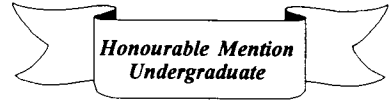


# Guilty of Secret Surrenders to Abundance: Women, Binging and Purging

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## ABSTRACT

In the past decade, eating disorders have exploded as the "new" women's problem for clinicians to explain and solve. In this paper, the author addresses how bulimia relates to gender inequality in contemporary North America by aiming to show that capitalism intersects with male power to generate immense credibility of a slender ideal for women. The binge/purge cycle itself bears witness of the strength of this archetype. While bingeing demonstrates rebellion against cultural voices urging women to reduce, purging marks a re-interpretation of such indulgence as personal failure.

## RÉSUMÉ

Au cours des dix dernières années, les troubles alimentaires ont souvent fait la une pour devenir le «nouveau» problème féminin que les cliniciens tentent d'expliquer et de résoudre. En se proposant de démontrer que le capitalisme et le pouvoir masculin s'entrecroisent pour légitimer considérablement l'idéal mince pour les femmes, l'auteure de cet article traite des liens entre la boulimie et l'inégalité entre les sexes en Amérique du Nord. Le cycle des épisodes d'alimentation excessive et des purges attestent en soi la puissance de cet archétype. Les épisodes d'alimentation constituent une révolte contre les pressions culturelles sur les femmes de maigrir, tandis que les purges représentent la réinterprétation de ce plaisir comme un échec personnel.

**I**N ITS NEW DIAGNOSTIC MANUAL, DSM-III, published in 1980, the American Psychiatric Association defined bulimia as a distinct disorder. Young, one of the manual's authors, contends that the creation of DSM-III was a revolutionary event in psychiatric diagnosis. The structure of mental disorders became heavily determined, with the spirit of pluralism confined to content. Specifically, given that cumulative clinical observations of certain key syndromes underlie its classification scheme, DSM-III denies the role of *process* in the development and social interpretation of illness (Young, n.d.).

The DSM-III manual describes the essential character of bulimia as:

episodic binge eating accompanied by an awareness that the eating pattern is abnormal, fear of not being able to stop eating voluntarily, and depressed mood and self-deprecating thoughts following eating binges. (American Psychiatric Association, 1980, p. 69)

It also says that three of the following must be present for diagnosis:

(1) consumption of high-caloric, easily ingested food during a binge; (2) inconspicuous eating during a binge; (3) termination of such eating episodes by abdominal pain, sleep, social interruption, or self-induced vomiting; (4) repeated attempts to lose weight by severely restrictive diets, self-induced vomiting, or use of cathartics or diuretics; (5) frequent weight fluctuations greater than ten pounds due to alternating binges and fasts. (American Psychiatric Association, 1980, p. 71)

DSM-III lists the components of bulimia without attending at all to how they become articulated in the lives of patients. Certain authors have even lauded the DSM-III model of bingeing and purging precisely because it does not discuss etiology or dynamics (for example, Hamilton, Gelwick, & Mead, 1984). Nevertheless, the emotional profile of bulimia set forth by DSM-III reflects sociocultural constructions of the relationship between food, self and body. Moreover, configurations of power exerted on young girls as they grow into the bodies of women make them most likely to take up the binge/purge cycle. This paper is about these very processes, which the DSM-III model denies by making bulimia into an object of medical discourse.

Since women who binge, purge or "simply" diet frequently evoke struggle as an idiom, one must identify where *power* resides. I want to raise to the explicit the emotional profile associated with the binge/purge cycle, for it speaks powerfully of social conditions in contemporary North America, particularly those incumbent upon women. I then interrogate the sociology of women's manifest desire to attain slenderness, by analyzing women's subordination to men in political and economic terms.

### Emotional Profile Associated with Binging and Purging

Schepper-Hughes and Lock (1987) propose three "bodies" — the social body, the body politic and the individual body — in order to model how we, as individuals, become socially linked and politically implicated. If, as Schepper-Hughes and Lock posit, emotion is the "mediatrix" of the three bodies, then social contradictions and political concerns engender emotional states. An attentive study of bulimia must take this insight into account because sociocultural factors shape the epidemiology, etiology, symptomatology, and "natural history" of bulimia. The relative power of different social factors finds expression in the emotional profile associated with the afflicted. I have titled this paper "Guilty of Secret Surrenders to Abundance: Women, Binging and Purging" because I contend that these words frame the most salient emotional features of the binge/purge cycle.

