight then everything else'd be solved as well [...] cos (she)'d be in control." That is, losing weight signifies not just weight-control but also total control.

9.4 Control and a Discourse of Cartesian Dualism

In the extracts discussed above the thin/anorexic body is produced not so much as a beautiful, feminine body than as a controlled body. It signifies a control over one's life as well as one's body. And, as noted above (p.239), both the virtue of control and the construction of the thin/anorexic body as a controlled body are presented as self-evident truths (see also Edwards and Potter (1992) for a discussion of 'commonplaces' in discourse). These naturalized significations are, I would argue, embeddedness in a culturally dominant discourse of Cartesian dualism. That is, the (over) valuing of control and the equation of control with thinness cannot be adeqately be understood in terms of individual pathology. Rather, the thin/anorexic body is produced as a controlled body within a discourse of Cartesian dualism which also idealizes control. As Bordo (1992) argues, this is a hegemonic discourse in which themes of control converge on the body.

As discussed in the analysis of the menstruating body, this discourse produces human existence as essentially dichotomized into the spiritual or mental and the physical. Whilst the mind is privileged, the body is constructed as alien, as an enemy that confines and distracts the self and impedes reason. It thus threatens our attempts at control and must itself be controlled (Bordo, 1990).

The hegemony of this discourse of Cartesian dualism is apparent in a variety of cultural practices. It has, for example, long been manifest in much Christian literature (See Martin et al., 1988; de Beauvoir, 1953). It's central themes of mind divided from body and of 'the body' as potentially eruptive and disruptive are also apparent in medical discourse (Turner, 1987). And as Turner (1987: 2) notes "(t)he division between physical and mental illness corresponds to a cultural division between mind and body."[1]. Dualistic themes of concern

---

[1] The medical construction of 'the anorexic body' as sick is, however, very different from its construction within the dualistic discourse deployed by the women interviewed where the thin/anorexic body signifies control.

about managing the alien, disruptive and eruptive body are also evidenced in popular culture, in, for example, films such as 'Alien', 'A Teenage Werewolf in London' and 'The Thing' (Bordo, 1990). A discourse of Cartesian dualism similarly informs popular narratives, such as 'Flashdance' and 'Rocky', where people succeed in life through persistent control and mastery of the body (Bordo, 1990). It is evidenced not only in the prevalence of eating disorders and dieting, but also, for example, in recent cultural preoccupations with health and exercise (Bordo, 1990). As Bordo (1992: 97-98) argues, whilst exercise and good nutrition are, no doubt, beneficial, there is

> a subjective stance, increasingly more prominent over the last five years, which, although preoccupied with the body and deriving narcissistic enjoyment from its appearance, takes little pleasure in the experience of embodiment. Rather, the fundamental identification is with mind (or will), ideals of spiritual perfection, fantasies of absolute control.

One of the most dramatic aspects of this dualistic theme is the fantasy of dictating one's own body shape; "the thrill of being in total charge of the shape of one's body" (Rosen, 1983: 61, quoted in Bordo, 1990: 98), a fantasy that manifests itself not only in anorexia and in dieting but also in normal/obsessive exercise and body building, in the fantasies of halting the ageing process and dictating body shape that pervade numerous advertisements for cosmetics and cosmetic surgery (Bordo, 1990).

9.5 A Dualistic Construction of Eating

It is, then, within the socio-cultural context of this discourse of Cartesian dualism that the body is construed as alien and in need of control and that the thin/anorexic body is constructed as a controlled body. The thin/anorexic body is construed as a proof of self-control and metonymically signifies an absolute will and a total control over one's life. This discourse of Cartesian dualism was also apparent in the interview transcripts. In the extracts below, for example, eating is constructed in strongly dualistic terms, as a bodily

desire that is therefore alien and threatens self-control.

(Emma, p.7)
Emma: You know everything that you're forbidden to have and you have to eat it all at once. /H: right/ You can't say: well no. Have this today and this tomorrow. It doesn't, you know you can't do it=
=H: Right, it just doesn't work like that, yeah=
=Emma: Yeah and it's just the franticness that I hate /H: mm/ because you do. In a way it feels like it's not me. It feels it takes over. /H: mm/ It's not me saying: oh, you know do it. /H: right/ It's something completely (.) something completely dissociated from me /H: right/ that just kicks in and says: yeah, do it you know. But I'm not thinking about it at all. /H: right/ I have to clear up the mess once I've done it and sort out you know what's been going on /H: mm/ because I haven't been there all the time that that's all been happening.
H: It's like going into automatic pilot /Emma: yeah/ or
Emma: which is what I really hate /H: yeah/ because you can feel it coming and I can feel it you know. /H: mm/ And I try and stop it from happening but then without even thinking about it I find myself in the kitchen and it's going /H: mm/ you know. And once it's started you can't stop /H: right/ because it's as if you know that it's in fact it's a lot easier to make yourself sick when you've eaten vast amounts than it is when you've only eaten a little bit. /H: yeah/ So it's much better to just let it run it's whole course and get it out of your system /H: mm/ than to stop it half way through and then worry about not being able to get it all out again /H: yeah/ which just sounds so crazy. I can't believe I do it.

(Zoe, pp.9-10)
Zoe: But um (.) then like towards the end it sometimes, in the middle of the night I would like wake up. /H: mm/ And I would be so hungry and I'd have a splitting headache and I felt like my senses were just like really like wacko. /H: mm/ Like I would just wake up and I would be like so alert and I couldn't sleep, /H: right/ like I didn't sleep very much or you know. Yeah and like those times it, sometimes I would like be awake at about, and I would just run into the like kitchen and like four o'clock in the morning, like have a bowl of cereal, like two muffins and like toast, like and would eat so much and then I couldn't like, I felt like I had eaten half of it before I'd even realised what I was doing. You know /H: mm/ and I was like, you know, this is so weird.
H: It's sort of like, like it's somebody else doing it almost=
=Zoe: Yeah, yeah or it was my body was just eating it before my mind could /H: could think about it/ was awake enough to stop it from doing it. /H: right/ And that's when I started realizing that maybe (.) like maybe I needed help, you know or maybe I like, felt like, a bit like I was something, like I was out of control like weight-wise.
H: Right so it was the kind of like binging in the night rather than the=
=Zoe: Yeah so then I would wake up but, but when by the time I woke up the next day I'd be like: wait a minute. I can't believe I (really did that last night). So then I wouldn't eat like a whole day. /H: right/ (.) Yeah but that was like right, like when my friends, like that's when like I started like feeling maybe. (.) I, I started feeling like food was trying to control my life and I wanted to break away from it because that's all I could think about twenty-four hours a day and I couldn't concentrate on anything else.

The subjective experience of eating is constructed here within a discourse of Cartesian dualism. Mind and body are dichotomized and eating is construed as a bodily desire and, therefore, as entirely alien. Thus, "my body was just eating before my mind could [...] was awake enough to stop it from doing it." "In a way it feels like it's not me. It feels it takes over. [...] It's not me saying: oh, you know do it. [...] It's something completely (.) something completely dissociated from me [...] that just kicks in and says: yeah, do it you know. But I'm not thinking about it at all." Eating is thus produced as an activity that belongs to the body rather than the self/mind. It is therefore alien and something to which the self/mind is opposed. One "tr{ies} to stop it from happening" but "it takes over" when the mind/self is too sleepy or is "not thinking", when the self/mind is not

vigilantly in control of the body and its desires. The relationship between the self/mind and the alienated body is produced as a conflict.

This discourse also produces a fragmentated subjectivity, an alienation of the experience of eating from 'the self'. Emma, for example, describes how "(she has)n't been there all the time that that's all been happening". She was temporarily absent from her own activity. Significantly, this alien, eating body is constructed not only as alien, as out of 'the self's' control but also as uncontrollable. Eating is not only an occasion when the body, something that is "not me", "takes over" and triumphs in the conflict between mind/self and body. 'The eating body' is simultaneously a manifestation of "franticness". It makes a mess. "Once its started you can't stop". Thus, like 'the menstruating body, 'the eating body' is constructed as Other and as "the locus of all that threatens our attempts at control. It overtakes, it overwhelms, it erupts and disrupts" (Bordo, 1992: 94).

In short, the deployment of a discourse of Cartesian dualism involves then the construction of 'eating' as a bodily desire and therefore as alien to the mind/self. And characteristically of dualist discourse this (eating) body is construed in an opposition to the mind/self as frantic and uncontrolled. Eating can thus be understood as threatening to 'the self' both because its discursive construction is located within a discourse which fragments subjectivity into mind and body and because within this discourse it is construed as an occasion in which the uncontrollable, messy, frantic body triumphs over the mind/self, in which self(-control) is lost. Moreover, eating, like menstruation (see pp.220-245), can be seen as a metaphor for the transgression of the self's boundaries, representing ambiguity of internal/external, me/not divides and thus the dissolution of the self.

9.6 Dualistic Constructions of Food

9.6.1 Food as Temptation

It is within this discursive context that I would argue

one might better understand the importance of 'the thin body' as a signifier of control and the constructions articulated by Emma and Zoe above of 'food' as something that one must get out of one's body or that is "trying to control (one's) life". In the extracts below 'food' is simultaneously wanted and forbidden. Within this dualistic discourse it is an object of bodily desire and is therefore a temptation which threatens the self's control.

(Layla, p.10)
H: What did what did um food mean to you? Did=
=Layla: Huu! Wherr! /H: uh/ (.) Enemy /H: right/ I loved food. I loved food (.) but that meant (.) fat bellies, /H: mm/ (.) fat legs, fat bottom, ugliness, (.) unaesthetic, /H: right/ dangerous.

(Zoe, p.9)
Zoe: Like food was like, I used to, like I would love, like if I felt bad I realise I'd love to just go eat because you could do that by yourself. I mean it's not like you needed anyone else to do it with you. /H: right/ You know so that used to make me feel better. /H: right/ But then I saw food, yeah, food's my enemy and I like hated it. /H: right/ I mean, you know what I mean?

(Lynn/Jane/Simone, p.17)
Lynn: Used to think it was something dirty and disgusting. /H: mm/
Jane: And I'd feel a failure /H: yeah/ if I gave in an' (inaud.)
Simone: There was also that little part that really wanted it as well /Jane: yeah/ wasn't there, little part that and then you'd be so cross with yourself for feeling that /Jane: mm/ and actually thinking: (laughing) God that would be quite nice actually.

Food is "quite nice", "wanted", "liked" and "loved". But it is also "dirty and disgusting", "dangerous", an "enemy", "scary" and "hated". There is an enormous tension in this discursive construction of 'food' - a "love-hate relationship". It is wanted but it is also the cause of "fat bellies [...] fat legs, fat bottom, ugliness". However, 'food' is construed negatively not simply as a cause of fatness. In the extract below food is also construed as poisonous and life-threatening. It is constructed as an object of temptation in the struggle of the self/mind/will against the body.

(Penny/Laura, p.11)
Penny: In the beginning the food, it was a love-hate relationship /H: right/ um really, more hate. It just, it was just that I was interested in everything you know, food magazines, TV, anything. /H: mm/ A discussion with food you'd guarantee I'd be on it, in on it. Diets. It was all, so food became the centre of my life. First thing, wake up, what do I think of? Food. /H: mm/ Food, food, food. But then almost towards, you know as it progressed food became almost poison to me. I thought I'd be poisoning /H: right/ my system if I was going to allow myself to have anything. [...]
Laura: I think it's because I knew I liked the taste /H: right/ that I, that I was frightened that I, you know I knew I liked the taste of it. I wouldn't, it just became, I didn't want to let myself like it if you see what I mean. [...]
Penny: I didn't see the food as life sustaining. I saw it as life-threatening /Laura: threatening/.

'Food' assumes an enormous importance in this extract. It "became the centre of (Penny's) life". The extremity of its negative construction as a life-threatening poison is, I would argue, indicative of its construction within a discourse of

Cartesian dualism in which food is the temptation of a bodily desire which threatens the control of the mind/self. Food is, therefore, necessarily construed in terms of a love-hate relationship since it is at once desired, tempting and also forbidden, bad, and a threat to one's attempts at control and therefore to the integrity of the self/mind.

9.6.2 Food as a Metaphor for Dependence

The tension in the dualistic construction of 'food' as temptation is, I would argue, further increased by a suppressed, barely manifest construction of "food as life sustaining". Food is not only both loved and hated it is also both necessary and dangerous.

(Nicki, p.7)
Nicki: I know, I know that you have to eat to live but um (.) when at the time it seemed like an awful thing to do /H: mm/ and re' like disgusting thing to do.

In being actually necessary food/'food' indicates a dependency which, I would argue, can function as a metaphor for other forms of dependence, for example, social dependence on the mother or on a man, relationships that may be both wanted and threatening and that are frequently discursively constructed as necessary and/or dangerous. In figuring as a metaphor for dependence on men this construction of 'food' again resonates with the romantic discourse discussed above. It also brings to mind a 'standard' psychoanalytic interpretation of anorexia as a fear of (oral) impregnation (see p.49). The discursive construction of food as both life-sustaining and life-threatening is, I would argue, reminiscent of adages such as 'Can't live with them. Can't live without them'. Food refusal might, then, be read as a resistance to constructions of 'the self' as (femininely) dependent.

As a metaphor for dependence on the mother 'food' might also be read as a reference to the mother-daughter relationship. As discussed in chapter 2, numerous authors have attempted to imbricate the 'anorexogenic' mother in the daughter's 'anorexia'. Bruch (1973), for example, argues that disturbances in the early mother-child feeding relationship are central in its aetiology. Whilst I have argued that such

attempts at identifying a universal aetiology are profoundly problematic (see also Malson, 1992) I would suggest that the prominence of 'the mother' in much of the literature on anorexia indicates the cultural significance of discourses which construct 'the mother' as a provider of food, as almost wholly responsible for her children's welfare, and as potentially dangerous (in this case to her daughter). It also indicates the cultural importance of 'the mother', and hence the mother, in the constituting of our identities as daughters, as women. It is significant, then, that Bruch (1973) further argues that disturbances in this mother-child relationship result in a curtailed development of individuation, in a lack of sense of autonomy in the child, in "diffuse ego-boundaries" . And as argued above, 'eating' may itself signify a transgressing of the self's boundaries and an ambiguity in the me/not me divide.

9.6.3 Construing Food as Fearful

Within a discourse of Cartesian dualism food is constructed as an object of temptation. It is both loved and hated, a tension which is further increased when 'food' is also deployed as a metaphor for dependence, that is, as both necessary and threatening. In the extracts below this construction of 'food' as fearful is very apparent.

(Michelle, pp.14-15)
Michelle: Um (.) it's nice to have (.) control over what you're doing /H: mm/ and therefore what you're not doing. /H: mm/ Um (.) it's like j' it's good to do whatever you want to do /H: mm/ and not (.) (laughing) be forced /H: (laughing) right/ into everything. /H: yeah/ Uum (.) now that I know the calorie value of everything it's sort of makes things (laughing) very scary. /H: right/ A cream cakes /H: (coughs)/ a cream cake can be really threatening and frightening [...] I know how many calories are in that cake (.) just by looking at it (.) /H: right/ Um (.) also I know that food's got a lot of power over me because if I start (.) if I start eating and sort of (.) if I don't have that control then I could quite easily (.) blow it. (.) That's a day's dieting gone.

(Jackie, p.11)
Jackie: Yeah every I mean when I came in here every food, even literally an orange (.) /H: right/ I couldn't eat (.) anything. I mean even I was (.) could hardly even drink. I was so terrified of the fact that I would put on weight (laughing) if I had any /H: right mm/ (.) anything in me. (.) /H: yeah/ I think before I was like that as well, /H: mm/ I mean terrif', I mean before I would eat fruit (.) I wouldn't eat vegetables because I was too scared of them.

(Cathy, pp.13-14)
Cathy: You'll find that I never say f double o d uh. There are certain words /H: right/ that are just taboo. uhm such as e a t i n g as well. I wouldn't say that to save my life. Uhm.
H: What is it that you dislike about all those words?=
=Cathy: Cos they connote nice things. And the whole process is horrible. I don't like having, I look at these things (indicates the ribena carton she is holding) as being poison and I don't want poison in my body and I want to be cleansed inside. Even if I have water I get really paranoid, you know.

In these extracts the discursive construction of 'food' as temptation, as simultaneously "nice" and "horrible", is still apparent but it is predominantly construed as "frightening", as having "a lot of power over me" and as threatening to one's attempts at control. 'It' is scary, "poison" and "suspect". Even the words 'food' and 'eating' are taboo. Cathy "wouldn't say that to save (her) life".

Such formulations might be described as manifestations of individual pathology, for example, of 'dysfunctional beliefs' or faulty cognitions (see pp.35-41). Yet the construction of 'food' - "cream cakes", "vegetables", "even [...] water" - as a profoundly threatening temptation is homologous with more mundane formulations of food as, for example, 'naughty but nice'. Cathy's refusal to say the words 'food' or 'eating' might similarly be described as obsessional (see e.g. Holden, 1990), as evidence of individual pathology. However, I would argue that the construction of 'food' as scary, powerful, poison, and taboo, whilst extreme, may be better understood in its cultural and discursive context rather than as evidence of individual pathology. For example, Cathy's spelling out of these taboo words evokes a number of analogous cultural phenomena such as cultural or religious prohibitions against the use of particular words such as sexual words or God's name; situations where adults spell out words to prevent children from understanding 'forbidden' subjects; or Oscar Wilde's reference to "the love that dare not speak its name". Each of these examples involves objects or desires that are simultaneously forbidden or fearful and also wanted. That is, like 'food', the object whose name is taboo is construed as tempting and threatening. It is controlled through a prohibition against naming it. A refusal to say the words 'food' or eating' might, therefore, be understood as a deployment of a particular cultural, discursive practice in a further attempt to control one's body and food, to control the temptation that threatens the integrity of the mind/self.

9.7 Dualistic Constructions of Body Fat

9.7.1 Alien Fat

The discursive construction of 'the thin body' as a controlled body can thus be understood as an element of a dualistic discourse in which 'food' is constructed as temptation and 'eating' as a bodily desire and thereby as alien and threatening to self-control. Within this discourse 'the body' is both a counterpoint to and a metaphor for the mind. Thinness signifies the mind's triumph over the body and its desires (see Bordo, 1992). It signifies control and therefore the integrity of 'the self'. In contrast, fatness is construed negatively as it is in the extracts below where the dualistic theme of the alienated body is explicitly centred on fat. That is, 'fat' comes to signify the body. It is flesh, both "the human body and its physical or sensual nature as opposed to the soul or spirit" and also "excess weight; fat" (Collins Dictionary and Thesaurus, 1987; Collins English Dictionary, 1986).

(Emma, p.4)
Emma: I don't want to be sort of aesthetically beautiful. /H: mm/ I want to lose the fat. /H: right/ And that's the only way that I ever look at it. I don't think to myself: right if I could get rid of the fat then, you know, people would look at me in the street, <u>then</u> everybody would find me more attractive. /H: mm/ It's just I (.) I hate it. I hate it being in me and it feels completely alien /H: right/ and I just want it away. You know. I want it <u>off.</u> /H: right/ But I don't really know (.) what it is, the goal of it at the end of it /H: mm/ you know. Because I'm not going to be able to change me intrinsically and I can't change my face which is what's on show most the time anyway. /H: yeah/ It's just, it's just the fat. I just hate it. It just doesn't feel like it should be part of me /H: mm/ you know. It feels all wrong. /H: yeah/ And I feel to a certain extent that something I did a few years ago has forced it to be there and now I've got to force it to go away again /H: right/ you know.

(Michelle, p.18)
Michelle: So women just get more and more uncomfortable with themselves cos they're , as they get older they're getting more and more fat /H: yeah/ laid down and everything.

One of the dominant features of these extracts is that 'fat' is construed both as bad and as "completely alien". It is a hated enemy, something to be got rid of: "I just wanted it away. I want it <u>off</u>". And it is also a cause of ontological anxiety and estrangement of 'the self' from the body. Emma, for example, describes fat as something that "just doesn't feel like it should be part of (her)". Like the menstruating body (see pp.220-236), fatness is produced as other of the self. That Emma's desire "to lose the fat" is constructed within a dualistic discourse is further reinforced by her refusal here of other possible interpretations. She

does not want to lose the fat so that she would be "aesthetically beautiful", so that "everybody would find (her) more attractive". Yet she can not produce an alternative motivation. She does not "know [...] the goal of it at the end of it". "(T)o lose the fat" appears to be a goal in and of itself. Noticeably, however, Emma concludes that maybe the fat is "forced to be there" because of something she has done in the past and that she must therefore "force it to go away again". This statement, I would argue, evokes a sense of penitence, a struggle against evil/fat in which the fat was forced on her as a form of punishment for which she must make amends by losing it. Losing fat then is constructed as a means of self-salvation. This construction resonates with the themes of salvation and rescue of romantic discourse. But it also deploys a moralistic theme of punishment and atonement. The state of 'the body' is both a counterpoint to and a metaphor for the state of the mind/soul. The body/fat is an enemy to 'the self'. It must be controlled and reduced. But it also symbolizes 'the self'. Fat signifies that 'the self' is bodily rather than controlled and 'spiritual'. Hence, getting rid of fat is construed as a quasi-spiritual struggle against the body[2].

9.7.2 Fat is a Moral Issue

Within this discourse of Cartesian dualism 'the body', and specifically 'fat' as a signifier of bodilyness, is constructed as other of the mind/self and as alien, eruptive, excessive and disgusting. And, as argued above, the struggle

---

[2]. If the past event to which Emma refers, physically cause her to gain weight then the delay in its effects seems inexplicable. When asked what this event might have been she replied "I don't know. I don't know whether it's a change in eating behaviour or what it was [...] or whether just you know hitting a certain age changed my metabolism." Both the vagueness surrounding the nature of this past transgression and the reference to "hitting a certain age" suggest that the transgression may have been becoming a woman. Orbach (1993: 44) has similarly argued that "Since women must not eat they know not how to eat or what they wish to eat. They live in the shadow of Eve. They have all sinned."

against the body/fat may be constructed as a moral or spiritual struggle. In the extracts below, this moralistic theme is particularly apparent.

(Nicki, p.7)
Nicki: It's just the whole self, my whole self-like-worth was based on how small I was /H: right/ and each pound like increasing was like I was worse /H: right/. And it's <u>that</u> important.
H: Mm, is there some, was there something that you could say why it was that, that each pound made you feel worse?
Nicki: I s'pose it was more of me living in the world, or more of my body /H: mm/.

(Jane/Lynn/Simone, p.16)
Jane: So I just wanted to get rid of all this weight an' /H: right/ (.) it made me feel I was better cos there was less fat /H: mm/ as if there was less /H: mm/ bad. /H: mm mm/ And then once a nurse,I was in hospital I went down to three stone twelve (.) and she stood me in front of this full length mirror and said: look at you, for goodness sake. You know and I stood there and said: but I've got to lose another stone cos look at all the fat and the evil in my eyes. She sort of like: <u>What.</u> (laughs) She didn't quite know what to say /H: mm/ and I mean I was really serious /H: mm/. I just wanted to get down to like a stone or something. [...] And also um (.) I used to (laughing) hate myself. I used to think I was really bad and evil person. And I thought the more weight I lost the more evil I could get rid of so /H: right/ the better pers' (.) the better a person I'd be. /H: mm/ So I just wanted to get rid of all this weight an' /H: right/ (.) it made me feel I was better cos there was less fat /H: mm/ as if there was less /H: mm/ bad.

In these extracts fat is quite dramatically constructed as morally bad. Its negativity resonates with the numerous other negative discursive construction of 'fat' in the various discourses that converge on the body, consolidating and re-consolidating 'the fat body' as a negative term. For Nicki "each pound increasing was like (she) was worse." Her whole self-worth was based on there being less of her body, less fat, living in the world. Similarly Jane described wanting "to get rid of all this weight" despite being so thin because she "thought the more weight (she) lost the more evil (she) could get rid of". "(I)t made (her) feel better cos there was less fat [...] as if there was less bad." Fat/flesh/body is construed as morally bad. Within this discourse losing weight has little to do with becoming more physically attractive. Rather it is constructed as an attempt to increase one's self-worth, to become a better person by reducing one's body as much as possible. However emaciated one may be there is still a desire to lose more weight. The 'ideal' body here is a non-body (see also Bordo, 1990) rather than a physically beautiful body.

To construe one's <u>whole</u> self-worth in terms of how small one is, on "each pound", to so explicitly construe fat as morally bad or even evil might be interpreted as "a 'side

show' experience", separating the 'normal' audience from those on view" (see Bordo, 1990: 85). Yet, I would argue that the discursive construction explicated here of 'fat' as alien and as morally bad (and therefore of the 'fat' person as bad) is a cultural discursive construction rather than an individual aberration. That is, 'fat' is produced here as a signifier of bodilyness and this dualistic construction of fat/flesh/body as other of the self/soul and as morally corrupt is also manifest in a variety of cultural contexts. Turner (1987: 26), for example, notes that:

> within medical discourse the body still has an ambiguous location despite the secularization of medical viewpoints. While obesity is stigmatized in popular culture (Cahnman, 1968) it is also the case that in the 1950s obesity was increasingly defined as a medical problem ... While the current medical view is less dogmatic about the negative effects of obesity, especially in relation to stress and heart disease, there is still a widespread moral condemnation of obesity as indicative of an absence of personal control.

As argued above, a discourse of Cartesian dualism informs a variety of cultural, discursive practices such as medicine and cultural preoccupations with health and exercise and other contemporary forms of body management. This discourse has also quite clearly informed various 'technologies of the self' (see Foucault, 1988) from pagan and early Christian practices to the present which, as Foucault argues (1988: 17), have

> been diffused across Western culture through numerous channels and integrated with various types of attitudes and experiences so that it is difficult to isolate and separate it from our own spontaneous experiences.

That is, this discourse of Cartesian dualism, explicated above, has long been embedded in a variety of cultural practices and 'technologies of the self'.

The construction of 'fat as morally bad, as corrupt and corrupting can be found in, for example, Christian doctrine. In 'The Book of St. Thomas' Jesus claims that "(t)hose who have not received the revealed doctrine are ignorant and, thus, renounced. Their soul has been corrupted by the body and

by the world" (from Martin, 1988: 56). Similarly St. Paul states: "(i)n the name of our Lord Jesus Christ, when ye are gathered together, and my spirit with the power of our Lord Jesus Christ, to deliver such a one (a sinner) unto Satan for the destruction of the flesh, that the spirit may be saved in the day of the Lord Jesus." (1 Cor. 5: 4-5) "Meat for the belly, and the belly for meat: but God shall destroy both it and them" (1 Cor: 6: 13). The apparently extreme construction of fat/flesh/body discussed above can, therefore, be culturally located.

In particular I would argue that this aspect of the dualistic construction of 'fat' can be traced to the technology of Christian asceticism with its "theme of the renunciation of the flesh" (see Foucault, 1988: 17). And these traces of Christian asceticism are also evidenced in the discursive construction of 'control' itself, that is, in the construction of 'control' as denial rather than as just conscious and deliberate self-determination[3]. Controlling one's food is about resisting temptation, denying the body and its desires and "never, never allowing myself to [...] to have any of it". 'Controlled' eating is about not eating or, at least, eating very little. This construction of 'control' as a denial of the body and its desires is, I would argue, prevalent not only in the interview transcripts but also in society's disciplinary discourses about the management of body weight, shape and food. It precludes, for example, the possibility of describing a fat body as controlled however consciously or determinedly that fatness is acquired or maintained. It refuses the possibility that eating a lot could be anything other than a lack of control. A discourse of Cartesian dualism, informed by a Christian asceticism, is, I would argue, so prevalent that now:

> Food for literally millions of women - and here I wish to stress that, horrifying as it is to confront

---

[3]. Christian asceticism is also still evidenced in religious practices. A devout Christian student recently died whilst fasting in an attempt to grow nearer to God (South Today News, BBC1, 6.30pm, 21.10.93).

> this reality, I do mean millions of women - is a combat zone, a source of incredible tension, the object of the most fevered desire, the engenderer of tremendous fear, and the recipient of a medley of projections centring round notions of good and bad. (Orbach, 1993: 43, my emphasis)

Chernin (1981) also describes as 'a cultural norm' the unease and hatred that many women feel towards their bodies. She reports, for example, that 190 of the 500 participants of a recent survey replied that 'getting fat' was what they feared most in the world (see also pp.55-71) whilst Ferguson (1983: 68-70) in her study of women's magazines between 1949 and 1974 found that

> 'self-control' was the most frequent and visible value held up to females ... Towards the self it was associated with beauty admonitions against 'letting yourself go' - putting on weight or looking a mess, or sexual commandments 'not to let yourself go'.

The constructions of 'fat' as morally bad and of weight reduction as a quasi-spiritual struggle against the body are also evidenced in the jingoistic phrases used by the diet industry such as 'fight the flab', 'burning off' calories or fat, and 'fatbuster' diets (see Bordo, 1990) and in the widespread moral condemnation of fat as a signifier of lack of personal control (Turner, 1987). The construction of 'fat' as a negative term is a cultural commonplace, evidenced in a variety of discourses. That 'it' is repeatedly re-produced as bad in different discourses not only consolidates its negativity. It also allows its construction as morally bad to appear mundane.

(Zoe p.12)
Zoe: Like if you're, if you're not super-slim you're not as good a person as someone who is.

(Alison, p.7)
Alison: It's not easy you know /H: right/ (.) with food and things an' (.) when you've been on a diet an' you've been sort of strict with yourself and you (.) you've been good to lose the weight (.) you you feel guilty because you (.) it's sort of been sort of hard work and then (.) to have something you know (.) sort of sort of high in calories would be like um (.) sort of like um (.) a defeat for like your diet sort of thing.

In contrast with some of the extracts discussed above, these extracts appear unremarkable. "{I}f you're not super-slim you're not as good a person as someone who is". It is "good" to be "strict with yourself" and "to lose the weight".

"(Y)ou feel guilty" if you break your diet. Such formulations may appear more familiar, more 'normal', but I would argue that they nevertheless articulate the same moral theme identified in the more dramatic ascetic, construction of 'fat' as morally bad.

9.8 The 'Ideal' of the Non-body

The discursive construction of 'fat' as morally bad can, then, be culturally located in a discourse of Cartesian dualism and in a tradition of Christian asceticism. The dualistic construction of fat/flesh/body as morally corrupt and corrupting and the Christian ascetic theme of 'the renunciation of the flesh' result in the 'ideal' of a non-body. This ideal is evident both in the interview transcripts and in a variety of cultural contexts. As Bordo (1990: 89-90) notes:

> the construction of the body as an alien attacker, threatening to erupt in an unsightly display of bulging flesh is a ubiquitous cultural image. Until the last decade excess weight was the target of most ads for diet products: today, one is more likely to find the enemy constructed as bulge, fat or "flab". "Now" (a typical ad runs) ... Have a nice shape with no tummy." To achieve such results (often envisioned as the absolute eradication of the body: e.g. "no tummy") a violent assault on the enemy is usually required.

(Layla, pp.5-6)
H: What did slimness mean to you when you started to become anorexic? (.)
Layla: Uh (short laugh) um (.) first of all (.) having no tummies or no great bottoms /H: mm/ and having nice (.) thighs, thin (.) thighs.

(Tricia, p.8)
Tricia: Except for (.) I mean I'm still trying to sort of get myself really down here but uh /H: right/ I mean at one time I remember feeling (.) I was so up really <u>out</u> of my body /H: mm/ that I remember sort of (.) looking in a mirror and being actually surprised that I saw a form in the mirror /H: right/ and not just a nothingness.

(Jane, p.16)
Jane: I went down to three stone twelve [...] I mean I was really serious /H: mm/. I just wanted to get down to like a stone or something.

Here the ideal is not merely a thin body but "no tummies", "no great bottoms"; not just a reduction but an <u>eradication</u> of the body. Hence however emaciated one might be there is still a desire to lose more weight, "to get down to like a stone or something". The 'ideal' body becomes an

impossibility since it is a non-body, a predicament expressed by Ellen West who wrote: "I must now be able to look at my ideal, this ideal of being thin, of being without a body and to realize: 'It is a fiction'" (quoted by Chernin, 1981: 20). Noticeably, however, there is a slippage between 'thinness' and no body. In Layla's extract, for example, 'no tummies' is interchangable with 'thin thighs'. That is, the impossible, the non-body, is signified by the possible, the thin/anorexic body. Whereas the fat body signifies bodilyness, the very thin/anorexic body signifies a non-body. As a signifier of control 'the thin/anorexic body' is similarly produced as representing a triumph of the self/mind over the body. Moreover, whilst fat is a material, bodily substance, thin is not. Getting thinner involves a literal dematerialization of the body. This discursive construction of the thin body as a signifier of a non-body might also be read in parallel with psychoanalytic interpretations of 'anorexia' as an attempt to reduce the body to a phallic symbol (Sayers, in press/a, in press/b). The discursive construction of the thin/anorexic body as a phallic symbol rather than as a body converges with both the dualistic construction of the non-body discussed above and with constructions of the thin/anorexic body as non-feminine or masculine. Its construction as a phallic symbol also consolidates the power signified by the thin/anorexic body in the discourse of Cartesian dualism.

9.9 The Thin/Anorexic Body as Powerful

The discursive construction of the thin/anorexic body both as a controlled body and as a signifier of an 'ideal' non-body can be located then within a discourse of Cartesian dualism in which the body represents both a counterpoint to and a metaphor for the mind, spirit, or will (see Bordo, 1990). Within this discourse food is constructed as bodily temptation and 'eating' is thus construed as an alien activity which threatens 'the self's' control and hence the integrity of the self/mind. It represents a triumph of an uncontrollable, frantic body, over the mind/self. This

discourse thus divides subjectivity into mind and body and the hated uncontrollability of this body is focused on fat which metonymically signifies flesh and the body. Yet whilst this discourse produces a divided subjectivity it also firmly consolidates a positive construction of the thin/anorexic body as a controlled body and as a signifier of power.

(Elaine, p.8)
Elaine: When I actually started to to starve it wasn't because I wanted to diet. It was because I wanted to starve. (.) /H: mm/ And I don't know when I started getting on the scales all the time but (.) /H: right/ losing weight suddenly became a (.) I suppose a powerful thing you know like (.) /H: right/ I really liked it. It made me feel good.

(Teresa, p.5)
Teresa: There's something about being anorexic can be powerful. /H: right/ Um, passivity is linked in my mind to being fat and to being indulgent, /H: right/ to being out of control. /H: mm, yeah/ (.) And I remember I used to long for food. I used to really long but I wouldn't let myself have it. /H: mm/ I'd be very weak.

(Nicki, p.5)
Nicki: If I didn't have it (anorexia), if I wasn't thin /H: mm/ then I wouldn't have an identity. I'd just be this big bad blob.
H: Righ' mm. What sort of identity did you feel it was or it is or whatever?
Nicki: It was um it was very powerful. /H: mm/ It made me feel good and in control.

(Lynn/Simone/Jane, p.21)
Lynn: I wanted to go on and (inaud) /H: right/ and never look back. [...] I thought: No, I've got this far, go on. /H: mm (.) yeah/ So I just kept on, going like from strength to strength.

In these extracts the fat body represents alien, uncontrollable bodilyness, "passivity", "indulgence", failure, and "being a big bad blob". In contrast "(t)here's something about being anorexic that can be powerful." "(I)t was very powerful. [...] It made me feel good and in control"; "losing weight suddenly became a (.) I suppose a powerful thing". The thin/anorexic body is positively construed as signifying power and control, a construction which converges with readings of 'the anorexic body' as a phallic symbol (see p.257). Here, the thin/anorexic body is proof of denial of the body and its desires and it thus signifies the mind/self's control, strength and integrity. 'It' is an affirmation of 'the self'. As Bynum (1987 :216) notes from the medieval 'Sayings of the Fathers': "(a)s the body waxes fat, the soul grows thin; and as the body grows thin, the soul by so much waxes fat"[4]. The

[4] Whilst not wishing to suggest that the ascetic fasting of medieval female saints can be retrospectively diagnosed as 'anorexia nervosa' (see chapter 6) I would argue that dualistic discourse represents a site of convergence between the two phenomena (see also Bordo, 1990).

power of the (very) thin/anorexic body, as it is constructed within dualist discourse is specifically located in the mind or will rather than the body. The thinner the body, the stronger the soul/mind/self. Thus, despite being "very weak" Teresa is still "powerful" because she can deny the body. She can maintain a thin/anorexic body that signifies a non-body.

In this respect the dualist discourse identified in the interview transcripts differs significantly from the technology of Christian asceticism and, I would argue, more closely resembles a Stoic technology of the self (see Foucault, 1988; Martin, 1988). That is,

> in Christianity asceticism always refers to a certain renunciation of the self and of reality because most of the time your self is a part of that reality you have to renounce in order to get access to another level of reality (Foucault, 1988: 43)

The renunciation of the flesh and

> (p)enitence of sin doesn't have as its target the establishment of an identity but serves instead to mark the refusal of the self ... Self-revelation is at the same time self-destruction" (Foucault, 1988: 43)[5].

In contrast with this ascetic theme of self-renunciation, the extracts above present the thin/anorexic body as a signifier of a powerful identity. Whereas the fat body signifies a lack of identity, being a "big bad blob", the thin/anorexic body signifies a powerful identity: "it was very powerful. [...] It made me feel good and in control." Starving and being thin are constructed here as providing identity. They are self-productive rather than self-destructive.

Thus, whilst the dualistic discourse identified in the interviews evidences traces of Christian asceticism it is not synonymous with an ascetic technology of the self. In its construction of the thin/anorexic body as a signifier of a powerful identity this discourse evidences traces of Stoicism

---

[5]. The meaning of self-destruction is not, however, absent :om constructions of the thin/anorexic body and is discussed in ıapters 11 and 12.

in which "practices of abstinence ... establish and test the independence of the individual with regard to the external world" (Foucault, 1988: 37). This discourse interpellates the (thin/anorexic) abstinent subject as powerful, strong-willed, controlling and independent.

Thinness is then culturally over-determined as a positive term. Within the different discourses that converge on the body it is, for example, produced as beautiful and feminine but also, conflictingly, as powerful, controlling, and independent. Within both the romantic and the dualistic discourses the thin body is positively construed yet these discourses produce the body very differently. In addition, in romantic discourse the thin/anorexic body signifies a feminine subjectivity that is defined in terms of the (beautiful) body. In a discourse of Cartesian dualism, however, it signifies a subjectivity in antithesis to the body. This subjectivity is, at least ostensibly, genderless since the thin/anorexic body signifies a mind/self that in controlling/denying the body and its desires, is not bodily. In signifying a transcendence of the body it may also signify a transcendence of femininity, as the extract below (which immediately precedes Teresa's extract above) illustrates.

(Teresa, p.5)
Teresa: It was something to do with not, not being in my body.
H: Right, like being ethereal in some respects?
Teresa: Yes, being (.) transcending, /H: mm/ transcending my position, my sexuality /H: mm/ cos my sexuality was vulnerable.
H: Was it anything sort of particular about the i' the idea of female sexuality that (inaud.)?
Teresa: Um (.) well passivity /H: mm/ again. /H: right/ There's something about being anorexic can be powerful.

In this extract the powerful, independent 'self' signified by the thin/anorexic body is constructed as transcending the body and therefore (feminine) gender. It can therefore be read as a rebellion against (patriarchally defined) femininity (see also Orbach, 1993), a reading that is consolidated by the construction of 'the anorexic body' as 'too thin' to be attractive and as a parody of contemporary prescriptions of 'feminine beauty' (see Selig, 1988). More specifically I would argue that the taking up of the subject position signified by the (very) thin body in dualist

discourse could be read as a refusal of gendered identity. As Riley (1988: 103) argues "the body is only periodically lived and treated as sexed"; there are different 'densities' of gender. Similarly, Lacan (1972-3, quoted by Rose, 1982: 27) questions whether 'woman' "takes on anything whatsoever of her fate". The production of the thin/anorexic body in dualist discourse provides, I would argue, a subject position that, at least ostensibly, transcends the problems of gender and hence of 'feminine' identity.

> The question of how far anyone can take on the identity of being a woman in a thoroughgoing manner recalls the fictive status accorded to sexual identities by some psychoanalytic thought. How could someone 'be a woman' through and through, make a final home in that classification without suffering claustrophobia" (Riley, 1988: 6).

The interpellation of the very thin 'self' in this discourse constitutes 'the self' as powerful, strong, and independent. In signifying a dissembodied subjectivity, the thin/anorexic body thereby signifies a genderless 'self'. In transcending the body this 'self' also transcends gender and hence 'femininity'.

In short, discourse of Cartesian dualism appears to provide an escape from the problem of embodiment and from the claustrophobia of femininity indicated by Riley, from the limitations and vulnerabilities of 'femininity'. It constitutes subjectivity not only as powerful, independent and controlling but also as disembodied and hence genderless. Yet these problems of embodiment and femininity are precisely constituted in this discourse. It is this discourse which interpellates the subject as fundamentally divided into mind and body and which predicates the integrity of 'the self' on the denial of the body. It is in this discourse that the "ideal of being thin, of being without a body" (Ellen West, quoted by Chernin, 1981: 20) is re-produced. And, as will be argued below, it is in this that the problem of feminine subjectivity is further compounded.

9.10 Excessive 'Woman' and 'The Body' of Dualistic Discourse

As argued above, 'the self' of dualist discourse appears gender-neutral and the subject position indicated by the thin/anorexic body, in signifying a non-body, a transcendence of 'the body', may also signify a transcendence of gender. Nevertheless I would argue that gender is profoundly imbricated in this ostensibly genderless discourse.

Firstly, a discourse of Cartesian dualism re-produces patriarchal dichotomies of male/female, mind/body, controlling/uncontrollable, good/bad. It reproduces the subject/other, I/not-I divide that structures gender identity within the Symbolic order (see chapter 3). Secondly, within this dichotomization 'woman' signifies bodilyness:

> when woman is given over to man ... he demands that she represent the flesh purely for its own sake. Her body is ... a thing sunk in its own immanence" (de Beauvoir, 1953: 189).

And, thirdly, the alien, uncontrollable, corrupt and corrupting 'body' of dualist discourse is a 'body' that has frequently figured as a 'feminine body' in a variety of discourses. For instance, 'the biologically labile woman' that may be signified by menstruation (see pp.220-236) is construed as alien and uncontrollable. Havlelock Ellis's (1897, cited in Ussher, 1991: 19) similarly described "woman" as "a temple built over a sewer" whilst Baudelaire (quoted by Ussher, 1991: 19) wrote that he often thought "of the female organ as a dirty thing or as a wound, ... dangerous in itself like all bloody, mucous, contaminated things" and described "woman (as) that obscene and infected horror." In misogynistic discourses "women are objectified, associated with danger and temptation, with impurity, with an uncontrollable sexuality" (Ussher, 1991: 21). That is, these discourses produce 'woman' as bodily and 'her' body is constructed as homologous with 'the body' of dualistic discourse.

This construction of 'the female body' as defective, uncontrollable and dangerous is, I would argue, deeply embedded in a variety of discourses and cultural practices. It is, for example, evident in the nineteenth century

construction of 'the female invalid' (see chapter 6) and is currently reified in the medical concepts of PMS, PND, and menopausal syndrome where 'woman's' 'raging hormones' are construed as a cause of madness (Ussher, 1991; see also Foucault, 1979). These constructions of 'the female body' as defective and disruptive have served to 'justify' constructions of 'woman' as Other, as hysterical, mad, weak, dangerous, and incapable, as bodily, psychologically, and morally inferior (Ussher, 1991; Showalter, 1985). 'It' has served to exclude women from education and politics (Ehrenreich and English, 1974; Sayers, 1982), and career development (Marshall and Wetherell, 1989) whilst simultaneously naturalizing these exclusions (see Marshall and Wetherell, 1989).

The discursive relationship between 'woman', 'the female body' and 'the body' of dualistic discourse has, I would argue, a long genealogy evident, for example, in the misogyny of Christian doctrine where "It is good for a man not to touch a woman" (1 Cor. 7: 1) and where marriage is valued only in that it prevents fornication: "But if they cannot contain, let them marry: for it is better to marry than to burn" (1 Cor. 7: 9). In the anti-sex dictums of The Church it is most frequently 'woman' who is constructed as morally and bodily polluted and polluting. Thus, "the cycle of fleshly life derives finally from intimacy with women and polluted intercourse" (Bk Th 144.9f, 139.8-10, quoted by Martin, 1988: 56). Similarly, de Beauvoir (1953: 197), in her discussion of cultural Myths, describes 'woman' as:

> the siren whose song lures sailors upon the rocks; she is Circe, who changes her lovers into beasts, the undine who draws fishermen into the depths of pools. The man captivated by her charms no longer has will-power, enterprise, future; he is no longer a citizen, but mere flesh enslaved to its desires, cut off from the community, bound to the moment, tossed passively back and forth between torture and pleasure.

Thus, not only has 'woman' signified 'the body' but also 'the female body' has often been constructed as alien, uncontrollable, and dangerous. 'It' is a source of temptation

that is both corrupt and corrupting. Like 'the body' of dualistic discourse, 'the female body' is constructed as Other and as "the locus of all that threatens our attempts at control. It overtakes, it overwhelms, it erupts and disrupts" (see Bordo, 1992: 94). Thus, where dualistic discourse converges with misogynistic discourses they become enmeshed, consolidating and re-consolidating a construction of 'woman' as bodily, uncontrollable, disruptive, and polluted, as Other.

