

Anorexia Nervosa

Psychopathology as the Crystallization of Culture

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1996 PREFATORY NOTE

In 1983, preparing to teach an interdisciplinary course called "Gender, Culture, and Experience," I felt the need for a topic that would enable me to bring feminist theory alive for a generation of students that seemed increasingly suspicious of feminism. My sister, Binnie Klein, who is a therapist, suggested that I have my class read Kim Chernin's The Obsession: Reflections on the Tyranny of Slenderness. I did, and I found my Reagan-era students suddenly sounding like the women in the consciousness-raising sessions that had first made me aware of the fact that my problems as a woman were not mine alone. While delighted to have happened on a topic that was so intensely meaningful to them, I was also disturbed by what I was reading in their journals and hearing in the privacy of my office. I had identified deeply with the general themes of Chernin's book. But my own disordered relations with food had never reached the point of anorexia or bulimia, and I was not prepared for the discovery that large numbers of my students were starving, bingeing, purging, and filled with self-hatred and desperation. I began to read everything I could find on eating disorders. I found that while the words and diaries of patients were enormously illuminating, most of the clinical theory was not very helpful. The absence of cultural perspective—particularly relating to the situation of women—was striking.

As a philosopher, I was also intrigued by the classically dualistic language my students often used to describe their feelings, and I decided to incorporate a section on contemporary attitudes toward the body in my metaphysics course. There, I discovered that although it was predominantly my female students who experienced their lives as a perpetual battle with their bodies, quite a few of my male students expressed similar ideas when writing about running. I found myself fascinated by what seemed to me to be the cultural emergence of a set of attitudes about the body which, while not new as ideas, were finding a special kind of embodiment in contemporary culture, and I began to see all sorts of evidence for this cultural hypothesis. "Anorexia Nervosa: Psychopathology as the Crystallization of Culture," first published in 1985, was the result of my initial exploration of the various cultural axes to which my students' experiences guided me in my "Gender, Culture, and Experience" and metaphysics courses. Other essays followed, and ultimately a book, Unbearable Weight: Feminism, Western Culture, and the

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body, further exploring eating disorders through other cultural interconnections and intersections: the historically female disorders, changes in historical attitudes toward what constitutes "fat" and "thin," the structural tensions of consumer society, the post-modern fascination with re-making the self.

Since I began this work in 1983, my then-tentative intuitions have progressively been validated, as I have watched body practices and attitudes that were a mere ripple on the cultural scene assume a central place in the construction of contemporary subjectivity. In 1995, old clinical generalizations positing a distinctive class, race, family and "personality" profile of the woman most likely to develop an eating disorder no longer hold, as images of the slender, tight body become ever-more widely deployed, asserting their homogenizing power over other cultural ideals of beauty, other cultural attitudes toward female appetite and desire. The more generalized obsession with control of the body which I first began to notice in the early eighties now supports burgeoning industries in exercise equipment, diet products and programs, and cosmetic surgery—practices which are engaged in by greater numbers and more diverse groups of people all the time. On television, "infomercials" hawking stomach-flatteners, miracle diet plans, and wrinkle-dissolving cosmetics have become as commonplace as aspirin ads. As the appearance of our bodies has become more and more important to personal and professional success, the incidence of eating disorders has risen, too, among men. All of this has led to an explosion of written material, media attention and clinical study, much of it strongly bearing out my observations and interpretations. I have not, however, incorporated any new studies or statistics into the piece reprinted here. With the exception of a few end-notes, it appears substantially as it did in its original version.

Historians long ago began to write the history of the body. They have studied the body in the field of historical demography or pathology; they have considered it as the seat of needs and appetites, as the locus of physiological processes and metabolisms, as a target for the attacks of germs or viruses; they have shown to what extent historical processes were involved in what might seem to be the purely biological "events" such as the circulation of bacilli, or the extension of the lifespan. But the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.

Michel Foucault, *Discipline and Punish*

I believe in being the best I can be,
I believe in watching every calorie . . .

Crystal Light television commercial

EATING DISORDERS, CULTURE, AND THE BODY

Psychopathology, as Jules Henry has said, "is the final outcome of all that is wrong with a culture."¹ In no case is this more strikingly true than in that of anorexia nervosa and bulimia, barely known a century ago, yet reaching epidemic proportions today. Far from being the result of a superficial fashion phenomenon, these disorders, I will argue, reflect and call our attention to some of the central ills of our culture—from our historical heritage of disdain for the body, to our modern fear of loss of control over our future, to

the disquieting meaning of contemporary beauty ideals in an era of greater female presence and power than ever before.

Changes in the incidence of anorexia² have been dramatic.³ In 1945, when Ludwig Binswanger chronicled the now famous case of Ellen West, he was able to say that "from a psychiatric point of view we are dealing here with something new, with a new symptom."⁴ In 1973, Hilde Bruch, one of the pioneers in understanding and treating eating disorders, could still say that anorexia was "rare indeed."⁵ Today, in 1984, it is estimated that as many as one in every 200–250 women between the ages of thirteen and twenty-two suffer from anorexia, and that anywhere from 12 to 33 percent of college women control their weight through vomiting, diuretics, and laxatives.⁶ The New York Center for the Study of Anorexia and Bulimia reports that in the first five months of 1984 it received 252 requests for treatment, as compared to the 30 requests received in all of 1980.⁷ Even correcting for increased social awareness of eating disorders and a greater willingness of sufferers to report their illnesses, these statistics are startling and provocative. So, too, is the fact that 90 percent of all anorectics are women, and that of the 5,000 people each year who have part of their intestines removed as an aid in losing weight 80 percent are women.⁸

Anorexia nervosa is clearly, as Paul Garfinkel and David Garner have called it, a "multidimensional disorder," with familial, perceptual, cognitive, and, possibly, biological factors interacting in varying combinations in different individuals to produce a "final common pathway."⁹ In the early 1980s, with growing evidence, not only of an overall increase in frequency of the disease, but of its higher incidence in certain populations, attention has begun to turn, too, to cultural factors as significant in the pathogenesis of eating disorders.¹⁰ Until very recently, however, the most that could be expected in the way of cultural or social analysis, with very few exceptions, was the (unavoidable) recognition that anorexia is related to the increasing emphasis that fashion has placed on slenderness over the past fifteen years.¹¹ This, unfortunately, is only to replace one mystery with another, more profound than the first.

What we need to ask is why our culture is so obsessed with keeping our bodies slim, tight, and young that when 500 people were asked what they feared most in the world, 190 replied, "Getting fat."¹² In an age when our children regularly have nightmares of nuclear holocaust, that as adults we should give this answer—that we most fear "getting fat"—is far more bizarre than the anorectic's misperceptions of her body image, or the bulimic's compulsive vomiting. The nightmares of nuclear holocaust and our desperate fixation of our bodies as arenas of control—perhaps one of the few available arenas of control we have left in the twentieth century—are not unconnected, of course. The connection, if explored, could be significant, demystifying, instructive.

So, too, we need to explore the fact that it is women who are most oppressed by what Kim Chernin calls "the tyranny of slenderness," and that this particular oppression is a post-1960s, post-feminist phenomenon. In the fifties, by contrast, with middle-class women once again out of the factories and safely immured in the home, the dominant ideal of female beauty was exemplified by Marilyn Monroe—hardly your androgynous, athletic, adolescent body type. At the peak of her popularity, Monroe was often described as "femininity incarnate," "femaleness embodied"; last term, a student of mine described her as "a cow." Is this merely a change in what size hips, breasts, and waist are considered attractive, or has the very idea of incarnate femaleness come to have a

different meaning images, for the culture addressed if we are talking about eating disorders.

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different meaning, different associations, the capacity to stir up different fantasies and images, for the culture of the eighties? These are the sorts of questions that need to be addressed if we are to achieve a deep understanding of the current epidemic of eating disorders.

The central point of intellectual orientation for this essay is expressed in its subtitle. I take the psychopathologies that develop within a culture, far from being anomalies or aberrations, to be characteristic expressions of that culture; to be, indeed, the crystallization of much that is wrong with it. For that reason they are important to examine, as keys to cultural self-diagnosis and self-scrutiny. "Every age," says Christopher Lasch, "develops its own peculiar forms of pathology, which express in exaggerated form its underlying character structure."¹³ The only aspect of this formulation with which I would disagree, with respect to anorexia, is the idea of the expression of an underlying, unitary cultural character structure. Anorexia appears less as the extreme expression of a character structure than as a remarkably overdetermined symptom of some of the multifaceted and heterogeneous distresses of our age. Just as anorexia functions in a variety of ways in the psychic economy of the anorexic individual, so a variety of cultural currents or streams converge in anorexia, find their perfect, precise expression in it.

I will call those streams or currents "axes of continuity": *axes* because they meet or converge in the anorexic syndrome; *continuity* because when we locate anorexia on these axes, its family resemblances and connections with other phenomena emerge. Some of these axes represent anorexia's *synchronicity* with other contemporary cultural practices and forms—bodybuilding and jogging, for example. Other axes bring to light *historical* connections: for instance, between anorexia and earlier examples of extreme manipulation of the female body, such as tight corseting, or between anorexia and long-standing tradition and ideologies in Western culture, such as our Greco-Christian traditions of dualism. The three axes that I will discuss in this essay (although they by no means exhaust the possibilities for cultural understanding of anorexia) are the dualist axis, the control axis, and the gender/power axis.¹⁴ (3)

Throughout my discussion, it will be assumed that the body, far from being some fundamentally stable, acultural constant to which we must contrast all culturally relative and institutional forms, is constantly "in the grip," as Foucault puts it, of cultural practices. Not that this is a matter of cultural *repression* of the instinctual or natural body. Rather, there is no "natural" body. Cultural practices, far from exerting their power *against* spontaneous needs, "basic" pleasures or instincts, or "fundamental" structures of body experience, are already and always inscribed, as Foucault has emphasized, "on our bodies and their materiality, their forces, energies, sensations, and pleasures."¹⁵ Our bodies, no less than anything else that is human, are constituted by culture.

Often, but not always, cultural practices have their effect on the body as experienced (the "lived body," as the phenomenologists put it) rather than the physical body. For example, Foucault points to the medicalization of sexuality in the nineteenth century, which recast sex from being a family matter into a private, dark, bodily secret that was appropriately investigated by such specialists as doctors, psychiatrists, and school educators. The constant probing and interrogation, Foucault argues, ferreted out, eroticized and solidified all sorts of sexual types and perversions, which people then experienced (although they had not done so originally) as defining their bodily possibilities and pleasures. The practice of the medical confessional, in other words, in its constant foraging

for sexual secrets and hidden stories, actually *created* new sexual secrets—and eroticized the acts of interrogation and confession, too.¹⁶ Here, social practice changed people's *experience* of their bodies and their possibilities. Similarly, as we shall see, the practice of dieting—of saying no to hunger—contributes to the anorectic's increasing sense of hunger as a dangerous eruption from some alien part of the self, and to a growing intoxication with controlling that eruption.

