“The fact she has anorexia fits in perfectly”:

Beverley Allitt, self-starvation and media narratives of criminal femininity

This article examines the press construction in the early 1990s of Beverly Allitt, the nurse known as one of the Britain’s most prolific women serial killers, focusing on Allitt’s diagnosis of anorexia at the time of her trial and how it shaped understandings of her mental state, her character, and her perceived culpability. It is the relationship between Allitt, gender, and *everyday* constructions of anorexia that is of interest here, particularly in terms of how her image contributed to media discourses on self-starvation and femininity. The analysis suggests that Allitt’s anorexia was primarily understood in terms of manipulation, inauthenticity and performance—discourses that consolidated perniciously gendered conceptions of self-starvation, as well as the problematic clinical practices through which anorexia was “treated.” As these treatment practices continue to have a legacy today, it is crucial to examine how they have been normalised and legitimised through popular media discourse.

Key Words

Anorexia * Eating disorders * Treatment * Women Serial killer * Manipulation * Feminism

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Capitalising on the recent popularity of true crime programmes on British and American television, 2019 saw the release of HBO’s *I Love you, Now Die.* The two-part documentary told the story of the Massachusetts’ teenagers Michelle Carter and Conrad Roy who built a relationship (mainly) via text before Roy took his own life in 2014. When it was revealed that Carter sent Roy messages offering apparent encouragement about how and when to end his life, she was charged with involuntary manslaughter and given a custodial sentence in February 2019. The documentary ends up complicating the idea that Carter was obviously responsible for Roy’s death, but it also perpetuates the wider media discourse about the teenager in which her alleged actions resulted from a desire for attention: with Roy dead, she was now the grieving girlfriend and could attract the friends she so craved (Taylor, 2019). Significantly, Carter was also known to have an eating disorder and there is a possible chain of association here in which—with this young woman presented as ruthless and manipulative—anorexia might emerge as the ultimate ‘mean girl’ illness, encapsulating all of the things that our culture does not like about teenage girls (Michallon, 2019). Notably, even more sympathetic perspectives on Carter (as offered in the second half of the documentary) invoke her history of an eating disorder as an important psychiatric context in explaining her misguided behaviour. In this regard, the construction of Carter speaks to a much longer history of “killer” women being constructed as “mad” and not “bad” (Morrissey, 2003; Seale, 2010) - a duality that seeks to manage the representation of women whose acts are difficult to comprehend in relation to normative conceptions of femininity. At the same time, rather than a gender outlier, the discussion above suggests that Carter is also constructed as *hyper* “feminine:” the “bitchy” and “manipulative” “anorexic.”

As this case study suggests, media representations of “killer” women, as well as media representations of anorexia, contribute to cultural discourses about femininity, marking out the parameters of “normative” and “deviant” femininities on a wider scale (Morrissey, 2003; Seal, 2010; Malson, 1998). Yet despite the cultural and legal linkages made between women murderers and mental health, there is little work looking in detail at the consequences of such discursive interactions for particular “illnesses” or conditions, including anorexia. Morrissey notes the “awesome power of representation to produce real, cultural and personal effects” (2003: 5). Indeed, the discourses that construct anorexia shape how “anorexic” subjectivities are both perceived *and* treated (Malson, 1998). So for example, the idea that “anorexics” are manipulative and untrustworthy legitimates the continuation of questionable treatment regimes in which (in) patients are continually observed, subject to punitive regimes, and denied the right of toileting or showering alone (Holmes, 2019). What interests me here is that these constructions of anorexia, which are still operative in contemporary clinical contexts, have a *history* in which particular meanings around “anorexia” were activated whilst others were silenced or denied. In exploring this issue, I want to consider a particular flashpoint a pertaining to the press construction of the murderous woman: “killer nurse” Beverly Allitt.

In 1993 the 24-year-old British nurse Beverly Allitt was found guilty of murdering four children in her care through injection and smothering. She was found guilty of the attempted murder of three other children and of causing grievous bodily harm to six more. Referred to in the media coverage as the “Angel of Death” (a term not unique to Allitt), she secured a place in British popular history as one of the country’s most prolific women serial killers (Yardley and Wilson, 2016). In the press coverage of her trial, it was widely reported that Allitt’s actions

resulted from Munchausen's Syndrome By Proxy (MSBP) - a "psychological disorder" in which the carer seeks attention by inducing illness in their child or charge (Polledri, 1996: 551). The Allitt case then became a key conduit for popular knowledge about MSBP in the British context. But perhaps less remembered today is the fact that, whilst awaiting trial, Allitt was diagnosed with anorexia nervosa, and the press poured over how the "plump, round-faced figure weighing more than 14 stone [196 lbs]" (Dalrymple, 1993) was reduced to a "skeletal, hollow-eyed" shell who sat "motionless" in the dock as she learned her fate (Cheston, 1993: 2). In fact, the trial was frequently under threat of delay due to Allitt's visibly deteriorating health, and it was eventually conducted in her absence, with the nurse only returning to court for sentencing. As such, the construction of Allitt as eating "disordered" became part of her public image, shaping perceptions of her mental state, her character, and culpability. Furthermore, the connections between Allitt and anorexia also extended beyond the rhythms of popular media discourse and into health policy. The public enquiry attached to the case recommended that individuals with experience of an eating disorder (ED) should not be admitted to nurse training or should undergo lengthy screening (Clothier et al, 1994, Launer, 1998) – a suggestion that attests to the discursive impact of Allitt's anorexia diagnosis.

The representation of anorexia in popular media forms has been understood by feminist scholars as crucial in understanding how self-starvation comes to 'mean' in culture (Bordo, 1993, Saukko, 2008). So public figures such as Karen Carpenter (US), Tracey Gold (US), Princess Diana (UK), and Lena Zavaroni (UK) have been studied for the media attention they brought to eating problems, with feminist scholars interested in how such narratives contribute to the discursive construction of "eating disorders" and femininity at any one time (Ferris, 2003; Holmes, 2016; Saukko, 2008). Yet the eating problems experienced by these women are all framed (albeit in different ways) as expressions of the burdens of normative femininity taken

to excess, with a life in the spotlight magnifying the burdens of ideal femininity. The literal and discursive trajectory travelled by Allitt is different. She came to public attention as "eating disordered" *through* her crimes, with her notoriety and self-starvation interwoven with constructions of women "madness" and criminality. Although her infamy (and the subsequent surveillance enacted by the media) may well have contributed to her self-starvation, she had no existing visibility or fame prior to her arrest. Moreover, as noted above, it is clear that feminist work on eating disorders (EDs) and feminist scholarship on women killers have discursive and conceptual connections that are fruitful to explore. Whilst mental illness has emerged as the preferred discursive frame through which to explain (away) the threateningly "unfeminine" actions of women killers (Seal, 2010), feminist scholarship on EDs (Bordo, 1993, Malson, 1998; Saukko, 2008) *and* feminist scholarship on women murderers (Jones and Wardle, 2008; Morrissey, 2003; Seal, 2010), have examined how such identities are mobilised to assert the boundaries of normative/ "disordered" femininities - thus contributing to cultural constructions of womanhood on a wider scale. In this regard, and in both cases, it is *media* constructions that are of crucial importance here, mediating the discursive limits of femininity and contributing to wider 'conceptions of the feminine and of female agency' (Morrissey, 2003: 5).