I concur with those authors who propose that certain conditions are sufficiently common in North American women's lives that it is possible to discuss aspects of their psychology as a group (Gilligan, 1982; Gilligan, 1990; Poovey, 1988). In other words, dominant cultural voices attribute certain characteristics to gender categories which, in turn, influence women's emotional lives. For instance, in North America, associations of women with nurturing, passivity, frivolousness, and subordinate social positions very frequently mark others' expectations of individual women. Below, I consider the binge/purge cycle in terms of the emotions that it generates, for I argue that these emotions arise from social expectations that condition the psychology of North American women.

**Guilt:** Guilt drives the binge/purge cycle. Exceeding restrictive plans of a diet constitutes defying disciplinary measures, so women must explain their transgressions to themselves and to others. For many women, this sense of culpability incites them to purge which, in turn, leads to guilt due to perceived lack of self-control and waste. Spitzack (1990, p. 72) claims that these feelings of iniquity emerge from the language of dieting, in which idioms of confession dominate. Conceptualizing unauthorized consumption as wrongdoing highlights how "diet" constitutes a series of moral choices, demonstrated by our everyday distinctions between "good foods" and "bad foods."

**Secret:** Women who binge/purge report sustained efforts to keep their habit secret. Certain feminist scholars have researched the effects on women of socialization processes that encourage passivity and conformity as fundamental feminine virtues (Gilligan, 1982; Gilligan, Lyons, & Hammer, 1990). These scholars focused attention on the contradictions between such values and women's desires. Because women who binge and purge do not want their "deviance" known, they actively construct a pleasing "normal" appearance that coincides closely with prevailing social norms.

Thelen et al. (1990, p. 85) summarize research on the personality profile of bingers/purgers, contending that these women derive their self-worth from the approval of others. These clinicians argue that bingers/purgers strive to fit the perfect feminine role to an extent that is pathological. For instance, in order to avoid detection, a woman might binge while alone in the house, and purging through exercise easily passes for socially venerated healthy activity. Most women who induce vomiting as means of purging strive to conceal

this "sick" practice. Indeed, women who usually purge by vomiting may take laxatives as a compensatory strategy when surrounded by others (Schlundt & Johnson, 1990, pp. 94, 99).

The extreme privacy culturally associated with toilets turns stalls in public washrooms and bathrooms in private homes into enclaves where purging by vomiting or with laxatives is difficult for others to detect. Martin (1987, pp. 94-97) discusses how female factory workers manipulated the privacy associated with washrooms in their efforts to organize into unions. Many contemporary women use the washrooms for another subversive activity: purging.

Binging/purging inherently involves gluttony and waste of resources, proscribed by contemporary health morals. While obese women grossly violate social messages to conform passively to cultural ideals (Millman, 1981), bingers/purgers actively strive to keep secret their excessive appetite and "sneaky" means of dealing with it. In terms of Douglas's (1970) contention that the borders of the individual body constitute sites of potential social pollutions, bingers/purgers' violations are covert and, therefore, all the more socially dangerous.

**Surrenders:** As a result of repeated failures to maintain diet resolutions *and* to cease purging, these women often report that they feel without agency. The day after Karen Carpenter died, discloses Chernin (1985, p. 11), one of her clients came into her office, sat down, and issued the following words:

"Last night I ripped her picture out of the paper and put it up on my bathroom door. And I promised myself. No matter what it takes. No more laxatives. No more vomiting."

Before long, Chernin's client took down the picture as a gesture of defeat, and her binge/purge cycle was on again in earnest (14).

Binging and purging act as antidotes to each other, but each results from surrendering — first, to tempting foods, and then giving up on resolutions not to cheat. Meanwhile, “salvation” represents the capacity to eat normally, desist from binging/purging, and attain thinness.

**Abundance:** This society is frequently characterized as affluent, but wealth is very unequally distributed. On the average, women own and earn less than men. Regular binges necessitate a reliable and abundant food supply. Furthermore, the foods preferred during a binge seem to be highly processed foods, high in calories and/or refined sugar — in other words, “junk foods” (Schlundt & Johnson, 1990, p. 74). These foods, requiring little or no preparation by the consumer before ingestion, have become salient features in the marketplace as a result of considerable capitalist investment. Notions of consumer gratification are emphasized in the marketing of these foods, thereby framing the perceived impetus and justification of the desire to binge.

Other messages, such as self-help books, diet plans and advertisements for exercise gadgets, urge their audience to reduce. Prevailing cultural ideals of slenderness for women endorse “self-control,” health and strength, so “giving in” to gluttony seems particularly repugnant. By taking abundance for themselves during a binge, women defy these values. They also contravene the political and ideological factors that subordinate and deprive them.