The *physical* body can, however, also be an instrument and medium of power. Foucault's classic example in *Discipline and Punish* is public torture during the Ancien Régime, through which, as Dreyfus and Rabinow put it, "the sovereign's power was literally and publicly inscribed on the criminal's body in a manner as controlled, scenic and well-attended as possible."¹⁷ Similarly, the nineteenth-century corset caused its wearer actual physical incapacitation, but it also served as an emblem of the power of culture to impose its design on the female body.

Indeed, female bodies have historically been significantly more vulnerable than male bodies to extremes in both forms of cultural manipulation of the body. Perhaps this has something to do with the fact that women, besides *having* bodies, are also *associated* with the body, which has always been considered woman's "sphere" in family life, in mythology, in scientific, philosophical, and religious ideology. When we later consider some aspects of the history of medicine and fashion, we will see that the social manipulation of the female body emerged as an absolutely central strategy in the maintenance of power relations between the sexes over the past hundred years. This historical understanding must deeply affect our understanding of anorexia and of our contemporary preoccupation with slenderness.

This is *not* to say that I take what I am doing here to be the unearthing of a long-standing male conspiracy against women or the fixing of blame on any particular participants in the play of social forces. In this I once again follow Foucault, who reminds us that although a perfectly clear logic, with perfectly decipherable aims and objectives, may characterize historical power relations, it is nonetheless "often the case that no one was there to have invented" these aims and strategies, either through choice of individuals or through the rational game plan of some presiding "headquarters."¹⁸ We are not talking, then, of plots, designs, or overarching strategies. This does not mean that individuals do not *consciously* pursue goals that in fact advance their own position. But it does deny that in doing so they are consciously directing the overall movement of power relations or engineering their shape. They may not even know what that shape is. Nor does the fact that power relations involve domination by particular groups—say, of prisoners by guards, females by males, amateurs by experts—entail that the dominators are in anything like full control of the situation or that the dominated do not sometimes advance and extend the situation themselves.¹⁹ Nowhere, as we shall see, is this collaboration in oppression more clear than in the case of anorexia.

THE DUALIST AXIS

I will begin with the most general and attenuated axis of continuity, the one that begins with Plato, winds its way to its most lurid expression in Augustine, and finally becomes metaphysically solidified and scientized by Descartes. I am referring, of course, to our dualistic heritage: the view that human existence is bifurcated into two realms or substances: the bodily or material, on the one hand; the mental or spiritual, on the other.

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Despite some fascinating historical variations which I will not go into here, the basic imagery of dualism has remained fairly constant. Let me briefly describe its central features; they will turn out, as we will see, to comprise the basic body imagery of the anorectic.

First, the body is experienced as alien, as the not-self, the not-me. It is "fastened and glued" to me, "nailed" and "riveted" to me, as Plato describes it in the *Phaedo*.²⁰ For Descartes, the body is the brute material envelope for the inner and essential self, the thinking thing; it is ontologically distinct from that inner self, is as mechanical in its operations as a machine, is, indeed, comparable to animal existence.

Second, the body is experienced as confinement and limitation: a "prison," a "swamp," a "cage," a "fog"—all images that occur in Plato, Descartes, and Augustine—from which the soul, will, or mind struggles to escape. "The enemy ["the madness of lust"] held my will in his power and from it he made a chain and shackled me," says Augustine.²¹ In the work of all three philosophers, images of the soul being "dragged" by the body are prominent. The body is "heavy, ponderous," as Plato describes it; it exerts a downward pull.²²

Third, the body is the enemy, as Augustine explicitly describes it time and again, and as Plato and Descartes strongly suggest in their diatribes against the body as the source of obscurity and confusion in our thinking. "A source of countless distractions by reason of the mere requirement of food," says Plato; "liable also to diseases which overtake and impede us in the pursuit of truth; it fills us full of loves, and lusts, and fears, and fancies of all kinds, and endless foolery, and in very truth, as men say, takes away from us the power of thinking at all. Whence come wars, and fightings, and factions? Whence but from the body and the lusts of the body."²³

And, finally, whether as an impediment to reason or as the home of the "slimy desires of the flesh" (as Augustine calls them), the body is the locus of all that threatens our attempts at control. It overtakes, it overwhelms, it erupts and disrupts. This situation, for the dualist, becomes an incitement to battle the unruly forces of the body, to show it who is boss. For, as Plato says, "Nature orders the soul to rule and govern and the body to obey and serve."²⁴

All three—Plato, Augustine, and, most explicitly, Descartes—provide instructions, rules, or models of how to gain control over the body, with the ultimate aim—for this is what their regimen finally boils down to—of learning to live without it.²⁵ By that is meant: to achieve intellectual independence from the lure of the body's illusions, to become impervious to its distractions, and, most important, to kill off its desires and hungers. Once control has become the central issue for the soul, these are the only possible terms of victory, as Alan Watts makes clear:

Willed control brings about a sense of duality in the organism, of consciousness in conflict with appetite . . . But this mode of control is a peculiar example of the proverb that nothing fails like success. For the more consciousness is individualized by the success of the will, the more everything outside the individual seems to be a threat—including . . . the uncontrolled spontaneity of one's own body. . . . Every success in control therefore demands a further success, so that the process cannot stop short of omnipotence.²⁶

Dualism here appears as the offspring, the by-product, of the identification of the self with control, an identification that Watts sees as lying at the center of Christianity's ethic

of anti-sexuality. The attempt to subdue the spontaneities of the body in the interests of control only succeeds in constituting them as more alien and more powerful, and thus more needful of control. The only way to win this no-win game is to go beyond control, to kill off the body's spontaneities entirely—that is, to cease to experience our hungers and desires.

This is what many anorexics describe as their ultimate goal. “[I want] to reach the point,” as one puts it, “when I don’t need to eat at all.”²⁷ Kim Chernin recalls her surprise when, after fasting, her hunger returned: “I realized [then] that my secret goal in dieting must have been the intention to kill off my appetite completely.”²⁸

It is not usually noted, in the popular literature on the subject, that anorexic women are as obsessed with *hunger* as they are with being slim. Far from losing her appetite, the typical anorectic is haunted by it—in much the same way that Augustine describes being haunted by sexual desire—and is in constant dread of being overwhelmed by it. Many describe the dread of hunger, “of not having control, of giving in to biological urge,” to “the craving, never satisfied thing,”²⁹ as the “original fear” (as one puts it),³⁰ or, as Ellen West describes it, “the real obsession.” “I don’t think the dread of becoming fat is the real . . . neurosis,” she writes, “but the constant desire for food . . . [H]unger, or the dread of hunger, pursues me all morning . . . Even when I am full, I am afraid of the coming hour in which hunger will start again.” Dread of becoming fat, she interprets, rather than being originary, served as a “brake” to her horror of her own unregulatable, runaway desire for food.³¹ Bruch reports that her patients are often terrified at the prospect of taking just one bite of food, lest they never be able to stop.³² (Bulimic anorexics, who binge on enormous quantities of food—sometimes consuming up to 15,000 calories a day³³—indeed *cannot* stop.)

These women experience hunger as an alien invader, marching to the tune of its own seemingly arbitrary whims, disconnected from any normal self-regulating mechanisms. Indeed, it would not possibly be so connected, for it is experienced as coming from an area outside the self. One patient of Bruch’s says she ate breakfast because “my stomach wanted it,” expressing here the same sense of alienation from her hunger (and her physical self) as Augustine’s when he speaks of his “captor,” “the law of sin that was in my member.”³⁴ Bruch notes that this “basic delusion,” as she calls it, “of not owning the body and its sensations” is a typical symptom of all eating disorders. “These patients act,” she says, “as if for them the regulation of food intake was outside [the self].”³⁵ This experience of bodily sensations as foreign is, strikingly, not limited to the experience of hunger. Patients with eating disorders have similar problems in identifying cold, heat, emotions, and anxiety as originating in the self.³⁶

While the body is experienced as alien and outside, the soul or will is described as being trapped or confined in this alien “jail,” as one woman describes it.³⁷ “I feel caught in my body,” “I’m a prisoner in my body”:³⁸ the theme is repeated again and again. A typical fantasy, evocative of Plato, imagines total liberation from the bodily prison: “I wish I could get out of my body entirely and fly!”³⁹ “Please dear God, help me . . . I want to get out of my body, I want to get out!”⁴⁰ Ellen West, astute as always, sees a central meaning of her self-starvation in this “ideal of being too thin, of being *without a body*.”⁴¹

Anorexia is not a philosophical attitude; it is a debilitating affliction. Yet, quite often a highly conscious and articulate scheme of images and associations—virtually a metaphysics—is presented by these women. The scheme is strikingly Augustinian, with evocations

of Plato. This does not mean, but that the scheme is grounded in Platonic thought. Augustine speaks of the “trapped spirit,” who “begins to struggle,” a “conflict of mind or will and nature on which the aggressive alliance is formed. I become guilty and wait ‘til this sense of guilt is currently getting rid of it.”

In this battle, the body (that is to say, the body and transcendence) is like one of those things that are invulnerable, clean, and say, becoming a mental stupor and “polluted, disguised.” Very often, sexual desire and sexuality are psychic scraps of leftover

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of Plato. This does not indicate, of course, that anorectics are followers of Plato or Augustine, but that the anorectic's metaphysics makes explicit various elements, historically grounded in Plato and Augustine, that run deep in our culture.⁴² As Augustine often speaks of the "two wills" within him, "one the servant of the flesh, the other of the spirit," who "between them tore my soul apart," so the anorectic describes a "spiritual struggle," a "contest between good and evil," often conceived explicitly as a battle between mind or will and appetite or body.⁴³ "I feel myself, quite passively," says West, "the stage on which two hostile forces are mangling each other."⁴⁴ Sometimes there is a more aggressive alliance with mind against body: "When I fail to exercise as often as I prefer, I become guilty that I have let my body 'win' another day from my mind. I can't wait 'til this semester is over . . . My body is going to pay the price for the lack of work it is currently getting. I can't wait!"⁴⁵

In this battle, thinness represents a triumph of the will over the body, and the thin body (that is to say, the nonbody) is associated with "absolute purity, hyperintellectuality and transcendence of the flesh. My soul seemed to grow as my body waned; I felt like one of those early Christian saints who starved themselves in the desert sun. I felt invulnerable, clean and hard as the bones etched into my silhouette."⁴⁶ Fat (that is to say, becoming *all* body) is associated with the taint of matter and flesh, "wantonness,"⁴⁷ mental stupor and mental decay.⁴⁸ One woman describes how after eating sugar she felt "polluted, disgusting, sticky through the arms, as if something bad had gotten inside."⁴⁹ Very often, sexuality is brought into this scheme of associations, and hunger and sexuality are psychically connected. Cherry Boone O'Neill describes a late-night binge, eating scraps of leftovers from the dog's dish:

I started slowly, relishing the flavor and texture of each marvelous bite. Soon I was ripping the meager remains from the bones, stuffing the meat into my mouth as fast as I could detach it.

