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Women and Body Order:
A Sociology of the Body

Nicolette Ann Starkie

A Thesis
in
the Department
of
Sociology and Anthropology

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
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Montréal, Québec, Canada

April, 1995

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ABSTRACT

Women and Body Order: **A Sociology of the Body**

Nicolette Ann Starkie

The body is highly problematic in North American culture, especially for women. In this thesis I examine the relationship between women and their bodies, paying particular attention to the meanings of body size, food use and abuse, and overall to womens' efforts to "order" their bodies. My methodology utilised individual interviewing techniques and focus groups. The total sample size was 22. The principal conclusions relate to the various strategies women adopt to order their bodies; the immense significance of success or failure in the struggle; the variability in intensity of the problem of order, noting that problems with food often reflect the other unsolved problems in people's lives which sometimes date back to abuse as a child; and the position of women as agents in the creation of the standards by which their bodies are judged.

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Introduction

Flesh, bone and organs - the body is a biological being, however, it is also socially constructed and is imputed with meaning, both by ourselves and by others. It is a reflection of the inner self and stands for who we are. Different societies impute different meanings to the body and its parts, and these meanings are dynamic. Bodies change with age but they are also expected to change with the times, which creates a great deal of confusion and frustration for the owner.

In the past there have been debates as to the importance of the mind and body but the problem today is that people in our society have proclaimed the body's superiority; because "... we now believe the body is the window to the self ... our body image as at the core of our identity" (Rodin, 1992:60). We have progressed from 'what is beautiful is good' to 'what is thin is good' and what is fat is bad and worthless. The body and how good it looks is the new scale measuring self-worth and "the desire to look good [is] replacing the desire to do good" (Rodin, 1992:58).

As a result of these moral overtones we have become a society obsessed with physical asceticism, ie, we are constantly dieting and working-out in order to be good people and to avoid being labelled as sinful, gluttonous and worthless. A stigma is "an undesired differentness from what we had anticipated" (Goffman, 1963:5) and the visibility

of the stigma is crucial as to how the person will be received in social interactions. As a result of the obese being severely stigmatised, people have become intolerant of those with the condition. Obesity is now believed to be shameful because the person is viewed to be responsible for his or her size and because the person is fat as a result of personal weakness, self-indulgence and lack of self-control (Jackson, 1992; Rodin, 1992).

There is a question of ownership of the body: just who does the body belong to? This is a difficult question because the body is in the unique position of being subject and object simultaneously - whilst it is the prime symbol of the self, it is also a symbol of society (Synnott, 1993:3-4). Feminist writers may agree with this, but they would add that the objectification of bodies occurs more often and more severely with women than with men. For instance Wolf (1991) says that "... we implicitly recognise that under the [beauty] myth, women's bodies are not our own, but society's and that thinness is not a private aesthetic, but hunger is a social concession exacted by the community" (Wolf, 1991:1987). She continues that women eat, or more precisely, do not eat within our social order, for societal rather than nutritional reasons.

Historically, food has been used as status and honour and in

many societies, this privilege is given to men. As Wolf says, food is given to those a society values - men. Even with children, the consumption of meat is often higher for boys than for girls and, if food is scarce, the meat is given to the men (Guillaumin,1993:43). The apportioning of food reflects the power relations in the society and women's portions are a testament to their inferiority, therefore, "if women cannot eat the same food as men, we cannot experience equal status in the community" (Wolf,1991:189). Adding to this is the fact that, for some women, the choice of food has become a moral decision - if we eat good foods we are good, but if we eat bad foods we are bad.

Another testament to body size and position in the community is the taking up of space by the body. Women constantly restrict their use of space whilst men maximise it. According to Morgan (1973), a woman who takes up space is viewed as unattractive, and since attraction is the sole bargaining power women have, they therefore fold themselves in and cross their legs when sitting in public whilst men lounge with their arms and legs comfortably spread out.

Bodies are often abused in our society, in fact Synnott (1993) states that bodily abuse is almost institutionalised in our culture because what we eat often has little to do with nutrition and more to do with beautification, such as the

process of dieting in order to attain the 'perfect' body. Chernin adds that whilst men turn their rages against others, women turn their rages inwards and, as a result, the female body is starved, driven, tortured, shaken by rubber belts and forced on to treadmills in an effort to feel comfortable with themselves.

Worse is the fact that the body has actually been disowned by many obese people who only think of themselves from the neck up. Obese bodies "... are disowned, alienated, foreign, perhaps stubbornly present, but not truly a part of the real self" (Chernin,1981:53).

At the moment, we live in a consumer society which in part depends upon the insecurities of women towards their bodies in order to sell products which will seemingly perfect them. Women are led to believe that their bodies are in a state of becoming, that they are incomplete, and they are made to feel guilty about their inadequacies in order to sustain a billion dollar a year industry selling dietary aids and exercise equipment in order to rid themselves of their guilty feelings (Kinzer,1977; Rodin,1992; Székely,1988; Wolf,1991). Although women are led to believe that the thin ideal and bodily perfection come from men, Székely says that "this ideology primarily serves capitalists' not men's interests" (Székely,1988:193).

Our society has become dependent upon visual images and we are bombarded with visual stimuli within our own homes as well as on the street. From magazines and television to gigantic billboards, we are inundated with images of beautiful people which results in beauty appearing real and attainable (Rodin,1992). Although the media is blamed for creating the societal mass hysteria for beauty and thinness, it is more likely a reciprocal relationship between the media and culture whereby cultural ideals influence the media images, which in turn influence the cultural ideals (Jackson,1992). According to Wolf (1991), magazines (and no doubt television) accompanied women's 'advances' and the evolution of the beauty myth and, since women turn to the media to confirm current beauty norms, they are constantly reminded of their flaws (Freedman,1986).

If the media present such a problem to women, why do they not turn away from it? Wolf (1991) argues that magazines represent women's mass culture, as well as assuming the role of an authority figure, resulting in a relationship much like the mentor-protégé relationship between men. The problem though is that these magazines do not represent reality nor real women because even the pictures of beautiful women are enhanced by the skilled hands of retouching artists who airbrush away any flaws. The result, says Dalma Heys, editor of two women's magazines, is that

By now readers have no idea what a real woman's 60-year-old face looks like in print because it's made to look in the 40's. Worse, 60-year-old readers look in the mirror and think they look too old, because they are comparing themselves to some retouched face smiling back at them from a magazine (Wolf, 1991:83).

By offering special 'miracle cures' for whatever body part ails you, the beauty industry has led the female body to become fragmented. Instead of focusing on the whole body and thinking that, overall it is good, women tend to focus on the problematic areas and become obsessed with fixing them. Society is now filled with women viewing themselves as: woman as abdomen, woman as hips or woman as breasts, but we rarely see a woman as whole. On the positive side, Coward (1984) says that this fragmentation may save some women from despair because there are other parts of their bodies which they do like, for instance hair, eyes or their smile. However, overall, women are dissatisfied with their bodies and, ultimately, with themselves.

Some women take their hatred of and obsession with their bodies to an extreme, spiralling down to an eating disorder, emaciation and even death. This is the ultimate form of torture, or bodily abuse, which is somewhat acceptable in our society. If a person were to withhold food from another and force him or her into performing severe strenuous exercise programmes, they would likely be arrested for abuse and yet

this behaviour is condoned for women's bodies today simply because it occurs by 'choice.'

As can be seen, the body consists of much more than flesh, bone and organs. It is socially-constructed and has social morals attached to it. There are issues of ownership and abuse, as well as the problem of unfinished bodies and fragmented bodies. Although there are many men in the world who are dissatisfied with their bodies, there are many more women who are self-loathing and who torture their bodies on a daily basis. The study of the social body is required to obtain a better understanding of this behaviour in order to put an end to it. Further, if the trend continues of men beginning to follow in the footsteps of women, subscribing to their own version of the beauty myth, then we need to know how to help them before it is too late.

In this research I will be considering the relation between the body and society, particularly for women. Chapter one discusses this relation and the effects it has upon eating habits and body image for women. In chapter two, theories of the body are provided via control of the body. Theories of stigma and societal control, the patriarchal control of feminist theory and individual control of the body are considered.

Methodology is discussed in chapter three which concludes with some discussion of my principal findings and the implications of those findings for both theory and future research.

Chapters four, five and six discuss the relation of societal pressures for thinness of womens' bodies. Some women respond by following a diet regimen, whereas others overeat and become obese. Whilst feminist theorists state that obesity is a conscious stand against the societal pressure for slimness, other theorists suggest it is a way of coping with conflict and tension, albeit a destructive coping strategy. Finally, Anorexia and Bulimia are discussed in terms of control of the body, ie, the participants used their eating disorders to gain control of their bodies in response to early familial abuse.

The conclusions drawn in chapter seven pertain to the theoretical literature and provide some suggestions as to future research.

Chapter 1

THE BODY MYSTIQUE

The term 'the body mystique' refers to the high evaluation of the appearance of the body in contemporary North American society: its beauty, size, shape, weight and dress. This mystique is not everything, nevertheless it is a significant determinant of life chances, as an increasing body of research indicates (Cash et al., 1986; Patzer, 1985). Furthermore, it is continually being reinforced by the media (Coward, 1984; Freedman, 1986; Székely, 1988; Wolf, 1991). This view of the body is particularly problematic for women and the effects can be seen in their patterns of food intake. Food per se is not the actual problem, but it is what food does to a woman's body. Often, instead of focusing upon the nutritional goodness of food towards her survival, a woman concentrates upon how it may change her shape and weight. The inner body is ignored in favour of the outer body. This appears to be rather preposterous since the inner working of the body is far more essential to our survival than the outer image, however, in Western society today, the visual image plays a crucial role in our lives.

Television, magazines, photography and movies are dependent upon the sale of the visual as it pertains to ourselves and others. This results in "... a concomitant anxiety about how

these images measure up to a socially prescribed ideal" (Coward,1984:75). In terms of our bodies, this ideal now consists of a waiflike, slim body for women.

These issues - the importance of the visual in our society, a socially prescribed ideal of images and a cultural concern with body shape and weight - facilitate women's preoccupations with their own bodies which can solely be 'fixed' by the regulation of their intake of food which may lead to irregular eating habits.

The Ideology of Food

Food ideology describes how people conduct themselves in relation to food practices. According to Fieldhouse,

it is the sum of the attitudes, beliefs and customs and taboos affecting the diet of a given group. Therefore it is what they think of as food, what effect they think it will have on their health and what is suitable for different ages and groups (Fieldhouse,1986:43).

Food, therefore, is not only a nutritional necessity, but it is also a social phenomenon. Only some of the foodstuffs available in a given society are deemed acceptable to eat and it is culture that determines which foods are to be eaten. An example of food ideology is that, in Western culture, meat is highly valued and it is ranked at a higher social status than vegetables because it is associated with strength and virility since the attributes of the animal are believed to be

transferred to the person consuming its meat.

Food is such an integral part of our lives - we use food terms to refer to things other than food, it gives us a cultural or ethnic identity, it tells others of our social status and it brings people together both physically and mentally. First, then, there are many different usages of food terms in language: we call our loved ones cookie, crumpet, mon petit chou or tart (Ackerman,1990:130). Similarly, a conversation is 'chewing the fat,' a complaint is 'a beef,' a defective car is 'a lemon,' rambling statements are 'waffle,' an overemphatic person may be called 'a ham' and a false statement is often called 'baloney.' Finally, we refer to ethnic groups in terms of their characteristic foods and drinks: Krauts, Pepsis, Frogs, Peppers ... the list is endless (Farb and Armelagos,1980:99). It appears that even when we are not eating, there is just no getting away from the concept of food.

As Teuteberg pointed out, "the foreignness of another people is quickly felt through food and drink" (Teuteberg,1986:12). This, he continues, is due to the differences in taste, smell and appearance of foreign foods. Although we tend to think of certain foods as national foods, Teuteberg says that this is incorrect - there is no such thing as a national food, only a regional food. However, we have learned to identify foods

with countries and often people can quickly identify the country of origin of most dishes. Due to ethnocentrism, ethnic foods were not acceptable dishes until quite recently whereupon they are now asked for in restaurants with great gusto.

In the event of social movements, such as the counter culture, ethnic resurgence and consumerism, Apte and Katona-Apte say that in these periods of transition and uncertainty, food served a dual function: It

provided solidarity and identity for the new groups that attempted to achieve political gains; and focused on an aspect of daily existence over which individuals could exercise control (Apte and Katona-Apte, 1986:31).

Closer to home, food practices can define a family in that members "share the same values and beliefs and eat the same food in the same form" (Charles and Kerr, 1988:18).

Class differences could be observed through the types of foods people ate. As Charles and Kerr said, "... what the middle-classes eat today, the working classes eat tomorrow" (Charles and Kerr, 1988:4). The potato was first eaten by the Aristocracy, but today it is the staple of many Westerner's diet. Some say that the processing of convenience foods has served to level class differences in terms of food consumption (Levenstein, 1993; Tannahill, 1984). This may have been true three decades ago, but today there has been a resurgent

interest in fresh or organically-grown foods which tend to be more expensive than the processed foods, so again class differences have emerged in food. The cost of a healthy diet was reflected in the interviews:

...to buy a litre or a big thing of coke is a lot cheaper than three bags of milk. So maybe it is a status thing - those who can afford it get to eat it (Joanne)

Sometimes you have no choice, you really have no choice, Kraft Dinner every night (Jen)

Also, healthy foods, they're cheaper if you buy them in bulk and then they tend to deteriorate the quickest. So I mean, I live alone, so I can buy a 5 lb bag of carrots for 98 cents or 2 lbs for 49 cents so it's sorta worth getting the 5 lbs, but then they go bad (Sarah)

It's like, you want to make a salad, you have to buy five different things, and you can't eat it all... (Tina)

Additionally, four (out of nine) interviewees considered price to be the most important factor when deciding which groceries to buy.

Unique to humans is the fact that we do not simply eat, but we dine and we tend not to dine alone. When there are children in the house, meals bring the family together around the dinner table where members discuss anything from the events of the day to personal family matters. This is no new phenomenon. When fire was invented, the fireplace appeared to be a focal point of household affairs and for the creation of clans and families (Teuteberg, 1986:15). Today when people

visit and stay for a coffee, or if a party is in progress, people tend to gravitate towards the kitchen and the comfort it represents.

From daily occurrences to fabulous festivals, food is central to our lives. Staff dinners, business lunches, sales, weddings, birthdays and funerals are all occasions revolving around food which serves to symbolise, reinforce or reproduce social relationships (Ackerman,1990; Charles and Kerr,1988; Cline,1990: Farb and Armelagos,1980; Fieldhouse,1986; Teuteberg,1986). In fact, many of our celebrations are themselves defined by food such as the Thanksgiving turkey, the Easter egg and the Christmas cake or pudding.

In terms of everyday meals, however, how do people choose what they eat? Generally culture determines what we eat through the process of socialisation. Our culture determines what we shall eat, how it shall be prepared, the size and number of portions per day and the time meals shall be eaten (Farb and Armelagos,1980; Fieldhouse,1986). According to Fieldhouse, it is through the process of food consumption that parents communicate values and beliefs to their children and once food habits are acquired, it is very difficult to change them, thereby making it essential that children develop sound nutritional practices.

Once the basic practices are in place, shifts may occur externally through acculturation - where individuals adapt to the norms of a new culture - or internally through changes in the family structure such as the dissolution of the extended family followed by the disappearance of set meals and times to be eaten (Fieldhouse,1986:8-10). To some, the fact that, today, the family rarely has time to sit and eat together may be viewed as part of the reason for the breakdown in the family.

Food, then, "is not simply nourishment for the body, but it is weighed down with meanings and messages, its use is socially defined" (Charles and Kerr,1988:5).

Problems with Food

In societies where the food supply is unstable, people eat whatever they can, whenever they can. With a stable food supply, people tend to eat when they are hungry, generally two-to-three times per day. In societies where there is an abundance of food having great social significance, it is hardly surprising that food-related problems emerge: In the last three decades new problems have arisen in Western societies notably Obesity, Anorexia Nervosa and Bulimia. These, however, are somewhat extreme cases and will be dealt with separately later. There are other, less extreme, yet still significant problems which have arisen due to the

confusion between the nutritional and social roles of food. Hence, we often eat the wrong foods at the wrong times and for the wrong reasons. Further, parents often use food for reward and punishment of their children which may cause anxiousness about food, leading to abnormal eating practices. Similarly, since normal feeding relieves hunger pains and creates feelings of well-being, the infant soon learns to equate eating with comfort (Fieldhouse, 1986:197). This may lead the child to turn to food in moments of physical or psychological discomfort in order to be returned to a feeling of equilibrium.

Any stimuli serving to prompt people to eat, other than physiological signals, have been termed nonutility stimuli (Kronl and Boxen, 1986:117). There are three types of nonutility stimuli: first is social stimuli which define the meaning and use of food and determine whether it has prestige, sex or health value; secondly there are sensory stimuli which consists of individual relationships to food which depend upon sensory stimuli; and finally, emotional stimuli are those where there is an attachment to food and food is used as a crutch or source of satisfaction (Kronl and Boxen, 1975:118).