In seeking to explore these intersections, this article focuses on the British press construction of Allitt and her diagnosis of anorexia in 1991-3 - a period that spans her arrest and trial. In so doing, the article seeks to contribute to work that situates EDs in relation to cultural constructions of femininity, and their existence on a complex fault-line that maps "deviant" and normative femininities (Bray, 2005; Bordo, 1993, Gremillion, 2003; Malson, 1998, Saukko, 2008; Spitzack, 1993; Whitehead and Kurz, 2008). Although Allitt was sometimes constructed as simply an appalling one-off (a "monster" beyond the boundaries of social

intelligibility) (Morrissey, 2003: 25), it is the relationship between Allitt, gender, and *everyday* constructions of anorexia that is of interest here, particularly in terms of how her image contributed to cultural discourses on self-starvation and femininity at the time. In addition, despite her notoriety in the British context, there is surprisingly little scholarship on Allitt, and she largely appears as a reference in research on the healthcare serial killer (Yardley and Wilson, 2016), or as a brief case study in works on gender and murder (D'Cruze, Walkate and Pegg, 2006; Seale, 2010). In focusing on how Allitt's identity as an (eating) disordered woman was mediated and how this intersected with popular and legal discourses on her crimes, this article also contributes to feminist scholarship on the cultural construction of women's criminality, especially in terms of the narrative of the "damaged personality" and how this is offered as an explanatory framework for women who kill (Seal, 2010: 50).

Feminist perspectives

Feminist work on women killers and feminist scholarship on EDs have both resisted efforts to situate their subjects in individual terms, embedding them within the structural contexts of gender relations. In terms of women murderers, feminist scholarship argues that definitions of - and reactions to – such transgressions are thoroughly shaped by ideologies of gender. This work broadly suggests that (in addition to any punishment administered via the legal system), media discourses seek to discipline such women in a bid "to limit and control the crises which [they]… produce" (Morrissey, 2003: 2) (see also Boyle and Reburn, 2015; Creed, 1996; Jones and Wardle, 2008; Pearson, 2007; Seal, 2010, Storrs, 2004). In narrating tales of "aberrant" and "deviant" femininity, these constructions have implications for constructions of normative womanhood, contributing to the discursive understanding and positioning of women more generally.

For example, Morrissey argues that denials of women agency are endemic to representations of women killers, with the broader implications of denying women the status of "active, human subjects" (2003: 17). Far more so than their men counterparts, women who kill are dichotomised as either "bad" or "mad"– a duality that seeks to manage women whose acts are difficult to comprehend in relation to normative conceptions of femininity (Creed, 1996; Farrell, Keppel and Titterington, 2011; Jones and Wardle, 2008; Morrissey, 2003, Seal, 2010). Whilst inherent "badness" or "evil" can position the woman killer as an outlaw beyond human understanding (Seal, 2010: 8), mental illness ("madness") often emerges as the preferred explanation as to *why* she may challenge the "naturally" passive and compliant characteristics of her gender (Jones and Wardle, 2008: 57). This can be described as the "damaged woman discourse," which, although originating within medicine and psychiatry, is translated into popular knowledge through media coverage (Seal, 2010: 84). As a result, the discursive intersections between mental illness and women's criminality are of particular historical and ideological importance for feminist analysis.

Feminist scholarship on what are medically known as "eating disorders" (EDs) has situated eating problems in relation to cultural constructions of femininity, challenging medical discourses that largely construct them as individual pathologies (Bordo, 1993; Gremillion, 2003; Malson, 1998; Thompson, 1994; Wolf, 1991). Drawing on work about the social construction of medicine (Foucault, 1976), feminist research has contested the idea of eating problems as psychiatric "illnesses" and situated them in relation to cultural constructions of normative femininity (Bordo, 1993, Orbach, 1979, 1986, Lawrence, 1984, Malson, 1998, Malson and Burns, 2009, Wolf, 1991)—meaning that the very use of the term "eating *dis*order" remains contested (see Malson and Burns, 2009). Feminist post-structuralist work on EDs has invested particular attention in the medical and cultural discourses through which eating

problems are constituted, whether in terms of historical geneaologies (Brumburg, 1988, Hepworth, 1999; Malson, 1998, Saukko, 2008), treatment practices (Bordo, 1993; Holmes, 2016; Malson, 1998, Malson and Ryan, 2008), or media forms (Ferris, 2003; Kurz and Whitehead, 2008; Holmes, 2014; 2017, Saukko, 2008). As with research on women killers, feminist scholars are interested in how such discourses about EDs form part of institutional and cultural efforts to discipline women's subjectivities and bodies, articulating "behavioural norms for how women should relate to their selves, bodies, and the world" (Saukko, 2006: 152).

In terms of the normative contexts of femininity, which may be imbricated within EDs, feminist research has recognised the significance of the media in promoting a slender ideal and thus body dissatisfaction in girls and women (Orbach, 1979, 1986, Bordo, 1993, Wolf, 1991). But this scholarship has also framed the importance of gender in ways that exceed an emphasis on body image (Katzman and Sing, 1997; Malson, 2009). EDs have been situated as responses to objectification, sexual harassment and sexual abuse; a desire to evade or opt out of gender binaries and/or sexual availability (Bordo, 1993, Holmes, 2016, Malson, 1998, 2009, Orbach, 1986); an attempt to stall transition into a heavily gendered culture in which women may *not* be able to "have it all;" constructions of women's appetite (sex/ food/ career) and expectations of restraint (Orbach, 1986; Woolf, 1991; the overvaluation of women as nurturers; and the intersecting impacts of misogyny, racism, poverty and heterosexism (Jones & Malson, 2013; Thompson, 1994).

As with discussions of the woman killer (Morrissey, 2003), discourses of women's agency are a complex and central issue in the feminist literature on anorexia. Feminist work has generally resisted the bid to reduce anorexia to a hyper-embodiment of the thin feminine ideal,

foregrounding the polysemic nature of the emaciated female body (Malson, 2009: 137). Although feminist research on anorexia has recognised the salience of gendered prescriptions around feminine delicacy, frailty, conformity, and appetite, it has also explored the emaciated female body as a rejection of, or expression of ambivalence toward, normative femininity (Bordo, 1993; Malson, 1998; Orbach, 1986). As such, feminist scholarship has foregrounded the multiple and fluid ways in which such bodies can be read, with the "gender-power axis" operating in shifting and conflicting ways (Bordo, 1993).

