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# Binge

Raegan Nicole Hodge

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# BINGE

by

RAEGAN HODGE

Under the Direction of Constance Thalken

## ABSTRACT

*Binge* is a multi-media installation consisting of dangling IV bags looming over a large table of food. Monitors on the table show live online chats about thinness, depression and eating disorders. On the rear wall, interview footage describing the gruesome experiences of the eating disorder sufferer intercut with the newest development of the disease, the online presence. The installation confronts the viewer with the horrible dualities of the disease: discipline and madness, reason and passion, and suffering and indulgence. The work references the philosophic mind/body struggle as well as the grim reality of these afflicted young women.

BINGE

by

RAEGAN HODGE

A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of

Master of Fine Arts

in the

College of Arts and Sciences

Georgia State University

2008

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Raegan Nicole Hodge  
2008

BINGE

by

RAEGAN HODGE

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Office of Graduate Studies

College of Arts and Sciences

Georgia State University

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DEDICATION

For Michelle Braskich Chontos and her family

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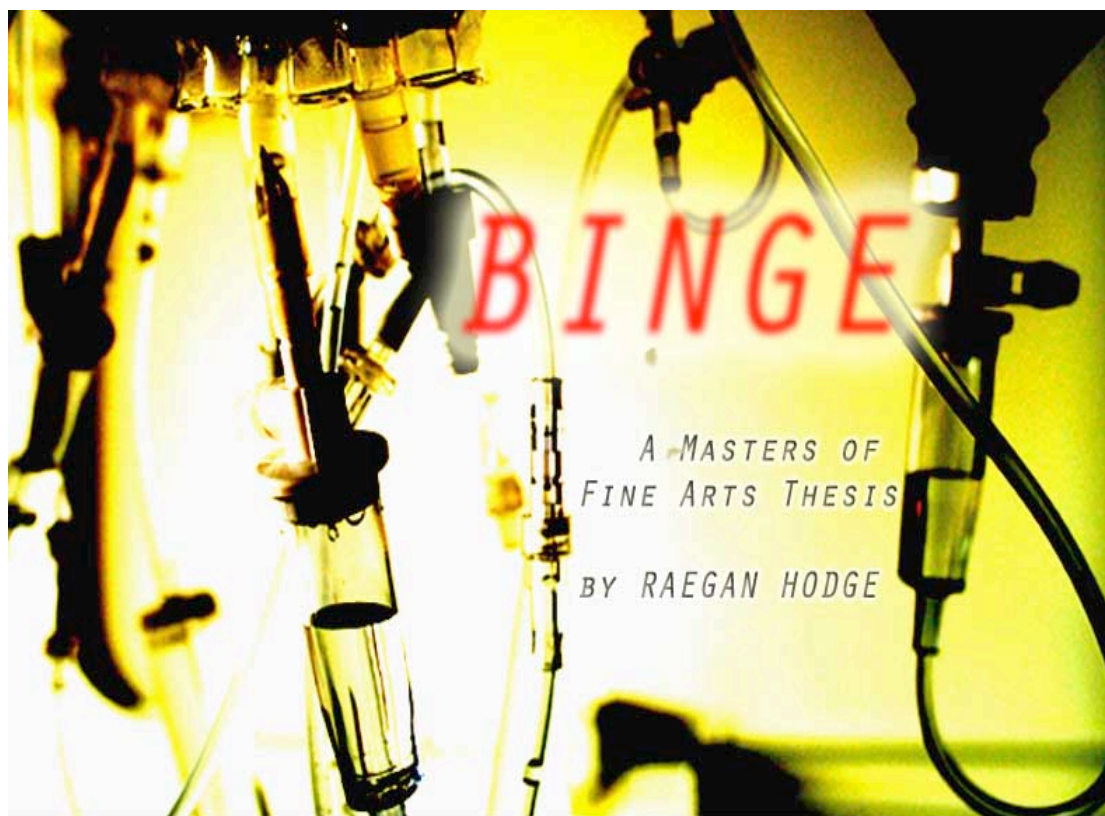


Figure 1

## Prologue

I first threw up my food in college. My freshman year roommate Traci said she did it anytime she had eaten anything she regretted. “Cool,” I thought, “Eat whatever you want, no repercussions.” At 17, in my first year at the University of Georgia, I was starting to feel the pressure of being in a sea of cute, lithe sorority girls combined with the onset of the “freshman fifteen.” I didn’t want to give up the beer and the pizza at midnight but wanted a perfect body too. My logic was, “If I had that perfect body, I could say whatever I wanted, I could be myself.” I let my perception of my body hold me back from ever realizing a full sense of self.

