

Beyond the Anorexic Paradigm

Re-Thinking 'Eating' Disorders

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The answer to this question regarding the nature of 'eating' disorders is not a definition, but a history – in fact, three histories. One is a history of the body, and the mutable, ingenious, and sometimes self-destructive ways it searches for meaning, security, and power in the world. Another is the history of medical naming, categorization, and explanation, which has brought disordered eating under different diagnostic umbrellas, in accordance with prevailing medical models, but also stretching to accommodate the ever-shifting shape of the phenomena. And a third is a history of consumption in the socio-economic sense, which has produced and continues to nourish particular forms of disordered relations with food, body image, and the regulation of hunger and desire. These histories are not self-contained; they have partnered, struggled, reinforced and challenged each other – and human biology – over the centuries.

Human biology indisputably plays a role in eating disorders, both in contributing genetic vulnerabilities and in various physiological processes brought on by excessive and/or habitual dieting, bingeing, purging, and other practices. However, unlike a disease process such as cancer, in which a clear biological boundary can be drawn between healthfully contained cell-growth and destructive, 'disordered' cell-growth, what constitutes disordered eating has psycho-cultural as well as physiological dimensions. While the physiological dangers of starvation dieting, binge-and-purge patterns, and over-consumption resulting in obesity are well-documented, whether or not these practices are considered 'disorders' depends on why they are engaged in, who is engaging in them, in what cultural context, and who is making the call. Gandhi starved himself as a mode of political protest; he came very near to death, but we would never consider him as suffering from an eating disorder. The ancient Romans binged-and-purged, as do many young women today; yet medical science diagnoses the latter as a species of eating disorder, while regarding the Romans as engaging in a physically unhealthy, but psychologically benign group activity. Competitors in hot-dog eating contests gorge themselves to the point of passing out; the fact that they are driven by the desire for prizes and 10 seconds of fame rather than an emotional need for the food itself exempts them from the class of those with eating disorders. And there are ambiguous, borderline cases: The medieval nuns who fasted to achieve spiritual purity have been called 'holy anorexics' because of their obsession with self-denial and transcendence of bodily need (Bell, 1985 cited in Silverman, 1997: 9). Henry VIII, in his later years, was arguably not just dangerously obese but a compulsive eater, who stuffed down his well-known anxieties over dying without an heir (as well, perhaps, as guilt and emptiness over his multiple domestic disasters) with huge amounts of sugar and fat-laden king-size portions.

The Anorexic Paradigm and Beyond

Diagnosing fasting saints as anorexics or Henry VIII as a compulsive eater has meaning for us. But it wasn't until late in the sixteenth century that eating behaviors began to be described as having a component that we might today call 'psychological'. Anorexia led the way when, in 1689, Richard Morton described a young woman suffering from 'nervous consumption'; he treated her self-starvation with stomach plasters and various 'bitter medicines,' but acknowledged that her condition was caused by 'sadness and anxious cares' (Silverman, 1997: 3). The notion that self-starvation was a symptom took firmer hold in the nineteenth century, when it was usually subsumed under the umbrella of 'hysteria' – the diagnosis of choice for almost all female complaints at the time – and its food refusal associated with the 'obstinacy,' rebelliousness, manipulative behavior, and the 'perversion of the ego' imagined as characteristic of hysterics (Silverman, 1997: 4–5).

The twentieth century brought a variety of explanatory paradigms, from fear of oral impregnation (the Freudians) to Hilde Bruch's classic and highly influential emphasis on the struggle for autonomy, especially from the over-controlling maternal body (Bruch, 1973). Bruch was also the first to identify the perceptual disturbances – the tendency to overestimate one's body size, to seeing oneself as 'fat' no matter how slim – that would later be picked up in the popular media as the hallmark of anorexia (Bruch, 1973: 89–105). To this A. H. Crisp added the desire to remain in a pre-pubertal state by halting or reversing the development that comes with a certain level of body fat (Silverman, 1997: 8), and Gerald Russell postulated a 'morbid fear of fatness' as the central psychopathology of the disorder (Silverman, 1997: 8). Bruch, Crisp, and Russell were much more attentive than past theorists had been to their patients' experience, and were insightful in drawing the first brush-strokes of what might be called a phenomenology of anorexia. But remarkably, although all their patients were female, and most of their symptoms virtually unknown among boys at the time, none of them considered gender roles, or the effects of changing expectations placed on girls during the post-World War II period, as a relevant factor in the etiology of anorexia. In addition, none of these theories so much as mentioned the trend towards extreme slenderness that Twiggy and others had inaugurated in the world of beauty ideals.