This third type of stimulus is of the same type referred to by Fieldhouse and which prompts people to eat when they are bored, lonely, anxious, depressed or guilt-ridden (Charles and

Kerr,1986; Farb and Armelagos,1980; Fieldhouse,1986). Many of the participants in this study ate as a result of nonutility stimuli:

When you are bored (Diane)

I eat when I'm not hungry. I just eat because I like the taste (Cathy)

... it's just something I associate with studying is nibbling, just nibbling (Cathy)

When I sit down and read ... I sit and munch. I will munch on something to do with chocolate or potato chips or a cookie (Alison)

Going to the movies, especially if I've just come from dinner, I force myself not to eat popcorn, but if I don't have popcorn, it's not that I don't think about having popcorn for half the movie. I'm fighting myself not to go and get it and, think about it, you're supposed to eat when you're in the movies, aren't you? (Sarah)

Yeah, mostly when I'm bored. When I'm bored and I don't know what I want (Sherri)

When I'm anxious, my stomach is always hungry for some reason, even though I've just finished eating ... it won't feel like my stomach is full (Chris)

It appears, then, the nonutility stimuli to eating may be a common occurrence.

Women and Food

It has been said that all, or most women have a problematic relationship with food (Charles and Kerr,1986; Cline,1990). This may stem from the sexual division of labour in the household because women tend to be responsible for the buying,

preparing and cooking of food for their families whilst being 'told' by the media that they must be slim and therefore cannot eat the food themselves. In many parts of the world, not only are men served first, but the women are not even allowed to eat until the men are finished (Farb and Armelagos,1980:5). Even in contemporary North American Society, cooking and housework is the domain of women, especially if there are children in the family (Charles and Kerr,1986; Charles and Kerr,1988; Mennell, Murcott and van Otterloo,1992).

Although this may be true, many women do not particularly relish the work they are expected to do. For instance, interviewees said

You bring groceries, you have to put them away. It's a burden, putting groceries away (Carol)

For me, I'm not a great shopper - I don't like grocery shopping. I like to get in and out very quickly (Helen)

Of course, I don't enjoy cooking that much so I just make the basics of meat, potatoes and vegetables. I don't get into anything fancy (Carol)

If you are preparing food just for yourself it's sort of like yeah, yeah. It's more exciting when it's for a special event rather than everyday. You're a bit more motivated and you really care how it tastes (Sarah)

When men are involved with food, it is usually to help women or it is for a special occasion (Cline,1990; Levenstein,1993; Mennell, Murcott and van Otterloo,1992). Sunday meat carving

and special dinners for guests are amongst the talents of men, but as Cline points out, often women still have to clean up behind the men and give them thanks and praise for the favour done. Barbecues have become week-end fare in many North American households. This is also the speciality of men, but the gender division is unaffected since it is generally only a week-end occurrence and the event occurs outside, far away from the kitchen (Levenstein,1993:123). Perhaps men like these occasions because, as Sarah said, it is more exciting to prepare food for a special event, rather than for the drudgery of everyday meals.

The media plays a large role in affecting the relationship between women and food since many of their advertising campaigns are aimed at women. The discovery that the American housewife decides the spending of 90% of the household's disposable income was made in the 1920's (Levenstein,1993:30-31) and since this discovery there has been all-out media blitz in an attempt to sway the housewife's choice. The problem, however, is that today, women are given conflicting messages - they must be the mothers and providers of necessities to their children, which includes preparing healthy foods, but they are expected to be lithe and beautiful at all times which requires refusing to eat themselves, as well as buying household extras such as 'lite' or diet foods, pills and potions. The result of these conflicting messages

is that women are torn between hunger pains and the emotional pains of attaining what she cannot possibly attain. Some of the interviews provided insight into the difficulties women face with food:

Three women quoted the phrase 'eat to live or live to eat' and two of them said that they definitely lived to eat. Similarly, another said that she does not eat meals as such,

I can probably go for days and days and days without ever being hungry because I am eating all the time - I'm grazing, which is not good, it's terrible
(Alison)

Even when women are satisfied from eating, it does not mean satisfaction in the usual sense

... if you know you are eating properly (fruits, etc.) one can be satisfied with one's restraint (Gina)

It is socially acceptable for a man to eat a large amount of food, but the same cannot be said for women

... women tend to say 'Oh, I pigged out, isn't that awful,' whereas for guys it's a lot more acceptable for them to eat a lot (Joanne)

It would be abominable for a woman to finish someone else's plate

Yeah why not, but I think the guy, and if there were any other females in the group, would all go 'What a pig,' because there are limits to what women can eat
(Sarah)

Yet women obviously need food and they even have cravings for it

I always crave greasy food like poutine
when I'm drunk ... (Cathy)

... the more junk food you eat, the more
you crave it (Jen)

The only thing I used to crave is St Hubert
chicken (Terri)

French fries, I always crave French fries
about once a week ... (Carol)

... and after about a week of eating all
the wrong foods, all I can do is crave.
All I can do is think of food and I'm
craving and everything (Jen)

If I'm having a craving for something and
I don't know what it is, I just keep
shoving and most of the time it's sweet
stuff like cookies, anything sweet
(Sherri)

Food is comforting, it is there when you need it

Comfort food (Cathy)

Comfort and survival (Robin)

I guess it can be a comfort food, or it
used to be, but not so much now ...
(Lynne)

Yeah, feel better food ... oh, oh,
someone's having a bad day, quick, we
don't care what it's about, we go with
the Sun Chips and a bottle of wine. Sun
Chips are the feel better food (Jen)

Yet it's comforting, especially if I'm
anxious about money - I don't feel
deprived if I have food. Anxiety about
school - it makes me want to eat, it
makes we want to chew, actually (Gina)

Yeah, whenever I need a little pick-up or
something that [food] does it for me
(Tina)

Because it's your friend. Food is always
there for you and when everybody else
lets you down you can open the fridge,

and it depends on how good you want to
make it, y'know? (Jen)

Finally, one interviewee mentioned the rarely discussed point
of the frustration of aging in terms of food

I find that, maybe my metabolism has
changed so some things I used to enjoy
eating, I still do enjoy, but they don't
agree with me any more (Carol)

It seems that normal eating practices may be a thing of the
past and perhaps what was once termed normal eating has now
become abnormal.

Over the last two centuries there have been immense changes as
to the sorts of food we eat. Similarly, there have been
changes in what food means to us - it does not simply nourish
our bodies, but it feeds our minds and spirits, it identifies
us as a group and maintains certain boundaries. It is, one
might say, a social glue bonding us with each other. But it
is also problematic for us. Finally, it is a signal of who we
really are because, as one respondent said, "... you are what
you eat" (Jodie).

Food is particularly problematic with respect to women - not
only are Obesity, Anorexia Nervosa and Bulimia primarily
women's problems, but a great number of women simply feel
guilty about what they put in their mouths. If they eat until
they are satiated, they believe that they have eaten too much
and as a result, many women underfeed themselves.

The problems associated with food and eating are compounded by womens' ideas of body-image and the notion that they must attain the waif-like figures which are popular today in North American society. Women have a specific idea of what their size and shape should be which is not necessarily the same as the shape men think women should be. The ideal shape for women is not static and has changed many times over the last century and a half. The ideal today is very slim and lithe which leaves some women feeling dissatisfied with their bodies. The following sections shall cover these issues of body image, how the societal ideal has changed and body shape preferences of both men and women.

Body Image

Two studies on body image were conducted for Psychology Today. The first study was conducted by Berscheid, Walster and Bohrstedt in 1972 and the second was done in 1985 by Cash, Winstead and Janda. In both studies, thousands of people responded (62,000 and 30,000 respectively) and so a sample of 2000 people was taken which was representative of the US population. The authors of both studies expected to find a high degree of dissatisfaction towards bodies, especially for women and, although many expressed some dissatisfaction and women were less satisfied with their bodies than men, the degree of dissatisfaction was not as high as anticipated. The definition of body image used in the 1972 survey was "one's

satisfaction with his or her body" (Berscheid et al., 1972:44).

Women had a slightly more negative body-image than men, for example 7% of women and 5% of men were extremely dissatisfied with their overall body appearance and only approximately 50% of each sex were extremely satisfied.

In terms of body parts, the problematic areas, particularly for women, were the mid-torso and weight. By combining the categories into a dichotomy, we find that more women were satisfied with their mid-torsos than those dissatisfied. However, when comparing men and women, twice as many women were extremely dissatisfied with their weight than men (21% versus 10%). A larger discrepancy occurs in terms of hip size - 71% of women as compared to only 15% of men were dissatisfied with the size of their hips.

An interesting finding in the 1972 study was that the pre-adolescent years appear to be critical to the development of self-concept and body image, and that childhood teasing has a lasting effect. It was found that the main reason for ridicule amongst these respondents was for being overweight. This was also mentioned in one of the focus groups by someone whose friend was teased as a child because she was overweight (now she is anorexic)

...because she got teased when she was in school and she still remembers the days

that people did all these bad things and she comes out with it sometimes. She remembers it to this day and it still hurts her (Cathy)

Generally, there was more dissatisfaction of bodies in the 1985 survey. For women, dissatisfaction with weight in general rose by 6% (from 35% to 41%) and dissatisfaction of the abdomen rose by 7% (from 50 to 57%). Concern about overall appearance also rose from 25% to 38%. It was found that 63% of women were afraid of becoming fat and that 83% of underweight women liked their appearance.

Women hold rather extreme standards of what consists of an acceptable body and "...compared to men, underweight women were more likely to consider themselves normal and normal-weight women to consider themselves overweight" (Cash, Winstead and Janda, 1986:34).

Unfortunately, having an ideal body does not necessarily ensure a woman's happiness because one woman who was, if anything, a few pounds underweight said 'I'm constantly depressed about my fat thighs and hips' (Cash, Winstead and Janda, 1986:37). Similarly two respondents in one of the focus groups referred to this. One said

...people spend so much of their life trying to be thin that how on earth can they be happy because they're never satisfied with what they have (Julie)

The second time this subject was broached was by someone who is very thin, but she found this to produce contradictory feelings because

...people would call me lucky and then on the other hand say I looked ill. Funny how we just can't be happy with the way we are naturally (Joanne)

Body Shapes

Being concerned about the size and shape of our bodies is not an entirely new phenomenon. During the Middle-Ages the ideal was of a slim body and it was only in the sixteenth and seventeenth centuries that the voluptuous woman appeared in accordance with the ages of expansion and conquest. During the 1800's and early 1900's the ideal fluctuated between the slim and the voluptuous ideals as I discuss below.

In the 1830's, Harriet Beecher was concerned about women's attraction towards attaining a slim body:

We in America have got so far out of the way of a womanhood that has any vigour of outline or opulence of physical proportions that, when we see a woman made as a woman ought to be, she strikes us as a monster. Our willowy girls are afraid of nothing so much as growing stout; and if a young lady begins to round into proportion like the women in Titian's or Gorgione's picture ... she is distressed above measure and begins to make secret enquiries into a reducing diet, and cling desperately to the strongest corset (Banner, 1983:47).

For over a century and a half women have been concerned about 'perfecting' their bodies, through which they have caused suffering and sometimes permanent damage to their bodies. The corsets they wore in the 1800's had a prescribed measurement of a mere eighteen inches which was difficult to attain even through severe lacing. These corsets have been thought to have caused the headaches, fainting spells and the spinal and uterine disorders which were rampant amongst women at that time (Banner,1983:47).

Why was this ideal so popular amongst women? One reason is that medical theorists legitimised the ideal as healthy. Also, both novelists and poets romanticised and idealised these notions leading women to strive for perfection. For instance, in the United States as well as in Europe, women took up fasting as a result of Byron saying that he found the sight of a woman eating to be disgusting. Ironically, he actually liked the rounded forms of women (Banner,1983:62). The worshipping of youth also became popular and has remained with us until the present day.

Towards the end of the nineteenth century a more plump and sturdy image arose to challenge the slim ideal. This was reinforced by both German immigrants, who were not partisan of the thin ideal, and the arrival of the British Blondes who also were more heavily set and served to increase this image's

popularity. Further, medical theorists began to tout fat as promoting health and the artists of the time painted and sculpted more voluptuous women (Banner,1983:110). Although this image became very popular, it never completely replaced the slim ideal and by the early 1900's the voluptuous woman was relegated back to the working-classes from whence she had come.

The Gibson Girl was a drawn character created by Charles Dana Gibson in 1895. She was thinner than the earthy voluptuous ideal but she still had large hips and breasts. Her popularity soared as she began to be featured in advertisements, magazines and newspapers; and even plays were created based upon her character. She was unique because she cut across age, class and regional lines so that she was not only claimed by the aristocracy, but also by the working class (Banner, 1983:154-158).

Lillie Langtree became the next American sweetheart who popularised dieting and exercise to such a degree that exercise was introduced into schools and beauty advice became 'live right, eat right, exercise and you will be beautiful' (Banner,1983:203).

In the 1920's, the Miss America Pageant arose, along with modelling as a respectable career (prior to this time, models

were presumed to be prostitutes and therefore were not to be respected). In fact, models became the primary source of beauty standards, which remains the same today. The flappers, meanwhile, promoted bound breasts and an athletic look which was promoted by their style of dancing.

By the 1930's a more buxom, square-shouldered look was in, along with an assertive, self-confident, masculine look. But by the 1950's there was a dual look: an adolescent, childlike, High School ideal and a voluptuous, earthy, sensual ideal. As Hatfield points out, Marilyn Monroe served both of these images - she was voluptuous and sensual, yet she emanated immaturity and a childlike purity. This image served to make her loved by men and women of all ages.

In the 1960's, the French bikini revolutionised the female body because a less endowed body was more aesthetically pleasing and so the slim ideal returned (Brownmiller,1984:47). Models such as Twiggy revolutionised the slimness ideal - she was 5' 7" and weighed a mere 92 lbs. Looking like a pre-adolescent girl, she was promoted as the body type of mature women's desire (Brownmiller,1984:48). Fashion designers loved this look because the clothes being modelled did not have to compete with the model for attention (Banner,1983; Hatfield, 1986). It has often been said that the closer a model resembles a coathanger, the better she will do.

By the 1980's, a variety of images became popular. For instance, Brooke Shields represented a typical all-American girl whilst Dolly Parton was voluptuousness at its best, radiating sex appeal and the benefits of cosmetic surgery. A new image was also coming into vogue - a muscular, functional beauty which would come to be perfected in the 1990's.

Of course, not all women have been swayed by each change in the ideal and feminists have been arguing against the male construction of women's bodies since the mid-1800's. Unfortunately, however, these voices of reason have been largely ignored for over one hundred and fifty years.

Many people in our society would consider clitoridectomy, lip-stretching, footbinding and wearing corsets designed to squeeze the abdomen into an eighteen inch circumference (exerting between twenty and eighty pounds of pressure) to be constricting at best and downright cruel at the worst; and yet these same people would think nothing of condoning the irregular eating patterns of women because it is viewed as 'voluntary.' However, it has been pointed out that this is a modern Western equivalent to the aforementioned forms of mutilation (Coward,1984; Stanford,1984). Although footbinding is a more direct form of control of women's bodies, it is no more cruel than expecting women to attain an unhealthy weight and to punish them when they cannot maintain it. According to

Coward (1984), the coercion of women can be seen through the fact that women are compelled to make themselves attractive according to today's cultural beliefs about appearance and behaviour and they must form their identities within these beliefs. Some women become obsessed with their looks because this is how men form their opinions of women and, as a result, "...feelings about self-image get mixed up with feelings about security and comfort" (Coward,1984:77). In other words, the balance of being loved hangs on how their appearance will be received.

As a result of this obsession, women's bodies have become fragmented into problematic areas such as weight, abdomen, hips and breasts. Since the ideal consists of such a small, lean body there are bound to be imperfections which become the problem areas (Coward,1984:44). As Sanford points out, almost every female in our society is unhappy or ashamed of some part of her body because it has been compared to someone else's and she feels that hers does not fit the standard. Men too are becoming folly to bodily dissatisfaction which was evidenced by the study conducted by Cash, Winstead and Janda (1986). When asked to respond to the statement "I like my looks the way they are" 34% of men and 38% of women disagreed. However, whilst men are rapidly catching up to women in terms of body dissatisfaction, they have by no means surpassed them. For women, even if we are told that we are beautiful, we do not or

cannot accept it, or we worry that it may change or fade away (Sanford, 1984:5).