9.11 Conclusion

In short, a discourse of Cartesian dualism constitutes the body as threatening, eruptive and alien to the mind/self. And in constituting the body as uncontrolled it produces the necessity for controlling/denying the body. Within this discourse the thin/anorexic body is constituted as a controlled body and as the signifier of a powerful, disembodied subjectivity. And, in transcending the body, this subjectivity also appears to transcend gender. Yet, as noted above, the body of dualistic discourse is also figured as a female body. The deployment of a discourse of Cartesian dualism consolidates the negative figure of 'woman' as bodily, alien and dangerous.

Chapter Ten

A Discourse of Cartesian Dualism and the Discursive Production of 'Woman' as Excess

10.1 Introduction

In the previous chapter I explored a discourse of Cartesian dualism, examining the way in which it constitutes subjectivity and the problem of embodiment. This discourse produces the thin/anorexic body very differently from the way in which it is constituted in, for example, romantic discourse. Here, the thin/anorexic body is produced as a controlled body and as the signifier of a powerful, disembodied and ostensibly genderless subjectivity. It signifies a subjectivity dissociated from the alien, eruptive body of dualistic discourse. Yet, as indicated above, this alien, eruptive and threatening body is also often figured as a female body. That is, a discourse of Cartesian dualism consolidates constructions of 'woman' as bodily, as other and as dangerous. In this chapter I further explore the way in which gender is imbricated in this discourse.

The following analysis examines how 'woman' is discursively constituted as bodily and as excess, as a site in which the negatively construed body of dualistic discourse is figured as a female body. This chapter thus examines two figures, 'the mother' and 'the sexual woman', illustrating how these two figures of femininity may be produced as exemplars of 'woman as excess'. The discursive construction of 'woman as excess' is then discussed in relation to Lacan's theorization of '~~the~~ woman' and of feminine jouissance. The final section of this chapter extends the analysis of dualistic constructions of fat as morally bad and as a signifier of the body. Within a discourse of Cartesian dualism, it will be argued, fat signifies both the excesses of the body and the femininity of the body. The fat body is discursively constructed as a signifier of 'the mother', of 'the sexual woman' and of 'woman as excess'. It is a site at which

gender becomes imbricated in this discourse of Cartesian dualism.

10.2 Woman as Excess and the Discursive Production of the Mother

As numerous authors have noted, 'the mother' is a profoundly significant element of a variety of different discourses (see Hirsch, 1989). 'She' figures, for example, in medical, religious, psychological, and political discourses. 'The mother', we are repeatedly told, is responsible for the physical, psychological and moral well-being of her child (e.g. Bowlby, 1969; 1973), of her family (see Bemis, 1983). Consequently 'she' is also held responsible for the 'moral fabric' of society (see McGoldrick et al., 1989b). 'Her' cultural significance can not be over-estimated. 'The mother' is held up as a 'natural destiny' of women and revered in images of the madonna and in the traditionalist discourse of family values. Yet 'she' is also reviled as the domineering or rejecting mother, as the 'schizophrenogenic' or 'anorexogenic' mother (see Caplan and Hall-McCorquodale, 1985, Caplan 1990; Yager, 1982), as the 'irresponsible' single mother and in numerous mother-in-law jokes.

The discursive construction of 'the mother' is, therefore, not unitary but is, rather, dichotomized into 'good' and 'bad' representations (c.f. Klein, 1968), the nurturing mother and the abandoning or punishing mother, 'the Good Mother' and 'the Deadly Mother' (Neumann, 1984: 322; see also Ussher, 1991: 199). As a mother, woman is:

> pressed into the dual role of indispensable quasi-human supporter and deadly quasi-human enemy of the human self. She will be seen as naturally fit to nurture other people's individuality; as the born audience in whose awareness other people's subjective existence can be mirrored; as the being so peculiarly needed to confirm other people's worth, power, significance that if she fails to render them this service she is a monster, anomalous, and useless. And at the same time she will also be seen as the one who will not let other people be, the one who beckons her loved ones back from selfhood, who wants to engulf, dissolve, drown, suffocate them as autonomous people." (Dinnerstein,

1987: 111-112).

Women are interpellated as 'mothers' by the discourses and discursive practices which construct and discipline 'motherhood'. And as de Beauvoir (1953: 70; see also Daley, 1984) argues "(t)here is no figurative image of woman which does not call up at once its opposite." 'Woman' is a 'carnal scapegoat-idol' (Dinnerstein, 1987: 124). "The Mother dooms her son to death in giving him life ... Thus what man cherishes and detests first of all in woman - loved one or mother - is the fixed image of his animal destiny; it is the life that is necessary to his existence but that condemns him to the finite and to death. From the day of his birth man begins to die: this is the truth incarnate in the mother" (de Beauvoir, 1953: 204 & 197-198).

Discursive constructions of 'the mother' can be understood as centred on 'the body' and as dichotomized into good or bad representations. 'The mother' is discursively produced as 'the maternal body', as a source of life and (psychological and physical) death. 'The mother' both nurtures and engulfs others' individuality. 'She' is both necessary and threatening to identity. Thus, I would argue, constructions of 'the mother' can be understood as referring to problems of subjectivity and to 'the problematic of embodiment' (see Turner, 1987: 19) articulated in dualist discourse. In the extract below these themes of excessive bodilyness and lack of subjectivity are apparent in the discursive construction of 'the mother'.

(Teresa, p.7)
Teresa: And we did, I did quite a lot of work on that in my therapy about (.) being able to sort of, wanting this very um autonomous power /H: mm/ and quite a male power /H: right/ but not being able to (.) to do it /H: right/. So I mean for me there is this sort of, there is this terrible (.) fear, anger of femininity in terms of passivity /H: right, mm, right/. You know, kind of images of the kind of, the mother figure as this sort of cow-like unintelligent person that like, that just feeds /H: mm/. You know the um figure out of the Bell Jar Donna Conway /H: I don't, no/. But it's there. I mean Sylvia Plath's just very um (.) I mean awful about her. She paints this awful picture of this very unintelligent working class American mother who just feeds the kids on ice-creams, and ice-cream and marsh-mallows cos that, just has them like one after the other like this /H: mm/. She presents her as this cow without a /H: mm/ without a brain /H: mm/ whose just massively fat and unattractive. /H: mm/. Her, her whole um motive in life is just to have, mindlessly have more children and breed more /H: right/, more and more and more. And not have any life of her own. All that is just like devoted to caring for other people /H: mm/. And that is I s'pose an image of horror for me

In this extract 'the mother' is constructed as feminine and passive. 'She' is neither malicious nor socio-politically

powerful. Nevertheless 'she' is produced as "an image of horror". And this horror is constructed as an excessive, uncontrolled, and engulfing bodilyness and as a lack of individuality. Teresa constructs "the mother figure" as "cow-like", "unintelligent" and "awful". 'She' is a "cow without a brain". 'She' is "massively fat" and "mindless". This "image of horror" leans on dualist discourse in its re-production of the mind/body dichotomy. 'The mother' is constructed as entirely bodily rather than spiritual, wilful, or intelligent: she is "mindless".

This 'maternal body', like 'the body' of dualist discourse, is construed as the antithesis of the mind/will/spirit. It is animal-like - "cow-like" - uncontrolled, and excessive. 'Its' lack of control, 'its' excess is emphasised by the description of 'the mother' as "massively fat". 'She' has an excess of excess flesh. Moreover, 'the mother' has children "one after the other". 'She' "breed(s) more, [...] more and more and more." 'Her' mindless fecundity again signifies uncontrollable bodilyness and excess. This excess is also evident in the construction of the maternal role. 'She' "just feeds her kids on ices-creams, and ice-cream and marshmallows", comfort foods that are also 'bad' foods which will engulf her children in the same amorphous massive fatness that engulfs her. And just as she engulfs her children so 'she' too is engulfed by the maternal role. 'She' does "not have any life of her own". She is <u>selflessly</u> devoted to caring for others. 'She' just "breeds" and "feeds the kids". There is nothing else to her but motherhood and as a mother 'she' is constructed as bodily and therefore as uncontrollable, excessive, engulfing, mind-less and self-less, as lacking in subjectivity.

'The body' of dualist discourse may then be figured as 'the maternal body'. Hence the dualistic denial and rejection of 'the body' might also be read as a denial and rejection of 'the mother' and perhaps thereby of the mother. Following a number of interpretations of anorexia nervosa as a retreat from adulthood or from adult femininity (see chapter 2). Bordo

(1992) has argued that anorexia may be interpreted as a fear of 'a certain archetypal image of the female' and of 'the traditional female domestic role' which, I would argue, may be figured as 'the mother'. The metaphorical rejection of 'the mother' through the dualistic rejection of 'the body' may therefore be consolidated in a rejection of 'the traditional female domestic role' embodied by the mother, a rejection symbolized by "today's boyish body ideals" (Bordo, 1990: 86). In the extracts below 'the mother' is explicitly constructed in terms of this traditional female role.

(Rachel, pp.3-4)
Rachel: I found it (sociology) very interesting but I think it did confuse some of my views on, you know when I was at home, Dad reads his paper, Gavin comes in, Mum cooks the meal, I just used to come in do my homework, have the meal and I didn't think anything of it. /H: mm/ And all of a sudden you started realising that hang on, Mum is working her guts off here. Dad's just sitting there reading his paper, Gavin's expecting, well what's you know the first they come say when they come through the door is what's for dinner tonight. /H: mm/ And it was you know that's when it started driving me. /H: mm, right/ And I used to try and help Mum, and /H: mm/ and get really mad at the men and hate them for it and (.) that /H: yeah/ that was another contributing factor. /H: right/ Yeah. It's a lot of things all come together at the wrong time.

(Olivia/Barbara, p.3)
Olivia: I never did any cooking but I'd always hang around the kitchen when she (her mother) was baking a cake or whatever and I'd always have the spoon. And uh when she did make cakes my sister and I'd be the first ones to finish it all and everyone else would complain [...] See my role model was you know seeing my mother in the kitchen cooking, thinking, yeah this is what I was going to be. [...] my mother was very much set in her old fashioned ways. You marry then have sex then have children. And I was raised in a society where it was cool to lose your virginity as early as possible and er so I was in conflict because I was going to a Western school with Western kids and I'd come home to (Eastern European) parents where it was very restrictive in views of women and how they behave around men. Absolutely, you know, the role of the woman. [...] So the emphasis was definitely on that /H: uhm/. And what was difficult to cope with because even to this day I find it difficult. I find I want a marriage with kids but I want my independence and a career.

In these extracts 'the mother' is primarily constructed in terms of a 'traditional female domestic role'. Rachel, for example, provides an account of her mother as soley responsible for providing the family's dinner every night. The drudgery and hard work involved in this role is emphasised by the contrast between her mother "working her guts off" and the two males in the family who just sit reading the paper and expect to be provided for. Noticeably Rachel at first appears to be absent from this scenario. She "didn't think anything of it" and she was elsewhere doing her homework. But she describes how after having started a sociology course she questioned this familial status quo and became angry. She constructs this as a gender issue, siding with her mother by helping her in her domestic role whilst "get(ting) really mad at the men and hate(ing) them for it". Rachel's re-construing

of this not uncommon gendered division of labour in her family might therefore be read as an anger at 'the traditional female domestic role' embodied by her mother. But it simultaneously involves an identification of herself as a woman with her mother. This identification is, I would argue, apparent not only in Rachel's helping with the domestic chores but also in the explicit construction of this re-construing as a "contributing factor" to her 'anorexia' and in her description of her mother as "working her guts off". That is, Rachel's thin, 'anorexic' body might be read as a metaphorical identification with her mother since, like her mother, she has worked and starved her guts off. This imbrication of the mother in her 'anorexia' is further consolidated by the focus on her mother as a provider of food. As argued above, food may in part be read as a metaphor for dependence on the mother. Food refusal might thus be interpreted as a refusal of 'the mother' or 'the traditional female domestic role' and simultaneously as a location of the self in relation to this domestic female realm of food. In the extract below Layla gives an account of her relationship to her mother in which issues of identity and separation are constructed around food.

(Layla, pp.9 & 10-11)
Layla: You can completely (.) change the way the reality works /H: mm/ or (.) 'specially about the relationships because 'specially with the parents /H: mm/ becomes a pull-push game. (.) /H: right/ You push them towards yourself so they respond by coming towards you and then they, and then you push them back because (.) /H: mm/ you don't, they don't give the, give you the response (.) /H: right, the/ because the response is not only feeding. (.) /H: right mm/ (.) After (.) ten (family therapy) sessions with my mother I realized that, ten or I don't uh quite remember /H: right/ I realized that it was not me, it was not she, who wanted to live with me /H: right/ to share my life with her life but it was me /H: right/ trying to drag her into my life, to take out, to give me a shoulder or a hand to share my problems. /H: right/ But for the last (.) six years I believed that she was killing me (.) by asking me to help her (.) and I believed in it so strongly that I came to hate her /H: right/ because she was not allowing me to live my life /H: right/ (.) I mean can you see what I mean /H: mm yes uh/ it completely changes the reality /H: right/ and you believe in it so much /H: mm/ that you can not accept it. [...]
H: Yeah (.) mm did you feel it (food) was in any way um tied up with your relationship with your mum, your=
=Layla: Never /H: no/ never, oh of course (laughs) food was in the centre of our of my relationship to my mum /H: mm/ but in a different way. /H: right/ She all the time forced (.) me to eat. /H: mm/ Even when I moved out to a flat of my own she used to bring food /H: right/ which I only to uh binging and vomiting. /H: right/ (.) So of course that that was a big part of the relationship but /H: right/ I didn't see it in the same way as I can see it now /H: right mm/ that by refusing to eat the food I was sort of trying to pull herself towards me (.) /H: right/ but it's only I can see it now. /H: mm right/ Until now it has always been a push mechanism when I refused to eat but didn't, couldn't understand the consequences /H: right/ of refusing /H: mm/ the food she gives me. /H: right mm/ And sort of I was accusing her that she was worried about me. I said: Oh you don't have to be worried about me. You just look, take care of your own life. /H: mm/ (.) And I couldn't see that what I meant (.) was not in harmony with what I have been doing /H: right/ Of course she would naturally be worried. /H: right(.) mm/ And I was accusing her because she, the way she was unhappy was making me unhappy.

Layla's account of her relationship with her parents, particularly with her mother, illustrate both the complexity

and the constructed nature of mother-daughter relationships. That is, like Rachel's account, Layla's also involves a re-construing of the relationship in which the meanings of various activities are called into question and re-negotiated. And again the account involves issues of separation and identification. Is her mother trying to live her life for her and/or is she refusing to separate from her mother? Significantly Layla construes the former construction of their relationship as a belief that her mother was trying to kill her, a construal which, I would argue, leans on the discursive construction of the deadly, engulfing, 'Bad Mother' discussed above (pp.266-7). The account might, therefore, be read in relation to Klein's theorization of the child's ambivalence towards the mother, of the splitting of the maternal object into the good breast and the bad breast (see Klein, 1934; see also Sayers, 1986). Significantly also food is construed as central to this relationship. The 'traditional domestic female role' of 'the mother as provider of food is emphasised. "She all the time forced (.) me to eat [...] Even when I moved out to a flat of my own she used to bring food [...] which I only to uh binging and vomiting." Food is construed as the means by which the mother intervenes in Layla's life. 'It' becomes an arena in which the relationship is played out. Layla constructs her food refusal as a rejection of her mother, "a push mechanism" but 'it' is also a means of dragging her mother into her life because "(o)f course she would <u>naturally</u> be worried". Layla's food refusal and her "binging and vomiting" of her mother's food can thus be read as a metaphor for the ambivalences in this relationship. The account also firmly imbricates the mother in Layla's construction of her self and locates both this 'self' and 'the mother' in the 'traditional domestic female' realm of food and eating.

The construction of the mother as an embodiment of 'the traditional domestic female', as the provider of food, thus consolidates the imbrication of 'the mother' and thereby the mother in anorexia. That is, 'the body' of dualist discourse may figure as 'the maternal body' so that the renunciation of

'the body' may also be read as an identification of one's body with 'the maternal body' and simultaneously a rejection of that body. And where 'the mother' is constructed as an embodiment of 'the traditional domestic female', as a provider of food, this identification/rejection is compounded. Food refusal, as a denial of the body, may be read as a denial or rejection of 'the mother' and/or as an anger about the domestic 'role' 'she' embodies. The relationship to/with 'the mother' is played out metaphorically in the relationship - refusal, binging, vomiting - to food, thus returning the daughter to the rejected domestic realm since, like 'the mother', her identity is constructed in relation to this domestic realm of the body, food, and eating.

Palazzoli (1974; see also Garfinkel and Garner, 1982) has argued that "the anorexic incorporates the feared maternal object in order to control it" and that she sees her body as "the maternal object from which the ego wishes to separate itself at all costs" (Palazzoli, 1974: 90). As Garfinkel and Garner (1982) note, the concept of a mother who rewards compliance, who is over-protective, and who is incapable of allowing her child to separate, is central to Palazzoli's theory of anorexia. As noted in chapter 2, numerous authors have also imbricated the mother in theories of anorexia, citing mothers' 'weight deviations' (Kalucy et al., 1977), past 'anorexia-like syndromes' (e.g. Hsu, Harding and Hartshorn, 1980), various psychosomatic and psychological illnesses (e.g. Garfinkel and Garner, 1982) and maladaptive attitudes (e.g. Palazzoli, 1974) as contributing aetiological factors. Whilst references to 'the anorexogenic mother' have become less common in recent clinical and academic literature on anorexia (Yager, 1982) the mother remains profoundly imbricated in many theories of its aetiology (Bemis, 1983).

More sympathetically, feminist theorists (e.g. Chodorow, 1978; Dinnerstein, 1987; Benjamin, 1990; see also Sayers, 1991) too have focused on the role of the mother in women's distress. Drawing on the work of Winnicott, Orbach (1979), for example, argues that patriarchal society socializes mothers

into sacrificing their needs to those of others so that they become alienated from what they themselves want. Consequently they may fail to be 'good enough' mothers as they are unable to respond 'appropriately' to their babies' needs. Orbach (1979; see also Eichenbaum and Orbach, 1983) argues that this infantile experience characterizes all female development because, being the same biological sex, the mother identifies the daughter and her needs with her own neglected needs as a woman. Within this framework anorexia (and other eating disorders) has been interpreted as a result of deprivations by the mother (e.g. Dana, 1987; Orbach and Eichenbaum, 1993). Thus, it is argued:

> the anorexic persists in hating her hunger just as her mother did ... the bulimic binges only to out what she eats so much does she hate herself as her mother did for being so needy. Likewise the compulsive eater stuffs herself with anything and everything in ignorance of what she wants so much has she become alienated from her needs as a result of her mother's alienation from her own needs as a woman (cited in Sayers, in press/b: 6)

I would argue, however, that the 'pathogenic' role allotted to the mother most noticeably in some family and psychodynamic theories (see Sayers, 1988) can be understood to be as much a consequence of patriarchal discursive constructions of 'the mother' as of any characteristics of individual mothers. This is not to deny any influence of mothers on their daughters (or sons). Rather it is an insistence that the importance attributed to the mother's 'failings' by many psychological theories rests on the patriarchal dichotomy of the indispensable, impossibly 'Good Mother' and 'her' 'failed' obverse, the dangerous, 'anorexogenic', 'Bad Mother' discussed above. Lacan (1982e: 90) similarly criticizes Melanie Klein, arguing that she persistently fails "to acknowledge that the oedipal fantasies which she locates in the maternal body originate from the reality presupposed by the Name of the father." As Irigaray (1988: 156) argues, Western culture is built on matricide: "when fathers took the power they had already annihilated the

mother". This symbolic murder of 'the mother' represents the patriarchal annihilation of her (desiring) subjectivity. 'The mother', and therefore also the daughter, has 'no identity as a woman'. Thus:

> the problem is neither to accuse the mother nor to say it is the father who comes to liberate the little girl. The mother has to find her identity as a woman and from that point she would be able to give an identity to her daughter. But this is the key point to which our system is most blind. (Irigaray, 1988: 157)

That is, it is the patriarchal fictioning of woman/mother as 'castrated', negatively signified, as not-I, not all, that annihilates both mother and daughter. Similarly Sayers (in press/b: 1 & 3) writes that

> It is now twenty years since Juliet Mitchell first emphasized, in 'Psychoanalysis and Feminism', the continuing importance of Freud's account of the unconscious ramifications of patriarchy. It's fantasies still abound - not least in today's backlash against feminism ... What, however has present day psychoanalysis to say of the harm done by such fantasies and their symbolization? Precious little. Save for a few notable exceptions (see e.g. McDougall, 1978, 1989; Kirschner, 1992; Schachter, 1993; Mann, 1993), psychoanalysis, at least its clinical practice, has virtually forgotten Freud's observations about the ill-effects of patriarchal fantasy. Instead it focuses on the mother...

In short, both the perceived failings of the mother and the 'pathogenic' role allotted to her in clinical and academic theories can be read as manifestations of the damage of patriarchal fantasies and their symbolization (see Sayers, in press/b). As argued above the negatively (patriarchally) constructed 'mother' represents a site at which gender is imbricated in dualist discourse. 'The mother' can thus be viewed as an exemplar of the construction of 'woman' as bodily (see de Beauvoir, 1953). And 'the maternal body' can be read as homologous with 'the body' of dualist discourse, as uncontrollable, engulfing, dangerous and as an antithesis to the mind/self. 'She' is discursively imbricated in her daughter's 'anorexic'/dualistic rejection of 'the body', an

entanglement that is consolidated by the construction of 'the mother' as an embodiment of 'the traditional female domestic role'.

10.3 The Excesses of the Sexual Woman

A second discursive construction through which gender is imbricated in dualist discourse is 'the sexual woman'. As argued above (see pp.262-264), constructions of 'the sexual woman' as temptation, as morally and bodily polluted and polluting, as alien and dangerous, have long been evident in numerous discourses, for example, in Christian doctrines (see Martin, 1988), in medical discourse (see Foucault 1979; Ussher, 1991) and in cultural myths (de Beauvoir, 1953). Whilst the heterosexually attractive 'woman' of romantic discourse is construed as a 'feminine ideal' (see chapter 8) 'the sexual woman' may also be produced as 'her' obverse. "The Great Whore of Babylon" (see Neumann, 1984: 81), 'the nymphomaniac', 'the femme fatale' and 'the man-eater' are culturally prevalent images of 'the sexual woman' as excessively bodily, uncontrollable, overwhelming, and dangerous (see Ussher, 1991; Foucault, 1979). And, like 'the mother', 'the sexual woman', 'the lover' signifies an alliance between 'woman' and (physical and psychological) death; "the dreadful bride whose skeleton is revealed under her sweet, mendacious flesh" (de Beauvoir, 1953: 197-198; see also Bronfen, 1992). In that 'she' is constructed as a signifier of 'the body', as an antithesis of the mind/self, 'the sexual woman', like 'the mother', is also represented as antithesis and threat to subjectivity. Hence, as noted above, "(t)he man captivated by her charms no longer has will-power, enterprise, future; he is no longer a citizen, but mere flesh enslaved to its desires, cut off from the community, bound to the moment" (de Beauvoir, 1953: 197).

In the previous analysis of this discourse of Cartesian dualism it was argued that 'fat' was constructed as a signifier of 'the body'. Similarly, in Teresa's extract above the uncontrollable, engulfing, excess, and bodilyness of 'the

mother' is in part signified by 'her' massive fatness. And despite the fact that the heterosexually attractive 'woman' is ubiquitously represented as thin or slim I would argue that the negatively constructed 'sexual woman', like 'the mother', may also be signified by 'fat'.

(Layla, pp.5-6)
H: what did slimness mean to you when you started to become anorexic? (.)
Layla: Uh (short laugh) um (.) first of all (.) having no tummies or no great (.) bottoms /H: mm/ and having nice (.) thighs, thin (.) thighs=
=H: right so so that's=
=Layla: Now basically it's it's related to (.) uhr around sexual organs /H: right/ that I recently came to realize /H: right/ no tummies, no big bottoms (.) and thin thighs.

(Teresa, p.6)
Teresa: I think there was a big issues for me around being sexual (.) cos my sister wasn't sexual; she was mad. She was sexual, well she was sexual in a really awful way /H: right/ and (.) um, and quite overweight /H: mm/ and (.) so for me being anorexia, being anorexic and being quite promiscuous was almost um, I think the sexuality was in rebellion /H: right/. But it was also a sexuality that was completely in my control /H: right/ because I slept around with people but I never, emotionally /H: right/ kind of, let it touch me. It was a rebellion, a rebellious thing.

(Tricia, pp.6-7)
H: Was um I mean what at the time did um being fat mean (.) to you? Why was it something that you didn't want?
Tricia: I s'pose for me it was (.) I felt being clumsy and being ugly, /H: right/ (.) being out of control, (.) /H: mm/ but I think uh as far as a woman goes, being (.) sexually so desirable by men and not being able to say no.
H: Right fatness meant that? (.)
Tricia: Yes, /H: oh right/ much more open to sexual to sexual advances from men (.) /H: right/ <u>but</u> (.) because of course being a woman one's not allowed to say no.
H: Right (short laugh) yeah.=
=Tricia: And also maybe it (.) more of a link with my mother which I /H: mm/ particularly wanted to dis' I mean not that my mother was fat /H: right/ but it's just the image of being a mother.

In the extracts above 'the sexual woman', like 'the mother', is constructed as uncontrollable. Indeed, in Tricia's extract both the mother and the sexual woman are signified by the fat body. Here 'the sexual woman' is construed as "out of control". And Teresa's comparison of 'her' own sexuality, construed as unemotional and "completely in (her) control", with the "awful" sexuality of 'her sister' again indicates a construction of 'the sexual woman' as uncontrollable. Significantly, as Tricia notes, the association of uncontrollability with 'feminine' sexuality can be understood as profoundly patriarchal, not merely because it constructs 'woman' as bodily and lacking (in control) but also because patriarchy dictates that men rather than women control: "because of course being a woman one's not allowed to say no."

One of the major signifiers of this uncontrollability, bodilyness, and excess of 'the sexual woman' is body fat.

Tricia, for example, constructs 'fat' as a signifier of both 'the sexual woman' and 'the mother'. Similarly, Teresa associates "awful" 'feminine sexuality' with fat: "she was sexual in a really awful way [...] and quite overweight". And Layla constructs "slimness" as signifying a rejection of the sexual. Thus, whilst 'the thin body' is culturally over-determined as a signifier of 'perfect femininity' and constructed as heterosexually attractive, as it is, for example, in romantic discourse, 'the sexual woman', like 'the mother', is signified by 'fat'.

(Layla, p.13)
Layla: Men are meant to be strong and muscly /H: right/ whereas nice women is meant to be slim /H: yeah/ at least I mean in the culture that, in the Western culture /H: yeah/ lets say.

Following the numerous interpretations of anorexia as a retreat from adulthood or from adult femininity (see chapter 2), Bruch (1978: 73, cited in Bordo 1992: 96) has asserted that "the avoidance of any sexual encounter, a shrinking from all bodily contact" is a typically 'anorexic' characteristic. In the extracts above the women interviewed have not construed themselves as sexually abstinent. They do, however, construe 'themselves' as dissociated from a figure of an uncontrolled, dangerous 'sexual woman' whose sexuality is signified by fat. Yet construing this 'sexual woman' as fearful is not, I would argue, peculiar to women diagnosed as anorexic. As argued above images of 'the sexual woman' as feared, as uncontrollable, as polluted and polluting, have long proliferated in society in a variety of discourses. The dissociation of 'the self' from these hegemonic images of 'the sexual woman' and the rejection of a 'bodily sexuality' should be viewed as a part of the effects of those discourses in which these images are produced.

Moreover, the relationships between sexuality, food and eating are also discursively constructed. This symbolization of sexuality in terms of food and eating is, I would argue, apparent in references to 'consuming passions', or to women as sweet foods, for example as 'honey' or 'sugar', resonating with the construction of 'woman' as a commodity to be consumed, thus producing 'feminine sexuality' as something

vulnerable (see Ussher, 1994)[1]. The cultural significance of such symbolizations is demonstrated by, for example, the popularity of "Like Water for Chocolate" (Esquivel, 1993) - a "worldwide bestseller - now a major film" according to the cover - in which a woman communicates erotically with her forbidden lover through the food she cooks for him and in which the minutely detailed recipes function as a central element in this romantic narrative. Recently renewed interest in vampire films such as Coppola's 'Dracula' and novels such as Anne Rice's 'Vampire Chronicles' (e.g. 1988) may be interpreted in terms of a cultural preoccupation with symbolizing an uncontrolled and dangerous sexuality as food and eating (see also Bordo, 1990). Thus, as Bordo (1990: 101) argues:

> The exploration of contemporary slenderness as a metaphor for the correct management of desire becomes more adequate when we confront the fact that hunger has always been a potent cultural metaphor for female sexuality, power, and desire - from the blood-craving Kali ... to the language of insatiability and voraciousness that mark fifteenth century discourse on witches, to the 'Man Eater' of contemporary rock lyrics: "Oh, oh, here she comes, watch out boy, she'll chew you up".

In short, the control, denial, and rejection of 'the body' discussed above is reinforced by a convergence of gender with a discourse of Cartesian dualism. Where 'the body' of dualistic discourse is figured as a 'feminine body', as the body of 'the mother' or 'the sexual woman' female speakers may be more strongly interpellated by these discursive constellations, construing their/our bodies as alien,

---

[1]. The figure of the vulnerable sexual woman as a food-like commodity is, I would argue, exemplified in a bizzare incident, documented in "Witness: Excuse me for living" (Channel 4, 9.00pm, 21.11.93). Issei Sagawa a Japanese student in Paris killed, dismembered and ate a Dutch woman who was significantly mis-identified as his 'girlfriend' (Guardian Guide, 20.11.93: 16). French courts declared the man insane, dropped prosecution and after 3 years returned him to Japan where he was released after a year and has since become a media celebrity, "lionised by the Japanese avante-garde". He wanted to know how the flesh of a beautiful white woman would taste (Guardian Guide, 20.11.93: 16).

dangerous, and in need of constraint. The discursive construction of 'fat' as a signifier of bodily excess, of 'feminine sexuality' as uncontrollable and dangerous and the symbolization of that sexuality in terms of food and eating can thus be understood as consolidating and re-consolidating the discursively produced 'need' to achieve total control of 'the body' and its desires, to transcend that body through food-refusal.

Thus, I would argue that negative constructions of both 'the mother' and 'the sexual woman' can be read as exemplars of the construction of 'woman' as bodily and excessive. 'They' represent sites at which gender is imbricated in the discourse of Cartesian dualism, where 'the body' of dualistic discourse is figured as a 'feminine body'. That is, these 'feminine bodies' are produced as homologous with 'the body' of dualistic discourse as alien, dangerous, disruptive, uncontrollable and as an antithesis and threat to the mind/self. And, like 'the body' of dualistic discourse 'they' are signified by 'fat'.

10.4 The Discursive Production of Fat as Excess

As the above analysis indicates, 'fat' constitutes a significant element of the discourse of Cartesian dualism identified in the interviews. That is, 'it' signifies 'the body' and its negativity. Fat also signifies 'the feminine body' in its convergance with 'the body' of dualistic discourse as alien, engulfing, uncontrollable, and excessive (see also Caskey, 1989). In the extracts below the discursive construction of 'fat' as a signifier of uncontrollable excess is particularly apparent.

(Emma, p.5)
Emma: Even just getting it into sentences just sounds weird. It's cos it's all, a lot of it's cos it's sort of done, I think of it a lot in imagery really /H: right/. And I just do feel like this big, monstrous size /H: mm right/ and I want to be a little, little, you know sylph-like size.

(Zoe, p.11)
Zoe: I usually eat no, I eat no fat like, /H: right/ you know, nothing, like no butter. I don't eat anything with oil at all. I never used to /H: mm/ and here (at university) I just felt like: Wow, this is going to be impossible you know because, but I've just had to like deal with it. But the thing is what actually, what so surprised is I've just been eating normally or like eating at (a student residence) [...] And I thought I was going to gain like twelve zillion pounds [...] like I've gained weight since I've been here definitely, but like not forty pounds. /H: right/ You know, look I still fit (laughing) into my jeans (.) which is good.

'Fat' is construed here not just as excess flesh (see pp.229) but also as monstrous, excessive and uncontrollable. This, I would argue, is particularly apparent in the articulation of a fear that the (bodily) desire to eat is limitless and that if the mind/self loosens its vigilant control the body will erupt and become a vast mass of fat: "like twelve zillion pounds". In a magazine interview 'Sarah' similarly articulates a fear that if she were to start eating she wouldn't stop, that her body would balloon uncontrollably.

> At first you think you are in control - that's what makes refusing food so appealing. But it soon controls you. I'm afraid that if I start to eat I won't stop. I'm afraid I'll end up like one of those people who has to book two aeroplane seats because they are fat. (Hughes, 1993: 36)

Statements such as these might be interpreted as evidence of individual pathology, as dysfunctional delusions about the body. They are also consistent with some of the theories of restrained eating which suggest that hunger and satiety boundaries are disturbed by dieting (see pp.55-65). However, they can also be viewed as consistent with a discourse of Cartesian dualism which, as argued above, is manifested in a variety of cultural practices of body management including medicine (see Turner, 1987). That is, I would argue, the construction of the body/flesh/fat as antithetical to the mind/self, as overwhelming, excessive and uncontrollable, as liable to "erupt in an unsightly display of bulging flesh" (Bordo 1992: 89) if not vigilantly controlled, can be read as a central element of dualist discourse rather than as an individual delusion.

10.5 Fat and the Excess of 'The Woman'

The discursive construction of 'fat' as excess represents, I would argue, a site at which gender is imbricated in dualist discourse. That is, 'fat' not only signifies the negatively construed 'mother' and/or 'sexual woman'. The construction of 'fat' as excess also resonates with constructions of 'woman' as excess.

Lacan argues that the phallus "covers over the complexity

of the child's early sexual life with a crude opposition in which that very complexity is refused or repressed" (Rose, 1982: 42) and that within the Symbolic order 'woman' is negatively signified in relation to the phallus (see chapter 3). Hence 'she' is the Other, the not-I, the not all (Benvenuto and Kennedy, 1986; Lacan, 1982d: 144). 'She' is excluded by "the nature of words" (Lacan, 1982d: 144). However, "her being not all in the phallic function does not mean that she is not in it at all. She is in it not not at all. She is right in it" (ibid., p.145). Hence, "The woman can only be written with The crossed through" (ibid., p.144) so that "~~The~~ woman does not exist" (Lacan, quoted in Mitchell, 1982: 48). That is, 'woman' is constructed as Other yet 'she' is not excluded from the Symbolic order but rather is excluded within it. And in being "in it not not at all" 'woman' is not only "right in it. (But) there is something more. ... There is a jouissance ... a jouissance of the body which is ... beyond the phallus." (Lacan, 1982d: 145). This 'jouissance' refers to "an area of excess (it is 'too much') ... to something more than pleasure that can easily tip into its opposite" (Rose, 1982: 34).

Lacan argues, then, that because of 'woman's' fundamentally conflictual subject position within the Symbolic order ('her' being not all) 'she' therefore has a privileged relation to that which exceeds the Symbolic order; in relation to the phallic function 'she' has a supplementary jouissance. 'She' signifies something that is "beyond the phallus" and thus indicates the fraudulent status of the phallus (see Rose, 1982). That is, the jouissance of 'woman' indicates the gap between the signifier and signified (see also Saussure, 1974) that Lacan describes in his theorizations of desire[2] and

---

[2] Following Freud's assertion of "the possibility that something in the nature of the sexual instinct itself is unfavourable to the realization of complete satisfaction" (1912, quoted by Rose, 1982: 322), Lacan (1982a) argues that the satisfaction of desire is impossible because symbolization starts with loss. Words need only be spoken when the first object is lost. They 'stand in' for objects (Rose, 1982) and thus indicate the absence of the signified objects. Hence demand always "bears

identity[3]. 'She' indicates the lack in the Symbolic. Hence, as Rose (1982: 44) argues, 'feminine sexuality is ... an exposure of the terms of its definition ... it involves precisely a collapse of the phallus into the real" (see also chapter 3).

Lacanian theory thus presents 'woman' as a subject position within the Symbolic order but also as exceeding that order. 'Her' jouissance, "a jouissance of the body", signifies something beyond the Symbolic. Thus, in relation to the phallus, '~~the~~ woman' is constructed as a signifier of excess. As Bronfen (1992: 70, my emphasis) argues,

> Woman is culturally constructed as other to man and as the uncanny site where two opposing values collapse into one, including the ambivalent fact that she serves to articulate that which is exterior to a culture as well as that interiority which is repressed, rejected, or foreclosed. Furthermore, Woman functions duplicitly not only owing to her contradictory semantic encoding but also because, like death, she is at once assigned to the realm of culture's mythic image repertoire, to rhetorics and textuality and to the non-semiotic real, to natural materiality. She is the site of mediation between having recourse to the sheer facticity of the body and a translation of the body into a sign from which it is missing.

This excess signified by 'woman' has been celebrated, for example, in the work of Irigaray's theorization of feminine sexuality as multiple, diverse, and diffused, as "infinitely

---

on something other than the satisfaction which it calls for. .. What is thus alienated in need constitutes a Urverdrangung (primal repression) because it cannot, by definition, be articulated in demand. But it reappears in a residue which then presents itself in man as desire" (Lacan, 1982a: 80). "Thus desire is neither the appetite for satisfaction, nor the demand for love, but the difference resulting from the subtraction of the first from the second, the very phenomenon of their splitting" (Lacan, 1982a: 81; see also chapter 3).

[3] Lacan insists that 'wholeness' and complete, assured gender identities are fantasies (Rose, 1982) because identity is based on alienation, division and loss; on the infants misrecognition of itself in its mirror-image (Lacan, 1949) and in the subject's "location in an order outside itself" as the pre-existing 'I' of the Symbolic order (Rose, 1982: 31; see also chapter 3).

other in herself" (1977, quoted by Jones, 1985) as well as in some radical feminist theories. Daly (1984: 3), for example, describes women's "Pure Lust" as:

> the high humour, hope, and cosmic accord/harmony of those women who chose to escape, to follow our hearts' deepest desire and bound out of the State of Bondage, Wanderlusting and Wonderlusting with the elements, connecting with the auras of animals and plants, moving in planetary communion with the farthest stars, This lust is in essence astral. It is pure Passion: unadulterated absolute, simple sheer striving for abundance of be-ing. It is unlimited, unlimiting desire/fire.

De Beauvoir (1953: 204) also describes a cultural myth of 'woman' as "like man (in that) she is endowed with mind and spirit, but she belongs to Nature, the infinite current of life flows through her; she appears, therefore, as a mediatrix between the individual and the cosmos." Frequently, however, constructions of 'woman' as a signifier of excess are not so much celebrated as reviled as they are in the negative constructions of 'the mother' and 'the sexual woman' discussed above. And this denigration is also apparent, I would argue, in constructions of the 'fat' female body as animal like.

(Emma, p.5)
Emma: It's just the whole thing. Maybe it's just fragility. I don't know /H: right/ and just to feel like a great lumbering (.) oaf you know, this great, /H: right/ I just feel like a great whale sometimes, you know /H: right/ this great big thing.

(Olivia/Barbara, p.2)
Olivia: And I I pulled a lot of, I remember calling her (her sister) a fat cow, she was fat, cos I knew that would really hurt her.

(Michelle, p.14)
Michelle: I didn't want her to see me looking like this so (.) I didn't go in /H: mm/ (.) whereas (.) I wouldn't look quite so ashamed of people seeing me or (.) /H: right/ or thinking: Oh god I must be making a really terrible impression. They must be thinking I'm such a fat (.) pig (laughing) sitting there.

In these extracts the construing of the fat (female) body as animal-like is very obviously negative and associated with shame. It also produces this 'body' as closer to nature, as in excess of the social. As Ussher (1991: 49) argues, negative representations of female sexuality are frequently linked to women's alleged weakness and closeness to animals. The constructions of the 'fat' woman as "a fat pig", "a fat cow", "a great whale" or "a lumbering elephant" consolidates the negativity of constructions of 'woman' as bodily, natural and

therefore in excess and of 'the (feminine/dualistic) body' as an antithesis to the mind. The fictive nature of this construction is, I would argue, highlighted by recent cultural shifts in the ways that 'the female body' is 'described', in the preference for ever-thinner, firmer bodies (Bordo, 1992; Garfinkel and Garner, 1982; see also chapter 2). Bordo (1990; 1992: 91), for example, notes that 'attractive' women's bodies in 1970s films are now frequently described as flabby and that Marilyn Monroe, previously adored as 'femininity incarnate' was recently described by a student as 'a cow'. "Is this", she asks,

> merely a change in what size hips, breasts, and waists are considered attractive, or has the very idea of incarnate femaleness come to have a different meaning, different associations, the capacity to stir up different fantasies and images for the culture of the 1980s?

Have the cultural significations of the fat/voluptuous female body changed in the post-1960s, post-feminist era in which Chernin (1981), amongst others, argues 'the tyranny of slenderness' has become more powerful.

Whilst the two negative constructions of 'woman' - as 'the sexual woman' and as 'the mother' - may represent "extreme cultural expressions of woman-as-too-much" the construction of 'woman' as excess is also more widespread (see Bordo, 1992: 103). It is evidenced in constructions of woman as talking 'too much' and having "too much emotion, too much need, (being) too loud and demanding" (see Bordo, 1992: 103). 'Women' take up 'too much' space, are "too much <u>there</u>" (Bordo, 1992: 103). This construction of 'woman' as 'too much', as excess was also apparent in the interview transcripts.

(Teresa, p.7)
Teresa: I couldn't make my sentences make sense. Um that also happened when I started to do English. /H: oh right/ It was almost like everything was very compressed. Um, it would almost go in grammar because there would be too much (.) /H: right/ too much there.

(Emma, p.5)
Emma: Even just getting it into sentences just sounds weird. It's cos it's all, a lot of it's cos it's sort of done, I think of it a lot in imagery really. /H: right/ And I just do feel like this big, monstrous size /H: mm right/ and I want to be a little, little, you know sylph-like size [...] I don't know why I think of it like that.

(Nicki, p.4)
H: Do you think it's particularly difficult for for women in this society to, I don't know, to (.) to <u>be</u>?
Nicki: Yeah yeah. I think it is. It's hard to explain why but there's so much pressure coming from

everywhere. /H: right mm/ I've thought of this before but I can't get the words into my mind. I think there is. I mean if you look at general situations men always seem to be on top.

(Nicki, pp.6-7)
H: Yeah is there anything that you, I don't know, that the concept of being anorexic means do you think to you?
Nicki: It's really hard. It means so much that it's hard to find words. [...] Like because you're like torn between eating and not wanting to eat /H: right/ so it's just, it's just like, it's just like hiding. /H: right/ It's like something to hide behind [...] My mind keeps going blank.

In the extracts above these women construct themselves as in excess. There is 'too much' to express in words (see also Olsen, 1978). 'They' are, in Lacan's terms, in excess of the Symbolic. And this 'excess' is explicitly associated with the problematic of 'feminine' identity. Teresa, for example, associates her 'excess' with a "terrible (.) fear, anger of femininity in terms of passivity" and with wanting an autonomous 'male' power whilst Nicki juxtaposes an articulation of the difficulty/impossibility of expressing the problematic of 'woman' with a construction of 'men' as always seeming "to be on top".

The lack in the Symbolic and the problematic of 'feminine' identity (see Rose, 1982) are thus discursively constructed as an excess in 'woman'. And as Emma's extract illustrates this 'feminine' excess may be signified by 'fat' which, as argued above, itself signifies excess. In this extract Emma first articulates the difficulty/impossibility of expressing herself in words because she thinks "a lot in imagery", i.e. beyond the Symbolic (see Mitchell and Rose, 1982). She discursively constructs herself as in excess of words and immediately re-articulates this excess metaphorically as a problem with fat. Her excess is re-constructed in terms of feeling "like this big, monstrous size" instead of being "a little, little, you know sylph-like size". Her 'ideal' here is a contained, small femininity rather than an excessive (big, monstrous, fat) 'femininity'. Significantly this concept of excess also figures in constructions both in the interview transcripts and in the media of the 'anorexic' self as sick, as having gone 'too far'.

In short, the construction of 'fat' as excess functions as a metaphor for the excess of 'woman' who, as Lacan argues,

being produced in relation to the phallus, is within but in excess of the Symbolic order. 'She' has a "jouissance proper to her" (Lacan, 1982d: 145). This signification of 'fat', I would argue, may shed further light on the concept of 'body image distortion' (see pp.42-44). As Bordo (1990: 88 & 90) argues, current prescriptions concerning body management focus not only on fat but also on the 'ideal' of a

> tighter, smoother, more 'contained' body profile. ... Areas that are soft, loose or 'wiggly' are unacceptable, even on extremely thin bodies. Cellulite management, like liposuction, has nothing to do with weight loss, and everything to do with the quest for firm body margins."

That is, the production of 'firm body margins' symbolizes a control, a containing of bodily excess which in turn is signified by fat. Bordo (1990) cites the practice of liposuction, an advertisement for an exercise machine which reads "If I didn't work out, I might still be thin. But I'd be real wiggly", and the theme of eruptive bodies evidenced in horror films, as examples of this culturally prevalent dualistic concern with containing the excessive, eruptive 'body'. The much-documented anorexic symptom of body image distortion - the description of an emaciated body as fat - might thus be considered not so much as an individual delusional misperception than as an articulation of this dualist and gender-bound concern with containing an excessive and eruptive (female) 'body', symbolized not just by thinness but also by the acquisition of 'firm body margins'. And, as Bordo (1990: 90) argues, without body-building it is virtually impossible to attain a completely taut "flab-less, excess-less body unless one trims very near to the bone" which is perhaps why so many women now exercise so fanatically.