As with many other scientific and social-scientific explanations of various disorders, the first paradigms for understanding anorexia were based on populations that were extremely skewed, both in terms of race and in terms of class. Slenderness and rejection of food have, of course, very different meanings in conditions of deprivation and scarcity than in those of plenty. Demonstrating the ability to 'rise above' the need to eat imparts autonomy and moral superiority only where others are prone to overindulgence. For people who are barely managing to put nutritious food on the table, the fleshless body suggests death, not superior self-control, or resistance to parental expectations. And as the title of Bruch's most popular book – *The Golden Cage* – (Bruch, 1978) illustrates, a life of privilege was assumed to have created the suffocating, over-tended existence from which the typical anorexic rebelled. The assumption was understandable, as most of the initial clinical data came from the treatment of white, middle and upper-middle class patients. Their families were the first ones to seek out treatment, they had the money to do so, and they had at least some cultural support for doing so. And so, the presentation of eating problems among the economically privileged became the standard of diagnosis, profiling, and explanation. In this way, anorexia became stamped in many people's mind as a rich, spoiled, white girl's disease.

This clinical picture lasted well into the 1980s, and resulted in a very limited understanding, both of the ways in which relations to food can become disordered, and the groups of people most likely to suffer. The first anorexics had been brought to therapy by their parents, which meant that the problem had become both evident and extremely disruptive. The bodies of the girls were visibly emaciated, they were often engaged in fierce battles with parents at dinner-time, and affluence and opportunity would frequently have led them into a high-pressure world of academic competition and status-seeking at school. From this population, a number of ideas about anorexia nervosa flowed. Dysfunctional family dynamics

began to be defined as paradigmatic, as did the perceptual and cognitive distortions described by Bruch, Crisp and Russell. Weight had to have fallen below a certain threshold, with the patient steadfastly refusing to allow it to rise to even the 'minimally normal'. To this, some clinicians added an 'addiction to perfection'. The sensational case of Karen Carpenter, as well as several best-selling books – Stephen Levenkron's *The Best Little Girl in the World* (Levenkron, 1978), Cherry Boone O'Neill's *Starving for Attention* (O'Neill, 1982) – alongside numerous media descriptions of anorexia nervosa as a rare and 'bizarre' disorder, cemented the public perception that anorexia was, as Hilde Bruch first named them in the subtitle of her own book, a paradoxical 'enigma' afflicting exceptional individuals.

Who was left out of the anorexic paradigm? In the late 1970s, Gerald Russell identified a 'new disorder,' which he postulated had emerged in the post-War period, characterized by irresistible urges to eat large amounts of food (binges) followed by vomiting or laxatives (purges) to eradicate the fattening effects of the binge (Russell, 1997: 24). Bulimia nervosa, as with anorexia nervosa, was initially seen as arising only for a certain personality type – in the case of bulimia, more typically impulsive than perfectionist – with specific perceptual and cognitive disturbances (e.g. 'pathological fear of fatness,' 'body image disturbance syndrome,' 'bulimic thinking'). But cracks were beginning to appear in the edifice of clinical 'profiling,' as evidence accumulated pinpointing dieting itself as a precipitating factor in binge behavior (Lowe, 2002; Wilson, 2002). At the same time, statistics showed that both dieting and binge-purge behaviors were on the increase among young women of varied socio-economic backgrounds and personality types, with as many as 19 percent of female college students engaging in bulimic behavior by the 1990s. Even this evidence was probably an under-estimate, as girls who binge and purge most often maintain an apparently 'healthy' weight, binge and purge in secret, and thus 'pass' as normal eaters. For more and more young women, although many did not meet the stringent clinical criteria for bulimia nervosa, dieting, bingeing, and some form of compensatory purging (from vomiting to manic exercise) had become a 'normal' way of life.

Also left out of the anorexic paradigm were the growing numbers of young African-Americans and Latinas who were struggling with body-image issues. Early research *had* shown a much lower incidence of eating disorders among African-American women, and both black women *and* black men, in interviews and studies, have consistently expressed distaste for the hyper-skinny models that many anorexics emulate. From this many specialists postulated that black women were permanently 'immune' to eating problems. This conclusion was often based on a conflation of race and class. Poor people didn't get eating disorders, so how could black people get them, it was reasoned – fallaciously. For of course there are plenty of young black women who come from privileged families, attend private schools, and are subjected to the same competitive pressures as their white counterparts – a fact which slipped by those eating disorders specialists who declared eating problems to be 'virtually unknown' in their homogeneous notion of 'the black community'. Sirena Riley:

Raised ... in a neighborhood of successful, often bourgeois black families, it was obvious that the 'perfect woman' was smart, pretty and certainly not overweight. As a child, no one loved the 'extra meat' on my bones. I was eight years old when I first started exercising to Jane Fonda and the cadre of other leotard-clad fitness gurus ... Just because women of color aren't expressing their body dissatisfaction in the same way as heterosexual, middle-class white women, it doesn't mean that everything is hunky-dory and we should just move on.