Both the medical establishment and the media are important sites in which regimes of truth (Foucault, 1991) are constructed about anorexia, but such fields remain sites of struggle and conflict. As historical feminist work has shown, in contrast to the religious understandings of self-starvation developed in the 17th and 18th centuries (see Brumberg 1988), the concept of "anorexia nervosa" emerged from 19th century medical discourse with the rise of science over theology (Malson, 1998: 76). At this point, women's self-starvation was quickly accepted as a psychiatric condition that required medical intervention and treatment (Hepworth, 1999, Malson, 1998). But although psychiatric interpretations have continued to dominate the clinical realm, this framework has not existed without challenge. So as Malson explains, by the mid-twentieth century, "anorexia" had become the "object of several competing discourses, each of which constituted their object in quite different and often conflicting ways" (1998: 77). From the 1970s in particular, there was an influx of authors, therapists, and journalists writing about anorexia from social, cultural, and feminist perspectives, offering models of aetiology that did not rest in the biology of the individual (Hepworth, 1999: 45).

As will be discussed, this range was evident in the British press coverage of anorexia from the early 1990s, and there of course remain a plethora of causal interpretations of anorexia today

(see Culbert, Racine and Klump, 2015). However, the discussion above also indicates how feminist discourses do not just provide a conceptual framework through which to examine the press coverage: they were also *active* in contributing to the discursive field of anorexia at the time. Susie Orbach, for example, was a frequent commentator on anorexia in the press in the early 1990s, having published *Fat is a Feminist Issue* (1979) and *Hunger Strike* (1986) (with the second edition (1993) released at the same time as Allitt's trial). She also became Princess Diana"s ED therapist later in the decade (see Saukko, 2008). Yet because feminist discourses trouble dominant definitions of femininity and normative understandings of gender relations, they often lack social authority and can struggle to find mainstream acceptance (Weedon, 1987: 110). So although the feminist perspectives on EDs were certainly in popular circulation in the early 1990s (e.g Orbach, 1993a), they were not the most pervasive or powerful narratives (and as shall be discussed, they did not have the authority to shape mainstream treatment approaches to anorexia). It is thus notable, although not entirely surprising, that none of the feminist names appeared as expert commentators in the press coverage of Allitt, with the discourses surrounding her self-starvation being precisely those that feminist perspectives were seeking to challenge. But it is these proximities and absences that are significant in examining how Allitt's diagnosis of anorexia came to "mean," offering insight into how her highly visible case intersected with wider discourses on anorexia at the time and the struggle surrounding its conceptualisation and treatment.

Methodology

I retrieved articles for this study from two newspaper databases: Nexis and UK Press Online. Both provide access to a range of UK national and regional newspapers – tabloid and broadsheet – and UK Press Online retains the original layout of the printed page, including the images. Although there are clearly differences between the broadsheet and tabloid press, the pathologisation of Allitt was consistent across all titles, even if the rhetoric and nature of the

stories differed. After a preliminary scoping exercise to identify the words used to describe Allitt's weight loss, I searched for her name in combination with the terms "anorexia nervosa," "slimmer's disease," "starvation," and "weight," as well as "Munchausen's Syndrome By Proxy." As the discussion of MSBP and anorexia were often seen as inextricably linked in the coverage, it was crucial to gain an understanding of how *both* diagnoses were constructed and framed and how perceptions of MSBP worked to enable particular constructions of anorexia. Given that the feminist approaches understand the label of "anorexia" as a medical/discursive construction, the aim of this article is *not* to decide whether Allitt "really" had the ED. But as the press used the term "anorexia" in relation to Allitt's self-starvation, the coverage had consequences for discursive understandings of the "illness" in Britain at the time. These search terms produced 89 articles in total. In order to situate Allitt's construction in relation to wider discourses on self-starvation at the time, I also searched the databases for general articles on anorexia between 1991-1993, producing a total of 59 stories.

A thematic discourse analysis of the articles was then conducted, which involved three stages (Braun and Clarke, 2007; Malson, Bailey, Clarke, Treasure, Anderson & Kohn, 2011). First, the articles were read and re-read to identify key themes. Second, the articles were coded using the themes emerging from the first stage, which—in the case of the specific stories on Allitt—were categorised as "anorexia, MSBP, and manipulative femininity" (many articles position Allitt as manipulative due to her diagnosis of anorexia and MSBP, which also had implications for the construction of femininity more broadly), "anorexia as a strategy of prison avoidance" (the suggestion that Allitt was not *really* unwell and merely lost weight to gain entry into a psychiatric unit rather than a conventional prison), and "Allitt and femininity as performance" (the idea that Allitt's "manipulative" "guises" troubled conventional constructions of femininity). The coded categories were then analysed in detail in order to explore how anorexia

was being constructed in the case, particularly in term of how this intersected with broader discourses on self-starvation at the time. In wider terms, the data was approached using a feminist postructural perspective on EDs, which explores eating problems as discursive constructions that are shaped by gendered relations of power (Malson, 1998, Saukko, 2008).

Yet there are wider issues of methodological reflection that are salient here. Feminist scholarship has recognised how women killers may be "uncomfortable subjects" for feminist analysis (Seal, 2010: 19); and as Morrissey observes, cases "which are difficult to represent in terms of feminist aims and objectives" have often been neglected by feminist research (2003: 27). Although this context has changed over the last 15 years (see Pearson, 2007; Seal, 2010), Allitt can be considered one such "uncomfortable" figure (Seal, 2010). Furthermore, any tensions in this regard were compounded by my personal relationship with the subject explored. I was diagnosed with anorexia in 1991 at age 15 - the year that Allitt was arrested - so the discourses I explored from this period were also in some sense positioning *me*. Discovering the feminist scholarship on anorexia (and understanding anorexia as a social construction imbricated within normative femininity) emerged as a significant and empowering experience in recovery (2014), offering the chance to "speak back" to the discourses and treatment regimes that had pathologised me. Emerging from this impetus, I wanted to look critically at how Allitt's self-starvation was constructed in the early 1990s and its wider implications for discourses on anorexia in the period. But any kind of alignment I felt with Allitt was complex and shifting, both in terms of how I navigated the moral dimensions of her crimes (she is after all a convicted child killer) and my sense of how any attempt to "re-read" Allitt might be perceived.

Situating anorexia and MSBP

Allitt was born in 1968 to a working-class family in the village of Corby Glen, Lincolnshire. In February 1991 she began work as a nurse on a temporary contract in the children's ward at Grantham and Kesteven General Hospital. Following a suspicious rise in deaths and an ongoing police investigation, Allitt was arrested in May 1991, with the trial taking place in 1993 (see Seal, 2010: 61). For much of Allitt's trial, the killings were positioned as motiveless, and the jury were reportedly offered no explanation for her crimes. But although some journalists continued to brand Allitt as simply "evil," the diagnosis of MSBP was introduced at the sentencing stage (May 1993), after which time it dominated the construction of her image. Allitt had an extensive sick record as a nurse and was described as exhibiting a longer history of Munchausen's Syndrome (MS): when an individual harms themselves or feigns illness in order to gain medical attention (Beale, 1993). Although the related syndrome of MSBP was originally conceptualised as a form of child abuse (Seal, 2010: 61), the press in the early 1990s largely positioned it as a type of personality disorder (e.g Brown, 1993; Donovan, 2003: 8; Kirsta, 1994) - a frame that supports the idea of the "damaged personality" as an explanatory discourse here (Seal, 2010). The idea of such "disorders" offering an ideological alibi for transgressions of normative femininity is writ large across the psychiatric construction of MSBP. Classic cases of MSBP were understood to involve a mother deliberately producing illness in her child. This scenario was seen as resulting from a "deformed personality" (Hendry and Braidwood, 1993) and as representing a horrific "perversion of the maternal instinct" (Polledri, 1996). In this regard, constructions of MSBP pivoted on the assumed centrality of women's role as "natural caregivers," thus casting any action that did not conform to this ideal in terms of "deformity" and "perversion."