10.6 Conclusion

In this chapter I have argued that a discourse of Cartesian dualism represents a significant element of the interview transcripts. This discourse constitutes the body and its desires as alien, as uncontrollable, excessive and as an antithesis and a threat to the mind/self. Within this

discourse 'the thin body' signifies a control/denial of 'the body' which in turn metonymically signifies control of the mind/self and of life in general. Eating is construed as a bodily, alien activity to be avoided The construction of a positive 'self' within this discourse requires, therefore, 'a renunciation of the flesh', a control, denial and rejection of the negatively construed body.

Bruch (1982: 1532) has similarly argued that 'the anorexic's' experience of her body is disturbed, that 'she' does not trust or accurately identify her own sensations and feelings, that 'she' identifies with her skeletal appearance and fails to experience her body as her own. Rather, she argues, it is experienced as "something extraneous, separate from their psychological self". Similarly Palazzoli (1974: 74) describes 'the anorexic's' belief that "every victory over the flesh is a sign of greater control over one's biological impulses". Such descriptions appear to parallel the above analysis. Yet, I would argue, to describe "not owning the body and its sensations" as a "basic delusion" typical of all eating disorders (Bruch, 1973: 50) is misleading. It not only homogenizes 'anorexia'. It also presents this construction of 'the body' as an individual, pathological 'delusion' rather than as a culturally sanctioned element of a dualistic discourse that informs a variety of cultural practices.

The discourse of Cartesian dualism, discussed above, also constitutes the subject as fundamentally divided. But it also constructs a powerful, strong-willed and independent subjectivity, signified by the (very) thin/anorexic body, which is. And in signifying 'the non-body' the thin/anorexic body also appears to transcend gender. It seems to offer an escape from the limitations of prescribed 'femininity'.

However, I have further argued that the construction of 'fat' as a signifier of excess represents a point at which gender is imbricated in dualist discourse since it resonates with constructions of 'woman' as excess, a construction which is exemplified in negative constructions of 'the mother' and 'the sexual woman'. That is, 'the body' of dualistic discourse

may be figured as a 'feminine' body and hence the control, denial, and rejection of that 'body' might be read as a control, denial, and rejection of the 'feminine' body, of 'the mother', of 'the sexual woman', of 'woman' as excess. Moreover, this interface between gender and the dualist discourse further consolidates the construction of the thin/anorexic body and of food refusal as 'ideals' through the relationships between 'the mother' and 'the sexual woman' to food.

In short, a discourse of Cartesian dualism appears to provide a positive subjectivity which transcends gender through the transcendence of 'the body'. Yet this discourse simultaneously consolidates and re-consolidates constructions of 'woman' as bodily, as alien/Other, uncontrollable, as dangerous and in 'need' of restraint. The deployment of this discourse compounds the female speaker's difficulties in producing a positive, feminine subjectivity.

Chapter Eleven
Anorexia and Identity:
The Discursive Production of the Self

11.1 Introduction

In the preceding chapters I have explicated some of the discourses and discursive elements deployed in the constructions of 'anorexia', 'femininity' and 'the body'. I have aimed to demonstrate that both within and across interview transcripts a variety of entangled discourses produce these discursive objects in different ways. That is, the meanings of these objects differ between discourses and whilst some meanings are mutually consolidating others are conflictual. The thin/anorexic body may, for example, be construed as heterosexually attractive, as a signifier of a patriarchally defined feminine position. This signification may be consolidated by constructions of 'the thin body' as small, child-like, or ill. However, the thin/anorexic body may also be constructed as boyishly thin, signifying a rejection of 'traditional (domestic) femininity'. Or it may be produced as a controlled body, signifying a powerful and disembodied subjectivity. That is, the thin body sustains a multiplicity of meanings and may signify a variety of, often conflicting, subjectivities. The management of the thin/anorexic body and the discursive struggle over its meanings can thus be understood as a management of identity. The production and maintenance of the thin/anorexia body through dieting, self-starvation and/or purging can be viewed as facilitating interpellation in certain subject positions and as resistance to others.

Yet whilst self-starvation or dieting may be interpreted positively as a technique of self-production it also involves elements of self-punishment and self-destruction. And it is these mutually conflicting themes - self-production and self-destruction - that will be explored in this and the following chapter. Chapter 11, therefore, examines a diversity of discursive constructions of anorexia itself, analyzing the

different discursive relationships of 'the self' to this shifting category. It then explores how anorexia is constructed both as an identity and as a lack of identity and examines how a 'discourse of individualism' is deployed in the transcripts.

11.2 Anorexia as a Disputed Category

The thin/anorexic body is, as argued above, constructed within the transcripts in a variety of ways. Similarly, the concept of 'anorexia' itself sustains a multiplicity of meanings within different discourses. It may, for instance, be represented as an illness, as an extreme diet, as self-starvation, as a coping mechanism, as a means of achieving a positively construed identity (see chapter 9), or as a form of self-punishment (see below). The discourses within which these various meanings are produced each interpellate the subject in different ways and, as the extracts below illustrate, some of these subject positions may be resisted and rejected.

(Denise, p.8)
Denise: I would definitely not call myself anorexic. /H: right/ Yes I lost a lot of weight but (.) I didn't, /H: it's um/ I wouldn't put it down to anything to do with anorexia. /H: mm right/ So when people say to me: Oh you're anorexic, or, you're in the anorexic unit, /H: right/ it just makes my back prickle. I hate it. /H: mm right/ I really do. I think it's uhh (.) in a way it's because even in my mind, even though I've been with people who who are, who would call themselves anorexics, /H: mm/ still in my mind is the old stereotype of (.) what the media portray as (.) as anorexic, /H: right/ sort of um self-inflicted, spoilt brat, /H: right/ selfish, um (.) unnecessary. You know: Well why can't you just eat, /H: right mm/ things like that. Um (.) and other people sort of see it as pathetic and that /H: right/ and so it just, it really does make my my back prickle.

(Tricia, p.6)
H: Yeah I mean when when you think of the label anorexia (.) what what do you think about? (.)
Tricia: I s'pose I I still feel (.) some of the projections onto me (.) from society (.) /H: right] and it's correlated with the professional view. [...] I was continually labelled when I was out of (.) you know like home as well /H: right/ (.) and treated like a specimen. [...] I feel that eating distress is something that a normal (.) majorit', I would say I'm afraid the majority of women go through at some period of their lives /H: right yeah/ (.) um far more frequently than actually /H: mm/ comes to light. /H: right/ And it's not a pathological state /H: right/ and I don't feel that anorexia is a pathological state.

(Laura/Penny, p.8)
Laura: I mean now, now I know about it (anorexia), it makes, um I wish there was more sort of, not education about it but it's not a slimmer's disease. It's not just you know, /H: yeah/ it doesn't have, it doesn't always start out as a diet. Well it often does but it's not just vanity. /H: right/ It's not just girls who want to be you know particularly thin. /H: right/ You know, it's not a vain thing.

(Nicki, p.8)
Nicki: They (doctors) think it's to do with vanity and the media /H: right/ but it's so much more deeper than that. /H: right (inaud.)/ Like it's called the slimmer's disease which is a load of rubbish anyway. /H: yeah, yeah it's a/ But I think the media often portray it as being a good thing like you know: She's anorexic. And people admire her 'cos they think: Oh she's in control, she's thin.

The extracts above contain a number of different constructions of 'anorexia', all of which are produced as

others' constructions and all of which are rejected and/or disputed. Denise, for example, completely distances herself from 'anorexia' which she construes, in accord with a media stereotype, as selfish, self-inflicted, unnecessary and pathetic. She is similarly reluctant to identify other women in the Eating Disorders Unit as anorexic: her statement that they are anorexic is repaired to one in which they "would call themselves anorexics". Tricia also refuses the term 'anorexia' which she locates within a medical discourse that positions her as a pathological 'specimen'. In contrast to this pathologizing discourse she re-constructs her experience in terms of a more normalizing concept of 'eating distress' (see Pembroke, 1993). In Laura's and Nicki's extracts 'anorexia' is again constructed differently, in this case as a 'slimmer's disease'. This latter construction produces 'anorexia' as a trivial issue about dieting, vanity, and the media[1]. In contrast, Laura and Nicki construe 'it' as something more than this, as a 'deeper' issue.

These extracts thus demonstrate a discursive struggle over interpretations of 'the self' and of 'anorexia'. The constructions of 'anorexia' as 'selfish' and 'pathetic', as a pathology, or as a 'slimmer's disease' are presented as others' constructions and are rejected and/or disputed. They are potential 'anorexic' identities that are resisted. In other extracts, however, whilst 'anorexia' is constructed as separate from the self, the self is also implicitly construed as anorexic.

(Penny/Laura, p.10)
Penny: So long I've lied to myself and denied everything to protect the anorexia /H: right/ so you just have to be honest and sharing.

(Emma, p.12)
Emma: I hate it (anorexia) in myself because I wouldn't have that will power if I couldn't associate it to something like this. /H: right/ It's not strength in me. It's not my own strength really. It's artificial strength that I'm calling in from somewhere else to try and do it for me.

(Layla, p.11)
Layla: I used to think when I first came to realize how strongly it was living in me I thought people used to describe it as a friend or as /H: mm/ an enemy (.) but I realized that (.) it's a creature (.) getting hold of my body to survive in the body. And it gets hold of my brain as well /H: right/ in a

[1]. In Nicki's extract the media is also implicitly construed as particularly problematic. It both trivializes and admires 'anorexia'.

way that my brain can not work properly and can not see the things where normal people see. /H: mm/ Even my eyes are distorted.

(Laura/Penny p.10-11)
Laura: I found a sort of friend which was my anorexia really. [...] When you're anorexic you tend to you know really isolate yourself and become really lonely. /H: mm/ But also I used it to sort of fill up my loneliness. It just fed on me being really lonely.

In these extracts the construction of 'anorexia' again varies. But in contrast to the previous group of extracts the self is implicitly produced as anorexic. Nevertheless, a dissociation between 'the self' and 'anorexia' remains. 'Anorexia' is constructed here as "a friend", "an enemy", or "a creature (.) getting hold of my body to survive in the body". 'It' is an entity to which one is somehow related but which is simultaneously separate from the self. "It fed on me being really lonely"; "It was living in me"; "It gets hold of my brain" (emphasis added). 'It' provides an artificial strength from elsewhere. 'It' is protected by Penny lying to herself. Thus, whilst 'the self' is construed as 'anorexic', 'anorexia' is construed as an entity that is not the self.

The discursive relationship evidenced here between 'self' and 'anorexia' parallels, I would argue, a bio-medical model of illness in which disease invades and affects the body but is not considered as part of the person: a patient has, rather than is, an illness. This discursive relationship is, I would argue, supported by parasitic images of 'anorexia' as "a creature" surviving within the body[2] or as something that "fed on (Laura) being really lonely". The use of such imagery also emphasises the construed autonomy of 'anorexia' within this discursive relationship. That is, 'anorexia' is constructed as something that is separate from the self but which can affect the self - distort one's perception, for example - against one's will. It is, therefore, a representation that converges with a dualistic construction of 'the body' as something alien to the mind/self and that threatens to overpower 'the self' by, for example, compelling one to eat (see chapter 9).

---

[2]. This construction of 'anorexia' as a creature surviving in the body might also be interpreted as an image of pregnancy relating to the psychoanalytic interpretations of anorexia as a fear of oral impregnation (see p.49).

11.3 Anorexia, Resistance and Identity

There is, then, a multiplicity of contending constructions of 'anorexia'. And the relationship of the subject to this shifting category also varies both within and across transcripts. 'Anorexia' may, for example, be construed as something entirely dissociated from the self or as something that 'invades' and affects the self but that is simultaneously separate from the self or, as argued below, it may be construed as an identity. And whilst 'anorexia' is construed negatively in many of the above extracts it may also be constructed more positively, for example, as a label that signifies positive attributes in the self.

(Olivia/Barbara, pp.9-10)
H: Do you remember how you felt when you, when you were first diagnosed as anorexic?
Olivia: Happy.
H: So it's quite a (.) label like (that you're) attached to?
Olivia: I liked it (.) because it really made me feel like I had a sense of control over my life and my eating which was always a problem for me. And I was skinny and I loved that so much /H: mm/ being skinny [...] I loved (.) I loved the sensation of the bones. That's what I liked feeling, the bones. I like feeling the bones coming (through). I liked feeling slim. (inaud.) And I I had every intention of staying anorexic.

(Cathy, p.5)
Cathy: This is probably going to sound very crude but um on many occasions I'd actually said: I wish I was (anorexic), because then I'd know that I was slim.

(Jackie, p.9)
Jackie: I mean when I'm um (.) when I'm in an anorexic state it means success. (.) /H: right/ I really do get a feeling of achievement from what I'm doing to myself.[...]
H: What is it that you feel you're achieving?
Jackie: Well in some ways it's being different from other people. (.) /H: right mm/ It's you know it's something that was my, this is what I find quite difficult now. It's something that's my own.
H: Right (.) mm yeah (.)
Jackie: I achieve also control /H: mm/ definitely cos /H: right/ you know no none of my (.) however much people try and make you eat no-one can (.) /H: right/ you know control that. I mean it's sh' it's me doing what I want.

Whilst Olivia, Cathy, and Jackie articulate different relationships to 'anorexia' each constructs 'it' here as a positive term. 'It' signifies success and achievement, that one is sufficiently skinny or slim, that one is in control. To be 'anorexic' connotes that one has at least some desired attributes. In Jackie's extract 'anorexia' is, in addition, construed as a way of differentiating herself from others. 'It' makes her different and thus, I would argue, provides her with an identity. In this context the 'control' achieved through 'anorexia' also functions to produce her identity. She is the subject as well as the object of control: "it's me doing what I want." Anorexia is discursively produced as

"something that's (her) own", her control and her property that marks her identity. There is, therefore, a further convergence with dualist discourse where the thin/anorexic body is construed as a controlled/denied body that signifies a powerful, independent identity.

The construction of 'anorexia' as "my own", as a possession might also be read in the context of the doctor-patient power relationship since 'anorexia' is presented here as Jackie's property rather than as an illness to be controlled and cured by the medical profession. This construction confers on her greater rights over 'her anorexia' than would be the case within a medical discourse. In the extract below Lynn's articulation of 'anorexia' as something that is hers is explicitly located within this context of medical power-relations.

(Lynn/Simone/Jane, p.13)
Lynn: Yeah I did like it. In the end I did like the label. I thought that's something that's me, that's mine. /H: right mm/ You know and I haven't got anything else /H: right/ so that's the one thing I have got and but /H: (coughs)/ I was like frightened of people trying to feed me up /H: mm/ you know. Like doctors would give me a sheet of paper saying: eat all this. An' you know an' I thought /H: yeah/ they're going to take over /H: yeah/ and be more powerful than me. And I just wanted to run away and /H: mm/ not let anyone take it away from me, /H: right/ sort of protect it and look after it as if it was mine.

Here the doctor-patient relationship is presented as a contest for control over the anorexia. Lynn's construction of 'anorexia' as her possession thus functions to position her as 'its' owner, a more powerful subject position than that of a patient whose illness is under the remit of the medical profession. And, as in Jackie's extract above, this construction simultaneously functions to mark her identity: "that's something that's me, that's mine." 'Anorexia' is both her possession and her identity. And the construction of 'anorexia' as an identity, as a possession that marks one's identity or as a means of producing identity was often evident in the transcripts.

(Nicki, p.5)
H: So how how did it feel when when you went for help and they said: this is, you have anorexia or bulimia or?
Nicki: I thought they're probably right. /H: mm/ But at the same time they were looking at it as being such a problem. /H: right/ And I thought: well it isn't really a problem for me. It's a way of life. /H: right/ And it was like, well it was like me. It's like it was a way to have an identity.

(Nicki, p.7)
Nicki: Well the society sees fat people as being bad and thin people as being good but I think that in anorexic's it's so much deeper. It's like the eating disorder's based on the whole self.

(Tricia, p.6)
Tricia: I don't feel that anorexia is a pathological state. /H: right/ I mean my feeling is that it's it's a desperate search to find one's own identity /H: right/ to put it in a nutshell.

(Tricia, p.12)
Tricia: I think that it was something about being (.) trying to be acknowledged as someone special.

(Jane/Simone/Lynn, p.13)
Jane: It (anorexia) was like the one thing in my life, the part that I could control and that was mine. /H: mm/ And it was like a security to me. /H: mm/ I didn't think I'd be able to live without it /H: mm/ if any one took it away.

These extracts could again be read in terms of their rhetorical functions, as resistances to particular constructions of 'anorexia'. That is, 'anorexia' is constructed here as something that "isn't really a problem", a pathology, or a superficial issue. Rather, 'it' is, in opposition, "a way of life", a valued possession, "a security", and a "deeper" issue "based on the whole self". The extracts can therefore be read inter-textually as discursive resistances, as instances in which 'the self' and 'anorexia' are produced in ways that resist potential pathologizing or trivializing constructions. And, whilst there is a diversity in these oppositional constructions, they also converge on the issue of identity. That is, 'anorexia' is construed as a possession that marks one's identity or as "a desperate search to find one's own identity". 'It' is something "that's mine", "something that's me".

11.4 Anorexia, Identity and Lack

'Anorexia' may, then, be positively construed as an identity, as "me". 'It' is a way of marking, finding, or having an identity. It is itself constituted as an identity. Yet whilst the above extracts produce both 'the self' and 'anorexia' positively they also indicate a concomitant negative construction of 'the self' as otherwise lacking an identity. Hence, Jane describes how she "didn't think (she)'d be able to live without it". That is, the construction of 'anorexia' as providing an identity for the self suggests, not only that 'the self' therefore has an (anorexic) identity, but also conversely that 'the self' may be otherwise lacking in identity. And in many extracts this obverse construction of

'the self' was also apparent.

(Tricia, pp.13-14)
Tricia: And the physician there refused to listen to all my bantering on about food or anything like that. [...] And it was as if he he said well you know: Yeah okay I don't want to hear about your anorexia. I want to hear about you. And I started thinking: But I am the the anorexia. /H: mm/ This is my identity. [...] it had actually become my identity. /H: mm (.) yeah/ and I think that's that's a problem with it. /H: mm/ I think it becomes (.) can become an all-consuming identity.
H: Right (.) that that you feel you're you're nothing else outside of it?
R: Nothing else but anorexia. That /H: yeah/ that's my name (.) you know. /H: right (.) yeah/ And then it's very hard to get out of /H: mm/ because (.) it's like if I give up that name what else is there. /H: right/ I'm still this this shell inside.

(Nicki, pp.5-6)
Nicki: It's like it was a way to have an identity. /H: right/ And I didn't care if people saw it as bad cos it was how I was. /H: right/ And if it, if I didn't have it, if I wasn't thin /H: mm/ then I wouldn't have an identity. I'd just be this big bad blob. [...] it was my thing. /H: right/ Before I'd felt just like nothing. /H: mm/ Now I had something to focus on and something to be.

(Nicki, p.11)
Nicki: I think it was like, it (.) anorexia had become me and when I put on weight it was like I'd lost the ability and I'd lost my identity.

(Rachel, p.6)
Rachel: This was just the way I reacted to being lost and not seeing any way out.

(Lynn/Jane/Simone, p.18)
Lynn: I feel a stronger character /H: mm/ now than I was then (when she was anorexic). Didn't feel I had a character at all /H: right/ then, I was just like a shell (.) /H: mm/ but now I'm a more deeper person. /H: right/ And I you know hope people get to know me for what I am now /H: right/ deep down than what they see.

These extracts again evidence a very psychologically-oriented understanding of 'anorexia'. 'Anorexia' is again constructed as an identity. "I am the the anorexia [...] This is my identity". For Tricia "(t)hat's (her) name" and for Nicki anorexia "was a way to have an identity". 'It' was "something to be"; "anorexia had become me". 'Anorexia' is construed here as providing an identity, as being or constituting one's identity. However, the extracts also evidence a construction of 'the self' as lacking in identity. If it were not for anorexia one would be identity-less. Hence Tricia was "(n)othing else but anorexia" and both she and Lynn describe themselves as "shells", connoting an empty, identity-less void. Lynn "didn't feel (she) had a character at all". Similarly Nicki argues that without anorexia she had "felt just like nothing" and that if she "didn't have it, if (she) wasn't thin [...] then (she) wouldn't have an identity. (She)'d just be a big bad blob." She would be amorphous and lacking in identity. In these extracts, therefore, 'the self' is constructed as simultaneously having an ("all consuming") identity as 'anorexic' and obversely as otherwise lacking an

identity. 'Anorexia' is "something to be" but without it one is "nothing", a "shell".

In the construction of (anorexic) identity explicated above two metaphors of identity are deployed. The first is illustrated by Nicki's comment that if she were not thin/anorexic she would just be a "big bad blob" with no identity. In her statement 'the thin/anorexic body' signifies an identity; it is "something to be" and this is counterposed with being a "big bad blob" implying that 'the fat body' signifies a lack of or in identity. The production of this dichotomy - thin/fat, identity/lack of identity - leans, I would argue, on a construction of 'fat' as amorphous and loosely defined flesh whose softness and fluidity blurs the defining borders of the body and submerges the boundary between the self and the outside world[3]. This construction thus converges with and consolidates the negativity of many other constructions of 'the fat body'. Here, to be fat signifies a lack of definition of the self, a lack of identity, that one is merely an amorphous "blob" whereas to be thin/anorexic signifies that one has an identity, a construction which converges with other positive constructions of 'the thin body', perhaps in particular with the dualistic construction of the thin/anorexic body as a signifier of a powerful and independent identity.

The second metaphor deployed in these extracts is again a spatial metaphor and is apparent in Tricia's description of herself as a "shell <u>inside</u>"; in Lynn's construction of herself as a "<u>deeper</u> person now and in her "hope (that) people get to know (her) for what (she is) now [...] <u>deep</u> down than what they see" (emphasis added). This spacial metaphor of selfhood is also evident in extracts where (others') constructions of anorexia as <u>superficial</u> and vain are opposed by constructions of 'anorexia' as a <u>deeper</u> issue. These statements deploy a

---

[3]. As noted in chapter 9, a discursive relationship between body boundaries and identity is also evidenced in some constructions of eating as an activity which threatens the integrity of the self by transgressing its physical boundaries.

topographical metaphor of identity that extends the spatial aspect of conceptions of the individual-society relationship as an internal/external dichotomy. 'The individual' is construed in terms of spatial levels from his/her superficial (and often more socially malleable) aspects to her deepest, most profound, and perhaps essential, characteristics which may not be immediately visible to others.

11.5 Woman, Identity and Lack

The use of the two spatial metaphors of identity discussed above is, I would argue, quite common in both academic and popular discourses concerning identity. The topographical metaphor, for example, is apparent in psychological concepts such as 'internalization' and 'core personality'. Furthermore, these metaphors also interface with 'feminine' identity in particular ways. For example, where the construction of 'femininity' as appearance (see chapter 8) converges with the topographical metaphor of identity a profound tension emerges between the superficiality of femininity and the deep internality of identity. 'Feminine identity' becomes superficial and issues of women's identity discursively slip from profundity into trivialized constructions about appearance and vanity[4]. That is, I would argue, 'femininity' (as an appearance) is construed as the other of identity, an opposition which is also apparent in the transcripts.

(Lynn/Jane/Simone, pp.4 & 6)
H: Did you have um particular ideas of an ideal woman or um (.) or a particular person that you knew or in the media or what have you that you admired as a woman and thought: I want to be like that or: I want to have that characteristic or?
Lynn: Yeah I did. I wanted, I always admired Ma', uh Maria Helvyn, is it?
H: Oh right, yeah I know, with the hair.=
=Lynn: Cos there was a picture at the health club and I used look at it. I'd think: Oh she's so attractive. I wish I could look like that.
[...]
Lynn: I've got no desire to look like Marie Helvyn. I I'm more interested in developing myself. /H: right/ I want the in' the inner me rather than a picture of someone an' aiming for that. /H: right/ That's what I'm doing at the moment is developing myself.

---

4. The problem of this slippage can bee seen in the discursive resistance to the construction of anorexia as a 'slimmer's disease' with its implication that it is a superficial issue of feminine vanity rather than a more serious, 'deeper' issue of identity.

(Olivia/Barbara, p.11)
H: Coming back to what you were saying about stopping your periods, do you think there was anything else about um being anorexic that you were um trying to reject about being female?
Olivia: Um (.) me, I would say yes (.) um I'm a woman of conflicts [...] by the time I became anorexic I got fed up of the way, how I felt, how I imagined myself to be treated by men, people, /H: right/ and just that I had no identity or individuality of my (.) self. So I decided to give up on trying to look nice, just wore baggy clothes and didn't care.

In these extracts both Lynn and Olivia construct 'femininity' in terms of appearance and in opposition to identity. Lynn proved an account of how she admired Marie Helvyn and wished that she could look like her. Similarly Olivia equates being a woman with looking "nice". That is, 'femininity' is construed as a matter of attractiveness, of appearance. But it is also associated with "no identity or individuality of my (.) self". 'Identity' is about "the inner me rather than a picture of someone". Whereas identity is constructed as internal and deep 'femininity' is associated with superficiality, with "no identity or individuality"; it is only (surface) appearance .

Discursive constructions of 'woman' are also imbricated in the 'body boundary' metaphor of identity in which fat represents a blurring of this boundary. Firstly, constructions of 'woman' and of 'fat' may be read as discursively related through the concept of excess (see chapter 10; see also Caskey, 1989). Moreover, as Lacanian theory has illustrated, the category of 'woman' can be understood as epitomizing the impossibility of phallocentric notions of a unitary single identity (Rose, 1982; see chapter 3) and therefore as highlighting the problematic nature of this self/other boundary. Within the Symbolic order '~~the~~ woman' is in excess of this boundary (see Lacan, 1982d).

As Lacan (1982a) argues, subjects take up their identity within the Symbolic order with reference to the phallus (Rose, 1982) and hence 'femininity' is constituted as a negatively signified subject position, a profoundly problematic identity (see chapter 3). Thus,

> The description of feminine sexuality is ... an exposure of the terms of its definition, the very opposite of a demand as to what that sexuality should be ... giving the lie, we could say, to the whole problem outlined. (Rose, 1982:43)

Femininity exposes the fraudulent nature of the phallus whose function "indicates the reduction of difference to an instance of visible perception, a seeming value" (Rose, 1982: 42). Thus, it also problematizes the 'body boundary' metaphor which signifies a simple visible self/other boundary. 'Woman', as a subject position, an identity as not-I, as the Other of (masculine) identity (Benvenuto and Kennedy, 1986), can thus be understood as problematizing the very notion of a clearly differentiated or defined identity. In the extract below this tension between 'femininity' and identity is again apparent.

(Tricia, pp.6-7)
H: Was um I mean what at the time did um being fat mean (.) to you? Why was it something that you didn't want?
Tricia: I s'pose for me it was (.) I felt being clumsy and being ugly, /H: right/ being out of control (.) /H: mm/ but I think as far as a woman goes, being sexually so desirable by men and not being able to say no.
H: Right fatness meant that? (.)
Tricia: Yes, /H: oh right/ much more open to sexual advances from men (.) /H: right/ but (.) because of course being a woman one's not allowed to say no.
H: Right (short laugh) yeah=
=Tricia: And also maybe it (.) more of a link with my mother which I /H: mm/ particularly wanted to dis' I mean not that my mother was fat /H: right/ but it's just the image of being a mother.
H: That that sort of motherliness is is kind of plumper and (.) mm.
Tricia: And the other thing as well is that being quotes normal is something about (.) maybe I'd just be submerged into sort of the rest of of womanhood /H; right/ and totally lose my identity /H: yeah/ in amongst everyone else. It's like needing needing some, to keep some sort of special-ness in myself, /H: mm/ some identity.
H: Yeah yeah, I remember having that feeling that uh (.) /Tricia: mm/ you had to do something to to stay yourself cos otherwise (.) you'd end up not being your mother but (.) not being you=
=Tricia: Just being a woman /H: mm/ or something. I don't know (inaud.)
H: Yeah some sort of (.) generic something.
Tricia: Blob.

Here Tricia associates being fat with being clumsy, ugly and out of control. She also constructs 'fat' as a signifier of 'the mother' and of an uncontrolled female sexuality. And, as argued in chapter 10, both 'the sexual woman' and 'the mother' are often constructed as tropes of excess. Tricia then goes on to articulate a fear that becoming a (normal) woman would entail her being "submerged into sort of the rest of of womanhood". To become a woman is construed as a total loss of her identity. That is, the category of 'woman' is produced in an opposition to identity and to any "sort of special-ness in {her}self".

As in Lacanian theory, 'woman' is construed here as the Other of identity, as not-I. In the Symbolic order "anatomical difference comes to figure sexual difference. ... It covers over the complexities of the child's early sexual life with a

crude opposition in which that very complexity is refused and repressed" (Rose, 1982: 42). That is, the phallus flattens out the complexities of difference; it refuses Tricia's "specialness in (her)self", providing only the crudely oppositional identities of 'man' or 'woman'. Thus, just as Nicki constructed 'the fat body' in opposition to identity, as being a "big bad blob", so Tricia has constructed 'femininity' as the Other of identity, as a generic "blob".

11.6 Ideologies of Selfhood: A Discourse of Individualism

The two spatial metaphors of identity discussed above might be considered as parts of a 'discourse of individualism' which interpellates the subject as a sovereign and unitary individual. It is a discourse which constructs the notion of 'person' as a given entity separate from society (Hirst and Woolley, 1982) and which is prevalent not only in the transcripts but also throughout contemporary Western society. It is, for example, pervasive in the social sciences (Henriques et al., 1984) and is written into social organization, into concepts of justice, social order, and human rights (Hirst and Woolley, 1982).

Wetherell and White (1992), in their discourse analytic study of young women's talk about eating, dieting and body image, also identify a discourse of individualism emerging 'very strongly' from their transcripts. They describe this discourse as "working from a type of liberal ideology and (as) setting up as its ideal the autonomous, self-directed, self-governing individual who stands separate from society and social influences" (ibid., p.6). As their analysis demonstrates, this discourse of individualism produces an ideal of 'being your own woman' which conflicts with accounting for wanting to be thin.

> If you say that it is weak to be influenced by others, then it is difficult to present the desire to be thin as reasonable. ... To admit to being influenced by social pressure (to be thin) jeopardizes the ideal of being an independent autonomous individual (ibid., 1992: 10).

It abnegates the independence of one's inner self. This dilemma, they argue, was often resolved by recourse to a 'discourse of natural body processes' which re-construes the cultural imperative to be thin as a natural imperative to be healthy. In this way the women in their study could maintain both 'thin' and 'individualistic' subject positions through a discursive manoeuvre that also naturalized, i.e. de-politicized, their restrained eating.

A similar dilemma also emerged in the transcripts of the present study. In this case the problem involves avoiding potential constructions of the self as having a 'slimmers' disease' (see also pp.290-291), as being motivated by social pressures to be attractively thin/slim.

(Nicki, p.2)
Nicki: I never, ever looked at like slim women in magazines and thought 'Oh I'd like to be slim' /H: right/. It was something that you know I just didn't bother about and then when my periods started I was very angry and then um, and I sort of noticed that I was starting to lose weight and then /H: right/ I sort of, you know, just focused on that /H: mm/, not in relation to like the media /H: mm, right/. Not earlier on anyway.

In this account Nicki explicitly dissociates her losing weight from media images of 'slim women'. Emulating "slim women in magazines" was something that she "just didn't bother about". Her losing weight is presented as having nothing to do with social pressures to be thin.

Within the framework of a discourse of individualism accounting for one's 'anorexia' in terms of social pressures to be thin might further undermine one's already precarious interpellation as a sovereign and unitary individual, as 'one's own woman'. However, the transcripts of the present study rarely evidenced a 'discourse of natural body processes' (see Wetherell and White, 1992), perhaps because all but two of the women interviewed here had been medically diagnosed as 'anorexic'. To construe one's (non-)eating and weight loss as healthy when one is under medical supervision for an eating disorder may appear implausible. Rather, as noted above, the construction of 'anorexia' as a 'slimmers' disease' was most frequently countered by construing it as a deeper issue about identity. Yet, whilst this discursive opposition curtails (others') negative constructions of the self as superficial,

as a 'fashion victim' swayed by social pressures, it also curtails one's ability to construe 'anorexia' as a socio-political issue, thus individualizing the desire to be thin.

Wetherell and White (1992) also identify a second dilemma. If both thinness and autonomous individuality are idealized how then does one explain 'failures' such as over-eating or being fat? They argue that this was achieved by invoking a 'confessional discourse of pathology'. The young women in their study blamed themselves. Thus, Wetherell and White describe a discourse of pathology which they argue has a moralistic element and constructs a subject position of a weak or wicked self.

> It is a narrative about guilt, of appetites which need to be restrained, of the grossness of eating, and of bodies which give in to desire and need to be subjugated (ibid., 1992: 8-9).

It is, therefore I would argue, a discourse which deploys dualistic elements, locating the source of pathology or failure in the uncontrolled, desirous, eruptive (female) body, that is in 'the body' of dualistic discourse. It is also, as Wetherell and White (1992) note, a discourse which individualizes, and thereby de-politicizes, women's 'failures' to be thin and to refrain from eating.

The discourse of individualism also provides the positively construed subject position of 'rebel' in which the opposition between self-directed sovereign individual and society are emphasised (Wetherell and White, 1992). Yet whilst this facet of individualistic discourse was apparent in Wetherell and White's study it was not used as an explanation for fatness or over-eating. The women in the present study did not take up an individualistic, rebellious subject position to construct themselves as defiantly fat. The adoption of such a subject position would clearly be implausible for very thin women but being 'defiantly fat' may also be socially unacceptable.

As Millman (cited in Bordo, 1990: 99) notes, "the obese elicit blinding rage and disgust in our culture", particularly if an obese woman claims to be happy . Bordo, (1990: 100), for

example, quotes the audience of a recent Phil Donahue talk show featuring an obese woman:

> I can't believe you don't want to be slim and beautiful, I just can't believe it, ... I heard you talk a lot about how you feel good about yourself and you like yourself, but I really think you're kidding yourself, ... It's hard for me to believe that Mary Jane is really happy ... Mary Jane, to be the way you are today, you had better start going on a diet soon, because if you don't you're just going to get bigger and bigger and bigger. It's true (taken from transcripts of the Phil Donahue Show).

Similarly Jane Walmsley, author of the recently published 'Thin Think' writes that she:

> refuse(s) to regard Roseanne Arnold as a heroine for the Nineties ... Only her wallet weighs more than she does. ... She ODs on junk food and is unapologetically obese ... She is an undisciplined, ungrammatical big-mouth, an unreconstructed porker-and-proud-of-it. ... What a con. ... She has simply made a polemic out of bad manners, self-indulgence and uncouth behaviour. She has turned vulgarity into an art form, gluttony into a political statement - and she has cleverly created a myth around herself. (Walmsley, 1994: 46)

This myth, Walmsey claims, is that Roseanne Arnold is happy with her weight. That Arnold could take up an individualistic rebellious stance, discursively constructing herself as defiantly fat is construed by Walmsey as both outrageous and unbelievable. In these two extracts, Mary Jane and Roseanne Arnold are construed as appalling, enraging, and unbelievable not only because they are fat but particularly because they present themselves as happy with being fat. To take up a rebellious subject position in a discourse of individualism, to construe oneself as defiantly fat rather than as a pathological failure, is dismissed here as illegitimate. That is, despite the social idealization of 'the subject as an "autonomous, self-directed, self-governing individual who stands separate from society and social influences" (Wetherell and White, 1992: 6) the interpellation of the fat, female subject within a discourse of individualism may itself be construed as unacceptable.

Thus, I would argue that a social proscription against

locating the fat woman within a discourse of individualism ensures that the 'failure' to be thin is construed within an individualizing discourse of pathology. Moreover, the 'body boundaries' metaphor of identity, explicated in the present analysis, construes fat as a blurring of the defining borders of the body and as submerging the boundary between the self and the outside world. Hence 'the fat (female) body' may signify a lack of or in identity. This construction thus compounds the difficulty of positively construing the fat, female subject as defiantly or happily fat within a discourse of individualism. As Wetherell and White (1992: 12) conclude, there appears to be no way out of this cage.

The women in the present study also located themselves within a discourse of pathology in terms of their body weight, eating and non-eating. Inevitably, however, there were differences in the ways in which the women in Wetherell and White's study and the women in this present study are discursively positioned in relation to pathology. Those women diagnosed as anorexic have already been institutionally pathologized as eating disordered, and have often experienced the discursive and material consequences of medical intervention. And as argued above, the medical pathologization of the self was frequently resisted.

The diagnosis of anorexia was not always construed negatively in terms of pathology. It might also be construed as a label that confirms that one is sufficiently thin, successful or controlled. Furthermore, in being '<u>too</u> thin', the (very) thin/anorexic body may also produced as a signifier of a rebellious subject position. That is, the discursive construction of the (very) thin/anorexic body as unattractively thin provides a subject position in which the desire to be thin can be read as opposing rather than conforming to social pressures. In being <u>too</u> thin 'the anorexic' may be discursively constructed as both thin and rebelliously individualistic.

(Nicki, pp.5-6)
Nicki: I started losing weight and I think people say to you: Oh you're losing lots of weight. What's going on? I think that, and then you think: mm. And I think that reinforces your behaviour to lose more weight. /H: right/ And then you have the, then you have the media images as well which you may never

have noticed before but you know you start looking at the people and then you start feeling thin. So you just want to get smaller and smaller /H: mm/ And then any comment that people say, if they say you look really dreadful today that just makes you feel good /H: right/ and reinforces /H: mm/ your behaviour.

In Nicki's extract, for example, she is concerned with countering the possible interpretation of her weight loss as resulting from social or media pressure to be thin. Hence, she suggests that others may have noticed her weight loss before she had and that she had not noticed media images of slim women after she had already lost weight. She thereby opposes the possible explanation that her desire to be thin was caused by social pressures and ideals of the thin, female body.

The account deploys, I would argue, a discourse of individualism and whilst it does not provide a reason for Nicki's weight loss it can be read as producing her as a sovereign individual: she lost weight because of internal, individual reasons rather than because of external social reasons. However, Nicki's strongest constructions of herself as a self-governing, self-directed individual is where she construes herself as rebellious: "(a)nd then any comment that people say, if they say you look really dreadful today that just makes you feel good". If she feels good when she is told she looks dreadful it follows that she is not losing weight so as to look attractively thin. She is not losing weight because she is swayed by social pressures to be (attractively) thin.

This statement, however, does more than confirm her interpellation within a discourse of individualism[5]. It also constructs her as a rebel, as wanting to look dreadful rather than attractive, as aspiring to the opposite of social demands. It is therefore an account which produces her positively as both thin and as a self-directed, autonomous

[5] I would further argue that a discourse of individualism ight also inform the discursive resources explicated in other iscourse analytic research. Widdicombe's (1993) analysis of the hetoric of autobiographical change, for example, demonstrates ow 'goths' resisted potential accusations that they were merely ollowing a fashion rather than expressing their inner selves. heir accounts might therefore be read as being informed by a iscourse of individualism.

individual.

In short, a discourse of individualism constitutes an important element of the present transcripts. As in Wetherell and White's study, the present analysis indicates that this discourse produces a dominant notion of the person as a given entity, as a sovereign individual, as "the author of its acts" (Hirst and Woolley, 1982), as unitary and separate from society. And, as Wetherell and White's analysis also demonstrates, the imperative to construe oneself as governed by an internal self rather than by external society curtails a more political construction of the self as socially pressured to be thin.

Individualistic discourse might therefore be understood as politically problematic in that it individualizes, and thereby de-politicizes, the desire to be thin (or to conform to other social ideals). Yet the recent challenges to the individualistic concept of the person - most notably by French theorists such as Althusser, Barthes, Derrida, Foucault, and Lacan (Hirst and Woolley, 1982) and by feminism (Henriques et al., 1984) - have been denounced by academics of the Left (e.g. Thompson, 1978) as well as the Right. As Henriques et al. (1984; also Hirst and Woolley, 1982) note, individualistic conceptualizations of the subject have informed the Civil Rights and Liberation Movements of the 1960s and 70s and were established as a defence against 'inhuman' empiricism and behaviourism in the social sciences. Anti-humanist philosophies appeared to undermine the conceptual basis of these humanistic politics. The 'progressive' nature of these political movements might lead one to assume that a humanistic variant of individualistic discourse might be usefully deployed in undermining the disciplinary power of discourses which insist on the necessity of a thin (female) body. Such a discourse was apparent in the transcripts of the present study. This humanistic discourse dictates that it is the inner self, an individual's character rather than their appearance which is important and should be valued. Yet, as the extract below demonstrates the deployment of humanistic

discourse does not necessarily lessen the imperative to be thin but rather may result in a negative construction of the self as irrational and superficial, as being too concerned with appearance.

(Emma, pp.2-3)
Emma: And if I feel fat and ugly /H: mm/ then that's why I'm failing in the relationship. And if I wasn't fat and ugly then there wouldn't be a problem /H: mm/ which I know is probably quite irrational /H: mm/ and that I would hope that the person that I'm with is actually looking beneath my fat (laughter) you know to see somebody underneath it /H: right, yeah/. I do tend to hook everything on that /H: mm/ when things are going bad. [...] It sounds so stupid and I hate myself for saying it because I know that it's probably wrong but it's purely physical characteristics /H: right/ that just turn me over with jealousy. They really do. I mean I can't bear it and especially when I see somebody who really doesn't have to pay very much attention to what they eat /H: mm/. You know and they're still so slim and they're and they're so beautiful and you know /H: yeah/ they don't, they don't worry about it /H: right/. And I'm, that to me=
=H: or at least they don't worry about it as far as you know=
=E: Yes, I know that, which is the crazy thing /H: mm/ and I even know that one of the qualities that I would want in friends or in relationships is for somebody to be able to disregard the physical to a certain extent and really /H: right/ be able to appreciate somebody's underneath character /H: mm/ which is something that I hope I do. And yet I've got this totally other, you know other side /H: right/ that really can't bear to see somebody else who I consider to look so beautiful /H: mm/. Yeah, I don't understand why I do it. [...] And I don't think I would like to be friends with somebody like me who's constantly, you know worrying about really petty things which in you know the grand scheme of things really you know are insignificant.

(Emma, pp.3-4)
H: Mm, is there any reason that, that you could talk about, why it is that you dislike the idea of fat or the existence of fat?
Emma: I don't know. I don't know what it is. This is one thing that I've always tried to know why it's become so important to me /H: mm/ because I've got a couple of friends who are fairly well built who are <u>great</u> people, <u>really, really,</u> you know great people /H: mm/ who I would want to spend a lot of my time with who don't worry about their size /H: right/. And to a certain extent that makes them even more attractive to be with /H: mm/ because they're so together and so stable /H: right/. And I don't think I would like to be friends with somebody like me who's constantly, you know worrying about really petty things which in you know the grand scheme of things really you know are insignificant.

In these extracts Emma deploys a spatial metaphor of identity, producing an individualistic notion of the person. 'The self' is "underneath" the appearance; it is internal and implicitly dichotomized from (external) society. However, the extract can also be read as deploying a humanistic variant of individualistic discourse; the individual is valued for their <u>inner</u> self. Appearance is construed as unimportant; it is petty and should be disregarded so that "somebody's underneath character" can be appreciated. Yet the deployment of this humanistic discourse does not lessen Emma's concern with being thin. Rather it interpellates her negatively as overly concerned with trivia in the same way that the discourse of individualism, discussed above, excludes the person who is influenced by social pressures from the idealized subject position of sovereign individual and produces her as weak and superficial.

Thus, as Henriques et al. (1984: 5) argue, "what counts as positive action and resistance is not fixed once and for all." Whilst a humanistic variant of individualistic discourse was successfully used in the liberation politics of the 1960s and 70s (Henriques et al., 1984; Hirst and Woolley, 1982), it does not appear to provide an entirely successful strategy in the transcripts of the present study. Not only does an individualistic discourse prescribe de-politicized explanations of the desire to be thin but its humanistic variant both fails to undermine the disciplinary power of discourses which insist on thinness and negatively constructs the subject who is interpellated by such discourses.

Furthermore, as Hirst and Woolley (1982: 131) argue:

> Politics and the metaphysics of the 'person' are closely entwined. The opponents of 'anti-humanism' were wrong to suppose that it presages a descent into savagery. What is challenged is not the <u>status</u> of person, free agent, or subject of right but rather the claimed ontological foundations of that status. The notion that men (sic) are 'free agents', directed by a sovereign and integral consciousness, is a metaphysical 'fiction'.