(Riley, 2002)

It's possible, too, that some clinicians were unconsciously influenced by the culturally pervasive image of plump, maternal Mammy as the prototype of black womanhood. In such imagery, only Scarlett has to worry about fitting into a corset; mammy's job is to cook the fried chicken and lace her baby in. Her own girth is of no consequence – she has no romantic life of her own, her body exists only to provide comfort. Does this sound like a relic of a time long gone? In a 1990 article in *Essence*, Retha Powers describes how she went to

her high-school guidance counselor, seeking help managing her weight, and was told she shouldn't worry because 'black women aren't seen as sex objects' (Powers, 1989: 75–78, 131–46). It's highly unlikely, of course, that such a comment would be made today in the era of Beyoncé and Lil' Kim, but many people *do* still believe that just because a woman is black, she has greater cultural permission to be large. And so, many young girls are left feeling stranded and alone, dealing with feelings about their bodies that they aren't 'supposed' to have.

Also left out of the 'anorexic paradigm' were compulsive or binge eaters who do *not* purge, or whose repeated attempts to diet are unsuccessful. To have an 'eating disorder,' according to the anorexic paradigm, entails being thin – and since most compulsive eaters are overweight, it took a long time for clinicians to recognize that compulsive eaters, too, are suffering from an eating disorder. Cultural stereotypes played a role here, too, in the widespread perception that fat people are lazy and indulgent, merely lacking 'will power'. What was obscured in this picture were not only genetic factors and the paradoxically counter-productive dynamics of life-long dieting, which often adds pounds over the years, but the socio-economic dimensions of consumption. A growing body of research has shown that people who have gained the most weight in the last decade – and the largest population of bingers – have tended to have the lowest incomes. The reasons, once you know them, make enormous sense: people who work long, hard hours have little time or energy for cooking, and feeding a family at McDonald's, although it may not be the most nutritious way to go, is the most affordable alternative for many people. Processed foods rich in sugar and fat are now far cheaper than fresh fruits and vegetables. In the ads, they beckon us with the promise of pleasure, good times, satisfaction to lives which have very little of those in any other domain.

Perhaps the biggest limitation of the anorexic paradigm is that it cast eating problems in an unchanging mold, rather than the dynamic and shape-shifting phenomena that we have witnessed over the past two decades, as more curvaceous and/or muscular styles of bodily beauty have gained ascendancy, in part due to the popularity of stars such as Beyoncé Knowles and Jennifer Lopez, as well as the rise of the female athlete as cultural icon. These beauty ideals have expanded the repertoire of eating problems from starvation diets and the dream of a body as slender as a reed, to exercise addictions and the dream of a body that is curvy but rigorously toned, and they have proven beyond question the decisive role played by cultural imagery in the spread of 'modern' eating problems. Girls who emulate these ideals look great and many may seem to be eating healthfully, too. But the hours spent at the gym are excessive, and missed days plunge them into deep depression. Their sense of self-acceptance, although you can't tell just from looking, in fact hangs on a very slender thread.

The power of cultural imagery was recognized and incorporated early on in some clinical models, such as those developed by the Women's Therapy Center Institute in New York, established in 1981 by Susie Orbach and dedicated to the premise that 'one's social location contributes to the psychic construction of the individual' (WTCI, 2010). Others resisted. Many clinicians in the 80s and 90s, while acknowledging that images 'play a role,' clung to the notion that only girls with a 'pre-disposing vulnerability' get into serious trouble. Trained in a medical model, which seeks the cause of disorder in individual and family pathology, they hadn't yet understood just how powerful, ubiquitous, and invasive the demands of culture are on our bodies and souls.

Families matter, of course. But families exist in cultural time and space – and so do racial and ethnic traditions. Thus, no one lives in a bubble of permanent immunity – especially today, as mass media culture increasingly has provided the dominant 'public education' in our children's lives. The 'profile' of girls with eating problem is dynamic, not static; heterogeneous, not uniform. Since the days of the 'golden cage,' it has been widely acknowledged among medical professionals that the incidence of eating and body-image problems among African-American, Latina, and Native American women has been grossly underestimated and is on the increase (Richardson and Rehr, 2001; Sonenklar, 2011). Therapists, who are now often treating the anorexic daughters of anorexics, are coming to realize the role parents play, not just in being 'over-controlling' or overly demanding of their children, but in modeling obedience to cultural norms. A

study in the *Journal of the American Dietetic Association* found that 5-year-old girls whose mothers dieted were twice as likely to be aware of dieting and weight-loss strategies as girls whose mothers didn't diet (Abramovitz and Birch, 2000: 1157–63). 'It's like trying on Mom's high heels,' says Carolyn Costing, spokeswoman for the National Eating Disorders Association. 'They're trying on their diets, too' (Choi, 2006). But this is even to put it too benignly. 'Self-deprecating remarks about bulging thighs or squealing with delight over a few lost pounds can send the message that thinness is to be prized above all else,' says Alison Field, lead author of another study, from Harvard, that found that girls with mothers who had weight concerns were more likely to develop anxieties about their own bodies (Field, 2001: 54–60, 107). The starving white girls, we now can see, were just the forward guard, the miners' canaries' warning of how poisonous the air was becoming for everyone.