Such abundance does not rest easily in the belly of a woman who has binged. Binging means furtive consumption of food, in secret

places or item by item on the run, and with a guilty conscience. (Chernin [1981, pp. 4-19] provides compelling autobiographical accounts.) Food consumed during a binge consists simply of food to which a woman does not believe she is entitled. Therefore, women's binges lead them to chastise themselves, and to purge this ill-gained abundance from their bodies.

### **Patriarchal Hegemony and Dieting, Binging and Purging**

Given that feelings of fear, guilt, and defeat encroach upon so many women's relationships to food, why do we continue to venerate slenderness and the “natural” dieter? The answer, I believe, lies in a complex form of colonization, in which the embodied consciousness of females has become a particular site of domination. I contend that patriarchal logic underwrites a hegemonic world view, which mediates both clinical and women's own everyday understandings of the relationship between body, self, and society.

**Historical Precedents:** Patriarchal power reflected in female preoccupation with food and diet is not new, but perhaps medieval Europe exhibits the most striking historical relationship between these two. Records between 1200 and 1400 A.D. indicate that many women endured extended voluntary abstinence from food (Bell, 1985; Bynum, 1987).

Bell's conviction that “holy anorexia” was a response to patriarchal domination is compelling on certain counts. The wave of reported cases after 1200, just as the patrilineage gained ascendancy and disenfranchised daughters (Herlihy, 1983), lends credence to his analysis. Bell demonstrates that women's fasts allowed them the eccentricity of avoiding marriage and the responsibilities of children. Many of these pious women, such as the famous ex-

ample of Catherine of Sienna, enjoyed such reverence during their own lifetimes that they advised Church and local secular leaders. They bypassed traditional means to authority and charismatically occupied positions normally proscribed from women. Bell argues for continuity of "holy anorexia" with anorexia nervosa, because he asserts that abstinence by young women in both medieval and contemporary times marks resistance to subordination.

His calls for continuity are strikingly analogous to those made by Turner (1987) regarding hysteria:

Against Foucault's position, it is possible to argue that hysteria is one of the oldest known medical conditions in human society and therefore the idea of the "hysterization" of women in the nineteenth century is problematic. Furthermore, hysteria has been universally regarded as a specifically female disorder. Therefore, the continuity of hysteria as a designation creates problems for Foucault's emphasis on historical discontinuity; by contrast, the long history of hysteria as a medical category and the idea that a woman's social behavior is peculiarly determined by anatomy provide evidence for the continuity of patriarchal power, irrespective of other major changes in social and economic relations. (90)

Yet if the medieval and contemporary young women's refusal of food represents struggle against male power, it should be apparent that cultural factors in both eras frame interpretations of such rigid abstinence.

***Patriarchal Hegemony, Women, and "Disorders"***: Reports of women who habitually abstain, binge and/or purge can appropriately be viewed as *results* of patriarchy. Nevertheless, Skélely (1988, p. 22) successfully argues that the classification of anorexia and bulimia as illnesses guises their underlying patriarchal

logic. She points out that women constitute 95 percent of the recruits in commercial weight loss programs (e.g., Weight Watchers™) and of women clinically treated for eating disorders.

The epidemiology of clinically defined eating disorders, so heavily skewed towards females, suggests that conditions specific to North American women's lives precipitate in "eating disorders." The leading theorists who publish frequently are almost always middle-aged men, and most have not addressed this issue (Davis, 1985).

In contrast to medieval times, contemporary North American society links the value of the body, not the soul, to food practices. Love ascertains and confirms the value of the feminine body. Cultural voices from talk shows, self-help literature and popular magazines claim self-love as a pre-requisite for love from others. Dominant culture socializes women to equate attractiveness with self-love. Demonstrating self-love and worth of love from others entails prioritizing the labours of appearance.

The appearance of a woman can serve important male interests, for an attractive woman on a man's side marks him as worldly and powerful. Male rights over female erotic property have long characterized European and, by extension, Euro-North American legal definitions of marriage. Collins (1982) charges that a "love revolution" occurred during the nineteenth century, when the sexual marketplace took on the characteristics of liberal capitalism. Instead of being assigned a partner by a deal worked out between fathers, individuals became charged with finding their own marriage partners. A discourse on love arose in conjunction with this negotiation process.

Unfortunately, Collins does not develop how a woman's attractiveness came to replace

dowry as the currency of this negotiation. A woman became valued to the extent that she could fetch a wealthy husband. Her appearance came to be "read" as a sign indicating the referent, a man's financial status. A man's wealth could serve him in a variety of ways, but an attractive woman's appearance was socially valuable solely for the purposes of obtaining a husband. With the liberalization of the marriage market, a woman's appearance became very closely tied to her livelihood and social prestige.