Just a few years prior, in high school, my best friend Michelle had been hospitalized with anorexia nervosa. She was painfully thin. The vertebrae stood out from her neck and she hadn’t had a period in years. She confided in me about her food obsessions and the insidious stealth of her disease. She would vomit in the shower so no one thought she was in the bathroom too long. Then she would shovel the puke to the toilet with her hands. Oddly enough, she was slyly proud when she told me this, as if she had successfully survived another meal without having to let the food affect her body. I was heart-broken to see my friend suffer like this. She was truly a shell of herself; so obsessed with food and dieting that she was no longer the funny, mischievous girl I loved.

Still, despite my pain in watching Michelle struggle, I found myself sticking my finger down my throat just as she had done. After a late night meal, alone in the college dormitory shower stall, I vomited into the drain, pressing the pieces of half-digested Taco Bell through the metal grate with my toes.

## Introduction

In the pursuit of a Masters of Fine Arts in Digital Filmmaking and Arts at Georgia State University, I have created video art, documentaries and fictitious shorts ranging in topics from finding my real father to a commercial for lesbianism as a form of birth control. Most recently, my work seems to have gravitated towards medicalized realities. The video short, *The Lunch Date*, 2005, described the concealed perspective of an elderly woman suffering from Alzheimer's. *Queen Katherine*, 2007, was inspired by the dream journal of Katherine Schweigert, who has been living with Ankylosing Spondylitis, a painful and disabling form of arthritis. Both pieces express the perspective of those who suffer and how their physical or mental disabilities affect their realities. Despite the limits of its expression, these disabilities also open up a secret world that is special and unique to the sufferer's reality.

Feminism as it intersects with post-modernism complies with the idea of a "pressed-down" subjectivity. Feminists have often recalled the heritage of Descartes' mind/ body split as one of the sources of the subordination of women. The mind/ body duality extends to reason and passion, outside and inside, self and other, depth and surface and man and woman. However, Elizabeth Grosz, in *Volatile Bodies*, citing Jacques Derrida and Luce Irigaray, writes, "Dichotomous thinking necessarily hierarchizes and ranks the two polarized terms so that one becomes the privileged term and the other its suppressed, subordinated, negative counterpart."<sup>1</sup> If the first term is prioritized, the second becomes marginalized. Subjectivity or self-understanding for females is inconceivable by the Cartesian model as the mind is given privilege over the body. Grosz continues, "Given the coupling of the mind with maleness and the body with femaleness

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<sup>1</sup> Grosz, Elizabeth. *Volatile Bodies*. (Bloomington: Indiana University Press, 1994).

and given philosophy's own self-understanding as a conceptual enterprise, it follows that women and femininity are problematized as knowing philosophical subjects and as knowable epistemic objects."<sup>2</sup> Women and bodies are both objectified and disassociated with mind and reason. This idea is almost perfectly represented in the psyche and behaviors of eating disorders.

For my thesis work, I chose to re-explore both the human struggle and the theoretical concepts underlying eating disorders. In the late 1990s in suburban Atlanta, my friends and I have almost all struggled with eating disorders. As female (or male adolescents), our "pressed-down" subjectivity found its expression in the restriction of Anorexia Nervosa or in the mad binges and purges of Bulimia Nervosa. Even now, almost every female I know has issues with her body or eating that has affected her functioning and perspective.

The eating disorder phenomenon has some intrinsic contradictions: most obviously the restriction of Anorexia and gluttony of Bulimia, but also, and more importantly, the protest of suffering and the indulgence and fear of autonomy. Are these the martyrs of American consumption or are they selfish, afflicted "girls"? Indeed, the sufferer sacrifices her(his) self for the satisfaction of perceived societal ideals but, along the way, usually never asserts a cogent critique of society and causes harm to their family members and others.

The eating disorder sufferer is exactly what Donna Haraway describes as a cyborg, "...simultaneously animal and machine, [that] populate worlds ambiguously natural and crafted."<sup>3</sup> In her manifesto, Haraway gives countless examples of the convergence and hybridization between technology and humanity. Living in man-made fictions created by the media, the eating disorder sufferer seeks to measure and control his or her body becoming some

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<sup>2</sup> Grosz, Elizabeth. *Volatile Bodies*. (Bloomington: Indiana University Press, 1994).

<sup>3</sup> Haraway, Donna. "A Manifesto for a Cyborg. : Science, Technology, and Socialist-Feminism in the Late Twentieth Century," in *Simians, Cyborgs and Women: The Reinvention of Nature* (New York; Routledge, 1991).

sort of perfectly mechanized monster of science fiction. I am inspired and intrigued by these cyborgs and centered my thesis work on the exploration of their (our) experience.

