

Socheolas

Limerick Student Journal of Sociology

Volume 1, Issue 1

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Eleanor Carey

April 2009

**University of Limerick
Department of Sociology**

Available at <http://www.ul.ie/sociology/socheolas/vol1/1>

ISSN 2009-3144

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Eating, food and the female body in the media and medicine: A feminist analysis of eating disorders.

Eleanor Carey

History, Politics, Sociology and Social Studies

Introduction

“Food is the medium through which women are addressed; in turn food has become the language of their response” (Orbach cited in Benson 1997, p.137)

The above quote sums up the way in which dominant conceptions of femininity filter through social practice and can become literally reflected in one's physical body and bodily habits. This essay seeks to examine how women come to embody social ideals concerning food, eating habits, appearance and 'femininity' itself. In particular it will seek to clarify how interpretations of eating and the female body both in the media and in medicine can become embodied and even become synonymous with 'femininity'. Eating disorders are widely acknowledged to be a phenomenon of advanced industrial countries. Moreover, the great majority of those with eating disorders are women, though the number of men affected is growing (Roach-Anleu, p.368). Clearly there is some connection between how women experience these cultures and the development of eating disorders. Though many attempts have been made to interpret and explain women's bodies, it will be argued here that a satisfactory theory of the body is yet to emerge.

Conceptualising the body, and the female body in particular, has long been problematic. In the dualist thinking of the Renaissance period, in which 'reason' reigned supreme, women were much more identified with the body, whereas men were associated with intellect and rationality. As a consequence, female

bodies have become regarded as somewhat “unmanageable” (Holmes 2007, p.88). Even the feminist project has at times devalued the female body. Some elements of second wave feminism viewed control of the body as paramount (Gatens 1999, p.227; Grosz 1994, p.15), which even resulted in calls for medical interference in conception and pregnancy in order for women to regulate their bodies (Holmes 2007, p.96). These are just two examples of the way that the female body has been devalued in society. The constructionist view sees the body, especially the gendered body as socially constructed, that the perpetual acting out of femininity or masculinity completely creates our concept of the body. The idea that women’s bodies are weaker is widely held, and so is transferred into social practice. The difficulty with social constructionist theory though is that it discounts agency and does not recognise the possibility of girls accepting or rejecting discourses.

This essay proposes that eating disorders can be read as both a rejection of and a compliance with the dominant ideal of femininity. Within the Foucauldian notion of power, subjects simultaneously comply with and resist the dominant ideals (Holmes 2007, p.109). Those with eating disorders then could be seen as attempting to comply with the feminine ideal of thinness while at the same time resisting the construction of femininity as weak. Women with eating disorders often describe the feeling of power and control that they gain from not eating. Control is traditionally thought of as a male attribute and so gaining control by restricting food intake could be seen as the reclaiming of an attribute with which women are not usually identified. Moreover, it has been suggested that food denial could be a protest, albeit an unconscious one, against the dominant ideals of femininity encompassing diet, exercise and self-control (Roach-Anleu 2006, p.368).

I will proceed by looking at eating disorders through phenomenology- (a school of thought that values lived experience) (Marshall 1999, p.64) and Foucauldian notions of power and socialisation. It is proposed that discourse and social practice have constructed male and female bodies in such a way that bolsters pre-existing power relations between men and women (Gatens 1999, p.231). However, dominant discourse on any issue can actually be at odds with lived experience and/or can help to frame experience of the body. Thus the lived experience of the body must be taken into account. This will be shown through an analysis of the medical discourse on eating disorders and how this actually helps to shape the identity of those suffering with the disorders (Gremillion 2002, p.382). In addition to this an examination of the media and the family as disseminators of dominant discourse, and ideals about femininity will also be observed.

