

**Hungry For Meaning:
Discourses of the Anorexic Body**

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Abstract

This thesis takes a critical analytic approach to contemporary discourses of anorexia. Unlike much feminist literature on eating disorders, its emphasis is metatheoretical: rather than taking the anorexic body itself as object of enquiry, the thesis focuses on the effects of theory about anorexia. It investigates the underlying structure of dominant discourses about anorexia and, using a feminist genealogical methodology, contextualises those discourses within broader feminist theoretical debates and within historical trends in thinking 'feminine disorders'.

In particular, the thesis seeks to account for the absence in contemporary theory of an engagement with how anorexia *feels*. It suggests that feminist cultural theorists' arguments about anorexia as a metaphor for the condition of Western women, and feminist corporeal theorists' readings of anorexia as a synecdoche for gender oppression, privilege the visual body at the expense of the affective and sentient aspects of embodiment. Moreover, the frequent feminist argument that anorexia demonstrates the harm done by thin-ideal media images indicates the extent to which much existing feminist theory reproduces, rather than surpasses, a notion of anorexics as pathological and suggestible.

Building on this analysis of discursive effects, the thesis suggests some new ways of thinking existing knowledges about anorexia. It reconceptualises anorexia as a form of melancholia engendered by specific, often traumatic, forms of touch (in both physical and affective senses). Through a reflexive *affective dialogic* reading practice, it engages with a number of anorexic autobiographies, exploring the effects and limitations for anorexic subjects of the imperative to represent one's life truthfully, and the narrative strategies through which anorexic autobiographers have

circumvented truth-judgements. By foregrounding the significance of touch to both anorexic body and narrative, the thesis reframes anorexia in intersubjective terms and recentralises family dynamics as key to many anorexics' conceptions of self.

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Introduction: Approach and Methodology

This thesis begins from a sense of dis-ease with common representations of the anorexic¹ subject. When I was emerging from years of anorexic practice in my mid-twenties, I began to search for some way of articulating the meaning of ‘being anorexic’ for me. I started reading popular and academic books about anorexia that I came across on the shelves of bookshops or in the British Library, books like Susie Orbach’s *Hunger Strike* (1993), Susan Bordo’s *Unbearable Weight* (1993) and Helen Malson’s *The Thin Woman* (1998). These books compelled me because of the way they invest anorexia with socio-cultural significance; because of their sense that anorexics – in apparently increasing numbers – are (unwittingly) telling us something profound about what it is to be a woman in the West.² Feminist arguments provided a wider political context for my own anorexia and a justification for my sense that gender hierarchy was at the root of it. But while these theories satisfied my immediate need for recognition and belonging, they also – and increasingly – left me feeling *dis*-possessed. They left me feeling misrepresented and irritated. This project is an attempt to articulate my concerns with the direction of prevalent feminist arguments about anorexia and to situate them within broader feminist debates.

¹ There is some disagreement between theorists over correct usage of terms. While some use *anorexic* as the adjective and *anorectic*, the noun, there seems to be considerable overlap and inconsistency. In her autobiography, *Wasted*, Marya Hornbacher uses a different spelling again – *anoretic* – as the noun denoting a person with anorexia nervosa (1998: 2-3, n.1). My dictionary suggests that it has become acceptable to use both *anorexic* and *anorectic* either as adjective or noun. For consistency’s sake, I will use *anorexic* in both instances throughout.

² Following Ien Ang, I refer to ‘West’ and ‘white’ throughout the thesis as ‘generalizing categories which describe *a position in a structural, hierarchical interrelationship* rather than a precise set of cultural identities’ (2001: 403). In other words, I use these categories to highlight the ways in which theory about anorexia frequently relies on and reproduces such concepts within structural hierarchies rather than implying that such categories are self-evident or undifferentiated.

Each chapter takes up a contemporary knowledge of anorexia in order to examine in detail its effects. None of these knowledges is particularly new. But it is precisely because of their endurance that they interest me. I am concerned with questioning certain ideas about anorexia that have become commonsense or self-evident because of my suspicion that these ideas have deprecatory effects. My project is 'archaeological' in that my main focus is knowledge Foucault described as *savoir*, that is, the underlying framework of debate, set of rules or conditions that governs what, at any one time, can come under discussion as true or false. *Savoir* forms the baseline structure for *connaissance*, a more surface kind of knowledge that takes for granted the objects under investigation (Foucault, 1972: 15, 183). Foucault explains the distinction thus: 'By *connaissance* I mean the relation of the subject to the object and the formal rules that govern it. *Savoir* refers to the conditions that are necessary in a particular period for this or that type of object to be given to *connaissance* and for this or that enunciation to be formulated' (15, n.2). Ian Hacking uses the terms 'surface' and 'depth' knowledge to convey a similar distinction in his archaeological investigation into multiple personality disorder (1995: 198-99). To put it another way, my thesis is different from much feminist theory about anorexia in its metatheoretical emphasis: whereas most feminist cultural theorists³ tend to take anorexia as evidence of the ways in which (gendered) discourses are inscribed on the body, I am more interested in the ways that those theories are themselves caught up in prevalent modes of thinking (gendered) subjectivity. Because I am predominantly digging at the terms of existing debates rather than engaging directly with them, and because I am at times challenging what seems so obviously to be true, my analysis

³ I use the term 'feminist cultural theorists' of anorexia to denote those authors who understand it as a bodily expression of gender inequality within the cultural conditions of post-industrial capitalism. These theorists' ideas are explored more fully in chapters 1 and 3.

has at times proved contentious. When you start deconstructing knowledges people sometimes read you, wrongly, as necessarily arguing the opposite. Most often, understandably, they want to know what you are constructing instead. What I am offering is not another causal explanation but a critique of general cultural attitudes and prevalent theoretical topographies that implicate the anorexic body in particular ways. I use this critique as a springboard from which to develop original ways of thinking anorexia. In sum, the purpose of my thesis is less to create new knowledges *about* anorexia than to suggest new ways of thinking existing knowledges.