Body Shape Preferences

The important question now is, do men actually prefer the culturally idealised notion of women's bodies that women constantly strive for, or are women striving for nothing? According to Fallon and Rozin (1985), men do not prefer women to be as thin as women assume. The study consisted of 117 female students and 248 male students from Introductory Psychology classes at the University of Pennsylvania. Participants were given nine figure drawings ranging from very thin to very heavy and they were asked to indicate the figure that:

- a) approximated their current figure (CURRENT)
- b) they would like to look like (IDEAL)
- c) they thought would be most attractive to the opposite sex (ATTRACTIVE)
- d) they found most attractive in the opposite sex (OTHER ATTRACTIVE)

The results showed that, for women, not only is the ideal smaller than the current figure, but it is smaller than the figure they think is most attractive to men. Men actually prefer women who have a figure mid-way between what women think men want and what women actually are. For men, there was not a gross difference between the current, ideal and the figure they think women find most attractive. However, the figure that women actually preferred was the smaller of the

four figures. What does this mean? First, both men and women have misperceptions as to the type of figure the other prefers. The difference however, is that, whilst men's ideal figures tend to be about the same as their current figures, women's ideal figures are significantly smaller. As a result, men are able to be more comfortable and confident with their bodies than women because they do not require substantial amounts of work to attain their ideal goal. Secondly, even if they never attain their ideal, they are never very far away from it.

Furnham, Hester and Weir (1990) conducted a similar study consisting of one hundred subjects and a seven point bipolar construct scale. Their results did not agree with those of the previous study. Interestingly, males predominantly perceived all the figures as more attractive than the females did which could be due to females having difficulty rating another female body as attractive (Furnham, Hester and Weir, 1990:751). Although males predicted that females would prefer slimmer figures and females predicted that males would prefer larger figures, they were incorrect. The males preferred a medium-sized figure and "...females did not display a preference for slimmer body shapes" (Furnham, Hester and Weir, 1990:752). If the results of this study are valid then they show that, again, men and women do not know what the other prefers. Simply because these women did not prefer

slimmer figures, we cannot assume that the tide has turned and women's ideal body types are changing. The fact that the diet and exercise business makes billions of dollars per year shows that many are still concerned about the shape and size of their bodies.

One of the respondents in a focus group had discussed this very topic with some male friends the previous evening

Most of the men we know ... don't want that anyway... Guys do like a woman, from what we've understood anyway, they don't mind a little extra, from what we've understood, from the guys that we've seen. So where is this message coming from? (Sarah)

The Media

Although men's actual preferences are not inclined towards very slim women, women still tend to believe that they prefer slimness (albeit not as slim as women's ideals). Why might this be so? Many believe that the media play a large role in maintaining the slim ideal (Aronson,1980; Coward,1984; Freedman,1986; Kinzer,1977; Mussner,1989; Sanford,1984; Székely,1988; Thompson,1990; Wolf,1991).

Often magazines do not discuss real issues of concern to women, but they talk of what should be their concerns, namely appearance and how to be a good lover, wife, mother and career-woman (Székely,1988:38). When a woman turns on the

television set, not only are the current norms reinforced but it presents further evidence of what is wrong with her body. As Freedman states,

ads offer the newest 'miracle' products that promise to bridge the gap between the real and the ideal. They sell not only the product but the prevailing social standards and thereby reinforce attitudes about female beauty (Freedman, 1990:43).

Television serves as an important source of social learning whereby we are informed of what is socially acceptable in our culture. However, does this necessarily mean that we will learn from it? According to a study conducted by Myers and Biocca (1992), not only do we learn from television, but we learn very quickly. Their study indicated that body shape perception can be changed by watching less than thirty minutes of television. The female subjects actually felt thinner after watching certain television programmes which was explained through the notion that the subjects may have imagined themselves as thinner. Also, they may identify with the characters. However, the problem here is that the researchers do not address how long this feeling lasts.

Silverstein, Perdue, Peterson and Kelly (1986) conducted a four-part study in which they observed 221 characters who may serve as role models; they looked at articles in 48 issues of men's magazines and 48 issues of women's magazines; they

looked at the differences of the curvaceousness of women in photographs in magazines; and the curvaceousness of the most popular female movie stars in the past fifty years. They found that 69.1% of the female characters were 'thin' as compared to 17.5% of male characters. Conversely, only 5% of the female characters could be rated as 'heavy' as compared to 25.5% of the male characters. Further, women received far more messages to be slim and to stay in shape than did men.

In the 48 issues of women's magazines there were 63 advertisements for diet foods whilst there was only one in the men's magazines. Advertisements for non-food figure-enhancing products were 96 for women and 8 for men. Finally, the total number of food advertisements in the women's magazines was 1,179 whilst in the men's magazines there were only 10.

Silverstein et al. also point out that the only other time that models were as non-curvaceous as they are today was in the 1920's and an epidemic of eating disorders appeared amongst young women (Silverstein, Perdue, Peterson and Kelly, 1986:532).

In comparison to men, women are being bombarded by messages to be slim. If they are not naturally waiflike, then there are products to help. Confounding these messages are messages to snack between meals and that non-nutritious food is

acceptable. For instance, Kaufman (1980) found that more food references occur in television programming than in commercials. Of the 97 food references she obtained, Kaufman found that only 22 references were to nutritional foods whilst 70 were for non-nutritious foods (five were unrated). Television characters often snacked, for instance, in 600 minutes of programming, food was never explicitly used to satisfy hunger. Yet, of the 537 characters rated, 88% were considered 'thin' or 'average' while only 12% were overweight or obese. We are shown, then, that it is acceptable to snack on non-nutritious foods, but this leads to added weight gain which is not acceptable within the media.

In terms of body image, the media exerts far greater pressure upon women than upon men leading women to feel unsure or uncomfortable with their bodies because, no matter how good they look, they are still a far cry from perfection.

The participants in the focus groups were quite aware of some of the effects of the media upon the lives of women. For example,

You are getting conflicting messages.
You are getting these messages on T.V.
and in advertising to eat this kind of
ah, say McDonald's, and they look so good
and everything is so well presented and
now, on the other hand, you are supposed
to look like this [thin]. What are you
supposed to do? (Lisa)

Well, it's also the media that really

throws us for a loop because you know,
you don't see a fat slob with greasy hair
posing (Diane)

Well T.V. has a lot to do with it I
think. Because, I mean, there are so few
women that look like that, but we are
constantly bombarded with pictures of the
ideal woman like in Revlon commercials
and these women are women of the world
and we're like 'Oh' (Cathy)

By presenting images of perfect women and calling them 'women of the world' the media is indirectly saying that in order to be a woman of the world each of us should look like these images. This places extreme pressure upon women to change the way they look. There are few advertisements telling men how they should look in order to become men of the world. For men, looks and shape have very little impact upon their lives and the way they are received by others, because, for men, it is success, money, power, status and general looks (such as grooming and health) which count, rather than actual body size or shape.

According to the participants in the focus groups there are many places to lay blame for women's insecurities about their appearance. Overall, women feel that they will be judged by others, particularly other women, for example

Well women, I notice, are more ... they
criticise more than a man. They pick her
apart, every part (Cathy)

Women tend not to go out unless they are properly dressed,

otherwise

I did not want to go and see other people
and be judged by other people (Sherri)

When asked 'Who pressures you to look a certain way?' one

interviewee said

Anybody in a position to evaluate me -
casually, professionally, anything
(Gina)

Surprisingly, few blamed men, although

... and that's because men are doing the
hiring most of the time (Carol)

But another argued that even when women are doing the hiring,
it is still

... the nicest-looking girl, the
prettiest-looking girl, hair done up and
everything like that, she was the one who
got the job (Jen)

Mothers can also have a lethal effect

But she's obsessed and whenever she sees
any of us, she comments on all our weight
(Joanne)

Making women feel uncomfortable with themselves and therefore
ready to make changes may simply be a business ploy

I think a huge influence is the fashion
industry and the media and that's not
necessarily controlled by women
(Joanne)

I think that the needs are created for us
- some things are not necessarily that we
need it ... but the need is created for
us and we just fall into that trap and so
we have to have it (Lisa)

... forty years ago women were having 6
or 7 kids, or even more, then they had
very little time to think about anything

else ... and then, once you get to the stage where they are not having any children, or you just have 1 or 2, and then you have all those conveniences like the washing machine and that, you don't have to spend the time doing that sort of labour, then what do you have to think about? Then you have time to start thinking about yourself and self-development - 'What do I want to do?'
(Julie)

As mentioned earlier in the chapter, since housewives are responsible for many monetary-spending decisions within the household, the businesses have and continue to aim their campaigns at the housewives.

A number of participants mentioned that it may be women themselves who are responsible for creating, maintaining and reinforcing the feminine ideal

... men don't really care quite as much. That's why when there are women that come into the bar and they're not all that fabulous-looking and all the guys are looking at them - it's like 'Wah, I don't see what she has' ... Then you go home and examine yourself and think 'Gee, maybe my priorities are wrong, maybe I think I'm better than I am' (Jen)

... I used to be a lot thinner and thinking I was fat. It's funny because now I weigh around 165, for years I weighed 125 and went around thinking I was fat (Carol)

A lot of girls are not overweight but they think they are and all of a sudden they lose this weight and become slim and they have like this new-found happiness
(Cathy)

You've got to wonder if it's men who project that image or women who project it on themselves (Jen)

The following explanation shows great insight into how women feel about weight loss

Even the most well-put-together people can get caught up in it and you have to be careful ... even those who are a little bit overweight but are happy with themselves ... let them lose 30 lbs suddenly and if they are really honest about it, they will say yeah, they do have a new self-esteem ... they've changed their opinion of themselves and because they've changed their opinion, they're more confident and if they are more confident it shows and people are different around them. And they automatically think it's because they've lost the weight but it's not, it's because they're more outgoing, more confident, they're y'know, feeling better about themselves. And if they were that outgoing and that confident when they were 30 lbs overweight, they probably would have had the same reaction (Jen)

When asked 'How do you feel about your body?' most had somewhat negative feelings about it

I'm conscious of it. I pick on myself a lot. I'm hard on myself. I'm told that the body is good, but I always find there's a fault, but that's normal - everybody always finds something wrong with them (Sherri)

I'm sure there could be improvements, but I'm not that regimented (Helen)

... but my actual figure, if I was 5 lbs less, I'm extremely happy with. (Lynne)

I don't know - it would be better if it

was 20 lbs lighter, no stretch marks, no
operation scars (Karen)

Oh, I don't like it (Alison)

Similarly, when asked 'How do you think others perceive your
body?' again the responses were rather negative

Well, the opposite sex say I always look
nice ... In the last year I've lost a lot
of weight and people have noticed. It
makes me more conscious after (Sherri)

I feel that they see me as big too. Part
of it is because most of my friends are
smaller anyway. I expect they see me as
a big woman (Gina)

Oh they think I'm heavy around the hips
(Karen)

That I'm overweight (Chris)

Probably that there's somebody who
doesn't care about herself and just lets
herself go (Alison)

It is possible that much of the problem revolves around the
usage of the word 'ideal.' In terms of bodies, our society
uses the terms 'standard' and 'ideal' interchangeably when, in
fact, there is a great difference between the two words.
Standard can mean average or the measure to which others must
conform which, in our society, would mean that people may be
overweight but they cannot be obese because this would be over
(or actually under) the standard. Ideal refers to perfection
which is both theoretically and practically unattainable in
social life, which is evidenced by the beauty ideal.

When people are perfectionists in terms of their careers, it causes tension, stress and sometimes illness. In fact, many of us would say that these people require help in order to relax, because, after all, nobody is 'perfect.' However, in terms of women's bodies it has become socially acceptable for women to constantly strive for perfection no matter what toll it takes in terms of finances, stress or health. Never before has North American Society had such a widespread outbreak of perfectionism and it is only a matter of time until the crisis point is reached.

There is no simple answer to the question, 'What causes women to strive for the ideal body?' There is not one sole factor, but a whole myriad of elements determining why women are so uncomfortable with their bodies. Similarly, there are multiple responses by women as to how they deal with their bodies, from simple dieting to eating disorders, as well as going in the opposite direction and overeating. The following chapter discusses how the body has been theorised within a sociological perspective.

Chapter 2

THEORISING THE BODY

Before reviewing some of the central sociological concerns with the body it is important to first consider some of the background. Thinking about the body is as old as philosophy. In fact theories of the body have existed since Ancient Greece where debates over mind versus the body raged. Some, such as Aristippus, asserted that Hedonism was of prime importance whereas for others (the Epicureans), mental pleasures were superior (Synnott,1993:8). Similarly both the Romans and the Christians had a lack of consensus as to the importance of the body. The Romans debated the soul versus the body whilst the Christians debated whether the body is a temple or an enemy (Synnott,1993:10-11). Today the focus within Anthropology and Sociology has returned to the body in terms of its place and meaning within society.

Throughout this thesis the body is viewed in terms of its meaning and its control. The body defines the person in North American culture today and the underlying issue is the control of bodily appearance.

There appears to be a split between societal and individual control, particularly in relation to gender - women's and men's bodies are regarded differently in contemporary North

American society, stemming from the fact that appearance has always been of prime importance to the identity of women (Sault, 1994; Wolf, 1991). Whilst men are considered to occupy the mental, abstract realm, women are relegated to the realm of nature and the body (Martin, 1987; Sault, 1994; Wolf, 1991).

Both sexes are subject to social control of action, for instance Foucault, in Discipline and Punish (1979), talks of docile bodies which are instruments of the state and which are to be trained in order to function more efficiently in society. He says that "discipline produces subjected and practised bodies, 'docile bodies'" which may be "...used, transformed and improved" in order to improve their techniques, speed and efficiency (Foucault, 1979:137-138). In order for a society of discipline to succeed, surveillance is of essence and institutions arise for correcting or 'fixing' the abnormal. In this model of socially controlled bodies all areas of social life become regulated and mechanised from the efficient organisation of time to the efficient functioning of behaviour.

Similarly, the social control of 'defective' bodies through stigmatisation occurs with both sexes. Bodies possessing a stigma exist in opposition to the norm and experience a form of social punishment through derision and/or ostracism.

According to Goffman (1963), a stigma involves a body possessing a trait which separates it from others in a society. As a result, we focus on the trait rather than on the person as a whole. Therefore,

...we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination through which we effectively, if often unthinkingly, reduce his life chances (Goffman,1963:5)

In terms of public life and interaction, the important element is the visibility of the trait and how it affects the interaction. Many 'abnormal' traits can be hidden whilst interacting, for instance a misshapen appendage may be hidden within clothing or under a table. However, obesity can be very intruding in terms of allocated social space and cannot be hidden from view. In fact, the act of attempting to hide obesity may actually make it more visible, such as wearing oversized clothing. In terms of obesity, stigma management cannot be practiced and the body is subjected to social discrimination and discipline.

Although we can now control our own bodies, Shilling (1993) says that today we have been thrown in to doubt as to what our bodies are and how to control them. Further, he says that, as a result of technological development, from genetic engineering to plastic surgery, we have been given more choices. Unfortunately these choices come with advantages and

disadvantages:

these developments have advanced the potential many people have to control their own bodies, and to have them controlled by others (Shilling,1993:3).

Many have argued that social control of bodily appearance pertains more to the female body than to the male body (Martin,1987; Millman,1980; Orbach,1987; Sault,1994; Turner, 1984; Wolf, 1991). There are double standards as to how the body should look. The prescribed ideal for women today is thin and waif-like whilst men are expected to be much larger. As a result of this ideal, fat is more acceptable on a male body since it increases his stature. Women, on the other hand, feel internal and external pressures to diet if their weight increases since increasing stature for women has become taboo.

According to feminist writers, such as Chernin (1981) and Millman (1980), men act whereas women appear and are to be looked at. In fact Millman states that Looksism (a type of male gaze) is a form of social control of women by men. A woman's body is not her own but is to be controlled by others, namely men. This has become acceptable treatment of women because culture is defined and produced by men and it advocates the control of women's bodies, both directly and indirectly, by feeding their insecurities of the body. Those women who do not represent the thin ideal are subject to

discrimination and are excluded from social life and sexual relationships (Millman, 1980).

Nicole Sault discusses the body of the 'other' in her book entitled Many Mirrors: Body Image and Social Relations (1994). She discusses how many anthropologists have viewed the body of the other from a male, European perspective. The native savages were viewed as inferior and they were studied solely in terms of the body (as opposed to the mind). She says the body symbolises the wild and the inferior and therefore needs to be controlled. Following this perspective, then, since North American culture defines bodies in masculine terms, women's bodies are the other and therefore women's bodies must be controlled.

According to Martin (1987), women are kept from acting freely in society and Millman (1980) states that this begins with the family through conflicts over eating. As a result of this lack of control over their relationships and their place in the world, women often turn to control of their bodies. Both Millman and Orbach state that many women use food to adapt to outside pressures and to assert their own control.

Further, Orbach says that, for women, fatness is a response to the inequality between the sexes; it is a challenge to sex-role stereotyping and a way of saying 'no' to powerlessness (1987:9). However, the societal reaction to fatness is to

view overweight women as unfeminine, de-sexual and as out of control of their bodies. North America has become very psychologically-oriented and as a result, "the fat person's suffering and problems are [viewed as] individually based and self-produced" (Millman,1980:80). For fat people, personal control may be paradoxical because whilst asserting control, he or she is also abdicating control (Milman,1980:136). Overweight women are treated as social outcasts which may result in disembodiment whereby the woman dissociates from her body by considering herself as existing solely from the neck up or as considering herself as someone imprisoned inside her body.