Methodology

The following research encompasses both secondary readings and primary research. The primary research relates to magazine advertisements, which are used to show how the female body is both depicted and interpreted in the media; and ‘pro-ana’ websites in which mainly girls with anorexia, bulimia, or any other eating disorder talk about their conditions. These sites grant valuable insight into how eating disorders are lived and how medical interpretations are either accepted or rejected. Secondary research has concentrated mainly on theory of the body and on theories relating to power and control. Overall this article will illustrate that the current ways of reading the female body are inadequate and that this can contribute to the formation of eating disorders among women.

Medical discourse on eating disorders; the media; and the family as disseminators of dominant concepts of femininity.

Medical discourse is the most common way for eating disorders to be discussed and interpreted. Medical discourse has traditionally viewed eating disorders as a result of individual pathology, with little recognition of the socio-cultural factors contributing to these disorders (Moulding 2003, p.58). Within this field eating disorders are regarded as one of, or a combination of, the following: an attempt to construct an identity where there previously was none; a failure of the subject to individuate and create appropriate boundaries around the self- i.e. that the subject is too dependent on other people (Moulding 2003, pp.61-5). Medicine is limited however in that they can only measure whether or not a person is dangerously thin or dangerously overweight, it cannot determine whether a person has an adverse reaction to food or has a distorted body image (Rich 2006, pp.290-1). Medical discourse claims merely to diagnose bodies, and their various states are considered 'natural'. However, it is here argued, that this discourse can actively produce the lived experience of bodies. By prescribing the parameters which posit the attributes historically associated with males (reason and autonomy) as normative, the quality of connectedness that has been historically thought of as female becomes viewed as a deficiency and inauthentic. Eating and rejecting food is a metaphor for this dilemma of connection and separation (Benson 1997, p.136). Thus, while in society women are encouraged to identify with the external, in psychology this is viewed as inauthenticity, which means that inauthenticity becomes feminised (Moulding 2003, pp.66-70). Medical beliefs do not exist outside of society; they too are constructs (Turner 1996, p.179). In the case of eating disorders, the body is viewed in medicine as ultimately natural, that it must be overcome (Gremillion 2002, pp.383-4). For patients receiving treatment, this idea is not only hard to resist coming from an authority figure (Moulding 2003, p.58), but it also reproduces one of the causing factors that contributes to the development of

eating disorders, that of the experience of the body as an object to be controlled. Most medical programmes focus on weight gain and behaviour modification (features of which are calorie counting and constant weighing, which clearly those with eating disorders are already concerned with) thereby merely shifting the focus of the eating disorders from weight loss to weight gain (Gremillion 2002, pp.388-9). This explains why the rate of rehospitalisation is so high (Gremillion 2002, p.390). Thus medical discourse, while claiming to merely diagnose and treat bodies, actually helps to perpetuate the view that the female body can and should be controlled and that this is ‘naturally’ a hard thing to do.

This concept of the female body as consumers and somewhat ‘other’ to the self can be seen in many media representations of women. Susan Bordo (1997, p.167) claims that the cultural meaning of diet and exercise is communicated through popular representations, i.e. the media, and it is from this source that dominant ideas are disseminated. Since the mid-1970s the discourse around diet and exercise has been one of endeavour and suggests that a ‘good’ body is the result of a sound work ethic (Gremillion 2002, p.398). Taking Foucault’s theory of a subject adopting the dominant discourses and disciplining themselves accordingly, it is easy to make a case for seeing the media as the main proponent of a harmful “beauty myth” (Wolf 1991) that may cause eating disorders. Bordo goes on to describe (1997, p.167) how the picture of the ideal body has changed throughout history, which is that any part of the body which is not tight, streamlined or contained is seen as problematic. Examples of this body ideal can be found in the popular press. An advertisement for the *Bodytrim System*, shows how one woman successfully managed to make her “fat and flabby thighs thin” (Bodytrim 2008). Most importantly in today’s society, being over weight is seen as a sign of some inner turmoil; as representing the emotional, moral or spiritual state of the person (Bordo 1997, p.170). Conversely not showing fat on individual bodies is viewed as a sign of

achievement (Gremillion 2002, p.400). This trend towards slimness can be viewed as a very dangerous ideal of femininity.