Genealogical

My methodology is key to this project of challenging how anorexia is thought. Genealogy underpins my critique and it is my particular genealogical intervention in knowledges about anorexia that gives my analysis momentum. Rather than charting a series of causal factors which combine(d) to produce anorexia, my project is about ‘exposing the points at which certain ideas came to be accepted as truthful and analyzing what conditions made their ascent to the status of truth possible’ (Terry, 1999: 21). Genealogy involves investigating the processes through which ideas are transformed into ‘simple facts of life’ (Leps, 1992: 2). Foucault, drawing on Nietzsche, described it as ‘effective history’, a process of linking effects, or identifying ‘the accidents, . . . the errors, the false appraisals and the faulty calculations that gave birth to those things that continue to exist and have value for us’ (1984: 81). Differentiating genealogy from a more traditional teleological practice of history, he explained that it is:

a form of history which can account for the constitution of knowledges, discourses, domains of objects, etc., without having to make reference to a subject

which is either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history. (1980: 117)

To be a 'historian of effects', Jennifer Terry elucidates, enables a 'diagnostics of power' in which the researcher 'finds effects which exceed the truth-telling of narrative history' (1999: 21, 57).

I draw on a genealogical method that Eve Sedgwick describes as 'denaturaliz[ing] the present' (1990: 48). Discussing 'recent historicizing work' (44) on sexual identity, Sedgwick points out that historical projects that insist on 'the complete conceptual alterity' (47) of earlier models of sexual relations, tend to presume a uniformity of and consensus about sexual identities in the present (45). And this 'consensus of knowingness about the genuinely *unknown*', she argues, has violent effects for the subjects it describes (45). Sedgwick's project is to disrupt the presumed unity and stability of the present by drawing attention to the multiple, contradictory and overlapping understandings of the past (48). Her method can use the strangeness that emerges in retrospect between past knowledges and the objects they describe, to disrupt the truth effects of present knowledges.

Developing Sedgwick's framework, Judith Halberstam suggests that casting suspicion on the legitimacy of the present interpretation can be used to disturb historical narratives of progression (1998a: 53). Naming her methodology 'perverse presentism', she explains that it involves 'not only a denaturalization of the present but also an application of what we do not know in the present to what we cannot know about the past' (53). Criticizing those historians who purport to show how past ideas, practices or discourses shape the present, while in fact structuring and interpreting the past in light of 'what they think they already know', Halberstam argues for a retrospective defamiliarisation of history (54).

A presentist genealogical approach enables me to avoid a problematic which frequently surfaces in historical and feminist accounts of anorexia. There is a longstanding historical debate between those who argue that female self-starvation in the West has had essentially the same meaning, has performed a similar function, or has exhibited the same symptoms through the ages, and those who claim that anorexia is qualitatively and experientially different from earlier cases of female fasting. So, for example, Rudolf Bell (1985) argues that anorexia and the fasting of medieval saints represent a very similar response to entrapment within patriarchal social structures. Bell terms female saints' condition 'holy anorexia' and claims that both medieval and modern forms are 'psychologically analogous' in their aims to achieve identity, self-control and perfection (20-1). Joan Brumberg, by contrast, cautions against the temptation to read the past anachronistically through the lens of modern psychoanalytic or psychological theory (1988: 3). She emphasises a transition of meaning 'from sainthood to patienthood', insisting that anorexia is a 'historically specific disease that emerged from the distinctive economic and social environment of the late nineteenth century' (3-4). However, these two accounts are not as opposed as they first appear. Both critics evidence a preoccupation with setting the historical record straight, thereby presuming that there is a truth of the past to be uncovered. In so doing, both not only occlude the ways in which present knowledges structure their narratives, but covertly reproduce an idea of anorexia 'as we know it today' (Sedgwick, 1990: 45), as a relatively stable set of practices based on diagnostic criteria.

Some feminist theorists who address anorexia from a social constructionist or poststructural perspective take a more subtle approach to the question of history. Rather than charting a succession of self-starving women culminating in the modern-

day anorexic, theorists like Bordo (1993), Malson (1998), Morag MacSween (1993) and Julie Hepworth (1999) take anorexia as one link in a chain of effects produced at the intersection of gender and culture. Anorexia becomes a symbol of, or 'metaphor' for, the effects of gender inequality within capitalism, and, as such, is seen not only as historically and culturally specific, but also often as actually constituted by contemporary discourses. Such theorists perceive anorexia not as conceptually coherent but as discursively contradictory and conflictual. Moreover, in seeking to evidence the extent to which the female body is more imprinted by history than the male, they link anorexia with a range of other bodies from fasting saints to witches to hysterics to rape victims to fitness fanatics and consumers of cosmetic surgery. As Malson explains, '[T]he discourses and discursive practices surrounding "anorexia nervosa" can be seen as part of a plethora of patriarchal discursive strategies by which "woman" has historically been constituted as other, as deviant, pathological and inferior' (1998: 48). Malson and other feminist cultural theorists, in other words, tell the history of anorexia not teleologically but thematically, through the tracking of discursive coincidence.

While constituting an important challenge to the ways in which anorexia is conventionally thought, this historicizing work tends to produce narrative tensions of its own. Though committed to anorexia's conceptual difference from earlier cases of female self-starvation, feminist cultural theorists have often found themselves, in practice, uncomfortably reproducing a sense of earlier self-starving women as anorexia's precursors. This seems to occur because their emphasis on anorexia's discursive constitution regenerates an alternative set of connections with past starving girls. The result is often a hedging of bets as they elaborate a middle ground between historical specificity and historical continuity. For example, while Bordo

insists that medieval *anorexia mirabilia* has a different meaning from contemporary *anorexia nervosa* because it involves spiritual purity and soul rather than late capitalist notions of body image and pursuit of thinness (1993: 185), her investment in the anorexic body as the epitome of Cartesianism and her commitment to feminine disorders as transhistorical signifiers of patriarchal oppression, lead her back to continuity between these forms of self-starvation. She argues that,

The decoding of slenderness to reveal deep associations with autonomy, will, discipline, conquest of desire, enhanced spirituality, purity, and transcendence of the female body suggests that the continuities proposed by Rudolph Bell between contemporary anorexia and the self-starvation of medieval saints are not so farfetched as such critics as Brumberg have claimed. (68)

Hepworth's social constructionist approach produces methodological tensions of a slightly different kind. Describing her book as a 'history of knowledge about anorexia nervosa' (1999: 8), she focuses on the changing interpretations of female self-starvation over time. 'The phenomenon of self-starvation is most commonly known today as anorexia nervosa,' she writes, 'because of the emergence of key concepts that made it possible to construct the definition in the form of a medical discovery over a hundred years ago' (104). This analysis problematically assumes both that there is a pre-discursive body 'beneath' each era's cultural inscription upon it, *and* that the meaning of bodies is contingent on the specific knowledges in ascendance at the time. It anachronistically presumes that *bodies like this* have existed throughout history while arguing that bodies are shaped and governed by available discourses.