Feminist Interventions

It took the arguments of feminists like Susie Orbach (1978) and Kim Chernin (1981, 1985) to alert us to the fact that 'the tyranny of slenderness,' 'body image disturbance syndrome,' binge/purge cycling, 'bulimic thinking,' fear of fat and other defining features of eating disorders had become, in the second half of the twentieth century, more culturally normative than had been recognized. Of course, not every weight-obsessed pre-teen develops an eating disorder that lands her in the hospital. However, the numbers of those who are in danger of being 'recruited' (as some psychologists refer to it) into a dangerous disorder are on the rise (Sonnenklar, 2011).

Clearly, too, 'body image dysmorphias' are hardly the bizarre anomaly we once believed them to be. In the clinical literature, BIDS was initially viewed as a visuo-spatial problem, a perceptual defect, believed to be unique to anorexics. A person who had this 'defect' (sometimes conceived as the result of impaired brain-function; sometimes, as by Bruch, as resulting from defective processing of body experiences due to inadequate infant development) was unable to see her body 'realistically'. In popular magazines, the 'bizarre' nature of the symptom was emphasized, often accompanied by line drawings of the anorexic standing in front of a mirror that reflected back a grossly inflated image. In 1984, however, a study conducted by *Glamour* magazine by Susan Wooley and Wayne Wooley revealed that 75% of the 33,000 women surveyed considered themselves 'too fat,' despite the fact that only one-quarter were deemed overweight by standard weight tables, and a significant percentage were actually *underweight* (Wooley and Wooley, 1984: 198–201, 251–52). Similar studies followed, some specifically attempting to measure perception of body size, all with the same provocative results. A study by Kevin Thompson, for example, found that out of 100 women 'free of eating-disorder symptoms' more than 95% overestimated their body size – on average one-fourth larger than they really were (Thompson, 1986: 39–44).

The initial clinical response to these studies was to transfer the site of 'distortion' from perceptual mechanism to affective/cognitive coloration: the contribution to perception of the mind's eye. According to this model, it is not that women actually *see* themselves as too fat; rather, they evaluate what they see by painfully self-critical standards. Lack of self-esteem now became the cause of women's body-image problems: 'The better people feel about themselves,' as Thompson concluded, 'the less they tend to overestimate size' (Thompson, 1986: 39–44). Perhaps so. But then, other studies were demonstrating that most girls and women do *not* feel very good about their bodies. The problem is getting 'younger', too; one-third of all girls in grades nine to 12 now think they are overweight, and only 56% of seventh graders say they like the way they look.

The 'faulty beliefs' of so-called 'bulimic thinking' must also be questioned as 'hallmarks' of disease. These elements had been postulated to include 'magic thoughts' about the power of certain 'forbidden' foods to set off a binge ('If I have one cookie, I'll eat them all'); 'selective abstraction of thinness' as 'the sole determinant of self-worth' ('I am special if I am thin'); 'dichotomous reasoning' ('If I gain one pound, I'll go on and gain ten pounds'); and 'egocentric interpretation of impersonal events' ('I am embarrassed

when other people see me eat'). Each of these elements may indeed be characteristic of the kind of thinking that torments the lives of women with eating problems. However, far from being 'distortions,' they represent a fairly accurate representation of cultural attitudes toward slenderness or the biological realities of dieting. It is by now well known, for example, that the body has powerful automatic compensations that respond to food deprivation by setting off cravings and binge behavior; thus, for the deprived dieter, one cookie may well lead to consuming the whole package. Teenagers *do* scrutinize each other's eating behaviors in the school cafeteria. And the notion that being thin confers status and admiration in this culture is surely no delusion.

Concepts like 'poor self image' and 'feeling dissatisfied with one's body,' feminist argued, do not arise in a cultural vacuum. One obvious culprit is the fashion industry. The average model is 5'10" and weighs 107 pounds; the average American woman is 5'4" and weighs 143 pounds. With a gap like this, it's a set up for dissatisfaction, as girls and women try to achieve bodies that their genetics, for the most part, just won't support. In fact, since Kim Chernin first identified the 'tyranny of slenderness' as a significant factor in eating disorders, standards of beauty have become even more unrealistic. The thin models are thinner, the athletic bodies are more tightly toned, cosmetic surgery has firmed and enlarged the breasts, lifted the buttocks, and suctioned the bulges from celebrity bodies, and advertisers have accepted digital enhancement as a routine method of selling the possibilities of flawless skin and cellulite-free thighs. So long as what we see in the mirror is mediated by these images, which by virtue of their ubiquity declare themselves a norm, we are bound to be unhappy with what we see and to find it defective.