The horror evoked by Allitt's crimes was clearly compounded by her professional role, with nursing historically naturalising discourses of feminine nurturance, caring and servitude

(D'Cruze, Walkate and Pegg, 2006; Hallam, 2000). The term "Angel of Death" is clearly gendered (Yardley and Wilson, 2016), with the word "angel" emanating from Victorian ideological associations between nursing and femininity (see Hallam, 2000). Although the original Victorian image of nursing had discursive links to middle-class femininity, the relationship between nursing and class identity had expanded since this time (Hallam, 2000). As people recalled Allitt's image prior to her arrest, she was positioned as "a happy, healthy nurse" with a "comely appearance" and "chunky outdoor build" – a vision of "robust" working-class femininity that was equipped for the challenges of a demanding job. But at the start of the trial it was frequently reported that Allitt had lost weight since her arrest, dropping from 14 to 7 stone (196lbs-98lbs). Soon after followed the diagnosis of anorexia, or—as it was often referred to in the early 1990s—the "slimmer's disease, anorexia nervosa." In combining the popular language of everyday dieting with the medical terminology of disease, this phrase captures something of the contradictory discourses that constructed self-starvation at the time.

The coverage from the early 1990s reflected the idea that anorexia was increasingly being understood from environmental, social, and cultural perspectives, or at least among those reports that did not simply focus on the "pathology" of the individual. Compared to the last twenty years or so, there is far less stress on biological or genetic explanations of self-starvation (see Shepherd and Seale, 2010). In the sample from 1991-3, there was often an emphasis on the perceived interplay between psychological and environmental factors. So anorexia was variously seen as the product of familial pathology or dysfunction, as in the claim, "There are almost always problems within the family" (Braidwood and Turner, 1993); the manifestation of "maladaptive" attitudes toward women's maturation, suggesting that "anorexia is a way of avoiding growing up") (Appausenews, 1992); and a response to experiences of trauma (sexual abuse, parental divorce, bereavement) or pressure or stress ("She lost the will to live", 1993).

The latter narrative was particularly promoted by the newly formed Eating Disorders Association (1989), which became a frequent source of information for journalists in the decade. As discussed earlier, feminist voices then placed even more emphasis on "environmental" factors in the form of structural inequalities of gender. So a typical newspaper article from Orbach at the time described anorexia as "a serious mental and physical problem. But it is also on a continuum with most women's experience in which women use and 'abuse' food" (Orbach, 1993: 16). Less nuanced narratives simply positioned anorexia as the outcome of the fashion, diet, and media industries, as seen in such assertions as, "Anorexia is a modern tragedy for which the media is to blame" (Diamond, 1993). Indeed, this narrative, which continues in various forms today (Holmes, 2018), was particularly prevalent in the 1990s: the decade of the waif-thin supermodels and the image of "heroin chic." News articles on the increasing rise of anorexia sported headlines about girls "just needing to lose a few more pounds" to look like their idols, with the apparent rise of self-starvation often blamed on the visibility of supermodel Kate Moss (Roberts, 1995). It is also important to stress here that although the idea of anorexia as a middle-class women's "illness" continued to pervade both medical and popular constructions of self-starvation, this conception was beginning to be challenged at the time, with reports detailing the rise in male EDs, as well as the widening demographics of the problem (class, ethnicity) among women and girls (e.g Braidwood and Turner, 1993: 26).

This summary gives a sense of the popular discursive construction of anorexia in the press sample at the time, and thus the context into which Allitt's diagnosis was launched. In this regard, it is important to explore constructions of Allitt's diagnosis of self-starvation and its perceived relationship with Allitt's crimes and her wider diagnosis of MSBP, whilst also considering the implications of these discourses for more *everyday* understandings of anorexia: its causation, presentation, and treatment.

Manipulative maladies

Many of the press reports contextualising Allitt's diagnosis of MSBP explained how "deceit" and "manipulation" were at its core, and although the "damaged personality" discourse is crucial to how Allitt's actions were contextualised and explained, it is important to stress that she was *not* absolved of all responsibility here. For example, some reports emphasised how "Various experts have said she would have been quite conscious of what she was doing" (Beale, 1993: 22). Indeed, it is precisely within this framework of conscious "doing" that Allitt's diagnosis of anorexia was made sense of as part of her narrative of transgressive and "pathological" femininity.

The first point to note here is that despite the emphasis on environmental causations for anorexia in the early 1990s (or at least the interplay between psychological and environmental factors), *no* such contexts were invoked in discussion of Allitt's self-starvation, which was positioned solely in the realm of psychiatric dysfunction. This construction (conveniently) sequestered Allitt away from any of the discussions of anorexia and normative femininity and contributed to her "monstrous" "outlaw" status. In this regard, Allitt's anorexia was primarily situated in relation to her perceived psychopathy. For example, although there are in fact no established links between psychopathy and anorexia, the latter was quickly invoked to consolidate the evidence for Allitt's psychopathic personality and her wider diagnosis of MSBP. According to some articles, "psychologists believe the slimmer's disease anorexia nervosa, from which Allitt is now suffering, could also be connected with Munchausen's" (Brown, 1993). As Dr. Herbert Schreier, one of "America's leading experts on MSBP," explained: "Although I didn't know about Allitt the fact she has anorexia fits in perfectly. Women like her are bereft of feelings of self-worth but they are brilliant manipulators" (cited

in Burne, 1993: 17). As this quotation suggests, when Allitt was situated in relation to her psychiatric diagnoses, the discourses extend to "women like her" in ways that make it impossible to see her as an appalling *one*-off. In so doing, they spoke to – and helped to construct – wider discourses on these "illnesses," and the subjectivities and treatment approaches with which are associated.

Although given spectacular and specific visibility in the coverage of Allitt, the emphasis on manipulation was not new to constructions of anorexia. Two of the most renowned figures in ED psychiatry in the post-war period, Arthur Crisp (1982) in the UK and Hilde Bruch (1988) in the US, both endorsed the idea of the "anorexic" as "tyrannical[ly] manipulative" (Crisp and Bhat, 1982: 178), with manipulation and deceit seen as enabling the pursuit of self-starvation. Such discourses were also part of popular conceptions of EDs at the time, which themselves drew from psychiatric constructions. For example, press coverage from the early 1990s suggests that it was permissible to simply assert: "People with eating disorders … are manipulative, untruthful and untrustworthy" (Waugh, 1991: 10). Discussions of deceit and manipulation emerged particularly in relation to discussions of ED *treatment* in this period, and were often used to legitimate clinical approaches and interventions.