Taking a feminist poststructuralist approach, Malson (1998) helpfully upsets the idea of anorexia as a pre-discursive phenomenon waiting for medical discovery. Historicizing the story of anorexia's 'discovery' by William Gull in England and

Charles Lasague in France in the late nineteenth century, she illustrates how anorexia emerged at the interface of discourses about hypochondria and hysteria. The former, denoting gastric disorders of a nervous origin, converged with the latter's constitution of femininity as pathologically nervous and prone to sexual perversion, she suggests, to produce a feminine nervous disorder involving both the digestive system and psycho-sexual deviance (1998: 55-74). In recasting anorexia as a process of subjectification contingent on specific conditions of emergence, rather than an object of enquiry, Malson's genealogy usefully undercuts the question of historical specificity versus continuity. Beyond the physical effects of self-starvation, she insists, 'the differences [between medieval saintly asceticism and contemporary anorexia] are so great as to make an argument of equivalence between the two phenomena almost meaningless' (50-51).

In positing a 'great paradigm shift' (Sedgwick, 1990: 44) that makes anorexia utterly distinct from previous forms of female self-starvation, however, Malson produces a 'unidirectional narrative of supercession' (46) which precludes historiography on any other basis than received (clinical) knowledge about anorexia. Malson begins from the presumption that 'what we know of anorexia today', and hence what most needs explaining genealogically, are the *symptoms* of food refusal and sexual deviance. 'I was concerned with analysing . . . the socio-cultural conditions that made it possible for "anorexia" to be formulated as a distinct *diagnostic* category,' she explains (1998: 190; my emphasis). She tracks aspects of anorexia's particular discursive composition in various contemporary clinical and academic discourses and, using interview material, in the ways in which sufferers constitute themselves. But her classification of knowledges into categories like

mind/body dualism, control and identity issues remains closely aligned with conventional psychological ‘expertise’ about what anorexia is.

My approach is original in that I seek to ‘denaturalize’ present knowledges about anorexia through a history of the effects of theory. I begin my genealogical excavations not from anorexia’s ‘symptoms’, still less from the appearance of the anorexic body, but from the ‘performative space of contradiction’ (Sedgwick, 1990: 48) generated by contemporary theories about anorexia. In Chapter 1, I link the various ways in which anorexia has been seen as a *metaphor* to defamiliarise some commonsense presumptions that attach to that body. In chapter 2, I historicize the idea of anorexia as an image *reading disorder*, using historical knowledges about hysteria and feminine addictions to disrupt the premise of a causal link between media images and anorexia. In chapter 3, I expose the effects of feminist arguments which assume anorexia to be a disorder of *body image*. In my readings of anorexic narratives in chapters 4 and 5, I do not look for key elements that might combine to produce a new ‘truth’ of anorexia or for the particular qualities that might define anorexic texts. Rather, I link these narratives as effects of the difficulties of telling. I show how anorexic narratives may cohere through a genealogy of affects.

Parameters

My critique begins from the way that anorexia circulates as a ‘feminine’ disorder.

Eating disorders are usually classified as ‘feminine’ because of the disproportionate number of female sufferers: between 90 and 95 percent of anorexics are women.

While I do not lose sight of this fact, my main concern is with what makes anorexia *discursively* feminine. In other words, I investigate what it is that leads anorexia to be read as the epitome of (the contradictory demands of) femininity. This means that

female anorexics remain the primary site of my archaeological investigations. However, my discursive emphasis means that I am also, for example, interested in the fact that men who suffer from anorexic symptoms are frequently *feminised* via an association between male anorexia and homosexuality (see, for example, Bruch, 1974: 285-305; Gordon, 2000: 67-9). Male anorexics are often seen as atypical cases, as 'more psychologically disturbed than their female counterparts' (Gordon, 2000: 58) and, unlike women sufferers, as 'strongly identified with their mothers' (Boskind-Lodahl, 1976: 346, n.11). However these differences function to *confirm* the discursively feminine nature of the disorder. Male anorexics, like female sufferers, have been described as 'extremely dependent and passive individuals' (Boskind-Lodahl, 1976: 346, n.11) and recent research suggesting that advertisers' increasing targeting of men is causing an increasing incidence of male eating disorders (BMA, 2000: 21) already indicates the way in which male sufferers are defined in terms of (discursively feminine) attributes like vulnerability and suggestibility. In other words, even a considerable increase in the proportion of male sufferers would not make anorexia more 'male'.

While I do not ignore bulimia and other diagnostic categories of eating disorder, I have chosen anorexia as the specific focus of my thesis because of its particular discursive force within popular and academic theory. As I will argue, it is the *visibility* of the anorexic body that makes it particularly accessible and susceptible to being overwritten in certain ways. It is the anorexic body that immediately shocks the observer, the anorexic body that is frequently the focus of media intrigue (whether this model or that actress 'is' anorexic), the anorexic body that seems to lend itself so neatly to feminist arguments about the relationship between culture and gender. I hope my approach is not taken to imply that I take other categories of

eating distress less seriously. I am aware of the tendency among health care practitioners to view bulimia, for example, as ‘failed’ anorexia (Malson, 1998: 91; MacSween, 1993: 230) and I certainly do not wish to suggest that bulimia is any less meaningful or consequential for the sufferer than anorexia.⁴

The feminist theorists I engage with have inspired but also necessitated this thesis. Most feminist cultural theorists of anorexia found their theoretical paradigms on a critique of medical and psychiatric knowledges, presenting an important challenge to positivist science’s conceits about objectivity and its own inexorable progress towards truth. I have chosen instead to focus my critique mainly on feminist arguments because I am not convinced by feminist theorists’ claims to have surpassed the pathologising and dualistic tendencies they identify in clinical models. Feminist theorists repeatedly juxtapose their understanding of eating disorders as belonging to a continuum of Western women’s distress around eating and embodiment with medical and psychological models’ ‘individual (psycho)pathology’, and differentiate their insistence on the body’s inseparability from socio-cultural forces from clinicians’ reification of a Cartesian mind/body split. However, because feminist cultural theorists tend to provide new explanations for established clinical arguments – such as that anorexia is about control or body image distortion – rather than fundamentally challenging those ideas, and because they often explain anorexia in terms of socio-cultural or discursive inscriptions on the body, they tend to recreate pathology and mind/body dualism in altered forms.