## **Dreamland**

My research began at the clinical definitions and treatments of the disease, and led to interviews of sufferers and counselors and later to the exploration of the modern plague of websites and forums that promote eating disorders. The expression of my research and emotional experience has culminated in the video installation, *Binge*. The work consists of a suspended IV bags and medical tubing draping and suspended from the ceiling like a giant chandelier looming overhead. The tubing extends down from the bags splitting into new channels, multiplying and cascading down to the table below. The IV bags control and measure and restrict just as dieters and anorexics do. The chandelier hangs over a copious and decadent table of food: a turkey breast worthy of a Thanksgiving feast, a stack of McDonald's hamburgers and fries, Kraft Macaroni and Cheese, cakes, pies, spaghetti and meatballs, a bucket of fried chicken, pizza, candy and chips, casseroles, vanilla pudding. The amount of food is extreme and immense, but actually represents the amount of calories a bulimic or over-eater can consume in one sitting. The two show the polarities of discipline and gluttony that emerge in eating disorders. On the table video monitors at the head and foot of the table show the *LiveJournal* conversations about eating disorders actually happening in real time. On the rear wall, a projected video of interview footage describes the trauma and recovery of living with an eating disorder, interspersed with re-enacted typed text of online chats.

In the formation of this idea, my first step was to contact the counselors and experts on eating disorders in Atlanta. They are true insiders of the disease. Tammy Holcombe was very

quick to respond to my inquiry. At Stargazer Counseling in Roswell, Georgia, she treats men and women of all ages and is recovering herself. She answered many of my questions about the facts of the disease based on her expertise with real patients. She was an invaluable resource for contextual information.

Many of the behaviors associated with specific eating disorders cross over into other disorders. Eating disorders also include and intersect with other pathological behaviors: compulsive over-eating disorder, orthorexia (extreme health-restrictions to the point of unhealthiness), over-exercisers, diabulimia (manipulating insulin to cause weight loss), drug addiction, bipolar disorder and depression. Eating disorders are a mercurial condition. In some cases, they are a symptom of larger psychological disorders and in other cases, these eating disorders are defining characteristics, all-consuming, growing and infecting other parts of the afflicted person's life. As Ms. Holcombe describes, the symptoms and behaviors converge as does the chandelier and table in *Binge*. Subjectivity, in the post-modern psyche, insidiously splits and converges in its shape-shifting fluidity just as the medical tubing channels and diverts the liquid of the chandelier.

### **The Famine**

Intra-venous (IV) bags control consumption. They measure and allow only what is prescribed by a doctor into the body in a scientific, cyborgian perfection. They are the symbol and essence of bodily control. Eating disorders, as well, are about control. Just like the mechanism of an IV drip, the anorexic-type restricts everything in his or her life to assert her or himself over anything perceived to be out of control. In fact, IV bags and feeding tubes, according to Tammy Holcombe, Licensed Professional Counselor and interviewee, are merit

badges to the anorexic of the true accomplishment of hospitalization and full-blown anorexia. (For the technical definition of Anorexia as described by the DSM IV, see Appendix I.)

The IV bag is the symbol of the body hooked to a machine; the successful conquest of modern medicine (the mind) over the body, the enactment of the hierarchy of Cartesian dualities. “Modern medicine is full of cyborgs, of couplings between organism and machine, each conceived as coded devices, in an intimacy and with a power that was not generated in the history of sexuality.”<sup>4</sup> Technology has brought us organ transplants, contact lenses, pacemakers, skin grafts, MRIs, breast augmentation, and prosthetics. We strive to be super-human. Anorexics can and do kill themselves in that pursuit.

The scientific, quantifiable understanding of the body is inherent to the disease. Restriction and measurement is the center of an anorexic’s behavior. For extreme anorexics, girls with normal heights can reach drop to eighty pounds and as low as fifty pounds. Constant weighing is common, especially weighing after eating, purging or exercising. Even after “goal weight” is reached, a newer and lower goal weight number is assigned. Anorexics limit calorie intake to below 1,000 calories a day and often accompany such restriction with large amounts of exercise.<sup>5</sup> They also abuse laxatives and other drugs to curb their appetites. Anorexics obsess about food and anything quantifiable about food, specifically nutrition facts, weight and clothing sizes. They memorize calories, fat grams, even sodium and fiber quantities. Young people often search for value systems to assign themselves worth. When this desired personal value seems

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<sup>4</sup> Haraway, Donna. “A Manifesto for a Cyborg. : Science, Technology, and Socialist-Feminism in the Late Twentieth Century,” in *Simians, Cyborgs and Women: The Reinvention of Nature* (New York; Routledge, 1991).