Never Just Pictures

For the most part, designers and fashion magazine editors have been in denial about the role played by cultural images in the spread of eating and body image problems. As designer Josie Natori argued (in a *Harper's Bazaar* magazine article specifically 'answering' feminists), anyone ought to know that 'fashion is not about reality. It's about ideas and vision' (Natori, 1993: 78). Nike, in an ad for its running shoes, makes a similar, self-exonerating argument:

A magazine is not a mirror. Have you ever seen anyone in a magazine who looked even vaguely like you looking back? Most magazines are made to sell us a fantasy of what we're supposed to be. They reflect what society deems to be a standard, however unattainable or realistic that standard is. That doesn't mean you should cancel your subscription. It means you need to remember that it's just ink on paper. And that whatever standards you set for yourself for how much you want to weigh. For how much you work out. Or how many times you might it to the gym. Should be your standards. Not someone else's.

In some ways, of course, Natori and Nike are right. Fashion images are not meant to be a 'mirror' of reality, but are an artfully arranged manipulation of visual elements. What neither Natori or Nike acknowledge, however, is that those elements are arranged precisely in order to arouse desire and longing, to make us want to participate in the world they portray. That is their point and the source of their potency, and it's in bad faith for the industry to pretend otherwise. If we were content to admire the pictures in some mildly interested, aestheticized way and then put down the magazine, personally unaffected, our bubble of fantasy time over and done with, ready to get back to 'real' life, it is unlikely that we would be as eager to buy the clothes and products advertised as the industry obviously wants us to be.

In *Unbearable Weight* (Bordo, 1993) I attempted to 'unpack' the cultural context which has made images of slenderness so compelling in the post-World War II era. I found the analysis to be complicated and often contradictory. On the one hand, the lean body seems to represent a rejection of the fifties ideal of cuddly, reproductive womanhood, and an assertion of a post-feminist, nondomestic identity. On the other hand,

the steadily shrinking space permitted the female body seems expressive of discomfort with greater female power and presence. Still more recently, the idealized combination of large, usually cosmetically enhanced breasts, on lean and liposuctioned bodies offers the sexual allure of the traditionally feminine body without its 'soft' passivity or connotations of motherliness. The slender body, I argued, also offers the tantalizing ideal of a perfectly managed and regulated self, within a consumer culture, which has made the actual management of hunger intensely problematic.

Of course, this is an analysis of the cultural conditions which have produced certain images, not a description of how consumers 'experience' them. 'No one gets sick from looking at a picture,' says *Vogue* editor Peggy Northrop (Elliott, 1994). I agree. But consumer images are not 'just pictures' (Bordo, 1997). Not only do they perpetuate disappointment in the 'real,' but also they carry fantasized solutions to our anxieties and insecurities, and that's part of the reason why they are powerful. Here, it is important to recognize that images are not imprinting devices, and the girls and women that respond to them are not passive 'dupes'. Rather, the culturally successful image – the one that advertisers and designers reproduce endlessly – carries values and qualities that 'hit a nerve' that is already exposed. As such, they are not only or primarily about the desirability or attractiveness of a certain body size and shape, but about how to become what the dominant culture admires, how to 'get it together,' be safe from pain and hurt. The message and the 'solution' offered by the fat-free body: be aloof rather than desirous, cool rather than hot, blasé rather than passionate, and self-contained rather than needy. To girls who have been abused the abolition of 'loose' flesh, through diet or exercise, may speak of transcendence or armoring of a too vulnerable female body. For racial and ethnic groups whose morphology – large buttocks, 'big' legs – have been marked as foreign, earthy, and primitive, mainstream images may cast the lure of assimilation and acceptance. To girls and women who feel torn apart by the contradictory demands of being both feminine and tough, high-performing but non-threatening to men, sexy-looking but not inviting of unwanted sex, the tightly controlled body may seem a perfect resolution.

These 'solutions' are self-defeating. In her memoir, *Wasted* (1998), Marya Hornbacher succinctly describes the paradoxes:

An eating disorder is not usually a phase, and it is not necessarily indicative of madness. It is quite maddening, granted, not only for the loved one of the eating disordered person, but also for the person herself. It is, at the most basic level, a bundle of contradictions: a desire for power that strips you of all power. A gesture of strength that divests you of strength. A wish to prove that you need nothing, that you have no human hungers, which turns on itself and becomes a searing need for the hunger itself. It is an attempt to find an identity, but ultimately it strips you of any sense of yourself, save the sorry identity of 'sick'. It is a grotesque mockery of cultural standards of beauty that ends up mocking no one more than you. It is a protest against cultural stereotypes of women that in the end makes you seem the weakest, the most needy and neurotic of all women. It is the thing you believe is keeping you safe, alive, contained – and in the end, of course, you find it is doing quite the opposite. The contradictions begin to split a person in two. Body and mind fall apart from each other, and it is in this fissure that an eating disorder may flourish, in the silence that surrounds this confusion that an eating disorder may fester and thrive.