Individual control of the body exists within the constraints of external factors. Charles Horton Cooley said that we gain our sense of self from others. We use others much like a mirror in order to attain a sense of self through how we appear to them which reflects back on how we feel about ourselves. If judgements from others are positive, it will reinforce a positive self-image, whereas if they are negative, we will have a negative view of ourselves. Sault expands this notion. She says

Body and society are reciprocal mirrors, each reflecting the consequences of the other's conscious wishes and repressed desires. It is through body image that human beings become not only self-aware but socially aware (Sault,1994:xi)

By acting as social mirrors to each other we use others to gauge how we look and who we are (Sault,1994:1). Further, we not only attempt to control ourselves, but we try to control others by changing our body images. We express our social identity and our relationships, both shaped and being shaped, in ways that communicate our changing status (Sault,1994:2). Often this leads to a fragmentation between the body and the self which, according to Martin and Sault, is reinforced by science and medicine.

In fact, all forms of culture attempt to impress upon the woman that she is separate from her body and it is her body which is important in the world. The media and the diet industry emphasise this and increase this separation by fragmenting the body into specific problem parts or areas. Women are told they must control their bodies, but they will require the help of exercise equipment, pills and potions in order to succeed.

Many women have internalised the sense of the body as other to such a degree that "...they feel separated from their bodies, believing that the self can exist independently from the body..." (Sault,1994:322). This may explain why the anorexic does not feel as though she is dying when her body is about to stop functioning due to malnutrition. Similarly, this may explain why the body of an obese person can be disowned, it is

because the real self is trapped inside a grotesque body.

Since we define ourselves in relation to others through a reciprocal reflection involving judgements and expectations, women are focusing upon their bodies. Many feel a lack of control over external situations and re-double their efforts to control themselves through their bodies. This is often reflected through their issues with food: The obese may be viewed as challenging the stereotype of womanhood and as saying no to powerlessness and by the same token, thinness may be viewed as the ultimate control over one's body, perhaps even to the point of death.

According to Turner, "addiction, obesity, [anorexia nervosa]... condenses and expresses a contest between the individual and some other person or persons in his environment over the control of the individual's body" (Turner, 1984:201).

In dealing with her father's abuse, one participant who is anorexic continued to fight in her mind saying over and over "God damn you, you cannot break me, I'm going to survive." She continued "...but I was determined, and that's my strength, I guess. I suppose if I hadn't been anorexic, then it would've been something else." Perhaps addictions such as alcoholism and drugs are forms of trying to attain control over one's life, even though they are very destructive. Wendy, by being

anorexic, shows that some women will go to great lengths in order to override external control.

According to Turner (1984) however, "... this attempt to control the body results in its dominance - food, eating, vomiting, slimming become all-consuming passions" (Turner, 1984:184).

The body is a site where conflicts of all kinds are fought out: parental abuse, low self-esteem, patriarchy and pressures of advertising. Thus it is an ideal site from which to take both psychological and sociological perspectives. Due to this reasoning, my findings do integrate both disciplines.

Throughout this thesis women are seen to be vying for control over their bodies, some more vehemently than others. Those who diet in order to change their appearance are likely reacting to societal pressures for thinness and control over their bodies. Although obesity may well be viewed as a challenge to this oppression, the fact that many obese people wish they were not and even disown their bodies shows that they are affected by societal pressures for slimness. They cannot be happy with their bodies, but they do not have the power to change them either. Finally, are anorexia and bulimia the ultimate self-control or the ultimate societal control? The answer lies in the reasoning behind the

disorder. The four women in this thesis used their eating disorders as a means of asserting control because they lack power in other areas of their lives. It was not until Wendy learnt new skills that she could relinquish her hold on anorexia and use other abilities. She finally came to realise and accept that there are some situations in life over which we, as individuals, simply have no control.

In this chapter there have been numerous theories presented and through this thesis I would like to challenge the indiscriminate use of 'patriarchy' by feminist theorists. Patriarchy is a veil thrown over women which shows them as passive victims of culture, society and life. This framework denies any agency to women and it is questionable at best in terms of women and their bodies. Through this thesis I propose that the standard of beauty as it pertains to the body is upheld by women themselves and that women discriminate against and are critical of those who do not conform.

Whilst the media advocate a particular ideal for the female body they do not stand alone in the world and dictate to mindless women. Rather, the media enjoys a reciprocal relationship with society, feeding and being fed preferred images of women. Although the media may add pressure to some women, women cannot be made to do something they do not want to do. The most important point must be re-iterated: women

are agents and they serve to create, maintain and uphold rigid standards of the body.

Chapter 3

METHODOLOGY

Two methods of data collection were used: straightforward open-ended interview questions and focus groups with the total number of participants being 22. The in-depth interview questions were conducted with eight non-eating disordered people and four people with eating disorders. Although this may introduce interviewer bias, it provided basic information pertaining to the literature. Two focus groups each consisting of five people were conducted in which general questions were given and a group discussion ensued. Focus groups are useful because, although digression occurs, pertinent information may be given which the researcher may have overlooked. Added information may also be used in a more in-depth study at a later date. The questions used for this study are given in Appendix 1, 2 and 3 at the end of the thesis.

The focus groups had much more latitude than the interviews and as a result they covered many topics of food and the body. Unfortunately, the discussions did not always become very deep and sometimes were too unstructured. Therefore the responses from the interviews were used as a structure which became expanded by pertinent discussions from the focus groups.

Of the eight non-eating disordered participants, four were in their 20's, three were in their 40's and one was in her fifties. All were classified as working, including two who were students. The first focus group consisted of a convenience sample of students who ranged in age from the 20's to the 40's and were chosen from students in the Masters Programme in the Department of Sociology at Concordia University. The second focus group had a broader age range - from the mid-teens to the early fifties - and a mixture of convenience sampling and snowballing was used. Finally, three of the interviewees with eating disorders were chosen through the snowballing technique and the fourth was discovered by accident as she was being interviewed as a normal eater. It was found that she is actually bulimic, but had told no-one and so she originally participated in the study as a 'normal.' Later she responded to the questions for those with eating disorders. The ages of these participants were 29, 30, 44 and 49.

The fact that a bulimic person was found accidentally shows how naive we can be when conducting a study, because in order to distinguish between eating-disordered and non eating-disordered women, I simply asked them if they had ever had an eating disorder. Alison had said no to this question because, although she realised her eating patterns were not quite normal, she was unaware that her behaviour pattern was that of

a bulimic. Since she was one of the first participants, I changed the screening question to questions of behaviour, for example have you ever made yourself vomit after eating? Do you feel that your eating behaviour is out of control? Do you starve yourself regularly? Do you exercise for more than half-an-hour a day?

The study conducted for this thesis was in the form of non-probability sampling and therefore did not use a form of random sampling. Unfortunately, there are two weaknesses with nonprobability sampling: it does not control for investigator bias in the selection of cases; and sampling error cannot be calculated from probability sampling theory (Singleton, Straits, Straits and McAllister, 1988:152). However, when sampling a small number of cases, non-random selection is often more appropriate because it is useful for gleaning preliminary information. The researcher must, however, be aware that the data received cannot be generalised to the population at large.

Convenience sampling occurs when "... the researcher simply selects a requisite number from cases that are conveniently available" (Singleton et al., 1988:153). This method is quick, easy and inexpensive, and it was used as a base for this research. From these cases, a snowballing technique was used whereby future interviewees are introduced by the present

participants. This allows access to people who may be difficult to find, such as people with eating disorders.

The major difficulty in conducting this study was of finding women with eating disorders. All participants were asked if they knew of anyone who had an eating disorder and only three were found. I also asked friends and relatives for prospective participants, with no success. This suggests that perhaps the notion of eating disorders as epidemic is overrated. Since the literature often describes eating disorders as an epidemic, it is quite surprising to have such difficulty in finding women with the problem. Perhaps eating disorders are not as widespread as believed in this country. Other problems included recording techniques of the individual interviews and time conflicts, particularly in the organisation of the focus groups. However, these were overcome with relative ease.

As with any major undertaking, conducting this study had wonderful, fun moments, but it also had negative overwhelming moments. The joy and laughter occurring, particularly in the focus groups was encouraging. All the respondents said they had fun participating, even those who were nervous at the beginning. Most of the women said that the questions made them think about themselves and food in a different way than ever before and ALL asked if they could read the finished

product.

Those participants having eating disorders moved me quite deeply. Nothing I had read had prepared me to hear first-hand the mental cruelty and agony felt by an anorexic or bulimic. This may sound exaggerated but it is not. The emotional rollercoaster I rode with Wendy, Trish, Tracy and Alison was both shocking and exhausting. Perhaps the highest point throughout my whole study occurred when Wendy said that she was pleased that I had interviewed her because it made her take time out from her busy work schedule to stop, think and put things back into perspective. She said it had been a long time since she thought about everything and she felt better now that she had. I hope that by listening to her I helped her believe that she is worth something and I would like to say that I have never met anyone who has come so far on so little.

The problem with studies such as this is that you cannot do it all. I wanted to interview everybody on every topic of food, the body and society, but limits must be set and a framework must be adhered to. The difficult part is keeping to the framework. For a topic such as this everyone has something important to say, but unfortunately, not all of it could be recorded here. Frustrating though it is, only common topics could be used. However, the data is saved for any future

endeavour.

Due to the confines of this study, namely time and space, only women were studied. Future studies could perform a comparative analysis of both men and women in order to obtain a more balanced view of food as it pertains to the social meaning of the body within the context of the beauty, or body, myth. This could be of utmost importance, particularly since a growing body of literature confirms the notion that men, too, are enrolling in the myth and therefore they may also be subject to eating disorders. Further, it would be of sociological interest to compare male and female experiences of the beauty myth. Perhaps they are similar experiences, or maybe there is a definite male experience, different to that of women. If this were to be found, then studies of the male body mystique could evolve.

Chapter 4

WOMEN AND DIETING

Women are constantly starving or depriving their inner bodies of essential nutrients in order to obtain the 'perfect' outer body. The problem today is that women must do so effortlessly since it is no longer envied to be a woman who works at dieting every day, but it must be seen to be done with ease. Earlier, the competition was 'who could lose the most' whereas today it has become 'who can lose the most, the fastest and with the least effort.' With all the grim determination and hours of practice, dieting has become the equivalent of Olympic training, the only difference being that the honours received are made of words and emotions rather than of gold and silver. As with the Olympics, only the very best will succeed.

Perhaps the reason for this 'evolution' in mentality is the fact that the art and science of dieting has occurred for many years. Although dieting has generally been associated with women and with reducing food intake, by the mid 1970's, men were joining the 'battle of the bulge' and by the 1980's, exercise began to be associated with dieting. Alongside this notion grew the 'lite' business which created food and drinks which supposedly have fewer calories for the same nutritional value so that it is much better for your body.

Certain questions arise when thinking about dieting such as, why is it that more women diet than men, why do women decide to diet and is dieting really effective? These questions will be addressed shortly.

The diet industry, like the beauty industry, is a multi-million dollar business. In the last decade, millions of dollars a year were spent on reducing drugs alone in the United States and if diet books, clubs, magazines and exercise equipment were to be added to the tally, the figure jumps to over a billion dollars (Kinzer, 1977:25; Wolf, 1991). Rodin pointed out that in 1990, \$33 billion was spent on diets and diet-related services which was an increase from \$29 billion in 1989. Further, she claims that by the turn of the century there will be an estimated \$77 billion spent in the United States in order to lose weight (Rodin, 1992:58).

Obviously, it is our eating habits that are the real culprit rather than food itself. Our habits include wrong foods at the wrong times and for the wrong reasons, even though we know better. This was pointed out by a respondent:

I don't like being heavy. It's a real battle because you have to change your habits because it really IS a habit. I know all the things you are supposed to do, I just don't do them. It's almost like, when I don't have something to do, I need something in motion. I mean I'll eat before I go to bed at night, I'll eat in bed reading and it's the worst thing you can possibly do to yourself - it's

horrible - for your health, teeth and probably for your sleeping. I'll get up in the middle of the night and come into the kitchen and pop something in my face - it's terrible. I don't wake up to eat, but I'm up so I'll eat (Alison)

When dieting, women tend to pass over a full meal in favour of a muffin, soup or diet bar. There are two problems with this type of eating: first, many women eat more throughout the day due to constant snacking as opposed to simply eating one or two meals; and secondly, women never feel satisfied because, in actual fact, they are not satisfied and this may lead to binge-eating (see Contento, 1980:182-184). However, for many women, if they do eat a full meal they are guilt-ridden for days which, to them, is not worth it.

Dieters

Class

Today dieting is practiced somewhat amongst all the social classes, however, it used to be more prevalent among the middle-to-upper classes (Berman, 1975; Dwyer, Feldman and Mayer, 1970). For instance, in the 1960's and 70's, whilst the upper or upper-middle classes contained only 11% of the population, these people represented 24% of all dieters (Dwyer, Feldman and Mayer, 1970:272). Székely (1988) provides some insight as to why this may have been so - diets are for the wealthy. Few people can afford to buy the leaner cuts of meat, or fresh vegetables on a regular basis. This belief

still exists today as it was mentioned by one of the participants in the focus group

That's why poor people put on weight,
because they have to eat the cheaper
things (Julie)

Age

In the studies conducted by Berscheid et al and Cash et al, reported in Psychology Today, there was no evidence found to support the stereotype that aging leads to diminished body satisfaction: Berscheid et al. (1972) had expected to find older respondents to be more dissatisfied with their bodies, but the opposite was found. Also, they found that the problem areas had changed, for instance, there was an increase in the concern about the condition of teeth. Cash, Winstead and Janda (1986) also found a decline in interest in appearance with age, except in women over 60 who once again think that appearance is important.

Gender

Generally, weight issues are more of a concern to women than to men. Women have almost always been concerned about fashion which, today, requires a more than ideal body because there is little fabric to hide any bodily flaws. Further, women's roles have been such that in order to succeed they must be beautiful, a notion which includes having an ideal body. As with the beauty myth, the 'body myth' dictates that "thin

people are better, more beautiful, healthier and are stronger of will" (Cline,1990:205). In our society women are more likely to be evaluated by men for their outer appearance since men have more social power and therefore they can "... afford to choose a mate based on her attractiveness" (Jackson,1992: 37). Other explanations for why women are more concerned with their weight have to do with remaining sexually attractive to their husbands and the advocacy of the slim ideal by the media and health professionals (Charles and Kerr,1986; Rothblum,1990).

One interviewee was quite detailed in her explanation that she dieted to earn approval:

The first time, I knew I was moving in with my father and he thought I was fat. His stepchildren were thin and I knew there would be a comparison and he'd love them more - I wouldn't measure up. He made comments about food - "Are you eating AGAIN?" "Why are you eating that?" It bothered me.

The second time, I was in love, I was trying to impress a guy. The skinnier I was, the more he'd love me.

On T.V., skinny girls get the guys and fat girls get laughed at. I was the fat girl with nasty hair, pimples, not worthy of being loved - I identified more with her than the skinny girl.

Also, standards are against particular builds, genetic make-ups that don't fit across the board.

The only good out of those diets is I did lose weight and I got a lot of compliments - everyone complimented me. The bad was I had no periods, I had a low energy level, I was unhealthy and I had a low retention of information (Gina)

Finally, there is the rarely mentioned notion that the comparison and competition amongst women themselves creates great pressure to follow the slim ideal (Morgan, Affleck and Solloway, 1990:142). Rarely are women satisfied with their own bodies and they often look to others as examples of 'perfect' bodies. Dieting partners may be helpful in the beginning but if one loses weight more quickly there is extra pressure on the other to try harder. Women seem to think that different means worse which can be illustrated by the vast numbers of brunette women bleaching their hair blonde because they think blondes are more attractive to men. Similarly larger women spend a great deal of time and effort trying to slim down because they think petite is more acceptable.

Even though thousands of women diet every year, it is rarely a pleasant experience

I felt good for showing that amount of discipline - because my father had said it would take a bit of discipline to lose it. However, I was tired, frustrated because I'd have to eat soon and I won't lose more weight - I'll gain. It's sad because I know I'll have to eat or die - or get more scars so it won't look good when I'm naked (Gina)

Another described herself as feeling crabby, deprived and miserable when she diets and yet she has dieted at least once a year for over twenty years.

Dieting Effectiveness

Many women become extremely frustrated when dieting because, not only is the weight difficult to lose, but it usually returns with a vengeance. The fact that by 1984 there were three hundred diet books in print in the United States alone (Levenstein,1993:244), and that there are many different diet programmes, clubs, videos and magazines in existence, should be enough to convince women that dieting alone is ineffective (Cline,1990:205). Most women who regain the weight they had lost view it as a personal failure rather than as a natural physiological phenomenon (Rome,1984:20). The notion that the regained weight is not a personal failure is supported by the fact that programmes conducting five year follow-up studies have found a 98% - 99% failure rate (Rothblum,1990:15). Similarly Berman asked her participants "Have you ever been close to your goal and then gained all or some of the weight back?" Of the 76% (368) who responded, 49% answered that they had indeed gained some or all of their weight back (Berman, 1975:157).