In particular, feminist theorists’ emphasis on anorexia’s discursive constitution has the effect of reducing anorexic experience to the impact of cultural forces – even

⁴ My approach does, however, inadvertently replay an existing tendency within feminist literature to address bulimia within arguments that are predominantly about anorexia or within general texts about eating disorders.

where such theorists still insist on the scope for anorexic 'agency'. As a site on which a multiplicity of gendered and cultural discourses converge, the anorexic body becomes a mere surface imprinted by power, and those aspects of embodied experience that cannot be read through cultural analysis are rendered invisible. As a result, anorexics often appear as dupes or as subjects with false consciousness. Similar effects are produced by feminist phenomenological and psychoanalytic analyses of the process of anorexic subjectation. Here, the presumption that anorexics evidence in extreme form a more general disturbance in body image engendered by the alienating effects of women's inauguration into the social reduces the anorexic to a synecdoche of disembodiment. What anorexics *feel* is constantly written out of theory.

My sense that the affective and sentient aspects of anorexic embodiment are missing relates to a wider problematic which pervades contemporary feminist theory: how to theorise 'experience'. In her oft-cited essay on the subject, Joan Scott advocates thinking experience discursively, as a process through which identities and subjectivities come to be differentiated and known (1992: 26, 34), and situates this idea as the solution and successor to a (prior) evidentiary model. The latter is epistemologically flawed, she suggests, because its 'appeal to experience as uncontested evidence and as an originary point of explanation' (24) problematically invests the subject with an innate, pre-discursive agency, precludes inquiry into how difference is constituted, and reproduces existing categories of representation (25). However, Scott's discursive model equally leaves a series of questions unanswered. While Scott insists that the subject who is 'constituted through experience' (26) still has agency (34), it remains unclear where that agency lies – or how it differs so entirely from the orthodox model she dismisses. 'The

status of this subject,' as Sonia Kruks contests, '... remains a mysterious lacuna' (2001: 13). Scott's history of 'experience', Kruks further points out, belongs to a 'transition tale' (1) in which postmodernism (or poststructuralism) is problematically cast as having entirely superseded the past (see also Hemmings and Brain, 2003). In the endless telling of this teleological narrative, the 'past' – whether it be called Enlightenment, modernist or humanist – is retrospectively reconstituted as uniform and naïve in its belief in a rational, autonomous and unitary subject, while the 'present' prides itself, somewhat disingenuously, on having solved the problematic of a subject who is neither wholly self-constituting nor constituted.

My approach is neither to join the ranks of those insisting on a discursive model of experience, nor to 'return' to a foundational model. In her attempts to give voice to eating-disordered women whose experiences have been ignored, Becky Thompson (1992; 1994) runs into a problematic that frequently attends projects which aim to enlarge the picture. Presenting a myriad of counterexamples to challenge the prevailing anorexic stereotype, she shows how presumptions about eating disorders as diseases of white, straight, middle-class women, obsessed with their appearance, function to silence and de-legitimise the suffering of women who do not belong to this group. While I see this work as important, I am concerned that a policy of inclusion presents something of a double bind. One is caught between wanting to deconstruct the stereotype and to have marginalised subjects, thus far excluded from its domain, recognised within it.

In this thesis, I take the limitations and exclusions of stereotypes of anorexia as givens and concentrate on exposing their discursive effects. My interest lies not so much in what experience *is*, but in how it figures. I am not concerned with producing an alternative definitive truth of anorexia but in articulating the impact of

Truth on the ways in which anorexics articulate themselves. In chapters 4 and 5, I read a series of autobiographical narratives to address the emotive impact of ‘experience’, the rhetorical force it holds, and the burden this presents for the anorexic life-writer. I am less interested in defining the parameters of anorexic autobiography or testimony or confession than in the effects of the evidentiary demands and presumptions that attend self-representational writing.

Defining

In line with my interest in the effects of theory, I take the medico-psychiatric classification system for eating disorders to be as much about the political motivations, investments and concerns of those who devise it, as it is about those it purports to describe. The classification of eating disorders has undergone some significant shifts over past decades. Until the creation of bulimia as a ‘new’ disorder in 1979 (Russell, 1979), *anorexia* was often used as a generic term incorporating both those who restricted their food intake and those who engaged in alternating bouts of bingeing and starving or bingeing and purging (vomiting and/or use of diuretics and laxatives) (Bordo, 1993: 140, n.2).⁵ Since then, categories have proliferated, as a number of theorists note (see, for example, Orbach, 1993: xx; MacSween, 1993: 228). In the *Diagnostic and Statistical Manual of Mental Disorders – IV* (DSM) (American Psychiatric Association, 1994), *anorexia nervosa* itself is sub-divided into ‘restricting’ type and ‘binge-eating/purging’ type, while the category *bulimia nervosa* is separated into ‘purging’ and ‘non-purging’ types

⁵ Marlene Boskind-Lodahl, a mental health practitioner and feminist theorist, however, suggests that anorexia and bulimia were used as separate terms in the 1970s. She coined the term ‘bulimarexics’ to reflect the coincidence of starving and binge-purging in the eating-disordered women she treated (1976: 343).