The year that Allitt was diagnosed, there was considerable press discussion about the television documentary *I Won't… I Can't* (C4, 1991), which featured the specialist UK adolescent in-patient unit, Rhodes Farm. The founder of the unit, Dr. Dee Dawson, was frequently quoted in the press as describing "her patients as very manipulative children" (Hawker, 1993: 19), a view that appeared to justify her highly draconian treatment methods, including feeding patients liquidised Mars bars and immediate tube-feeding if a patient did not finish a meal. Other press articles on in-patient treatment at the time quote from psychiatrists who explained, "We don't do terribly well with young girls in hospital. They have dedicated their lives to the pursuit of

thinness and they become very manipulative and find ways to avoid eating …” (Neustatter, 1991: 15). Although it was suggested that such “manipulativeness” “could be cured with therapy” (Appausenews, 1992), manipulativeness is presented here as innate personality trait of the “anorexic” and central to the pathology of women’s self-starvation.

These perspectives have been critiqued by feminist research (Gremillion, 2003; Malson, 1998, Malson and Ryan, 2008, Orbach, 1986). Just as the idea that images of the slim ideal “cause” anorexia pivot on a long history of discourses that construct (general) girls/ women as passive, irrational, and “susceptible” media consumers (Bray, 2005, Holmes, 2016), so ideas about manipulation are gendered and infantilising (Malson and Ryan, 2008), with patients emerging as “dangerous and deceitful” subjects who are simply *not what they seem* (Malson and Ryan, 2008: 120; cf de Beauvoir, 1984). In this regard, such constructions speak to patriarchal mediations of femininity more generally (rather than those simply marked as “monstrous” or “disordered”). In addition, in drawing on work on the social construction of medicine (Foucault, 1975), feminist scholars have emphasised how diagnostic discourses and treatment practices actively *participate* in the reproduction of “anorexia”—not only in naming and delineating behaviours and symptoms but also in creating the very clinical conditions that *produce* “anorexic” subjectivities. Thus punitive treatment regimens focused on constant surveillance, highly calorific diets, and rapid weight restoration may actively encourage such “duplicity” rather than “treat” it (Gremillion, 2003). Indeed, in the quotation from Neustatter above, it is notable that such manipulative traits are explicitly linked to the lack of treatment success (“we don’t do terribly well with young girls…”). This perspective naturalises the psychiatric assertion that anorexia is difficult to treat, drawing attention away from the potential failings of clinical practice and blaming the individual or the “illness” instead (see also Gremillion, 2003).

Although there was considerable press coverage during this time that naturalised the idea of the manipulative and deceitful "anorexic", there were also counter perspectives offered by the EDA, by feminist therapists/ writers, and by patients speaking about their own experiences of clinical "care." In the opening to the 1993 edition of *Hunger Strike,* for example, Orbach bemoaned how "assumptions about the anorectic have shifted little in the last few years and they include a sense of the manipulativeness, wilfulness, destructiveness and negativity of the patient to the exclusion of other thoughts and feelings" (1993: xxvi). Although specialist in-patient units for EDs had begun to emerge in the UK in the 1980s and 1990s, running alongside the treatment of EDs within general hospital wards, both were spoken about as highly punitive by patients who shared their experiences in the press at the time. As one explained in a press report from 1992:

> The patient trades weight-gain for "privileges" in an elaborate system of rewards and punishments. The rationale is firstly that there has to be some compulsion to overcome the anorexic's phobic resistance to weight gain and, second, that all anorexics are manipulative and devious and have to be kept under close supervision to stop them chucking away or chucking up their food…[In my treatment setting] we reeled in a food-crazed stupor from table to bed to table… We ate, slept and defecated together in the one room, with no stimulation, other than that we created for ourselves ("Women and eating disorders," 1991).

In fact, another article describing the experience of being an in-patient in the early 1990s declares that being "anorexic" means being treated like a "prisoner or a criminal with no rights, no trust and little respect" (Tanner, 1992: 7). Significantly, this framing also highlighted the glaring disjuncture between the prevailing aetiological understandings of anorexia (as related

to a complex interplay between psychological and environmental factors) and the often isolating, punitive, and behavioral regimes of ED treatment.

Indeed, there is clearly a striking and disturbing parallel here between these descriptions of normative treatment for anorexia and Allitt's incarceration while on remand at the hands of the law. As with the women above, it was suggested that Allitt had to be "watched constantly to stop her hiding food or bringing it up – the guards say that she is not to be trusted for a minute" (Worth, 1992: 11). Although intertwined with the perception of Allitt as a psychopathic, manipulative criminal (with a rare psychiatric diagnosis), it is striking how similar these contexts seem. Both place the (starving) female body under surveillance - assuming innate duplicity as central to the presentation of women's "pathology" – and use this incarceration in an attempt to gain control over the "irrational" and "inexplicable" machinations of the feminine.

But in relation to Allitt, what is clear here is that despite efforts to sequester her away from normative femininity—and even normative anorexia: she was described as having a "bizarre form," which also involved the ingestion of her own faeces (Brookner, 1991: 61), her case made highly visible a number of normative assumptions around self-starvation. In Allitt's case, the discourses of duplicity and manipulation are bolstered by the backdrop of her crimes and the wider diagnosis of MSBP. But the discourses also hyperbolised, dramatised, and consolidated more everyday assumptions about women "anorexics" (and arguably girls and women more generally) and how their subjectivities and bodies should be treated.

Faking it

The construction of anorexia in the Allitt case goes further than reinforcing discourse on the "duplicitous" "anorexic". The implication in the press coverage was not simply that Allitt is

manipulative and devious (and that women diagnosed with MSBP or anorexia will display these traits because they are integral to such pathologies). Rather, the suggestion was that her development of anorexia was *itself* a manipulative strategy intended to effect the outcome of the case.

Existing work on media representations of anorexia has observed how the women "anorexic" is often constructed as a victim in popular discourse (Ferris, 2003; Holmes, 2015; Whitehead and Kurz, 2008) – a position that may be seen to conflict with the emphasis on willfully manipulative patients. This positioning performs a range of ideological functions, particularly in terms of maintaining normative (versus pathological) cultural constructions of femininity: after all, women should be thin, but "when thin does become 'too thin', anorexia is there to take the blame" (Whitehead and Kurz, 2008: 351). On one level, there *is* the suggestion in some press reports that Allitt is suffering from a "bodily disease" that is acting *upon* her outside of her control (Ferris, 2003: 266), as seen in such comments as she "has been hospitalized during most of her three-month trial suffering an eating disorder called anorexia nervosa, which can literally starve its victims to death" ("Killer Nurse Gets Life," 1993), or descriptions that Allitt is "fighting for her own life… as doctors try to counteract the wasting effects of anorexia nervosa" (Dalrymple, 1993). In these examples, anorexia is seen as "starving" and "wasting" the body in ways that are outside of the Allitt's control. At the same time, the position of the victim clearly sits uneasily with the broader cultural reaction to Allitt's crimes, as well as the media discourses surrounding her relationship with anorexia and MSBP – particularly why she appeared to self-starve at the point she did.