<sup>5</sup> Normandi, Carol Emery and Lauralee Roark. *It’s Not About Food*. (New York: Penguin Putnam, 1998).



impossibly subjective, the anorexic searches for some numbers that can be controlled. Low body weight, calorie counting, and clothing size become the measure of self-worth.

Many eating disorder sufferers are very informed about nutrition. They understand the enemy of their war: the calorie. Simply defined without cultural implication, the calorie is a unit of energy. Anorexics burn more calories than they consume, inducing weight loss. These are the statistics they memorize and live by. Weight loss (and self worth) becomes an equation or measurement. Counting calories is like breathing for the anorexic. Every food becomes a number. They consume large quantities of celery, cucumbers and raw vegetables for their “negative calories” - high fiber, low calorie foods that take more calories to chew and digest than energy they produce for the body. Anorexic thinking relegates the body to become a furnace for calories, subjugating it from the mind.

Despite their hatred of food, they also obsess about food. Just like the chandelier, food and consumption are grand, overwhelming. In the head of the eating disorder (ED) sufferer, thoughts about food are massive, entangling and consuming. The tubes represent this thought flow, in both its divergence and stoppage. Like nerve synapses or the course of one’s thoughts, the tubes split and rejoin, drip or hang dry. The draped tubing hides and shields, a medical shroud for the self.

The hidden subjectivity is not simply because of looks. In fact, the most frequent disillusion about eating disorders is that they develop from an obsession with thinness or beauty. While this is a contributing factor, severe anxiety and depression cause the life-threatening expression of the disease. Feminist author, Susan Bordo is quick to remind us, “Anorexia is not a philosophical attitude; it’s a debilitating affliction.”<sup>6</sup> Anorexics can literally starve themselves

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<sup>6</sup> Bordo, Susan. *Unbearable Weight*. (Los Angeles: University of California Press, 1992).

to death. Anorexia Nervosa is considered the most deadly psychological disorder because often the medical problems incurred by starvation and/or suicidal tendencies caused by or correlating to Anorexia Nervosa. Scientifically, Anorexia is similar to depression in brain chemistry. Both depressives and anorexics show lower serotonin and tryptophan levels, pituitary activity and zinc deficiency. Often mood-enhancing drugs can be used to successfully treat anorexia.

### **The Feast**

Under the chandelier is a long table of copious amounts of food. Holiday food like a turkey, casseroles, and pies are the essence of traditional, enjoyable feasting. These joyous occasions, however, are culturally determined meals where often very emotional eating occurs. For myself, holidays were times of uncontrollable bingeing. Holidays are often re-invented by capitalist marketing to the women's sphere (home), what Haraway calls "women's continuing consumption work."<sup>7</sup> In the same way, eating disorder sufferers will cook lavish meals for others in their need to thrive in the "homeplace" sphere.

The table also contains frozen and fast-food items. These frequently consumed binge foods are perhaps the meal of choice for a cyborg. Fit for an astronaut, these foods are packed with preservatives and do not in any way resemble the animals or plants from which they originated. Genetically engineered food, manufacturing processes and artificial coloring create cheap edible sculptures. Americans are, in a large part, completely disassociated from the origin of their food. Agriculture and the domestication of animals, while a supposed first step towards

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<sup>7</sup> Haraway, "A Manifesto for a Cyborg. : Science, Technology, and Socialist-Feminism in the Late Twentieth Century," in *Simians, Cyborgs and Women: The Reinvention of Nature* (New York; Routledge, 1991).

“civilization,”<sup>8</sup> are perhaps a step towards cyborg.

Also, the table features food items my friends and I specifically abused in our binges. For example, spaghetti and meatballs, with its soft texture, is easy to vomit. Mongolian Beef, Szechuan noodles, and sweet and sour pork are staples at an all-you-can-eat Chinese restaurant buffet, also known as a bulimic paradise. Numerous bowls of ice cream recall the time Michelle Braskich Chontos, in adolescence, told me to end every binge with ice cream to lubricate the purge. Two-liter bottles of Diet Coke and Starbucks cups served the same function.

If the chandelier depicts the restriction typical to Anorexia Nervosa, the table of food is the binge of Bulimia (For the technical definition, see Appendix II). This bulimic-type binge and purge is an incredibly mad, highly caloric, out-of-control dash to escape anxiety. Marya Hornbacher, author of *Wasted*, her memoir of Bulimia, describes her binges as “(t)hat violent crashing back and forth between hunger and the abortion of hunger, between taking and throwing back what is most needed and instinctively desired: food.”<sup>9</sup>

For the bulimic, there is a self-induced lack of control during the binge. Bulimics talk about being in a daze or trance while bingeing. While this can be partly biologically diagnosed by the fluctuations of electrolytes and weakness from purging behaviors, the bulimic’s obsession becomes a mindless physical compulsion in the need to binge (or continue to eat while in a binge) and the need to purge and expel. In *It’s Not About Food*, Carol Emery Normandi and Lauralee Roark, counselors and creators of Beyond Hunger, Inc., describe the experience as “going unconscious...”