In an interview, one participant said

I did the stop eating thing twice to an extreme. Once was for two months and then for one month. The first time I had a weight loss but I also ended up with stretch marks - like I had a baby. I kept the weight off too, which is surprising. The second time I got down to a size five but I gained it back in a couple of weeks (Gina)

According to Rome, dieting is a form of self-starvation since the World Health Organisation defines starvation as occurring with less than a one thousand calorie intake per day and many diets reduce caloric intake to between seven hundred and one thousand calories per day (Rome,1984:20-21). Following these diets for an extended period of time damages the body because it must break down the proteins from food and lean body tissue (from muscles and organs) in order to provide the glucose required to make the brain function. When regaining weight, fat often replaces the lost tissue thereby creating as much as 40% more body fat than before the diet began (Rome,1984:21). Therefore, not only are diets ineffective for women, they are also self-damaging.

In defence of the many women who participate in what might be described as self-cannibalism, it is not general knowledge that bodies lose lean tissue instead of fat. If this information were to be distributed, the diet industry would likely become bankrupt since most women would stop following their stringent diets.

Besides these physiological reasons for diet failures, there are other reasons as to why dieting women fail to lose weight. Many succumb to their favourite foods which are tantalisingly offered in magazines, on billboards and on the television. Often these media images of food are larger than life and

dwell on the visual impact of cream cakes or of succulent orange and walnut roast beef (Coward,1984:101). Coward calls this 'pornography for women' since many advertisements use explicit sexual references. She says "... food pornography is a regime of pleasurable images which... indulges a pleasure which is linked to servitude and therefore confirms the subordinate position of women" (Coward,1984:103). Further, Coward says that food pornography cannot be used without guilt and, due to the pressures to diet, women feel guilty about enjoying food. Although this is a very interesting theory, it is somewhat melodramatic.

Hayes and Ross (1987) state that success in dieting and maintaining healthy eating habits have to do with whether a person has an internal or an external locus of control. Those who have an internal locus of control believe that they are responsible for their own health and they are therefore more likely to keep their improved eating habits, whereas those who have an external locus of control believe that others and/or destiny controls their lives and therefore they will be less motivated to maintain their healthy eating habits.

Berman (1975) discusses self-defeating behaviours which consist of dieters doing one of the following: rewarding themselves for weight loss with an 'off' diet treat; rewarding themselves for weight loss with a binge; going off the diet if

told they look terrific; going off the diet if an 'undeserved' weight loss occurs; or going off the diet if a 'deserved' weight loss occurs. Of the 487 respondents, 60% (289) reported practicing one or more of these behaviours (Berman, 1975:157).

Many women do not feel that their diets are successful, but for those who do, they may have paid a high price for slimness. When asked "Were your diets successful" one interviewee said

Yes and no. Yes because the first time I kept off the weight I dropped, but I got stretch marks. Because I have large breasts they sagged with cost me \$2000 in surgery to have them lifted. The money I had saved in food I spent on surgery. It was painful and unpleasant. Still I'm not satisfied.

The second time, even at a size five he dumped me anyway (she had lost weight in order to keep a relationship) (Gina)

Another respondent who is overweight said:

Obviously not. Well, I went on that 14-day thing - that was the most successful diet for me. A couple of times I went on it, I didn't stay on it on the week-ends - again my rationalisation was 'well, I went from Monday to Friday.' To me that was the most successful (Alison)

Dieting Problems in Motherhood

Charles and Kerr conducted a study of 200 mothers of pre-school age children of whom only 23 (11.5%) had never dieted. The participants reported three areas of difficulty with their

relationship to food: maintaining a sexually desirable figure, the difficulty of doing so during pregnancy and whilst feeding a family, and the stress they experienced due to the isolation of child-rearing in a nuclear family (1986:541).

Due to the difficulty of dieting whilst feeding a family, some of the participants continually 'watched' their weight by including or excluding certain items from their diet depending on the numbers on the scale. Others preferred 'starvation' diets because they found it easier to not eat at all (Charles and Kerr, 1986:549-550). This was mentioned in an interview following the question 'How did you feel when you dieted?'

I hated it because everybody else could eat but me - and I had to feed them all. They had regular food. I did that, then after so long it's easy not to eat so you get too thin, then you start to eat again and you gain it back (Karen)

Unfortunately for women in our society, it is generally their task to perform childrearing responsibilities and as a result, it is impossible to avoid food. As Karen pointed out, the rest of the family will eat normally whilst the mother is dieting which may increase the pressure on the woman. As a result, some women eat separately from their families (Charles and Kerr, 1986:556). Another problem is that households with young children are more likely to have high caloric foods in the house because they are used as snacks or treats for the children - candies, chocolate, cookies, chips and cake are

definite 'no's' on the dieter's menu and yet the dieter must be in almost constant contact with them. Again this was brought up in an interview

... and it was always easier if someone made the dinner for me. That, I think, is a big problem and I think it's a problem for women with a family. And that's why I think it's more difficult for women - women are in the kitchen and they are preparing those foods. If somebody else was doing that preparation for them, they would sit down and eat and that would be the end of it, they would leave the kitchen. A woman is in the kitchen and whilst she is preparing dinner "Oh, I'm hungry" so you stuff this in your face and stuff that in your face. I bet you a lot of women, by the time they sit down to eat dinner, have already consumed the same number of calories that they would eat at their meal... and you are feeding a baby or kids and they leave a crust behind and you pop that in your mouth and you do this often. You can't stand to see waste or whatever, so instead of them eating it, you eat it, then suffer afterwards (Alison)

Adding to this problem is the fact that many women also use food for comfort, as a means of relaxation or to relieve boredom, thereby creating a somewhat obsessional relationship to food which often leads to binge-eating (Charles and Kerr, 1986:561-563).

It can be said that the women who need to diet the most are in the most difficult position to maintain the regimen. The fact that there are so many goodies on hand adds an extra burden on them. Why would they wish to spend the time chopping up

carrot sticks for a snack when they can quickly grab a cookie or a candy?

Children and Dieting

Wardle and Marsland (1990) conducted a study of 846 children aged 11-18 in London. The children came from multi-cultural schools in neighbourhoods of differing socio-economic backgrounds. They found that the girls tended to describe themselves as being overweight with slightly fewer black and Asian girls feeling fat. Significantly more girls than boys reported wanting to lose weight and the girls tended to rate individual body parts as 'too big.' By far the most surprising result was that by the age of eleven, many girls are weight conscious and they are preparing for a career of dieting (Wardle and Marsland, 1990:390). This is a significant decrease in age from the study of Dwyer, Feldman and Mayer which found that in 1967, the average age at which dieting first began was between 14 and 15 years (Dwyer, Feldman and Mayer, 1967:1049). At this young age, the body has not yet finished developing and any damage occurring is likely to have serious consequences later in life.

Wrongful Eating

As this chapter shows, women have so much working against them when they begin dieting that it is hardly surprising that so few succeed. However, many feel that it is a personal failure

and re-double their efforts the next time, only to fail again and feel even more demoralised. This vicious circle never ends - low self-esteem due to a negative body image - diet - failure - lower self-esteem - more dieting. Many of these women will not feel comfortable with themselves until they stop the dieting cycle.

We begin our lives by being told we must eat all our food or else we will not be rewarded with sweets. Unfortunately this creates a precedent of eating too much of the wrong foods for the wrong reasons which continues into adulthood. This confuses nutritional needs with affectational rewards and creates a weight problem which is difficult to deal with because of how we have been trained to eat. For instance

We eat much more than we need. If you have people over for dinner, it's a social occasion. Once a month or three or four times a year. A lot of people tend to go out to eat two or three times a week and when you go to a restaurant you tend to eat more than you need because you think you are paying for it - whatever they bring, you eat (Julie)

With the abundant availability of food today it is difficult to say 'No,' but this is what we, as a society, must learn to do. Beginning in childhood, we must teach ourselves to stop eating when we are satisfied as opposed to when the plate is empty.

Many women have the opposite problem to the women discussed here, they are underweight and attempt to improve their body shapes by eating more. However, although they are envied by many, as having ideal bodies, they are no more happy

I've had, all my life, people asking me if I was anorexic. All my life being really concerned about being underweight, feeling really ugly because I felt really skinny. And trying to eat more, but I just couldn't, I couldn't eat more, I couldn't stretch my stomach ... It's always, all my life, been this thing of trying to gain weight and people always say 'You're so lucky,' 'You're so lucky,' but I don't know if it's so lucky
(Joanne)

Even when a woman has a 'perfect' figure, she cannot be comfortable with it - you are perfect, therefore you must be ill. This is yet another testimonial to the problem that women are never satisfied with their bodies. As Kinzer stated, women are never a finished product, but they are always a work in progress to be crafted, moulded and changed. This will likely continue until women begin to accept themselves for who and what they are.

CHAPTER 5

OBESITY

Obesity is loathed and feared in North American society from medical experts to the general population. What was once regarded as a sign of affluence has now come to represent slovenliness, stupidity and greed. Obesity is believed to have a negative effect on mortality and morbidity rates through problems such as heart disease and hypertension and so it is generally believed that anyone who is obese must consider their lives to be of little value. This type of attitude may perpetuate a vicious cycle because people who hold obese persons responsible for their condition tend to treat them with loathing and contempt which may in turn lower the obese person's self-esteem. For those who are compulsive eaters, anxiety or depression are likely to cause them to binge, thereby maintaining their obesity and maintaining the opportunity for criticism from others.

According to Charles Horton Cooley, we obtain our sense of self through the eyes of others. We use others much as we use a looking-glass. We imagine our appearance as it may appear to the other person, we imagine a judgement of that appearance and then we obtain some sort of feeling from that imagined judgement (Cooley, 1963:169). If we imagine that judgement to be positive in nature, this will reinforce a positive self-

image, however, if the judgement is negative we will come to have a negative self-image and little or no self-esteem.

The stereotypes of the obese not only serve to reinforce our own ideas of what we and others should look like, but they serve to keep the obese from feeling good about themselves, because the sole focus is upon their weight - they are fat and nothing else.

This chapter will discuss the definitions, aetiologies and treatments of obesity before engaging in a discussion of studies conducted on the stereotypes and stigmatisation of, and discrimination against the obese.

Defining Obesity

Today the terms obesity and overweight are used interchangeably so that they have come to have the same meaning. Definitions of obesity range from being 10% overweight (Solomon and Sheppard, 1971) to 20% overweight (Brownell and Wadden, 1991; Miller, Rothblum, Barbour, Brand and Felicio, 1990; Swartz, 1984; Tiggerman and Rothblum, 1988). Both of these estimates would be considered low by Stunkard et al. who discuss three forms of obesity - mild, as being less than 40% overweight; moderate, as 41-100% overweight and severe or morbid obesity as being more than 100% overweight (Stunkard, Stinnett and Smoller, 1986:417).

A similar problem occurs with estimates of the prevalence of obesity, which may be due to these differences in definitions. In 1972 it was estimated that between 40 and 80 million Americans were obese (Stuart and Davis,1972). In 1988 it was estimated to be 32 million Americans or 28% of the population (Drewnowski,1988) and similarly 34 million Americans were estimated to be overweight in 1989 (Grilo, Shiffman and Wing,1989). On the other hand, it has been estimated that 24% of women are overweight (Miller et al.,1990) and that 23% of men, 27% of women and 10% of children are overweight (Brownell and Wadden,1991). According to the latter statistics, much more than 28% of the population is overweight.

Due to these differences in definition and the confusion as to the prevalence of obesity, it is difficult to assess who is actually obese and who is not. Similarly it is difficult to ascertain when the consequences of obesity come into effect and therefore, when to commence treatment.

There are also problems with the data on the consequences of obesity. For instance, obesity has been related to hypertension, hyperlipidaemia, diabetes, cancer and gallbladder disease (Dally and Gomez,1980; Perri, Nézu and Viegner,1992) and the expectation of life decreases with every kilogram gained above the normal weight. Further, one

study showed that women being as little as 5% overweight resulted in their being 30% more likely to develop heart disease and that being 30% overweight or more increases the likelihood to 300% (Brownell and Wadden, 1991:153). However, Chernin quoted a professor emeritus of physiology as saying "in the absence of hypertension overweight is not a risk factor at all" (Chernin,1981:31). This may be a somewhat misleading statement since the actual degree of overweight (poundage) is not discussed. Since not everyone who is obese will have a heart attack or hypertension, it is impossible to say exactly what consequences will occur. Suffice it to say that obesity may be a contributory factor in various morbidities.

Aetiology of Obesity

In studying the aetiologies and treatments of obesity many have come to acknowledge its multidimensionality. As Drewnovski said, 'obesity is now recognised as a multifactorial disorder with multiple antecedents and predisposing factors, including a range of biological, psychological and sociological variables" (Drewnowski,1988: 103). The theories on the causation of obesity are split between the nature versus nurture (or biological versus environmental) paradigm. The biological model includes theories on the heritability of obesity based on studies conducted on laboratory animals, adopted children and children

born to obese parents, however, the results have been extremely varied (Bouchard,1990; Brownell and Wadden,1991; Perri, Nézu and Viegner,1992; Stuart and Davis,1972).

An inherited low metabolic rate has also been argued as the cause of obesity and, although some studies have found a low metabolic rate in the obese (Brownell and Wadden,1991), other have argued that this is not so (Solomon and Sheppard,1971). Other such arguments have included glandular problems such as hypothyroidism and Cushing's Disease (Dally and Gomez,1980) but hypothyroidism occurs in only 8% of the population (Solomon and Sheppard,1971:49).

Two relatively new biological theories of the causation of obesity involve the number of fat cells in our bodies and the set-point theory. Unfortunately, the theory involving the number of fat cells in our bodies is contradictory because some state that the number and the size of fat cells increase with weight gain (Brownell and Wadden,1991; Perri, Nézu and Viegner,1992), whereas others say that the number does not increase but the size of the cells increases with weight gain (Stuart and Davis,1972). This theory suggests that the reason why people have difficulty losing the weight is due to this increase in cells. Eventually weight will be lost but an ideal weight is unlikely to be achieved because, although the size of the cells will decrease, the number will remain the

same.

The set-point theory states that our bodies have a base set-point which works in much the same way as our blood pressure or body temperature gauges so that a body cannot decrease below a certain basal point. Naturally, each person's set-point is different resulting in different bodily sizes and weights. When dieting, the body responds in a compensatory fashion in order to maintain the balance which slows the speed of weight loss (Brownell and Wadden, 1991; Perri, Nézu and Viegner, 1992). This could explain why dieters have difficulty losing weight after the first week or two and why yo-yo dieters often increase their weight, however, it must be kept in mind that the research on set-point theory is still experimental and is mainly used in terms of overweight rather than obesity.

There are also numerous social-psychological factors which may cause the onset of obesity, not the least of which are eating habits and caloric intake. Some studies have found that obese persons do not consume more calories than non-obese people, but the problems with these studies is that they rely on self-reports of caloric intake (Brownell and Wadden, 1991:157).

Some researchers believe in the existence of an obese personality whereby "... overeating represents a psychological

process wherein the obese person uses food to cope with feelings of personal inadequacy" (Perri, Nèzu and Viegner, 1992:38). However, others say these beliefs are unfounded (Brownell and Wadden, 1991). Most non-obese people tend to decrease their eating when feeling stressful or anxious whereas there is a tendency for obese people to eat more. Solomon and Sheppard (1971) used the analogy of the obese reaching for food in much the same way as a smoker will reach for a cigarette or an alcoholic will reach for a drink in times of stress.

McKenna (1972) conducted a study based upon an hypothesis that "... non-nutritive eating [is] a learned coping response associated with anxiety reduction, usually established in childhood" (McKenna, 1972:311). As an adult, the obese person is believed to eat in response to the anxiety of weight gain. Through increased gain comes increased anxiety and therefore continued overeating. The study involved subjects believing the experiment was in marketing research. They were preloaded with various foods and were subject to anxiety manipulation before being presented with either attractive homemade chocolate chip cookies or unattractive greenish-grey shortbread cookies. McKenna found that: the obese did in fact eat substantially more under high anxiety as opposed to low anxiety (which was more pronounced with the attractive foods); and, as the degree of obesity increased so did the tendency to

eat in response to anxiety. McKenna concluded that, although the obese eat in response to anxiety, they are attentive to external cues and therefore will not eat simply anything (see McKenna, 1972:315-318). This could be problematic outside the laboratory because most attractive foods are densely calorie-laden whereas low-calorie foods tend to be bland, for example vegetables, cottage cheese and crackers and therefore would not be reached for in times of stress.

A point to be noted from this study is that the subjects were preloaded with food. It would be interesting to repeat this study without preloading since, theoretically, subjects were not hungry upon testing. Normal weight people are likely to eat less anyway since they eat according to internal hunger cues, whereas obese people are said to be more responsive to external cues. Further, one question which was not addressed in this research is, how anxious are the obese in everyday life? The subjects in this study who increased their eating were subject to relatively high anxiety manipulation which is unlikely to be present in the real world. Is the stress of being overweight really high enough to cause such eating so that their weight is maintained? Further studies are required as to the anxiety levels of the obese.