That is, the anti-humanist challenge to the metaphysical fiction of 'the person' of individualistic discourse is not an attempt to reduce 'the person' to a mere effect of the social or to disregard concepts of human dignity or freedom (Hirst and Woolley, 1982: 131). Rather, it is an attempt to understand the notion of the sovereign individual not as a given entity but as "a particular product of historically specific practices of social regulation" (Henriques et al., 1984: 12; see also Foucault, 1977b; Althusser, 1977). To insist on the fictive nature of the sovereign individual of individualistic discourse is not to argue that it is an illusion since not only does this discourse of individualism interpellate the subject as a sovereign individual but it is also written into social practices of organization and regulation (Hirst and Woolley, 1982). In thus challenging the ontological foundations of the concept of 'the sovereign individual' post-structuralist/anti-humanist theorists have attempted to re-theorize 'the person' in a way that de-centres

subjectivity and that does not rely on an individual-society dichotomy. Hence,

> Theories of the social agent cannot conceive individuals as necessarily unitary subjects centred in a determinative consciousness if the results of ethnography and cultural analysis, revealing other modes of conceiving and specifying social agents, and of psychoanalysis, challenging the view of the subject as self-possessed by consciousness, are to be taken into account. (Hirst and Woolley, 1982: 133)

Thus, I would argue that the Lacanian psychoanalytic theorization of (gender) identity as a Symbolic subject position and the Foucauldian theorization of discourses (and discursive practices) as constituting rather than reflecting their objects, as constituting fields of power/knowledge, provide a theoretical framework within which to question the ontological status of the sovereign individual and to re-theorize subjectivity as discursively produced through multiple and often contradictory subject positions (see also chapter 3). As Foucault argues:

> I do not refer the various enunciative modalities (subject positions) to the unity of the subject ... instead of referring back to the synthesis or the unifying function of a subject, the various enunciative modalities manifest his (sic) dispersion. To the various statuses, the various sites, the various positions that he can occupy or be given when making a discourse. To the discontinuity of the planes from which he speaks. (Foucault, 1972, 54)

11.7 Conclusion

This chapter has examined a multiplicity of contending constructions of 'anorexia' and has analyzed how the relationship of the speaking subject to this shifting category varies both within and across the interview transcripts. The relationship between 'self' and 'anorexia' may be construed as one of dissociation or as one of identification. The analysis focused on the ways in which anorexia was constituted as an identity that simultaneously signified a lack of or in identity. It examined how the discursive production of

identity often deployed topographical metaphors such as body boundaries, internality, externality, superficiality and depth. These metaphors were located within a discourse of individualism which interpellates the subject as a sovereign individual. This discourse, particularly its humanistic variant, seemed capable of undermining the regulatory power of discourses and discursive practices that require women to be thin. Within the transcripts, however, the deployment of this discourse did not undermine the idealization of thinness. Rather, it produced the subject who is concerned with appearance as trivial and superficial. By idealizing 'the sovereign individual', this discourse not only precludes the construction of 'anorexia' or dieting as a social, political issue, it also construes a conformity the ideal of thinness as a superficial issue. Yet, as argued above, this discourse simultaneously constitutes the 'too thin' body as a signifier of a rebellious individualism. The 'too thin' woman may constituted as both thin and as a (rebellious) 'sovereign individual'.

In short, this chapter has examined the discursive construction of identity in relation to anorexia. It has aimed to illustrate how anorexia might be read as a form of self-production which is constantly contested by discursive constructions of 'femininity' and of 'the pursuit of thinness'. The following, final chapter of analysis extends this theme of self-production, focusing on the ways in which anorexia is constituted as self-punishment and self-annihilation and simultaneously as self-production.

Chapter Twelve
Discursive Self-production and Self-destruction

12.1 Introduction

In chapter 11 the analysis focused on the way in which anorexia may be discursively constituted as an identity. It explored how identity is produced within a discourse of individualism. And, as argued above, the different discourses that converge on the thin/anorexic body can also be understood as producing a multiplicity of diverse subjectivities. This reading of anorexia as a form of self-production is, I would argue, particularly relevant to the discourse of Cartesian dualism, explicated in chapter 9. By deploying a Stoic theme the denial of the body through self-starvation was constituted as a form of self-production: the thin/anorexic body signified a powerful and independent subjectivity. Yet, as will be argued below, self-starvation may also be construed through a penitential theme as a form of self-punishment or self-destruction, associated with very negative constructions of the self. This chapter will, therefore, examine how anorexia is discursively constructed paradoxically as both self-producing and self-annihilating. It will begin by explicating some of the negative constructions of the self as, for example, undeserving of food, examining how anorexia is construed as punishing self-destruction. The chapter then examines how self-starvation, purging and the detailing of diet and body weight may be constituted as self-destructive but simultaneously as self-productive. The final section of the analysis focuses on the way in which themes of self-production and self-destruction are also imbricated in discursive constructions of the thin/anorexic body as it gets smaller and 'fades away'. The analysis examines how themes of subjection, resistance, gender and death are imbricated in the discursive construction of the thin/anorexic body as both a visible and an invisible, disappearing body.

12.2 Negative Constructions of the Self

As noted in chapter 11, 'anorexia' may be discursively constructed as an identity which simultaneously signified a lack of identity. This analysis converges in part with interpretations by numerous authors of anorexia as a 'self-pathology' (Geist, 1989), characterized by 'diffuse ego-boundaries' (Bruch, 1973) and a lack of sense of self (Sheppy et al., 1988). Many authors have also asserted that those diagnosed as anorexic typically have a poor self-image and low self-esteem (see chapter 2). The negative aspect of the discursive construction of anorexia as identity, explicated above, thus concurs again with previous research and converges with other negative constructions of 'the self' apparent elsewhere in the transcripts. Like the women in Wetherell and White's (1992) study who construed themselves negatively through a discourse of pathology so too did the women in this study articulate self-loathing and extremely negative self-constructions.

(Lynn/Jane/Simone, p.11)
Lynn: I thought: owh I I'm worthless. Everybody hates me and, you know, I just felt um nothing you know, didn't know why I existed all the time /H: right/ and often felt like suicidal. Thought: well it'll be the best way out and people wouldn't miss me anyway you know. /H: mm/ I used to feel like that a lot.

(Cathy, p.1)
Cathy: I became very aware of what I looked like. I really hated myself. And so from then on until uhm (.) until I ended up in hospital /H; mm/ it was a question of I think, of a battle between me and my doctors and my parents.

Other negative self-constructions pervade the transcripts through a variety of discourses. In chapter 9, for example, 'the self' was often implicitly constructed as 'failing' to exert sufficient control. Food and body weight were construed as the only arena in which one could exert control.

(Denise, p.9)
Denise: I didn't like myself so (.) I saw myself as a failure, can't do anything right. /H: right/ And in in a way (laughing) that losing weight or having troubles around food was sort of saying: well I can do this. /H: right/ You know I'm in control of this.

(Lynn/Jane/Simone, p.1)
Lynn: I'd always felt useless up to then an' /H: right/ that felt like something I could manage.

Whilst Denise construes herself as "in control" of food and body weight she "saw (her)self as a failure" in all other areas of her life. Negative constructions of 'the self' were also apparent in other contexts. For instance, discursive constructions of the thin/anorexic body as a rejection of

(heterosexually attractive) femininity or of adulthood may be associated with constructions of 'the self' as not good enough to fulfil these 'roles'.

(Penny/Laura, pp.1-2)
Penny: I don't think I'm worth having, you know, being told I look nice or /H: right/ stuff like that. [...] But um (.) it (being an adult) is responsibility and actually having to do things for yourself I think, and feeling I'm not good enough. I can't do that. So let's just hu /H: right/ stop now and then we won't have to get there.

(Rachel, p.2)
Rachel: I couldn't see where I was going or, you know, /H: mm/ there was no future. I was just (laughs) /H: right/ What was I going to do in the future? I was useless.

Here both Penny and Rachel construe themselves as "useless" and as not "worth having". In her account of anorexia as an avoidance of adulthood, Penny describes herself as "not good enough", not capable of coping with adult responsibilities. Negative self-constructions were also associated with the discourse of Cartesian dualism discussed in chapter 9. This discourse provides the positively construed subject position of the mind/self dissociated from an eruptive, bad body. However, when this mind/body dichotomy is collapsed, as it is in the extracts below, 'the self' too becomes negative: hatred of the body becomes hatred of oneself.

(Nicke, p.7)
H: What about um the idea of the idea of being thinner and losing weight? Did that have any particular meanings for you?
Nicki: I think it's to do with the lower self-esteem /H: right/ and just, I mean I think I separated my mind from my body. /H: mm/ But also I must have, like if I hated my body really I was hating myself. [...] And I think I was going against myself /H: mm/ or my body which was how I saw and my, I didn't like myself either /H: right/ but /H: mm/ and I just wanted to like starve.

(Zoe, pp.8-9)
Zoe: I felt like such a loser because I felt like I couldn't control my weight because I was overweight. /H: right/ So there must be something wrong with me.

(Emma, pp.12-13)
H: How do you feel it's kind of worthwhile in a sense for yourself? (.)
Emma: What the anorexia? /H: mm/ Because there's something, something that I really hate about myself you see and I think if I could get rid of that then it would be a real achievement for me. [...]
H: Right, yeah, I mean is it anything in particular that you feel so negatively about or just a general kind of feeling?=
=Emma: What d'you mean? In myself? /H: mm/ Well it's just, it's just my fat. /H: right/ You know, I just hate it.

In these extracts the body is negatively construed as hateful, evil and uncontrollable. However, in contrast with those extracts discussed in chapter 9, the mind/body dichotomy is collapsed so that 'the self' too is bad and hated.

In a discourse of Cartesian dualism the thin/anorexic body may be constructed, via a Stoic theme, as a

controlled/denied body, a non-body signifying a powerful identity. However, dualistic constructions of body management may also involve a penitential theme. In the extracts below, for example, Emma's hatred of her body and her desire to eradicate its fat is construed in terms of past transgressions and a subsequent need for penitent reparation.

(Emma, p.4)
Emma: It's just, it's just the fat. I just hate it. [...] And I feel to a certain extent that something I did a few years ago has forced it to be there and now I've got to force it to go away again /H: right/ you know.

In a radio interview (Gillott, 1979) the interviewee similarly construes eating more than six hundred calories a day as a mortal sin which must be atoned for by further restricting her food intake.

> I think I settled at about 600 a day, 600 calories. And if I exceeded that um, then I would feel that I had sinned mortally and I would be required to punish myself by perhaps the next day sticking at 300.

Through the deployment of a penitential theme 'the self' is construed negatively as transgressive or sinful and 'dieting' as a necessary reparation. As Foucault (1988) argues in his discussion of technologies of the self, Christian asceticism can be distinguished from Stoicism by its concern with the renunciation of the self as well as the flesh. Penitence of sin serves not to establish identity but to refuse the self. That is, when read in the context of a penitential theme, control/denial of the body through food-refusal can be understood as refusal of a (sinful) self, as self-destructive rather than self-productive. Similarly the self may be negatively construed as undeserving of food. In the dualistic construction of 'food' as temptation (see chapter 9) the construction of food as simultaneously desired and feared is paralleled by a construction of the self as both sufficiently strong to resist this debasing temptation and as undeserving of this desired object.

(Layla, p.11)
Layla: When I was purely anorexic, when I was completely refusing to eat, but just apples and /H: mm/ you know /H: yeah/ the lowest calorie things, I felt as if I'd nothing to do in my life. (.) I mean the things that I had been doing like the school (.) didn't mean anything to me /H: right/ (.) so which meant that I didn't deserve the food /H: mm/ because normal people <u>do</u> something in their lives. They have activities (.) uhr urges, needs (.) desire or plans for their future and they strive for it. [...] But as I had nothing else, <u>nothing</u> to do in my life that I /H: mm/ (.) that I had no commitment lets say /H: right/ I felt I didn't deserve it.

(Cathy, p.12)
Cathy: I went through a stage when I was in hospital where I was so angry with myself. I wouldn't buy myself anything. You know, I /H: mm/ wouldn't buy myself even a drink. I wouldn't buy myself a magazine. I c' /H: right/ I wouldn't buy anything (.) um and that was because I was so angry with myself and I didn't feel I deserved it.

(Nicki, p.7)
Nicki: And I think like eating. It was, you'd eat if you like yourself [...] I didn't like myself either /H: right/ but /H: mm/ and I just wanted to like starve.

In these extracts the self is negatively construed as undeserving of food. Eating is constructed as an activity which is only legitimate for "normal people (who) do something in their lives", who have "urges, needs (.) desire or plans for their future". It is for those who "have done sufficient exercise to earn and deserve" it. Food must be deserved. Nicki's use of the word 'starve' rather than 'diet' and the inclusion of magazines as well as food and drink in Cathy's self-deprivation both function to emphasise that food-refusal is not only about weight-loss. It also serves to mark one's self-dislike and lack of worth.

Further negative self-constructions emerge with the deployment of a 'discourse of self-improvement'. In the extract below, for example, Michelle construes herself negatively. There is nothing about herself that she likes: "there was every single thing about me that I want to change".

(Michelle, p.10)
H: So (.) so was it in a, in a sense maintaining being thin helped you to feel better about yourself?
Michelle: Yeah /H: mm/ I I think I said this last time but um (.) although there was (.) every single thing about me that I want to change, some things you can change and some things you can't. /H: right/ (.) And um (.) that one thing, my weight, I can change pretty easily /H: right/ if people will let me. (laughs) /H: (laughing) right/ And um (.) it just makes me feel I can do something to improve myself (.) so I'm getting a step closer to being happy I suppose. I mean I I know /H: mm/ this is unreasonable but (.) this is the kind of thinking that goes (.) /H: right/ behind everything that I do.

The discourse of self-improvement deployed here constructs 'an imperfect self' which can be worked upon and improved. A constant striving for perfection will bring one closer to happiness. This is, I would argue, a discourse that is found not only in talk about body management but also in the more general context of a late capitalist, Thatcherite ethos that asserts that all is within our grasp if only we strive hard enough to attain it. This narrative interpellates the subject as lacking in some way, suggesting that one will not be happy until, for example, a perfect body-weight or shape, a better education, a larger salary, or higher social/class status have

been achieved. That Michelle reflexively evaluates this construction as "unreasonable" does not prevent her being interpellated by it as lacking and defective.

12.3 Anorexia as Self-punishment

A multiplicity of negative as well as positive constructions of 'the self' thus pervade the transcripts. In contrast with the Stoic theme in which self-starvation is construed as a technique of self-production (see chapter 9), self-starvation may alternatively be associated with negative constructions of 'the self' as defective, undeserving or transgressive. Through a penitential theme, it is construed as the reparation of a sinful self, as a form of punishing self-destruction. Throughout the transcripts losing weight through self-starvation was frequently constructed in terms of a theme of self-punishment and destruction associated with negative self-constructions. In the two extracts below, for example, losing weight is discursively construed as <u>burning</u> fat, a construction which, I would argue, emphasises the aggressive, self-destructive significations of 'dieting' and exercise.

(Lynn/Jane/Simone, p.7)
Lynn: Yeah I used to do exercise like /H: mm/ mad. I used to think all that <u>fat burnt</u>. Every time I ate something I thought: well it must go to <u>fat</u> and it'd be all like round my heart. So /H: right/ I 'd exercise like hell. I wanted a really lean heart.

(Jane/Lynn/Simone, p.8)
Jane: I just wanted to burn off the fat /H: mm/ and lose as much weight as I could and you know, you know not to sort of look feminine or anything. It was basically to kill myself.

In these extracts losing weight is explicitly dissociated from a desire to look attractive. Rather, it is about burning up fat, destroying one's body and, by implication, oneself. The theme of self-punishment accompanying negative self-constructions is also apparent in the extracts below.

(Nicki, p.8)
Nicki: It's not just eating I think it's everything, /H: mm/ just harming yourself, cos I used to like cut myself. I used to make myself really cold. [...] I just went on this rampage of like being hungry /H: mm/ which felt wonderful, and finding ways to lose weight and everything. /H: right/ And it was just, it's hard to put into words. It was just the only important thing. And it was like a matter of life and death. /H: mm/ And it was the only way of being able to feel on top of things.

(Cathy, p.7)
Cathy: My favourite <u>day</u>, although it was tough, was like to have um school all day and then come home, do 5,000 sit-ups, two other hours of exercise and all this without even a piece of water, without anything [...] And sometimes I mean I have to confess that sometimes I did all the exercise and I was crying because I was thinking: Why are you doing this to yourself? /H: mm/ You know: Why am I treating

myself like this?

(Jane/Lynn/Simone, p.11)
Jane: I think with me it was just hating myself so much. /H: right/ Um basically I just wanted to (.) initially I wanted to harm myself and sort of kill myself /H: right/ um and then it got to the stage when I really got into it [...] Initially it started cos I hated myself so much /H: mm/ I used to cut myself up and everything.

(Emma, p.7)
Emma: I know it sounds crazy but the anorexic episodes are the good ones cos that feels really good, /H: mm/ you know because you're, that's assertion of control and you feel really together that, and every time you feel your stomach rumbling you ignore it and when you go to bed and your stomach quite hurts and you ignore it you feel really good.

In these extracts the self is implicitly construed so negatively that 'it' deserves starvation, cutting, cold, excessive exercise, long, slow, painful punishment, and even death. Control/denial of the body through self-starvation or other means becomes here not so much a production or assertion of the self but a way of punishing and destroying the self. It marks one's lack of worth. The inclusion of forms of self-harm such as cutting emphasise this theme of self-punishment and self-destruction. Yet whilst this self-punishment is associated with painfully negative self-constructions it is simultaneously construed as pleasurable. Cathy describes a day of gruelling exercise and self-deprivation as her "favourite day" and Nicki construed her "rampage" of hunger as feeling "wonderful". This ambivalence might be interpreted in relation to a dual signification of 'self-starvation'. That is, the meaning of self-starvation is not fixed. Rather, it shifts and may be construed as self-producing as well as self-punishing or self-destructive. As Emma's extract illustrates, stomach pain may be construed as "really good" because it signifies that one has successfully asserted control as well as because it hurts. And as Foucault (1988: 42) argues in his discussion of penitence:

> The acts by which he (sic) punishes himself are indistinguishable from the acts by which he reveals himself. Self-punishment and the voluntary expression of the self are bound together.

'Self-starvation' construed as self-punishment may be indistinguishable from 'self-starvation' construed as the expression, the physical and discursive production, of the self.

However, the construction of self-punishment as

pleasurable might also be interpreted as masochistic, that is, in terms of "a tendency which has self-destruction as its aim" (Freud, 1933a: 136), "in which satisfaction is conditional upon suffering physical or mental pain" (Freud, 1905: 71). And within psychoanalytic theory masochism has frequently been associated with feminine sexuality. Freud, for example, described masochism as "truly feminine" (1933b: 149; see also 1905; 1924b; 1931), asserting that:

> It can hardly have escaped you that sadism has a close connection with masculinity, and masochism with femininity. (Freud, 1933a: 135)

Helen Deutsch (1944), taking up Freud's term 'feminine masochism', argued that narcissism, passivity and masochism constituted the three essential traits of femininity and that masochism was normal, desirable and necessary for female psychosexual development. In the extract below Emma construes a comparable relationship between women and masochism, producing a similarly naturalizing explanation of self-damaging behaviour in women.

(9) p7
Emma: I think very much that it's you know sex characteristics /H: mm/ for men to turn their aggression out, whatever the root of their aggression is and for women to tend to turn it in. /H: right/ It's a lot, it's a lot more easy I think for women to control themselves because of the physical disadvantage than it is to go out and /H: right/ you know go to the pub and stab someone or go and mug an old woman or something (laughter) you know. /H: right/ You just don't have the physical characteristics to be able to do it. /H: right/ So if you want to inflict some serious damage (laughing) then the safest option is to do it on yourself (laughter) you know cos at least then you know what you're doing.

In this extract both men and women are construed as aggressive. But men "turn their aggression out" whereas women are construed as tending to turn their aggression upon themselves, a discursive construction which may be read in terms of Freud's conceptualization of secondary masochism[1] as

---

[1]. In 1924 Freud added a footnote to his discussion of masochism in 'The Sexual Aberrations' (1905) in which he drew a distinction between primary and secondary masochism, writing that: "My opinion of masochism has been to a large extent altered by later reflection, based upon certain hypotheses as to the structure of the mind and the classes of instincts operating in it. I have been led to distinguish a primary or erotogenic masochism, out of which the later forms, feminine and moral masochism, have developed. Sadism which cannot find employment in actual life is turned round upon the subject's own self and

"an extension of sadism turned round upon the subject's own self" (Freud, 1905: 71-72). Further, Emma explains this construction of 'feminine masochism' in terms of women's "physical disadvantage", in terms of a natural rather than a social cause. 'Women' are too physically weak to damage others and must therefore express their aggression through self-injury. Her description of "inflict(ing) some serious damage" on oneself as "the safest option" is accompanied by laughter and, perhaps, suggests that the tensions in this argument are apparent.

Whilst Deutsch conceptualizes masochism as an essential trait of femininity, other psychoanalytic theorists have disputed her assertion of the normality of masochism in mature femininity, arguing, for example, that she had wrongly equated feminine passivity with masochism (Gardiner, 1955), that masochism is a caricature rather than an essential trait of femininity (Waelder, in Panel, 1956) or that masochism is associated with impaired object relations rather than normal or natural feminine development (Blum, 1976).

As Blum (1976) argues, the way in which one conceptualizes the relationship between 'femininity' and 'masochism' depends upon one's concept of femininity. "Psychoanalytic concepts such as masochism or penis-envy should not be invoked or utilized in a simplistic reductionism" (Blum, 1976: 185) in which 'femininity' is reduced to a set of traits. Indeed, Freud's theorization of 'feminine masochism' was far more complex than that offered by Deutsch. Firstly, his assertion that masochism is often found in men (1933b) indicates the problematic nature of any simple equation of women with femininity (e.g. Freud, 1925) or with 'feminine masochism'. Secondly, Freud associated masochism and sadism with passivity and activity respectively.

> The term masochism comprises any passive attitude towards sexual life and the sexual object, the extreme instance of which appears to be that in which satisfaction is conditional upon suffering

---

so produces a secondary masochism, which is superadded to the primary kind."

> physical and mental pain at the hands of the sexual object. (Freud, 1905: 71)

Masochism can thus be understood as feminine since the concept of femininity is associated with that of passivity (Nagera, 1969). Hence,

> We should ... be inclined to connect the simultaneous presence of these opposites (sadism and masochism) with the opposing masculinity and femininity ... a contrast which often has to be replaced in psychoanalysis by that between activity and passivity. (Freud, 1905: 73)

Yet, as Freud (e.g. 1933b: 147-148) repeatedly argued, these associations are highly problematic. For Freud, masculinity and femininity are combined in bi-sexuality and "sadism and masochism are habitually found together in the same person" (1905: 73). And although

> ... when you say 'masculine' you mean as a rule 'active' and when you say 'feminine' you mean 'passive'. ... (e)ven in the sphere of human sexual life, one soon notices how unsatisfactory it is to identify masculine behaviour with activity and feminine with passivity ... The further you go from the sexual field, in the narrower sense of the word, the more apparent it becomes that the two ideas do not coincide.

Thus, the relationship of femininity to masochism becomes problematized since there is no easy equation between women and femininity nor between femininity, passivity and masochism: "... pure masculinity and femininity remain theoretical constructs of uncertain content" (Freud, 1925: 258). Moreover, in conceptualizing masochism as an essential trait of femininity,

> Deutsch did not question the relative influence of a feminine cultural ideal of devoted sacrifice, that a 'mature woman' should assume a masochistic position with contentment and fortitude. (Blum, 1976: 178)

Freud, however, argued that:

> It can often be shown that masochism is nothing more than an extension of sadism turned round upon the subject's own self, which thus, to begin with, takes the place of the sexual object. (Freud, 1905: 71-2)

And further,

> We are now led to consider the important possibility of the aggression being unable to find satisfaction in the external world, because it comes up against objective hindrance. It may then perhaps turn back, and increase the amount of self-destructiveness within. (Freud, 1933a: 136)

That is, 'feminine masochism' may result, in part at least, from social prohibitions against female aggression. Hence,

> we must take care not to underestimate the influence of social conventions, which also force women into passive situations. The whole thing is still very obscure. We must not overlook one particular constant relation between femininity and instinctual life. The repression of their aggressiveness, which is imposed upon women by their constitution and by society, favours the development of strong masochistic impulses, which have the effect of binding erotically the destructive tendencies which have turned inwards. (Freud, 1933b: 149)

Thus, Freud argues, whilst masochism is feminine, the concept of femininity does not coincide with woman. Nor is 'feminine masochism' a natural category since, he argues, society plays a part in its development. 'Femininity' and 'feminine masochism' are problematic social concepts.

The discursive construction of self-starvation as self-punishing, evidenced in the extracts above, might thus be read in terms of a psychoanalytic theory of masochism, as articulating a desire for punishment and suffering and as constituting a 'femininely masochistic' self. However, as argued above, the relationship between masochism and femininity is both complex and problematic. It would be a simplistic reductionism to interpret these extracts as evidence of masochism as an essential trait of femininity (see also Blum, 1976). Constructions of anorexia as self-punishing and of the self as 'femininely masochistic' be viewed therefore not as expressions of individuals' 'feminine masochism' but rather as interpellations of (female) subjects within already existing discourses and discursive practices which produce women as masochistic.

12.4 (Un)comfortably Numb: Purging, Purity and Emptiness

In the above analysis I have argued that self-starvation may be discursively construed as masochistic, as self-punishing and self-destructive. And this theme is also evident in talk about purging.

(Layla, p.13)
Layla: I know that bulimia is not the right way to do it. /H: mm/ It cost me a lot (.) /H: yeah/ physically and emotionally. (.) It was just another mechanism to pull me down, to destroy my (.) feelings of self-worth or whatever, /H: right/ self-esteem.
H: Mm (.) so the bulimia made you you feel even worse about yourself. (.)
Layla: I was hateful /H: right/ (.) for myself.

(Nicki, p.8)
Nicki: People became interested /H: mm/ and I think some of my friends who I went round with, I think some of them sort of, you know, started taking laxatives and things which I felt really bad about, /H: mm/ which I, you know, like with close friends /H: mm/ but and I was like really unsociable anyway.

In these extracts binging and vomiting and laxative-abuse are construed as self-destructive, both physically and emotionally. Nicki's account of feeling "really bad" when her friends started to copy her laxative-abuse implies a construction of laxative-abuse as damaging and self-destructive. It is a construction which differs significantly from those in other parts of her transcript where she construes her own laxative-abuse positively as a means of purifying and cleansing herself.

(Nicki, pp.7-8)
Nicki: Even I mean like if, I don't like to say, you take laxatives, and you take strong ones and you can lose like a stone form being sick or whatever. /H: right/ Then even though I knew that I hadn't lost any fat /H: mm/ or if I had a drink it would all come back, it was still good. It was pure and it would just be focused on the scales and weight and whatever. [...] Like if you binge /H: yeah/ then everything's gone and then if you take, then after if you like clean yourself then you can begin to feel relieved.

There is then an ambivalence in discursive constructions of purging as there is in constructions of self-starvation. 'It' is negatively construed as self-destructive but is also positively construed as cleansing and purifying.

(Cathy, p.2)
Cathy: After I ended up I hospital for a heart condition I said that I wouldn't take them (laxatives) again. And yet I did straight away. /H: mm/ I mean I don't think I will ever give them up. They're too much of a comfort. /H: right/ Even if I have a drink I have to have some, some tablets because uhm (.) I feel better. I feel more clean. That's it, I feel clean [...] I look at these things (indicating a ribena carton) as being poison and I don't want poison in my body and I want to be cleansed inside.

In these extracts 'purging' is predominantly constructed as a technique of purifying and cleansing the self. And although it is positively construed as bringing relief and comfort this construction of purging also resonates with the penitential

theme, explicated above, in which self-starvation is construed as the atonement of a sinful/fat/bad self. Here, the self is implicitly construed as contaminated (particularly by food) and therefore as in need of purification. Paradoxically, however, whilst purging is construed as purifying it may also be construed as shameful. Nicki, for example, does not like to say that she takes laxatives and avoids using the word. She also avoids any detailed description of their effects: they make you "sick or whatever" and both her and Cathy's construal of their effects as cleansing might be read as concealing their defecation-inducing properties.

Discursive constructions of purging thus parallel those of 'self-starvation' in that purging is represented both positively - as producing a purified self - and negatively - as self-punishing and self-destructive. In the extracts below there is an emphasis on purging as an emptying process through which the self is both purified and emptied.

(Emma, pp.7-8)
Emma: In fact it's a lot easier to make yourself sick when you've eaten vast amounts than it is when you've only eaten a little bit. /H: yeah/ So it's much better to just let it run it's whole course and get it out of your system /H: mm/ than stop it half way through and then worry about not being able to get it all out again.

(Cathy, p.2)
Cathy: Having an apple is stuffing to me uhm because I feel the whole thing is so crude and I hate the feeling of having something inside me. /H: right/ It really freaks me out.

(Elaine, p.8)
Elaine: I got angry /H: mm/ and I wanted just starve myself. I wanted to succeed at that.
H: Right, so was it that you were angry about (.) when you in a sense broke your diet or was there=
=Elaine: Well the empty feeling /H: right/ felt good (.) for a while.

(Layla, pp.11-12)
Layla: I used to feel like that I'm pure (.) because /H: right/ I was refusing to eat. /H: mm/ I'm not, to <u>know</u> that my stomach was <u>empty</u> gave me such a good feeling. [...] I mean I had to convince myself that it was good. (.) /H: right/ So I think my mind has worked in that way /H: right/ so that I could be happy in that (.) shit.

Purging and self-starvation are construed here as means of getting food out of one's body. The ideal is to have nothing inside, to be empty. Whilst this might be viewed as a form of weight-control it may also be read as symbolically (as well as physically) self-destructive, as producing emptiness. Within the framework of a discourse of individualism, in which identity is constructed as something internal, 'purging' may be read as an obliteration, an emptying, of one's internality.

The production of an empty self through purging resonates with those constructions, discussed above (see chapter 11), of the self as an identity-less, empty shell.

To construe purging as a relieving "comfort" might therefore be interpreted as masochistic, that is, in terms of "a tendency which has self-destruction as its aim" (Freud, 1933a: 136). Yet, like self-starvation, purging is also construed positively as a means of purification and of achieving control and as a form of self-production. In the extract below, for example, vomiting is ambivalently construed both as hated and as a comforting means of re-gaining control over one's eating.

(Emma, p.7)
Emma: I hate you know the bounce back afterwards because when when I binge it's just disgust. I hate it because I don't have any control of what's /H: right/ going on at all. /H: mm/ But then when you do make yourself (sick) afterwards it's like complete relief because you've shown yourself that even though you haven't had any control over what you've been eating /H: mm/ you can still do something about it afterwards. /H: right/ But I do hate that. [...] But ultimately anything that I do do to myself is my own choice. /H: right/ It's nothing external you see. No-one else is telling me what to do. /H: mm/ This is me and I can, you know, I am in charge of my body [...] I can be in control of what goes on in my body. /H: right mm/ And it gives me quite a lot of comfort I think /H: yeah/ when things get really tough.

Purging is construed here as a means of re-gaining the control over one's body that is lost by binging. Within the context of a discourse of Cartesian dualism it may therefore be viewed as producing a positively construed self. Through purging Emma re-asserts control and thus re-asserts herself. "This is me and I can, you know, I am in charge of my body" (emphasis added). Yet in emptying the self it is also self-destructive. In other extracts too, where 'anorexic' behaviour is construed as a numbing focus on weight and food, the self is again constructed as emptied, evacuated of emotion. And, as in the extracts above, the process of emptying the self is constructed both as a means of coping and achieving control and as a means of obliterating the self.

(Laura/Penny, pp.10-11)
Laura: It helped me not see what was (.) um, it helped me deal with with worry and fear /H: right/ and worry that I wasn't going, worry about work and how well I was going to do in exams, /H: right/ worry about (.) just worry, um (.) um /H: mm/ insecurity [...]
Penny: Yeah for me too, like to cover up feelings, /H: right/ feelings of fear, anger, any feelings. I mean it to suppress that because I just didn't want to feel it.
H: Right, was there anything particular that you felt sort of fear of or angry about ?
Penny: Um (.) hu (.) well it's kind of (.)
H: I don't=
=Penny: anger and the fear were kind of just (.) of being Penny I think, of being me /H: right/ which was quite difficult, but um (.) just being me cos I hadn't been, you know I thought no-one liked me. I did everything wrong so I think it was a fear of being me totally [...] I didn't have to feel. I

didn't feel. I felt I was stoned all the time. /H: right/
Laura: You feel numb.

(Nicki, pp.6-7)
Nicki: And it made me able to cope, block out lots of things. It was something to focus on. I didn't like myself either /H: right/ but /H: mm/ and I just wanted to like starve and also um like you become numb, /H: mm/ emotionally detached. And like if like you don't, now I could cry about something if I was upset but if I wasn't eating then I'd sort of be numb to the feelings [...] it would just be focused on the scales and weight and whatever.

(Jane/Lynn/Simone, p.15)
Jane: I was abused when I was a child (.) and I know now that it was trying to cover that up because /H: right/ by having anorexia I didn't have to face and think about that /H: mm/ because (.) everything inside me was concentrated on anorexia [...] It was all I thought about. It was all I could concentrate on /H: mm/ and just everything else went out of my head. /H: right/ I couldn't think about anything else.

(Michelle, p.13)
Michelle: Um (..) it it stopped me (.) um (.) having lots of worries and thoughts in my head /H: right/ but I I don't know where they went /H: mm/ (half laughing) but they just hu /H: right/ they did go.

In these extracts 'anorexia' is construed as a means of coping. By concentrating on food and losing weight traumatic memories and painful feelings, "abuse", "worry and fear" "insecurity", "fear of being me" are blocked out, covered up, suppressed. "I didn't have to face and think about that [...] because (.) everything inside me was concentrated on anorexia". Yet this coping is constituted as an obliteration of feelings, becoming "emotionally detached" and "numb". 'Anorexia' is constituted as a way of emptying the self of thought and emotion.

The discursive construction of anorexia as numbing can thus be viewed as similar to that of purging. Both are construed as emptying the self of food, of feelings, of internality. Like self-starvation and purging, the 'anorexic' focus on food and weight-loss may be read as an emptying of one's feelings, thoughts and memories, as self-destructive.

The construction of anorexia as a numbing focus on food and weight might also be read in relation to the psychoanalytic concept of schizoid fragmentation (Bion, 1967, cited in Sayers, in press/a). Sayers (in press/a: 3), for example, discusses the psychoanalytic significance of focusing on details such as "the minutiae of the calories and grammes" that a client "ate and weighed". This "obsessive fragmentation" of life into its agglomerated details "averts disillusion by stripping anything that might cause it of meaning through detaching each thought and feeling from the next" (ibid., p.3). Focusing on the minutiae of one's life can

be understood as warding off emotionally significant meaning through fragmenting meaning into seemingly meaningless details. Thus, one client

> felt he was nothing but the grains of muesli he ate ... Having defensively fragmented his life, David could then only pedantically regale me with its 'agglomerated' (Bion, 1967) details till I found myself as emotionally numbed as he sought to be himself. (Sayers, in press/a: 3-4)

In the extracts above Nicki's construction of anorexia as a focus "on the scales and weight", for example, might similarly be read as signifying an attempt to erase meaning from her life through focusing on seemingly meaningless details such as calories and numbers on weighing-scales.

There is, then a continual shifting between discursive constructions of anorexia as a signifier of various subject positions, as resistance to various (im)positions of identity, as a search for identity, as constituting one's identity, as signifying a lack of or in identity, as an emptying of one's internality, as an erasure of meaning or identity. It is discursively constructed both as self-productive and self-destructive.

12.5 'Discipline and Punish'[2]: Detailing Individuality

The discursive construction of 'anorexia' as a fragmentation of one's life into seemingly meaningless details of grammes and calories, as an expunging of feelings, memories and thoughts, may be read as discursive self-obliterating and self-destruction. However, this focus on detail might contrarily be interpreted as self-productive. That is, as Foucault (1977b) argues, modern individuality is produced through exact observation and detailed examination of the body and the self. Detail can be understood as producing as well as obliterating the self.

Foucault (1977b) argues that the Classical Age (the seventeenth and eighteenth centuries) saw the displacement of

---

[2]. This subheading takes part of the title of Foucault's book 'Discipline and Punish: The Birth of the Prison' (1977).

previous regimes of domination such as slavery or 'service' with a political anatomy of power that "produces subjected and practised bodies, 'docile' bodies" (ibid., p.138) through detailed observation. "The Classical Age discovered the body as the object and target of power" (ibid., p.136) and what was new here was

> the scale of the control: it was a question not of treating the body, en masse, 'wholesale', as if it were an indissociable unity, but of working it 'retail', individually; of exercising upon it a subtle coercion, of obtaining holds upon it at the level of the mechanism itself - movements, gestures, attitudes, rapidity: an infinitesimal power over the active body. (ibid., p.136-7, emphasis added)

That is, since the Classical Age a new "machinery of power" has emerged which functions through a multiplicity of minor processes of domination; through supervision, observation, surveillance, examination and the accumulation of detailed knowledge of the individual rather than the social body. These disciplinary processes constitute a "new micro-physics of power", a "political anatomy of detail" (ibid., p.139). It is through detailed surveillance and knowledge rather than violent physical coercion that human bodies are disciplined; are made intelligible, docile and useful.

> A meticulous observation of detail, and at the same time a political awareness of these small things, for the control and use of men (sic), emerge through the classical age bearing with them a whole set of techniques, a whole corpus of methods and knowledge, description, plans and data. And from such trifles, no doubt, the man of modern humanism was born. (ibid., p.141)

Discipline is exercised then through "a meticulous observation of detail", through techniques of description and examination and through the accumulation of detailed knowledge, assessing and documenting the individual rather than the social body en masse. And, as Foucault argues, this infinitesimal control is not simply a repression. Rather "discipline 'makes' individuals" (ibid., p. 170).

> The individual is no doubt the fictive atom of an 'ideological' representation of society, but he (sic) is also a reality fabricated by this specific

> technology of power that I have called 'discipline'. We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact, power produces; it produces reality, it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (ibid., p.194)

Prior to the Classical Age "the everyday individuality of everybody remained below the threshold of description" (ibid., p.171). Since the emergence of modern discipline, however, the individual is subjected through detailed observation and description. Discipline individualizes. It produces the individual as the effect and object of power and knowledge, as an individual.

In short, discipline may be understood as a socio-historically specific political 'technology of power' which, through meticulous attention to detail, both controls and produces the individual. The 'anorexic' focus on the details of the grammes one weighs and the calories consumed or on the precise details of one's exercise regime, may be viewed as an exemplar of this discipline. The detailed self-observation, examination and documentation of such minutiae evidenced in the extracts above can be understood as the exertion of a meticulous control and as simultaneously constituting the self as an individual defined in its most minute detail[3].

In short, the discursive construction of anorexia as a focus on the details of food and body weight is paradoxical. On the one hand 'anorexia' can be construed as numbing, as a 'schizoid fragmentation' of 'the self' into seemingly meaningless details, as self-destructive. On the other hand 'anorexia' may be construed as self-producing, as a

---

[3] See also Gutman's (1988) discussion of Rousseau's 'Confessions' (1765) in which he argues that "Rousseau constituted the self as subject by objectivizing the speaking subject in language" (ibid., p.117). In the Confessions Rousseau develops a technology of the self through which the individuated subject emerges "as a subject of observation and description", constituted through an examination and written confession that stresses "the inclusion of every detail" (ibid., pp.116-7).

disciplinary process of detailed (self-)observation, examination and documentation that not only controls but also produces the individual as an individual. These paradoxical constructions converge, I would argue, with the construction, explicated above, of anorexia as a search for identity and as an identity which also signifies a lack of or in identity.

12.6 The Vision Thing

12.6.1 Panopticism and the Disciplined Individual

> I don't exist when you don't see me
> I don't exist when you're not here
> what the eye don't see won't break the heart
> you can make believe when we're apart
> but when you leave I disappear
> when you don't see me ...
> (The Sisters of Mercy, 1990)

In 'Discipline and Punish' (1977b) Foucault argues that 'the examination' plays a central role in the exercise of discipline, in the process of producing disciplined individuals. It

> introduces individuality into the field of documentation. The examination leaves behind it a whole meticulous archive constituted in terms of bodies and days. The examination that places individuals in a field of surveillance also situates them in a network of writing; it engages them in a whole mass of documents that capture and fix them. (Foucault, 1977b: 189)

The examination simultaneously constitutes and dominates the individual as an individual by meticulously documenting, i.e. discursively constituting, him or her. It links "a certain type of the formation of knowledge" to "a certain form of the exercise of power" (ibid., p.187). But, as the above quote also indicates, the examination exercises power not only through documenting detail but also, necessarily, through observation. It "places individuals in a field of surveillance".

> The examination transformed the economy of visibility into the exercise of power ... In discipline, it is the subjects who have to be seen. Their visibility assures the hold of the power that is exercised over them. It is the fact of being

> constantly seen, of being able always to be seen, that maintains the disciplined individual in his subjection. (ibid., p.187)

Through the examination 'the economy of visibility' becomes an exercise of disciplinary power through a combination of "techniques of an observational hierarchy" with "those of a normalizing judgement". "It is a normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish" (ibid., p.184). In the two extracts below 'the economy of visibility' is, I would argue, constructed in precisely this Foucauldian way as a disciplinary, normalizing gaze.

(Lynn/Jane/Simone, p.17)
Lynn: I thought people must look at me and and think I'm, that person's mental uh like, you know, like sort of you might walk round the town and you'll see someone's whose schizophrenic, you know, with all the homeless people and everything. And I'd think they'd look at me and they'd think I'm like that /Jane: mm/ so I stopped going out /H: mm/ so that people wouldn't see me. They must think: well she's mentally ill, that woman. /H: right/ And I think, you know, people'd think I was mental. I'd stay away from people, wouldn't even look at people. I'd walk up the road and keep my head down (.) /H: mm/ so that people wouldn't notice me.

(Mandy, pp.9-10)
Mandy: I think doctors pay far too much attention on the weight side of it. /H: right/ And um I mean I had to go through um sort of weighing and this kind of thing and it, all it does is um make you focus more on that. /H: mm/ If if a doctor is standing there and weighing you up and down and saying /H: yeah/ this, that and the other /H: yeah/ it makes you focus on it.

In Lynn's extract she gives an account of how she "stopped going out [...] so that people wouldn't see (her)". The public's gaze is constructed here as disciplinary, as normalizing. It observes and categorizes her, judging whether or not she deviates from 'the norm' as "mentally ill", "schizophrenic" and "homeless people" do. Hence she attempts to become less visible in order to avoid this disciplinary 'field of surveillance'. Mandy construes medical intervention in a similar way. In her account she is primarily concerned to argue that the attention doctors give to her weight is counterproductive as "all it does is um make you focus more on that." However, her construction of medical intervention as "weighing you up and down" might be read as amalgamating the phrases 'weighing you', 'weighing you up' and 'looking you up and down'. It suggests a disciplinary theme of surveillance in which Mandy is subjected to an 'observational hierarchy' and a 'normalizing judgement' that measures and assesses her, comparing her with a norm.

Further, the phrase "looking you up and down" can be read as referring to a male heterosexual gaze (see Coward, 1984). Hence, Mandy's construction of medical intervention suggests a parallel between medical power-relations and gender power-relations in terms of a disciplinary gaze. The account resonates, therefore, with the discursive construction of femininity as an appearance (see chapter 8). The romantic construction of femininity as physical beauty can be read as a discursive production of feminine subjectivity within a disciplinary field of vision.

The disciplinary, normalizing gaze may also be understood to characterize medical, psychiatric and psychological practices as a whole in terms of their procedures of observation, measurement and categorization and normalization (Foucault, 1977b; see also Ussher, 1991). Further, the 'anorexic' focus on body-weight, the widespread body-dissatisfaction and associated restricted eating amongst women (both those diagnosed as anorexic and others) (see chapter 2) may also be understood in terms of a normalizing gaze, as critical self-examination, as a process that disciplines through self-surveillance, measurement and comparison with a norm or, rather, with a fictive norm, an 'ideal'. And as argued above (see chapter 11) the discourse of individualism which interpellates the (disciplined) individual as an individual militates against construing this discipline as a socio-political issue whilst a 'discourse of pathology' (see Wetherell and White, 1992) produces non-normative, non-ideal bodies and eating behaviour as individuals' failures.

Since their emergence in the Classical Age techniques of individualizing discipline developed so that by the nineteenth century procedures of observation, documentation, surveillance and examination were combined with procedures of exclusion (Foucault, 1977b). Discipline involved a "constant division between the normal and the abnormal", an exclusion of the abnormal in asylums, prisons and hospitals and an individualizing of the excluded through constant surveillance.

Bentham's invention, 'the Panopticon' - a building in

which a central observation tower is surrounded by an annular building divided into cells, each of which can be seen from the tower - represents "the architectural figure of this composition". "All that is needed, then, is to place a supervisor in a central tower and to shut up in each cell a madman, a patient, a condemned man, a worker or a schoolboy" (ibid., p.200). In this way the inmate never knows when s/he is watched but knows that s/he may always be watched. As Foucault argues,

> he who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relations in which he simultaneously plays both roles; he becomes the principle of his own subjection. (ibid., p.202)

The Panopticon thus represents an exemplar of discipline, producing disciplined individuals by making them constantly visible. It formed an important 'figure of political technology' not only because it is "polyvalent in its applications" (ibid., p. 205) but also because it "automizes and dis-individualizes power" (ibid., p202) whilst individualizing its inmates. In the Panopticon "power has its principle not so much in a person as in a certain distribution of bodies, surfaces, lights, gazes; in an arrangement whose internal mechanisms produce the relations in which individuals are caught up" (ibid., p.202). Furthermore, the Panopticon is a generalizable principle, "a way of defining power relations in terms of the everyday life of men (sic)" (ibid., p.205). It was "destined to spread throughout the social body; its vocation was to become a generalized function" (ibid., p.207). That is, Panopticism, the principle of a constant (or continually possible) surveillance and normalizing gaze, can be understood not only as a disciplinary technique of institutions such as prisons, hospitals and schools, but also as a general principle, "a new political anatomy" of disciplinary power diffused throughout society.

Foucault's discussion of Panopticism thus makes clear the significance of 'the economy of visibility' in the political

anatomy of discipline. Surveillance (or its possibility) and the normalizing gaze are techniques of individualization and control. It is by being visible that one is constituted as a (disciplined) individual.

12.6.2 Visibility and the Thin/Anorexic Body

As noted in chapter 8, the thin/anorexic body may be discursively construed as a small body, as a signifier of petite femininity, a construction which converges with other constructions of this body as feminine. Alternatively, it may be constituted in a discourse of Cartesian dualism as a controlled or denied body, signifying the ideal of a non-body (see chapter 9). These discursive constructions may also be read in relation to Foucault's theory of Panopticism. That is, the construction of the thin/anorexic body as becoming progressively smaller may be understood as signifying an attempt to become less visible and to thus evade the disciplinary gaze that both controls and individualizes. Anorexia may be construed as both an exemplar of discipline and as a resistance to the individuality that discipline produces. In the extracts below anorexia is constituted in this latter way as an attempt to become less visible.