... At the exact moment we are eating we are not aware of our actions, emotions sensations and thoughts... Some women experience a ‘blackout,’ and literally can’t remember

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<sup>8</sup> Diamond, Jared. *Guns, Germs and Steel*. (New York: W.W. Norton and Co., 1997).

<sup>9</sup> Hornbacher, Marya. *Wasted*. (New York: Harper Perennial, 1998).

what happened. Other women can remember their behavior, but they are not aware of it while it's happening.<sup>10</sup>

Just as the anorexic is a restricted, measured machine, bulimics transform themselves into programmed eating and purging machines that cannot be disrupted. Both have repressed, technologically controlled subjectivities.

For example, my adolescent best friend, Michelle Braskich Chontos describes one experience during her battle with bulimia in college. Michelle lived in the dining halls. She skipped her classes to binge. She would eat at one dining hall, on one side of campus, often taking multiple trips to the food bars and multiple trips to the restroom. Then to not arouse suspicion, she would move to another dining hall on another side of campus and repeat the behavior. When the next mealtime came around, she could revisit the first dining hall. She became an eating and puking machine.

Even I, her old and closest friend, never saw it. I said hello in the dining halls, often stopping to chat for a while, but then hurried off to my next class. Despite her stealth, one friend of hers thankfully noticed. She heard her vomiting in the dormitory bathroom and took her to her room. The friend barred the door. Michelle could not purge the thousands of calories she had just consumed. She could not perform her compulsion. As she describes it, Michelle separated from any sort of conscious behavior. She yelled and screamed, pounded on the walls and door, even clawed and attacked her friend. Michelle is not a violent person; sweet and meek would best describe her. Her behavior was the external expression of what her insides were doing; clawing and pounding, repressing and dying to be released, purged.

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<sup>10</sup> Normandi, Carol Emery and Lauralee Roark. *It's Not About Food*. (New York: Penguin Putnam, 1998).

Although, seemingly opposite, a strict distillation of eating disorders into the categories of Anorexia Nervosa or Bulimia Nervosa is far too limiting. In fact, Tammy Holcombe, LPC, and interviewee, refused to refer to the disorders separately, citing not only their increasing convergence, but also the detrimental effects of the competition between the types that are present in treatment. The chandelier and table embody this convergence.

### **Stories from the Convergence**

For the video portion of the installation *Binge*, I interviewed three ED sufferers: Michelle Braskich Chontos, Amy Tillman and Kris Shock. They represent the three eating disorders described in the DSM IV. Michelle, my old best friend and first interviewee, began her eating disorder as an anorexic but after hearing other girls' purging methods, she began bulimic behavior as well. Amy Tillman, the dark haired, yellow-shirted interviewee, is quite ill. She suffers from bulimia as well as bipolar disorder. Kris Shock, another interviewee, never fit a perfect diagnosis for an eating disorder, but suffered nonetheless. Undiagnosed, her problems fluctuated from drug abuse to food restriction to constant purging without the bulimic binge. Now this problem is called EDNOS, Eating Disorder Not Otherwise Specified, and is considered legitimate and serious (see Appendix III for the DSM IV definition).

Many women including myself fit into the EDNOS category. We are those whose eating behaviors express psychological disturbance to such an extent that it hinders their functioning. Among other behaviors, Kris abused Ephedra, a drug developed to treat asthma that stimulates the heart and can repress appetite. Kris also abused coffee as a laxative and meal-substitute.

Michelle, Amy, Kris and I began our disorder in adolescence. Like many women (and some men), the anxiety of growing up and observing their changing bodies makes made us feel

out of control. We also had fears about school and relationships, family problems and a genetic predisposal to addiction. Without proper coping mechanisms in place, we began to seek out other ways to control our anxiety.



Figure 2 Michelle Braskich Chontos



Figure 3 Amy Tillman



Figure 4 Kris Shock

The interviews are harrowing. As well as systematically controlling their bodies, the women systematically destroy them as well. At the age of 30, Michelle now suffers from osteoporosis. Nutritional deprivation causes calcium loss from bones, becoming brittle and prone to breakage. She is lucky she survived. In the worst-case scenario, people with anorexia can and do starve themselves to death. Michelle often complained of feeling cold (hypothermic) because her body temperature would drop because of a slow heart rate and a lack of body fat. She developed lanugo (a term used to describe the fine hair on a newborn) on their body.<sup>11</sup> Amy has had to have intestinal pro-lapse surgery, excising a large part of her intestine that had dropped from her anus. Her teeth are in disrepair. At the time of writing this, I also need several root canals and cavities filled due to ongoing decay from esophageal acid.