McKenna also concluded (as did Herman and Polivy, 1975) that eating does not relieve stress, but he did not discuss the

relevance of this finding. If anxiety is not reduced, are we to believe that eating simply continues until the source of stress is removed or until the effects of the stress dissipates? If so, what would happen in the case of long-term stress such as pending hospital treatment or familial problems? Again, clarification or further research is required in order to answer these questions.

Finally, general inactivity has been named factor in causing obesity. With the process of industrialisation came a decline of physical work both inside and outside the home, yet there has been no real incentive for increased activity levels until recently, the effects of which cannot be deduced yet (Mayer, 1968; Perri, Nézu and Viegner, 1992). Brownell and Wadden (1991) believe that inactivity may not necessarily cause obesity but actually results from it since it is more difficult for the obese to exercise. Dally and Gomez (1980) are in partial agreement stating that underactivity causes obesity which is then self-perpetuated because of this difficulty in exercising. Added to the physical discomfort of exercising is the social discomfort gleaned from the giggles and sneers of normal weight onlookers.

Research has shown that the cause of obesity is multifactorial, for instance Drewnowski stated that obesity has no single cause but in fact has a range of biological,

psychological and sociological predisposing factors. Due to this myriad of factors there cannot be an obese profile stating that if X, Y and Z are present, then obesity will occur. As a result there have been a range of treatments available in order to lose weight.

Treatment of Obesity

There are a variety of treatments available to the obese ranging from surgery and diets to group programmes and behavioral therapy. However, not all treatments are available to all obese people which is explained below.

Surgical treatments tend to be reserved for morbid obesity of over 100 lbs or 100% overweight. These are extreme treatments for extreme conditions and there are four types of procedure: gastroplasty whereby the volume of the stomach is reduced in order to reduce food intake; gastric bypass which decreases the absorption of food; jaw wiring to restrict the intake of food; and intragastric balloons which reduce the volume of the stomach thereby reducing hunger (Brownell and Wadden,1991; Dally and Gomez,1980; Perri, Nézu and Viegner,1992; Stunkard, Stinnett and Smoller,1986). The latter two surgeries are still considered to be experimental. The former two surgeries have the advantage of reducing hunger and food intake but there are contradictory studies as to the amount of actual weight reduction (Brownell and Wadden,1991; Stunkard

et al.,1986).

Very Low Calorie Diets (VLCD's) involve a fasting approach to dieting through liquid products. This treatment is recommended solely for moderately or severely obese individuals and should only be utilised with a physician's knowledge. Unfortunately, one-year follow-up studies show that all patients regain a substantial portion of their weight (Perri, Nêzu and Viegner,1992:68-71).

Beneath the title of 'social treatment' there are group programmes ranging from TOPS (Taking Off Pounds Sensibly) and Weight Watchers to Overeaters Anonymous (OA). There are also behavioral therapies and groups which advocate learning to live with your weight such as the FLF (Fat Liberation Front) and NAAFA (National Association to Aid Fat Americans). Groups such as TOPS and OA are free whereas Weight Watchers costs approximately \$8.00 per week and consists of weekly rituals such as weigh-ins, confession and leaders extolling the virtues of slimness (Brownell and Wadden,1991; Dally and Gomez, 1980). Although individuals may lose large amounts of weight, group losses tend to be low due to high rates of attrition (Brownell and Wadden,1991:167).

Overeaters Anonymous is a group for compulsive eaters which is modeled upon Alcoholics Anonymous so that overeating is viewed

as a disease which may be controlled, but cannot be cured. As with Weight Watchers, there are ceremonies and a belief in a higher power so that there is a physical, spiritual and emotional rebirth. There are two types of sponsors available who act as counsellors and who transmit and maintain the ideology. The 'food sponsors' discuss sensible dieting and listen to the transgressions of members whereas 'step sponsors' discuss the 12-step programme and are present for emotional support and psychological advice (Suler and Bartholemew, 1986:50).

Behavioral therapy may be undertaken individually or with a group of people. The goals are to change the behaviour pertaining to eating, exercise and dietary habits. Behaviours such as avoiding situations or cues associated with eating are introduced in order to help strengthen the resolve of clients to 'diet' (Brownell and Wadden, 1991; Dally and Gomez, 1980). Drugs may also be utilised in order to reduce the appetite, but after continued use they become less effective (Dally and Gomez, 1980:52).

Groups such as the FLF and NAAFA actually fight treatment and the cultural pursuit of thinness in favour of fat acceptance. Many members actually joined NAAFA because they had failed to be thin and they decided they had no choice but to live with how they are (Millman, 1980:8). The group sends out

newsletters, organises social functions such as dances, and has both dating and pen-pal services in an attempt to change to image of fat people (Schwartz,1984:57). The group argues that men are in fact attracted to larger women and resents the fact that they are viewed as fetishists. Millman quoted one man as saying

I like women who weigh 170, 270, 370.
Other men are only attracted to women who
weigh between 100 and 135. So who's got
more of a fetish? (Millman,1980:24)

NAAFA is also political in that it calls attention to the exclusion, exploitation, discrimination and psychological oppression of fat people.

In summary, obesity is a complex phenomenon. The factors causing one person's obesity may be different from the factors of another person. Except for the surgical treatments of extreme obesity, treatments tend to be somewhat ineffective for weight loss over long-term periods which does add credence to the set-point theory. There are differing definitions of obesity leading to contradictory information as to its prevalence in North American society. Perhaps the confusion between overweight and obesity is caused by the national hatred of fat so that being 10 lbs overweight has become the layperson's definition of obese. The problem is such that this hatred has been projected on to the person so that, just as a beautiful person represents all that we value and hold dear, a fat person encompasses all that we fear and hate and

therefore they must be avoided. A fat lover has become the epitome of evil in a society idolising near-anorexic figures.

Studies on Stigma, Stereotypes and Discrimination

A stigma is a deviant label attached to someone by others. It involves a spoiled identity and discrimination by 'normals.' Goffman says that a stigma is an undesired differentness and that

...an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us (Goffman,1963:5).

According to Sobal (1984), obesity is a handicap because it is not only a physical deformity, but it is a behaviour aberration. There are four areas of stigmatisation: religion, whereby obesity is viewed as a sin, immoral and self-indulgence; medicine where obesity is viewed as a disease; crime in which fat may be seen as a felony or a misdemeanour for which the person is responsible and must be punished; and aesthetic in which obesity is viewed as ugly (Sobal,1984:14-16). Due to the shame and guilt felt by many obese persons, there is a barrier to communication - there is the expectation of rejection which leads to withdrawal and isolation (Cahnman, 1968:195). Further, there can be no stigma management because the 'flaw' cannot be hidden, therefore the option is to

"retreat or stand exposed" (Cahnman,1968:297).

Weinberger and Schwartz (1990) conducted a study in order to see if being overweight was generalised by others to other personality traits. Subjects were asked to write a story about a normal or overweight character who had been described in a paragraph or portrayed in a drawing. Further, subjects were to complete a semantic differential scale of twenty personality items. The researchers found that "an overweight body image was more often associated with negative stories and with unpleasant characters" (Weinberger and Schwartz,1990:237). Not only were females more subject to the stigma than males, but they were more likely to impose stigmatisation than were males. The researchers concluded that negative reactions such as these become the basis for a self-fulfilling prophecy because, eventually, the person comes to agree with others that the discriminatory treatment is just (Weinberger and Schwartz,1990:238-239).

Another study was conducted by DeJong (1980) in order to test the assumption that the obese are held responsible for their condition. Female subjects were asked to look at a file containing a picture and statement that another female had written. Half of the files contained pictures of normal weight females and half contained pictures of overweight females. Of the files containing overweight pictures, half of

the respondents were told the obesity was caused by a thyroid condition and of the normal weight females, half were described as pale due to a thyroid condition. The other half of each group were told nothing extra. Subjects rated their file on personality traits (warmth, self-discipline, happiness) and indicated how much they liked the person. It was found that, overall, the obese were assumed to have a greater lack of will and less self-control, and also were evaluated as being less physically attractive. However, the overweight females with a thyroid condition were liked as much as the normal weight non-thyroid condition females and they were liked significantly more than the overweight non-thyroid condition females (DeJong, 1980:77-80).

These two studies show that the stigmatisation of obesity is generalised to other personality traits unless proof can be shown that the person is not responsible for the condition. Unfortunately, few people in the obese population are able to say that their condition is medically-based and therefore must suffer from the labelling and negativity.

Finally, Laslett and Warren (1975) conducted a study using participant observation within a voluntary weight loss organisation which applied stigmatising labels in order to change the behaviour of the members. Participants of the group were told that the stigmatised identity can never be

changed because there is always the possibility that the fat will return. Although the outward appearance of the person may change, the inner identity will not. Lecturers also reinforce the idea that the life of the overweight contains embarrassing and self-demeaning experiences, therefore they do not diet (because, after all that is what fat people go on and off), but they change their lifestyle through a programme. Although not all members succeed in changing their way of life, this study underscores the limits of the assumption that stigmatisation always leads to a self-fulfilling prophecy and therefore to further deviation and stigmatisation.

Stereotypes

There is a pervasive stereotype that obese people eat uncontrollably more than non-obese people. For instance, a member of one of the focus groups said

We were at a Chinese buffet and a family came in and they were three huge children and two huge parents, and I couldn't help but make the comment "Oh my God, they're going to eat up the buffet" (Tina)

Coll et al. (1979) conducted a study consisting of 5,291 food choices at nine different eating sites. They found that the strongest influence on the consumption of calories was the type of eating site and, except for fast-food stores (where obese people ate slightly more), "there was no overall difference in the amount chosen by obese and non-obese persons" (Coll, Meyer and Stunkard, 1979:796).

Steinberg and Valch (1978) conducted a study in order to see the behavioral differences of the obese and non-obese on food purchases when food deprived. They were operating on the theory that the behaviour of people of normal weight is regulated by internal hunger cues so that they respond to food-related stimuli only when hungry whereas obese people are not sensitive to these cues and therefore there would be no effect. The research was conducted in a supermarket in order to see whether or not eating food samples would affect purchases. Their hypothesis was that those of normal weight who had not eaten in a number of hours would buy more if they did not eat the food samples and would buy less if they did. Overweight persons, on the other hand, would not be affected by the samples. This was tested by asking subjects how much they intended to spend in the store, determining when they last ate, observing whether or not they ate the sample offered and by noting the final total of the cash register.

Results indicated that, overall, overspending did increase with greater food deprivation in the normal weight subjects, whereas it decreased amongst the obese subjects as hypothesised. Of those who ate the food sample, the non-obese people overspent their estimates by lesser amounts than those who did not eat the sample which indicates that their behaviour is in fact determined by internal cues related to hunger. However, for obese subjects, those who ate the sample

exceeded their planned expenditures by larger amounts than those obese who did not eat the sample (Steinberg and Yalch, 1978:245). This study supports the notion that the obese respond to external food stimuli rather than internal hunger cues, however it must be mentioned that the researchers' definition of obese was "...if they would look better after a 15 lb or more weight loss..." (Steinberg and Yalch, 1978:244). Since this definition leaves room for error, the results leave much room for skepticism.

Finally, Maykovich (1977) explains why it is seen that the obese eat the same amount of food as non-obese people - social constraints in eating patterns prevent the obese from eating more. The hypothesis offered for the study; was that "... an obese person tends to eat less in the company of those of normal weight" (Maykovich, 1988:454). From this, seven sub-hypotheses were derived of which all but one were supported. Subjects were observed eating in a smorgasbord restaurant. It was found that for regular customers, the obese were more likely to come alone or with other obese people; this person would eat more and faster; the company of normal weight people would be found with those obese people who were occasional customers (the theory being that the obese prefer to eat alone or with other obese people, but there are times such as birthdays when they must eat with normal weight people); that an obese person dining with a normal weight person will eat

less and more slowly (due to social constraints); obese customers with other obese customers who attend for a special occasion will eat less and more slowly; and, for normal weight people, the amount of food will not vary by company or by frequency of visits. These six sub-hypotheses were supported. Since eating is a social behaviour, it is influenced by social variables, hence the obese tend to eat less when in the company of others, especially those of normal weight.

Discrimination

By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination through which we effectively, if often unthinkingly, reduce his life chances (Goffman, 1963:5).

It has become a popular notion that the obese are discriminated against, for example fat women suffer from "...job discrimination, social exclusion, personal shame and low self-esteem..." (Chernin, 1981:122). Participants in the focus groups were also quite aware of discrimination

I think it [thinness] means success as far as acceptance goes, like job interviews - I bet a thin person gets hired over a fat person (Sarah)

No matter what we say, it turns out to be true that the one with the picture of health, happiness and success, she's probably going to be hired over the lady who's 30 lbs overweight in a job interview (Diane)

Where I used to work before, there were three applicants for an accountant's job and there were two thin ones - one was young and thin, there was one who was a little older and thin, and there was one really, really big girl... The first one they took was the young slim one - she didn't work out, give her a couple of weeks and she was out of the door. Then after that there was the older but slim one and she didn't work out. And then the third one, they had no other applicants, they took the big girl and she went on to managerial positions and everything because she worked really hard, but because of her appearance, they didn't take her right off the bat (Jen)

Larkin and Pines (1979) found that discrimination in terms of hiring preference does in fact occur. They conducted two studies, the first of which consisted of subjects giving first impressions of three people about which they knew only their weight and sex, and they were given a booklet containing rating scales. The overweight were rated more negatively than those of average weight and they were viewed as less desirable employees because they were considered to be less competent, less productive, not industrious, disorganised, indecisive, inactive and less successful (Larkin and Pines, 1979:315-316).

The second study used a videotape showing overweight and normal weight individuals performing identically on employee selection tests. Tests of mental arithmetic and perceptual-motor skills were used. The results showed that the overweight people were less highly recommended for the job and

that subjects thought that they themselves had a greater likelihood of being hired than the applicant if the applicant was overweight. Further, the overweight applicants were viewed as less neat, active, productive, energetic, ambitious, attractive and healthy; and more likely to require prompting, to lack self-discipline and to give up easily (Larkin and Pines, 1979:320-322).

Similarly, Benson et al. (1980) found discrimination in their study in which seventy public health administrators were randomly selected to receive a cover letter, résumé and a questionnaire as part of an undergraduate's attempt to receive career guidance. Subjects were assigned a picture of a normal weight student, a picture of an obese student or no picture at all. The obese students were the same students as the normal weight students except they were heavily padded. The subjects were asked which graduate school to apply to, whether or not they had a good chance of getting in to the programme and if they attained the degree, what chance they had of procuring a good job in public health.

The results indicated that the obese students received a more negative evaluation than the normal weight students or non-picture students for both the question on the graduate programme and the chances of obtaining a good job.

Social Interaction

The real effects of the stigma and stereotyping of obesity can be seen in studies of their interactions. Often obese people have low self-esteem and therefore they expect people not to like them because they have been told both directly and indirectly that they are horrendously offensive and unlikable. As a result they may lack the necessary skills required to have productive interactions.

Miller et al. (1990) conducted a study to test the hypothesis that "...there are actually differences in the social behaviours of obese and non-obese women" (Miller, Rothblum, Barbour, Brand and Felicio, 1990:368). They used telephone partners (college students) who were unaware of the participants' weights. The results showed that the partners of the obese women like them less, said they made a less positive impression, were less friendly, less comfortable and said that they did not get to know them well. The students also had the impression that their (obese) partners liked them less. The results from the obese women themselves showed that the more pounds overweight they were, the more anxious they rated themselves and their partners to be, the less interested they expected their partners to be in them, and the less positive an impression they expected to make (Miller et al., 1990:373-376).

The expectations of the obese women lay the foundations for a more negative interaction. If they approach the situation negatively, it is unlikely that all will be well. As the students stated, they felt that their partners were less friendly which the students interpreted as being less liked; in fact, it is more likely that the obese women disliked themselves rather than their partners, and were unsure of how they would be received.

The researchers also said that it is possible that the obese women lack the necessary social skills because they tend to be ignored or treated in a negative fashion. This increases the burden on the obese because, not only do they expect negativity, but also they may not be able to counteract it since they do not know how to do so.

The lack of skills in interaction may be a result of the home environment, especially if the person was obese as a child. A study by Kinston, Loader, Miller and Rein showed that there was a low degree of cooperation in families with obese members because members were too busy attempting to comply with the researcher's requests. The obese families also gave the impression of agreeing simply to avoid incurring the researcher's disapproval (1988:523). More significantly, the researchers found

...direct criticism of children,
especially the obese child; differential

handling of children; obese child with the worst relation to the parents; and persistent attempts by the obese child to make parental contact interspersed with and finally leading to withdrawal (Kinston, Loader, Miller and Rein, 1988: 527).

If obese children learn to withdraw and are not taught how to overcome this behavioral pattern then, naturally, the behaviour is likely to continue into adulthood and affect social interaction with others. If parents avoid interaction with the person, why would anyone else be interested? Through parental interaction, the obese may have incurred negative judgements which has lowered their self-esteem which, in turn, hinders interaction with others. Perhaps it would be helpful for these people to join groups such as NAAFA because bolstering self-esteem is a top priority.