(Mandy, pp.9-10)
Mandy: I think um a lot of doctors tend to just focus on: somebody looks that thin. They're actually wanting somebody to see what's going on. /H: right/ But I think it's, it starts off with the control over eating which is the important thing. /H: mm/ Um and I mean obviously the the thinness does come into it /H: mm/ because I mean you can control your eating and still maintain a stable, ordinary weight. [...] And the actual um, the physical appearance is much more to do with um not wanting wanting to be seen in in some ways, um. There's sort of a a feeling there of wanting to sort of just fade into the background literally.

(Penny/Laura, pp.10-11)
Penny: Um (.) hu, well it's kind of (.) /H: I don't/ anger and the fear were kind of just (.) of being Penny I think, of being me /H: right/ which was quite difficult, but um, just being me cos I hadn't been, you know I thought no-one liked me. I did everything wrong so I think it was a fear of being me /H: mm/ totally. [...] I just wanted to fade away (inaud.)=
=Laura: I avoided being me. I didn't want to know what me really was so I thought that if I just sort of (.) you know go along like this, just sort of hiding, I think I was just sort of hiding from myself, /H: right/ like afraid, I don't know, I I can't say.

(Nicki, pp.4- 7)
Nicki: It's just a way of like trying to disappear /H: mm/ and trying to be in control and feel pure. /H: right/ It's just the perfection /H: mm/ thing. [...] You just want to get smaller and smaller. /H: mm/ And then any comment that people say, if they say you look really dreadful today that just makes you feel good /H: right/ and reinforces your behaviour. [...] I mean I just wanted to die anyway /H: mm/ so not eating, becoming smaller is very relevant to that.

In these extracts 'getting smaller' is not so much about being femininely petite as about self-destruction. Jane and Nicki construe 'getting smaller' as a destruction of the body

leading to death. To become impossibly small is literally suicidal. But 'getting smaller' is also about the desire "to disappear", to "fade away", to "just fade into the background literally". It is about becoming less visible. In Princess Diana's widely publicized speech to the International Eating Disorders Conference (1993, cited in EDA, 1993: 3) she similarly construed eating disorders as "a compulsion to "dissolve like a Disprin" and disappear".

This construction of 'anorexia as a fading away, a "not wanting [...] to be seen" can be understood as signifying an avoidance of a disciplinary gaze. As the thin/anorexic body fades away it becomes less available to the disciplinary procedures of observation, examination, surveillance and normalizing judgements. This construction may thus be read as signifying an evasion of individuality. Its construction as less visible, signifies both a resistance to social control and normalization but also to the individualizing effects of discipline. Within the framework of Foucault's theory of Panopticism the discursive construction of the thin/anorexic body as one that is fading away or disappearing may understood as signifying both a resistance to social control and an evasion of the individualizing effects of discipline. Not wanting to be seen may be read as not wanting to be (an individual).

In short the thin/anorexic body is construed in the above extracts as a body that is fading away. And in becoming less visible it becomes less individualized. However, as the extract below indicates, this ever-diminishing body also becomes more noticeable, more visible.

(Mandy, pp.9-10)
Mandy: It's the way of conforming and it is a way actually um not being individual. /H: right/ Um you, you can ac', you can literally fade into the background and, and, /H: mm/ and in, it's a bit sort of um (.) somehow it's it's not quite right. I mean on the one hand you can say that; you can fade away into the background but then on the other hand you can't because if you're that thin /H: mm/ then people will notice you anyway. /H: mm/ So there there's a bit of a sort of paradox there. But /H: mm/ it's um, I think that that, there is, I mean again it's so much a conflict. And I think the whole thing is very much to do with conflict.

As Mandy argues, the thin/anorexic body may be more rather than less noticeable. It becomes increasingly subject to scrutiny both socially and medically. Her extract illustrates

how describing the thin/anorexic body as fading away or disappearing is a discursive construction. Whilst it is physically getting smaller it may equally be discursively construed as becoming more, as well as less, visible. Thus, within the framework of Foucault's theorization of Panopticism - of the individualizing effects of the disciplinary gaze - the thin/anorexic body may be understood as both an evasion and a courting of an individualizing disciplinary gaze, as a resistance and a conformity to social control, as both self-destructive and self-productive.

12.6.3 Visibility and Psychoanalytic Theorizations of Subjectivity and Gender

The importance of 'the economy of visibility' in the production of 'the individual' is indicated not only in Foucauldian theory, but also in psychoanalytic theory (see also chapter 3). Visibility plays a part in 'the mirror stage as formative of the function of the I' (Lacan, 1949: 1) and in Oedipal development (e.g. Freud, 1905; 1924a) or the entry of the subject into the Symbolic order (e.g. Lacan, 1958a).

During the mirror stage the infant's identification with her mirror image "situates the agency of the ego, before its social determination in a fictional direction" (Lacan, 1949: 2). The infant gazes at and identifies with her own reflection. She takes up a "specular I" which pre-figures "the social I" of the Symbolic order "in a primordial form".

> This jubilant assumption of his (sic) specular image by the child at the infans stage, still sunk in his motor incapacity and nursling dependence, would seem to exhibit in an exemplary form, before it is objectified in the dialectic of identification with the other, and before language restores to it, in the universal, its function as subject. This form would have to be called the Ideal-I if we wish to incorporate it into our usual register, in the sense that it will also be the source of secondary identification, under which term I would place the functions of libidinal normalization. (Lacan, 1949: 2)

The infant's mis-recognition of herself as her specular image represents a primordial form identity. It prefigures both "the

mental permanence of the I" and "its alienated destination" (ibid., p2). As Lemaire (1970: xix, emphasis added) notes, the ego emerges "through the necessary mediation of the perceived image"[4].

Visibility also plays a part in psychoanalytic theorizations of the later psycho-sexual development of gender identity. For Freud, the sight of the other sex's genitals is central to the development of masculine and feminine sexuality. Boys' conviction that both sexes have a penis "is obstinately defended against the contradictions which soon result from observation, and is only abandoned after severe internal struggles (the castration complex)" (Freud, 1905: 113, emphasis added).

> The observation which finally breaks down his unbelief (in the threat of castration) is the sight of the female genitals. ... With this, the loss of his own penis becomes imaginable, and the threat of castration takes its deferred effects. ... the destruction of the Oedipus Complex is brought about by the threat of castration. (Freud, 1924a: 317-8, 319. emphasis added)

For the girl feminine sexuality develops "when she makes a comparison" with a boy's genitals and "perceives that she has 'come off badly' and she feels this as a wrong done to her and as a ground for inferiority" (ibid., p.320, emphasis added).

The development of both masculine and feminine sexual identity is then, for Freud, predicated, in part, on an economy of visibility in which male and female genitals are observed and compared with each other and, more significantly, with the phallic 'norm' of having a penis. 'Femininity' is conceptualized in terms of a perceived lack. Yet as Blum (1976: 169) amongst many others argues, "Freud uncovered and brought to the attention of the world the utterly irrational

---

[4]. The notion of 'reflection' is also apparent in other psychoanalytic theories of development. Winnicott (1967), for example, describes the mother as mirroring the child to itself. His conceptualization of 'reflection' does, however differ significantly from Lacan's.

nature of this phallic contempt and derision of women." The girl cannot be described as lacking in the real since "there is nothing missing in the real" (Lacan, 1982c: 113). She can only be seen as lacking in relation to a pre-constituted (phallic) hierarchy of values.

> The phallus ... indicates the reduction of difference to an instance of visible perception, a seeming value. Freud gave the moment when boy and girl child saw that they were different the status of a trauma in which the girl is seen to be lacking. ... But something can only be seen to be missing according to a pre-existing hierarchy of values ... What counts is not the perception but its already assigned meaning - the moment therefore belongs in the symbolic. (Rose, 1982: 42)

As Lacan's re-reading of Freud emphasises, this "instance of visible perception" can only be significant because it is already symbolic. The girl is perceived as lacking only because that perception is located within a pre-constituted field of vision, the Symbolic order. This perception, like the disciplinary individualizing gaze, can be understood as "an exercise of power" (see Foucault, 1977b: 187) which constitutes (gendered) subjectivity within an already-structured (phallic) field of vision.

Lacan has often been criticised for asserting that the status of the phallus as the privileged signifier within the Symbolic order stems from its visibility (Rose, 1982: 42); that the phallic nature of the Symbolic order can itself be understood in terms of the visibility of the penis. ("One might say that this signifier is chosen as what stands out as most easily seized upon in the real of sexual copulation") (Lacan 1982a: 82, cited in Rose, 1982: 42). However, as Rose (1982: 42) argues,

> if Lacan states that the symbolic usage of the phallus stems from its visibility ... it is only in so far as the order of the visible, the apparent, the seeming is the object of his attack.

To assert that the phallus is the privileged signifier within the symbolic because of its visibility is not an explanation the origins of the symbolic in terms of the real. Rather, Lacan argues the vision of the phallus is always already

located within a pre-constituted 'order of the visible', the Symbolic order in which the status of the phallus is itself fraudulent (Rose, 1982). Whilst

> the phallus is not a phantasy, if by that we mean an imaginary effect (n)or is it as such an object ... in the sense that this term tends to accentuate the reality pertaining in a relation. It is even less the organ, penis or clitoris, that it symbolizes. (Lacan, 1958a: 285)

That is, for Lacan, the Symbolic order in which gender-identities are constituted involves an order of visibility whose ordering is always already symbolic rather than real.

In short, psychoanalytic theory, like Foucauldian theory, asserts the importance of visibility in constituting subjectivity. It is 'the order of the visible' which privileges the visibility of the phallus, which renders meaningful the Oedipal 'instance of visible perception' and which constitutes femininity as a seeming lack. Lacan's 'order of the visible' constitutes gendered subjectivities in relation to the pre-existing phallic norm of the Symbolic order. And as Foucault's 'economy of visibility' is located within a socio-historically specific politics of discipline which constitutes individuals so too is Lacan's 'order of the visible' located in a Symbolic order within which masculine or feminine subject positions are constituted. And for both Lacan and Foucault these economies or orders of visibility always pre-exist the individual and always constitute as well as reveal their objects.

Within the framework of both Lacanian and Foucauldian theories, the discursive construction of the thin/anorexic body as fading away or disappearing might be read as signifying a resistance to disciplined or gendered individuality. The paradoxical construction of this body as one that is both less and more visible, as a body that <u>appears</u> to disappear might be read as signifying an ambivalence towards the disciplining, individualizing and gendering effects of the fields of vision which are always, already located within socio-historically specific forms of power/knowledge.

12.7 Anorexia, Death, the Mother and the Ethereal Woman

As the above analysis indicates, the discursive construction of the thin/anorexic body as fading away, as disappearing involves a theme of self-destruction. To fade away may be read as an ambivalence towards the individualizing, disciplining, gendering effects of economies of visibility. It may signify a symbolical evasion of an individualizing gaze. And, as noted above, to become impossibly small is also literally suicidal. Nicki, for example, construed "not eating, becoming smaller" as "very relevant" to wanting to die (see p.334).

The construction of the thin/anorexic body as fading away involves, then, a theme of death as well as a theme of symbolic self-destruction. This theme, is, I would argue, also evoked by the dualistic ideal of a non-body. It also emerged as an extreme of self-punishment and self-destruction. Jackie, for example, constructed self-starvation as a punishing way to die.

(Jackie, pp.5-6)
Jackie: I mean it's only lately that I've felt maybe I want to live. /H: right mm/ Most of the time the result (.) of doing what I've done to myself is (.) just really wanting to kill myself.
H: Right, through starvation or=
=Jackie: Yeah <u>definitely.</u> /H: right/ I've always had, always thought (.) the only way I wanted to die was to starve myself.
H: Oh right. Why was that? (.) I mean why that form rather than (.) another form? (.)
Jackie: I don't know .I quite like (.) I <u>did</u> like the idea of it being a punishment. (.) /H: right(.) mm/ (.) And it was long and slow as well.
H: Right, so it was particularly painful.
Jackie: Yeah, I used to get a kick out of that, /H: right/ (.) of the punishment part of it (.) and the pain. /H: mm/ I didn't care.

The theme of death thus emerges sporadically in the discourses which converge on the thin/anorexic body throughout the transcripts. In the extracts below this theme becomes explicit. Anorexia is construed here as fatally self-destructive.

(Lynn/Jane/Simone, p.21)
Lynn: I got two appointments with a therapist and then he left. (.) And uh (short laugh) I wouldn't've been able to see anyone until last month which I /H: right/ would have been dead if I'd carried on.

(Cathy, pp.2-5)
Cathy: Uhm lets get back to the laxatives, anyway. Uhm what happened was that I was taking two hundred a day for I think it was just a week or something /H: mm/ and I started feeling very ill and everything and my mother called my nurses and they said: bring her in, we'll run some tests. This was a Sunday uhm and I was brought in and I was actually on the verge of having a heart attack. My potassium levels were sky high.

(Jane/Lynn/Simone, pp.18)
Jane: Like because of my abuse (.) it helped me to face that. Um (.) I don't know (.) uh because I'd come so close to dying /H: right/ like quite a couple of times um (.) it made me realise that (.) it

wasn't because I was mad I'd gone through the anorexia.

(Layla, p.8)
Layla: I think in a way it's more self-destructive than any other kind of depression /H: mm yeah/ unless it's suicide /H: right/ because in a way it takes you to death.

As recent studies demonstrate mortality rates for anorexia remain alarmingly high (see chapter 1). The construction of self-starvation and laxative-abuse as fatally self-destructive, evidenced in the extracts above, can therefore be seen as an accurate description of anorexia as physically hazardous and possibly fatal. However, whilst death is construed here as a possible result of self-starvation or laxative-abuse it is not construed as a desired outcome. Anorexia is constructed here as dangerous but not as a form of deliberate suicide. The women construe themselves as passively (almost) dying rather than as actively seeking death: anorexia "takes you to death". Other extracts, however, constitute anorexia as more actively self-destructive.

(Rachel, p.4)
Rachel: It's like a slow method, a slow method of killing yourself. P'raps men would maybe go from their car and put a hose-pipe round. But /H: right/ I don't know, well that's more of a conscious effort isn't it to kill, /H: yeah/ kill yourself.

(Elaine, p.9)
Elaine: I did actually think this time I was going to have to have a nasal tube cos I was just didn't want to eat. /H: right/ That was it. I was going to be in, I got /H: mm/ you know I just wanted to die.

(Jane/Lynn/Simone, p.11)
Jane: I think with me it was hating myself so much. /H: right/ Um basically I just wanted to, initially I wanted to harm myself and sort of kill myself.

Anorexia is constructed here as a form of suicide, as an extreme of self-inflicted punishment and self-destruction. In Rachel's extract, for example, she constructs anorexia as "a slow method of killing yourself", comparing it with another form of suicide, carbon-monoxide poisoning. In contrast with this latter form 'anorexic' suicide is construed as slower and as implicitly feminine. And whilst it is also construed as a less conscious effort it is nevertheless constructed as actively suicidal. Similarly both Elaine and Jane construct anorexia as a purposeful attempt to kill oneself. It becomes an ultimate form of self-punishment and self-destruction. In Jane's previous extract (see pp.340-341) she constructed herself as passively coming close to a death which was even associated with positive therapeutic aspects. However, in this

extract she construes herself as actively wanting a death that is self-punishing and destructive. And as with other constructions of anorexia as self-punishment there is an associated negative construction of the self as hated.

A second construction of the self that emerged in relation to this theme of death was that of the self as dying.

(Jane/Lynn/Simone, p.14)
Jane I've wasted so much of my life /H: mm/ you know. I spent eight months like in hospital and I was just (.) /H: mm/ half dead.

(Layla, p.6)
Layla: I was dying and I couldn't stop it and I was much to unhappy to do anything about it and I hated the way I was but I couldn't change the way I was.

(Elaine, pp.5-6)
Elaine: I think when I lose weight I get happier but that doesn't normally work /H: mm/ out cos you know when I've been (.) you know virtually dying (half laughing) I haven't been happy at all. /H: right/ (.) You know I couldn't say I was exactly (.) (laughing) cheerful when I came in here [...] I mean I just wanted to die (.) /H: mm/ definitely.

In these extracts the dying self is construed very negatively. Dying is associated with self-hatred, unhappiness and a regrettable wasting of life. In Elaine's extract this misery is emphasised through understatement: "when I've been (.) you know virtually dying (half laughing) I haven't been happy at all [...] You couldn't say I was exactly [...] cheerful". It is also emphasised by contrasting her misery in "virtually dying" of starvation with a construction of losing weight as a key to happiness, promulgated, for example, by romantic discourse.

The negativity of the discursive construction of death is also consolidated through the juxtapositioning of 'anorexic' suicide with constructions of anorexia as an attempt to fade away. As argued above, the construction of the thin/anorexic body as fading away may be read as signifying an evasion of an individualizing gaze. In the extract below Penny and Laura construe fading away as an avoidance of "being me" and as a way of "hiding from myself" and associate this symbolic self-destruction with suicide.

(Penny/Laura, pp.10-11)
Penny: I just wanted to kind of fade away (inaud.)=
=Laura: I was avoiding being me. I didn't want to know what me really was so I thought that if I just sort of (.) you know go along like this, just sort of hiding, I think I was just sort of hiding from myself [...]
Penny: I think it was a kind of slow suicide for me in a way, /H: mm/ an easy way out kind of thing, although (laughing) it wasn't easy. I know it wasn't. I know, you know.

In this extract 'fading away' signifies self-destruction on several levels. Firstly, it signifies a symbolic avoidance of identity. As the body becomes less visible so hiding (from and of oneself) becomes more possible. Second, the fading body also becomes less healthy and may eventually die. In addition, these two significations converge so that this 'anorexic' suicidal fading away might also be read as an ultimate (symbolic) avoidance of identity through total (physical) self-destruction.

In other extracts the negativity of death is discursively produced through the construction of death as self-punishment. In Jackie's extract above (see p.340), for example, death through self-starvation is construed as a long, slow and painful punishment. The extract continues, contextualizing her wish for self-punishment and death in an account of her mother's death.

(Jackie, pp.5-6)
H: Was there anything that you felt you were punishing yourself for or? (.)
Jackie: Um (.) I think I was very guilty about my mum's death. /H: right/ (.) And (.) I don't know, my, I had um my childhood was quite difficult (.) /H: oh right/ with my dad /H: mm/ and my mum. So I think I was probably quite, I did feel quite guilty. [...] also my mum died of an illness which meant she lost an awful lot of weight. (.) /H: oh right/ Yeah and so that, I think there's probably some (.) significance with that. (.) /H: mm/ It's the fact that she was <u>really</u>, she was six foot and she was uh seven stone something when she died. (.) So she was very underweight. /H: mm/ (.) And so I think there's probably some sort of parallel with the way I've been going, (.) /H: right/ wanting to be thin like she was.

Several explanations for suicidal feelings are presented in this rather harrowing extract. One is that Jackie's suicidal feelings are caused by her guilt about her mother's death. There is an implication here that Jackie's own death would constitute an appropriate punishment or atonement for her mother's death. A second explanation is that "wanting to kill (her)self" is the result of her anorexia, of "what I've done to myself". A third explanation again involves autobiographical detail. Jackie associates her suicidal feelings with the 'difficulties' of her childhood. Her statement is informed, I would argue, by a psycho-therapeutic or psychological discourse which provides explanatory power: difficulties or traumas in childhood are understood as causes of problems in later life.

In addition to these explanatory statements the extract also evidences a construction of death as a point of

identification between Jackie and her mother. Just as her mother died so she is also dying. This construction of death as a point of mother-daughter identification is consolidated through Jackie's specifying self-starvation as her 'preferred' form of suicide. Like her mother Jackie would die after losing "an awful lot of weight". Both mother and daughter would die thin.

In Teresa's transcript too 'anorexic' death was associated with her mother's death. This autobiographical association is particular to Jackie's and Teresa's transcripts and illustrates the specificity of significations within the transcripts. Whilst a number of common significations, themes and discourses have been explicated from the transcripts there are also many specificities both within and across transcripts, in this case associated with the autobiographical diversity of the participants. However, as I will argue, the discursive relationship between 'anorexic' death and the mother's death is also of wider significance.

Teresa's extracts below illustrate again that death is not only construed negatively as an extreme of self-punishment and destruction. It is also construed as a point of identification with the mother. In these autobiographical accounts the trope of 'the dead mother' is associated with themes of identity, resistance and escape, themes which are also evidenced in other transcripts.

(Teresa, pp.1-2)
Teresa: It (anorexia) was also linked to the fact that I compulsively cared for my family /H: right mm/ and (.) and my mother's death. Cos my mother died by having a brain haemorrhage. It was very sort of shocking /H: mm/ and traumatic. [...] A couple of days before she died I went round to give her this present and things. And I was very, I remember my relationship with my mother as being much more as friends /H: mm/ and <u>me</u> worrying about looking after <u>her</u>.

In this extract Teresa explicitly relates her anorexia to her mother's death. This relationship does not focus on a suicidal aspect of anorexia and a substantive similarity with her mother's death as Jackie's did. Nevertheless, Teresa is herself interpellated by the discourse in which she construes her mother and her mother's death. She takes up a 'maternal' position associated with her dead or dying mother. It is <u>she</u> who "compulsively cared for (her) family" and who worried about looking after her mother. And it is her mother's death

that is in some way associated with her anorexia. In the extract below the discursive relation between Teresa and her mother becomes more complex. Teresa describes how she chose a career "that was the complete opposite and anathema to what (her) mother was", thus effecting an ostensibly categorical distinction between them. However, this distinction soon collapses into a further identification which focuses on self-sacrifice.

(Teresa, p.3)
Teresa: I chose to do something that was the complete opposite and anathema to what my mother was. /H: right/ Uhm and that destroyed me too /H: mm/ because there was nothing of the identity that I had in relationship to what I could say was me. But also that the two things that they had in common was that my mother sacrificed herself as a mother and I was sacrificing myself as a nurse.

The extract produces a sense of ambivalence in Teresa's relationship to her mother. There is a discursive shifting between separation and identification and both of these relationships involve self-destruction. Being a nurse, an anathema to her mother, destroyed her "because there was nothing of the identity that (she) had in relationship to what (she) could say was (herself)." But her identification with her mother also involves destruction through self-sacrifice. In the next two extracts this theme of sacrifice is again linked with Teresa's mother, her anorexia and with themes of identity and escape.

(Teresa, p.2)
Teresa: In our society mothers are not meant to have desires, to be angry, to be powerful, to be selfish, They're meant to like /H: mm/ completely orientate themselves and nurture /H: mm/ other people and I suppose I saw that destroy my mother. /H: mm/ And looking after us meant (.) that she had to kind of give up (.) had to be this sacrificial. /H: right/ She became very religious and sort of became this, I think she transcended it all by her religion. It was an escape. /H: mm/ And I'm, I'm very angry with her for that. Um (.) /H:mm/ but uh yeah definitely that was to do with my anorexia. And also it was an identification with her because she was a very elusive figure, my mother /H: yeah/ in a lot of ways.

(Teresa, pp.1-2)
Teresa: I always felt that she wanted to die /H: right/ because, you know, she was always escaping from her life as a wife and mother because it was just so awful. /H: mm mm/ She'd done this sort of degree, her post-doctoral degree in classics and she (laughs) she was just stuck in this suburban house, you know, like talking to all these (.) suburban housewives and well she she never fitted in. I mean she just wore odd clothes and spent the whole of, collecting for Oxfam and working politically and, and as I said sitting up trees /H: mm/ painting pictures and writing poetry. I mean she didn't do the things that a wife and mother should. I mean she didn't. We never had proper clothes to wear and she didn't do the housework or /H: right/ she didn't fit in with the neighbours and she seemed very, very eccentric. /H: right/ But also she was completely trapped. She one' one', once she applied to be a missionary in South Africa and my father just like attacked the vicar. He was just, I mean she didn't go. /H: mm/ But I mean there were always routes out for her. /H: yeah/ And she used to write a lot of poetry about death and um I was always convinced that she wanted to die so when she did /H: mm/ I just felt angry about it.

Here Teresa provides a critique of a dominant idealogy of motherhood. 'The mother' is construed as devoid of desire and

subjectivity. 'She' should be completely oriented to other's needs. This construction is, I would argue, consonant with a discursive relationship between 'the mother' and death since it produces 'her' as a function without subjectivity, whose subjective desire is sacrificed to others. The relationship between the mother and death is strengthened by Teresa's description of her mother being destroyed by and sacrificed to this 'role'. The extract thus illustrates a symbolic or discursive dual relationship between the mother and death whose significance, I would argue, extends beyond the specificity of Teresa's autobiography. Not only is Teresa's mother construed as sacrificed to motherhood but this 'role' is itself construed as sacrificial. And sacrifice is constituted as a point of identification between mother and daughter.

However, Teresa's mother is also discursively produced as "always escaping her life as a wife and mother because it was just so awful". Her 'eccentricity', her religious transcendence and her death are all construed as "routes out". As an eccentric her mother is portrayed as "sitting up trees" writing poetry about death rather than doing "the things a wife and mother should". She is artistic, elusive and ethereal rather than mundane. And as a religious figure she is again constructed as spiritual and other-worldly. Ultimately, however, Teresa construes her mother as having to escape her life in order to escape "her life as a wife and mother". These extracts thus construct a figure of a mother who is spiritual, ethereal and elusive and whose escapes are closely associated with death. "(S)he was a very elusive figure, my mother, [...] in a lot of ways."

This construction of an 'elusive' mother not only discursively consolidates a specific autobiographical relationship between the mother and death; it also constitutes a second point of identification between Teresa and her mother. In these extracts the mother-daughter relationship is again construed ambivalently: Teresa is "very angry with her" for escaping but 'escape' is constructed as precisely a focus

of an identification between mother and daughter. Moreover, it is 'escape' and the 'elusive figure' that are produced as the links between Teresa's anorexia and her mother's death. It is her mother's multiple elusiveness which is construed both as "an identification with her" and as "definitely [...] to do with (her) anorexia". The implication is that in 'being anorexic' Teresa construes herself, like her mother, as a "very elusive figure".

The discursive construction of 'the anorexic woman' as elusive converges with the construction, discussed above, of anorexia as fading away or disappearing, as an evasion of an individualizing, disciplining or gender-ing gaze. 'Anorexia' might therefore be read as self-destructive in that it signifies an anonymity and an avoidance of identity. However, in the extracts above the elusive figure is itself constructed as subject position which at once signifies an identity and an escape from identity. As argued above, this elusiveness is, in part, effected through death. The elusive figure is construed as dead (the dead mother who escaped her allotted life by dying), as thoroughly destroyed. Yet it also signifies a particular subject position of an ethereal figure who is spiritual and other-worldly rather than bodily and mundane. In the extract below Tricia construes anorexia/thinness in precisely this way.

(Tricia, pp.7-8)
H: Were there any particular kind of (.) characteristics or (.) something that you associated with with this thin ideal?
Tricia: I s'pose this sort of ethereal sort of fairy creature (.) /H: right/ that never quite landed on Earth, /H: yeah/ didn't really want to be here at all. /H: yeah, yeah/ I think that's some of the reason in a sort of quotes spiritual sense. There's (.) part of me just didn't really want to (.) to be here at all /H: mm/ really. [...] I mean at one time I remember feeling (.) I was so up really <u>out</u> of my body /H: mm/ that I remember sort of (.) looking in the mirror and being actually surprised that I saw a form in the mirror /H: right/ and not just a nothingness.

In this extract 'being anorexic' is associated with being "up really <u>out</u> of my body". The construction converges with the dualistic construction of the (very) thin/anorexic body as a signifier of an 'ideal' non-body and pure consciousness (see chapter 9). In its emphasis on a dis-embodied subjectivity and out-of-body experience it also evokes, I would argue, a theme of death and dying. However, in contrast with the often harrowing constructions of 'anorexic' suicide as punishing

self-destruction, this deathly ethereal figure is construed quite positively. The thin/anorexic ideal signifies the subject position of an "ethereal sort of fairy creature [...] that never quite landed on Earth". This figure evokes Teresa's construction of her mother as elusive, religiously other-worldly and artistic, sitting up trees writing poetry about death to escape her mundane life. It is a subjectivity that is simultaneously associated with death but that is also positively construed. It is, in addition, a gendered subject position. Tricia's use of the word 'fairy' and Teresa's constructions of a 'maternal' death both produce this ethereal, elusive and deathly figure as feminine. Rachel similarly produced a gendered construction of death by contrasting 'anorexic' suicide with a construction of carbon-monoxide poisoning as masculine (see p.341).

'Death' thus appears in the transcripts as a further example of a signifier of unfixed meaning. It is construed as an ultimate form of punishing self-destruction associated with very negative self-constructions. But the 'deathly' figure of 'the elusive, ethereal woman' is positively constructed as a spiritual dis-embodied "fairy creature" who escapes <u>above</u> the mundanity of her allotted role. The positivity of this construction should not, I would argue, be understood as a distortion particular to pathologized individuals. Rather, as Bronfen (1992; see also de Beauvoir, 1953) has argued, there is a long-standing cultural association between 'woman' and 'death' upon which these extracts draw.

The cultural significance of 'the dead woman' is evident in numerous forms. De Beauvoir (1953), for example, discusses a variety of mythological female figures of sirens, sorceresses, mother's and mistresses in which death is, in one way or another associated with 'woman'. "Woman" she writes "is not fully integrated into the world of men; as the other, she is opposed to them." And in

> seeking to appropriate the Other ... (man) plunges into the depths of fleeting and deadly waters. The Mother dooms her son to death in giving him life; the loved one lures her lover on to renounce life and abandon himself to the last sleep. The bond that

> unites Love and Death is poignantly illuminated in the legend of Tristan, but it has a deeper truth. Born of flesh, the man in love finds fulfilment as flesh, and the flesh is destined to the tomb. Here the alliance between Woman and Death is confirmed; the great harvestress is the inverse aspect of the fecundity that makes the grain thrive. But she appears, too, as the dreadful bride whose skeleton is revealed under her sweet, mendacious flesh. (de Beauvoir, 1953: 197)

A cultural fascination with death and femininity is also apparent in the prevalence of pictorial representations of dead women such as Delaroche's 'La jeune martyre', Millais' 'Ophelia', or G.F. Watts' 'Found drowned' which were particularly prevalent during the eighteenth and nineteenth centuries (Bronfen, 1992). Lichtenstein's 'Drowning girl', or Dali's 'In voluptate Mors' in which a skull is formed out of 7 naked female bodies constitute more recent examples. The connection between 'woman' and 'death' is also evident in, for example, the late nineteenth century cult associated with 'L'inconnue de la Seine' (a smiling death mask of an unknown young woman) and, more widely, in poetry (e.g. the works of Plath or Poe), opera (e.g. Carmen), literature (e.g the Emily Brontes' Wuthering Heights, Wilkie Collins' The Woman in White, Anne Rice's The Queen of the Damned or Toni Morrison's Beloved) and film (e.g 'Dracula', 'The hunger' or countless films revelling in the violent murder of women).

As Bronfen (1992) asserts, there is undoubtedly a misogynistic element to this long-standing cultural association between death and femininity. Edgar Allan Poe, for example, has been much criticised for his assertion that "the death of a beautiful woman is, unquestionably, the most poetic topic in the world" (1846, cited in Bronfen, 1992: 59). Bassein (1984, cited in Bronfen, 1992) described his connecting women with "the most passive state occurring, that of death" as damaging to women's self-image and aspirations. Similarly, Dijkstra (1986, cited in Bronfen, 1992) has argued that the nineteenth century portrayals of the dying or dead woman as an 'icon of femininity' facilitated a suppression and greater marginalization of woman as Other.

Yet the astheticized of the dead woman as an ethereal and elusive figure also has more positive aspects. Cultural representations such as 'Ophelia' are not only aesthetically 'appealing', they are also liminal. They are at once feminine and beyond/above (mundane) femininity. In addition, representations of 'deathly' women such Bronte's Catherine Erneshaw, Bram Stoker's or Coppola's Lucy or the female vampire of 'The hunger' provide a construction of 'woman' that whilst 'feminine' is also powerful and independent of the external world. Their liminality allows them to transgress social regulations, particularly those associated with their gender. Cultural representations of 'deathly women' thus provide a subject position which is both 'feminine' and liminal or subversive.

Discursive constructions of 'the anorexic woman' as deathly, ethereal, elusive and dis-embodied can therefore be read as re-presentations of a culturally prevalent figure. This physical and discursive construction of 'the (female) self' as deathly is undoubtedly dangerous, not uncommonly resulting in actual death. Yet the figure of the 'deathly' woman can signify a positively construed subject position which is very 'feminine' and yet, through 'her' liminality, eludes and subverts the (im)positions of femininity. In a social context in which the dominant ideal of 'femininity' is an ever-decreasing thinness (see chapter 2) the thin/anorexic body construed as an ethereal, elusive, deathly figure may appear as a perfect, though double-edged, solution.

(Penny/Laura, pp.14-15)
Penny: Cos I always wanted to be the perfect anorexic, but I know the perfect anorexic's a dead one basically.

The construction of the thin/anorexic body as deathly, ethereal, elusive and dis-embodied converges, in its (extreme) thinness with dominant constructions of feminine beauty, in its frailty with constructions of feminine fragility and sickness; in it's smallness with constructions of the feminine as child-like; in its 'androgyny' as a masculine ideal. In denying the body almost to the point of death it converges with the dualistic ideal of the non-body and pure

consciousness that transcends gender. The discursive construction of 'the anorexic' as an ethereal, elusive and deathly figure appears to provide a solution to the always socio-historically specific problem of feminine subjectivity. The deathly thin body signifies a point of closure, the fiction of a fixed identity (see Wetherell, 1991). As the following extract illustrates, the discourses which converge upon the thin/anorexic body are very powerful in constituting and regulating women's experiences of gender, subjectivity and embodiment.

> (Jackie, pp.12-13)
> Jackie: I mean god if I was going to write a book I think I'd have to write a lot about the misery of what it's actually like /H: right mm/ because you even forget yourself. (.) /H: right/ Because for this time I got to my target weight and I'd been losing and (.) I'd been delighted at losing (.) /H: mm/ until I just hit a point where I've been getting really down (.) again /H: right/ because you forget all of the (.) /H: mm/ you know, it's not a solution (.) /H: right/ unless you you actually kill yourself.

12.8 Conclusion

Chapters 11 and 12 have aimed to explore how subjectivity is discursively constituted in relation to 'anorexia' and the thin/anorexic body. Chapter 11 demonstrated the multiplicity of constructions of 'anorexia' and analyzed how 'anorexia' may be constituted as an identity that simultaneously constituted a lack of or in identity. This chapter has extended this focused on the mutually conflicting but profoundly related themes of self-production and self-destruction. After examining some of the very negative self-constructions evidenced in the transcripts the analysis explored how anorexia could be construed as self-punishing and self-destructive as well as self-producing (see also chapter 9). And the construction of anorexia as self-punishment could, it was argued, be located within pre-existing discourses and discursive practices which interpellate the (female) subject as 'femininely masochistic'. The themes of subjectivity, self-punishment and self-production were also analyzed in relation to discursive constructions of self-starvation and purging and to the detailing of diet, body weight and exercise. These discursive practices, it was argued, can be read as both productive and destructive of subjectivity.

The chapter also explored how subjectivity was imbricated in constructions of the thin/anorexic body as an ever-decreasing body. In constructing the thin/anorexic body as a body that is fading away and disappearing, this body was constituted as evading a disciplinary, individualizing and gendering gaze. 'Fading away' can thus be understood as a resistance to a number of socially available subject (im)positions. Yet, in evading an individualizing gaze, 'fading away' can also be understood as literally and discursively self-annihilating. At its most extreme this was articulated in terms of death and dying. The analysis explored how constructions of anorexia as a fatal process were often associated with emotionally harrowing accounts of the self. But death was also, in some instances, constituted as a site of identification with the mother. Further, it was argued that, as a point of closure, death could be read as a site of a (fictively) fixed identity (see Wetherell, 1991). The extreme and paradoxical convergence of self-destruction and self-production in these discursive constructions could be understood within the context of cultural re-productions of the deathly woman (see Bronfen, 1992). That is, the thin/anorexic body as 'fading away' and dying was produced as a signifier of self-annihilation. Yet it simultaneously signified a positive subjectivity which can be located within the pre-existing discourses and discursive practices that have constituted figures of the ethereal and liminal woman.

Chapter Thirteen
Conclusions

13.1 An Overview

I chose to explore the problem of 'anorexia nervosa' because it seems to me to crystallize many of the complex issues surrounding femininity, subjectivity and the body (see also chapter 1). I also felt that 'anorexia' could be more adequately understood from a feminist post-structuralist perspective (informed by psychoanalytic Lacanian theory) rather than from the positivist, medical and quasi-medical perspectives that characterize much of the current literature. There is now a large body of literature, theorizing and researching 'anorexia' and other eating disorders from a variety of perspectives (see chapter 2). Yet, the limitations of current perspectives have made further research and theory necessary.

Despite the fact that many more women than men are diagnosed as 'anorexic' (see chapter 1), issues of gender are marginalized in much of the literature (see chapter 2). And, where it is addressed, the concept of gender is frequently under-theorized (see chapter 3). Similarly, too little attention has been given to the socio-cultural context of 'anorexia'. The current literature has tended to uncritically adopt a medical model of 'anorexia' as an individualized pathology and as an objective diagnostic category, existing independently of psychological, medical or popular discourses. Research has often been conducted within a positivistic framework in which 'anorexia' is conceptualized as an objective, a-historical category whose aetiology and defining characteristics can be objectively discovered and documented (see chapter 2).

Yet, as argued above (see chapters 3 and 4), this scientific epistemology is profoundly problematic. Scientific discourses, like other discourses, do not simply describe or reflect the world more or less accurately. Rather, discourses "systematically form the objects of which they speak"

(Foucault, 1972: 49) and "it is in discourse that power and knowledge are joined together" (Foucault, 1979: 100). That is, 'anorexia' is constituted and regulated in particular ways by the discourses and discursive practices by which it is investigated, described and treated. In short, post-structuralist theory has demonstrated the implausibility of producing an objective, a-historical or universalistic knowledge of 'anorexia nervosa'. And it has provided a framework within which to investigate 'anorexia' as it is located within its socio-historically specific discursive contexts (see chapters 3-5).

This thesis has, therefore, critically reviewed the current literature on 'anorexia' (see chapter 2). And, by drawing on feminist, post-structuralist and psychoanalytic theories, it has aimed to overcome some of the limitations in that literature. The theoretical framework of this thesis has provided more thorough conceptualizations of subjectivity and gender and of the individual-society relationship (see chapter 3). That is, subjectivity is conceptualized as a shifting plurality of discursively constituted subject positions. Hence, the individual-society dichotomy is refused. Discourses and discursive practices both constitute and regulate 'the individual' and other objects in a variety of socio-historically specific ways (see chapter 3). And, similarly, they produce and regulate a multiplicity of femininities, anorexias and thin bodies. Discourses constitute women as 'women', as 'other' (see Benvenuto and Kennedy, 1986), regulating our subjectivities, our desires and our bodies through "a multiplicity of minor processes of domination" (Foucault, 1977b: 138; see chapter 3).

By applying this theoretical framework to the problem of 'anorexia' I have aimed to provide an analysis in which gender is more adequately theorized and in which 'anorexia' is more fully contextualized within its socio-cultural, discursive locations. I have sought to question the empiricist or positivistic assumptions of much of the current literature and to resist and deconstruct the medical model of 'anorexia

nervosa' as an individual pathology.

Hence, the first study of this thesis provides a genealogy of 'anorexia nervosa', exploring how it first emerged as a diagnostic category. It examines the 'surface of emergence' (Foucault, 1972), the socio-cultural conditions that made it possible for 'anorexia' to be formulated as a clinical entity (see chapter 6). In particular, it focuses on Georgian and Victorian pre-occupation with sickness and 'nerves' and on the medical concepts of hypochondria and hysteria. It examines how medical discourses, in continual dialogue with the wider culture, constituted the body as nervous and simultaneously feminized nervous disorder. In the concept of hypochondria nervousness was associated with gastric disorder whilst 'hysteria' epitomized the feminization of nervousness and the pathologization of 'woman' (see chapter 6). The already-existing medically and culturally entrenched concerns with nervousness, gastric disorder and pathologized femininity thus converged in the medical formulation of 'anorexia nervosa'.

By analyzing the medical journal articles in which 'anorexia' was first constituted (chapter 7), this study demonstrated that 'anorexia nervosa' was not 'discovered' through scientific endeavour. Rather, its emergence was a discursive event made possible by the gaps in and the relationships between already existing discourses (see Foucault, 1977a). It emerged at the interface of medical and cultural discourses on hypochondria, hysteria and femininity. And, at a time when explanations of female nervous debility were shifting, 'anorexia' figured as a forum in which to consolidate feminine nervousness.

In explicating the discourses evidenced in the nineteenth century journal articles this study also indicated the socio-historical specificity of these discursive constructions of 'anorexia' and of 'woman'. It illustrated the discontinuities between the nineteenth and twentieth centuries and thus sought to counter the notion of 'anorexia' as a trans-historical and objectively knowable disease (see chapter 7). In the

nineteenth century journal articles on 'anorexia', the concepts of femininity and pathology were merged to produce a profoundly gendered (anorexic) subject whose very nature required the existence of a medical (masculine) authority.

There are, however, continuities as well as discontinuities between nineteenth and twentieth century discourses on 'anorexia'. Femininities remain profoundly imbricated in its current discursive constructions.

The second study of this thesis has explored these contemporary discourses that surround 'anorexia', femininity, subjectivity and the body. It has analyzed the transcripts of interviews with women diagnosed or self-diagnosed as anorexic. As with Study One, the analyses drew on feminist, Foucauldian and psychoanalytic theories, adopting a post-structuralist approach to discourse analysis. The study explored how (a) 'anorexia' and the (thin/anorexic) body are multiply constituted in discourse and (b) how gender and subjectivity are imbricated in these discursive construction.

Although informed by psychoanalytic theory, particularly Lacanian theory, the analyses were not an attempt to 'psychoanalyze' the women who were interviewed. Within the theoretical framework of this thesis subjectivity is conceptualized as a multiplicity of discursively produced subject positions (see chapter 3). Hence, the aim of Study Two was not to analyze the individual women but, rather, to analyze those discourses and discursive resources deployed in the transcripts (see chapter 8; see also chapter 5). These discourses, it has been argued (see chapter 3), do not arise from 'within' the individual. Rather, they are social and pre-exist the speaking subject. This study has sought to examine those discourses that converge upon the thin/anorexic body to produce the body, anorexia and gender in a variety of ways. And it has examined how these discourses interpellate the subject in a multiplicity of often conflicting subjectivities.

Study Two, therefore, began with an analysis of how the thin/anorexic body sustains a multiplicity of meanings and how different discourses gender that body in different, often

conflicting ways (see chapter 8). It also analyzed how the thin/anorexic body is discursively constituted as a controlled body (see chapter 9). This construction was located within a discourse of Cartesian dualism which produced the body as eruptive, alien and threatening to the mind/self. This discourse thus produced the necessity of exercising control over the body and constructed the thin/anorexic body as proof of such control. The thin/anorexic body was produced as a signifier of an idealized non-body and of an independent, disembodied and therefore gender-less subjectivity. Yet whilst this subject position appears genderless, gender is nevertheless imbricated in this discourse. As the analysis in chapter 10 indicates, the alien and threatening excesses of the dualistic body may be signified by both fat and femininity. This discourse of Cartesian dualism consolidates the polyvalent figure of 'woman' as bodily, excessive, uncontrolled, dangerous and alien, as other.

The thin/anorexic body has thus been shown to signify a multiplicity of subjectivities. Hence, the production and maintenance of this body can be understood as a management of subjectivity. Yet it is also self-destructive. Chapters 11 and 12 explored these mutually conflicting but profoundly related themes of self-production and self-annihilation. Chapter 11 examines some of the different discursive relationships between the speaking subject and 'anorexia', focusing on the construction of 'anorexia' as an identity that simultaneously signifies a lack of or in identity. It also explored how constructions of 'the self' resist other potential identities and examined how identity is constituted within a discourse of individualism. Chapter 12 examined a number of negative constructions of 'the self' and focused on the discursive production of 'anorexia' as a form of self-punishment and self-destruction. It explored how constructions of self-starvation, purging and a detailed attention to food and body weight simultaneously signified the annihilation of a very negative 'self' but also the production of positively construed subjectivities. Similarly, constructions of the

thin/anorexic body as disappearing and as dying could be read in terms of both self-production and self-destruction. The chapter analyzed how the themes of visibility, of death and of femininity were imbricated in the discursive construction of the thin/anorexic body. The paradoxical construction of the thin/anorexic body as a signifier of both self-production and self-destruction could, it was argued, be located within the pre-existing discourses and discursive practices, within the 'micro-processes of domination' that converge on the thin/anorexic body, constituting and regulating women's subjectivities, femininities and our bodies in their socio-historical specificities.

In short, the analyses presented here constitute only one possible reading of the transcripts, of the discourses and discursive practices surrounding 'anorexia'. And, like the analyzed texts, it produces rather than reflects its objects (see chapters 3-5). It is not intended as an objective or universalistic account of 'anorexia' or 'anorexics'. Rather, it has aimed to demonstrate the socio-cultural, discursive nature of 'anorexia' and of the ways in which 'anorexia', 'femininity', subjectivity and the body are multiply discursively constituted. It has sought to demonstrate how the socio-historically specific discourses and discursive practices of the late twentieth century Western society produce and regulate the female body.