Bordo (1993; 1997) claims that eating disorders actually reflect the contradictions in capitalist culture. For the bulimic that gorges her/himself and then disciplines the body by regurgitating what was eaten, they are reflecting the fact that capitalism encourages mass consumption almost to a point of excess. In juxtaposition it also expects workers, which almost all the population are, to regulate these desires in order to perform tasks without distraction (Bordo 1997, p.174). By implication general fitness is viewed as an expression of competency in managing the relationship between production and consumption (Gremillion 2002, p.398). Interestingly it has been found that bulimia and shoplifting are often co-morbid (occur together) (Faber Christenson, Zwaan & Mitchell 1995, p.296). Studies have shown that compulsive buyers tend to have a more negative body image and a significant proportion of them were found to have an eating disorder (Faber et al. 1995, pp.299-301). If it is so imperative to strike a balance in order to be a successful individual then it must be recognised that cultural discourses place women at a disadvantage as the feminine body is characterised as a consuming body, which is limited as it cannot easily work off what has been consumed (Gremillion 2002, p.400).

Anorexia and obesity are read as an attempt to overcome the “double bind of consumer capitalism”, with anorexia occupying one extreme of the continuum and over eating occupying the other end (Bordo 1997, p.174). Also mentioned here is that the slenderness ideal is about moving away from traditional ideas of what a woman should look like, a shattering of the hourglass so to speak (Bordo 1997, p.177). Altogether these acts can be seen as resistance of the dominant culture even if they ultimately serve to reproduce women’s oppression (Holmes

2007, p.109). However, as was previously cautioned against in relation to social constructionism, one must be careful not to discount the experience of the lived body. This experience, which can in no way be said to be uniform for all women, must not be dismissed as a socially constructed illusion. The body itself must also be taken into account when thinking about the performance or rejection of gender norms (Alsop et al. 2002, p.171). These gender identities are ways for subjects to experience their individual bodies, not just attempts by the subject to conform to ideals (Alsop et al. 2002, p.176).

Certain social imaginaries especially that of the female body can be damaging. Simone de Beauvoir (cited in Alsop et al. 2002, p.178) points out that the discourse around women's bodies, causes them to be experienced by many girls as problematic, something to be overcome or controlled. Luce Irigaray (cited in Alsop et al. 2002, p.180) agrees that new imaginaries of the female body are needed in order to overcome the destructive way in which femininity is currently being lived. With regard to eating disorders then, the social imaginaries could certainly be seen as damaging for those who have the disorders, but agency and past experience of the body can enable women to protect themselves from eating disorders. Overall however, there is currently a general trend of self-control and disconnection between body image and biological reality.

Eating disorders predominantly affect adolescent girls within advanced capitalist societies (Benson 1997, p.134) with only one in ten diagnosed with an eating disorder are male (Turner 1996, p.180). It has been suggested in this essay that it is in this situation that girls are subject to contradictory expectations of beauty and that eating disorders can be viewed as an attempt to achieve total control (morality; achievement; goodness) and an attempt to reject sexuality, contradictorily doing so by conforming to our contemporary ideal of

beauty (Turner 1996, pp.180-1). The question remains: why do some women get eating disorders while others don't, when they are all subject to the same social pressure, ideals of beauty, and theories about the limits of the female body. Race, class, sexual orientation, family and religion all have a part to play in how one experiences one's body within society (Bordo 1993, p.62). For example a study (Hayes & Ross 1987) has shown that females are on the whole more concerned with appearance than males. Non-whites are more concerned with appearance than whites, employed men are more concerned with appearance than unemployed men and interestingly that employed women are less concerned with appearance than unemployed women (Hayes and Ross, 1987, pp.124-5).