For *Binge*, the interviewee's confessions are cut with typed messages from websites and forums. Almost like messages from Hal in *2001: A Space Odyssey*, they insidiously direct and misinform the viewer. The words of eating disorder sufferers are bodiless, floating text, free at last from their fleshy cage. "Nothing tastes as good as thin feels," the robot types. The text serves a powerful role, becoming the "voice of god" narrator empowered by its state of disembodiment.

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<sup>11</sup> Sacker, Ira M. and Marc A. Zimmer. *Dying to be Thin*. (New York: Warner Books, 1987).

The interviews comply with the treatment resources. Same old story: Food is the most easily attainable drug; in both its presence and absence. A conscious and subconscious desire for control and power over one's body and physical world are central. However, as perhaps Haraway could have predicted, contemporary technology has thrown a monkey wrench into diagnosis and treatment. In cyberspace, eating disorders are a cancer. Pro-anorexia (Pro-ana) and Pro-bulimia (Pro-mia) websites and webforums are an insidious new development propagating and inspiring destructive eating behavior.

Technology has put eating disorders into hyper-speed. Internet sites compound the problem, but "thin" has been "in" for a long time now. Girls and young men hold their bodies in comparison to the images they see online, on TV or in magazines, and not the people they see around them. Paris Hilton, Mary Kate and Ashley Olsen, Kate Moss and super skinny, androgynous fashion models are presented as beautiful and glamorous. Even celebrities' struggles with eating disorders and drugs are glamorized in the media. Rehab is cool.

The first wave and second wave of pro-ana or pro-mia sites was shut down for the self-destructive nature of the content. However, recent legal decisions over first amendment rights have been extended to protect these websites.<sup>12</sup> According to the webmasters administering these sites and forums, their purpose is not to promote destructive behavior, rather to offer support and friendship for those concerned with eating and purging issues. One site in particular, claims to be intended for those who believe in the aesthetic of thinness as a lifestyle choice.<sup>13</sup>

Deeper into the sites, the real function becomes apparent. Within the site lies a self-perpetuating motive for the ED sufferer- a resource of "thinspiration" (images of girls, models

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<sup>12</sup> LiveJournal. LiveJournal Legal Information: Terms of Service. <http://www.livejournal.com/legal/tos.bml> (accessed on October 23, 2008).

<sup>13</sup> Faux, Mandi, Pro-Ana definition. <http://www.houseofthin.com/library/pro-ana-evolution.php> (accessed on November 19, 2008).



and actresses whose skeletal bodies are meant to be the ideal), purging techniques, extreme diets, laxative cocktails, poetry and even quasi-religious creeds. The forums are perhaps worse. Girls can confer and support one another as they fast or have destructive thoughts. They find a community of sufferers that builds the snowball of their disorder. Even before the internet, eating disorder sufferers like Amy have often purged together and in competition with each other. Michelle Chontos and I performed purging activities only after hearing about it from friends first.

In one of the most striking parts of the interview, Tammy Holcombe, LPC, described the experience of her 19 year-old patient who confided with an online friend about purging behaviors. Only after the online friend passed away, did the patient learn she was only eight years old. Sadly, occurrences like this are not uncommon. Although there are age constraints on some websites, these constraints are hardly constraining; a simple click gives anyone with a computer access to all the material.

### **The Future-Body**

Power over one's body is a central theme of *Binge*. Over the course of my research, this idea emerged not only in sufferer's statements and counselors' observations but also feminist philosophers' postulations of repressed subjectivity. The similarities are uncanny. Recovering bulimic Marya Hornbacher writes, "Why must the female body cancel the power of the female mind?"<sup>14</sup> The book *Bulimia: A guide for family and friends*, by Trattner and Thompson, agrees, "Perhaps some women have seen beauty as an indirect way to have a modicum of power in a

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<sup>14</sup> Hornbacher, Marya. *Wasted*. New York: Harper Perennial, 1998.

male dominated society in which they are afforded very little if any real power.”<sup>15</sup> Compare these passages to Susan Bordo, feminist theorist, as she writes about philosophy’s preoccupation with power over the body:

...the body is the locus of all that threatens our attempts at control. It overtakes, it overwhelms, it erupts and disrupts. This situation, for the dualist, becomes an incitement to battle the unruly forces of the body to show it who is boss. For, as Plato says, ‘Nature orders the soul to rule and govern and the body to obey and serve.’