[Her boyfriend surprises her, with a look of "total disgust" on his face.]

I had been caught red-handed . . . in an animalistic orgy on the floor, in the dark, alone. Here was the horrid truth for Dan to see. I felt so evil, tainted, pagan . . . In Dan's mind that day, I had been whoring after food.⁵⁰

A hundred pages earlier, she had described her first romantic involvement in much the same terms: "I felt secretive, deceptive, and . . . tainted by the ongoing relationship" (which never went beyond kisses).⁵¹ Sexuality, similarly, is "an abominable business" to Aimee Liu; for her, staying reed-thin is seen as a way of avoiding sexuality, by becoming "androgynous," as she puts it.⁵² In the same way, Sarah, a patient of Levenkron's, connects her dread of gaining weight with "not wanting to be a 'temptation' to men."⁵³ In Liu's case, and in Sarah's, the desire to appear unattractive to men is connected to anxiety and guilt over earlier sexual abuse. Whether or not such episodes are common to many cases of anorexia,⁵⁴ "the avoidance of any sexual encounter, a shrinking from all bodily contact," is, according to Bruch, characteristic of anorectics.⁵⁵

THE CONTROL AXIS

Having examined the axis of continuity from Plato to anorexia, we should feel cautioned against the impulse to regard anorexia as expressing entirely modern attitudes

and fears. Disdain for the body, the conception of it as an alien force and impediment to the soul, is very old in our Greco-Christian traditions (although it has usually been expressed most forcefully by male philosophers and theologians rather than adolescent women!).

But although dualism is as old as Plato, in many ways contemporary culture appears more obsessed than previous eras with the control of the unruly body. Looking now at contemporary American life, a second axis of continuity emerges on which to locate anorexia. I call it the control axis.

The young anorectic, typically, experiences her life as well as her hungers as being out of control. She is a perfectionist and can never carry out the tasks she sets herself in a way that meets her own rigorous standards. She is torn by conflicting and contradictory expectations and demands, wanting to shine in all areas of student life, confused about where to place most of her energies, what to focus on, as she develops into an adult. Characteristically, her parents expect a great deal of her in the way of individual achievement (as well as physical appearance), yet have made most of the important decisions for her.⁵⁶ Usually, the anorexic syndrome emerges, not as a conscious decision to get as thin as possible, but as the result of her having begun a diet fairly casually, often at the suggestion of a parent, having succeeded splendidly in taking off five or ten pounds, and then having gotten hooked on the intoxicating feeling of accomplishment and control.

Recalling her anorexic days, Aimee Liu recreates her feelings:

The sense of accomplishment exhilarates me, spurs me to continue on and on. It provides a sense of purpose and shapes my life with distractions from insecurity. . . . I shall become an expert [at losing weight]. . . . The constant downward trend [of the scale] somehow comforts me, gives me visible proof that I can exert control.⁵⁷

The diet, she realizes, "is the one sector of my life over which I and I alone wield total control."⁵⁸

The frustrations of starvation, the rigors of the constant physical activity in which anorectics engage, the pain of the numerous physical complications of anorexia: these do not trouble the anorectic. Indeed, her ability to ignore them is further proof to her of her mastery of her body. "This was something I could control," says one of Bruch's patients. "I still don't know what I look like or what size I am, but I know my body can take anything."⁵⁹ "Energy, discipline, my own power will keep me going," says Liu. "Psychic fuel, I need nothing and no one else, and I will prove it. . . . Dropping to the floor, I roll. My tailbone crunches on the hard floor. . . . I feel no pain. I will be master of my own body, if nothing else, I vow."⁶⁰ And, finally, from one of Bruch's patients: "You make of your own body your very own kingdom where you are the tyrant, the absolute dictator."⁶¹

Surely we must recognize in this last honest and explicit statement a central modus operandi for the control of contemporary bourgeois anxiety. Consider compulsive jogging and marathon-running, often despite shin splints and other painful injuries, with intense agitation over missing a day or not meeting a goal for a particular run. Consider the increasing popularity of triathlon events such as the Iron Man, whose central purpose appears to be to allow people to find out how far they can push their bodies—through long-distance swimming, cycling, and running—before they collapse. Consider

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lawyer Mike Frankfurt, who runs ten miles every morning: "*To run with pain is the essence of life.*"⁶² Or consider the following excerpts from student journals:

The best times I like to run are under the most unbearable conditions. I love to run in the hottest, most humid and steepest terrain I can find. . . . For me running and the pain associated with it aren't enough to make me stop. I am always trying to overcome it and the biggest failure I can make is to stop running because of pain. Once I ran five of a ten-mile run with a severe leg cramp but wouldn't stop—it would have meant failure.⁶³

When I run I am free. . . . The pleasure is closing off my body—as if the incessant pounding of my legs is so total that the pain ceases to exist. There is no grace, no beauty in the running—there is the jarring reality of sneaker and pavement. Bright pain that shivers and splinters sending its white hot arrows into my stomach, my lung, but it cannot pierce my mind. I am on automatic pilot—there is no remembrance of pain, there is freedom—I am losing myself, peeling out of this heavy flesh. . . . Power surges through me.⁶⁴

None of this is to dispute that the contemporary concern with fitness has nonpathological, nondualist dimensions as well. Particularly for women, who have historically suffered from the ubiquity of rape and abuse, from the culturally instilled conviction of our own helplessness, and from lack of access to facilities and programs for rigorous physical training, the cultivation of strength, agility, and confidence clearly has a positive dimension. Nor are the objective benefits of daily exercise and concern for nutrition in question here. My focus, rather, is on a subjective stance, become increasingly prominent, which, although preoccupied with the body and deriving narcissistic enjoyment from its appearance, takes little pleasure in the experience of embodiment. Rather, the fundamental identification is with mind (or will), ideals of spiritual perfection, fantasies of absolute control.

Not everyone, of course, for whom physical training is a part of daily routine exhibits such a stance. Here, an examination of the language of female body-builders is illustrative. Body-building is particularly interesting because on the surface it appears to have the opposite structure to anorexia: the body-builder is, after all, building the body *up*, not whittling it down. Body-building develops strength. We imagine the body-builder as someone who is proud, confident, and perhaps most of all, conscious of and accepting of her physicality. This is, indeed, how some female body-builders experience themselves:

I feel . . . tranquil and stronger [says Lydia Cheng]. Working out creates a high everywhere in my body. I feel the heat. I feel the muscles rise, I see them blow out, flushed with lots of blood. . . . My whole body is sweating and there's few things I love more than working up a good sweat. That's when I really feel like a woman.⁶⁵

Yet a sense of joy in the body as active and alive is *not* the most prominent theme among the women interviewed by Trix Rosen. Many of them, rather, talk about their bodies in ways that resonate disquietingly with typical anorexic themes.

There is the same emphasis on will, purity, and perfection: "I've learned to be a stronger person with a more powerful will . . . pure concentration, energy and spirit." "I want to be as physically perfect as possible." "Body-building suits the perfectionist in me."

"My goal is to have muscular perfection."⁶⁶ Compulsive exercisers—whom Dinitia Smith, in an article for *New York* magazine, calls "The New Puritans"—speak in similar terms. Kathy Krauch, a New York art director who bikes twelve miles a day and swims two and a half, says she is engaged in "a quest for perfection." Mike Frankfurt, in describing his motivation for marathon running, speaks of "the purity about it." These people, Smith emphasizes, care little about their health: "They pursue self-denial as an end in itself, out of an almost mystical belief in the purity it confers."⁶⁷

Many body-builders, like many anorexics, unnervingly conceptualize the body as alien, not-self:

I'm constantly amazed by my muscles. The first thing I do when I wake up in the morning is look down at my "abs" and flex my legs to see if the "cuts" are there. . . . My legs have always been my most stubborn part, and I want them to develop so badly. Every day I can see things happening to them. . . . I don't flaunt my muscles as much as I thought I would. I feel differently about them; they are my product and I protect them by wearing sweaters to keep them warm.⁶⁸

Most strikingly, body-builders put the same emphasis on *control*: on feeling their life to be fundamentally out of control, and on the feeling of accomplishment derived from total mastery of the body. That sense of mastery, like the anorectic's, appears to derive from two sources. First, there is the reassurance that one can overcome all physical obstacles, push oneself to any extremes in pursuit of one's goals (which, as we have seen, is a characteristic motivation of compulsive runners, as well). Second, and most dramatic (it is spoken of time and again by female body-builders), is the thrill of being in total charge of the shape of one's body. "Create a masterpiece," says *Fit* magazine. "Sculpt your body contours into a work of art." As for the anorectic—who literally cannot *see* her body as other than her inner reality dictates and who is relentlessly driven by an ideal image of ascetic slenderness—so for the body-builder a purely mental conception comes to have dominance over her life: "You visualize what you want to look like . . . and then create the form." "The challenge presents itself: to rearrange things." "It's up to you to do the chiseling; you become the master sculptress." "What a fantasy, for your body to be changing! . . . I keep a picture in my mind as I work out of what I want to look like and what's happened to me already."⁶⁹ Dictation to nature of one's own chosen design for the body is the central goal for the body-builder, as it is for the anorectic.

The sense of security derived from the attainment of this goal appears, first of all, as the pleasure of control and independence. "Nowadays," says Michael Sacks, associate professor of psychiatry at Cornell Medical College, "people no longer feel they can control events outside themselves—how well they do in their jobs or in their personal relationships, for example—but they can control the food they eat and how far they can run. Abstinence, tests of endurance, are ways of proving their self-sufficiency."⁷⁰ In a culture, moreover, in which our continued survival is often at the mercy of "specialists," machines, and sophisticated technology, the body acquires a special sort of vulnerability and dependency. We may live longer, but the circumstances surrounding illness and death may often be perceived as more alien, inscrutable, and arbitrary than ever before.