13.2 Limitations of This Thesis and Directions for Future Research

There are a number of limitations to this thesis and a number of further questions raised by my research which further research could usefully address. Firstly, there have been a number of critiques of Lacanian and Foucauldian theory (see chapter 3) which could raise some interesting questions in relation to the research in this thesis. In this thesis I have adopted a theoretical framework informed by Foucauldian and Lacanian theory because, as discussed above (see chapters 3, 5 and 8), it provides a useful framework within which to

'deconstruct' the concept of 'anorexia' and to locate anorexia within its socio-historically specific and gender-specific (discursive) contexts. However, future research could usefully engage more thoroughly with these critiques.

Secondly, care must be taken not to over-interpret the research in Study Two by generalizing the analyses to all women or to all women diagnosed as anorexic since the study is based on interviews with only a small number of women. Moreover, in the process of interviewing these women I participated in the discussions. It might therefore be argued that I influenced the interviewees and that the interviews were often emotionally charged rather than 'neutral' situations in which 'objective' data could be gathered. However, as argued above (pp.203-211), the purpose of the interviews was not to elicit 'facts' about anorexia or femininity (see also Griffin and Phoenix, 1994; Silverman, 1993). Rather, the study aimed to explore the discourses and discursive resources deployed in talking about anorexia, gender, subjectivity and the body. In adopting a feminist post-structuralist perspective (see chapters 3-5), both of the studies of this thesis have eschewed the positivistic criteria of objectivity, validity and reliability in favour of more in-depth and theoretically informed analyses. In this thesis I have not sought to present a universally applicable or 'objective' knowledge of 'anorexia'. Indeed, in aiming to 'deconstruct' the category of anorexia this thesis also aims to undermine the very notion that one could produce objective knowledge about a representative sample of 'anorexics' (see also chapters 3 and 4).

Following on from the research conducted in this thesis, further research could also adopt a more reflexive approach. The omission of a more reflexive element in my research represents a significant absence, particularly in Study Two. Further research could usefully attend to the interactions between the researcher and the interviewee. It could also explore the ways in which the researcher's own subjectivities and therefore her biography are imbricated in the research

process. Attention to this aspect of research would be particularly useful, given the importance of reflexivity in feminist research (see Griffin and Phoenix, 1994). However, as discussed in chapter 8, the quantity and density of interview material necessitated a prioritization of certain aspects of the transcripts over others. The principal aim of Study Two was not to analyze the interview process itself but to analyze those discourses and discursive resources that produce and regulate 'anorexia', subjectivity, gender and the (female) body.

The adoption of a more reflexive stance would have involved an exploration of my own subjectivities as a (thin) woman and as a researcher; of the ways in which I participated in the interviews and then read and analyzed the transcripts; of the ways in which I too am imbricated in the discourses which I have analyzed; and of the politics of feminist and post-structuralist research and of women researching women. However, an exploration of these complex issues would have foreclosed the possibility of producing a lengthy and detailed analysis of those discourses and discursive resources that produce and regulate 'anorexia', subjectivity, gender and the (female) body. Moreover, reflexivity involves a fictioning of 'oneself' into the account which may be both personally and theoretically problematic. Firstly, such an account may be read as the 'authentic experience' of the author rather than as a particular account of oneself that is produced specifically in relation to one's research. Secondly, a 'sincere' fictioning of 'oneself' involves a self-disclosure which can be difficult, particularly as that disclosure is not anonymous. It is a process of making oneself visible which, as the analyses in chapter 12 illustrate, is complex and problematic, particularly in relation to the categories of woman and pathologized woman (see pp.334-9). The absence of an explicit authorial voice in this thesis could, therefore, be read in relation to the issues of vision, visibility, subjectivity and femininity discussed in chapters 11 and 12.

It would also have been interesting to have involved the

women in the analytic process or to have discussed the analyses with them. Unfortunately, although the women were sent copies of their transcripts and invited to comment, none did. (Several women replied to me, for example, wishing me luck with the study but none of the letters included comments about the transcripts or the interview process.) It also took several months to complete the analyses by which time I would no longer have been able to contact most of the women. Further research could therefore include a more collaborative approach to analysis.

There are also other issues that are not covered in this thesis which it would be important to examine in future research. Firstly, further research could also examine the ways in which class and ethnicity are imbricated in the discourses and discursive practices surrounding 'anorexia', 'femininity' or medical practice. Further analyses of both historical and contemporary discourses surrounding anorexia could also be expanded to encompass an exploration of, for example, the relationships between a genealogy of anorexia and the feminist movements of the late nineteenth and late twentieth centuries. Such analyses could also be expanded to include, for example, an exploration of these discourses in the contexts of the politics and economics of food, capitalist ideologies of consumption and production (see Bordo, 1990, 1992), and the commercial and media promotion of dieting and idealization of thinness. Similarly, it would also be useful to expand an analysis of contemporary discourse (see Study Two) by taking a broader genealogical perspective. The discourses explicated in this study have their own genealogies in addition to the genealogy of anorexia presented in Study One and these too could be explored.

Moreover, it would also be useful to expand upon the empirical work of this thesis by attending to the material, non-linguistic aspect, as well as the linguistic aspects of discourse. As argued above (see chapter 3), the Foucauldian concept of discourse is not reducible to that of language. Rather, the concept of discourse includes discursive practices

and there is a theorization of the way in which the material, extra-discursive is imbricated in the discursive. In practice, however, this thesis, like many other discourse analytic studies, has tended to focus on talk and text and has omitted an analysis of the material practices surrounding anorexia, gender, subjectivity and the body. That is, this thesis has focused on talk and texts about anorexia as an aspect of the discursive practices in which it is produced but it has not attended to the non-linguistic, material aspects of these practices or to the physical aspects of embodiment.

Future research focusing on material practice could involve an analysis of medical and psychiatric treatments and of other therapeutic interventions; of the practices that take place in GP surgeries, eating disorder clinics, in psychiatric units, psychotherapy settings or, for example, in self-help groups. Such an analysis could explore the non-linguistic as well as the linguistic aspects of the discursive practices such as diagnosis, hospital admission, behavioural weight-gain regimes, force-feeding, psychotherapy and discharge (see also pp.197-201). Nineteenth century accounts of medical treatments were analyzed in chapter 7 and the patriarchal and disciplining aspects of these treatment regimes were discussed. However, a more thorough attention to the material as well as the linguistic aspects of both nineteenth and twentieth century clinical practices would contribute further to our understanding of the ways in which medical, psychological and cultural discourses and discursive practices constitute and re-constitute 'the anorexic woman' in particular (often dis-empowering) ways. It could elucidate further the patriarchal, disciplining and normalizing aspects of these practices and the ways in which they impinge upon and penetrate (sometimes literally) the female, anorexic body. It might thereby provide further insights into the reasons for the limited success of current treatments; into the inefficacy as well as the barbarousness of some treatment regimes that invade women's bodies and their privacy and that further deprive them of any sense of dignity and self-determination

they may have. Equally, there are many more positive therapeutic practices and such an analysis might also elucidate how these particular interventions are effective and helpful to those women who are diagnosed as 'anorexic' or 'eating disordered'.

By focusing on the material aspects of discourse, further research could also involve an analysis of particular discourses and discursive practices associated with the biographies or the families of women who have been diagnosed as anorexic. It would be particularly important in such an analysis to not re-individualize 'anorexia' as an individual pathology that could be explained in terms of 'abnormal' biographies or 'deviant' and 'dysfunctional' families. One of principle aims of this thesis has been to demonstrate how 'anorexia is produced by socio-cultural discourses and discursive practices. Nevertheless, the densities of particular discourses and discursive practices, of religious practices for example, will vary between families. And within different families there will be different constellations of the various discourses and discursive practices that pervade society. An analysis of, for example, particular constellations of discourses may provide further insights into how some women come to be constituted and interpellated as 'anorexics'. And, as noted above (pp.197-201), future research could also focus on the ways in which discursive practices associated with the institution of the family are imbricated in a genealogy of anorexia.

A more thorough attention to the material as well as the linguistic aspects of discourse could also involve an analysis of the physical aspects of body-management, self-starvation and purging. Clearly, those discourses discussed in Study Two constitute parts of discursive formations (Foucault, 1972) that include these bodily practices. They interpellate women, constituting and regulating our subjectivities and our bodies in particular ways, producing a 'need' or 'desire' to starve, purge or binge.

In Study Two I aimed to analyze the transcripts in a way

that acknowledges the material aspects of embodiment and starvation. The analysis of the discourse of Cartesian dualism, for example, includes an explication of a dualistic construction of eating and illustrates how this discourse constitutes the body in a way that simultaneously produces the 'need' to control the body through self-starvation. The ordering of the analyses also represented an attempt to emphasise the serious physical aspects of these discourses and discursive practices. Study Two progresses from an analysis of discursive constructions of the thin (and the fat) body (chapter 8) to an analysis of the ways in which particular discourses produce a 'need' to control and starve the (female) body (chapters 9 and 10) and finally to an analysis of discursive self-production and self-destruction, of the discourses that converge on the very thin, dying body (chapters 11 and 12). That is, Study Two elucidates those discourses that converge upon the female body, the thin body, the anorexic body and finally the dying (female) body. It aims to demonstrate how these discourses constitute and regulate women's subjectivities, women's bodies and women's eating or not-eating. It aims to illustrate how these discourses constitute part of a discursive (linguistic and physical) process that inevitably produces deep distress for many women and that all too frequently results in serious physical damage and even death. It is important, therefore, that future research should expand upon this research by focusing on the material and physical aspects of embodiment as well as the linguistic aspects of these discourses and discursive practices so as to elucidate more thoroughly the distress, the physical damage and the fatalities produced by these patriarchal discourses of late twentieth century Western society. As Jackie's comment below illustrates, these discourses have very powerful, real effects (Walkerdine, 1986); they are fictions that function in truths, that induce the effects of truths (Foucault, 1980) but that also veil other truths (see Foucault, 1972; Rose, 1982). They are patriarchal fictions that constitute and regulate women and

that produce appalling distress, physical damage and, too often, death.

> I mean god if I was going to write a book I think I'd have to write about the misery of what it's actually like ... because you even forget yourself. ... .. you forget all of the (.) /H: mm/ you know, it's not a solution ... unless you actually kill yourself. (Jackie, pp.12-13)

In short, further research should expand upon the analyses in this thesis to explore the non-linguistic, material aspects of discourse; of clinical practices such as diagnosis, medical intervention, hospitalization and psychotherapy; and of the discursive practices of (women's) body management and self-starvation. Such an analysis would further emphasise the powerful and very real effects of these discourses on women's lives (and deaths). Such research could use video to explore both the linguistic and the non-linguistic aspects of these discursive practices. Future research could also examine discourses and discursive practices surrounding body-management, embodiment, femininity and subjectivity using data from the media or using interviews with women (or men) who have not been diagnosed as 'eating disordered'. And, as noted above, it would also be useful to expand upon the analyses presented here by examining how class and ethnicity are imbricated in the discourses and discursive practices surrounding 'anorexia', 'femininity', subjectivity and the body and by locating these discourses in the contexts of, for example, the feminist movements, familial discursive practices, the politics and economics of food, the commercial promotion of dieting and thinness and the capitalist ideologies of consumption and production.

13.3 The Implications of This Thesis

This thesis also holds a number of implications in terms of clinical and other practices and in terms of the wider social-political issues surrounding 'anorexia', women, women's bodies and women's food. Firstly, as discussed above, the

feminist post-structuralist perspective of thesis has implications for further research. The critique of positivistic methodologies (chapter 4) and of current research in anorexia (chapter 2) elucidates the limitations of conducting research based on a medical or quasi-medical conceptualization of anorexia and of conducting research within a positivistic framework. This thesis has aimed to demonstrate how a post-structuralist, feminist approach to research can be fruitfully applied in this field.

Secondly, the critique of 'mainstream' perspectives on anorexia (chapter 2) has implications for clinical practice. The elucidation of the limitations of these perspectives indicates that the treatments based on these perspectives and on medical or quasi-medical models of anorexia are similarly limited. This critique may, therefore, go some way towards explaining the limited efficacy of current treatment approaches and the concomitant alarmingly high mortality rates of girls and women diagnosed as anorexic (see chapter 1). And, by presenting an alternative, feminist post-structuralist conceptualization of 'anorexia', this thesis also has implications for how therapeutic interventions may be improved.

The location of 'anorexia' in its socio-historically specific discursive contexts and the elucidation of the gender power-relations, the 'micro-processes of domination' in which 'anorexia' is constituted, implies that clinicians and therapists might usefully work within a framework that questions the medical model of 'anorexia', that acknowledges its socio-cultural context and that acknowledges the central place of gender ideologies in women's experiences of eating and of their/our bodies and subjectivities.

Thus, this thesis indicates the necessity of adopting therapeutic models that do not individualize women's problems and distress around food and the body; that do not pathologize women but that understand women's distress within its socio-cultural, discursive contexts. This thesis also strongly indicates the necessity of feminist therapies; of therapies

that attempt to empower women rather than rendering them passive 'patients' whose one arena of control is denied them (see also Orbach, 1993). By further elucidating the ways in which issues of control are imbricated in 'anorexia' (see also Bruch, 1974), this thesis implies that therapists and clinicians should work with the client, exploring alternative ways in which to exert some control in one's life and in which positive subjectivities can be maintained. Through an explication of the discourses that converge on the thin/anorexic body, this thesis has shown how these discourses constitute that body in various ways that often signify very powerful and independent subjectivities. It thus indicates the necessity of acknowledging these positive subjectivities, of acknowledging some of the positive as well as the negative ways in which 'anorexia' is discursively constituted and thereby experienced (see also Bruch, 1974). It indicates, therefore, the necessity of attempting to make available alternative (feminist) discourses and discursive practices in which positive subjectivities and experiences can be constituted.

Furthermore, by explicating the discourses that converge upon the thin/anorexic body, I have illustrated the multiplicity of meanings sustained by that body. And, in analyzing those discourses, I have also shown how these discourses produce a number of different, often conflicting subjectivities, desires, 'needs', 'motivations' and 'attitudes'. The analyses of Study Two have aimed to demonstrate the heterogeneity both within and across the women's accounts. In 'deconstructing' the concept of 'anorexia' I have aimed to elucidate the heterogeneity of the category of anorexia. This thesis has, therefore, implications for clinical and other understandings of anorexia. It undermines universalistic notions about 'typical anorexic' attitudes or personalities. It thereby illustrates the poverty of therapeutic approaches that 'treat the disease' and the

necessity of working with women in their own specificities[1].

This thesis, therefore, similarly illustrates the poverty of many popular media (and academic) accounts of anorexia which are often very derogatory in their banal homogenizations of girls and women diagnosed as 'anorexic'. Such accounts often trivialize 'anorexia' as a 'slimmer's disease', dismissing many women and girls as vain and childish. Yet many accounts are simultaneously infused with surreptitious admiration for these women's thinness and self-control (see also Hsu, 1989). The discourses manifested in these accounts and the discursive practices of which they are a part can only exacerbate women's distress. They are not only insulting. They do not only veil the seriousness of 'anorexia' - of women's distress and of the physical damage and the fatalities caused by self-starvation - by glossing 'anorexia' as a 'feminine' and 'trivial' issue; they also simultaneously re-produce and thereby consolidate those discourses and discursive practices which produce the desire to be thinner and which constitute and interpellate women as 'anorexic'. By analyzing those discourses that constitute and regulate women's bodies as thin, as starving, as anorexic and as dying bodies, I have in this thesis aimed to illustrate how these discourses produce very real, serious, even fatal effects for many women. I have aimed to show the necessity of taking these issues around women's bodies and food very seriously; of producing thoroughly theorized, feminist knowledges of 'anorexia' rather than seeking glib, superficial answers.

Finally, by presenting a critique of individualizing concepts of anorexia and by elucidating how 'anorexia' is discursively constituted, this thesis also suggests that the efficacy of <u>any</u> individually-focused intervention will

---

[1] See Bentall (1990) for a similar discussion in relation to schizophrenia. See also Gallop's (1985: 206) discussion of Freud's analysis of 'Dora' in which she argues that one possible reason for the failure of this analysis was the predictability of Freud's interpretation, his denial of "the specificity of her signifiers (by not attending to her but merely applying general formulas)".

inevitably be limited in terms of helping those women who experience such distress about their bodies and about food and in terms of reducing the risk of girls and women starving themselves to death. That is, the critique of current 'mainstream' perspectives of anorexia and the presentation of a feminist post-structuralist theorization of 'anorexia' undermines the categorical distinction produced in medical and psychological discourses between those women diagnosed as anorexic and so-called 'normal' women'. It undermines the notion that 'anorexia' can be conceptualized as a deviation from the norm and indicates instead that it can only be adequately understood in terms of the socio-cultural discourses and discursive practices that pervade this (patriarchal) society. The analysis of those discourses and discursive practices that converge upon the (female) body has demonstrated that 'anorexia' is not a pathology that originates within the individual woman. Rather, it is a problem produced by socio-historically specific discourses and discursive practices; it is a social problem manifested in individual women. Hence, individually-focused interventions will inevitably be of limited efficacy because they cannot hope to fully counter the powerful effect of these patriarchal, hegemonic discourses that pervade society and that constitute and regulate women; women's lives, women's distresses and women's deaths. This thesis indicates that the problem of 'anorexia' - of women's distress about food and our bodies - can only be fully counted at a socio-political level. It suggests the need for feminist political action that resists these 'micro-processes of domination', the gender power-relations that are constituted in these power/knowledges, these fields of discourse that converge upon the female body. Feminist political action and educational programmes may go some way to educating girls and women about the serious consequences of food-restriction and self-starvation and to facilitating resistance within this field of (patriarchal) discourse. As post-structuralist theory illustrates, the tactical functions of discourses are neither

uniform nor stable (Foucault, 1979).

> Discourses are not once and for all subservient to power or raised up against it, any more than silences are. We must make allowances for the complex and unstable process whereby discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy. (Foucault, 1979: 101)

13.4 Conclusion

In conclusion, I have, in this thesis, explored the problem of 'anorexia' within a theoretical framework informed by post-structuralist and psychoanalytic theories. I have thereby presented a critique of 'mainstream' accounts of 'anorexia' and produced an alternative feminist, post-structuralist account of 'anorexia' as an object of medical and cultural discourses and discursive practices. I have analyzed the discourses in which 'anorexia' was first constituted as an object of medical discourse, exploring the ways in which socio-historically specific constructions of femininity were (and are) imbricated in these discursive constructions. I have shown some of the discontinuities as well as the continuities between nineteenth and twentieth century formulations of 'anorexia' and analyzed how the contemporary discourses and discursive practices that surround women's genders, subjectivities and bodies converge to produce and regulate a multiplicity of femininities, subjectivities and thin/anorexic bodies.

Appendix 5a

Nineteenth Century Medical Journal Articles on Anorexia used for Discourse Analysis in Study One

Anon. (1873a) Foreign gleanings: Hysteric anorexia, Lancet, July 12, 49.

Anon. (1873b) Clinical Society, Friday, October 24, Medical Times and Gazette, 2, Nov. 8, 534-536.

Anon. (1881a) Clinical Society of London: Report of the committee on excision of the hip-joint in childhood - aortic aneurism - anorexia nervosa - antiseptic osteotomy of the tibia, Lancet, May 21, 826-828.

Anon. (1888b) Editorial, Lancet, March 24, 581-584.

Anon. (1895a) Emsworth Cottage Hospital: Case of anorexia nervosa; necropsy, Lancet, Jan. 5, 31-32.

Anon. (1895b) Northumberland and Durham Medical Society: Exhibition of cases and specimens, Lancet, Oct 19, 987-988.

Anon. (1896) A case of anorexia nervosa, The Northumberland and Durham Medical Journal, pp.7-8.

Adams, J. (1888) Sir W. Gull on anorexia nervosa (letter), Lancet, March 24, 597.

de Berdt Hovell, D. (1873) Hysteria simplified and explained, Lancet, Dec. 20, 872-874.

de Berdt Hovell, D. (1888a) Sir W. Gull on anorexia nervosa (letter), Lancet, March 24, 597.

de Berdt Hovell, D. (1888b) Anorexia nervosa (letter), Lancet, May 12, 949.

Collins, W.J. (1894) Anorexia nervosa, (letter), Lancet, Jan. 27, 202-203.

Dowse, S.T. (1881) Anorexia nervosa, Medical Press and Circular, 32, Aug 3, 95-97.

Drummond, D.A. (1896) A case of anorexia nervosa, The Northumberland and Durham Medical Journal, 4, 7-8.

Edge, A.M. (1888) A case of anorexia nervosa, Lancet, April 28, 818.

Garry, T.G. (1888) Anorexia nervosa, (letter), Lancet, May 19, 1002.

Gull, W.W. (1868) Dr. Gull's address in medicine, Lancet, Aug 8, 171-176.

Gull, W.W. (1874) Anorexia nervosa (apepsia hysterica, anorexia hysterica), Transactions of the Clinical Society, 7 (2) 22-28.

Gull, W.W. (1888) Clinical notes: Medical, surgical, obstetrical, and therapeutic: Anorexia nervosa, Lancet, March 17, 51-6-517.

Lasegue, C, (1873b) On hysterical anorexia, Medical Times and Gazette, 2, Sept 6th & 27th, 265-266 & 367-369.

Mackenzie, S. (1888) On a case of anorexia nervosa vel hysterica, Lancet, March 31, 613-614.

Marshall, C.F. (1895) Clinical notes: medical, surgical, obstetrical, and therapeutic: A fatal case of anorexia nervosa, Lancet, Jan 19, 149-150.

Myrtle, A.S. (1888) Anorexia nervosa (letter), Lancet, May 5, 899.

Playfair, W.S. (1888) Note on the so-called "anorexia nervosa", Lancet, April 28, 817-818.

Taylor, S.A. (1904) A case of anorexia nervosa, West London Medical Journal, IX (2, April) 110-204.

Wilks, S. (1888) Anorexia nervosa, (letter), Lancet, March 31, 646-647.

Appendix 5b
Other primary sources used in Study One

Allbutt, C. (1913) Neuroses of the stomach and other parts of the abdomen. In T.C. Allbutt and H.D. Rolleston (eds.) Systems of Medicine, Vol. VIII, General Diseases of Obscure Origin, Diseases of the Alimentary Canal and Peritoneum, pp.386-408, Macmillan and Co., London.

Anon. (1874) Abstract of the introductory lectures delivered at the various medical schools of London at the opening session 1874-1875. Guy's Hospital. Introductory lecture by Sir William Gull, Lancet, Oct. 3, 485.

Anon. (1881b) A mirror of hospital practice, British and Foreign: Middlesex Hospital: Hysterical vomitinf of eight months duration, Lancet, Feb 19, 291-292.

Anon. (1885) Medical Society of London: Gastric ulcers, Lancet, Dec. 5, 1048-1049.

Cavafy, J. (1874) A case of male hysteria, Lancet, Dec. 26, 899.

Charcot, J.M. (1889) Lecture xvii: Isolation in the treatment of hysteria. In Clinical lectures on diseases of the nervous system, delivered at the infirmary of La Salpetriere by Professor J.M. Charcot, Vol iii (trans T. Savill), pp. 207-219. The New Sydenham Society, London. Reprinted in R. Harris (ed.) (1991) Clinical lectures on diseases of the nervous system. A translation of Lecons sur les maladies du systeme nerveux, Tavistock/Routledge, London.

Hedley, W.S. (1893) The insomnia of neurasthenia, Lancet, June 10, 1381-1382.

Marce, L.V. (1860b) On a form of hypochondriacal delirium occurring consecutive to dyspepsia, and characterized by refusal of food, Journal of Psychological Medicine and Mental Pathology, 13, 264-266.

Mitchell, S.W. 1881 Lecture xii: Gastro-intestinal disorders of pp.201-216 hysteria. In S.W. Mitchell, Lectures on diseases of the nervous system especially in women, Henry C. Lea and Co., Philadelphia.

Robinson, T. (1893) Sudden death in a case of hysterical vomiting, Lancet, June 10, 1380-1381.

Salter, H. (1868) Clinical lecture on hysterical vomiting. Lancet, July 4, 1-2.

Sutherland, H.A. (1881) A case of chronic vomiting in which no food was taken, except Koumiss, for sixteen months, Transactions of The Clinical Society, 14, 113-114.

Appendix 6

Reconstructed quote from Morton's 'Phthisiologica: or a treatise of consumption' (1689/1694)

quoted in Bliss and Branch (1960: 9-11) and Waltos (1986: 1-2)

A Nervous Atrophy or Consumption is a wasting of Body without any remarkable Fever, Cough, or Shortness of Breath; but it is attended with a want of Appetite, and a bad digestion, upon which there follows a Languishing Weakness of Nature, and a falling away of the Flesh every day more and more ... The immediate cause of the Distemper I apprehend to be in the System of the Nerves proceeding from a Preternatural state of the Animal Spirits, and the destruction of the Tone of the Nerves; whereupon I have used to call this a Consumption in the Habit of the Body. For as the Appetite and Concoction are overthrown by the weak and infirm Tone of the Stomach, so also the Assimilation, the Fermentation, and Volatilization of the Nutritious Juice are hindered in the whole Habit of the Body from the distemper'd state of the Brain and Nerves.

The Causes which dispose the Patient to this Disease, I have for the most part observed to be violent Passions of the Mind, the intemperate dfrinking of Spirituous Liquors, and an unwholsome Air, by which it is no wonder if the Tone of the Nerves, and the Temper of the Spirits are destroy'd. This distemper, as most other nervous diseases, is chronical, but very hard to be cured unless a physician be called at the beginning of it. At first it flatters and deceives the patient for which reason it happens for the most part that the physician is consulted too late. And at last it terminates in a hydroptical and oedamatous swelling of the body, especially of the lower and depending parts, in which case there remains no hope of the patient's life, neither is there anything more to be done for his cure, than giving him some ease, whereby his miserable life may be lengthened for some days. ...

Mr. Dukes Daughter in St Mary Axe, in the Year 1684 and the eighteenth Year of her Age, in the month of July fell into a total suppression of her Monthly Courses from a multitude of Cares and Passions of her Mind, but without any Symptoms of the Green-Sickness following upon it. From which time her Appetite began to abate, and her Digestion to be bad; her flesh also began to be flaccid and loose, and her looks pale ... the Winter following, this Consumption did seem to be not a little improved; for that she was want by her studying at Night to the injuries of the Air, which at that time extreamly clod ... So from that time loathing all sorts of Medicaments, she wholly neglected the care of her self for two full Years, till at last being brought to the last degree of a Marasmus, or Consumption, and thereupon subject to Frequent Fainting Fits, she apply'd her self to me for advice.

I do not remember that I did ever in all my practice see one, that was conversant with the Living so much wasted with the

greatest degree of a Consumption (like a Skeleton only clad with skin) yet there was no Fever, but on the contrary a coldness of the whole Body; no cough, or difficulty with breathing, not an appearance of any other distemper of the lungs, or any other entrails, no looseness or any other sign of a colliquation, or preternatural expense of the nutritious juices. Only her appetite was diminished, and her digestion uneasy, with fainting-fitts, which did frequently return upon her.

Appendix 8a

Text of Posters Requesting Participants

Spring Term 1993

WOMEN PARTICIPANTS WANTED

for 1/2 hour interviews on gender and anorexia. If you have (or have had) anorexic-like problems (whether diagnosed by a doctor or not) and would be willing to be interviewed, please contact Helen Malson on ext 5345 (Room 515) or leave a contact address or phone no. in the commonroom pigeonholes.

Similar posters placed in other universities and in clinics provided a more detailed address.

Appendix 8b

Interview Schedule

1. Often it is whilst we are teenagers that we first start to think of ourselves as becoming adult women, as feminine. Is that your experience? Do you remember any particular times or events when you first began to think of yourself as a woman?

2. How was this different to feeling like a child or a girl?

3. Did you have a particular idea of an ideal woman, someone that you would like to be like as a woman? What was it that made you want to be like her? Is that something you still feel or do you have different ideas now?

4. What about other girls, your friends, did they have similar ideas?

5. There are a lot of images in the media, in magazines and newspapers and on TV of so-called 'perfect' men and women. How would you describe these images or stereotypes?

6. What do you feel are the important differences between these ideas of how men and women 'should' be? Do these differences come naturally or do we have to work at becoming 'masculine' or 'feminine' people?

7. Do you think it is difficult being a girl or a woman? How is it difficult? Have you felt any pressure to conform to particular ideas about how girls and women 'should' be?

8. What about the media, magazines, our families or schools? Do you feel they affect our experiences as girls and women and as people with eating problems?

9. As I am sure you already know, far more girls and women are diagnosed as anorexic than boys and men. Why do you think this is? Why is it that some women become anorexic and other do not? Is there a particular sort of person that becomes anorexic?

10. When you first became 'anorexic' how did you feel? How did you feel about yourself, about your body, about food?

11. How did you react when you were diagnosed as anorexic or as having 'anorexic' eating problems?

or 11. What was it that made you decide that you were 'anorexic' or having 'anorexic' eating problems? Was it your decision?

12. A lot of people who write about anorexia describe it as a pseudo-solution, meaning it is a troubled way of trying to sort things out or deal with a problem. Did you feel being 'anorexic'

would help you in some way?

13. What sort of things did food, not eating, losing weight and being thinner mean to you?

14. What would you say being anorexic means (to you) now? How is it different from not being anorexic? Is this a different experience from when you first became 'anorexic'?

15. Is this how other people - other 'anorexic' people, family, friends, doctors, the media - see anorexia?

16. Do you think there are ways in which anorexics are similar to each other and different from non-anorexics?

17. If you were going to write a book about anorexia what sort of things would you want to say in it?

18. A lot of people have pointed out that there has been an increase in anorexia in the last twenty years. Why do you think this is? Do you think it has anything to do with the ideas we were talking about earlier, about being girls and women?

19. Is there anything that we could change in society or in our families to stop this increase or not? What sort of things do you feel contributed towards you becoming 'anorexic' or developing 'anorexic' eating problems, and towards 'recovering'?

20. Are there any other things that we have not talked about that you feel are important?

Appendix 8c

Transcription Convention

=	indicates an overlap or the absence of a gap between two consecutive utterances.
//	indicates an interjection, for example "I think yeah /H: mm/ I could be like her".
(.)	indicates a pause.
Italics	indicates where words or phrases are stressed.
[...]	indicates that part of the transcript has been omitted.
(inaud.)	indicates where a part of the recording of the interview was inaudible.
( )	brackets surround words where the accuracy of transcription is in doubt because of the poor quality of the recording.
{ }	brackets surround explanations that are not part of the transcript but are added to clarify the meaning of an utterance. For example, "It {anorexia} was about not having feelings".
	{ } are also used where extracts are quoted in the text to indiacte where words have been altered.

Sounds such as "mm" and "uhr" are transcribed phonetically as are colloquialisms, abbreviations, stutters and half-said words. Where utterances are not grammatical, punctuation is used so as to make the transcript as readable as possible.

Bibliography

Adaire, J.M. (1790) Essays on fashionable diseases, Bateman, London.

Adams, J. (1888) Sir W. Gull on anorexia nervosa, Lancet, i, 597.

Adams, J. (1986) The conspiracy of the text: The place of narrative in the development of thought, Routledge, London.

Alderice, J.T., Dinsmore, W.W., Buchanan, K.D. and Adams, C. (1985) Gastrointestinal hormones in anorexia nervosa, Journal of Psychiatric Research, 19 (2-3) 207-213.

Allbutt, T.C. (1905) Chlorosis. In T.C. Allbutt (ed.) A System of Medicine, Macmillan, New York.

Allbutt, C. (1913) Neuroses of the stomach and other parts of the abdomen, pp.386-408. In T.C. Allbutt and H.D. Rolleston (eds.) A Systems of medicine, Vol. VIII, General diseases of obscure origin: Diseases of the alimentary canal and peritoneum, Macmillan and Co., London.

Allen, B. and Potkay, C. (1973) Variability of self-description on a day to day basis: Longitudinal use of the adjective generation technique, Journal of Personality, 41, 638-652.

Althusser L. (1977) Lenin and philosophy and other essays (trans. B. Brewster, 2nd edition), NLB, London.

Altshuler, K.Z. and Weiner, M.F. (1985) Anorexia nerovsa and depression: A dissenting view, American Journal of Psychiatry, 142 (3) 328-332.

Alverson, H. and Rosenberg, S. (1990) Discourse analysis of schizophrenic speech, Applied Psycholinguistics, 11 (2) 167-184.

American Psychiatric Association (1980) Diagnostic and statistical manual of mental disorder (third edition), American Psychiatric Association, Washington DC.

American Psychiatric Association (1987) Diagnostic and statistical manual of mental disorder (third edition, revised), American Psychiatric Association, Washington DC.

Andersen, A.E. (1987) Contrast and comparison of behavioural, cognitive-behavioural and comprehensive treatment methods for anorexia nervosa and bulimia nervosa. Special Issue: Behavioural and cognitive-behavioural treatments of anorexia nervosa and bulimia nervosa, Behaviour Modification, 11 (4) 522-543.

Andreasen, N.C., Endicott, J., Spitzer, R.L., et al. (1977) The family history method using diagnostic criteria: Reliability and validity, Archives of General Psychiatry, 34: 1229-1235.

Anon. (1873a) Foreign gleanings: Hysteric anorexia, Lancet, July 12, 49.

Anon. (1873b) Clinical Society, Friday, October 24. Medical Times and Gazette, 2, Nov. 8, 534-536.

Anon. (1873c) Clinical Society of London, Friday Oct. 24th, British Medical Journal, 2: 527-529.

Anon. (1874) Abstract of the introductory lectures delivered at the various medical schools of London at the opening session 1874-1875. Guy's Hospital. Introductory lecture by Sir William Gull, Lancet, Oct. 3, 485.

Anon. (1881a) Clinical Society of London: Report of the committee on excision of the hip-joint in childhood - aortic aneurism - anorexia nervosa - antiseptic osteotomy of the tibia, Lancet, May 21, 826-828.

Anon. (1881b) A mirror of hospital practice, British and Foreign: Middlesex Hospital: Hysterical vomiting of eight months duration, Lancet, Feb. 19, 291-292.

Anon. (1885) Medical Society of London: Gastric ulcers, Lancet, Dec. 5, 1048-1049.

Anon. (1888) Editorial, Lancet, March 24, 581-584.

Anon. (1895a) Emsworth Cottage Hospital: Case of anorexia nervosa; necropsy, Lancet, Jan. 5, 31-32.

Anon. (1895b) Northumberland and Durham Medical Society: Exhibition of cases and specimens. Lancet, Oct. 19, 987-988.

Anon. (1896) A case of anorexia nervosa, The Northumberland and Durham Medical Journal, pp.7-8.

Anon. (1942) The holy bible: Containing the old and new testaments. Appointed to be read in churches, Cambridge University Press, London.

Antaki, C. (ed.) (1988) Analyzing everyday explanations: A casebook of methods, Sage, London.

Appels, A. (1986) Culture and disease, Social Science and Medicine, 23 (5) 477-483.

Argyle, M. and Little, B. (1972) Do personality traits apply to social behaviour? Journal of Theory and Social behaviour, 2, 1-35.

Austen J. (1811) Sense and Sensibility (1992 reprint), Wordsworth Editions Limited, Hertfordshire.

Austin, J.L. (1962) How to do things with words, Clarendon Press, Oxford.

Bakan, R., Birmingham, C.L., and Goldner, E.M. (1991) Chronicity in anorexia nervosa: Pregnancy and birth complications as risk factors, International Journal of Eating Disorders, 10 (6) 631-645.

Bardwick, J. (1971) Psychology of women: A study of bio-chemical cultural conflicts, Harper and Row, New York.

Barker, P. and Gholson, B. (1984) From Kuhn to Lakatos to Laudan, Advances in Child Development and Behavior, 18, 277-284.

Bayne, R. (1994) The "big five" versus the Myers-Briggs, The Psychologist, 7 (1) 14-16.

de Beauvoir, S. (1953) The second sex (trans. J. Cape, 1984 edition), Penguin, London.

Bechtel, W. (1988) Philosophy of science: An overview cognitive science, Erlbaum, Hillsdale, New Jersey.

Becker, H., Korner, P. and Stoffler, A. (1981) Psychodynamic and therapeutic aspects of anorexia nervosa: A study of family dynamics and prognosis. Psychotherapy and Psychosomatics, 36, 8-16.

Beglin, S. and Fairburn, C.G. (1992) Women who choose not to participate in surveys on eating disorders, International Journal of Eating Disorders, 12 (1) 113-116.

Bell, R.M. (1985) Holy anorexia, University of Chicago Press, Chicago.

Bem, D.J. (1972) Constructing cross-situational consistencies in behaviour: Some thoughts on Alker's critique of Mischel, Journal of Personality, 40, 17-26.

Bem, S. (1974) The measurement of Psychological androgyny, Journal of Consulting and Clinical Psychology, 42, 155-162.

Bemis, K.M. (1979) Current approaches to the etiology and treatment of anorexia nervosa, Annual Progress in Child Psychiatry and Child Development, 486-523. Reprinted from Psychological Bulletin, 85: 593-617.

Bemis, K.M. (1983) A comparison of functional relationships in anorexia nervosa and phobia. In P.L. Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) Anorexia nervosa: Recent developments in research, pp.403-415, Alan Liss, New York.

Bemis, K.M. (1986) A comparison of the subjective experience of individuals with eating disorders and phobic disorders. Unpublished doctoral dissertation. University of Minnesota, Minneapolis, MN.

Bemporad, J.R., Hoffman D and Herzog, D.B. (1989) Anorexia nervosa in the congenitally blind: Theoretical considerations. Special Issue: Psychoanalysis and eating disorders, Journal of the American Academy of Psychoanalysis, 17 (1) 89-101.

Benjamin, J. (1985) A desire of one's own: Psychoanalytic feminism and intersubjective space, Centre for 20th Century Studies, Working Paper 2, Fall, University of Wisconsin, Milwaukee.

Benjamin, J. (1990) The bonds of love, Virago, London.

Bentall, R.P. (1990) Reconstructing schizophrenia, Routledge, London.

Ben-Tovim, D.I., Hunter, M. and Crisp, A.H. (1977) Discrimination and evaluation of shape and size in anorexia nervosa: An exploratory study, Research Communications in Psychology, Psychiatry and Behaviour, 2, 241-267.

Ben-Tovim, D.I., Walker, M.K., Fok, D. and Yap, E. (1988) An adaptation of the Stroop Test for measuring shape and food concerns in eating disorders: A quantitative measure of psychopathology? Paper presented at the Third International Conference on Eating Disorders, New York.

Benvenuto, B and Kennedy, R. (1986) The works of Jacque Lacan: An introduction, Free Association Books, London.

de Berdt Hovell, D. (1873) Hysteria simplified and explained, Lancet, Dec. 20, 872-874.

de Berdt Hovell, D. (1888a) Sir W. Gull on anorexia nervosa (letter), Lancet, March 24, 597.

de Berdt Hovell, D. (1888b) Anorexia nervosa (letter), Lancet, May 12, 949.

Bernheimer, C.and Kahane, C. (eds.) (1985) In Dora's case: Freud, hysteria, feminism, Virago, London.

Bhaskar, R. (1978) A realist theory of science (2nd edition), Harvester, Brighton.

Billig, M. (1987) Arguing and thinking: A rhetorical approach to social psychology, Cambridge University Press, Cambridge.

Billig, M. (1991) Ideologies and beliefs, Sage, London.

Billig, M., Condor, S., Edwards, D., Gane, M., Middleton, T., and Radley, A. (1988) Ideological dilemmas: A social

psychology of everyday thinking, Sage, London.

Bion, W.R. (1967) Second thoughts, Heinemann, London.

Birksted-Breen (1989) Working with an anorexic patient, International Journal of Psychoanalysis, 70, 29-39.

Bleier, R. (1984) Science and gender: A critique of biology and its theories on women, Pergamon Press, New York.

Bliss, E. (1982) History of anorexia nervosa. In M. Gross (ed.) Anorexia Nervosa, pp.5-7, Collamore Press, Toronto.

Bliss, E.L. and Branch, C.H. (1960) Anorexia nervosa: Its history, psychology and biology, Paul B. Hoeber, New York.

Blum, H. (1976) Masochism, the ego-ideal and the psychology of women, Journal of the American Psychoanalytic Association, 24: 157-191.

Bordo, S. (1990) Reading the slender body. In M. Jacobus, E. Fox Keller and S. Shuttleworth (eds.) Body/politics: Women and the discourses of science, pp.83-112, Routledge, London.

Bordo, S. (1992) Anorexia nervosa: Psychopathology as the crystalization of culture, In H. Crowley and S. Himmelweit (eds.) Knowing women: Feminism and knowledge, Polity Press in association with Open University Press, Cambridge and Oxford.

Boris, H. (1984) The problem of anorexia nervosa, International Journal of Psychoanalysis, 65, 315-322.

Boskind-Lodahl, M. (1976) Cinderella's step-sisters: A feminist perspective on anorexia nervosa and bulimia, Signs, 2 (2) 342-356.

Bowers, K.S. (1973) Situationalism in psychology: An analysis and critique, Psychological Review, 80, 307-336.

Bowlby, J. (1969) Attachment and loss, vol. 1, Basic Books, New York.

Bowlby, J. (1973) Separation and loss, Basic Books, New York.

Bowlby, R. (1989) Still crazy after all these years. In T. Brennan, (ed.) Between feminism and psychoanalysis, pp.40-59. Routledge, London.

Bowles, G. (1984) The use of hermeneutics for feminist scholarship, Women's Studies International Forum, 7, 185-188.

Bracher, M. (1993) Lacan, discourse and social change: A psychoanalytic cultural criticism, Cornell University Press, Ithaca.

Brambilla, F., Ferrari, E., Petraglia, F. Facchinetti, F., et

al., (1991) Peripheral opioid secretion pattern in anorexia nervosa, Psychiatry Research, 39 (2) 115-127.

Branch, C.H. and Eurman, L.J. (1980) Social attitudes towards patients with anorexia nervosa, American Journal of Psychiatry, 137 (5) 631-632.

Brennan, T. (ed.) (1989) Between feminism and psychoanalysis, Routledge, London.

Brewer, S. (1993) They always kill the one you love. Paper presented at the Women in Psychology Conference (July, 1993), University of Sussex, Brighton.

Brinded, P.M., Bushnell, J.A., McKenzie, J.M. and Wells, J.E. (1990 Body image distortion revisited: Temporal instability of body image distortion in anorexia nervosa, International Journal of Eating Disorders, 9 (6) 695-701.

Bronfen, E. (1992) Over her dead body: Death femininity and the aesthetic, Manchester University Press, Manchester.

Broverman, I.K., Broverman, D.M., Clarkson, F.E., Rosenkrantz, P.S and Vogel, S.R. (1970) Sex-role stereotypes and clinical judgments of mental health, Journal of Consulting and Clinical Psychology, 34 (1) 1-7.

Bruch, H. (1962) Perceptual and conceptual disturbances in anorexia nervosa, Psychosomatic Medicine, 24, 187-194.

Bruch, H. (1966) Anorexia nervosa and its differential diagnoses, Journal of Nervous and Mental Disease, 141, 555-567.

Bruch, H. (1973) Eating Disorders, New York, Basic Books.

Bruch, H. (1974) Eating Disorders: Obesity and anorexia nervosa and the person within, Routledge, London.

Bruch, H. (1978) The golden cage: The enigma of anorexia nervosa, Harvard University Press, Cambridge, MA.

Bruch, H. (1982) Anorexia nervosa: Therapy and theory, American Journal of Psychiatry, 139, 1531-1538.

Bruch, H. (1985) Four decades of eating disorders. In D.M. Garner and P.E. Garfinkel (eds.) Handbook of psychotherapy for anorexia nervosa and bulimia, pp.7-18, Guildford Press, New York.

Bruch, (1988) Conversations with anorexics, Basic Books, New York.

Brumberg, J. (1982) Chlorotic girls, 1870-1920: A historical perspective on female adolescence, Child Development, 53, 1468-1477.

Brumberg, J. (1986) Fasting girls: Reflections on writing the history of anorexia nervosa, Monograph of the Society for Research in Child Development, 50 (4-5) 93-104.

Brumberg, J. (1988) Fasting girls: The emergence of anorexia nervosa as a modern disease, Harvard University Presss, Cambridge, Mass.

Buchan, W. (1769) Domestic medicine, or a treatise on the prevention and cure of diseases by regimen and simple medicines, Balfour, Auld and Smellie, Edinburgh.

Burman, E. (1990) Differing with deconstruction: a feminist critique. In I. Parker and J. Shotter (eds.) Deconstructing Social Psychology, Routledge, London.

Burman, E. (1991) Identification and power in feminist therapy: a reflexive history of discourse analysis. Paper presented at the Women and Psychology Conference (July 1991), Edinburgh.

Burman E. and Parker, I. (eds.) (1993) Discourse analytic research: Repertoires and readings of texts in action, Routledge, London.

Burton, F. and Carlen, B. (1979) Official discourse: On discourse analysis, government publications, ideology and the state, Routledge, London.

Busfield, J. (1994) The female malady? Men, women and madness in nineteenth century Britain, Sociology, 28 (1) 259-277

Butler, N.M., Slade, P.D. and Newton, T. (1990) Attitudes towards anorexia nervosa and bulimic disorders: Experts and lay opinions, British Review of Bulimia and Anorexia nervosa, 4 (2) 61-69.

Bynum, C.W. (1987) Holy feast and holy fast: The religious significance of food to medieval women, University of California Press, Berkeley.

Capan, P.J. and Hall-McCorquodale, I. (1985) The scapegoating of mothers: A call for change, American Journal of Orthopsychiatry, 55 (4) 610-613.