All three- Plato, Augustine, and most explicitly, Descartes- provide instructions, rules, or models of how to gain control over the body, with the ultimate aim- for this is what their regimen finally boils down to- of learning to live without it.<sup>16</sup>

Are these women and counselors informed as to the complicated philosophical concerns their behavior addresses?

Bordo continues, comparing them to other psycho-cultural phenomena,

...we must recognize that the anorectic’s [sic] protest, like that of the classical hysterical symptom, is written on the bodies of anorexic women, not embraced by conscious politics- nor indeed, does it reflect any social or political understanding at all.<sup>17</sup>

For the weight-obsessed, clothing sizes are a status number. For many the goal is the elusive, highly-desired and symbolic size 0. Many girls shop in children’s stores as long as possible, refusing to cross the line into women’s sizes. They seek to maintain a childlike aesthetic, remaining small and innocent as long as possible. Starving-off menses produces a de-feminizing effect and furthers the desired mechanistic androgyny of their bodies. By remaining a child and stratifying consumption, they attempt to suspend their own free will. Children (and the deranged) have an innocent ignorance, just like precious automatons. The United States legal

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<sup>15</sup> Sherman, Roberta Trattner and Ron A. Jossey Thompson. *Bulimia: A guide for family and friends*. (San Francisco: Bass Publishers, 1990).

<sup>16</sup> Bordo, Susan. *Unbearable Weight*. (Los Angeles: University of California Press, 1992).

<sup>17</sup> Bordo, Susan. *Unbearable Weight*. (Los Angeles: University of California Press, 1992).

system, accepting only extreme cases, does not hold children responsible for their actions; their parents, society, or chemical imbalances are the culprits.

Perhaps illogically, the ED sufferer strives towards control and restriction, yet their goal seems to be a state of perfection that is the freedom from control and concern. They are exasperated by the struggle for autonomy, instead making their bodies machines and shirking relationships. Feminists like Grosz, Haraway and Bordo cite a similar, shrouded sense of self. In feminist theory, the patriarchy consumes the mentality of every member of society, so that the collective lens for interpreting the world is masculine. Women see themselves only as a man would. It is difficult to suppose a female viewership.

Laura Mulvey, in “Visual Pleasure and Narrative Cinema”, describes the male gaze and its activity as compared to the female as receiver of the gaze and objectivity.<sup>18</sup> Many film and media conventions reiterate her theory: soft focus, character submissiveness, and the sexualized body. As Bordo has posited ED sufferers are very in tune with the underlying lack of subjectivity that Mulvey describes. Seemingly, they can sense her theory and the media atmosphere it describes and respond to it with their eating disorder. They protest, refute and refuse western society’s media images without the tools of rhetoric or argument. Simply put, they suffer. They self-destruct in their attempt to use the master's tools to dismantle the master's house. However, at least they attempt to dismantle.

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<sup>18</sup> Mulvey, Laura. “Visual Pleasure and the Narrative Cinema.” *Screen*, vol. 16, no.3 (Autumn 1975): 199.

## I Abject!

Eating Disorders are horrible. They involve puke and shit and disease and suffering. Anorexics and bulimics often refer to the shame and the humiliation of their behaviors that they hide away from the world. In some ways, they have taken the horror that they perceive (changing body, sexuality) and find equally horrific behaviors through which to escape. Theorist Hal Foster explains Julia Kristeva's theory of the relation between the feminine and the abject.

“...horror means, first and foremost, the horror of maternity, of the maternal body made strange, even repulsive, in repression. This body is the primary site of the abject as well, a category of (non)being defined by Julia Kristeva as neither subject nor object, but before one is the first (before full separation from the mother) or after one is the second (as a corpse given over to objecthood).”<sup>19</sup>

Jackie Brookner relates the post-modern breakdown of the subject as “consistent with the awareness ecology brings to us that our human actions have effects far beyond our intentions and desires and that our dreams of technological control are fantasy.”<sup>20</sup>

In the polluted, dismal ecological world, man's power over matter is nothing but delusion. Using the psychoanalytic term of repression, Brookner writes of human denial to accept that “we are literally the same stuff as earth.”<sup>21</sup> She criticizes the biblical Christian tradition of associating the divine with that which is transcendent of any earthly desire. In a post-modern framework, the earthly desires are glorified and respected once more.

The separation (and even enmity) of mind and body ED sufferers lean on as their mal-adjusted logic. Lived human experience lies in between. Post-modernism accepts a new sense of humanity, a cyborgian future aware of the fact our “nature” has been ungrounded. Post-modern

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<sup>19</sup> Foster, Hal. “Obscene, Abject, Traumatic.” *October*, vol. 78 (Autumn 1996):112.