Allitt was diagnosed with anorexia after her arrest and whilst awaiting trial, and her condition worsened until she could no longer appear in court. She was transferred to Rampton Secure Hospital, a high security psychiatric hospital near Nottinghamshire, 6 months before her trial, and it was to Rampton she was eventually committed to serve her life sentences. Whilst her

body was framed as being "wasted" by anorexia and she was sometimes described as "seriously ill," Allitt was simultaneously constructed as performing anorexia in a bid to redirect the legal process to her advantage. There had long since been suggestion that Allitt's weight-loss was in part intended to halt the trial (the judge in fact ruled that it could go on in her absence because she was not intending to give evidence), as seen in such suggestions as, "It is most convenient for the anorexia to emerge at this time when – despite Allitt's chequered psychiatric history – there is no suggestion of this [problem]… before" (Tranter, 1993: 11). Even reviews that reported on the perceived psychiatric connections between MSBP and anorexia, or those that simply "lumped" everything together as corroborating evidence of Allitt's pathological nature—"The nature of the attacks, the choice of victims, the lack of remorse, the smiling pictures and the anorexia all point to a deeply flawed personality" (Beale, 1993: 22)—could simultaneously question the validity of Allitt's anorexia: "We know that Allitt is manipulative, so we might wonder what this is weight-loss is really about here?" (Simons, 1993: 13). Indeed, Allitt was more generally represented in some articles as having "manipulated the system to land a cushy number. She is bad. Not mad" (McLean, 2002), a position that highlighted how the investment in the "damaged personality" discourse (Seal, 2010) was compromised by the suggestion that Allitt's anorexia was being wilfully performed. Indeed, the statement above acknowledges the polarisation of rhetoric about women killers in terms of morality versus madness and how the trope of "madness" may explain away the ideologically unpalatable nature of women's crimes. Here, however, it is the defendant who is positioned as deliberately pursuing such discursive strategies with awareness and guile, apparently using this existing ideological framework to her advantage.

Indeed, although "anorexia" was the dominant term used to describe Allitt's self-starvation, there was also some semantic slippage as time progressed—particularly as questions about

the justice of Allitt's sentence arose. This slippage appeared in late 1993 after Allitt had been sentenced and when Central TV were making a documentary about Rampton Hospital. As one of Rampton's most notorious residents, the programme-makers were clearly keen to include Allitt, whose life, the documentary suggested, was comprised of "relative luxury, with visits to the gym, records, television and even weekend dances" (Burdon, 1993). The documentary was to include the perspective of a leading expert on MSBP who suggested that Allitt was an "untreatable psychopath" who should simply be sent to a conventional prison (Burdon, 1993). Rampton reportedly submitted an application to the High Court to ban the interview from being aired because it would be "anti- therapeutic" for Allitt if allowed to go ahead (Burdon, 1993).

In reference to this debate, Allitt was presented in the press as threatening to go on "hunger strike" – with headlines such as "Killer nurse plans hunger strike over TV interview" (Boggan, 1993: 3). So as one article reported, Dr. Ian Keitch, the director of medical services at Rampton explained that: "Anything that she perceives is increasing the pressure to return her to prison could lead to her refusing to accept food… This is something she has done in the past" (Boggan, 1993: 3), and the piece went on to confirm how "Allitt had to be fed through tubes during her trial" (Ibid). In this example, what was previously presented as Allitt's diagnosis of anorexia is re-positioned as evidence of her tendency to "hunger strike" when faced with the prospect of prison. In seeking to defend Allitt, Keitch thus unwittingly plays into the idea that her previous self-starvation *was* deliberate and opportunistic, and thus not "really" anorexia at all. But given that the MSBP expert scheduled to appear on the programme (Dr. Enoch) proclaimed Allitt's "hunger strike … [to be] … 'malingering' and manipulative" (Burdon, 1993), what is perhaps most notable here is how both the constructions of anorexia or claims of a wilful bid to manipulate the proceedings are essentially the *same*.

Whether Allitt is perceived as a psychopathic woman with MSBP or as 'genuinely' anorexic, she is understood to be devious, manipulative and untrustworthy - something that further reflects on her significance for everyday constructions of anorexia. Furthermore, it is notable that such constructions stripped the idea of the "hunger strike" from its political implications. Indeed, it is significant that *Hunger Strike* was also the title of Orbach's famous book on anorexia, which was given its second release the same year as Allitt's trial. Whilst clearly seeking to avoid the construction of anorexia in terms of wilful choice, manipulation and deceit, Orbach proffered the idea of anorexia as a form of silent 'hunger strike' in which the girl or the woman "expresses with her body what she is unable to say with words" (1993: 83). This connection is further evidence of how the feminist discourses on anorexia were highly proximate to the case yet silenced in the discursive framework surrounding Allitt, with the more sympathetic and nuanced understanding of self-starvation being seemingly "unhelpful" to dominant constructions of the "killer nurse."

The extent to which Allitt's self-starvation was seen as the product of a wilfully performed choice was important here. As a great deal of stigma research has demonstrated, perceptions of volition are *central* to stigmatised conceptions of anorexia (see summary in Doley et al, 2017). In both popular and clinical perceptions, anorexia has often been "trivialised as a behavioural choice" (Bannatyne & Stapleton, 2015: 38) and positioned as a "vain, trivial and voluntary" pursuit (Easter, 2012: 1407). These dismissals are again gendered (and are intrinsic to the association between anorexia and teenage girls), and they were certainly active in the 1990s (see Crisp, 2005). For example, a great deal of the work done by the EDA in the 1990s – as well as by affiliated spokespersons such as Princess Diana – aimed to challenge these constructions, with press articles containing such comments as although "anorexia is usually

viewed as an illness teenagers *bring upon themselves* through vanity, this is grossly misleading [my emphasis]" ("Anorexia: Caraline weighs only 3.5 stone," 1993: 23).

Although the construction of Allitt's anorexia was understood as more directly targeted—as in the assertion that it was to delay the trial or avoid a sentence in a conventional prison— it clearly consolidated this idea of anorexia as volitionally pursued – something you can "take" on and off at will. In addition, such stigmatised perceptions of anorexia also invoked gendered constructions of attention-seeking behaviour (Bannatyne & Stapleton, 2015: 116), a discourse that was particularly evident in Allitt's media construction. This intersection was especially relevant when connections were asserted between her self-starvation and her longer history of self-harm, which has historically also been constructed through gendered discourses which pathologise femininity (see Shaw, 2002). As one male psychiatrist asserted about Allitt's apparent propensity for attention-seeking behaviour and self-harm: "anorexia is a form of self-mutilation. Thus the picture that emerges of her behaviour here is remarkably consistent" (Brookner, 1993: 61). Once again, media constructions of Allitt construction appear to legitimate some of the stigmatising and damaging ways in which "anorexics" were constructed, whilst simultaneously trying to position her as uniquely pathological. Given that ED stigma has been seen to delay or inhibit help-seeking, increase shame and social isolation, and is associated with greater illness severity and duration (Doley et al, 2017), such discourses have real implications, illustrating Sontag's wider point that "the very reputation of the illness [can] add… to the suffering of those who have it" (1978: 55).