Caplan, P.J. (1990) Making mother-blaming visible: The emperor's new cloths. Special Issue: Motherhood: A feminist perspective, Women and Therapy, 10 (1-2) 61-70.

Caroll, B.J., Feinberg, M., Greden, J.F. et al., (1981) A specific laboratory test for the diagnosis of meloncholia. Standardization, validation and clinical utility, Archives of General Psychiatry, 38, 15-22.

Caskey, N. (1989) Interpreting anorexia nervosa. In S.R. Sueleiman (ed.) The female body in Western culture, pp.175-

189, Harvard University Press, Massechusetts.

Cash, T.F. and Brown, T.A. (1987) Body image in anorexia nervosa and bulimia nervosa: A review of the literature. Special Issue: Behavioural and cognitive-behavioural treatments of anorexia nervosa and bulimia nervosa, Behavioural Modification, 11 (4) 487-521.

Casper, R.C. (1983) On the emergence of bulimia nervosa as a syndrome, International Journal Eating Disorders, 2, 3-16.

Casper, R.C., Eckert, E.S., Halmi, K.A., Goldberg, S.C. and Davis, J.M. (1980) Bulimia: Its incidence and clinical importance in patients with anorexia nervosa, Archives of General Psychiatry, 37, 1030-1035.

Casper, R.C., Offer, D. and Ostrov, E. (1981) The self-image of adolescents with acute anorexia nervosa, Pediatrics, 98, 656-661.

Cavafy, J. (1874) A case of male hysteria, Lancet, Dec. 26, 899.

Channon, S.L. (1988) Anorexia nervosa: Clinical and experimental studies, Unpublished PhD., Institute of Psychiatry, London.

Channon, S., Hemsley, D. and de Silva, P. (1988) Selective processing of food words in anorexia nervosa, British Journal of Clinical Psychology, 27, 259-260.

Charcot, J.M. (1889) Lecture xvii: Isolation in the treatment of hysteria. In Clinical lectures on diseases of the nervous system, delivered at the infirmary of La Salpetriere by Professor J.M. Charcot. Vol.iii (trans T. Savill), pp.207-219, The New Sydenham Society, London. Reprinted (1991) in R. Harris (ed.) Clinical lectures on diseases of the nervous system. A translation of Lecons sur les maladies du systeme nerveux, Tavistock/Routledge, London.

Chernin, K. (1981) The obsession: Reflections on the tyranny of slenderness, Harper and Row, New York.

Chernin, K. (1983) Womansize: The tyranny of slenderness, Women's Press, London.

Chernin, K. (1986) The hungry self, Virago, London.

Cheyne, G. (1733) The English malady: or, a treatise of nervous diseases of all kinds, Wisk, Ewing and Smith, London.

Chesler, P. (1972) Women and madness, Doubleday, New York.

Chiappelli, F., Gwirtsman, H.E., Loey, M., Gormley, G., et al. (1991) Pituitary-adrenal-immune system in normal subjects and in patients with anorexia nervosa: The number of circulating

helper T lymphocytes (CD4) expressing the homing receptor Leu is regulated in part by pituitary-adrenal products, Psychoneuroendocrinology, 16 (5) 423-432.

Chipley, W.S. (1859) Sitomania: Its causes and treatment, American Journal of Insanity, 16 (July) 1-42.

Chodorow, N. (1978) The reproduction of mothering, University of California Press, Berkeley.

Clark, D.A., Feldman, J. and Channon, S. (1989) Dysfunctional thinking in anorexia nervosa and bulimia nervosa, Cognitive Therapy and Research, 13 (4) 377-387.

Clement, C. and Cixous, H. (1975) La jeune nee, Paris 10/18.

Collins, W.J. (1894) Anorexia nervosa, (letter), Lancet, Jan. 27, 202-203.

Cools, J., Schotte, D.E. and McNally, R.J. (1992) Emotional arousal and overeating in restrained eaters, Journal of Abnormal Psychology, 101 (2) 348-351.

Cooper, Z., Cooper, P.J. and Fairburn, C.G. (1985) The specificity of the Eating Disorders Inventory, British Journal of Clinical Psychology, 24, 129-130.

Cooper, P.J., Taylor, M.J., Cooper, Z. and Fairburn, C,G. (1987) The development and validation of the Body Shape questionnaire, International Journal of Eating Disorders, 6, 485-494.

Coulthard, M. and Montgomery, M. (eds.) (1981) Studies in discourse analysis, Routledge, London.

Couzens Hoy, D. (1986) Power, repression, progress: Foucault, Lukes and the Frankfurt school. In D. Couzens Hoy (ed.) Foucault: A critical reader, pp.123-147, Basil Blackwell, Oxford.

Coward, R. (1984) Female desire: Women's sexuality today, Paladin, London.

Coward, R., Lipshitz. S. and Cowie, E. (1976) Psychoanalysis and patriarchal structure. In Papers on patriarchy (Patriarchy Conference, London, 1976), Women's Publishing Collective, Brighton.

Cox, O. (1989) Saussure and psychoanalytic feminism - a made match, Irish Journal of Psychological Medicine, 6 (2) 100-102.

Craib, I. (1984) Modern social theory: From Parsons to Habermas, Harvester Wheatsheaf, Brighton.

Crisp, A.H. (1965) Some aspects of the evolution, presentation and follow-up of anorexia nervosa, Proceedings of the Royal

Society of Medicine, 58, 814-820.

Crisp, A.H. (1970) Anorexia nervosa: Feeding disorder, nervous malnutrition or weight phobia? World Review of Nutrition and Diet, 12, 452-504.

Crisp, A.H. (1980) Anorexia nervosa: Let me be, Academic Press, London.

Crisp, A.H. (1988) Some possible approaches to prevention of eating and body weight/shape disorders, with particular reference to anorexia nervosa. 2nd International Conference on Eating Disorders (1986, New York), International Journal Eating Disorders, 7 (1) 1-17.

Crisp, A.H., Callender, J.S., Halek, C. and Hsu, L.G. (1992) Long term mortality in anorexia nervosa: A 20 year follow up study of the St. George's and Aberdeen cohorts, British Journal of Psychiatry, 161, 104-107.

Crisp, A.H., Harding. B. and McGuinness, B. (1974) Anorexia nervosa. Psychoneurotic characteristics of parents: Relationship to prognosis. A quantitive study, Journal of Psychosomatic Research, 18, 167-173.

Crisp, A.H., Hsu, L.K.G., Harding, B. and Hartshorn, J. (1980) Clinical features of anorexia nervosa, Journal of Psychosomatic Research, 24, 179-191.

Crisp, A.H. and Kalucy, R.S. (1974) Aspects of the perceptual disorder in anorexia nervosa, British Journal of Medical Psychology, 47, 349-361.

Crisp, A.H., Palmer, R.L. and Kalucy, R.S. (1976) How common is anorexia nervosa? A prevalence study, British Journal of Psychiatry, 128, 549-554.

Crisp, A.H. and Stonehill, E. (1971) Relationships between aspects of nutritional disturbance and menstrual activity in primary anorexia nervosa, British Medical Journal, 3, 149-151.

Crowley, H. and Himmelweit, S. (eds) (1992) Knowing women: Feminism and knowledge, Polity Press in association with Open University Press, Cambridge and Oxford.

Dally, P. (1969) Anorexia nervosa, Heinemann, London.

Dally, P. and Gomez, J. (1979) Anorexia nervosa, Heinemann, London.

Daly, M. (1984) Pure lust: Elemental feminist philosophy, Women's Press, London.

Dana, M. (1987) Boundaries. In M. Lawrence (ed.) Fed up and hungry, Women's Press, London.

Davis, R. (1986) Assessing the eating disorders, Clinical Psychologist, 39, 33-36.

Darby, P., Garfinkel, P.E., Garner, D.M. and Olmsted, M. (eds.) (1983) Anorexia nervosa: Recent developments in research, Alan Liss, New York.

Decourt, J. (1954) L'anorexie mentale au temps de Lasegue et de Gull, Presse Medicale, 62, 355-358.

Dejerine J .J. and Gauckler E. (1913) The psychoneuroses and their treatment by psychotherapy (2nd edition), Lippincott, Philadelphia.

DeJong, W. and Kleck, R.E. (1986) The social psychological effects of overweight. In C.P. Herman, M.P. Zanna and E.T. Higgins (eds.) Physical appearance, stigma and social behaviour: The third Ontario Symposium in personality and social psychology, pp.65-88, Erlbaum, Hillsdale, NJ.

Derrida, J. (1976) Of grammatology, John Hopkins Press, Baltimore.

Deutsch, H. (1944) The Psychology of Women, vol 1, Grune and Stratton, New York.

Dewberry, C. and Ussher, J.M. (in press) Restraint and perception of body weight amongst British adults, Journal of Social Psychology.

Digman J. and Inouye, J. (1986) Further specification of the five robust factors of personality, Journal of Personality and Social Psychology, 50, 116-123.

van Dijk, T.A. (1983) Discourse analysis: Its development and application to the structure of the news, Journal of Communication, 33 (2) 20-43.

van Dijk, T.A. and Kintch, W. (1983) Strategies of discourse comprehension, Academic Press, London.

Dinicola, V.F. (1990) Anorexia multiforme: Self-starvation in historical and cultural context. Part 1: Self-starvation as a historical chameleon, Transcultural Psychiatric Research Review, 27, 165-196.

Dinnerstein, D. (1987) The rocking of the cradle and the ruling of the world, Women's Press, London.

Dittmar, H. and Bates, B. (1987) Humanistic approaches to the undestanding and treatment of anorexia nervosa, Journal of Adolescence, 10, 57-69.

Dolan, B. Lacey, J.H. and Evans, C. (1990) Eating behaviour and attitudes to weight and shape in British women from three ethnic groups, British Journal of Psychiatry, 157, 523-528.

Dolan, B. (1991) Cross-cultural aspects of anorexia nervosa and bulimia: A review, International Journal of Eating Disorders, 10 (1) 67-78.

Douglas-Wood, A. (1973) "The fashionable diseases": Women's complaints and their treatment in nineteenth century America, Journal of Interdisciplinary History, IV (1) 25-52.

Dowse, S.T. (1881) Anorexia nervosa, Medical Press and Circular, 32, Aug 3, 95-97.

Drewnowski, A. and Yee, D.K. (1987) Men and body image: Are males satisfied with their body? Psychosomatic Medicine, 49, 626-634.

Drummond, D.A. 1896 A case of anorexia nervosa, The Northumberland and Durham Medical Journal, 4, 7-8.

Eating Disorders Association (EDA) (1993) Annual report (including reprint of speech given by Princess Diana to the International Conference on Eating Disorders, 1993), EDA, Norfolk.

Edge, A.M. (1888) A case of anorexia nervosa, Lancet, April 28, 818.

Edwards-Hewitt, T. and Gray, J.J. (1993) The prevalence of disordered eating attitudes and behaviour in Black-American and White-American College Women: Ethnic, regional, class and media differences, Eating Disorders Review, 1 (1) 41-54.

ver Eecke, W. (1985) Lacan, Sartre, Spitz on the problem of the body and intersubjectivity, Journal of Phenomenological Psychology, 16 (2) 73-76.

Ehrenreich, B. and English, D. (1974) Complaints and disorders: The sexual politics of sickness, Glass Mountain Pamphlet No. 2, Compendium, London.

Eichenbaum, L. and Orbach, S. (1983) Understanding women: A feminist psychoanalytic approach, Basic Books, New York.

Elliott, L.S. (1985) Genetic factors in anorexia nervosa in females, Southern Psychologist, 2 (3) 19-21.

Epstein, S. (1985) The implications of cognitive-experiential self-theory for research in social psychology and personality, Journal of the Theory of Social Behaviour, 3, 283-310.

Epstein, W. and O'Brien, E. (1985) The person-situation debate in historical and current perspective, Psychological Bulletin, 98 (3) 513-537.

Esquivel, L. (1993) Like water for chocolate, Black Swan, London.

Evans, C. and Thornton, M. (1991) Fashion, representation, femininity, Feminist Review, 38, 48-66.

Fairburn, C.G. (1987) The uncertain status of the cognitive approach to bulimia nervosa. Paper presented at the Symposium on the Psychobiology of Bulimia Nervosa, Ringberg Castle, Germany.

Fairburn, C.G., Cooper, Z., and Cooper, P.J. (1986) The clinical features and maintenance of bulimia nervosa. In K. Brownell and J. Foreyt (eds.) Handbook of Eating Disorders, pp.389-404, Basic Books, New York.

Fairclough, N. (1989) Language and Power. Longman, London.

Fee, E. (1981) Is feminism a threat to scientific objectivity. International Journal of Women's Studies, 4, 378-392.

Feighner, J.P., Robins, E. and Guze, S.B. (1972) Diagnostic criteria for use in psychiatric research. Archives of General Psychiatry, 26, 57-63.

Ferguson, M. (1983) Forever feminine: Women's magazines and the cult of femininity, Heinemann, London.

Fichter, M.M., Meister, I., Koch, H.J. (1986) The measurement of body image distortion in anorexia nervosa: Experimental comarison of different methods, British Journal of Psychiatry, 148, 453-461.

Fischer, N. (1989) Anorexia nervosa and unresolved papprochement conflicts. A case study, International Journal of Psychoanalysis, 70, 41-54.

Fischer-Homberger, E. (1972) Hypochondriasis in the eighteenth century - neurosis of the present century, Bulletin of the History of Medicine, 46, 391-401.

Flanders, N. (1970) Analyzing teaching behaviour, Reading MA, Addison Wesley.

Flax, J. (1987) Post-modernism and gender relations in feminist theory, Signs, 12, 621-643.

Foucault, M. (1967) Madness and civilization: A history of insanity in the age of reason (1985 edition), Tavistock, London.

Foucault, M. (1972) The archeology of knowledge and the discourse on language (trans. A. Sheridan), Pantheon Books, New York.

Foucault, M. (1977a) Nietzsche, genealogy, history. In D.F. Bouchard (ed.) Language, counter-memory, practice: Selected essays and interviews, pp. 139-164, Cornell University Press, New York.

Foucault, M. (1977b) Discipline and punish: The birth of the prison (1987 edition) Penguin, London.

Foucault, M. (1979) The history of sexuality. Volume 1, An introduction (1990 edition), Penguin, London.

Foucault, M. (1980) Power/knowledge: selected interviews and other writings 1972-1977, (ed. C. Gordon), Harvester Wheatsheaf, London.

Foucault, M. (1988) Technologies of the self. In L.H. Martin, H. Guckman and P.H. Hutton (eds.) Technologies of the Self: A Seminar with Michel Foucault, University of Massechusetts Press, London.

Fowler, R. (1871) A complete history of the case of the Welsh fasting girl (Sarah Jacob) with comments thereon and observations on death from starvation, Henry Renshaw, London.

Fraenkel, L. and Leichner, P.P. (1989) Relationship of body image distortion to sex-role identifications, irrational cognitions, and body weight in eating disordered females, Journal of Clinical Psychology, 45 (1) 61-65.

Franklin, J.S., Schiele, B.C., Brozek, J. and Keys, A. (1948) Observations on human behaviour in experimental starvation and rehabilitation, Journal of Clinical Psychology, 4, 28-45.

Fransella, F. and Crisp, A.H. (1979) Comparisons of weight concepts in groups of neurotic, normal, and anorexic females, British Journal of Psychiatry, 134, 79-86.

Fransella, F. and Button, E. (1983) The construing of self and body sizew in relation to maintenance of weight gain in anorexia nervosa. In P.L. Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) (1983) Anorexia nervosa: Recent developments in research, pp.107-116, Alan Liss, New York.

Fraser, N. (1989) Unruly practices: Power, discourse and gender in contemporary social theory, Polity Press, Cambridge.

Freeman, R.J., Thomas, C.D., Solymon, L., and Miles, J.E. (1983) Body image disturbances in anorexia nervosa: A re-examination and a new technique. In P.L. Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) (1983) Anorexia nervosa: Recent developments in research, pp.117-127. Alan Liss, New York.

Freud, S. (1905) Three essays on the theory of sexuality. In On sexuality (1984 edition), pp.45-169, Penguin, London.

Freud, S. (1914) On Narcissism: An introduction, SE v14, Hogarth Press and Institute of Psychoanalysis, London.

Freud, S. (1917) A difficulty on the path of psychoanalysis, SE v17, Hogarth Press and Institute of Psychoanalysis, London.

Freud, S. (1920) Beyond the pleasure principle, SE v18, Hogarth Press and Institute of Psychoanalysis, London.

Freud, S. (1923) The ego and the Id, SE v19, Hogarth Press and Institute of Psychoanalysis, London.

Freud, S. (1924a) The dissolution of the oedipus complex. In On sexuality (1984 edition), pp.313-322, Penguin, London.

Freud, S. (1924b) The economic problem of masochism. SE. v19: 157-170, London, Hogarth Press, 1961.

Freud, S. (1925) Some psychical consequences of the anatomical distinction between the sexes. In On sexuality (1984 edition), pp.323-343, Penguin, London.

Freud, S. (1931) Female Sexuality. In On Sexuality (1984 edition), pp.367-392, Penguin, London.

Freud, S. (1933a) Anxiety and Instinctual Life, in New Introductory Lectures on Psychoanalysis, (trans. W.J. H. Sprott), The International Psychoanalytic Library, No. 24, pp.107-143, Hogarth Press, London, 1946.

Freud, S. (1933b) The psychology of women. In New Introductory Lectures on Psychoanalysis, (trans. W.J.H. Sprott), The International Psychoanalytic Library, No. 24, pp.144-174, Hogarth Press, London, 1946.

Freud, S. and Breuer, J.(1895) Studies on hysteria (1991 edition). Penguin, London.

Fries, H. (1977) Studies in secondary amenorrhea, anorecitc behaviour and body image perception. In Vigersky, S. (ed.) Anorexia nervosa, pp.163-177, Raven Press, New York.

Frosh, S. (1994) Sexual difference: Masculinity and psychoanalysis, Routledge, London.

Gallop, J. (1985) Keys to dora. In C. Bernheimer and C. Kahane (eds.) In Dora's Case: Freud, hysteria, feminism, pp.200-220, Virago, London.

Gardiner, M. (1955) Feminine masochism and passivity, Bulletin of the Philadelphia Association of Psychoanalysis, 5, 74-59.

Garfinkel, H. (1967) Studies in ethnomethodology, Prentice-Hall, New York.

Garfinkel, P.E. and Garner, D.M. (1982) Anorexia nervosa: A multidimensional perspective, Bruner Mazel, New York.

Garfinkel, P.E. and Garner, D.M. (1983) The multidetermined nature of anorexia nervosa. In P.L. Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) Anorexia nervosa: Recent developments in research, pp.3-14, Alan Liss, New York.

Garfinkel, P.E., Garner, D.M., Rose, J., Darby, P., Brandes, J., O'Hanlon, J. and Walsh, N. (1983) A comparison of characteristics in the families of patients with anorexia nervosa and normal controls, Psychological Medicine, 13, 821-828.

Garfinkel, P.E., Moldofsky, H. and Garner, D.M. (1980) The heterogeneity of anorexia nervosa: Bulimia as a distinct subgroup, Archives of General Psychiatry, 37, 1036-1040.

Garner, D.M. and Bemis, K.M. (1982) A cognitive behavioural approach to anorexia nervosa, Cognitive Therapy and Research, 6, 123-150.

Garner, D.M. and Bemis, K.M. (1985) Cognitive therapy for anorexia nervosa. In D.M. Garner and P.E. Garfinkel (eds.) Handbook of Psychotherapy for anorexia nervosa and bulimia, Guildford, New York.

Garner, D,M, and Garfinkel, P.E. (1979) The eating attitudes test: An index of the symptoms of anorexia nervosa, Psychological Medicine, 9, 273-279.

Garner, D.M. and Garfinkel, P.E. (1980) Socio-cultural factors in the development of anorexia nervosa, Psychological Medicine, 10, 647-656.

Garner, D.M., Garfinkel, P.E. and Bemis, K.M. (1982) A multidimensional psychotherapy for anorexia nervosa, International Journal of Eating disorders, 1, 3-64.

Garner, D.M., Garfinkel, P.E., and Irvine, M.J. (1986) The intergration and sequencing of treatment approaches for eating disorders. Special Issue: Psychopharmacology, behavioural modificatoion, dynamic psychotherapy: Towards and integrated approach, Psychotherapy and Psychosomatics, 46 (1-2) 67-75.

Garner, D.M., Garfinkel, P.E. and Olmsted, M.P. (1983a) An overview of sociocultural factors in the development of anorexia nervosa. In P.Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) Anorexia nervosa: Recent developments in research, pp.65-82, Alan Liss, New York.

Garner, D.M. Garfinkel, P.E., Rockert, W. and Olmsted, M.P. (1987) A prospective study of eating disturbances in the ballet, Psychotherapy and Psychosomatics, 48 (1-4) 170-175.

Garner, D.M., Garfinkel, P.E., Schwartz, D. and Thompson, M. (1980) Cultural expectations of thinness in women, Psychological Reports, 47, 483-491.

Garner,D.M., Olmsted, M.P., and Polivy, J. (1983b) Development and validation of a multi-dimensional eating disorders inventory for anorexia nervosa and bulimia, International Journal of Eating Disorders, 2, 15-34.

Garner,D.M., Olmsted, M.P., Polivy, J. and Garfinkel, P.E. (1984) Comparison between weight-preoccupied women and anorexia nervosa, Psychosomatic Medicine, 46, 255-266.

Garry, T.G. (1888) Anorexia nervosa, (letter), Lancet, May 19, 1002.

Gavey, N. (1989) Feminist post-structuralism and discourse analysis: Contributions to feminist psychology, Psychology of Women Quarterly, 13, 459-475.

Gershon, E.S., Hamovit, J.R., Schreiber, J.L., Dribble, E.D., Kaye, W., Nurnberg, J.I. Andersen, A. and Ebert, M. (1983) Anorexia nervosa and major affective disorders associated in families: A preliminary report. In S. Guze, F.J. Earls and J.E. Barrett (eds.) Childhood psychopathology and development, pp.279-284, Raven Press, New York.

Geist, R.A. (1989) Self psychological reflections on the origins of eating disorders. Special Issue: Psychoanalysis and eating disorders, Journal of the American Academy of Psychoanalysis, 17 (1) 5-27.

Gibbs, R. (1986) Social factors in exaggerated eating behaviour among high school students, International Journal of Eating Disorders, 5, 1103-1107.

Gilbert, G.N. and Mulkay, M. (1984) Opening Pandora's box: A sociological analysis of scientists' discourse, Cambridge University Press, Cambridge.

Gilbert, S. (1986) Pathology of eating: Psychology and treatment, Routledge, London.

Gillberg, C. (1985) Autism and anorexia nervosa: Related conditions? Nordisk-Psykiatrisk Tidsskrift, 39 (4) 307-312.

Gilligan, C. (1982) In a different voice: Psychological theory and women's development, Harvard University Press, Cambridgge, MA.

Gillott J. (1979) Jackie Gillott recalls her experience of suffering from anorexia nervosa (interviewer, Amanda Theunisson) Weight in, Radio 4.

Gilman, C.P. (1892) The yellow wallpaper (1988 reprint), Virago, London.

Goldblatt, P.B., Moore, M.E. and Stunkard, A.J. (1965) Social factors in obesity, Journal of the American Medical Association, 192, 1039-1044.

Golden, N.H., Pepper, G.M., Sacker, I., and Avruskin, T.W. (1992 The effects of a dopamine antagonist on leteinizing hormone and prolactin release in women with anorexia nervosa and in normal controls, Journal of Adolescent Health, 13 (2)

155-160.

Goldner, V. (1989) Generation and gender: Normative and covert hierarchies. In M. McGoldrick, C.M. Anderson and F. Walsh (eds.) Women in families: A framework for family therapy, pp.42-61, Norton, New York.

Goodsitt, A. (1985) Self-psychology and the treatment of anorexia. In D.M. Garner and P.E. Garfinkel (eds.) Handbook of psychotherapy for anorexia nervosa and Bulimia, Guildford Press, London.

Gray, J.J., Ford, K. and Kelly, L.M. (1987) The prevalence of bulimia in a Black college population, International Journal of Eating Disorders, 6 (6) 733-740.

Griffin, C. (1986) Qualitative methods and female experience: Young women from school to the job market, pp. 173-192. In S. Wilkinson (ed.) Feminist Social Psychology, Open University Press, Milton Keynes.

Griffin, C. and Phoenix, A. (1994) The relationship between qualitative and quantitative research: Lessons fromfeminist psychology, Journal of Community and Applied Social Psychology, 4, 277-298.

Grunewald, K.K. (1985) Weight control in young college women: Who are the dieters? Journal of the American Dietetic Association, 85 (11) 1445-1450.

Gross, J. and Rosen, J.C. (1988) Bulimia in adolescents. Prevalence and psychosocial correlates, International Journal of Eating Disorders, 7 (1) 51-61.

Grosz, E. (1990) Jacque Lacan: A feminist introduction, Routledge, London.

Gull, W.W. (1868) Dr. Gull's address in medicine. Lancet, Aug 8, 171-176.

Gull, W.W. (1874) Anorexia nervosa (apepsia hysterica, anorexia hysterica), Transactions of the Clinical Society, 7 (2) 22-28.

Gull, W.W. (1888) Clinical notes: Medical, surgical, obstetrical, and therapeutic: Anorexia nervosa, Lancet, March 17, 51-6-517.

Guttman, H.A. (1986) Family therapy of anorexia nervosa: A feminist perspective, Family Therapy Collection, 16, 102-111.

Gutman, H. (1988) Rousseau's Confessions: A technology of the self. In L.H. Martin, H. Gutman and P.H. Hutton (eds.) Technologies of the self: A seminar with Michel Foucault. Tavistock, London.

Habermas, T. (1989) The psychiatric history of anorexia nervosa and bulimia nervosa: Weight concerns and bilimic symptoms in early case reports, International Journal of Eating Disorders, 8 (3) 259-273.

Haggerty, J.J. (1983) The psychosomatic family: An overview, Psychosomatics, 24 (7) 615-623.

Hall, A. and Brown, L. (1982) A comparison of attitudes of young anorexia nervosa patients and non-patients with those of their mothers, British Journal of Medical Psychology, 56, 39-48

Hall, M. (1827) Commentaries on some of the more important diseases of females, London.

Hall, S. (1982) The rediscovery of 'ideology': Returning to the repressed in media studies. In M. Gurevitch, T. Bennett, J. Curran and J. Woollacott (eds.) Culture, society and the media, Methuen, London.

Halmi, K.A. (1983) Advances in anorexia nervosa, Advances in Developmental and Behavioural Pediatrics, 4, 1-23.

Halmi, K.A. (1987) Anorexia nervosa and bulimia. Annual Review of Medicine, 38, 373-380.

Halmi, K.A. and Falk, J.R. (1983) Behavioral and dietary discriminators of menstrual Functioning in anorexia nervosa. In P.Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) Anorexia nervosa: Recent developments in research, pp.323-329, Alan Liss, New York.

Halmi, K.A., Falk, J.R. and Schwartz, E. (1981) Binge eating and vomiting: A survey of a college population, Psychological Medicine, 11, 697-706.

Halmi, K.A., Goldberg, S.C., Eckert, E. Casper, R. and Davis, J.M. (1977) Pretreatment evaluation on anorexia nervosa. In R.A. Vigersky (ed.) Anorexia nervosa, Raven Press, New York.

Halmi, K.A., Struss, A. and Goldberg, S.C. (1978) Anorexia nervosa: an investigation of weights in the parents of anorexia nervosa patients, Journal of Nervous and Mental Disease, 166, 358-361.

Halmi, K.A. and Sunday, S.R. (1991) Temporal patterns of hunger and fullness ratings and related cognitions in anorexia and bulimia, Appetite, 16 (3) 219-237.

Hamilton, M. (1960 A rating scale for depression, Journal of Neurology, Neurosurgery and Psychiatry, 23, 56-62.

Hammond, W.A. (1879) Fasting girls: Their physiology and pathology, Putmnam, New York.

Hansson, S.B., Johnsson, P., and Sorbris, R. (1988 Cognitive style and defense in three groups of women with body-dissatisfaction: Anorexia nervosa, bulimia nervosa and reduction mammaplasty, Psychological Research Bulletin, 28 (1) 16.

Harding, S. (1987) Is there a feminist methodology. In S. Harding (ed.) Feminism and methodology: Social science issues, pp.1-14, Open University Press, Milton Keynes.

Harre, R. (1979) Social being: A theory for social psychology, Blackwell, Oxford.

Harre. R. (1992) What is real in psychology: A plea for persons, Theory and Psychology, 2 (2) 153-158.

Harre, R. and Secord, P.F. (1972) The explanation of social behaviour, Basil Blackwell, Oxford.

Harris, M.B. Walters, L.C. and Waschull, S. (1991) Gender and ethnic differences in obesity-related behaviours and attitudes in a college sample, Journal of Applied Social Psychology, 21, 1545-1566.

Hartley, L.P. (1953) The Go-between, Hamish Hamilton, London.

Hartley, P. (1989) Body image and self image in anorexia nerovosa, British Review of Bulimia and Anorexia Nervosa, 3 (2) 61-70.

Hattersley, R. (1993) Sick and tired of the superficial beautiful life, The Guardian, May 3.

Hawkins, R. and Clement, P. (1980) Development and construct validation of a self-report measure of binge eating tendencies, Addictive Behaviors, 5, 219-226.

Haygarth, J. (1800) Of the imagination, as a cause and cure of the disorders of the body, R. Cruttwell, Bath.

Hedley, W.S. (1893) The insomnia of neurasthenia, Lancet, June 10, 1381-1382.

Heilbrun, A.B. and Friedberg, L. (1990) Distorted body image in normal college women: poosible implications for the development of anorexia nervosa, Journal of Clinical Psychology, 46 (4) 398-401.

Henriques, J., Hollway, W., Urwin, C., Venn, C. and Walkerdine, V. (1984) Changing the subject: Psychology, social regulation and subjectivity, Methuen, London.

Henwood, K.L. and Pidgeon, N.F. (1992) Qualitative research and psychological theorizing, British Journal of Psychology, 83, 97-111.

Hepworth, J (1991) A post-structuralist analysis of the late nineteenth century medical discovery of anorexia nervosa and contemporary discourses on anorexia nervosa used by health-care workers, Unpublished PhD. Birmingham University.

Herman, C.P. and Mack, D. (1975) Restrained and unrestrained eating, Journal of Personality, 43, 647-660.

Herman, C.P. and Polivy, J. (1984) A boundary model for the regulation of eating. In A.B. Stunkard and E. Stellar (eds.) Eating and its disorders, pp.141-156, New York, Raven Press.

Hill, A.J. and Robinson, A. (1991) Dieting concerns have a functional effect on the behaviour of nine year old girls, British Journal of Clinical Psychology, 30, 265-267.

Hirsch, M. (1989) The mother/daughter plot: Narrative, psychoanalysis, feminism, Indiana University Press, Bloomington.

Hirst, P. and Woolley, P. (1984) Social Relations and Human attributes, Methuen, London.

Hirst, P. and Woolley, P. (1982) Social Relations and Human attributes, Tavistock, London.

Hobbes, T. (1668) Letter. In S.J. Gee (ed.) Medical Lectures and Clinical Aphorisms (1908 reprint), Oxford University Press, London.

Hoek, H.W. (1993) Review of the epidemiological studies of eating disorders, International Journal of Eating Disorders, 5 (1) 61-74.

Hoffman, R.E., Stopek, S. and Andreasen, N.C. (1986) A comparative study of manic and schizophrenic speech disorganization, Archives of General Psychiatry, 43 (9) 831-838.

Holden, N.L. and Robinson, P.H. (1988) Anorexia nervosa and bulimia nervosa in British Blacks, British Journal of Psychiatry, 152 544-549.

Holland, A.G. (1984) Anorexia nervosa: A study of 34 twin pairs and one set of triplets, British Journal of Psychiatry, 145, 414-419.

Holland, A.J., Sicotte, N., and Treasure, J.L. (1988) Anorexia nervosa: Evidence for a genetic basis. 31st Annual Conference of the Society for Psychosomatic Research (1987, London), Journal of Psychosomatic Research, 32 (6) 561-571.

Holland, A.J., Hall, A., Murray, R., Russell, G.F.M. and Crisp, A.H. (1984) Anorexia nervosa: A study of 34 twin pairs and one set of triplets, British Journal of Psychiatry, 145, 414-419.

Hollway, W. (1989) Subjectivity and method in psychology: Gender, meaning and science, Sage, London.

Hollway, W. (1992) Gender difference and the production of subjectivity, pp. 240-274. In H. Crowley and S. Himmelweit (eds.) Knowing women: Feminism and knowledge. Polity Press and Open University Press, Cambridge and Oxford.

Hooper, M.S.H. and Garner, D.M. (1986) Application of the Eating Disorders Inventory to a sample of black, white and mixed race schoolgirls in Zimbabwe, International Journal of Eating Disorders, 5 (1) 161-169.

Horney, K. (1926) The flight from womanhood. Reprinted in J.B. Miller (ed.) Psychoanalysis and Women (1973), Penguin, Harmondsworth.

Hotta, M., Shibasakat, A., Masuda, A., et al., (1986) The responses of plasma-adrenocorticotrophin and cortisol to corticotrophin releasing hormone (CRH) and cerebrospinal fluid immuno-reactive CRH in anorexia nervosa patients, Journal of Clinical Endocrinology and Metabolism, 62, 319-24.

Hsu, L.K. (1980) Outcomes of anorexia nervosa: A review of the literature (1954-1978), Archives of general Psychiatry, 9, 1041-1046.

Hsu, L.K.G. (1984) The aetiology of anorexia nervosa, Annual Progress in Child Psychiatry and Child Development, Part VII: Eating Disorders, 26, 407-419.

Hsu, L.K.G. (1989) The gender gap in eating disorders: Why are the eating disorders more common among women? Clinical Psychology Review, 9, 393-407.

Hudson, J.I., Pope, H.G., Jonas, J.M. and Yorgelun-Todd, D. (1983) A family study of anorexia nervosa and bulimia, British Journal of Psychiatry, 142, 133, 138.

Hughes, J. (1991) An outline of modern psychiatry, 3rd edition, John Wiley and Sons, Chichester.

Hughes, K. (1993) Anorexics and bulimics talking, Options (March) 36-39.

Humphrey, L.L. (1986) Structural analysis of parent-child relationships in eating disorders, Journal of Abnormal Psychology, 95 (4) 395-402.

Hunter, R. and Macalpine, I. (1963) Three hundred years of psychiatry 1535-1860, Oxford University Press, London.

Huon, G. and Brown, B. (1984) Psychological correlates of weight control amongst anorexia nervosa patients and normal girls, British Journal of Medical Psychology, 57, 61-66.

Irigaray, L. (1977) Ce sexe qui n'en est pas un, Minuit, Paris. English edition (trans. C. Porter and C. Burke, 1985) This sex which is not one, Cornell University Press, Ithica and New York.

Irigaray, L. (1985) Parler n'est jamais neutre, Minuit, Paris.

Irigaray, L. (1988) Luce Irigaray. In H.E. Baruch and L.J. Sorrono (eds.) Women analyse women: In France, England and the United States, pp.149-164, Harvester Wheatsheaf, New York.

Jackson, S. (1986) Melancholia and depression from Hippocratic times to modern times, Yale University Press, New Haven.

Jacobovits, C., Halstead, P., Kelly, L., Roe, D.A. and Young, C.M. (1977) Eating habits and nutrient intakes of college women over a thirty year period, Journal of the American Dietetic Association, 71, 405-411.

Jampala, V.C. (1985 Anorexia nervosa: A variant form of affective disorder? Psychiatric Annals, 15 (12) 698-704.

Jardine, A. (1985) Gynesis: Configurations of woman and modernity, Cornell University Press, Ithaca.

Jarman, M. and Walsh, S. (1995) Understanding eating disorders: Changing the perspective, Paper presented at the 1995 BPS Annual Conference (Warwick University, April, 1995).

Jensen, K.B. (1987) News as ideology: Economic statistics and political ritual in TV network news, Journal of Communication, 37 (1) 8-27.

Jones, A.R. (1985) Writing the body: Towards an understanding of l'ecriture feminine. In J. Newton and D. Rosenfelt (eds.) Feminism, criticism and social change, pp.86-101. London, Methuen.

Jones, B.P., Duncan, C.C., Brouwers, P. and Mirsky, A.F. (1991) Cognition in eating disorders, Journal of Clinical and Experimental Neuropsychology, 13 (5) 711-728.

Jones, D.J., Fox, M.M., Babigan, H.M. et al., (1980) The epidemiology of anorexia nervosa in Munroe County, New York 1960-1976, Psychosomatic Medicine, 42, 551-558.

Jordanova, L. (1989) Sexual visions: Images of gender in science and medicine between the eighteenth and twentieth centuries, Harvester Wheatsheaf, London.

Kalucy, R.S., Crisp, A.H. and Harding, B. (1977) A study of 56 families with anorexia nervosa, British Journal of Medical Psychology, 50, 381-395.

Kamalian, N., Keesey, R.E. and Zu Rhein, G.M. (1975) Lateral hypothalamic demyelination and cachexia in a case of

'malignant' multiple sclerosis, Neurology, 25, 25-30.

Kaplan, A. and Woodside, B. (1987) Biological aspects of anorexia nervosa and bulimia nervosa, Journal of Consulting and Clinical Psychology, 55 (5) 645-652.

Kaplan, S.L., Busner, J. and Pollack, S. (1988) Perceived weight, actual weight and depressive symptoms in a general adolescent sample, International Journal of Eating Disorders, 7, 107-114.

Katz, J.L. (1986) Long-distant running, anorexia nervosa and bulimia: A report of two cases, Comprehensive Psychiatry, 27 (1) 74-78.

Katz, J.L., Boyar, R., Roffwarg, H., Hellman, L. and Weiner H. (1978) Weight and circadian luteinizing hormone secretory patterns in anorexia nervosa, Psychosomatic Medicine, 3, 200-203.

Kaufman, M.R. and Heiman, M. (1965) Evolution of psychosomatic concepts: Anorexia nervosa: A paradigm, Hogarth Press, London.

Kellogg T.H. (1897) A textbook of mental diseases, J. & A. Churchill, London.

Kendell, R.E., Hall, D.J., Hailey, A. and Babigan, H.M. (1973) The epidemiology of anorexia nervosa, Psychological Medicine, 3, 200-203.

Kennedy, S.H. and Garfinkel, P.E. (1992) Advances in diagnosis and treatment of anorexia nervosa and bulimia nervosa, Canadian Journal of Psychiatry, 37 (5) 309-315

Keys, A., Brozek, J., Henschel, A., Mickelsen, O. and Taylor, H. (1950) The biology of human starvation (2 vols.) Minniapolis, University of Minnesota Press.

King, G.A., Polivy, J. and Herman, C.P. (1991) Cognitive aspects of dietary restraint: Effects on person memory, International Journal of Eating Disorders, 10 (3) 313-321.

Kirmayer, L.J. (1992) The body's insistence on meaning: Metaphor as presentation and representation in illness experience, Medical Anthropology Quarterly, 6 (4) 323-346.

Kitzinger, C. (1987) The social construction of lesbianism, Sage, London.

Kitzinger, C. (1986) Introducing and developing Q as a feminist methodology: A study of accounts of lesbianism, In S. Wilkinson (ed.) Feminist Social Psychology, Open University Press, Milton Keynes.

Klein, M. (1968) Contributions to psychoanalysis 1921-1945 (edited by J.D. Sutherland). Hogarth University Press, London.

Klein, M. (1934) A contribution to the psychogenesis of manic-depressive states. In M. Klein (1968) Contributions to psychoanalysis 1921-1945 (edited by J.D. Sutherland). Hogarth University Press, London.

Klemchuck, H.P., Hutchinson, C.B. and Frank, R.I. (1990) Body dissatisfaction and eating-related problems on the college campus: Usefulness of the Eating Disorders Inventory with a non-clinical population, Journal of Counseling Psychology, 37 (3) 297-305.

Knudsen, M. (1993) Women and eating disorders: A discourse analysis of women's accounts. Paper presented at the Psychology of Women Conference (July 1993) University of Sussex, Brighton.

Kog E. and Vandereycken, W. (1985) Family characteristics of anorexia nervosa and bulimia: A review of the research literature, Clinical Psychology Review, 5, 159-180.

Kolata, G. (1986) Depression, anorexia, Cushing's link revealed, Science, 232, 1197-1198.

Kope, T.M. and Sacks, W.H. (1987) Anorexia nervosa in Southeast Asian refugees: A report on three cases, Journal of the American Academy of Child and Adolescent Psychiatry, 26 (5) 795-797.

Kowalski, P.S. (1986) Cognitive abilities of female adolescents with anorexia neervosa, International Journal of Eating Disorders, 5 (6) 983-997.

Krieg, J.C. Lauer, C., and Pirke K.M. (1987) Hormonal and metabolic mechanisms in the development of cerebral pseudoatrophy in eating disorders. 9th World Congress of the International College of Psychosomatic Medicine (1987, Sydney, Australia), Psychotherapy and Psychosomatics, 48 (1-4) 176-180.

Kristeva, J. (1974) La femme, ce n'est jamais ca. An interview in Tel Qel, 59 (Fall, 1974).

Lacan. J. (1949) The mirror stage as formative of the function of the I. In Ecrit: A selection (1992 edition, trans. A. Sheridan), pp.1-7, Routledge, London.

Lacan, J. (1958a) The signification of the phallus. In Ecrits: A selection (1992 edition, trans. A. Sheridan), pp. 281-291, Routledge, London.

Lacan, J. (1958b) The directive of the treatment and the principle of its power. In Ecrits: A selection (1992 edition, trans. A. Sheridan), pp.226-280, Routledge, London.

Lacan, J. (1972-3) Encore: Le seminaire XX (1975 edition), Seuil, Paris.

Lacan, J. (1977) Agency of the letter in the unconscious or reason since Freud. In Ecrits: A selection (1992 edition, trans. A. Sheridan), pp.146-178, Routledge, London.

Lacan, J. (1982a) The meaning of the phallus, (trans. J. Rose). In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp.74-85, Macmillan, Basingstoke.

Lacan, J. (1982b) Feminine sexuality in psychoanalytic doctrine, (trans. J. Rose). In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp.123-136, Macmillan, Basingstoke.

Lacan, J. (1982c) The phallic phase and the subjective import of the castration complex, (trans. J. Rose). In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp.99-122, Macmillan, Basingstoke.

Lacan, J. (1982d) God and the jouissance of ~~The~~ Woman: A love letter, (trans. J. Rose). In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp.137-161, Macmillan, Basingstoke.

Lacan, J. (1982e) Guiding remarks for a congress on feminine sexuality, (trans. J. Rose). In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp.86-98, Macmillan, Basingstoke.

Laessle, R.G., Kittl, S., Fichter, M.M. and Pirke, K.M. (1988) Cognitive correlates of depression in patients with eating disorders, International Journal of Eating Disorders, 7 (5) 681-689.

Laessle, R.G., Krieg, J.C., Fichter, M.M. and Pirke, K.M. (1989) Cerebral atrophy and vigilance performance in patients with anorexia nervosa and bulimia nerovsa, Neuropsychobiology, 21 (4) 187-191.

Laplanche, J. and Pontalis, J. (1973) The language of psychoanalysis (trans. D. Nicholson-Smith), Hogarth Press, London.

Lasegue, C. (1873a) De l'anorexie hysterique, Archives Generales de Medicine, 1 (Avril) 385-403.

Lasegue, C, (1873b) On hysterical anorexia, Medical Times and Gazette, 2, Sept 6th & 27th, 265-266 & 367-369.

Latour, B. and Woolgar, S. (1979) Laboratory life: The social construction of scientific facts, Sage, London.

Lauer, C.J. Krieg. J.C., Riemann, D., Zulley, J., et al., (1990) A polysomnographic study in young psychiatric inpatients: Major depression, anorexia nervosa, bulimia nervosa, Journal of Affective Disorders, 18 (4) 235-245.

Lawrence, M. (1979) Anorexia nervosa: The control paradox, Women's Studies International Quarterly, 2, 93-101.

Lawrence. M. (1984) The anorexic experience, Women's Press, London.

Laws, S. (1985) Who needs PMT? A feminist approach to the politics of premenstrual tension. In S. Laws, V. Hey and A. Eagen, Seeing Red: The Politics of Premenstrual Tension, Hutchinson, London.

Lawson, H. (1985) Reflexivity: The post-modern predicament, Hutchinson, London.

Lemaire, A. (1981) Jacques Lacan, Routledge, London.

Littlewood, R. and Lipsedge, M. (1985) Culture-bound syndromes. In K. Granville-Grossman (ed.), Recent Advances in Psychiatry, 5, Churchill-Livingstone, Edinburgh.

Littlewood, R. and Lipsedge, M. (1987) The butterfly and the serpent: Culture, psychopathology and biomedicine, Culture, Medicine and Psychiatry, 11 (3) 289-335.

Lloyd, J.H. (1893) Hysterical tremor and hysterical anorexia (anorexia nervosa) of a severe type, American Journal of Medical Science, 106, 264-277.

Locke, J. (1965) An essay concerning human understanding, 2 vols, Dent, London.

Loevinger, J. (1978) Scientific ways in the study of ego-development, vol. XII, Hein Warner Lecture Series. Clark University Press.

Lowde, J. (1694) A discourse concerning the nature of man ... both in his natural and political capacity, London.

Luepnitz, D. (1988) The family interpreted: Feminist theory in clinical practice, Basic Books, New York.

Lyons, J. (1981) Language and linguistics: An introduction, Cambridge University Press, Cambridge.