(Hepworth, 1999: 2-3, 72; Gordon, 2000: 20-1, 41-2).⁶ Such distinctions seem somewhat arbitrary given that both the *DSM-IV* and its successor, the *DSM-IV-R* (2000), also emphasize similarities in the clinical presentation of anorexics and bulimics. Both volumes suggest that bulimics often share with anorexics a marked sense of body dissatisfaction and an intense fear of gaining weight (1994: 546-7; 2000: 591), and the *DSM-IV-R* also comments that many of those who begin with the restricting type of anorexia slide into the binge eating/purging type, or indeed, come to qualify as bulimic, within the first five years of onset (2000: 587). For those who don't quite fit either bill, or who fit both, the catch-all term 'Eating Disorder Not Otherwise Specified' (ED-NOS) is sometimes also employed (see, for example, Hornbacher, 1998: 277). There has also been considerable variation in diagnostic criteria over time⁷ and an increasing emphasis on the complexity and multiplicity of causes. While clinicians might see such changes as coming ever closer to the truth(s) of eating disorders, or as reflections of the changing nature of the disorders, I suggest that such definitional shifts indicate the extent to which what is *not known* about anorexia enables it, paradoxically, to remain a condensed site of evolving and proliferating knowledges.

It has been suggested that feminist theorists ought to avoid using the term 'anorexia' given that it belongs to psychiatric terminology and therefore reproduces the sense of individual pathology that feminists contest (Hepworth, 1999: 104;

⁶ The diagnostic criteria for anorexia, following the *DSM-IV*, are: weight loss leading to body weight of 85 percent or less that expected for age and height, an intense fear of gaining weight or becoming fat, disturbance in the perception of body weight or shape, and amenorrhea (cessation of menstruation) for at least three months. For bulimia, the criteria are: episodes of binge-eating and compensatory behaviour (vomiting, laxative or diuretic misuse, excessive exercise or fasting) occurring recurrently (on average, at least twice a week for 3 months), a sense of lack of control over these behaviours, and a disproportionate concern with body shape and weight in self-evaluation.

⁷ The features of weight phobia and pathological drive towards thinness only emerged as common characteristics in the 1960s and the percentage weight loss necessary to 'qualify' as anorexic declined from 25 percent to 15 percent between the *DSM III* (APA, 1980) and the *DSM III-R* (APA, 1987) (Malson, 1998: 3).

Malson, 1998). (This is also notwithstanding the fact that the term is already a misnomer: *anorexia* literally means 'loss of appetite' whereas the experience of anorexia is usually predominantly one of denying and overriding hunger.) To me it seems important to preserve the term. To borrow from Foucault (1978), though nineteenth-century discourses on female sexuality may have produced 'the anorexic' as perverse, those discourses simultaneously contributed to an evolving subjectivity or knowledge of the self. To take the view that the ascription of 'anorexia' is exclusively oppressive is to imply a top-down or repressive model of power which is precisely one of the problems I address in much feminist theory about anorexia. My sense is that discourse works in a much more circular way than that.

Hacking describes the relationship between knowledge produced by 'experts' and the subjects of their observations as a 'looping effect' (1995: 21). 'People classified in a certain way tend to conform to or grow into the ways that they are described,' he suggests, 'but they also evolve in their own ways, so that the classifications and descriptions have to be constantly revised' (1995: 21). While one might question the usefulness of Hacking's division of the process into two halves, it does seem that the ways in which kinds of 'disordered' people come into being is highly contingent and that the development of diagnostic criteria is more collaborative than one might deduce from many cultural analyses. A woman may resist the diagnosis 'anorexia', (quite understandably, given the kinds of treatment procedures which may attend it), for example, but she is still invested in rethinking and redescribing that definition, she will need to present in a certain way to receive the help she (perhaps partly, at least some of the time) wants and, indeed, her very resistance itself becomes incorporated into knowledge about what anorexia is.

Outline

Chapter 1 critiques the presumptions and unforeseen effects of feminist cultural and sociological theories of anorexia. I argue that the way in which 'the anorexic' has become a metaphor for women's oppression in consumer culture functions to constitute that subject as the epitome of the disciplined feminine subject. A crucial aspect of the metaphor argument, and one which has enormous political currency within feminist thought, is that anorexia (and other eating disorders) lie at the extreme of a continuum of women's experiences in relation to eating, weight and embodiment. I question this argument from a number of angles, suggesting that though it seems obvious, and though it appears to be substantiated by empirical 'tests', it may be little more than self-sustaining. Further, I suggest that the idea of anorexia as a metaphor for a wider 'female identity crisis' subtly returns feminist theory to psychiatric notions of anorexics as suffering from an 'ego deficit'.

In chapter 2, I focus on the discourse that media images play a causal role in anorexia. I unpack the idea that exposure to thin models in advertising and fashion magazines increases girls' and women's vulnerability to eating disorders. While concern about the role of media images may have originated with feminists, in opposition to clinicians' focus on individual pathology, such concern has broadened and disseminated over the last decade or so such that this discourse has now arguably become the strongest in circulation. This is perhaps best evidenced in the UK by the increased debate about the role of the media within the medical profession – culminating in the British Medical Association's report 'Eating Disorders, Body Image and the Media' of May 2000 – and by the government's inscribing of such concerns into social policy following the June 2000 'Body Image Summit'. I argue that although this widespread assimilation of the media effects argument may appear

to be in feminism's best interests, it perpetuates a historical pathologisation of *women's reading practices* which can be traced through other classically 'feminine' disorders like hysteria and kleptomania.

In chapter 3, I move on to critique representations of the anorexic subject within feminist poststructural theories and feminist philosophies of the body. My main contentions here are that the anorexic body is, in feminist cultural theory, reduced to a surface of inscription and, in corporeal feminism, taken as evidence of the alienating effects of the Symbolic Order. As such, 'the anorexic' becomes invested with judgment-laden significance at either extreme of what Eve Sedgwick and Adam Frank so eloquently describe as 'a bipolar analytic framework that can all too adequately be summarized as "kinda subversive, kinda hegemonic"' (1995: 500). Because meaning is constantly read off the surface of the anorexic body, these theories are, I suggest, *ocularcentric* in nature and produce a subject who is inevitably *disembodied* along Cartesian lines. I develop a more authorial framework for thinking anorexia which acknowledges the specificity of anorexic transitions, which can account for the pleasure as well as pain of the emaciated body, and which emphasises touch (in both physical and affective senses) as well as sight as foundational to anorexic subjectivity. This chapter is the longest because it is pivotal to the thesis's development, working to link the chapters which precede and follow it.