The idea that Allitt was simply "faking" it, or that anorexia was something that could be adopted (and thus discarded) at will, was suggested by the construction of her corporeality a decade after sentencing:

> Of the thirteen life sentences she was given, [Allitt]… has spent a week in prison. A catalogue of "perks" to which she has had access followed (among them, bingo, burgers, boyfriends and booze) and the contrast with her victim's parents couldn't be starker (McLean, 2002).

Much feminist work on anorexia has emphasised the remarkably enduring myth that eating is somehow an unfeminine activity—bound up with the perception of women as nurturers, as well fears surrounding women's sexuality and desire (Bray, 2005; Bordo, 1993; Lawrence, 1984; Malson, 1998; Orbach, 1986). Feminist research has explored the cultural conflation between women's eating/ sexual desire, both of which are deemed to be subject to greater regulation than men (Bordo, 1993; Malson, 1998). In Allitt's case, as described above, sexual/ food appetite were conflated, while they were also articulated in classed terms, with the "bingo, burgers, boyfriends and booze" suggesting a "cheap" and indiscriminate appetite that is not equated with the "appropriately" feminine (see Skeggs, 1996). Furthermore, although it was heterosexual desire that was invoked in the passage above, suggestions of lesbianism often attend the construction of women killers, with such "deviance" serving to bolster the sense that these women challenge constructions of normative (heterosexual) femininity (Morrissey, 2003; Pearson, 2007; Seal, 2010; Storrs, 2004). Indeed, once Allitt was sentenced to Rampton it was reported a number of times that she was having "gay affairs" with other murderous women inmates and glimpses of her "secret sex life" were intermittently promised by the tabloids (e.g Daniels, 1993: 4). In this sense, her appetite was marked as doubly "deviant" and aberrant – consolidating her abjection from normative femininity.

This reached a peak in 2007 when a brief trip to hospital enabled Allitt's body to be visible for public consumption once more. In the sensationalist tone of *The Sun* it was reported that:

> ANGEL of Death Beverley Allitt has ballooned to a monstrous 20 STONE [280 lbs] after gorging herself at a top-security mental hospital. Her bulk was revealed when she was snapped for the first time in seven years… The former nurse, 37, has been SCOFFING two cooked meals a day with puddings, plus porridge for breakfast and crackers and hot chocolate for supper. In between, she has been MUNCHING chocolate bars and GUZZLING at least four cans of fizzy pop a day… [A Rampton source says] "She loves her notoriety and sees herself as queen of the hospital. But she's just a vile killer who looks like a lump of lard" (Taylor, 2007).

As Julie E. Ferris observes, the obese body and the anorexic body are both marginalised by culture (2001: 233). Within this process, they function as the discursive limits of the idealised female form, ensuring that the female body is "constantly in process, never complete" (2003: 260). But whilst Allitt's emaciated body was subject to pathologisation, her "fat" self (with the quotation above laced with evocative and capitalised eating adjectives) was framed as heinously abject, what Braziel elsewhere calls "an all-consuming, uncontrollable monstrosity that can be represented only by what she consumes" (2001: 233). A Rampton employee reportedly said that people "will be appalled to see that a killer is able to live such a cushy life - even stuffing her face day in and day out" (Taylor, 2007). Yet the use of the word "even" seemed misguided here, implying as it does that Allitt's "excessive" eating merely bolsters the sense of disgust: rather, in the quotation above, it was precisely her "excessive" appetite that was in many ways presented as *the* crime to be judged here. Moreover, given that such "gluttonous" pleasures were specifically invoked in order to emphasise the injustice of Allitt's trajectory, they were seen to further question the authenticity of her anorexia. So as one report typically commented: "Looking at her now, it's difficult to believe that she once weighed 7

stone through anorexia – the starvation that got her sent to Rampton. But the game is up and now she's shown us *who she really is* [my emphasis]*"* (Smithson, 2007: 12). The fact that such unequivocal fat shaming – as explicitly expressed in terms of women's appetite and size – could in any way be implicated *within* anorexia was effaced here, with the two forms of corporeality seen as antithetical and incompatible.

This desire to "fix" Allitt and locate the "essence" of her identity is revealing given the discursive trouble that her shifting body and "manipulative" gender "guises" seem to create. For example, reports that described her return to court for sentencing contrasted greatly with the passage above, suggesting the appearance of a curiously androgynous and/ or boyish figure: "Allitt's appearance has changed dramatically from the tubby, 14-stone woman who was charged in November 1991 [and]…. Allitt is a skeletal, hollow-eyed figure now weighing six stone…" (Cheston, 1993: 2). The loss of the gender pronoun (from "woman" to "figure") was paralleled by the court sketch of Allitt in which she looked like an androgynous figure, or even a pale, slight teenage boy.

These comments circle around what can be termed the contradictory visibility of the "anorexic" body: the more it becomes spectacularly fascinating and constituted in terms of appearance, the *less* visible it becomes and progressively disappears (Malson, 2009). Indeed, given the extreme cultural fascination with the visual appearance of women killers – and the extent to which evidence of their "deviant" femininity is searched for in their physical appearance and conduct (Farrell et al, 2011, Jones and Wardell, 2008) – there was a sense of disappointment and outrage in the press that she *dis*appears (to the point at which she is too unwell to attend court). As a nurse who worked alongside Allitt complained: "After two years she'd lost weight through anorexia. The second time …in court she was too ill to attend and I felt there was some injustice that she wasn't in the room to hear what was said about her' (Morgan, 1993: 20). Although the suggestion here is that Allitt needed to face up to and hear

about the impact of her crimes, the sense of "injustice" also seems tied to the fact that her body was no longer readable and available to public view.

In the early stages of the court case much was made of her "slumped body" and lack of emotion when read the description of her crimes, and image was directly contrasted with the testimony of one of the male doctors whose "voice quivered with emotion" when he spoke (Mason and Tunbridge, 1993). In this case, Allitt was read as deviant by lacking an appropriate "repertoire of feminine emotion… not intelligible through conventional gendered codes" (Seal, 2010: 139). Although her extreme weight loss may have been seen as rendering her more "frail" and "delicate" (and certainly more socially "acceptable" than her status as a "20 stone… lump of lard" (Taylor, 2007)), ultimately she was invisible - inaccessible to the eyes in the public gallery, the pen sketch artist, or the press photographers outside the court.