Our contemporary body-ferishism expresses more than a fantasy of self-mastery in an increasingly unmanageable culture, however. It also reflects our alliance with culture

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against all reminders of the inevitable decay and death of the body. "Everybody wants to live forever" is the refrain from the theme song of *Pumping Iron*. The most youth-worshipping of popular television shows, *Fame*, opens with a song that begins, "I want to live forever." And it is striking that although the anorectic may come very close to death (and 15 percent do indeed die), the dominant experience throughout the illness is of invulnerability.

The dream of immortality is, of course, nothing new. But what is unique to modernity is that the defeat of death has become a scientific fantasy rather than a philosophical or religious mythology. We no longer dream of eternal union with the gods; instead, we build devices that can keep us alive indefinitely, and we work on keeping our bodies as smooth and muscular and elastic at forty as they were at eighteen. We even entertain dreams of halting the aging process completely. "Old age," according to Durk Pearson and Sandy Shaw, authors of the popular *Life Extension*, "is an unpleasant and unattractive affliction."⁷¹ The mega-vitamin regime they prescribe is able, they claim, to prevent and even to reverse the mechanisms of aging.

Finally, it may be that in cultures characterized by gross excesses in consumption, the "will to conquer and subdue the body" (as Chernin calls it) expresses an aesthetic or moral rebellion.⁷² Anorectics initially came from affluent families, and the current craze for long-distance running and fasting is largely a phenomenon of young, upwardly mobile professionals (Dinitia Smith calls it "Deprivation Chic").⁷³ To those who are starving against their wills, of course, starvation cannot function as an expression of the power of the will. At the same time, we should caution against viewing anorexia as a trendy illness of the elite and privileged. Rather, its most outstanding feature is powerlessness.

THE GENDER/POWER AXIS

Ninety percent of anorectics are women. We do not, of course, need that particular statistic to realize that the contemporary "tyranny of slenderness" is far from gender-neutral. Women are more obsessed with their bodies than men, less satisfied with them,⁷⁴ and permitted less latitude with them by themselves, by men, and by the culture. In a 1984 *Glamour* magazine poll of 33,000 women, 75 percent said they thought they were "too fat." Yet by Metropolitan Life Insurance Tables, themselves notoriously affected by cultural standards, only 25 percent of these women were heavier than their optimal weight, and a full 30 percent were *below* that weight.⁷⁵ The anorectic's distorted image of her body—her inability to see it as anything but too fat—although more extreme, is not radically discontinuous, then, from fairly common female misperceptions.

Consider, too, actors like Nick Nolte and William Hurt, who are permitted a certain amount of softening, of thickening about the waist, while still retaining romantic-lead status. Individual style, wit, the projection of intelligence, experience, and effectiveness still go a long way for men, even in our fitness-obsessed culture. But no female can achieve the status of romantic or sexual ideal without the appropriate *body*. That body, if we use television commercials as a gauge, has gotten steadily leaner since the mid-1970s.⁷⁶ What used to be acknowledged as an extreme required only of high fashion models is now the dominant image that beckons to high school and college women. Over and over, extremely slender women students complain of hating their thighs or their stomachs (the anorectic's most dreaded danger spot); often, they express concern and anger over frequent teasing by their boyfriends. Janey, a former student, is 5' 10" and weighs

132 pounds. Yet her boyfriend Bill, also a student of mine, calls her "Fatso" and "Big Butt" and insists she should be 110 pounds because (as he explains in his journal for my class) "that's what Brooke Shields weighs." He calls this "constructive criticism" and seems to experience extreme anxiety over the possibility of her gaining any weight: "I can tell it bothers her yet I still continue to badger her about it. I guess that I think that if I continue to remind her things will change faster."⁷⁷ This sort of relationship, in which the woman's weight has become a focal issue, is not at all atypical, as I have discovered from student journals and papers.

Hilda Bruch reports that many anorectics talk of having a "ghost" inside them or surrounding them, "a dictator who dominates me," as one woman describes it; "a little man who objects when I eat" is the description given by another.⁷⁸ The little ghost, the dictator, the "other self" (as he often described) is always male, reports Bruch. The anorectic's *other self*—the self of the uncontrollable appetites, the impurities and taints, the flabby will and tendency to mental torpor—is the body, as we have seen. But it is also (and here the anorectic's associations are surely in the mainstream of Western culture) the *female self*. These two selves are perceived as at constant war. But it is clear that it is the male side—with its associated values of greater spirituality, higher intellectuality, strength of will—that is being expressed and developed in the anorectic syndrome.⁷⁹

What is the meaning of these gender associations in the anorectic? I propose that there are two levels of meaning. One has to do with fear and disdain for traditional female roles and social limitations. The other has to do, more profoundly, with a deep fear of "the Female," with all its more nightmarish archetypal associations of voracious hungers and sexual insatiability.

Adolescent anorectics express a characteristic fear of growing up to be mature, sexually developed, and potentially reproductive women. "I have a deep fear," says one, "of having a womanly body, round and fully developed. I want to be tight and muscular and thin."⁸⁰ Cherry Boone O'Neill speaks explicitly of her fear of womanhood.⁸¹ If only she could stay thin, says yet another, "I would never have to deal with having a woman's body; like Peter Pan I could stay a child forever."⁸² The choice of Peter Pan is telling here—what she means is, stay a *boy* forever. And indeed, as Bruch reports, many anorectics, when children, dreamt and fantasized about growing up to be boys.⁸³ Some are quite conscious of playing out this fantasy through their anorexia; Adrienne, one of Levenkron's patients, was extremely proud of the growth of facial and body hair that often accompanies anorexia, and especially proud of her "skinny, hairy arms."⁸⁴ Many patients report, too, that their father had wanted a boy, were disappointed to get "less than" that, or had emotionally rebuffed their daughter when she began to develop sexually.⁸⁵

In a characteristic scenario, anorexia develops just at the outset of puberty. Normal body changes are experienced by the anorectic, not surprisingly, as the takeover of the body by disgusting, womanish fat. "I grab my breasts," says Aimee Liu, "pinching them until they hurt. If only I could eliminate them, cut them off if need be, to become as flat-chested as a child again."⁸⁶ The anorectic is exultant when her periods stop (as they do in all cases of anorexia⁸⁷ and as they do in many female runners as well). Disgust with menstruation is typical: "I saw a picture at a feminist art gallery," says another woman. "There was a woman with long red yarn coming out of her, like she was menstruating. . . . I got that *feeling*—in that part of my body that I have trouble with . . . my stomach, my thighs, my pelvis. That revolting feeling."⁸⁸

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Some authors interpret these symptoms as a species of unconscious feminist protest, involving anger at the limitations of the traditional female role, rejection of values associated with it, and fierce rebellion against allowing their futures to develop in the same direction as their mothers' lives.⁸⁹ In her portrait of the typical anorexic family configuration, Bruch describes nearly all of the mothers as submissive to their husbands but very controlling of their children.⁹⁰ Practically all had had promising careers which they had given up to care for their husbands and families full-time, a task they take very seriously, although often expressing frustration and dissatisfaction.

Certainly, many anorectics appear to experience anxiety about falling into the lifestyle they associate with their mothers. It is a prominent theme in Aimee Liu's *Solitaire*. Another woman describes her feeling that "[I am] full of my mother . . . she is in me even if she isn't there" in nearly the same breath as she complains of her continuous fear of being "not human . . . of ceasing to exist."⁹¹ And Ellen West, nearly a century earlier, had quite explicitly equated becoming fat with the inevitable (for an elite woman of her time) confinements of domestic life and the domestic stupor she associates with it:

Dread is driving me mad . . . the consciousness that ultimately I will lose everything; all courage, all rebelliousness, all drive for doing; that it—my little world—will make me flabby, flabby and fainthearted and beggarly.⁹²

Several of my students with eating disorders reported that their anorexia had developed after their families had dissuaded them from choosing or forbidden them to embark on a traditionally male career.

Here anorexia finds a true sister-phenomenon in the epidemic of female invalidism and "hysteria" that swept through the middle and upper-middle classes in the second half of the nineteenth century.⁹³ It was a time that, in many ways, was very like our own, especially in the conflicting demands women were confronting: the opening up of new possibilities versus the continuing grip of the old expectations. On the one hand, the old preindustrial order, with the father at the head of a self-contained family production unit, had given way to the dictatorship of the market, opening up new, nondomestic opportunities for working women. On the other hand, it turned many of the most valued "female" skills—textile and garment manufacture, food processing—out of the home and over to the factory system.⁹⁴ In the new machine economy, the lives of middle-class women were far emptier than they had been before.

It was an era, too, that had been witnessing the first major feminist wave. In 1840, the World Anti-Slavery Conference had been held, at which the first feminists spoke loudly and long on the connections between the abolition of slavery and women's rights. The year 1848 saw the Seneca Falls Convention. In 1869, John Stuart Mill published his landmark work "On the Subjection of Women." And in 1889 the Pankhursts formed the Women's Franchise League. But it was an era, too (and not unrelatedly, as I shall argue later), when the prevailing ideal of femininity was the delicate, affluent lady, unequipped for anything, but the most sheltered domestic life, totally dependent on her prosperous husband, providing a peaceful and comfortable haven for him each day after his return from his labors in the public sphere.⁹⁵ In a now famous letter, Freud, criticizing John Stuart Mill, writes:

Seneca Falls
1848

It really is a still-born thought to send women into the struggle for existence exactly as men. If, for instance, I imagine my gentle sweet girl as a competitor it would only end in my telling her, as I did seventeen months ago, that I am fond of her and that I implore her to withdraw from the strife into the calm uncompetitive activity of my home.⁹⁶

This is exactly what male doctors *did* do when women began falling ill, complaining of acute depression, severe headaches, weakness, nervousness, and self-doubt.⁹⁷ Among these women were such noted feminists and social activists as Charlotte Perkins Gilman, Jane Addams, Elizabeth Cady Stanton, Margaret Sanger, British activist Josephine Butler, and German suffragist Hedwig Dohm. "I was weary myself and sick of asking what I am and what I ought to be," recalls Gilman,⁹⁸ who later went on to write a fictional account of her mental breakdown in the chilling novella *The Yellow Wallpaper*. Her doctor, the famous specialist S. Weir Mitchell, instructed her, as Gilman recalls, to "live as domestic a life as possible. Have your child with you all the time. . . . Lie down an hour every day after each meal. Have but two hours intellectual life a day. And never touch pen, brush or pencil as long as you live."⁹⁹

Freud, who favorably reviewed Mitchell's 1887 book and who advised that psychotherapy for hysterical patients be combined with Mitchell's rest cure ("to avoid new psychical impressions"),¹⁰⁰ was as blind as Mitchell to the contribution that isolation, boredom, and intellectual frustration made to the etiology of hysteria. Nearly all of the subjects in *Studies in Hysteria* (as well as the later *Dora*) are acknowledged by Freud to be unusually intelligent, creative, energetic, independent, and, often, highly educated. (Berthe Pappenheim—"Anna O."—as we know, went on after recovery to become an active feminist and social reformer.) Freud even comments, criticizing Janet's notion that hysterics were "psychically insufficient," on the characteristic coexistence of hysteria with "gifts of the richest and most original kind."¹⁰¹ Yet Freud never makes the connection (which Breuer had begun to develop)¹⁰² between the monotonous domestic lives these women were expected to lead after they completed their schooling, and the emergence of compulsive daydreaming, hallucinations, dissociations, and hysterical conversions.