The meaning of the attractive female body is at the heart of "eating disorders." Slenderness has become a crucial component of this body, but clinicians classify women as anorexics or bulimics if they employ "sick" strategies for attaining slenderness. On the other hand, exceeding the restricted vision of the ideal also constitutes disease (i.e., obesity). Branding such bodies "disordered" denies that the social value of female beauty underlies "eating disorders." Skélely (1988, p. 125), for instance, reports that the slender female body holds considerable value in the labour market. In the case of women employees, "the size of their pay cheques, their livelihood, depends on how closely they approximate the current ideal of feminine appearance."

Meanwhile, women's labour on their appearance supposedly shows self-love, which amounts to fetishism. When women give themselves "beauty treatments" in the name of self-love, they create surplus value as markers of prestige and wealth. In the male economy, their appearance becomes alienated from their conscious embodiment and circulates as a measure of value in the sexual marketplace and the workplace.

Meanwhile, society accuses women who invest labour and capital to meet beauty standards of narcissistic masochism (Spitzack,

1990, pp. 79-80). Likewise, everyday talk and clinical discourse may dismiss bingeing/purging and sustained abstinence from food, performed in order to attain conventional standards of beauty, as masochistic strategies. A woman's attractive appearance may simultaneously function to a man's advantage within the male economy *and* denigrate her character.

### **The Body in the Contemporary Western Culture of Capitalism**

Certain characteristics of the contemporary Western culture of capitalism help explain the slender ideal for women and the rise of eating practices deemed by clinicians to be disordered, but researchers of eating disorders rarely seem to consider socioeconomic relationships and their political ramifications.

According to Thelen et al. (1990), the characteristics that a woman attributes to her relationships with men are the most reliable indicator of the severity of her bingeing/purging problem. They recommend that therapists seek to "normalize" their clients' perceptions of men in therapy. Not only does this study display blatant heterosexist bias, but, like the advice of many other experts, it "amounts to reducing human conflicts that are rooted in the socioeconomic and political realms of existence to psychological management" (Skélely, 1988, p. 99).

***Slenderness and the Protestant Work Ethic:*** Certain values which shape our society's political economy imbue slenderness, especially for women, with considerable significance. The Protestant work ethic, for example, links slenderness to moral worth, since the slender body signifies valorized qualities such as willingness to work and efficiency. Indeed, the size and shape of the body become a "project," requiring continuous effort and surveillance so as to approximate the ideal. Excess

flesh is deemed “inefficient” since it is the result of a body consuming more than the requirements for optimum level of production.

Attaining the slender ideal entails considerable labour which, in itself, can be valorized as an indicator of moral worth. Exhortations to control consumption in order to avoid wastage, either in the form of unconsumed food or adipose deposits, are presented as the road to desirable individual health.

Crawford (1984, pp. 79-80) suggests that, in recent years, individual bodies have become increasingly hard and compact in response to economic crisis. Corporate leaders pledge to their shareholders that they will “cut out the fat” and, as a result of “downsizing,” growing numbers are forced to “tighten their belts.” Moreover, many familiar signs of the middle class<sup>1</sup> — such as home ownership, ever-rising income, and job security — are fast disappearing. The lean body represents simultaneously an adaptation to reduced circumstances, a marker of high income aspirations, and a symbol of social responsibility.

#### ***Food and the Paradoxes of Consumerism:***

The slim, fit body, with its connotations of moral and fiscal restraint, represents only one half of the capitalist equation. While “financial realism” enables long-term survival of the individual enterprise, constant expenditures permit the economy as a whole to prosper. In terms of an individual’s agenda, these contradictory demands to save and spend fall along a very important social cleavage in North America: waged labour and recreation (Crawford, 1984, p. 92).

Food serves as a critical marker of these two realms. To work with optimum productivity and efficiency, an individual body must consume foods replete with as many nutrients as possible. A strict cost-benefit analysis

applied to foods aims to make the body into an efficient worker. While “healthy” foods strive for productivity and efficiency, “junk” foods mark personal indulgence and “free time” not devoted to labour. However, the realms of work and recreation do not always appear distinct. Increasingly, advertisers market “junk” foods as fast, *efficient* foods for busy, working individuals. “Healthy” foods, while efficient, often cost more. Nutrition is a socioeconomic issue, and poorer people often eat more “junk.”