Family and home life have a role to play in the development of eating disorders. It has been suggested that the household of an anorexic is usually subject to strong matriarchal control (Turner 1996, p.190). However, this does not seem to be a sufficient explanation when you consider that the incidence of eating disorders amongst African-American girls (a community which has traditionally been characterised by strong matriarchal control) is lower than that of Caucasian girls (Root 1990). However, it should be acknowledged that though being a member of a minority group may offer some protection against eating disorders these girls are subject to the same pressures from the majority culture (Root 1990). Rather, it is more accurate to say that the extent to which ideals of thinness are emphasised in a certain household can explain why some women develop eating disorders and some do not (Haworth-Hoepfner 2000, p.213). Those whose family life are characterised by: a critical family environment; coercive parental control; an unloving parental-child relationship; where the main discourse is about weight are considerably more at risk of developing eating disorders (Haworth-Hoepfner 2000, pp.216-7). The above four factors were found to interact in different configurations with the most prominent being

that of a critical family environment mixed with a dominant discourse on weight issues (Haworth-Hoepfner 2000, p.223). From these findings it can be seen that discourse certainly affects the way one experiences their body and that the family is a principle group through which social discourse is disseminated.

It is necessary to look specifically at how the relationship between women and food is normally characterised. For women food and eating have become bound up with sexuality and sexual desire; with serving a man's needs; with motherly nurturing; and with love (Bordo 1993, pp.110-30). A recent advertisement for Ben and Jerry's low fat ice-cream carries the headline 'more love, less handle' (Ben and Jerry 2008), thus intertwining the concepts of love and food but also promoting the imperative for women to not have body fat.

The inclusion of lived experience: shaping new discourse for an eating disordered identity

Having discussed how discourse can affect women in general and how medical discourse can affect women in clinics, it is time now to consider how these women actually experience their own bodies. Only through the inclusion of lived experience can a more rounded picture of how dominant ideals of femininity affect those with eating disorders be obtained.

A large volume of the work based on the testimonies of sufferers of eating disorders point to a negative body image, a fear of fat, and a feeling of powerlessness and insecurity as major components of an eating disorder (Rich 2006, p.285; Bordo 1993, 1997; Alsop et al. 2002; Turner 1996). Self-image is connected to the subject's image of other bodies and to the image that others have of the subject's body (Grosz 1994, pp.67-8). Body image however, is almost always a distorted view of the current state of the subject's body. For an anorexic for example, the body image will remain at the pre-anorexic level

(Grosz 1994, p.84). One anorexic described it: “when I look in the mirror I don’t really see a fat person there... but I can tell the minute I eat certain things that my stomach blows up like a pig’s... and it’s disgusting” (Bordo, 1997, p.168). This quote suggests that the body image while not totally disconnected with reality it is most definitely out of step with it.

Many testimonies of sufferers refer to the feeling of power that they have when they have the eating disorder, and that this power sets them apart from others, forming an identity for them. In this way the disorder can be read as a rebellion against a discourse in which women are still considered the weaker sex. Even if paradoxically this makes them weaker physically. More so it is about control over the body and its functions. One girl said: “I found out how to do what everyone else couldn’t: I could lose as much or as little weight as I wanted. And that meant I was better than everyone else” (Bordo 1997, p.175). Another stated: “I truly believed that my role in this world... was to be anorexic. Because you have the dominants, the leaders, the thinkers, I was just the anorexic, that was who I was” (Rich 2006, p.298). A profile picture on a pro-anorexia website read: “sometimes I’m hungry. I’m always hungry. But when I don’t eat I feel good. Pure. I feel empty and it’s wonderful. I feel so powerful like I could fly” (Live Journal 2008). Clearly the notion of power and control are integral to the experience of the body for those with an eating disorder. But to what extent does the disorder become part of identity?

“It (anorexia) shows that you have a strength that others don’t, because, let’s face it, not many people have the ability to starve themselves to death all the girls seem to, I don’t know, idolise it... and because now everyone is aware of anorexics even if they do not understand them, everyone’s just so interested” (Rich, 2006, pp.298-9).