Charlotte Perkins Gilman does make that connection. In *The Yellow Wallpaper* she describes how a prescribed regime of isolation and enforced domesticity eventuates, in her fictional heroine, in the development of a full-blown hysterical symptom, madness, and collapse. The symptom, the hallucination that there is a woman trapped in the wallpaper of her bedroom, struggling to get out, is at once a perfectly articulated expression of protest and a completely debilitating *idée fixe* that allows the woman character no distance on her situation, no freedom of thought, no chance of making any progress in leading the kind of active, creative life her body and soul crave.

So too for the anorectic. It is indeed essential to recognize in this illness the dimension of protest against the limitations of the ideal of female domesticity (the "feminine mystique," as Betty Friedan called it) that reigned in America throughout the 1950s and early 1960s—the era when most of their mothers were starting homes and families. This was, we should recall, the era following World War II, an era during which women were fired en masse from the jobs they had held during the war and shamelessly propagandized back into the full-time job of wife and mother. It was an era, too, when the "fuller figure," as Jane Russell now calls it, came into fashion once more, a period of "mammary madness" (or "resurgent Victorianism," as Lois Banner calls it), which glamorized

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the voluptuous, large-breasted woman.¹⁰³ This remained the prevailing fashion tyranny until the late 1960s and early 1970s.

But we must recognize that the anorectic's protest, like that of the classical hysterical symptom, is written on the bodies of anorexic women, not embraced as a conscious politics—nor, indeed, does it reflect any social or political understanding at all. Moreover, the symptoms themselves function to preclude the emergence of such an understanding. The idée fixe—staying thin—becomes at its farthest extreme so powerful as to render any other ideas or life-projects meaningless. Liu describes it as “all encompassing.”¹⁰⁴ West writes: “I felt all inner development was ceasing, that all becoming and growing were being choked, because a single idea was filling my entire soul.”¹⁰⁵

Paradoxically—and often tragically—these pathologies of female protest (and we must include agoraphobia here, as well as hysteria and anorexia) actually function as if in collusion with the cultural conditions that produced them.¹⁰⁶ The same is true for more moderate expressions of the contemporary female obsession with slenderness. Women may feel themselves deeply attracted by the aura of freedom and independence suggested by the boyish body ideal of today. Yet, each hour, each minute spent in anxious pursuit of that ideal (for it does not come naturally to most mature women) is in fact time and energy taken from inner development and social achievement. As a feminist protest, the obsession with slenderness is hopelessly counterproductive.

It is important to recognize, too, that the anorectic is terrified and repelled, not only by the traditional female domestic role—which she associates with mental lassitude and weakness—but by a certain archetypal image of the female: as hungering, voracious, all-needing, and all-wanting. It is this image that shapes and permeates her experience of her own hunger for food as insatiable and out of control, that makes her feel that if she takes just one bite, she will not be able to stop.

Let us explore this image. Let us break the tie with food and look at the metaphor: hungering . . . voracious . . . extravagantly and excessively needful . . . without restraint . . . always wanting . . . always wanting too much affection, reassurance, emotional and sexual contact, and attention. This is how many women frequently experience themselves, and, indeed, how many men experience women. “Please, God, keep me from telephoning him,” prays the heroine in Dorothy Parker’s classic “A Telephone Call,”¹⁰⁷ experiencing her need for reassurance and contact as being as out of control and degrading as the anorectic does her desire for food. The male counterpart to this is found in Paul Morel in Lawrence’s *Sons and Lovers*: “Can you never like things without clutching them as if you wanted to pull the heart out of them?” he accuses Miriam as she fondles a flower. “Why don’t you have a bit more restraint, or reserve, or something. . . . You’re always begging things to love you, as if you were a beggar for love. Even the flowers, you have to fawn on them.”¹⁰⁸ How much psychic authenticity do these images carry in 1980s America? One woman in my class provided a stunning insight into the connection between her perception of herself and the anxiety of the compulsive dieter. “You know,” she said, “the anorectic is always convinced she is taking up too much space, eating too much, wanting food too much. I’ve never felt that way, but I’ve often felt that I was too much—too much emotion, too much need, too loud and demanding, too much there, if you know what I mean.”¹⁰⁹

The most extreme cultural expressions of the fear of woman as “too much”—which almost always revolve around her sexuality—are strikingly full of eating and hunger-

ing metaphors. "Of woman's unnatural, *insatiable* lust, what country, what village doth not complain?" queries Burton in *The Anatomy of Melancholy*.¹¹⁰ "You are the true hiennas," says Walter Charleton, "that allure us with the fairness of your skins, and when folly hath brought us within your reach, you leap upon us and devour us."¹¹¹

The mythology/ideology of the devouring, insatiable female (which, as we have seen, is the image of her female self the anorectic has internalized) tends historically to wax and wane. But not without rhyme or reason. In periods of gross environmental and social crisis, such as characterized the period of the witch-hunts in the fifteenth and sixteenth centuries, it appears to flourish.¹¹² "All witchcraft comes from carnal lust, which is in women *insatiable*, say Kramer and Sprenger, authors of the official witch-hunters handbook, *Malleus Malificarum*. For the sake of fulfilling the "mouth of the womb . . . [women] consort even with the devil."¹¹³

Anxiety over women's uncontrollable hungers appears to peak, as well, during periods when women are becoming independent and are asserting themselves politically and socially. The second half of the nineteenth century, concurrent with the first feminist wave discussed earlier, saw a virtual flood of artistic and literary images of the dark, dangerous, and evil female: "sharp-teethed, devouring" Sphinxes, Salomes, and Delilahs, "biting, tearing, murderous women." "No century," claims Peter Gay, "depicted woman as vampire, as castrator, as killer, so consistently, so programmatically, and so nakedly as the nineteenth."¹¹⁴ No century, either, was so obsessed with sexuality—particularly female sexuality—and its medical control. Treatment for excessive "sexual excitement" and masturbation in women included placing leeches on the womb,¹¹⁵ clitoridectomy, and removal of the ovaries (also recommended for "troublesomeness, eating like a ploughman, erotic tendencies, persecution mania, and simple 'cussedness'").¹¹⁶ The importance of female masturbation in the etiology of the "actual neurosis" was a topic in which the young Freud and his friend and colleague Wilhelm Fliess were especially interested. Fliess believed that the secret to controlling such "sexual abuse" lay in the treatment of nasal "genital spots"; in an operation that was sanctioned by Freud, he attempted to "correct" the "bad sexual habits" of Freud's patient Emma Eckstein by removal of the turbinate bone of her nose.¹¹⁷

It was in the second half of the nineteenth century, too, despite a flurry of efforts by feminists and health reformers,¹¹⁸ that the stylized "S-curve," which required a tighter corset than ever before, came into fashion.¹¹⁹ "While the suffragettes were forcefully propelling all women toward legal and political emancipation," says Amaury de Rencourt, "fashion and custom imprisoned her physically as she had never been before."¹²⁰ Described by Thorstein Veblen as a "mutilation undergone for the purpose of lowering the subject's vitality and rendering her permanently and obviously unfit for work," the corset indeed did just that.¹²¹ In it a woman could barely sit or stoop, was unable to move her feet more than six inches at a time, and had difficulty in keeping herself from regular fainting fits. (In 1904, a researcher reported that "monkeys laced up in these corsets moped, became excessively irritable and within weeks sickened and died"!)¹²² The connection was often drawn in popular magazines between enduring the tight corset and the exercise of self-restraint and control. The corset is "an ever present monitor," says one 1878 advertisement, "of a well-disciplined mind and well-regulated feelings."¹²³ Today, of course, we diet to achieve such control.

It is important to emphasize that, despite the practice of bizarre and grotesque meth-

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ods of gross physical manipulation and external control (clitoridectomy, Chinese foot-binding, the removal of bones of the rib cage in order to fit into the tight corsets), such control plays a relatively minor role in the maintenance of gender/power relations. For every historical image of the dangerous, aggressive woman there is a corresponding fantasy—an ideal femininity, from which all threatening elements have been purged—that women have mutilated themselves internally to attain. In the Victorian era, at the same time that operations were being performed to control female sexuality, William Acton, Richard von Krafft-Ebing, and others were proclaiming the official scientific doctrine that women are naturally passive and “not very much troubled with sexual feelings of any kind.”¹²⁴ Corresponding to this male medical fantasy was the popular artistic and moral theme of woman as ministering angel; sweet, gentle, domestic, without intensity or personal ambition of any sort.¹²⁵ Peter Gay suggests, correctly, that these ideals must be understood as a reaction-formation to the era’s “pervasive sense of manhood in danger,” and he argues that few women actually fit the “insipid goody” (as Kate Millett calls it) image.¹²⁶ What Gay forgets, however, is that most women tried to fit—working classes as well as middle were affected by the “tenacious and all-pervasive” ideal of the perfect lady.¹²⁷

On the gender/power axis the female body appears, then, as the unknowing medium of the historical ebbs and flows of the fear of woman as “too much.” That, as we have seen, is how the anorectic experiences her female, bodily self: as voracious, wanton, needful of forceful control by her male will. Living in the tide of cultural backlash against the second major feminist wave, she is not alone in constructing these images. Christopher Lasch, in *The Culture of Narcissism*, speaks of what he describes as “the apparently aggressive overtures of sexually liberated women” which convey to many males the same message—that women are voracious, insatiable,” and call up “early fantasies of a possessive, suffocating, devouring and castrating mother.”¹²⁸

Our contemporary beauty ideals, by contrast, seemed purged, as Kim Chernin puts it, “of the power to conjure up memories of the past, of all that could remind us of a woman’s mysterious power.”¹²⁹ The ideal, rather, is an “image of a woman in which she is not yet a woman”: Darryl Hannah as the lanky, newborn mermaid in *Splash*; Lori Singer (appearing virtually anorexic) as the reckless, hyperkinetic heroine of *Footloose*; The Charley Girl; “Cheryl Tiegs in shorts, Margaux Hemingway with her hair wet; Brooke Shields naked on an island”;¹³⁰ the dozens of teenage women who appear in Coke commercials, in jeans commercials, in chewing gum commercials.