It is notable that both feminist work on anorexia (Bordo, 1993, Ferris, 2001; Spitzack, 1993) and feminist work on women killers (Morrissey, 2003) has drawn upon Judith Butler's postructuralist account of gender in which "what we call *gender* is instead an 'expression' that is the result of a 'performatively constituted' identity" (Ferris, 2003). Anorexia has been read as a representation in which the "language of femininity [is taken] to symbolic excess" (Bordo, 1993: 22); a means to reject cultural logics surrounding women's attractiveness, display and visibility (Malson, 1998; Spitzack, 1993), or as a condition that foregrounds the *mutability* of the relationship between gendered and corporeal identity (Malson, 2009). Equally, female killers have been seen as producing "gender trouble" because they challenge expectations and norms associated with the performance of femininity (Morrissey, 2003: 123) or because they may be read as "destabilizing signifiers" that *foreground* gender *as* a performance. Given the insistence on women killers as aberrant examples of their gender, Morrissey describes how

normative femininity may be understood as artificial, "flung on "like a cloak" when it suited the circumstances [of the crime]" (p.126). As one psychologist was reported to have said about Allitt: "These women are impostors. They are playing the role of the caring mother or nurse and they do it brilliantly…. Until you've encountered one, you can't believe how convincing they are" (Burne, 1993: 17). Although ostensibly referring to her diagnosis of MSBP, the unease here appears to stem from the sense that "the role of the caring mother or nurse" could in fact *be* a performance in the first place. As one lone journalist shrewdly noted, the discussion of how Allitt's actions could have gone unchallenged focused primarily on the fraught NHS context (staff shortages, a lack of supervision) rather than the particular gender ideologies that had clearly granted her some "immunity from suspicion" (Kirsta, 1994).

Conclusion

There is a longer history of feminist research that examines "the gendered politics embedded in representations of eating-disordered bodies and selves" (Saukko, 2008: 57), just as work on women murderers has interrogated the disciplining function of media discourse and its bid to control the ideological crises such women ignite (Morrissey, 2003: 2). What I have suggested here is that there is much at stake in these representations.

Just as feminist work on women killers initially avoided case studies that were difficult to reconcile with feminist politics (Morrissey, 2003, Seal, 2010), so Allitt's relationship with anorexia may offer a less sympathetic terrain for feminist analysis. Indeed, when considered in the context of feminist approaches to EDs and feminist work on women serial killers, Allitt emerged here as both perpetrator *and* victim, occupying an uneasy space in which her heinous actions coexisted with the injuries of gender oppression. With Allitt, it is precisely the controversial status of her diagnosis – the suspicion that she never "really" had anorexia and

simply starved herself to manipulate her fate – that makes her such an important case study, solidifying and entrenching highly stigmatising discourses on self-starvation. Such media and medical constructions are of clear importance, contributing to the cultural and clinical "conditions of possibility" in which "'eating disordered' subjectivities are constituted" *and* treated (Malson, 1998: 189).

The Allitt case also demonstrates more widely the consequences of silencing the feminist approaches to eating problems, aiming as they do to situate EDs within the broader structural context of gender relations and challenge the biomedical emphasis on individual pathology. In the 1990s when Allitt's case was in the news, feminist scholars and therapists were making concerted efforts to challenge biomedical discourses on EDs and conceptualise what a feminist approach to in-patient treatment might look like (e.g Orbach, 1993, Sesan, 1994). But still today, these conceptions remain hypothetical for most patients in the UK. Inpatient treatment for anorexia became more multidimensional from the 1990s onwards, attending to the coexistence of medical, psychological, and cultural factors and moving beyond a singular focus on weight gain (Sesan, 1994); but the emphasis on individual pathology remains (Holmes et al, 2017), as does the approach of "modifying" behaviour through a system of punishment and "reward". Indeed, even today (and it is not the intention of this article to posit a huge gulf between "then" and "now"), in-patient treatment can operate within a highly punitive framework in which weight gain and compliance are traded in for access to "normal," everyday rights and activities. These privileges can include going to the toilet alone, choosing your own food from a set menu, seeing family and friends, or using your phone. I speak from personal experience in saying that the effects of such punitive frameworks are profound and long-lasting.

Allitt's significance for discursive constructions of anorexia and femininity at the time is certainly contradictory. Her situation can be read as a hyperbolic commentary on treatment approaches to anorexia that were being critiqued (by patients and by feminist scholars) in the early 1990s. But with the press constructing Allitt's anorexia as a manipulative masquerade, the coverage gave further voice to perniciously gendered and stigmatising conceptions of self-starvation that indirectly corroborated normative conceptions of clinical "care." These discourses constructed anorexia as entirely volitional and as exemplifying the "devious" deceits of the "duplicitous feminine" (Malson and Ryan, 2008: 120), and the discourses both other and trivialise the subjectivities they purport to describe. In fact, it is possible to suggest that – in terms of discursive constructions of anorexia – Allitt's diagnosis of MSBP is something of a red herring here: although MSBP clearly intensified the suggestion that Allitt was devious and manipulative, these constructions circulate around anorexia *anyway,* and they do so in pernicious and damaging ways.

What appears to disturb the press about Allitt is precisely the extent to which her trajectory foregrounds femininity *as* a performance – evoking anxieties that circulate more widely around women killers and their apparent deviation from normative femininity while being able to adopt its guise convincingly (Morrissey, 2003). But the suggestion that we need more "agentic retellings" (Morrissey, 2003: 168) in women serial killer narratives seems to assume that such a shift would be innately progressive. Although Allitt was constructed through the paradigm of the "damaged personality" (Seal, 2010), she is not constructed without agency in either her crimes or her efforts to avoid prison. This has significant consequences for anorexia in so far as it constructs agency in highly stigmatising ways, adding fuel to clinical discourses on self-starvation that feminist discourses were - and still are - seeking to challenge.

The case of Michelle Carter used at the start of this article is indicative of how discourses of mental illness continue to matter to media constructions of women's criminality. The case is also indicative of how these conceptions of "mental illness" are tied to patriarchal constructions of femininity in ways which discourses of medicine and diagnosis ("this is what is wrong with her") seek to obfuscate. The interweaving of Carter's criminality with an "anorexic" subjectivity is strikingly similar to Allitt some 30 years earlier. This highlights the significance of how (despite its visibility at the time), Allitt's case has not been remembered as a key media flashpoint in constructions of anorexia. What does it mean to have remembered Karen Carpenter—a narrative through which anorexia is yoked to discourses of success, attractiveness and a stifling middle-class family context (Saukko, 2008)—rather than the working-class nurse diagnosed with MSBP and charged with multiple counts of murder? How we narrate these histories (in feminist media studies or feminist studies of health and illness) matters. Such examples offer crucial opportunities to speak back to discourses on the relationship between criminal women and mental illness. This is important because 'regardless of the ethics of individual women's behaviour, portrayals of their acts have enormous influence over conceptions of the feminine and of female agency' (Morrissey, 2003: 7).

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