(Hornbacher, 1998)

The Globalization of Eating and Body Image Problems.

Our susceptibility to cultural imagery has changed. Teenagers in the 1960s envied Twiggy's casual cool and boyish body. But few imagined that Twiggy was a blueprint for the ordinary adolescent girl to pattern herself after. She was a high-fashion mannequin after all, and we all knew that models had to be skinny 'to photograph well'. Today, consumers no longer have the luxury of a distinction between what's required of a

fashion model and what's required of them. We are constantly barraged with ads and magazine features instructing us in how to achieve 'the look' of our favorite celebrities, detailing their diet regimes, and above all, offering their perfected bodies as the standard to which we should aspire. They teach us how to *see*, educate our vision in what's a defect and what is *normal*, provide the models against which our own bodies and the bodies of others are measured. Perceptual pedagogy: 'How To Interpret Your Body 101'. It's become a global requirement.

Fiji is a striking example. Because of their remote location, the Fiji islands did not have access to television until 1995, when a single station was introduced. It broadcasts programs from the United States, Great Britain, and Australia. Until that time, Fiji had no reported cases of eating disorders, and a study conducted by anthropologist Anne Becker showed that most Fijian girls and women, no matter how large, were comfortable with their bodies. In 1998, just three years after the station began broadcasting, 11% of girls reported vomiting to control weight, and 62% of the girls surveyed reported dieting during the previous months (Snyderman, 2002: 84). Becker was surprised by the change; she had thought that Fijian cultural traditions, which celebrate eating and favor voluptuous bodies, would 'withstand' the influence of media images. Becker hadn't yet understood that we live in an empire of images, and that there are no protective borders.

Asia is another example. Until the first decade of the twenty-first century, eating disorders were virtually unknown in Asia. Now there are multiple reports of dramatic increases in eating disorders in China, South Korea, and Japan. Eunice Park in *Asian Week* magazine writes: 'As many Asian countries become Westernized and infused with the Western aesthetic of a tall, thin, lean body, a virtual tsunami of eating disorders has swamped Asian countries' (quoted in Rosenthal, 1999).

Or take the case of Central Africa. There, traditional cultures still celebrate voluptuous women. In some regions, brides are sent to fattening farms, to be plumped and massaged into shape for their wedding night. In a country plagued by AIDS, the skinny body has meant – as it used to among Italian, Jewish, and Black Americans – poverty, sickness, death. 'An African girl must have hips,' says dress designer Frank Osodi. 'We have hips. We have bums. We like flesh in Africa'. For years, Nigeria sent its local version of beautiful to the Miss World Competition. The contestants did very poorly. Then a savvy entrepreneur went against local ideals and entered Agbani Darego, a light-skinned, hyper-skinny beauty. Agbani Darego won the Miss World Pageant, the first Black African to do so. Now Nigerian teenagers fast and exercise, trying to become 'lepa' – a popular slang phrase for the thin 'it' girls that are all the rage. Said one: 'People have realized that slim is beautiful' (Onishi, 2002).¹

Clearly, body insecurity can be exported, imported, and marketed – just like any other profitable commodity. Twenty years ago men tended, if anything, to see themselves as better looking than they (perhaps) actually were. And then the menswear manufacturers, the diet industries, and the plastic surgeons 'discovered' the male body (Bordo, 1999). With so much money to be made, why did it take so long? Arguably, manufacturers and advertisers feared that anxiety about being seen as gay would prevent heterosexual men from showing too obvious an interest in their bodies. African-American athletic superstars like Michael Jordan and hip-hop performers like Puff Daddy (Sean P. Diddy) Combs did a lot to change that. They made jewelry, high fashion, strutting one's stuff into a macho thing. But designer Calvin Klein broke the biggest barrier. He brought the sinuous, sculpted male body out of the closet, and made everyone, gay and straight, male and female, succumb to its classic, masculine beauty.

Today, men no longer think of personal care or taking pleasure in one's clothing, one's body, one's beauty in the eyes of another as feminine things. But being the object of the gaze, as men are finding out, has a flip side: the anxiety of not measuring up. Now, young men are looking in their mirrors, finding themselves soft and ill defined, no matter how muscular they are. Now they are developing the eating and body image disorders that we once thought only girls had. Now they are abusing steroids, measuring their own muscularity against the oiled and perfected images of professional athletes, bodybuilders, *Men's Health* models (Hall, 1999).