The images suggest amused detachment, casual playfulness, flirtatiousness without demand, and lightness of touch. A refusal to take sex, death, or politics too deadly seriously. A delightfully unconscious relationship to her body. The twentieth century has seen this sort of feminine ideal before, of course. When, in the 1920s, young women began to flatten their breasts, suck in their stomachs, bob their hair, and show off long, colt-like legs, they believed they were pursuing a new freedom and daring that demanded a carefree, boyish style. If the traditional female hourglass suggested anything, it was confinement and immobility. Yet the flapper’s freedom, as Mary McCarthy’s and Dorothy Parker’s short stories brilliantly reveal, was largely an illusion—as any obsessively cultivated sexual style must inevitably be. Although today’s images may suggest androgynous independence, we need only consider who is on the receiving end of the imagery in order to confront the pitiful paradox involved.

Watching the commercials are thousands of anxiety-ridden women and adolescents (some of whom may well be the very ones appearing in the commercials) with anything *but* an unconscious relation to their bodies. They are involved in an absolutely contradictory state of affairs, a totally no-win game: caring desperately, passionately, obsessively about attaining an ideal of coolness, effortless confidence, and casual freedom. Watching the commercials is a little girl, perhaps ten years old, whom I saw in Central Park, gazing raptly at her father, bursting with pride: "Daddy, guess what? I lost two pounds!" And watching the commercials is the anorectic, who associates her relentless pursuit of thinness with power and control, but who in fact destroys her health and imprisons her imagination. She is surely the most startling and stark illustration of how cavalier power relations are with respect to the motivations and goals of individuals, yet how deeply they are etched on our bodies, and how well our bodies serve them.

NOTES

This essay was presented as a public lecture at Le Moyne College, was subsequently presented at D'Youville College and Bennington College, and was originally published in the *Philosophical Forum* 17, no. 2 (Winter 1985). I wish to thank all those in the audiences at Le Moyne, D'Youville, and Bennington who commented on my presentations, and Lynne Arnault, Nancy Fraser, and Mario Moussa for their systematic and penetrating criticisms and suggestions for the *Forum* version. In addition, I owe a large initial debt to my students, particularly Christy Ferguson, Vivian Conger, and Nancy Monaghan, for their observations and insights.

1. Jules Henry, *Culture Against Man* (New York: Alfred A. Knopf, 1963).
2. When I wrote this piece in 1983, the term *anorexia* was commonly used by clinicians to designate a general class of eating disorders within which intake-restricting (or abstinent) anorexia and bulimia-anorexia (characterized by alternating bouts of gorging and starving and/or gorging and vomiting) are distinct subtypes (see Hilde Bruch, *The Golden Cage: The Enigma of Anorexia Nervosa* [New York: Vintage, 1979], p. 10; Steven Levenkron, *Treating and Overcoming Anorexia Nervosa* [New York: Warner Books, 1982], p. 6; R. L. Palmer, *Anorexia Nervosa* [Middlesex: Penguin, 1980], pp. 14, 23-24; Paul Garfinkel and David Garner, *Anorexia Nervosa: A Multidimensional Perspective* [New York: Brunner/Mazel, 1982], p. 4). Since then, as the clinical tendency has been increasingly to emphasize the differences rather than the commonalities between the eating disorders, bulimia has come to occupy its own separate classificatory niche. In the present piece I concentrate largely on those images, concerns, and attitudes shared by anorexia and bulimia. Where a difference seems significant for the themes of this essay, I will indicate the relevant difference in a footnote rather than overcomplicate the main argument of the text. This procedure is not to be taken as belittling the importance of such differences, some of which I discuss in "Reading the Slender Body."
3. Although throughout history scattered references can be found to patients who sound as though they may have been suffering from self-starvation, the first medical description of anorexia as a discrete syndrome was made by W. W. Gull in an 1868 address at Oxford (at the time he called the syndrome, in keeping with the medical taxonomy of the time, *hysterical anorexia*). Six years later, Gull began to use the term *anorexia nervosa*; at the same time, E. D. Lesegue independently described the disorder (Garfinkel and Garner, *Anorexia Nervosa*, pp. 58-59). Evidence points to a minor "outbreak" of anorexia nervosa around this time (see Jacobs Brumberg, *Fasting Girls* [Cambridge: Harvard University Press, 1988], a historical occurrence that went unnoticed by twentieth-century clinicians until renewed interest in the disorder was prompted by its reemergence and striking increase over the past twenty years (see note 11 of "Whose Body Is This?" for sources that document this increase). At the time I wrote the present piece, I was not aware of the extent of anorexia nervosa in the second half of the nineteenth century.
4. Ludwig Binswanger, "The Case of Ellen West," in Rollo May, ed., *Existence* (New York: Simon and Schuster, 1958), p. 288. He was wrong, of course. The symptom was not new, and we now know that Ellen West was not the only young woman of her era to suffer from anorexia. But the fact that Binswanger was unaware of other cases is certainly suggestive of its infrequency, especially relative to our own time.

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5. Hilde Bruch, *Eating Disorders* (New York: Basic Books, 1973), p. 4.
6. Levenkron, *Treating and Overcoming Anorexia Nervosa*, p. 1; Susan Squire, "Is the Binge-Purge Cycle Catching?" Ms. (Oct. 1983).
7. Dinitia Smith, "The New Puritans," *New York Magazine* (June 11, 1984): 28.
8. Kim Chernin, *The Obsession: Reflections on the Tyranny of Slenderness* (New York: Harper and Row, 1981), pp. 63, 62.
9. Garfinkel and Garner, *Anorexia Nervosa*, p. xi. Anorectics characteristically suffer from a number of physiological disturbances, including amenorrhea (cessation of menstruation) and abnormal hypothalamic function (see Garfinkel and Garner, *Anorexia Nervosa*, pp. 58-59, for an extensive discussion of these and other physiological disorders associated with anorexia; also Eugene Garfield, "Anorexia Nervosa: The Enigma of Self-Starvation," *Current Contents* [Aug. 6, 1984]: 8-9). Researchers are divided, with arguments on both sides, as to whether hypothalamic dysfunction may be a primary cause of the disease or whether these characteristic neuroendocrine disorders are the result of weight loss, caloric deprivation, and emotional stress. The same debate rages over abnormal vasopressin levels discovered in anorectics. Touted in tabloids all over the United States as the "explanation" for anorexia and key to its cure. Apart from such debates over a biochemical predisposition to anorexia, research continues to explore the possible role of biochemistry in the self-perpetuating nature of the disease, and the relation of the physiological effects of starvation to particular experiential symptoms such as the anorectic's preoccupation with food (see Bruch, *The Golden Cage*, pp. 7-12; Garfinkel and Garner, *Anorexia Nervosa*, pp. 10-14).
10. Initially, anorexia was found to predominate among upper-class white families. There is, however, widespread evidence that this is now rapidly changing (as we might expect; no one in America is immune to the power of popular imagery). The disorder, it has been found, is becoming more equally distributed, touching populations (e.g., blacks and East Indians) previously unaffected, and all socioeconomic levels (Garfinkel and Garner, *Anorexia Nervosa*, pp. 102-3). There remains, however, an overwhelming disproportion of women to men (Garfinkel and Garner, *Anorexia Nervosa*, pp. 112-13).
11. Chernin's *The Obsession*, whose remarkable insights inspired my interest in anorexia, remains the outstanding exception to the lack of cultural understanding of eating disorders.
12. Chernin, *The Obsession*, pp. 36-37. My use of the expression "our culture" may seem overly homogenizing here, disrespectful of differences among ethnic groups, socioeconomic groups, subcultures within American society, and so forth. It must be stressed here that I am discussing ideology and images whose power is *precisely* the power to homogenize culture. Even in pre-mass-media cultures we see this phenomenon: the nineteenth-century ideal of the "perfect lady" tyrannized even those classes who could not afford to realize it. With television, of course, a massive deployment of images becomes possible, and there is no escape from the mass shaping of our fantasy lives. Although they may start among the wealthy elite ("A woman can never be too rich or too thin"), media-promoted ideas of femininity and masculinity quickly and perniciously spread their influence over everyone who owns a TV or can afford a junk magazine or is aware of billboards. Changes in the incidence of anorexia among lower-income groups (see note 10, above) bear out this point.
13. Christopher Lasch, *The Culture of Narcissism* (New York: Warner Books, 1979), p. 88.
14. I choose these three primarily because they are where my exploration of the imagery, language, and metaphor produced by anorexic women led me. Delivering earlier versions of this essay at colleges and conferences, I discovered that one of the commonest responses of members of the audience was the proffering of further axes; the paper presented itself less as a statement about the ultimate meaning or causes of a phenomenon than as an invitation to continue my "unpacking" or anorexia as a crystallizing formation. Yet the particular axes chosen have more than a purely autobiographical rationale. The dualist axes serve to identify and articulate the basic body imagery of anorexia. The control axis is an exploration of the question "Why now?" The gender/power axis continues this exploration but focuses on the question "Why women?" The sequence of axes takes us from the most general, most historically diffuse structure of continuity—the dualist experience of self—to ever narrower, more specified arenas of comparison and connection. At first the connections are made without regard to historical context, drawing on diverse historical sources to exploit their familiar coherence in an effort to sculpt the shape of the anorexic experience. In this section, too, I want to suggest that the Greco-Christian tradition provides a particularly fertile soil for the development of anorexia. Then I turn to the much more specific context of