This last statement could be read as attention seeking, that the girl in question simply wanted the interest of those around her. However, the need is more sophisticated. It is about otherness, specialness, which comes to form part of the

subject's identity. Even within a group of those with eating disorders there is competition to have the 'best' anorexic, bulimic etc. identity.

As has been previously discussed the female body has been constructed as alien to the self, and something to be controlled. One patient described her experience of her body through anorexia as primarily one of numbers. "I feel like a number of calories, a unit of weight, a measurement not a person" (Gremillion 2002, p.408). The experiences of the body here outlined, i.e. as an object to be controlled; as the site where a sense of control and achievement can be created; and as a source of body image and identity formation, all point to the fact that the prevalent social discourse on femininity is failing when it comes to conceptualising the female body. Anorexics feel rather that they are misunderstood or do not have the necessary language they need to adequately explain what is happening to them:

"the issue is here Lydia, you know you've got to get better" and I'm like "shut up". And you know they don't really want to know what I think because they're like "why can't you eat?" and I'm like "why can't you understand?" ... it's really really frustrating" (Rich 2006, p.292).

Perhaps in an attempt to create their own discourse which more adequately reflects their lived experiences, there are a growing number of websites and chat rooms that range from helping people recover from an eating disorder to actually providing advice on how to develop such an illness (Rich 2006, pp.295-6). For example the pro-anorexia movement has primarily taken place through the Internet. While this could certainly be an alarming sign and many view it as such, these 'pro-ana' websites claim to offer support to sufferers in a forum outside of the usual discourse on eating disorders. Indeed one website bio stated that it is:

"An environment where those who suffer the mental disorders associated with Anorexia Nervosa, Bulimia and Ed-Nos can feel free to discuss their disorders with others who know and understand, without being exposed to the constant

"just eat more", "fasting is dangerous" and "purging is dangerous" that causes them to withdraw from society in the real world" (Live Journal 2008).

Moreover, it is stated that the main aim of the site is suicide prevention. It is not a forum where one can ask for hints and tips on how to lose weight, this is expressly forbidden and is policed by the online community. For example one posting asked "What do you guys think is the most effective way to loose 2.5 lbs in 4 days? Apart from the obvious fasting." To which another member replied: "I don't want to come off as a bitch, but questions like these offend people around here. Mostly because it is like asking for tips and tricks" (Live Journal 2008).

While it could be argued that the mere existence of such a website which is accessible to all could actually promote eating disorders this does not seem to be the case. The philosophy of the website is that people are going to carry out eating disordered behaviour whether it exists or not. So by providing a constantly accessible forum, which allows the discussion of disorders without judgement, they can try to ensure that these practises do not result in death.

Conclusion

Eating disorders clearly result from a number of factors. Dominant discourse on the female body and ideals of femininity intersect in the advanced capitalist society in a contradictory way. Overall, western discourse has failed to adequately theorise the female body and it is this failure that causes girls to live the anorexic/ bulimic identity as either a way to overcome or embody the contradictions they encounter. Society therefore is not only a contributing factor in the creation of eating disorders but a productive one. This paper has demonstrated that the theory of the female body as a limitation- as an object in need of control and where fitness in our culture is synonymous with success and

achievement. Thus the female body is posited as particularly problematic and placed at a disadvantage. When her relationship with food is framed in connection with love, motherhood, and serving males, some girls attempt to rebel against this. Medical discourse also views the female body and her attributes as lacking and symptomatic of individual pathology, without recognition of social factors that have such a large part to play. The media is an important tool through which these dominant ideals are disseminated, though clearly the particular family situation has a major role to play in the development of eating disorders. It is here suggested that the emergence of ‘pro-ana’ websites is symptomatic of the failing of discourse to theorise the female body in line with lived experience. Ultimately these eating disorders are experienced as an attempt to control the body, while the body itself is seen as something that may turn on you if not regulated.

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