The globalization of eating disorders has not gone unnoticed by medical professionals, many of whom have responded with a recognition of the multidimensional nature of what once were theorized, by different schools of thought, as 'caused' by specific deficits in personality development, family dynamics, or cognitive functioning. Textbooks now list a wide range of theories and therapies, some of which incorporate the insights of feminists and cultural theorists. Books and articles discuss the different forms that eating problems can take among different ethnic and racial groups (Nasser and Di Nicola, 2001; Thompson, 1994). And with more men now suffering from body image disorders, the role of cultural imagery in promoting dissatisfaction is finally being adequately acknowledged. The authors of *The Adonis Complex* (all medical professionals) reassure their readers that even the most 'well-adjusted' men are at risk. 'Men could be relieved of much suffering,' they write, if they could only be liberated from society's unrealistic ideals of that their bodies should look like' (Pope, Phillips and Olivardia, 2000: 149). The same, of course, is true of girls and women.

Disordered Consumers

'Curing' a culture is a difficult, if not impossible-to-fulfill order. The conditions, which have created and continue to promote widespread food and body image disorders are multi-faceted and multiplied 'deployed,' as Foucault would put it. That is, they are spread out and sustained in myriad ways, mostly with the cooperation of all of us. There is no king to depose, no government to overthrow, no conspiracy to unmask. Moreover, the very same practices that can lead to disorder are also, when not carried to extremes, the wellsprings of health and great deal of pleasure. Maintaining a healthy body weight is important to longevity. Regular exercise not only keeps us fit but makes us feel alive, empowered, strong. Leafing through glossy magazines filled with high fashion imagery is fun and fantasy-inspiring. Even greasy fast food has its (limited) place among the repertoire of pleasures available to us. The problem is that so much that we enjoy and benefit from is part of an industrial/cultural machinery that encourages excess, that doesn't profit from us knowing when or how to stop. There are thousands of vested interests, in other words, that are enriched by our disorders.

It's not surprising then, that it often takes sensational, revenue-threatening exposes to instigate change. After writer and film-maker Morgan Spurlock documented how he had gained 25 pounds and nearly wrecked his health after a one-month diet of McDonald's (Spurlock, 2004, 2005), the chain stopped offering to 'supersize' drinks, and began to develop a line of more 'healthy' alternatives. In 2006, Uruguayan model Luisel Ramos, 22, died of heart failure after starving herself in preparation for a show; the same year, 21-year-old Brazilian model Ana Carolina Reson, also died from anorexia (Finnegan and Sawyer, 2011). In the backlash that followed, Madrid Fashion Week banned underweight models, and various designers, like British Giles Deacon, began to speak out against the 'totally unrealistic' images promoted in fashion (Finnegan and Sawyer, 2011). In Denmark, after a documentary was aired in which several models told how they were forced to starve themselves before a show, politicians have called for regulations preventing underweight models from their catwalks (Ice News, 2011).

This focus on catwalk models, necessary as it is, is limited to a very specific population and its highly privileged audiences. Making sure that runway models are not anorexic does not begin to address the effects, on ordinary consumers, of the mass images in which their bodies, and the bodies of celebrities, are deployed. With the exception of the occasional token nod to 'plus-size' bodies (size 10-12) on 'America's Next Top Model' and a scattering of ads for Dove and 'Just My Size,' these images continue to be digitally trimmed and toned. Curvaceous Sofia Bergara is barely recognizable in an ad for the new, 'skinny' Diet Pepsi can, billed as a 'taller, sassier' drink for 'beautiful confident women'. When the National Eating Disorders Association complained, not only about Bergara's digital diet, but also about the association of confidence and skinniness, Pepsi marketing officer Jill Beraud was unapologetic: 'Our slim, attractive new can is the perfect compliment to today's most stylish looks' (Abraham, 2011). Maureen Lippe, a former

fashion and beauty editor at Harper's Bazaar and Vogue, comes straighter to the point: 'I don't believe that real women are going to sell magazines, and the bottom line is that it's all about selling. Especially in a down economy, women want to see perfection' (Black, 2009).

Beraud doesn't consider how this 'down economy' came to be in the first place. It's not unconnected to the proliferation of eating disorders. When the U.S. economy imploded in 2010, many free-market economists were taken aback by the fact that processes that they all believed would be self-regulating, turned out, when left to their own devices, to be crisis-producing. Why hadn't people been more cautious in their use of credit cards? Why hadn't the banks seen that it was in their self-interest to moderate their lending practices? Why did people buy houses that they couldn't afford to pay for? What the economists didn't get was that the 'invisible hand' of the rationality that was supposed to self-correct its own excesses had been challenged – and vanquished – by cultural habits that have steadily been developing, flourishing, and continually inciting us to defy limits, to just 'go for it', to get all the gratification we can, without thought for future consequences. This is an ideology that challenges all attempts at homeostasis that makes self-regulation impossible.