For the obese, stigma, based on stereotypes, prejudice and discrimination are a fact of life which must be dealt with on a daily basis. As a result of formidable interactions in early life, some obese people are unable to deal effectively with others which in turn may facilitate further stereotypes and negative interactions leading to a life devoid of meaningful contacts. This may result in increased eating due to depression or anxiety which only serves to perpetuate the cycle. The problem is how to break this cycle when there are so many contributing factors which must be recognised before they can be resolved. For the obese, the path of treatment is

an arduous route which is full of setbacks and disappointments, but worst of all, they may never attain their goals of slimness.

Chapter 6

ANOREXIA NERVOSA AND BULIMIA

Starvation and emaciation seem such inappropriate terms to use in reference to North American society. However, for some women, the culmination of their relationship to food, body-image and dieting is an eating disorder. Although anorexia was documented as early as the 1800's (Hsu,1990), it did not gain popular acknowledgement until the death of famous singer Karen Carpenter. Her death was so shocking to the public that it sparked inquiries into the eating disorder. Since then there have been numerous theories as to the aetiology of the disorder.

Bulimia has often been viewed as an offshoot, or perhaps a complication, of Anorexia whereby food intake can no longer be controlled and a stuffing binge ensues.

The cause of eating disorders has been individually placed upon parents, the mass media, fashion, dieting and identity crises; but if any one of these factors were the cause, then many more women would have the problem. As one anorexic interviewee said, these factors lay the foundation, the base, for Anorexia Nervosa but the trigger will be different for each anorexic.

Once an eating disorder has arisen it is difficult to treat. Not only is the body starved, but the body-perception is also affected, so the first phase of treatment is often to encourage the person to gain weight in order to function wholly again.

Anorexia Nervosa

A culture-bound syndrome is "a constellation of symptoms which is not to be found universally in human populations but is restricted to a particular culture or group of cultures" (Nasser,1988:573). Anorexia Nervosa can be considered a culture-bound syndrome because it exists solely in Western societies having an abundance of food.

Primary Anorexia consists of: an intense fear of becoming fat; a disturbance of body-image, such as feeling fat when emaciated; having a weight of less than 25% of the original body weight or 25% below the expected weight based upon standard growth charts; amenorrhoea, lanugo and/or bradycardia; and no known physical illness accounting for the weight loss (Erichsen,1985; Sholevar,1987; Vandereycken and Meermann,1984). Secondary Anorexia Nervosa occurs in older girls, starting in the late teens or early 20's and the weight loss results from other emotional or organic problems such as an unsatisfactory sexual experience (Dally and Gomez,1980; Sholevar,1987).

The overwhelming majority of anorexic cases are female, adolescent, caucasian and are from the middle or upper classes (Garfinkel and Garner,1982; Hsu,1990; Jackson,1992; Sholevar,1987). However, some argue that Anorexia is increasing in the lower classes, amongst minority females and amongst men who are beginning to strive for the 'perfect' male body (Friedman,1994; Garfinkel and Garner,1982; Jackson,1992).

Wendy who is anorexic considers Anorexia to be a mental illness which consists of

Obsessive behaviour with food, a desire to control, to focus on food as a way of controlling other uncontrollable circumstances in your life. You think you are fat, want to lose weight, become obsessed with food and, yes, be afraid of eating, but constantly think of food. And then you feel that you are completely out of control of your food.

Trish said that when you are anorexic

You are starving. You have great interest in food but you can't eat it. You hoard food, you have lots of cookbooks and make great meals for others. I wanted the food but I couldn't eat it ... You play games with it - I'll eat a little bit more now and a little less at such and such a time

Tracy said that she was

Constantly on a high, the life of the party. You are busy so you don't feel hungry... and it is reinforced how good you look

But the problem is that

The anorexic is outside reality... Being anorexic is like being in a cult, you're

in your own little universe (Wendy)

Life is very difficult to get through

Day-to-day it's always filling in those gaps. I have the day so regimented - my coffee at this time, tea at another time, my cigarette at another time to fill in the gaps of food. It all revolves around eating (Trish)

I would stare at myself in the mirror for hours and hours and hours and look at parts of my body. I cut my own body up into little parts, I'd put myself down ... my body was like an object (Wendy)

Predisposing Factors

Individual factors which may predispose a young girl to Anorexia include extreme dependence on social opinion and judgement, excelling academically, perfectionism, control issues and problems with identity, self-esteem and/or body image (Bruch, 1981; Erichsen, 1985; Hsu, 1990; Garfinkel and Garner, 1982; Lawrence, 1984; Székely, 1988). Studies of body-image in anorexic patients differ as to whether or not they overestimate body parts more than controls. Slade (1985) found that anorexics did overestimate to a significantly greater degree than normals, whereas Garner et al. (1976) found that all subjects overestimated body parts and Hsu and Sobkiewicz (1991) found that, although some anorexics did overestimate, it is not a characteristic shared by all anorexics. This can probably be said of all the predisposing factors, i.e., some will be existent in the anorexic whereas others will not.

Sociocultural Aetiologies

It has been argued that the cause of eating disorders has to do with the complex relationship between the thin ideal, the stigma of being overweight, fashion and the diet industry (Lawrence, 1984; Székely, 1988). Taken separately, each of these factors produces little stress on women, but in combination they can become explosive elements. An ideal of being thin is something most women would reject, but our society has stigmatised fat to such a degree that even a ten pound weight gain results in a strict food regimen. Added to this is the fact that fashion reinforces the thin ideal by providing clothing which would look horrendous on anything larger than a coathanger. Between clothing which is almost non-existent and clothing which clings so tightly that one ripple of cellulite would show, women are in a frenzy of compulsive weight loss. Now add the multi-million dollar business of diet aids and exercise equipment which touts that with enough hard work and determination, any woman can have the perfect body and we have the combination for a time bomb. Most women will respond with 'to Hell with it. I don't have the time, energy or money,' but significant numbers of women continue dieting and exercising in a downward spiral to emaciation, Anorexia and possibly death. Wendy discussed this issue to some length when asked 'What do you think causes Anorexia?'

... the basic, fundamental factor for me is social. You cannot have such a mass behaviour on such a massive scale without certain factors in place in society, although ... I wouldn't say that there is a causative relationship between the image of women and beauty and Anorexia, otherwise we would all be anorexic ... but the social factors exist - an obsession with beauty and thinness, and thinness being associated with beauty socially ... and a constant criticism of our own bodies ... and that is very much supported by our consumer society. Our society also encourages us to separate our bodies into different segments and to focus on those segments. And then there are products available to fix whatever is incorrect in your body, so to speak. So that is a ground, for me that's a basis

Related to this is the issue of competition which is also highly valued in North American society (Nasser,1988). Men are encouraged to compete, whether it is in the form of sports or within the workplace. Women, on the other hand, have been reared to please other people and to seek their approval rather than to compete with them. Historically, the main form of competition between women has been obtain a man. Orbach and Eichenbaum state that women have competitive feelings but they have problems acknowledging and acting upon them (Orbach and Eichenbaum,1987:104).

According to Marilyn Lawrence, identity can be

... best understood as a sense of self which involves both an acknowledgement and acceptance of individuality, of the uniqueness of ourselves, together with the feeling of being part of and accepted

by a wider group. An identity crisis occurs when we feel in a great deal of conflict about who we are, both as individual separate people and about where we stand in relation to other people (Lawrence,1984:49).

Since the majority of anorexics are in their teenage years, some theorists consider problems of identity to be one of the causes of Anorexia. According to Chernin (1985), food is never far from identity issues, for instance, a teenage daughter will begin to diet or become vegetarian in an effort to assert her individuality. The parents will tell her to eat what they eat and she responds with a resounding "No, I will eat my own way" (Chernin,1985:164). Hsu (1990) adds that identity problems are more difficult for females because attractiveness and attracting others are essential components and, today, that requires having a lean, lithe body.

Along similar lines is the problem of the female sex-role in modern North American society. A woman obsessed with dieting and shrinking her body "... may be expressing the fact that she feels uncomfortable being female in this culture" (Vandereycken and Meermann,1984:49). Chernin agrees with this saying that the increase in eating disorders is an indication of how confused women are about what it means to be a woman in the modern world (Chernin,1985:17).

Since oftentimes it is difficult to control our lives, women may turn to the control of their bodies. The limiting and

control of food intake may also represent "... an attempt to prove that she is morally and spiritually strong and worthwhile" (Lawrence,1984:34). Control issues were important issues to Trish and Wendy and it was mentioned often through the interviews

I could control them [parents] 'No I'm not going to eat meat.' 'No, I'm going to make my own meal' (Trish)

You can control the food, but you can't control the worry. You're not able to cope (Trish)

Life becomes routine and predictable because that's part of the control (Wendy)

It makes me feel that I am in control of the situation (Wendy)

Why have these issues become more of a problem today? It is partially due to the vast changes in the lives of women over the last 30-40 years. In the past, women turned to their mothers for advice and followed in their footsteps whereas today, many women are isolated from their mothers and stand alone to face the world. In stressful times, women feel that they have no-one to turn to and so many turn to food for comfort and relief.

Families are the most important purveyors of socialisation which teaches children how to live in their culture. It is through socialisation that a child acquires the skills necessary to function in society. If families are rigid in

terms of convention and conformity to society's standards, then there will be a great emphasis upon achievement, appearances and external standards of measuring self-worth (Garfinkel and Garner,1982:175).

Often interactions within an anorexic family are said to be dysfunctional or pathological because members are "less supportive of each other and less encouraging of the open expression of feelings than control families, as well as being more likely to have conflictual interactions" (Stern et al., 1989:29). However, it must be mentioned that these abnormal interpersonal relationships may be a result of the stress of living with an anorexic family member rather than the cause of the problem itself (Lawrence,1984; Stern et al.,1989). Keeping this in mind then, mothers of anorexics have been found to be depressed, introverted, manipulative, loving, caring and lacking in self-confidence (Dally and Gomez,1980; Erichsen,1985; Horsfall,1991). Fathers are reported as being sensitive, passive, submissive, preoccupied with physical appearance and as making their daughters feel undervalued and intellectually slighted (Erichsen,1985; Horsfall,1991). However, according to Wendy and Trish, their fathers were quite the opposite of sensitive, passive and submissive, as can be seen in the quotes below. Further, Bruch (1981) says that the parents of an anorexic daughter appear to be oblivious to her emotional needs.

Family problems appeared to be the root of the problem for Trish and Wendy. Both said they were mentally abused and they had particular problems with their fathers. Wendy's father was a controlling alcoholic and the other family members were pressed to keep his secret.

I was mentally abused by my father - direct and indirect. He was a control freak.

I didn't feel accepted by my father. He would say "You are a worthless piece of crap and you will never be worth anything, do you understand?" (She was yelling)

And then he did hit us - spanking and stuff on occasion, but he would threaten a lot of physical abuse - raise his fist but not hit and walk away. There was constant fear. His moods would switch all the time.

I had to learn to be a mindreader. I had to anticipate ... he twitched that way therefore he's gonna explode.

Anorexia was a challenge to my father because I was fucking mad at him ... we were all keeping the secret. My control meant a lack of control for him. It meant a breach of his authority. I was in control.

Trish's father also drank and she said that, although "nothing happened" (intercourse), her father would come on to her. Also she had two homes and was not particularly comfortable in either. At her parents' home mealtimes were "not comfortable because there was a lot of fighting, disruption." Her aunt's farm was little improvement because she said that she felt she

did not live up to their expectations and they said she was spoiled because she was an only child. She was constantly trying in vain to please them. Trish said that "my family was into weight. I was overweight in puberty ... my weight was mental agony." To make matters worse, as a result of uncomfortable mealtimes with her parents, "at the farm I would pig out, not knowing how to stop." Then one day her uncle asked her how much she weighed and did not believe her response and so he brought out the scales to make sure.

This appeared to be the beginning of Trish's weight phobia because she was so fearful of the consequences if that scale had shown that she was even one pound more than she had said. From this point she began dieting with help from the doctor, but it became out of control and resulted in Anorexia.

None of these problems alone will necessarily lead a girl to become anorexic but a combination of any of these factors may be enough to set off the response. Therapists often look at the last issue occurring before the onset of Anorexia, but "the precipitating event which starts Anorexia Nervosa is merely the trigger which fires the loaded gun" (Erichsen, 1985: 20). According to Erichsen, triggers may be: a death in the family, a change of school, divorce, a father's loss of job, family illness or the mother returning to work (Erichsen, 1985: 55-63). In order to understand why the woman has become

anorexic the therapist must bypass the precipitating trigger in order to reach the larger issues discussed earlier, namely the cultural pursuit of thinness, female competition, identity, sex-role issues, control issues and family dynamics.

Treatment

The first step to recovery is weight gain, especially in cases of chronic emaciation. An anorexic patient is not physically able to respond to psychological treatment because her brain simply does not have the capacity to think rationally about problems (Dally and Gomez, 1980:83). Wendy said that

You are in denial of your body when you are anorexic. When you are starving your whole mechanism becomes focused on physically surviving. Your brain cannot think, brain starving means you cannot think abstractly... you don't have the energy to feel.

Hospitals are often the first source of treatment for this reason and the patient will remain there until she has gained 90% of her ideal weight (Dally and Gomez, 1980:86). Pharmacotherapy may be used to help the patient gain weight. Tranquillisers, hypnotics and sedating antidepressants may be utilised for a short period of time and, in severe cases, electroconvulsive therapy may be used in order to change behaviour patterns (Garfinkel and Garner, 1980; Sholevar, 1987). Individual therapy, or family therapy, may be advised once the

weight is regained, but Erichsen questions their use since there is a lack of adequate follow-up studies (Erichsen,1985: 81).

When discussing treatment, Tracy said that "therapy needs to address the issues, not just the behaviour and groups aren't conducive to individual issues." Another issue brought up by Wendy was that the person has to want help. She said that with adolescents there is a lot of resistance and "there has to be a glimmer of willingness ... the person cannot be forced because that's the issue, the issue is 'YOU cannot force me to do anything.'" She suggests that

You need someone to become your ally - not agree with you but acknowledge what you say, for example, 'Yes I can see that you see you are fat.' Without that, everybody is the enemy. Someone to acknowledge my suffering.

Trish went to a self-help group for people with eating disorders which was based upon Alcoholics Anonymous. Unfortunately

There was no-one there [for me]. I was ahead of everyone. I stayed off [Bulimia] for eight and a half years but it was by being anorexic. You really have no-one to talk to that can give you advice. In Anhab you just learn how to binge better, how to be more anorexic.

Suggestions of treatment which should be performed in the home by the family were given by Erichsen who has an anorexic daughter herself. She says that families must accept the

anorexic daughter on many different levels and offer the reassurance that her well-being is superior to academic grades. She should be distracted from her food obsession and be encouraged to have interests and hobbies. Finally, she requires a strong, supportive family structure. Also, in terms of schools, faculty should be supportive but firm, thereby not allowing her excuses of lethargy and/or illness to prevent her from doing her work (see Erichsen, 1985:81-170). Both acceptance and distraction were mentioned by Wendy, as well as the need to offer change

I think we all need to be accepted, we all need to be loved unconditionally. She needs to feel that she has a place, she has a right to exist, she is of value. One important way of giving a sense of value is not by telling them, but by listening, by acknowledging, by not giving advice but by being there.

Change - expose the anorexic to things completely unrelated to food.

Bulimia

Bulimia has often been viewed as a complication of behaviours of Anorexia even though it has been in existence much longer. Bulimia has been described as: recurrent episodes of binge-eating (rapid consumption of a large amount of food in a short period of time); a feeling of lack of control over binge-eating behaviour; regular self-induced vomiting, use of diuretics or laxatives; dieting or fasting and/or vigorous exercise to prevent weight gain; a minimum of two binge-eating

episodes a week for the last three months; and persistent overconcern with body shape and weight (Cooper and Fairburn, 1983; Kuntz and Yates, 1992; Neuman and Halvorson, 1983; Polivy and Herman, 1985; Weiss et al., 1985). Additionally, there is some awareness by the bulimic that the eating behaviour is abnormal (Polivy and Herman, 1985; Williamson et al., 1985) and weight tends to remain normal as a result of the purgative methods (Polivy and herman, 1985; Sholevar, 1987; Weiss et al., 1985).

Tracy described Bulimia as self-degrading and shameful and, as a result, everything is performed in secret. You become closed in to yourself and so your social life suffers.

The prevalence of Bulimia is difficult to assess because many people binge-eat occasionally and those who do so regularly are extremely secretive so that no-one will suspect (Cooper and Fairburn, 1983; Kuntz and Yates, 1992). Of the cases known, the vast majority are caucasian, female, from the middle or upper classes with the onset of the disorder occurring between the ages of 15 and 34 (Abraham and Llewellyn-Jones, 1987; Neuman and Halvorson, 1983; Weis et al., 1985; Woell et al., 1989).

A binge may be a form of release for the bulimic since they tend to occur more frequently in times of stress or conflict

(Boskind-Lodahl,1976; Lacey,1982). Binges may last a few hours up to a few days in some cases and they usually occur in private. Generally, the food consumed is 'junk food' or food high in calories which takes little or no preparation (Abraham and Llewellyn-Jones,1987; Woell et al.,1989). According to Weiss, Katzman and Wolchik (1985), the bulimic is usually anxious or depressed before the binge which is momentarily relieved upon completion of food intake. However, immense guilt, anger and disgust ensue leading to purgation of the food.