MacCannell, J.F. (1986) Figuring Lacan: Criticism and the cultural unconscious, Croom Helm, Beckenham.

Mackenzie, S. (1888) On a case of anorexia nervosa vel hysterica, Lancet, March 31, 613-614.

Maloney, M.J. and Klykylo, W.M. (1984) An overview of anorexia nervosa, bulimia nervosa and obesity in children and adolescents, Annual Progress in Child Psychiatry and Child Development, 436-453.

Malson, H. (1992) Anorexia nervosa: Displacing universalities

and replacing gender. In P. Nicolson and J. Ussher (eds.) The psychology of women's health and health care, pp.62-91, Macmillan, Basingstoke.

Malson, H. and Ussher, J. (1994a) Body poly-texts: An analysis of discursive constructions of 'the anorexic body'. Paper presented at the Women and Psychology Conference (July 1994) Nottingham University, Nottingham.

Malson, H. and Ussher, J. (1994b) Bloody women: A discourse analytic study of amenorrhea as a symptom of anorexia. Poster presented at the BPS Annual Conference, Brighton, 1994.

Malson, H. (in press) Anorexia nervosa: Discourses of gender, subjectivity and the body, Feminism and Psychology.

Manley, R.B., Tonkin, R. and Hammond, C. (1988) A method for the assessment of body image disturbance in patients with eating disorders, Journal of Adolescent Health Care, 9 (5) 384-388.

Marce, L.V. (1860a) Note sur une forme de delire hypochondriaque consecutive aux dyspepsies et caracterisee principalement par le refus d'aliments, Annales Medico-Psychologiques, 6, 15-28.

Marce, L.V. (1860b) On a form of hypochondriacal delirium occurring consecutive to dyspepsia, and characterized by refusal of food, Journal of Psychological Medicine and Mental Pathology, 13, 264-266.

de Marinis, L., Mancini, A., D'Amico, C. Zuppi, P., et al (1991) Influence of naloxone infusion on prolactin and growth hormone response to growth hormone-releasing hormone in anorexia nervosa, Psychoneuroendocrinology, 16 (6) 499-504.

Marks, D. (1991) Regulating speech needs: a discourse analysis of a British educational case conference. Paper presented at the Fourth International Conference on Language and Social Psychology, Santa Barbara, USA, Aug 1991.

Marks, D. (1993) Case conference analysis and action research. In E. Burman and I. Parker (eds.) Discourse analytic research: Repertoires and readings of texts in action, pp.135-154, Routledge, London.

Markus, H., Hamill, R. and Sentis, K.P. (1987) Thinking fat: Self-schemas for body weight and the processing of weight relevant information, Journal of Applied Social Psychology, 17, 50-71.

Marshall, C.F. (1895) Clinical notes: medical, surgical, obstetrical, and therapeutic: A fatal case of anorexia nervosa, Lancet, Jan 19, 149-150.

Marshall, H. and Raabe, B. (1993) Political discourse: Talking

about nationalization and privatization. In E. Burman and I. Parker (eds.) Discourse analytic research: Repertoires and readings of texts in action, pp.35-51, Routledge, London.

Marshall, H. and Wetherell, M. (1989) Talking about careers and gender identities: A discourse analysis perspective. In S. Skevington and D. Barker (eds.) The social identity of women, pp.106-129, Sage, London.

Martin, J.E. (1985) Anorexia nervosa: A review of the theoretical perspectives and treatment apporaches, British Journal of Occupational Therapy, 48 (8) 236-240.

Martin, L.H. (1988) Technologies of the self and self-knowledge in the Syrian Thomas tradition. In L.H. Martin, H. Gutman and P.H. Hutton (eds.) (1988) Technologies of the self: A seminar with Michel Foucault, Tavistock, London.

Martin, L.H., Gutman, H. and Hutton, P.H. (eds.) (1988) Technologies of the self: A seminar with Michel Foucault, Tavistock, London.

Martin, P. (1987) Mad women in romantic writing, Harvester, Sussex.

McAdams, D.P. (1992) The five-factor model in personality: A critical appraisal, Journal of Personality, 60, 329-361.

McNamara, J.A. and Wemple, S. (1973) The power of women through the family in Medieval Europe, 500-1100, Feminist Studies, 1, 126-141.

McNay, L. (1992) Foucault and feminism: Power, gender and the self, Polity, Oxford.

McGoldrick, M., Andersen, C.M. and Walsh, F. (1989a) Women in families, Norton, New York.

McGoldrick, M., Andersen, C.M. and Walsh, F. (1989) Women in families and family therapy. In McGoldrick, M., Andersen, C.M. and Walsh, F. (eds.) Women in families, pp.3-16, Norton, New York.

McWhirter, R.M. (1985) Body image and anorexia, Southern Psychologist, 2 (3) 22-25.

Meerman, R., Vandereycken, W., and Napierski, C. (1986) Methodological problems of body image research in anorexia nervosa patients, Acta Psychiatrica Beligica, 86 (1) 42-51.

Merskey, H. (1980) Psychiatric Illness (3rd edition), Bailliere Tindall, London.

Micale, M.S. (1990) Hysterical and its historiography: The future perspective, History of Psychiatry, 1 (1) 33-124.

Millett, K. (1971) Sexual Politics, Hart-Davis, London.

Milne, A,A, (1924) When we were very young (1979 edition). Methuen, London.

Mintz, L.B. and Betz, N.E. (1988) Prevalence and correlates of eating disordered behaviour among under-graduate women, Journal of Counselling Psychology, 35 (4) 463-471.

Minuchin, S., Rosman, B.L. and Baker, L. (1978) Psychosomatic families: Anorexia nervosa in context, Harvard University Press, Cambridge, Mass.

Mischel, W. (1968) Personality and assessment, Wiley, New York.

Mischel, W. (1973) Towards a cognitive, social learning reconceptualization of personality, Psychological Review, 80, 252-283.

Mitchell, J. (1974) Psychoanalysis and feminism (1990 edition), Penguin, London.

Mitchell, J. (1982) Introduction 1. In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp. 1-26, Macmillan, Basingstoke.

Mitchell, J. (1984) Women: The longest revolution: Essays in feminism, literature and psychoanalysis, Virago, London.

Mitchell, J. and Rose. J. (eds.) (1982) Feminine sexuality: Jacque Lacan and the ecole Freudienne, Macmillan, Basingstoke.

Mitchell, J.J. and Eckert, E.D. (1987) Scope and significance of eating disorders: Special Issue: Eating Disorders, Journal of Consulting and Clinical Psychology, 55 (5) 628-634.

Mitchell, S.W. (1877) Fat and blood: And how to make them, J.B. Lippincott, Philadelphia.

Mitchell, S.W. (1881) Lecture XII: Gastro-intestinal disorders of hysteria. In S.W. Mitchell, Lectures on the diseases of the nervous system especially in women, pp.201-216, Henry C. Lea, Sons and Co, Philadeplhia.

Mizes, J.S. and Klesges, R.C. (1987) Validity, reliability and factor structure of the anorexic cognitions questionnaire. Paper presented at the Annual Convention of the Association for the Advancement of Behaviour therapy, Boston.

Mills, I.H. (1985) The neuronal basis of compulsive behaviour in anorexia nervosa, Journal of Psychiatric Research, 19 (2-3) 231-235.

Moi, T. (1985) Representation of patriarchy: Sexuality and epistemology in Freud's Dora. In C. Bernheimer and C. Kahane

(eds.) In Dora's Case: Freud, hysteria, feminism, pp.181-199, Virago, London.

Moilanen, I., Seitamo, L., and Uhari, M. (1985) Anorexia nervosa in twins, Psychiatrica Fennica, 16, 63-71.

Moller, M.S. and Nystrup, J. (1992) Incidence of anorexia nervosa in Denmark, Acta Psychiatrica Scandinivica, 86 (3) 197-200.

Morgan, H.G. (1977) Fasting girls and our attitudes towards them, British Medical Journal, 2, 1652-1655

Morgan, H.G. and Russell, G.F.M. (1975) Value of family background and clinical features as predictors of long-term outcome in anorexia nervosa: Four-year follow-up study of 41 patients, Psychological Medicine, 5, 355-371.

Morton, R. (1689/1694) Phthisiologica: or, a treatise of consumption, Samual Smith, London.

Mottram, M.A. (1985) Personal constructs in anorexia nervosa, Journal of Psychiatric Research, 19, 291-295.

Mullen, P.E., Linsell, C.R., and Parker, D. (1986) Influence of sleep disruption and calorie restriction on biological markers for depression, Lancet, ii, 1051-1055.

Mumford, D.B. and Whitehouse, A.M. (1988) Increased prevalence of bulimia nervosa amongst Asian schoolgirls, British Medical Journal, 297, 718.

Myrtle, A.S. (1888) Anorexia nervosa (letter), Lancet, May 5, 899.

Nagera, H. (ed.) (1969) Basic psychoanalytic concepts on the libido, vol. 1, George Allen & Unwin, London.

Naudeau, J. (1789) Observation sur une maladie nerveuse accompagnee d'un deout extraordinaire pour les aliments, Journal de Medicine, Chirurgie et Pharmacologie, 80, 197-200.

Nicolson, P. (1986) Developing a feminist approach to depression following childbirth, pp.135-149. In S. Wilkinson (ed.) Feminist Social Psychology, Open University Press, Milton Keynes.

Nicolson, P. (1992) Towards a psychology of women's health and health care. In P. Nicolson and J. Ussher (eds.) The psychology of women's health and health care, pp.6-30, macmillan, Basingstoke.

Nillius, S.J. and Wide, L. (1979) Gonadotrophin hormone treatment in Anorexia nervosa, Uppsala Journal of Medical Science, 80, 21-35.

Nisbett, R.E. (1972) Hunger, obesity and the ventromedial hypothalamus, Psychological Reviews, 79, 433-453.

Nudel, D.B. Hassett, I. Gurian, A. Diamant, S. et al. (1989) Young long distant runners: Physiological and psychological characteristics, Clinical Pediatrics, 28 (11) 500-505.

Nylander, J. (1971) The feeling of being fat and dieting in a school population: Epidemiologic interview investigation, Acta Sociomedica Scandinavica, 3, 17-26.

Olmsted, M.P. and Garner, D.M. (1982) The significance of self-induced vomiting as a weight control method among college women. Unpublished manuscript, Clarke Institute of Psychiatry. Toronto, Canada.

Olsen, T. (1978) Silences, Delta, New York.

Orbach, S, (1979) Fat is a feminist issue, Hamlyn, Feltham.

Orbach, S. (1993) Hunger strike, Penguin, London.

Orbach, S. and Eichenbaum, L. (1993) Feminine subjectivity, counter-transference and the mother-daughter relationship. In J. van Mens-Verhulst, K.J. Shreurs and L. Woertman (eds.) Daughtering and mothering, Routledge, London.

Othmer, E. and DeSouza, C. (1985) A screening test for somatization disorder (hysteria), American Journal of Psychiatry. 142 (10) 1146-1149

Outhwaite, W. (1987) New philosophies of social science: Realism hermeneutics and critical theory. Macmillan, London.

Palazidou, E., Robinson, P., and Lishman, W.A. (1990) Neuroadoilogical and neuropsychological assessment in anorexia nervosa, Psychological Medicine, 20 (3) 521-527.

Palazzoli, M.S. (1974) Self-starvation from the intrapsychic to the transpersonal approach to anorexia nervosa, Human Context Books, London.

Panel, (1956) The problem of masochism in the theory and technique of psychoanalysis, Journal of the American Psychoanalytic Association, 4: 526-538.

Parker, I. (1989) The crisis in modern social psychology, and how to end it, Routledge, London.

Parker, I. (1990a) Discourse: definitions and contradictions, Philosophical Psychology, 3 (2) 189-204.

Parker, I. (1990b) Real things: discourse, context and practice, Philosophical Psychology, 3 (2) 227-233.

Parker, I. (1992) Discourse dynamics: Critical analysis for

social and individual psychology, Routledge, London.

Parlee, M. (1974) Stereotypic beliefs about menstruation: A methodological note on the Moos menstrual distress questionnaire and some new data, Psychosomatic Medicine, 36, 229-240.

Parlee, M. (1989) The science and politics of PMS research. Paper presented at the association from the Women and Psychology Annual Research Conference, 10-12 March Newport, Rhode Island.

Parry-Jones, B. (1991) Historical terminology of eating disorders, Psychological Medicine, 21, 21-28.

Parry-Jones, W.L. (1985) Archival exploration of anorexia nervosa, Journal of Psychiatric research, 19, 95-100.

Patton, G.C. (1988) Mortality in eating disorders, Psychological Medicine, 18 (4) 947-951.

Pembroke, L.R. (ed.) (1993) Eating distress: Perspectives from personal experience (2nd edition). Survivors Speak Out, Chesham.

Pervin, L. (1989) Personality: Theory and research (5th edition), Wiley, New York.

Phelan, P.W. (1987) Cognitive correlates of bulimia: The Bulimic Thoughts Questionnaire, International Journal of Eating disorders, 6, 593-607.

Pierloot, R. and Houben, M. (1978) Estimation of body dimensions in anorexia nervosa, Psychological Medicine, 8, 317-324.

Plaut, E.A. and Hutchinson, F.L. (1986) The role of puberty in female psychosexual development, International Journal of Psychoanalysis, 13: 417-432.

Playfair, W.S. (1888) Note on the so-called "anorexia nervosa", Lancet, April 28, 817-818.

Polhemus, T. (1978) Social Aspects of the human body, Penguin, Hammondsworth.

Polivy, J. (1976) Perception of calories and regulation of intake in restrained and unrestrained subjects, Addictive Behaviours, 1, 237-243.

Polivy, J., Garner, D.M. and Garfinkel, P.E. (1986) Causes and consequences of the current preference for thin female physiques. In C.P. Herman, M.P. Zanna and E.T. Higgins (eds.) Physical appearance, stigma and social behaviour: The third Ontario Symposium in Personality and Social Psychology, pp.89-112, Erlbaum, Hillsdale, N.J.

Polivy, J. and Herman, C.P. (1983) Breaking the diet habit, Basic Books, New York.

Polivy, J. and Herman, C.P. (1985) Dieting and binging, American Psychologist, 40 (2) 193-201.

Polivy, J. and Herman, C.P. (1987) Diagnosis and treatment of normal eating: Special Issue: Eating disorders, Journal of Consulting and Clinical Psychology, 55 (5) 635-644

Poovey, M. (1988) Feminism and deconstruction, Feminist Studies, 14 (1) 51-65.

Pope, H.G., Hudson, J.I. Yurgelum-Todd, D. and Hudson, M.S. (1984) Prevalence of anorexia nervosa and bulimia in three student populations, International Journal of Eating Disorders, 3 (3) 45-51.

Porter, R. (1987) Mind-forg'd manacles, Athlone, London.

Porter, R. and Porter, D. (1988) In sickness and in health: The British experience 1650-1850, Fourth Estate, London.

Potter, J. and Edwards, D. (1990) Nigel Lawson's tent: Discourse analysis, attribution theory and the social psychology of fact, European Journal of Social Psychology, 20, 405-424.

Potter, J. and Mulkay, M. (1985) Scientists' interview talk: Interviews as a technique for revealing participants' interpretive practices. In M. Brenner, J. Brown and D. Canter (eds.) The research interview: Uses and approaches, Academic Press, London.

Potter, J. and Wetherell, M. (1987) Discourse and social psychology: Beyond attitudes and behaviour, Sage, London.

Potter, J. and Wetherell, M. (1989) Fragmented ideologies: Accounts of educational failure and positive discrimination, Text, 9 (2) 175-190.

Potter, J., Wetherell, M. and Chitty, A. (1991) Quantification rhetoric - cancer on television, Discourse and Society, 2 (3) 333-365.

Potter, J., Wetherell, M., Gill, R., and Edwards, D. (1990) Discourse: noun, verb or social practice, Philosophical Psychology, 3 (2) 205-217.

Potter, J. and Wetherell, M. (1991) Analysing discourse. Draft of chapter to appear in A. Bryman and R. Burgess (eds.) (in press) Analyzing Qualitative Data, Routledge, London.

Prince, M. (1895) Discussion of Putnam's paper on neurasthenia, Boston Medical and Surgical Journal, 132, 517.

Prince, R. (1983) Is anorexia nervosa a culture-bound syndrome? Transcultural Psychiatric Research Review, 20: 299-300.

Prior, L. (1989) The social organization of death, Medical discourse and social practice in Belfast, Macmillan, Basingstoke.

Pumariega, A.J. (1986) Acculturation and eating attitudes in adolescent girls: A comparative and correlational study, Journal of the American Academy of Child Psychiatry, 25 (2) 276-279.

Pumariega, A.J., Edwards, P. and Mitchell, C.B. (1984) Anorexia nervosa in Black adolescents, Journal of the American Academy of Child Psychiatry, 23 (1) 111-114.

Pyle, R.L., Mitchell, J.E. and Eckert, E.D. (1981) Bulimia: A report of 34 cases, Journal of Clinical Psychiatry, 42, 60-64.

Rae, J. and Drury, J. (1993) Reification and evidence in rhetoric on economic recession: Some methods used in the UK press, final quarter, 1990, Discourse and Society, 4 (3) 329-356.

Rakoff, V. (1983) Multiple determinants of family dynamics in anorexia nervosa. In P.Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) Anorexia nervosa: Recent developments in research, pp.29-40, Alan Liss, New York.

Ramas, M. (1985) Freud's Dora, Dora's hysteria. In C. Bernheimer and C. Kahane (eds.) In Dora's Case: Freud, hysteria, feminism, pp.149-180, Virago, London.

Rand, C.S. and Kuldau, J.M. (1991) Restrained eating (weight concerns) in the general population and among students, International Journal of Eating Disorders, 10 (6) 699-708.

Rastam, M., Gillberg, C. and Garton, M. (1989) Anorexia nervosa in a Swedish urban region: A population-based study, British Journal of Psychiatry, 155, 642-6.

Raulin, J. (1758) Traite des affections vaporeuses du sexe, Paris.

Reynolds, J.A. (1669) A Discourse on Prodigious Abstinence, London.

Rice, A. (1988) Queen of the damned, Futura, London.

Richardson, S.A, Hastort, A.H., Goodman, N. and Darnbush, S.M. (1961) Cultural uniformity in reaction to physical disabilities, American Sociological Review, 26, 241-247.

Riley, D. (1988) Am I that name? Feminism and the category of 'Women' in history, Macmillan, Basingstoke.

Riviere, J. (1929) Womanliness as masquerade, International Journal of Psychoanalysis, 10, 303-313.

Rivinus, T.M., Biederman, J., Herzog, D.B., Kemper, K.., Harper, G.P., Harmatz, J.S. and Houseworth, S. (1984) Anorexia nervosa and affective disorders: A controlled family history study, American Journal of Psychiatry, 141 (1) 1414-1418.

Robinson, T. (1893) Sudden death in a case of hysterical vomiting, Lancet, June 10, 1380-1381.

Rodin, J. (1981) Current status of the internal-external hypothesis for obesity: What went wrong? American Psychologist, 36, 361-372.

Rodin, J., Silberstein, L.R. and Streigel-Moore, R.H. (1985) Women and weight: A normative discontent. In T.B. Sonderegger (ed.) Nebraska Symposium on motivation, vol. 32, Psychology and gender, pp.267-307, Lincoln, University of Nebraska Press.

Rolla, M., Andreoni, A., Belliti, D., Cristofani, R., et al., (1991) blockade of cholinergic muscarinic receptors by pirenzepine and GHRH-induced GH secretion in the acute and recovery phase of anorexia nervosa and atypical eating disorders, Biological Psychiatry, 29 (11) 1079-1091.

Rose, J. (1982) Introduction II. In J. Mitchell and J. Rose (eds.) Feminine sexuality: Jacque Lacan and the ecole Freudienne, pp. 27-57, Macmillan, Basingstoke.

Rousseau, G. (1976) Nerves, spirits and fibres: Towards defining the origins of sensibility; with a postscript, The Blue Guitar, 2, 125-153.

Rousseau, G. (1991) Cultural history in a new key: Towards a semiotics of the nerve. In J.H. Pittock and A. Wear (eds.) Interpretation and Cultural History, pp.25-81, Macmillan, Basingstoke.

Ruderman, A.J. (1986) Dietary restraint: A theoretical and empirical review, Psychological Bulletin, 99 (2) 247-262.

Russell, G.F.M. (1970) Anorexia nervosa its identity as an illness and its treatment. In, J.H. Price (ed.) Modern Trends in Psychological Medicine, Butterworth, London.

Russell, G.F.M. (1977) The present status of anorexia nervosa, Psychological Medicine. 7. 363-367.

Russell, G.F.M. (1979) Bulimia nervosa: An ominous variant of anorexia nervosa, Psychological Medicine, 9, 429-448.

Russell, G.F.M. (1984) The modern history of anorexia nervosa, Aktuelle Ernahrung, 9, 3-7.

Russell, G.F.M. (1985) The changing nature of anorexia

nervosa, Journal of Psychiatric Research, 19, 101-109.

Russell, G.F.M. (1986) The changing nature of anorexia nervosa. In G.I. Szmukler, P.E. Slade, P. Harris, D. Benton and G. Russell (eds.) Anorexia nervosa and bulimic disorders, Pergamon Press, Oxford.

Rutter, M., Macdonald, H., Le Couteur, A., Harrington, R., Bolton, P., and Bailey, A. (1990) Genetic factors in child psychiatric disorders -II. Empirical findings, Journal of Child Psychology and Psychiatry, 3 (1) 39-83.

Ryle, G. (1949) The concept of mind (1978 edition), Penguin, Harmondsworth.

Salisbury, J.J. and Mitchell, J.E. (1991) Bone mineral density and anorexia nervosa in women, American Journal of Psychiatry, 148 (6) 768-774.

Salter, H. (1868) Clinical lecture on hysterical vomiting. Lancet, July 4, 1-2 & 37-38.

Sarup, M. (1988) An introductory guide to post-structuralism and post-modernism, Harvester Wheatsheaf, New York.

de Saussure, F. (1960) Course in General linguistics, Peter Owen, London.

de Saussure, F. (1974) Cours de linguistique generale, Paris, Payot, 1915 (ed. T. de Mauro, 1978). Engish translation: Course in General Linguistics (1974), Fontana, London.

Sawicki, J. (1991) Disciplining Foucault: Feminism, power and the body, Routledge, London.

Sayers, J. (1982) Biological politics: Feminist and anti-feminist perspectives. Tavistock, London.

Sayers, J. (1986) Sexual contradictions: Psychology, psychoanalysis and feminism, Tavistock, London.

Sayers, J. (1988) Anorexia, psychoanalysis, and feminism: Fantasy and reality, Journal of Adolescence, 11, 361-371.

Sayers, J. (1990) Psychoanalytic feminism: Deconstructing power in theory and therapy. In I. Parker and J. Shotter (eds.) Deconstructing Social Psychology, pp.196-207, Routledge, London.

Sayers, J. (1991) Mothering psychoanalysis, Penguin, London.

Sayers, J. (in press/a) Phallic illusions, feminist therapy: A Freudian story, Clinical Psychology Forum.

Sayers, J. (in press/b) Consuming male fantasy: Feminist psychoanalysis retold. In A. Elliott and S. Frosh (eds.)

Psychoanalysis and Cultural Studies.

Schachter, S. (1968) Obesity and eating, Science, 161, 751-756.

Schachter, S. (1971) Some extraordinary facts about obese humans and rats. American Psychologist, 26, 129-144.

Schotte, D.E., Cools, J. and McNally, R.J. (1990) Film-induced negative affect triggers overeating in restrained eaters, Journal of Abnormal Psychology, 99 (3) 317-320.

Schwartz, L. (1985) Anorexia nervosa as a culture-bound syndrome, Social Science and Medicine, 20 (7) 725-730.

Schweitzer, I., Szmukler, G.I., Maguire, K.P., Harrison, L.C., Tuckwell, V. and Davies, B.M. (1990) The dexamethasone suppression test in anorexia nervosa: The influence of weight, depression, adrenocorticotrophic hormone and dexamethasone, British Journal of Psychiatry, 157, 713-717.

Scull, A. 1983: The domestication of madness, Medical History, 27, 233-248.

Selig, N. (1988) Seventeen, sexy and suicidal, Changes, 5 (4) 411-415.

Shafter, R. (1989) Women and madness: A social historical perpective, Issues in Ego Psychology, 12 (1) 77-82.

Sheridan, A. (1977) Translator's notes. In J. Lacan, Ecrits: A selection (1992 edition), pp.vii-xii, Routledge, London.

Sheppy, M., Friesen J.D. and Hakstian, A.R. (1988) Eco-systemic analysis of anorexia nervosa, Journal of Adolescence, 11, 373-391.

Shorter, E. (1987) The first great increase in anorexia nervosa. Journal of Social History, 21, 69-96,

Shotter, J. (1975) Images of man in psychological research, Methuen, London.

Shotter, J. (1984) Accountability and selfhood, Blackwell, Oxford.

Showalter, E. (1985) The female malady: Women, madness and English culture, 1830-1980, Virago, London.

Siltanen, J. and Stanworth, M. (eds.) (1984) Women and the public sphere: A critique of sociology and politics, Hutchinson, London.

Silverman, D. (1993) Interpreting qualitative data: Methods for analyzing talk, text and interaction, Sage, London.

Silverman, J.A. (1983) Richard Morton, 1637-1698, Limner of anorexia nervosa: His life and times. A tercentenary essay, Journal of the Americal Medical Association, 250, 2830-2832.

Silverman, J.A. 1988: Before our time: Anorexia nervosa in 1888. Lancet (April 23) 928-930,

Silverman, J.A. (1989) Louis-Victor Marce, 1828-1864: Anorexia nervosa's forgotten man, Psychological Medicine, 19, 833-835.

Silverman, J.A. (1992) Lasegue's editorial riposte to Gull's contribution on anorexia nervosa, Psychological Medicine, 22 (2) 307-8.

Silverstein, B., Peterson, B. and Perdue, L. (1986) Some correlates of the thin standard of bodily attractiveness for women, International Journal of Eating Disorders, 5, 895-905.

Simmonds, M. (1914) Ueber embolische prozesse in der hypophysis, Virchows Archiv (Pathologische Anatomie) 217, 226-239.

Sinclair, J. and Coulthard, M. (1975) Towards an analysis of discourse, Oxford University Press, London.

Sing, L (1991) Anorexia nervosa in Hong Kong: A Chinese perspective, Psychological Medicine, 21 (3) 70-3-711.

The Sisters of Mercy, 1990: When you don't see me. Recorded on Vision Thing, Merciful Release, 1990.

Slade, P. and Russell, G. (1973) Awareness of body dimensions in anorexia nervosa: Cross sectional and longitudinal studies, Psychological Medicine, 3, 188-199.

Smith, J.E. and Krejci, J. (1991) Minorities join the majority: Eating disturbances among Hispanic and Native American Youth, International Journal of Eating Disorders, 10 (2) 179-186.

Smither, B, (1994) Who's who special: Elle's top ten supermodels, Elle, (September, 1994) 20-21.

Smith-Rosenberg, C. and Rosenberg, C. (1973/4) The female animal: Medical and biological views of woman and her role in nineteenth- century America, Journal of American History, 60, 332-356.

Snyder, M. and Ickes, W. (1985) Personlaity and social behaviour. pp. 883-947, in G. Lindzet and E. Arenson (eds.) Handbook of Social Psychology Vol. 2 (3rd edition), Addison-Wesley, Reading, Mass.

Sohlberg, S., Norring, C., Homgren, S., and Rosmark, B. (1989) Impulsivity and long-term prognosis of psychiatric patients with anorexia nervosa/bulimia nervosa, Journal of Nervous and

Mental Disease, 177 (5) 249-258.

Sontag, S. (1978) Illness as metaphor, Farrar, Straus and Giroux, New York.

Sontag, S. (1989) AIDS and its metaphors, Farrar, Straus and Giroux, New York.

Sours, J.A. (1980) Starving to death in a sea of objects, Jason Aronson, New York.

Spencer, J.A. and Fremouw, W.J. (1979) Binge eating as a function of restraint and weight classification, Journal of Abnormal Psychology, 88, 262-267.

Spender, D. (1980) Man made language, Routledge, London.

Squire, C. (1983) The problem of the subject in current psychoanalytic and post-structuralist theory: Identity in pieces, Unpublished PhD. thesis, Exeter University.

Stainbrook, E. (1965) Psychosomatic medicine in the nineteenth century. In M.R. Kaufman and M. Heiman (eds.) Evolution of psychosomatic concepts: Anorexia nervosa: A paradigm, pp.6-35, Hogarth Press, London.

Stanley, L. and Wise, S. (1983) Breaking out: Feminist consciousness and feminist research, Routledge, London.

Steiger, H., Fraenkel, L. and Leichner, P. (1989) Relationship of body-iamge distortion to sex-role identification, irrational cognitions and body-weight in eating-disordered females, Journal of Clinical Psychology, 45 (1) 61-65.

Steinberg, C.L. and Birk, J.M. (1983) Weight and compliance: Male-female differnces, Journal of General Psychology, 109, 95-102.

Strauss, J. and Ryan, R.M. (1988) Cognitive dysfunction in eating disorders, International Journal Eating Disorders, 7 (1) 19-27

Striegel-Moore, R.H., Silberstein, L.R., Frensch, P. and Rodin, J. (1986) A prospective study of disordered eating amongst college students, International Journal of Eating Disorders, 8 (5) 499-509.

Strober, M. (1981) The significance of bulimia in juvenile anorexia nervosa: An exploration of possible etiological factors, International Journal of Eating Disorders, 1, 28-43.

Strober, M. (1986) Anorexia nervosa: History and psychological concept. In K.D. Brownell and J.P. Foret (eds.) Handbook of eating disorders: Physiology, psychology and treatment of obesity, anorexia and bulimia, pp, 231-246. Basic Books, New York.

Strober, M. (1991) Family-genetic studies of eating disorders. Annual Meeting of the American Psychiatric Association Symposium: Recent Advances in bulimia nervosa ((1991, New Orleans, Louisiana). Journal of Clinical Psychiatry, 52 (Suppl) 9-12.

Strober, M. and Katz, J.L. (1987) Do eating disorders and affective disorders share a common etiology? A dissenting opinion, International Journal of Eating Disorders, 6 (2) 171-180.

Strober, M. and Humphrey, L. (1987) Familial contributions to the etiology and course of anorexia nervosa and bulimia, Journal of Consulting and Clinical Psychoilogy, 55 (5) 654-659.

Strober, M., Salkin, B., Burroughs, J. and Morrell, W. (1982) Validity of the bulimia-restricter distinction in anorexia nervosa. Parental personality characteristics and family psychiatric morbidity, Journal of Nervous and Mental Disease, 170, 345-351.

Strober, M., Morrell, W., Burroughs, J., Salkin, B. and Jacobs, C. (1985) A controlled family study of anorexia nervosa, Journal of Psychiatric Research, 19, 239-246.

Strober, M., Salkin, B., Burroughs, J., Morrell, W. and Sadjak, J. (1986) A family study of anorexia nervosa in depression. Paper presented at the annual meeting of the American Psychiatric Association, May 1986, Washington DC.

Strong, B.E. (1989) Foucault, Freud and French feminism: Theorizing hysteria as theorizing the feminine, Literature and Psychology, 35 (4) 10-26.

Strupp, B.J. Weingartener, H., Kaye, W., Gwirtsman, H. (1986) Cognitive processing in anorexia nervosa: A disturbance in automatic processing, Neuropsychobiology, 15 (2) 89-94.

Suematsu, H., Kuboki, T. and Ogata, E. (1986) Anorexia nervosa in MZ twins, Psychotherapy and Psychosomatics, 45 (1) 46-50.

Sunday, S.R., Halmi, K.A., Werdann, L., and Levey, C. (1992) Comparison of body size estimation and eating disorder inventory scores in anorexia and bulimia patients with obese, restrained and unrestrained controls, International Journal of Eating Disorders, 11 (2) 133-149.

Sutherland, H.A. (1881) A case of chronic vomiting in which no food was taken, except Koumiss, for sixteen months, Transactions of The Clinical Society, 14, 113-114.

Swartz, L. (1985a) Is thin a feminist issue? Women's Studies International Forum, 8 (5) 429-437.

Swartz, L. (1985b) Anorexia nervosa as a culture-bound

syndrome, Social Science and Medicine, 20 (7) 725-730.

Swift, W.J., Andrews, D. and Barklage, N. (1986) The relationship between affective disorder and eating disorders: A review of the literature, American Journal of Psychiatry, 143 (3) 290-199.

Szmukler, G., McCance, C., McCrone, L. and Hunter, D. (1986) Anorexia nervosa: A psychiatric case register study from Aberdeen, Psychological Medicine, 16 (1) 49-58.

Talbott, J.H. (1970) A biographical history of medicine: Excerpts and essays on the men and their work, Grune & Stratton, New York.

Taylor, S.A. (1904) A case of anorexia nervosa, West London Medical Journal, IX (2, April) 110-204.

Theriot, N.M. (1988) Psychosomatic illness in history: The 'green sickness' among nineteenth-century adolescent girls, The Journal of Psychohistory, 15 (4) 461-479

Thomas, J.P. and Szmukler, G.I. (1985) Anorexia nervosa in patients of Afro-Caribbean extraction, British Journal of Psychiatry, 146, 653-656.

Thompson, E.P. (1978) The poverty of theory, Merlin, London.

Thoren, P., Floras, J.S., Hoffmann, P. and Seals, D.R.(1990) Endorphins and exercise: Physiological mechanisms and clinical implications, Medicine and Science in Sports and Exercise, 22 (4) 417-428.

Tolstrup, K. (1990) Incidence and causality of anorexia nervosa in a historical perspective, Acta Psychiatrica Scandinavica, 82 (361, Suppliment) 1-6.

Tomarken, A.J. and Kirschenbaum, D.S. (1984) Effects of plans for future meals on counter-regulatory eating: Where have all the unrestrained eaters gone? Journal of Abnormal Psychology, 93, 458-472,

Toner, B.B., Garfinkel, P.E., and Garner, D.M. (1987 Cognitive style of patients with bulimic and diet-restricting anorexic nervosa, American Journal of Psychiatry, 144 (4) 510-512.

Touyz, S.W., Beumont, P.J.V., Collins,J.K., McCabe, M. and Jupp, J. (1984) Body shape perception and its disturbance in anorexia nervosa, British Journal of Psychiatry, 144, 167-171.

Tracy, S. (1860) The mother and her offspring, New York.

Treasure, J.L. (1988) The ultrasonographic features in anorexia nervosa and bulimia nervosa: A simplified method of monitoring hormonal states during weight gain. 31st Annual conference of the Society for Psychosomatic research (1987,

London), Journal of Psychosomatic Research, 32 (6) 623-634.

Treasure, J., Wheeler, M.J., Setich, B. and Russell, G.M. (1985) Anorexia nervosa and the adrenal: The effect of weight gain, Journal of Psychiatric Research, 19 (2-3) 221-225.

Trotter, T, (1807) A view of the nervous temperament. Longman, Hurst, Rees and Owen, London.

Tseelon, E. (1991) The method is the message: On the meaning of methods as ideologies, Theory and Psychology, 1 (3) 299-316.

Turner, B. (1984) The body and society: Explorations in social theory, Blackwell, Oxford.

Turner, B.S. (1987) Medical power and social knowledge. Sage, London.

Turner, B.S. (1992) Regulating bodies: Essays in medical sociology, Routledge, London.

Unsworth, T. and Shattock, R. (1993) Cosmo survey results: Your love hate relationship with food, Cosmopolitan (March, 1993) 90-95.

Ussher, J. (1989) The psychology of the female body, Routledge, London.

Ussher, J. (1991) Women's madness: Misogyny or mental illness, Harvester Wheatsheaf, London.

Ussher, J. (1992a) Reproductive rhetoric and the blaming of the body. In P. Nicolson and J. Ussher (eds.) The psychology of women's health and health care, pp.31-61. Macmillan, Basingstoke,

Ussher, J. (1992b) Science sexing psychology. In J. Ussher and P. Nicolson (eds.) Gender Issues in Clinical Psychology, Routledge, London.

Ussher, J.M. (1992c) Research and theory related to female reproduction: Implications for clinical psychology, British Journal of Clinical Psychology, 31, 129-151.

Ussher, J. (1994) A limited script: Men's accounts of heterosexual sex. Paper presented at the Women and Psychology Conference (July, 1994) Nottingham University.

Vandereycken, W. and Lowenkopt, E.L. (1990) Anorexia nervosa in 19th century America, Journal of Nervous and Mental Disease, 178 (8) 531-535.

Vandereycken, W. and van Deth, R. (1989) Who was the first to describe anorexia nervosa: Gull or Lasegue? Psychological Medicine, 19, 837-845.

Veith, I. (1965) Hysteria: The history of a disease, University of Chicago Press, Chicago.

Verheij, F. and Booij-van Reek, F.K. (1986) Anorexia nervosa in young children and pathologically symbiotic family structures, International Journal of Family Psychiatry, 7 (1) 35-58

Vitousek, K.B. and Hollon, S.D. (1990) The investigation of schematic content and processing in eating disorders, Cognitive Therapy and Research, 14 (2) 191-214.

Wakeling, A. (1985) Neuro-biological aspects of feeding disorders, Journal of Psychiatric Research, 19 (2-3) 191-201.

Walkerdine, V. (1984) Developmental psychology and the child-centred pedagogy: The insertion of Piaget into early education. In Henriques, J., Hollway, W., Urwin, C., Venn, C., and Walkerdine, V. (1984) Changing the subject: Psychology, social regulation and subjectivity, pp.153-202, Methuen, London.

Walkerdine, V. (1986) Post-structuralist theory and everyday social practices: The family and the school, pp. 57-76, In S. Wilkinson (ed.) Feminist Social Psychology, Open University Press, Milton Keynes.

Walkerdine, V. (1988) The mastery of reason: Cognitive development and the production of rationality, Routledge, London.

Walkerdine, V. (1993) Post-modernity and feminist research. Paper presented at Psychology of Women Conference (July 1993) University of Sussex, brighton.

Walkerdine, V. and Lucey, H. (1989) Democracy in the kitchen: Regulating mothers and socializing daughters. Virago, London,

Walmsley, J. (1994) Roseanne Arnold, The Independent Magazine (29 January) 46.

Walsh, B.T., Katz, J., Levine, J. et al. (1981) The production rate of cortisol declines during recovery from anorexia nervosa. Journal of Clinical Endocrinology and Metabolism, 53, 203-5.

Walsh, F. and Scheinkman, M. (1989) (Fe)male: The hidden gender dimension in models of family therapy. In M. McGoldrick, C.M. Andersen and F. Walsh (1989a) Women in families, pp.16-42. Norton, New York.

Waltos, D.L. (1986) Historical persectives and diagnostic considerations. Special Issue: The evaluation and treatment of eating disorders, Occupational Therapy in Mental Health, 6 (1) 1-13.

Wardle, R. M. (ed.) (1979) Collected letters of Mary Wollstonecraft, Cornell University Press, Ithica.

Wardle, J. and Beales, S. (1986) Restraint, body image and food attitudes in children from 12 to 18 years, Appetite, 7, 209-217.

Wardle, J., Bindra, R., Fairclough, B. and Westcombe, A. (1993) Culture and body image: Body perception and weight concern in young Asian and Causasian British women, Journal of Community and Applied Social Psychology, 3 (3) 173-181.

Wardle, J. and Marsland, L. (1990) Adolescent concerns about weight and eating: A social developmental perspective, Journal of Psychosomatic Research, 34, 377-391.

Waters, B.G., Beumont, P.J., Touyz, S. and Kennedy, M. (1990) Behavioural diferences between twin and non-twin female siblings pairs discordant for anorexia nervosa, International Journal of Eating Disorders, 9 (3) 265-273.

Weedon, C. (1987) Feminist practice and post-structuralist theory, Blackwell, Oxford.

Weight, L. and Noakes, T. (1987) Is running an anolog of anorexia? A survey of the incidence of eating disorders in female distance runners, Medicine and Science in Sport and Exercise, 19 (3) 213-217.

Weeks, J. (1989) Sex, politics and society: The regulation of sexuality since 1800, Longman, London.

Weiner, H. and Katz. J.l. (1983) The hypothalmic-pituitary-adrenal axis in anorexia nervosa: A reassessment. In P.Darby, P.E. Garfinkel, D.M. Garner and M. Olmsted (eds.) Anorexia nervosa: Recent developments in research, pp.249-270, Alan Liss, New York.

Weinreich, P., Doherty, J. and Harris, P. (1985) Empirical assessment of identity in anorexia nervosa and bulimia nervosa, Journal of Psychiatric Research, 19, 297-302.

Wellman, P.J. (1990) A review of the physiological bases of the anorexic action of phenylpropanolamine, Neuroscience and Biobehavioural Review, 14 (3) 339-355.

Wetherell, M. (1986) Linguistic repertoires and literary criticism: new directions for a social psychology of gender. In S. Wilkinson (ed.) Feminist social psychology: Developing theory and practice, Open University Press, Milton Keynes.

Wetherell, M. (1991) Romantic discourse: analysing investment, power and desire. Text of paper presented at the Fourth International Conference on Language and Social Psychology (Aug 1991) University of California, Santa Barbara.

Wetherell, M and Potter, J. (1988) Discourse analysis and the identification of interpretive repertoires. In C. Antaki (ed.) Analyzing everyday explanations, Sage, London.

Wetherell, M. and White, S. (1992) Fear of fat: Young women talk about eating, dieting anbd body image. Unpublished manuscript, Open University.

White, J.H., Kelly, P. and Dorman, L. (1977) Clinical picture of atypical anorexia nervosa associated with hypothalmic tumors, American Journal of Psychiatry, 134, 323-325.

Whitehouse, A.M., Freeman, C.P., and Annandale, A. (1988 Body size estimation in anorexia nervosa. Second Leeds Psychopathology Symposium: The psychopathology of body image (1986, Leeds), British Journal of Psychiatry. 153 (Suppl. 2) 23-26.

Whitford, M. (1989) Re-reading Irigaray. In T. Brennan, (ed.) Between feminism and psychoanalysis, pp. 106-126, Routledge, London.

Whyte, M.K. (1978) The status of women in pre-industrial societies. Princeton University Press, Princeton.

Whytt, R. (1764, second edition, 1767) Observations on the nature, causes, and cure of those disorders which are commonly called nervous, hypochondriac or hysterric, to which is prefixed some remarks on the sympathy of the nerves. Becket, DeHondt and Balfour, Edinburgh.

Widdicombe, S (1993) Autobiography and change: Rhetoric and authenticity of 'Gothic' style. In E. Burman and I. Parker (eds.) Discourse analytic research: Repertoires and readings of texts in action, Routledge, London.

Widdicombe, S. and Wooffitt, R. (1990) 'Being' versus 'doing' punk: On achieving authenticity as a member, Journal of Language and Social Psychology, 9 (4) 257-277.

Wilkinson S. (ed.) (1986) Feminist social psychology, Open University Press, Milton Keynes.

Wilks, S. (1888) Anorexia nervosa, (letter), Lancet, March 31, 646-647.

Willan, R. (1790) A remarkable case of abstinence, Medical Communications, 2, 113-122.

Wilson, C.P., Hogan C.C. and Mintz, I.L. (1983) Fear of being fat: The treatment of anorexia nervosa and bulimia, Jason Aronson, New York.

Winnicott, D.W. (1967) Mirror-role of mother and family in child development. In Playing and reality, pp.111-118, Tavistock, London, 1971.

Winokur, A., March V., and Mendels, J. (1980) Primary affective disorder in relatives of patients with anorexia nervosa, American Journal of Psychiatry, 137, 695-698.

Wittig, M. (1979) One is not born a woman. Text of the speech given at the City University of New York Graduate Centre, September, 1979.

Wolff, H., Bateman, A. and Sturgeon, D. (eds.) (1990) UCH textbook of psychiatry: An integrated approach, Gerald Duckworth, London.

Wolpert, E.A. (1980) Major affective disorders. In H.I. Kaplan, A.M. Freedman and B.J. Sadock (eds.) Comprehensive Textbook of Psychiatry, vol 2 (3rd edition). Williams and Wilkins, Baltimore.

Woodiwiss, A. (1990) Social theory after post-modernism: Rethinking production, law and class, Pluto, London.

Woody, E.Z., Costanzo, P.R., Leifer, H. and Conger, J. (1981) The effects of taste and caloric perceptions on the eating behaviour of restrained and unrestrained subjects, Cognitive Research and Therapy, 5, 381-390.

Wooley, S.C. and Wooley, O.W. (1979) Intensive outpatient and residential treatment for bulimia. In D.M. Garner and P.E. Garfinkel (eds.) Handbook of psychotherapy for anorexia nervosa and bulimia, Guildford Press, New York.

Woolf, N. (1990) The beauty myth, London, Chatto and Windus.

Woolgar, S. (1988) Science: The very idea, Ellis Horwood, Chichester.

World Health Organization, (1992) ICD-10: Classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines, World Health Organization, Geneva.

Yager, J. (1982) Family issues in the pathogenesis of anorexia nervosa, Psychosomatic Medicine, 44 (1) 43-60.

Yen, S. (1979) Catecho-estrogens in anorexia nervosa, Hospital Practice, 14, 83-97.

Zerbin, R.E. (1987) Psychiatric genetics and psychiatric nosology. Munich Genetic Discussion International Symposium (1986, Berlin, FRG), Journal of Psychiatric Research, 21 (4) 377-383

Zis, A., Remick, R., Clark, C., Goldner, E. et al. (1989) Evening urine cortisol excretion and DST results in depression and anorexxia nervosa, Journal of Psychiatric Research, 23 (3-4) 251-255.