It's no coincidence, I believe, that at the same time as producers and consumers were 'de-regulating' their behavior, doctors began diagnosing more and more of what they term 'impulse control disorders'. These include kleptomania, compulsive shopping, sexual compulsions, pathological gambling, and binge eating. All are characterized by the failure to resist an impulse, drive or behavior that is potential harmful to oneself or others, and all might also be thought of as symptoms of consumerism out of control. The spread of body image and eating disorders need to be seen along the same lines: as a failure of self-regulation in a culture that actively discourages our capacity to set healthy limits to our behavior, whether we are dieting, bingeing, purging, or imagining how 'perfect' our lives would be if we could only look like a *Glamour* or *Esquire* model.

The industries in food, diet and exercise are perfect examples. The food marketers, clearly, continually excite us with images and descriptions of delicious, gratifying meals and encourage us to give in to the impulses those images inspire. But at the same time, burgeoning industries centered on diet, exercise, and body enhancement glamorize self-discipline and toned bodies. The fast food industry tempts us with bigger portions, toys with 'happy meals,' and addictive amounts of sugar and fat. Then, television shows like 'The Biggest Loser' idealize 'last chance' exercising to the point of collapse, and present 5 pound-per-week weight losses as disappointing failure. Open most magazines and you'll see the contradictions side-by-side. On the one hand, ads for luscious – and usually highly processed – foods, urging to give in, let go, indulge. On the other hand, the admonitions of the diet, exercise and fitness industries to bust that fat, get ourselves in shape, and show we have the right stuff.

Nowhere among these mixed messages, do we find anything like an ideal of moderation presented. And so, it's easy to see why so many of us experience our lives as a tug-of-war between radically conflicting messages: to binge, give in to our desires on the one hand, but to get rid of the results – at the gym, over the toilet bowl, through a crash diet – on the other. The individual road we take – avoiding all consumption entirely, for fear of sliding down the slippery slope, or succumbing to the lure of filling our emptiness, restoring our energy, numbing our emotional pain with food, or alternately 'bulimically' between the two – will depend on personality, familial, cultural, economic and genetic factors that are varied and complex in their interaction. One thing seems clear: the global spread and increasing diversity of 'recruits' into body image and eating disorder shatters the notion that either families or biology are to blame.

Yet, despite what seems like decisive proof to the contrary, biological explanations are in vogue nowadays. In this fairly typical article, for example, biology is figured as the already 'loaded gun'; environment merely 'pulls the trigger':

In the past decade, psychiatrists have begun to see surprising diversity among their anorexic patients. Not only are [they] younger, they're also more likely to be black, Hispanic or Asian, more likely to be

boys, more likely to be middle-aged. All of which caused doctors to question their core assumption: if anorexia isn't a disease of A-type girls from privileged backgrounds, then what is it?

Although no one can yet say for certain, new science is offering tantalizing clues. Doctors now compare anorexia to alcoholism and depression ... diseases that may be set off by environmental factors such as stress or trauma, but have their roots in a complex combination of genes and brain chemistry ... The environment 'pulls the trigger,' says Cynthia Bulik, director of the eating-disorder program at the University of North Carolina at Chapel Hill. But it's a child's latent vulnerabilities that 'load' the gun.

(Tyre, 2005: 52-53)

You have to torture history, statistics, and logic to come to the conclusion that anorexia has its 'roots' in genetics. If 'latent vulnerabilities' load the gun, why have those vulnerabilities suddenly emerged in populations who, as recently as a decade ago, showed no such predispositions? Evolution doesn't work that quickly. It would be more accurate to put it this way: 'Some studies show that genetic vulnerabilities may play a role in the development of anorexia among some patients. However, the growing incidence of these problems in extraordinarily diverse groups of genetic populations, over a strikingly short period of time, strongly suggests that environmental factors are the "smoking gun" that is promoting eating disorders, and that the situation will not change until the conditions which produced it change'.

Note

- 1 This trend isn't only about beauty. When I presented the example at a college whose faculty included a Nigerian, she pointed out that Nigerian girls were dieting well before Agbani Darego won her crown, and that in her opinion, the allure of Western body ideals had to do primarily with the rejection of traditional identities and the system of male dominance that they were anchored in. It was for men, she explained, that Nigerian women were encouraged to be full-bottomed for men that they were often sent to fattening farms to be plumped into shape for the wedding night. Now, modern young women were insisting on the right of their bodies to be less voluptuous, less domestically 'engineered' for the sexual pleasure and comfort of men. Here was a major similarity in the 'deep' meaning of slenderness for both the young Nigerian dieters and the first generation of (twentieth-century) anorexics in this country, many of whom, like the young Nigerian women, were also in rebellion against a voluptuous, male-oriented, sexualized ideal - that of the post-World War II generation.

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