While the first three chapters are predominantly concerned with a critique of anorexia discourses, the last two concentrate on narrative modes through which anorexics have told their stories. Accounting for the poverty of the experiential within most theory about anorexia, I argue that telling one's story from a position always already marked by gender, mental illness, and sometimes also the effects of

trauma, makes it particularly difficult to be heard and believed because the narrator is discredited even as she avows the truth of her story. The testimonial and confessional narrative modes I examine in chapter 4 constitute, I suggest, ways of *negotiating* discourses of truth. Contrary to the popular psychoanalytic idea that testimony inaugurates healing and closure, I suggest that narrative memory is always to some extent incompatible and incommensurable with the emotional and biochemical residues which form body memories. Writing in a confessional style does not necessarily lead to resolution either. The confession's rhetorical demand for truth and for personal transformation or enlightenment render it uncomfortably close to the justificatory imperatives anorexics face as objects of psycho-medical and public scrutiny. Providing an explanation for being anorexic often leaves the anorexic life-writer tied to discourses of self-pathologisation.

Because traditional autobiographical forms are often attended by legalistic truth-judgments, some anorexic life-writers employ narrative structures and symbolics more associated with the realm of fiction. In chapter 5, I examine in detail two narratives which undercut the explanatory imperative by blurring the boundary around autobiographical truth. The 'borderland' is particularly attractive to these writers because their stories of anorexia are fundamentally interwoven with family narratives – and narratives about family may be particularly subject to dispute. Both are stories of *enmeshment* within parental conflict in which anorexia and bulimia are the bodily expressions of family secrets. These stories suggest that theorizing anorexia as the condition of an individual (as has traditionally been the case in clinical thinking) or as the practices of an individual being worked upon by culture (as in much feminist anorexia theory) overlook the *intersubjective* nature of anorexic identity.

In line with my aim of examining the production of anorexic meaning at the metatheoretical level, the chapters which follow critique paradigms for thinking anorexia that have become particularly prevalent in both popular and academic arenas. In chapter 2, my object is the model of subjection, commonplace within popular, public policy and academic domains, which takes particular kinds of media images to have pathologising effects on certain bodies. In chapter 3, I critique a model derived from Judith Butler's (1990) theory of gender performativity that has exerted a profound influence over socio-cultural theory over the past fifteen years in which agency is equated with subversion. In chapter 4, I take issue with clinical and commonplace suspicions about anorexics' ability to tell the truth by questioning psychotherapeutic arguments that telling one's story is necessarily curative. And in chapter 5, I question the usefulness of thinking subjection between the poles of society and individual which, I suggest, inevitably reproduces subjects as either agents or dupes. In the next chapter, as background to what follows, I critique some more general paradigms for thinking anorexic subjectivity dominant within feminist theory, delineating the parameters of anorexia theory with which I am primarily concerned.

Chapter 1: Anorexia as a Metaphor

Anorexia nervosa, like some other illnesses[,] can be viewed as a metaphor for, and a manifestation of, a *multiplicity* of socio-cultural concerns of the late twentieth century . . . ; concerns about femininity and feminism, about the body, about individual control and consumption within consumer society.

Helen Malson, *The Thin Woman*

Anorexia appears . . . as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distresses of our age. . . . A variety of cultural currents or streams converge in anorexia, find their perfect, precise expression in it.

Susan Bordo, *Unbearable Weight*

In *The Obsession* (1981), Kim Chernin described the distress women experience in relation to eating, body size and weight as the ‘tyranny of slenderness’. The contemporary idealisation of the thin female body, she argued, is one manifestation of ongoing gender inequality that women internalise and symbolise in their eating behaviour. In this, Chernin made an explicit connection between gender and culture. Though mind/body dualism was, as she put it, ‘the oldest cultural issue’, what had been consistently ignored by commentators was the ‘connection between alienation from the body and the fact of being female’ (63). ‘The struggle to dominate the body,’ she speculated, ‘. . . may well characterize patriarchal culture’ (56). The combined impact of gender and culture seemed to come together particularly clearly in the anorexic body. The fact that 90 percent or more of sufferers were girls and women demonstrated that mind/body warfare was an overwhelmingly female concern, both statistically and in intensity. Moreover, anorexia’s symptoms – reduction of breasts and curves, the ceasing of menstruation – seemed evidence of its gendered significance. What the anorexic expressed as fear of fat, Chernin argued,

was in fact fear of womanhood. ‘Anorexia nervosa,’ she stated, ‘now suggests that our tempestuous warfare against our bodies involves no less than a woman’s identity as a woman’ (65).

In this moment, the anorexic body came to carry a heavy burden. That body became a key site on which gender oppression and cultural values seemed to converge in a particularly stark way. Following Chernin, a plethora of cultural theorists – the majority of whom are feminists – have looked to the anorexic body as symbolic of the combined forces of gender inequality and cultural inscription.¹ The extent of this investment cannot be overemphasised. As Susan Bordo puts it, ‘The bodies of disordered women offer themselves as an aggressively graphic text for the interpreter – a text that insists, actually demands, that it be read as a cultural statement, a statement about gender’ (1993: 169). Because anorexics are read as having taken the obsession with body size to its *logical* extreme, and therefore as signifying gendered and cultural stresses most clearly, anorexia is seen as a ‘metaphor of our age’ (Orbach, 1993: 4), ‘the enigmatic icon of our times’ (Ellmann, 1993: 2), ‘an overdetermined crystallization of cultural anxiety’ (Bordo, 1993: 51). Of one of her eating disordered clients, Chernin wrote that she ‘seems to be a generation’s Speaker, leader of this choral anguish coming to expression now in women’s lives’ (1986: 5).