- American fads and fantasies in the 1980s, considering the contemporary scene largely in terms of popular culture (and therefore through the "fiction" of homogeneity), without regard for gender difference. In this section the connections drawn point to a historical experience of self common to both men and women. Finally, my focus shifts to consider, not what connects anorexia to other general cultural phenomena, but what presents itself as a rupture from them, and what forces us to confront how ultimately opaque the current epidemic of eating disorders remains unless it is linked to the particular situation of women.
- The reader will notice that the axes are linked thematically as well as through their convergence in anorexia: the obsession with control is linked with dualism, and the gender/power dynamics discussed implicitly deal with the issue of control (of the feminine) as well.
15. Michel Foucault, *The History of Sexuality*. Vol. 1: *An Introduction* (New York: Vintage, 1980), p. 155.
 16. Foucault, *History of Sexuality*, pp. 47-48.
 17. Hubert L. Dreyfus and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics* (Chicago: University of Chicago Press, 1983), p. 112.
 18. Foucault, *History of Sexuality*, p. 95.
 19. Michel Foucault, *Discipline and Punish* (New York: Vintage, 1979), p. 26.
 20. Plato, *Phaedo*, in *The Dialogues of Plato*, ed. and trans. Benjamin Jowett, 4th ed., rev. (Oxford: Clarendon Press, 1953), 83d.
 21. St. Augustine, *The Confessions*, trans. R. S. Pine-Coffin (Middlesex: Penguin, 1961), p. 164.
 22. *Phaedo* 81d.
 23. *Phaedo* 66c. For Descartes on the body as a hindrance to knowledge, see *Conversations with Burman* (Oxford: Clarendon Press, 1976), p. 8, and *Passions of the Soul* in *Philosophical Works of Descartes*, 2 vols., trans. Elizabeth S. Haldane and G. R. T. Ross (Cambridge: Cambridge University Press, 1969), vol. 1, p. 353.
 24. *Phaedo* 80a.
 25. Indeed, the Cartesian "Rules for the Direction of the Mind," as carried out in the *Meditations* especially, are actually rules for the transcendence of the body—its passions, its senses, the residue of "infantile prejudices" of judgment lingering from that earlier time when we were "immersed" in body and bodily sensations.
 26. Alan Watts, *Nature, Man, and Woman* (New York: Vintage, 1970), p. 145.
 27. Bruch, *Eating Disorders*, p. 84.
 28. Chernin, *The Obsession*, p. 8.
 29. Entry in student journal, 1984.
 30. Bruch, *The Golden Cage*, p. 4.
 31. Binswanger, "The Case of Ellen West," p. 253.
 32. Bruch, *Eating Disorders*, p. 253.
 33. Levenkron, *Treating and Overcoming Anorexia Nervosa*, p. 6.
 34. Bruch, *Eating Disorders*, p. 270; Augustine, *Confessions*, p. 164.
 35. Bruch, *Eating Disorders*, p. 50.
 36. Bruch, *Eating Disorders*, p. 254.
 37. Entry in student journal, 1984.
 38. Bruch, *Eating Disorders*, p. 279.
 39. Aimee Liu, *Solitaire* (New York: Harper and Row, 1979), p. 141.
 40. Jennifer Woods, "I Was Starving Myself to Death," *Mademoiselle* (May 1981): 200.
 41. Binswanger, "The Case of Ellen West," p. 251 (emphasis added).
 42. Why they should emerge with such clarity in the twentieth century and through the voice of the anorectic is a question answered, in part, by the following two axes.
 43. Augustine, *Confessions*, p. 165; Liu, *Solitaire*, p. 109.
 44. Binswanger, "The Case of Ellen West," p. 343.
 45. Entry in student journal, 1983.
 46. Woods, "I Was Starving Myself to Death," p. 242.
 47. Liu, *Solitaire*, p. 109.
 48. "I equated gaining weight with happiness, contentment, then slothfulness, then atrophy, then death." (From case notes of Binnie Klein, M.S.W., to whom I am grateful for having provided parts of a transcript of her work with an anorexic patient.) See also Binswanger, "The Case of Ellen West," p. 343.
 49. Klein, case notes.
 50. Cherry Boone O'Neill, *Starving for Attention* (New York: Dell, 1982), p. 131.

51. O'Neill, *Starving for Attention*.
52. Liu, *Solitaire*.
53. Levenkron, *Treating and Overcoming Anorexia Nervosa*.
54. Since the weight element in this is a central element in this?").
55. Bruch, *The Golden Cage*, sexually act symbolized ship to their volume, for
56. Bruch, *The Golden Cage*.
57. Liu, *Solitaire*.
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59. Bruch, *Eating Disorders*.
60. Liu, *Solitaire*.
61. Bruch, *The Golden Cage*.
62. Smith, "The Case of Ellen West."
63. Entry in student journal, 1984.
64. Entry in student journal, 1984.
65. Trix Rosen, *Eating Disorders*.
66. Rosen, *Eating Disorders*.
67. Smith, "The Case of Ellen West."
68. Rosen, *Eating Disorders*.
69. Rosen, *Eating Disorders*, John Travolta, "The Case of Ellen West," creating a new mold." (Jan. 13, 1981)
70. Smith, "The Case of Ellen West."
71. Durk Pearson, *Eating Disorders*.
72. Chernin, *The Obsession*.
73. Smith, "The Case of Ellen West."
74. Sidney Jou, *Abnormal Psychology*, forth, "Obsessive Compulsive Disorder," certainly b
75. "Feeling Frenzied," *Mademoiselle* (May 1981): 200.
76. The same is true over the prevalence has is emerging
77. Entry in student journal, 1984.
78. Bruch, *The Golden Cage*.
79. This is one of the binge-eating protest. Anorexia, who te
80. Entry in student journal, 1984.
81. O'Neill, *Starving for Attention*.
82. Entry in student journal, 1984.
83. Bruch, *The Golden Cage*, androgyny

51. O'Neill, *Starving for Attention*, p. 49.
52. Liu, *Solitaire*, p. 101.
53. Levenkron, *Treating and Overcoming Anorexia Nervosa*, p. 122.
54. Since the writing of this piece, evidence has accrued suggesting that sexual abuse may be an element in the histories of many eating-disordered women (see note 2 in "Whose Body Is This?").
55. Bruch, *The Golden Cage*, p. 73. The same is not true of bulimic anorectics, who tend to be sexually active (Garfinkel and Garner, *Anorexia Nervosa*, p. 41). Bulimic anorectics, as seems symbolized by the binge-purge cycle itself, stand in a somewhat more ambivalent relationship to their hungers than do abstinent anorectics. See "Reading the Slender Body," in this volume, for a discussion of the cultural dynamics of the binge-purge cycle.
56. Bruch, *The Golden Cage*, p. 33.
57. Liu, *Solitaire*, p. 36.
58. Liu, *Solitaire*, p. 46. In one study of female anorectics, 88 percent of the subjects questioned reported that they lost weight because they "liked the feeling of will power and self-control" (G. R. Leon, "Anorexia Nervosa: The Question of Treatment Emphasis," in M. Rosenbaum, C. M. Franks, and Y. Jaffe, eds., *Perspectives on Behavior Therapy in the Eighties* [New York: Springer, 1983], pp. 363-77).
59. Bruch, *Eating Disorders*, p. 95.
60. Liu, *Solitaire*, p. 123.
61. Bruch, *The Golden Cage*, p. 65 (emphasis added).
62. Smith, "The New Puritans," p. 24 (emphasis added).
63. Entry in student journal, 1984.
64. Entry in student journal, 1984.
65. Trix Rosen, *Strong and Sexy* (New York: Putnam, 1983), p. 108.
66. Rosen, *Strong and Sexy*, pp. 62, 14, 47, 48.
67. Smith, "The New Puritans," pp. 27, 26.
68. Rosen, *Strong and Sexy*, pp. 61-62.
69. Rosen, *Strong and Sexy*, pp. 72, 61. This fantasy is not limited to female body-builders. John Travolta describes his experience training for *Staying Alive*: "[It] taught me incredible things about the body . . . how it can be reshaped so you can make yourself over entirely, creating an entirely new you. I now look at bodies almost like pieces of clay that can be molded." ("Travolta: 'You Really Can Make Yourself Over,'" *Syracuse Herald-American*, Jan. 13, 1985.)
70. Smith, "The New Puritans," p. 29.
71. Durk Pearson and Sandy Shaw, *Life Extension* (New York: Warner, 1982), p. 15.
72. Chernin, *The Obsession*, p. 47.
73. Smith, "The New Puritans," p. 24.
74. Sidney Jourard and Paul Secord, "Body Cathexis and the Ideal Female Figure," *Journal of Abnormal and Social Psychology* 50: 243-46; Orland Wooley, Susan Wooley, and Sue Dyrenforth, "Obesity and Women—A Neglected Feminist Topic," *Women's Studies Institute Quarterly* 2 (1979): 81-92. Student journals and informal conversations with women students have certainly borne this out.
75. "Feeling Fat in a Thin Society," *Glamour* (Feb. 1984): 198.
76. The same trend is obvious when the measurements of Miss America winners are compared over the past fifty years (see Garfinkel and Garner, *Anorexia Nervosa*, p. 107). Some evidence has indicated that this tide is turning and that a more solid, muscular, athletic style is emerging as the latest fashion tyranny.
77. Entry in student journal, 1984.
78. Bruch, *The Golden Cage*, p. 58.
79. This is one striking difference between the abstinent anorectic and the bulimic anorectic: in the binge-and-vomit cycle, the hungering female self refuses to be annihilated, is in constant protest. And, in general, the rejection of femininity discussed here is *not* typical of bulimics, who tend to strive for a more "female"-looking body as well.
80. Entry in student journal, 1983.
81. O'Neill, *Starving for Attention*, p. 53.
82. Entry in student journal, 1983.
83. Bruch, *The Golden Cage*, p. 72; Bruch, *Eating Disorders*, p. 277. Others have fantasies of androgyny: "I want to go to a party and for everyone to look at me and for no one to know