<sup>20</sup> Brookner, Jackie. “The Heart of Matter.” *Art Journal*, vol. 51, no.2, *Art and Ecology* (Summer 1992): 8.

<sup>21</sup> Brookner, Jackie. “The Heart of Matter.” *Art Journal*, vol. 51, no.2, *Art and Ecology* (Summer 1992): 8.

theory, as is written in journals or displayed in galleries, is the luxury of the academics. No teenager has ever heard of Bordo, Mulvey or Kristeva, They write the ideas on their bodies.

## Conclusion

The chandelier is a cruel, scientific, controlled self-destructive apparatus to our own arrogance. Looking down, the chandelier commands, “Take control of your body and its desires.”

The table below responds, “Don’t listen to your mind, just enjoy the feast.”

“Or,” the monitor adds, “Why not just escape in cyberspace? There, you are thin; you are a picture. You have freedom in your bodilessness,”

*Binge* expresses this confusion of the mind/body dichotomy set in the context of the technological present. Those suffering with eating disorders are physical expressions of this complicated theoretical issue.

Reportedly, one in four women has disordered eating. Medical estimates suggest that one-half to one percent of females in the U.S. develop anorexia nervosa.<sup>22</sup> In the course of my research and execution of this project, many people have confessed their personal or their loved ones’ struggles. Paradoxically, the struggle of the mind versus body is a philosophical issue that everyone can feel. Many women (and men) constantly think about weight or weight issues to the point of obsession whether they have disordered eating or not.

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<sup>22</sup> Normandi, Carol Emery and Lauralee Roark. *It’s Not About Food*. New York: Penguin Putnam, 1998.

At the time *Binge* will show, Michelle Chontos is expecting her second child. Amy Tillman lives by herself in a filthy suburban high-rise, on welfare, writing her life-story. Kris Shock works for a non-profit telling her story for the education of others. Like many, my eating disorder is, as of yet, unresolved. I still need my teeth worked on. I still have eating issues. I still puke up late night eating especially after drinking. "Isolated incidents," I tell myself. After this work, I am much more aware of what I do to myself and my body. No easy answers, I realize the need for continued reading and reflection.

## **Epilogue**

Recently, just the day before I am writing this now, Barack Obama succeeded in his campaign for presidency. His successful struggle to bring change to this nation and the resounding voter turnout of 18-24 year-olds, inspires me. The human spirit can overcome giant obstacles and the youth are not lost souls. I feel like this nation just woke up and took back control of its destiny, its honor. May those of us who struggle, with eating disorders or any other internal problems, wake up and fight! Yes we can!

## Appendix I

The DSM classifies Anorexia as:

### 307.1 Anorexia Nervosa

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)<sup>23</sup>

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<sup>23</sup> *Diagnostic and Statistical Manual, Fourth Edition, Text Revision*. Washington, D.C.: American Psychiatric Association, 2000.

## Appendix II

According to the DSM-IV, Bulimia is:

### 307.51 Bulimia Nervosa

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

(1) Eating, in a discrete period of time (eg, within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

(2) A sense of lack of control over eating during the episode (eg, a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas or other medications; fasting or excessive exercise.<sup>24</sup>

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<sup>24</sup> *Diagnostic and Statistical Manual, Fourth Edition, Text Revision*. Washington, D.C.: American Psychiatric Association, 2000.



### Appendix III

According to the DSM-IV, EDNOS is:

#### 307.50 Eating Disorder Not Otherwise Specified

...includes disorders of eating that do not meet the criteria for any specific eating disorder. Examples include:

For females, all of the criteria for anorexia nervosa are met except that the individual has regular menses.

All of the criteria for anorexia nervosa are met except that, despite significant weight loss the individual's current weight is in the normal range.

All of the criteria for bulimia nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for duration of less than 3 months.

The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (eg, self-induced vomiting after the consumption of two cookies).<sup>25</sup>

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<sup>25</sup> *Diagnostic and Statistical Manual, Fourth Edition, Text Revision*. Washington, D.C.: American Psychiatric Association, 2000.

**Appendix IV**

Pro-ana, Pro-mia and similar web forums and sites:

<http://community.livejournal.com/proanorexia>

<http://community.livejournal.com/weightlessdolls>

<http://www.houseofthin.com/>

<http://www.mianaland.com/>

<http://www.fading-obsession.com/>

<http://www.proanamia.com/>

<http://theskinnywebsite.com/site/>

<http://www.pro-ana-nation.com/>

<http://anorexics.net/>

<http://www.ceruleanbutterfly.com/>

<http://www.webiteback.com/>

<http://www.prettythin.com/>

<http://www.freewebs.com/ana-beauty/>

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