¹ In what follows, I refer to the group of theorists who read anorexia in terms of gender inequality and cultural inscription as ‘feminist cultural theorists of anorexia’. The term is not entirely satisfactory because I include an analysis of Bryan Turner’s (1984) writing on anorexia and Turner is not a feminist theorist. However, I have kept the term because the elements I address in Turner’s theory are closely aligned with feminist arguments, because ‘feminist cultural theorists’ is the term most often used elsewhere to refer to this body of literature, and because alternative terms are no more satisfactory. ‘Cultural theorists’, for example, would implicitly include theories from cultural psychiatry and loses the gendered component, ‘cultural and gender theorists’ loses the fact that the vast majority of these texts are defined by their feminist agenda, and ‘cultural and feminist cultural theorists’ implies that ‘cultural theorists’ do not include a analysis of gender. Rather than presenting a general survey of ‘feminist cultural’ theory on anorexia, I examine a handful of texts that have come to function as the ‘core’ literature in relation to which other theorists feel compelled to situate

Anorexia as cultural inscription

While Chernin wrote about ‘our culture’ as though the term needed no explanation, subsequent theorists made clear that it was specifically Western *consumer* culture that provided the conditions for anorexia’s emergence and which anorexic bodies symbolised. Bordo (1993) articulates the relationship between gender and capitalism in anorexia particularly clearly. Taking forms of psychopathology not as aberrations but as condensed expressions of endemic cultural problems, she sees anorexia as one manifestation of the ‘contradictory structure’ of advanced consumer capitalism (199). Consumer culture, she argues, produces the subject uncomfortably as both an indulgent consumer-self who experiences herself as having ‘a boundless capacity to capitulate to desire and indulge in impulse’, and a controlled, abstinent producer-self who views self-indulgence as uncouth and weak (199). Crucially, as Bordo demonstrates through analysis of food, diet and exercise advertisements, the consumption/production paradox is gendered. It is a ‘hierarchical dualism that constructs a dangerous, appetitive, bodily “female principle” in opposition to a masterful “male” will’ (211-2). The anorexic attempts to resolve this gendered double bind by identifying with the (symbolically masculine) producer-self’s work ethic, by creating rigid defences against desire and by coding her body as absolutely self-controlled (201). Experiencing her bodily self as voracious, she exerts absolute control over it with her ‘male’ will, thereby producing a body that aspires to androgynous independence but ends by reproducing the (thin) feminine ideal.²

themselves. Because my main interest is the effects of a body of literature rather than the nuances of individual arguments, I will deal with differences between arguments only as they arise.

² By comparison, Bordo suggests that the obese body symbolises an attempted resolution of the opposite kind, embodying ‘an extreme capacity to capitulate to desire’, while the bulimic fluctuates between control and capitulation, representing the ‘unstable double bind of consumer capitalism’ itself (1993: 201).

The anorexic body is not the only body to have been taken as metaphoric of the socio-cultural concerns or contradictions of an era. Various disordered, deviant and/or sick bodies have been politicised in this way. In *Illness as Metaphor* (1978), Susan Sontag argues that tuberculosis was a quintessential symbol of romantic ideology in nineteenth century Europe. A disease of the young, often leading to death, TB drew on a romantic symbolics linking death with aristocratic sensitivity, aestheticism and refinement. More recently, AIDS, she argues, seems to reflect contemporary anxieties about casual sex – especially non-heterosexual sex – and about the global spread of infectious diseases (1989). Such arguments belong to an explosion of sociological, anthropological and feminist theories articulating the relationship between ‘society’ or ‘culture’ and ‘the body’.³ Much of this work draws on key texts like Mary Douglas’s *Purity and Danger* (1966) or Michel Foucault’s *History of Sexuality* (1978) that seek to disrupt distinctions between nature and culture, inside and outside the body, and that take disordered bodies as indicative of the effects of social regulation. Douglas suggests that bodily rituals involving excreta, breast milk, or saliva, for example, are expressive of ‘social structure’ (1966: 115). The body is a ‘symbol of society’, she insists (115). ‘Its boundaries can represent any boundaries which are threatened or precarious’ (115). In *The Body and Society* (1984), Bryan Turner follows Foucault in articulating disorders as ‘cultural indications of the problem of control’ (2). ‘Because the body is the most potent metaphor of society,’ he argues, ‘it is not surprising that disease is the most salient metaphor of structural crisis’ (1984: 114).

Turner, like Bordo, writes extensively about anorexia as expressive of the

³ This explosion of interest in the body really took off in the early 1980s. As late as 1984 Bryan Turner could still refer to ‘the peculiar absence of the body in social theory’ (1984: 2).

particular tensions of consumer culture. He uses a history of diet to demonstrate the principle of bodily regulation and takes anorexia as symptomatic of the way that corporeal control, in an era of mass consumption, is increasingly narcissistic in character. Whereas in the pre-modern period, diet was managed within a moralistic religio-medical framework, aimed at control of desire (an 'internal management of desire by diet'), in modern forms of consumerism, he suggests, dietary practices are directed 'to promote and preserve desire' (an 'external presentation of the body through scientific gymnastics and cosmetics') (3). Because fixed exterior markers of social status have been eroded with the rise of mass consumer markets, he argues, social success now depends upon creating the right image (111). Body regulation, in other words, has become *representational* in nature. But body management is also patriarchal. 'Since the government of the body is in fact the government of sexuality,' he insists, 'the problem of regulation is in practice the regulation of female sexuality by a system of patriarchal power' (91). For Turner too, then, it is the bodies of disordered women on which culture most clearly inscribes itself. The anorexic body, he claims, evidences in hyperbolic form the contradictory pressures facing women in a 'system organized around narcissistic consumption' (93):

To the extent that modern culture can be described as narcissistic in encouraging pseudo-liberation through consumption, therapy groups, the health cult and the norm of happiness, anorexic self-obsession with appearance may be simply an extreme version of modern narcissism. Anorexia is thus a neurotic version of a widespread 'mode of living' which is centred on jogging, keep-fit, healthy diets, weight-watching and calculating hedonism. (203)

But the anorexic's strivings for individual perfection, Turner argues, lead inexorably back to dependence and subordination because for women, narcissistic practices

simultaneously represent submission to patriarchal norms of slender femininity (183-5, 198-203).⁴

Feminist and sociological arguments about anorexia as a cultural metaphor constitute a significant break from medical and psychiatric models. While clinical theorists do now tend to include 'socio-cultural forces' in their analyses, this is often limited to mentioning the contemporary thin female ideal or pointing to the declining proportions of models in magazines, as though the relationship between such images and anorexia required no further explanation (Bordo, 1993: 45). 'Culture', in the clinical literature, is a "modulating factor" (Pope et al., 1988: 158, quoted in Bordo, 1993: 49), contributory to but not *productive of* eating disorders, such that the basic presumption of underlying pathology remains (see also MacSween, 1993: 1-2). Thus one British Medical Association report suggests that media images 'can "trigger" the illness in vulnerable individuals' (BMA, 2000: 4). The logic here is that because all young women are exposed to cultural forces, such as the media, but all do not get eating disorders, there must be some prior psychopathological deficit in individuals who become ill. For Bordo, the medical profession's line of argument functions to efface the significance of cultural forces, thereby acting as a 'willful obfuscation in the service of their professional interests' (1993: 53). By contrast, she, and other feminist cultural theorists reassign the clinical criteria for individual dysfunction – such as body image distortion or the attribution of magical properties to foods – to social causes (54-60). In particular, feminist cultural theorists argue that women as a group suffer from eating and weight anxieties because femininity is both marked 'other' and symbolically split along the lines of virgin/whore, such that individual women experience their bodies and appetites as split off from them/selves