- whether I was the most beautiful slender woman or handsome young man" (as reported by therapist April Benson, panel discussion, "New Perspectives on Female Development," third annual conference of the Center for the Study of Anorexia and Bulimia, New York, 1984).
84. Levenkron, *Treating and Overcoming Anorexia Nervosa*, p. 28.
 85. See, for example, Levenkron's case studies in *Treating and Overcoming Anorexia Nervosa*, esp. pp. 45, 103; O'Neill, *Starving for Attention*, p. 107; Susie Orbach, *Fat Is a Feminist Issue* (New York: Berkley, 1978), pp. 174-75.
 86. Liu, *Solitaire*, p. 79.
 87. Bruch, *The Golden Cage*, p. 65.
 88. Klein, case study.
 89. Chernin, *The Obsession*, pp. 102-3; Robert Seidenberg and Karen DeCrow, *Women Who Marry Houses: Panic and Protest in Agoraphobia* (New York: McGraw-Hill, 1983), pp. 88-97; Bruch, *The Golden Cage*, p. 58; Orbach, *Fat Is a Feminist Issue*, pp. 169-70. See also my discussions of the protest thesis in "Whose Body Is This?" and "The Body and the Reproduction of Femininity" in this volume.
 90. Bruch, *The Golden Cage*, pp. 27-28.
 91. Bruch, *The Golden Cage*, p. 12.
 92. Binswanger, "The Case of Ellen West," p. 243.
 93. At the time I wrote this essay, I was unaware of the fact that eating disorders were frequently an element of the symptomatology of nineteenth-century "hysteria"—a fact that strongly supports my interpretation here.
 94. See, among many other works on this subject, Barbara Ehrenreich and Deirdre English, *For Her Own Good* (Garden City: Doubleday, 1979), pp. 1-29.
 95. See Martha Vicinus, "Introduction: The Perfect Victorian Woman," in Martha Vicinus, ed., *Suffer and Be Still: Women in the Victorian Age* (Bloomington: Indiana University Press, 1972), pp. x-xi.
 96. Ernest Jones, *Sigmund Freud: Life and Work* (London: Hogarth Press, 1956), vol. 1, p. 193.
 97. On the nineteenth-century epidemic of female invalidism and hysteria, see Ehrenreich and English, *For Her Own Good*; Carroll Smith-Rosenberg, "The Hysterical Woman: Sex Roles and Conflict in Nineteenth-Century America," *Social Research* 39, no. 4 (Winter 1972): 652-78; Ann Douglas Wood, "The 'Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth Century America," *Journal of Interdisciplinary History* 4 (Summer 1973).
 98. Ehrenreich and English, *For Her Own Good*, p. 2.
 99. Ehrenreich and English, *For Her Own Good*, p. 102.
 100. Sigmund Freud and Josef Breuer, *Studies on Hysteria* (New York: Avon, 1966), p. 311.
 101. Freud and Breuer, *Studies on Hysteria*, p. 141; see also p. 202.
 102. See especially pp. 76 ("Anna O."), 277, 284.
 103. Marjorie Rosen, *Popcorn Venus* (New York: Avon, 1973); Lois Banner, *American Beauty* (Chicago: University of Chicago Press, 1983), pp. 283-85. Christian Dior's enormously popular full skirts and cinch-waists, as Banner points out, are strikingly reminiscent of Victorian modes of dress.
 104. Liu, *Solitaire*, p. 141.
 105. Binswanger, "The Case of Ellen West," p. 257.
 106. This is one of the central themes I develop in "The Body and the Reproduction of Femininity," the next essay in this volume.
 107. Dorothy Parker, *Here Lies: The Collected Stories of Dorothy Parker* (New York: Literary Guild of America, 1939), p. 48.
 108. D. H. Lawrence, *Sons and Lovers* (New York: Viking, 1958), p. 257.
 109. This experience of oneself as "too much" may be more or less emphatic; depending on such variables as race, religion, socioeconomic class, and sexual orientation. Luise Eichenbaum and Susie Orbach (*Understanding Women: A Feminist Psychoanalytic Approach* [New York: Basic Books, 1983]) emphasize, however, how frequently their clinic patients, nonanorexic as well as anorexic, "talk about their needs with contempt, humiliation, and shame. They feel exposed and childish, greedy and insatiable" (p. 49). Eichenbaum and Orbach trace such feelings, moreover, to infantile experiences that are characteristic of all female development, given a division of labor within which women are the emotional nurturers and physical caretakers of family life. Briefly (and this sketch cannot begin to do justice to their rich and complex analysis): mothers unwittingly communicate to their daughters that feminine needs

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are excessive and bad and that they must be contained. The mother does this out of a sense that her daughter will have to learn the lesson in order to become properly socialized into the traditional female role of caring for others—of feeding others, rather than feeding the self—and also because of an unconscious identification with her daughter, who reminds the mother of the “hungry, needy little girl” in herself, denied and repressed through the mother’s own “education” in being female: “Mother comes to be frightened by her daughter’s free expression of her needs, and unconsciously acts toward her infant daughter in the same way she acts internally toward the little-girl part of herself. In some ways the little daughter becomes an external representation of that part of herself which she has come to dislike and deny. The complex emotions that result from her own deprivation through childhood and adult life are both directed inward in the struggle to negate the little-girl part of herself and projected outward onto her daughter” (p. 44). Despite a real desire to be totally responsive to her daughter’s emotional needs, the mother’s own anxiety limits her capacity to respond. The contradictory messages she sends out convey to the little girl “the idea that to get love and approval she must show a particular side of herself. She must hide her emotional cravings, her disappointments and her angers, her fighting spirit. . . . She comes to feel that there must be something wrong with who she really is, which in turn must mean that there is something wrong with what she needs and what she wants. . . . This soon translates into feeling unworthy and hesitant about pursuing her impulses” (pp. 48–49). Once she has grown up, of course, these feelings are reinforced by cultural ideology, further social training in femininity, and the likelihood that the men in her life will regard her as “too much” as well, having been schooled by their own training in masculine detachment and autonomy.

(With boys, who do not stir up such intense identification in the mother and who, moreover, she knows will grow up into a world that will meet their emotional needs [that is, the son will eventually grow up to be looked after by his future wife, who will be well trained in the feminine arts of care], mothers feel much less ambivalent about the satisfaction of needs and behave much more consistently in their nurturing. Boys therefore grow up, according to Eichenbaum and Orbach, with an experience of their needs as legitimate, appropriate, worthy of fulfillment.)

The male experience of the woman as “too much” has been developmentally explored, as well, in Dorothy Dinnerstein’s ground-breaking *The Mermaid and the Minotaur: Sexual Arrangements and Human Malaise* (New York: Harper and Row, 1976). Dinnerstein argues that it is the woman’s capacity to call up memories of helpless infancy, primitive wishes of “unqualified access” to the mother’s body, and “the terrifying erotic independence of every baby’s mother” (p. 62) that is responsible for the male fear of what he experiences as “the uncontrollable erotic rhythms” of the woman. Female impulses, a reminder of the autonomy of the mother, always appear on some level as a threatening limitation to his own. This gives rise to a “deep fantasy resentment” of female impulsivity (p. 59) and, on the cultural level, “archetypal nightmare visions of the insatiable female” (p. 62).

110. Quoted in Brian Easlea, *Witch-Hunting, Magic, and the New Philosophy* (Atlantic Highlands, N. J.: Humanities Press, 1980), p. 242 (emphasis added).
111. Quoted in Easlea, *Witch-Hunting*, p. 242 (emphasis added).
112. See Peggy Reeve Sanday, *Female Power and Male Dominance* (Cambridge: Cambridge University Press, 1981), pp. 172–84.
113. Quoted in Easlea, *Witch-Hunting*, p. 8.
114. Peter Gay, *The Bourgeois Experience: Victoria to Freud*. Vol. 1: *Education of the Senses* (New York: Oxford University Press, 1984), pp. 197–201, 207.
115. Chernin, *The Obsession*, p. 38.
116. Ehrenreich and English, *For Her Own Good*, p. 124.
117. See Jeffrey Masson’s controversial *The Assault on Truth: Freud’s Suppression of the Seduction Theory* (Toronto: Farrar Strauss Giroux, 1984) for a fascinating discussion of how this operation (which, because Fliess failed to remove half a meter of gauze from the patient’s nasal cavity, nearly killed her) may have figured in the development of Freud’s ideas on hysteria. Whether or not one agrees fully with Masson’s interpretation of the events, his account casts light on important dimensions of the nineteenth-century treatment of female disorders and raises questions about the origins and fundamental assumptions of psychoanalytic theory that go beyond any debate about Freud’s motivations. The quotations cited in this essay can be found on p. 76; Masson discusses the Eckstein case on pp. 55–106.
118. Banner, *American Beauty*, pp. 86–105. It is significant that these efforts failed in large part

- because of their association with the women's rights movement. Trousers like those proposed by Amelia Bloomer were considered a particular badge of depravity and aggressiveness, the *New York Herald* predicting that women who wore bloomers would end up in "lunatic asylums or perchance in the state prison" (p. 96).
119. Banner, *American Beauty*, pp. 149–50.
 120. Amaury deRiencourt, *Sex and Power in History* (New York: David McKay, 1974), p. 319. The metaphorical dimension here is as striking as the functional, and it is a characteristic feature of female fashion: the dominant styles always decree, to one degree or another, that women *should not take up too much space*, that the territory we occupy should be limited. This is as true of cinch-belts as it is of foot-binding.
 121. Quoted in deRiencourt, *Sex and Power in History*, p. 319.
 122. Kathryn Weibel, *Mirror, Mirror: Images of Women Reflected in Popular Culture* (New York: Anchor, 1977), p. 194.
 123. Christy Ferguson, "Images of the Body: Victorian England," philosophy research project, Le Moyne College, 1983.
 124. Quoted in E. M. Sigsworth and T. J. Wyke, "A Study of Victorian Prostitution and Venereal Disease," in Vicinus, ed., *Suffer and Be Still*, p. 82.
 125. See Kate Millett, "The Debate over Women: Ruskin vs. Mill," and Helene E. Roberts, "Marriage, Redundancy, or Sin: The Painter's View of Women in the First Twenty-Five Years of Victoria's Reign," both in Vicinus, ed., *Suffer and Be Still*.
 126. Gay, *The Bourgeois Experience*, p. 197; Millett, "Debate over Women," in Vicinus, ed., *Suffer and Be Still*, p. 123.
 127. Vicinus, "Introduction," p. x.
 128. Lasch, *The Culture of Narcissism*, p. 343 (emphasis added).
 129. Chernin, *The Obsession*, p. 148.
 130. Charles Gaines and George Butler, "Iron Sisters," *Psychology Today* (Nov. 1983): 67.

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Based on the findings in the Philadelphia study, the prevalence of obesity among women in the results indicates that 13.5 percent greater prevalence. As is elucidated in the study, a number of cultural factors may encourage and/or discourage obesity. Indeed, the data show a decline in obesity from 13.5 percent in the twenty-six-year cycle of women.

Anticipated by the study, the results upon marriage suggest that providing for the status of manhood falls within the twenty pounds of thinness, vitality and surrounding food thereby enhancing the new husband through Puerto Rican food "fullness," a satisfaction that a husband may require her to feel "satisfied" and contribute to well-being should he return to increasing importance to the definition