Alison estimated bingeing "in a 30-day period 5, 6, 7 times, maybe more" and she described the process of a binge as

Well I've already had this much, I may as well have this much more.

But you've got to do this in a very short period of time though. Of course you have to do it when nobody's home ... it's almost a race to get all this food down.

Well that's not enough to make yourself sick with. So you've got to eat some more.

For Trish a binge involved

Two or thrce cakes, ice cream, candy - you grab anything. It may start with good foods but it always ended up in sugar content.

You've eaten and consumed so many calories and you have to get rid of it.

You can't keep it down. First of all, you are in a great deal of pain. Your mind just says that "I've overdone it, I have to bring it up" and then you tell

yourself you're not going to do it again.

If I had a meal at 8.00 [p.m.], I would binge until midnight.

Bulimia also involves other forms of calorie purgation

Also there's exercise, laxatives ... some of them I knew from the eating disorders [group] swallowed 200 laxatives a day. Now I went through the laxatives thing but ... it would be 15-20 pills, which is a heck of a lot if you think of it.

These are all periods that you go through, depending on how many years you've been into it... (Trish)

The physical toll of long-term Bulimia is horrific. Trish has had numerous operations including having parts of her intestines and stomach removed due to the damage she has caused. Also she has had problems with her blood pressure, liver, amenorrhoea, electrolytes and she says that she tends to be hyper and prone to accidents. Finally, she says that "I couldn't have sat and talked to you like this a year ago. I could not have sat and formulated thoughts and ideas."

Predisposing Factors

Some believe that body-image disturbances and dieting are major predisposing factors of Bulimia, however, Hsu and Sobkiewicz (1991) state that whilst some bulimics overestimate their body size, others do not therefore, as with Anorexia, this is not a characteristic of the disorder. However, they say that bulimics do tend to be more dissatisfied with their bodies than normals. Neuman and Halvorson (1983) say that a

destructive diet and weight loss may result in depression which may in turn trigger bulimic behaviour.

As with Anorexia Nervosa, the girl with Bulimia tends to have low self-esteem or self-concept, poor social adjustment, difficulty identifying and asserting needs, high self-expectations, a high need for approval from others, higher instances of anxiety or depression and is sensitive and compliant with social demands and sex-role appropriate standards (Neuman and Halvorson,1983; Sholevar,1987; Weiss et al.,1985; Williamson et al.,1985). The cultural standards of thinness are internalised to differing degrees by women and those who accept the standard completely, and who constantly strive for it, are more likely to incur an eating disorder (Neuman and Halvorson,1983; Striegel-Moore et al.,1986; Weiss et al.,1985).

Families of bulimics tend to be similar to those of anorexics. There is a tendency for families to be less supportive of members, lacking in the expression of feelings, and a higher frequency of aggression and conflict (Bailey,1991; Stern et al.,1989). Mothers may be more domineering and controlling whilst fathers may be more emotionally distant than in 'normal' families (Kuntz et al.,1992). Obviously this is not necessarily so as can be seen from the respondents' examples. Bailey (1991) states that dysfunctional family relationship

patterns may cause and maintain disorders such as Bulimia, however, since studies are conducted after the onset of the problem, the dysfunction may be the result of the disorder rather than the cause of it.

Treatment

Treatment of Bulimia is very difficult because it is hard to keep patients motivated, especially between therapy visits and Bulimia appears to be a more 'addictive' disorder than Anorexia Nervosa (Polivy and Herman,1985:101). The first step is to assess the extent and severity of the behaviour - frequency and duration of binges, type of food ingested, time and place of binges and the factors surrounding the termination of the binges (Polivy and Herman,1985:96). From this a treatment plan can be devised which may include hospitalisation, drug treatment and/or therapy (individual, family or group therapy). In group therapy underlying issues are addressed such as social competence, sex-role stereotyping, the acceptance of the body and problems with parents (Weiss et al.1985:21).

One problem with a hospital day programme that Trish participated in was that they would serve a supper meal at lunch-time, even though most people could not eat it - "they are very centred on what they think you should eat, instead of listening to the anorexics and bulimics." For Trish, the best

form of treatment she has found is talking about it with others, but this has not stopped her behaviour.

Cured?

Eating Disorders are similar to alcohol and drug addictions whereby the behaviour pattern can be arrested but the urge never leaves. Although it is not a constant daily struggle, when stress or conflict arises, the first reaction of an anorexic or bulimic tends to be through food. Although these patterns are recognised and dealt with by both Tracy and Wendy, they are hesitant to say they are cured. Wendy was most comfortable saying 'ex-anorexic' and likened it to being a dry drunk. Tracy explained that

It's not obsessive, but it's there. It's not a day-to-day issue, but when something occurs, it's there because I automatically turn to food.

I'll never not have issues with food. It may be less extreme, but I still turn to it for comfort. I don't know if I'll ever be over it, but stopping the behaviour, yes.

You hold on to your behaviour for a reason. You have to face the issues making you eat. That's why it takes a long time.

Wendy said that

Because the Anorexia itself was a reflection of my inability to cope with stress. As I learn more coping mechanisms, I don't need to be anorexic.

Therefore, eat the food, fill up that hole, feel the hole, allow yourself to feel the pain and then deal with the

pain, the issues and not food, because food has nothing to do with it.

How did Wendy come to terms with her eating disorder and overcome her issues?

I did a lot of work personally and the one thing that's helped me with my food is accepting myself unconditionally, to allow myself to express whatever pain I may have in my life. It makes me feel that I'm in control of the situation.

I asked Wendy how she came to recognise that she needed help since so much of Anorexia involves denying you have a problem and she responded that it was a process

So the process was, I was unhappy, then I starved myself and I realised that it was making me more miserable and so I said "I've got to go and get help." So I took a workshop at Concordia ... the inner child, the parent and the adult.

I've learned, I know what makes me feel good ... I've learned some re-parenting skills ... I don't need Anorexia any more - now I have tools.

Prevention

Since treatment is so difficult and to be cured is somewhat impossible, perhaps the answer is to stop girls becoming eating disordered in the first place. This was emphasised repeatedly by Wendy who said

Prevention is of essence because once you've become anorexic, you don't want to know it.

Prevention. Ease up on our girls. Stop telling them they are fat. Unconditionally accept a girl, no matter what her weight or size is. Do

activities which validate the body.
Communication in the family - for me
communication between all family members
became very dysfunctional and the having
to maintain the lie about his alcoholism
was very painful.

My mother wanted to support me, but I
wouldn't let her. Even though I didn't
acknowledge my mother's support, I sensed
it -that was really important. She
continued - that was essential.

Provide parents and adults with
information on the causes of Anorexia.

So you take this sensitive being and you
have to help that sensitive being cope
with all those feelings.

Socially, get the focus off the body.

Provide support groups, peer groups.
Counselling departments at school, give
an opportunity for young people to get
together.

Ex-anorexics to support others.

No dieting **ever**. The word 'diet' should
be eliminated from our vocabulary,
because it encourages this obsession with
food. Anyone who diets has an obsession,
some kind of unhealthy relationship with
food. Dieting is going to become a
vicious circle that you won't be able to
get out of - once you start dieting,
that's it.

Once started, an eating disorder may be a life-long behaviour
which is despised.

Life in general is the pits with an
eating disorder (Trish)

I am so sick of both of them [Anorexia
and Bulimia], worrying about what I eat,
when I eat it, how much. Why can't I at
my age just relax and say y'know 'This is
it - finished" (Trish)

In conclusion, it can be said that prevention is the key issue in halting the onslaught of eating disorders. As Wendy has said we must start accepting people for who they are and this must begin within the family in order for a child to attain the self-esteem necessary to function. Although it seems as though little can be done to alter the societal pursuit of thinness, we can start by de-programming ourselves and ignore the advertisements aimed at our insecurities. Perhaps we can learn from Wendy that dieting does not work and we should all focus on interests other than food.

Chapter 7

CONCLUSION

Flesh, bone and organs - these are, indeed, what bodies are made of. But there is more, much more in terms of the social meanings, connotations and sanctions of the body. Bodies must have a specified shape and weight and there are differences between how a male and female body must look: the male body must be large and strong whilst the female body must be willowy and elegant.

Although food is required for its nutritional value, it also has many implicit social meanings. After all, what is a social gathering without food and drink? Similarly, sharing a meal expresses and reinforces unity between family and friends through communication. Old friends are invited to dinner just as new friends are made through invitations to a communal meal. Breakfasts, luncheons, afternoon teas, cocktails and dinner, all are used to bring people together and keep them together. Eating alone is usually quick and convenient, perhaps in front of the television. No talking, no laughter, just a physiological necessity. A meal alone stands stark and bare in comparison to a meal with others.

Food is reward and food is punishment; only humans have social problems with food. Animals do not self-destruct through

obesity and certainly animals do not commit slow suicide by starving themselves to death. For them eating is simply a necessity done alone or together. But even when animals hunt in packs it is purely due to the fact that they need others to help them out-run the prey. There is no deep-seated significance, simply instinct.

In our society, women tend to be responsible for attaining, cooking and serving food for their families. From simple nutrition to elegant soirees, it is women who toil in the kitchen. At the same time, they may not enjoy food in the same manner as men and children because they must maintain their lithe bodies in order to remain attractive and alluring to others. The media present conflicting messages - 'buy our products, even though YOU cannot eat them.' 'Lite tonight' or heavy tomorrow, it is your choice, but what real choice is there? Eat badly and you may suffer from high blood pressure, high cholesterol, a heart attack or worse yet, you may become obese.

Body acceptance is an almost non-existent phenomenon in North American society. From families and peers to television and magazines, women are told that they are not quite right, they really could do better. Smaller waists, smaller hips, bigger breasts, will we ever be satisfied with who and what we are? Our outer image used to hint at who we are, now it IS who we

are. As Rodin said, looking good has overtaken doing good (1992:58). Appearance is everything and women must look their best at all times in case opportunity knocks.

Body obsession, body hating and loathing? Perhaps, but more likely we have societal body concern and body dissatisfaction as a result of fat phobia and pressures to be thin from society and the diet industry.

The respondents covered many of the issues involved with food, dieting, body image, obesity and eating disorders and gave insightful answers to the questions. The problem with food is that we often eat it when we are not hungry - six people said that they often eat in response to boredom or anxiety and seven specifically referred to food as comforting in times of stress and conflict. This was also brought up in both focus groups. Six of the interviewed participants said that they often crave food and it was noticeable that they craved 'junk food' high in calories and/or fat. Only one person out of the normal eaters (eighteen people) said she craved a vegetable. She said that she often craves meat and potatoes due to her German upbringing and the other people in the focus group laughed as if this were not normal. Although the participants did mention psychological and social reasons for eating, seven out of the eight people who were specifically asked the question 'What does food mean to you?' first replied in terms

of survival and nutrition. It was only after some thought that they acknowledged other reasons, such as food being comforting or food being used for socialising with others.

Of the eight interviewees, five responded as having neutral attitudes towards obese people and two had sympathy for them. Only one mentioned that she wished they had more willpower. In terms of the stereotyping and discrimination against the obese, all were aware of them but none practiced them. Although the literature states that society severely stigmatises obesity, it could not be seen in the responses of the participants. They were aware that others ridicule, stereotype and discriminate against the obese, but they said they did not practice these forms of treatment themselves.

Most of my respondents are somewhat dissatisfied with their appearances. In fact, in terms of their bodies, only two out of 22 women reported being satisfied and, of the participants asked, all eight interviewees said that they felt that, although they should not be, appearance and beauty are important. Further, five felt constantly pressured by society, the media, the workplace and by themselves to look slim and attractive. Similarly, participants in both focus groups felt that attractiveness, particularly slimness, is advocated by our culture through the media, the fashion industry and the diet industry which leads women to feel

insecure with their bodies.

The theoretical issue throughout this thesis is control of bodies, specifically the control of female bodies. Confounding the issue is the fact that the body is both subject and object simultaneously within society. But do women feel in control of their bodies or do they feel externally controlled, particularly by men? The respondents for this thesis subscribed neither to Naomi Wolf's 'Victim Theory' nor to the theory of patriarchy. In fact, the blame is put on to women themselves so that, although there is some external control of appearance, it is the external control of women's appearance by other women.

The notion of Looksism put forth by Millman (1980) was used to refer to the stares of men used to alter or control the behaviour of women, however it can be seen by the responses of participants that this term could easily refer to the icy, critical glances of women towards other women. Further, women may well be subject to discrimination and exclusion from social life for not conforming to today's beauty standards, but this prejudice occurs between women as much as between the sexes. In other words, women discriminate against other women who do not conform and this is done more harshly by women than by men.

The 'normal' or non eating-disordered participants felt responsible for and in control of their own bodies and much of the pressure to conform to the beauty and bodily ideal comes from within themselves. For instance, of the 8 women asked if they felt pressured to look a certain way, 5 said 'yes,' 2 said 'sometimes' and only 1 said 'no.' Further, when asked WHO pressures them, 4 immediately responded 'myself.' Even though they mentioned other pressures such as pressures at work (3) and pressures from the media (4), most of the pressure came from themselves. These women had their own notions of appearance which are simply enhanced or reinforced by the media. These women are not simply passive recipients of social controls of appearance, but they are agents in the creation and maintenance of ideal standards by which they judge themselves and others. Therefore, the women interviewed in this study refute feminist theory in terms of the female body in North American society today.

The four women with eating disorders believed that their disorders stemmed from abusive backgrounds within their families. Their eating disorder was reported as a way of asserting themselves, even though this method was destructive. However, the external control they were fighting was not social control but overbearing parental control. This was perhaps the most interesting and important of my findings.

Overall, the women interviewed were not simply relegated to the private sphere, but were in the workforce and they did not feel a total lack of control in their lives. Had they felt powerless, as the women with the eating disorders had felt, perhaps they, too, would have taken issues with their bodies by obsessive dieting or overeating. However, they have acquired the skills and abilities to live and function in this society whilst feeling relatively comfortable with themselves and with their bodies.

In conclusion, women must not be viewed as passive recipients of culture, but they must be recognised as agents who create, maintain and reinforce certain aspects of life. In terms of their bodies, women are responsible for themselves and it needs to be recognised that it is women who create their own standards of beauty which are often projected onto others. Those who do not conform may well be discriminated against, but women are as culpable for this type of behaviour as are men. Further, these standards are beginning to be projected onto men in order for them to compete in the market of 'Looks.' Future theorists of the body should stop treating women as the victims of the beauty ideal and would do well to try to understand why women are the creators and enforcers of such stringent standards of appearance. Finally, future research could look at womens' control of the beauty myth which may be expanded to include a comparison between the male and female experience of the body within society.

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Appendices

- 1 Interview Questions - Normal Eaters
- 2 Interview Questions - Eating Disorders
- 3 Focus Group Questions

INTERVIEW QUESTIONS: NORMAL EATERS

Age:

Height:

Weight:

Occupation:

Marital Status:

Food:

1. What does food mean to you?
2. What factors do you take into account when you buy food?
3. Is food important to our health? How?
4. When you are anxious, do you eat more? If so, why?
5. When you are depressed, do you eat more? If so, why?

Appearance

1. Do you think beauty/appearance is important or not?
Should it be?
2. Do you feel pressured to look a certain way? If yes,
How are you supposed to look?
Who pressures you to look this way?
3. How do you feel about your body?
4. How do you think others perceive your body?

Dieting

1. Have you ever dieted?
2. How old were you when you first dieted?
3. Approximately, how many diets have you been on?
4. Why do you diet?

5. How did you feel when you dieted?
6. Were your diets successful?

Obesity:

1. Do you think you are overweight?
2. What do you think is your ideal weight?
3. Do you have any fat friends?
4. How do you feel about fat people?
5. Do you think fat people are treated differently from slim people? Is so, how?

Eating Disorders:

1. Have you ever suffered from an eating disorder?
2. Has anyone you know suffered from an eating disorder?
3. How did it affect you/them physically?
4. How did it affect you/them emotionally?
5. What do you think causes Eating Disorders?

QUESTIONS FOR INTERVIEWS ON
EATING DISORDERS

1. Which eating disorder do you have?
2. How long have you had this disorder?
3. How did you become aware of this disorder?
4. What exactly is Anorexia/Bulimia?
5. What causes the disorder?
6. How does it affect your body?
7. How does it affect your social life/life in general?
8. What is the best treatment for the disorder?
9. Will you ever be cured from this disorder?
10. How do you deal with it on a day-to-day basis?
11. Is there any treatment that you can think of which would help you that hasn't already been tried?
12. Were you physically or mentally abused as a child?
13. Did you have a problem with your self-confidence or self-esteem?
14. Did you have support from your friends and/or family for your disorder?

FOCUS GROUP QUESTIONS

1. What does food mean to you?
2. How is food important to our health?
3. Does thinness mean health, success and happiness?
4. What are some specific meals you remember?