Binging, which involves the consumption of junk foods almost exclusively, might represent an attempt to resist work or to provide an incentive to produce. Since the ethics of consumption and production are social truths that contradict and complement each other, the same activity may become defined in either sphere (e.g., “when I finish this problem, I will eat a chocolate bar” versus “I don’t want to work, so I will eat this chocolate bar”). Over a period of time, an individual might rationalize her food consumption differently.

Binging/purging draws analogies to “dine and dash,” when restaurant clients leave before getting their bill. The binger/purger prevents her body from absorbing the calories of food consumed during a binge, just as the dashing diner avoids paying. It amounts to a form of cheating, appropriating outside the relations of production. No wonder that bingers/purgers make valiant efforts to keep their habit a secret.

Advertising discourse, which promotes the use of commodities as signs, ties consumerist aspirations to the slender ideal. Commodities used in the construction of appearance are important communicators of social status and “personality.” Advertisers promise that others can “read” these messages, and the advertisements themselves help identify certain prod-

ucts with high status, based largely upon costs (Barthel, 1988).

The shape and condition of the body also serve as important indicators of social class. Slenderness and health ensure that a cluster of high-status commodities will achieve desired effects on prestige and awe. The appearance of the body — toned, topped by layers of expensive goods, seemingly defying age — signals elite forms of labour such as exercise, shopping for luxury goods, and white-collar employment.

### The Slender Body in the North American Political Economy

Spitzack (1988; 1990) insists that particularly stringent controls limit the size and shape of the female body. Consequently, women must confess their past failures to meet these standards and to pledge future compliance by joining weight-loss clubs, buying diet food and submitting to plastic surgery. Cultural forces produce the ideal body in the marketplace (Skélely, 1988, p. 103), then commodify strategies for attaining this ideal.

The methods usually used by psychologists and psychiatrists do not easily account for social inequalities embedded in our culture. While many clinicians have made tacit acknowledgement of the role of culture in engendering eating disorders, few researchers have specifically addressed this question. The focus of those that have (Collins, 1991; Garfinkel & Garner, 1980) has remained squarely on verifying that the internalization of a slender body ideal for women contributes to the phenomenon of bulimia and anorexia.

Skélely's (1988) work stands out as a notable exception. She interrogates the cultural meanings of the slender body for North American women. As a native of Hungary, these

meanings were not part of her tacit knowledge. In order to investigate these meanings, she had to employ methods more common in anthropology than clinical psychology, such as extended interviews with a small number of informants.

Steiner-Adair's (1990) study also overcomes the deficiency of cultural analysis generally found in psychological investigations. Since she rigorously considers cultural factors, her interpretation of the epidemiology of eating disorders concentrates on social *processes* that promote them in adolescent girls and young women. In fact, Steiner-Adair posits that adolescent girls who aspire to the "new" ideal for women, associating thinness with success, autonomy and recognition for individual achievement, are especially at risk for eating disorders; for them, then, adolescence is a time of loss as their ideal undermines importance of interpersonal "connectedness" and a reflective relationship with themselves and society.

Seriously considering cultural factors in the precipitation of eating disorders leads both Steiner-Adair and Skélely to similar modes of inquiry and conclusions. Neither scholar frames her inquiry with the *a priori* labels of DSM-III. Rather, they model an "eating disorder" as the end result of a chain of socially enmeshed events. Focusing on *narratives* led both to assert that the *meanings* attached to the slender body precipitate "eating disorders."

Though clinical literature to date scratches no deeper than the fashion industry for cultural explanations (for example, Morris, Cooper, & Cooper, 1989):

It is insufficient to say we are a culture obsessed by thinness and to accept passively the fashion industry as the sole cultural context from which eating dis-



orders spring. It is essential that underlying psychological, political, and cultural motivations that produce the fashion industry and foster the cultural obsession be further explored.... (Steiner-Adair, 1990, p. 174)

The male-dominated economy profits from the svelte female body as a currency of value. Constrained by the power of this matrix, wom-

en strive for slender bodies, for, in their social location, slenderness and "health" carry many social benefits. Binging violates the tenants that assign smaller lots to women, but purging aims to retrieve the appearance of conformity to the status quo. Yet the personal knowledge of deviance evokes guilt and disgust, so cultural voices urging women to settle for less actually gain strength.

#### NOTE

1. Research conducted to date indicates that the epidemiology of eating disorders exhibits cleavages not only upon gender but also class lines. Researchers (for example, Schlundt & Johnson, 1990) claim that mainly white women from relatively affluent in-

come strata practice "disordered" eating. Recently, some scholars (Skélely, 1988, p. 109; Smith & Krejci, 1991) have asserted that these practices are "spreading" to females in lower income strata, including women of colour.

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