⁴ I explore the relationship between anorexia and narcissism more fully in chapter 2.

and as out of control (Ussher, 1989: 13-14). A key feature of the feminist cultural argument, then, is that anorexic and so-called 'normal' attitudes to weight and body image are fundamentally continuous along a gendered axis.

While clinical arguments about anorexia tend to preserve a notion of underlying pathology, there is one explanatory model for anorexia, often used in psychology and cultural psychiatry, that comes close to the feminist cultural model: the 'culture-bound syndrome' argument (see, for example, Prince, 1983; Swartz, 1985). A culture-bound syndrome is a disorder 'in which the signs and symptoms . . . reflect psychosocial pressures or mores of certain cultures' (Bemporad, 1997: 401).

Richard Gordon (2000), following George Devereux, prefers the term 'ethnic disorder',⁵ the qualifying characteristics of which include: that the symptoms of the disorder are 'direct extensions and exaggerations of normal behaviours and attitudes within the culture, often including behaviours that are usually highly valued'; that it is a 'highly patterned and widely imitated model for the expression of distress; . . . a template of deviance, . . . providing individuals with an acceptable means of being irrational, deviant, or crazy'; and that because the disorder involves behaviours which are both culturally esteemed and signs of deviance, it elicits both veneration and disapprobation, generating a 'politics' of its own (8).⁶ Anorexia fits the prototype perfectly, Gordon suggests, because it utilises 'common cultural vocabulary' (12) about the meanings of fat and thin, including a preoccupation with

⁵ Gordon finds 'culture-bound syndrome' problematic because it implies that a disorder is unique to a particular society, and because *all* psychiatric disorders might legitimately be described as 'culture-bound' since they rely on culturally-specific modes of thought. Only certain disorders, by virtue of their 'own dynamics', Gordon suggests, come to 'express crucial contradictions and core anxieties of a society' (2000: 7-8).

⁶ Widely-cited examples of other culture-bound syndromes or ethnic disorders include *amok*, a disorder in which young men in south-east Asia go on indiscriminate killing sprees, often interpreted as a response to a culture that demands high levels of emotional control and yet tacitly values such behaviour; and *koro*, occurring most often among men in southern China, which involves the delusion of a shrinking penis and is thought to be a manifestation of cultural anxieties about sexual impotence (Gordon, 2000: 7, 9-10).

appearance, weight and body image related to consumer culture (140-1, 147), because it represents one end of a spectrum of prevailing cultural attitudes and behaviours (77), and because it is a means of achieving 'specialness through deviance' that elicits both 'fascination and repugnance' precisely because it expresses pervasive 'social contradictions' (12).

Also in common with feminist cultural theories, the culture-bound school understands anorexia as a specifically Western phenomenon, governed by the conditions of post-industrial capitalism. However, while feminist theorists tend to limit their analyses to conditions in the West, such as the representational violences of media imagery, culture-bound theorists often make sweeping global generalisations about women's experiences across cultural and national boundaries in an attempt to explain the 'discovery' of eating disorders outside the West. Mervat Nasser, for example, finds broad trans-cultural similarities in the nature of the mother-daughter relationship, in excessive labour demands placed on women, and in the tensions between traditional feminine roles and the aspirations generated by better education (1997: 95-6). If women's experiences have so much in common, and if Western culture is now globalised, she concludes, 'there is no convincing basis to continue with the assumed immunity theory of the *other* women. It is clear that the pressures that are hypothesized to increase western women's propensity to eating disorders are shared by all other women' (Nasser, 1997: 97). Such inferences constitute a form of 'ethnocentric universalism' in which a Western concept of femininity is used as the 'implicit referent' or 'yardstick by which to encode and represent cultural Others' (Mohanty, 1991: 55).⁷

⁷ One curious feature of this discourse is that it reverses the more usual assumptions 'that pre-capitalist economies equal backwardness in both a cultural and ideological sense and in fact are responsible for the continued oppression of women in these societies' and 'that it is only when Third World women enter into capitalist relations that they will have any hope of liberation' (Amos and

Nasser's analysis also indicates the enormous power attributed to 'culture' in causing eating disorders, and – as her subtitle 'Eating disorders – a woman's disease' (1997: 61) suggests – the extent to which notions of what woman is have become epistemologically bound up with eating pathology. Significantly, Nasser's explanation for the spread of eating disorders is that women outside the West can no longer be seen as protected from gender role conflict by clearly-delineated gender roles or traditional values about women's place (67). 'Social contradictions' in gender role or what feminist cultural theorists often call a 'female identity crisis' is thus made absolutely central to what anorexia is.

What exactly these 'social contradictions' amount to, however, is one point over which feminist cultural and culture-bound arguments hold politically-important differences in emphasis. Both take anorexia as a metaphor for tensions within women's contemporary social identity. However, the culture-bound school implies that it is women's *inability to cope* with changing societal expectations that eating disorders most clearly express. The prevalence of eating disorders, according to one British Medical Association report, is explained by 'a changing female role, in which women find themselves struggling to strike a balance between new ideals of achievement and traditional female role expectations' (BMA, 2000: 22). In his argument about 'ethnic disorders', Gordon puts it like this:

[T]he transition to a new female identity has left many young women vulnerable to developing eating disorders. The shift in contemporary Western societies to a new emphasis on female achievement and performance represents a sharp reversal from previous role definitions that emphasized compliance, deference, and unassertiveness. . . . [I]n a period of such radical cultural transition, some young women are vulnerable to becoming caught in the uncertainties and ambiguities of a drastically altered set of expectations. (2000: 110-111)

Parmar, 2001: 19-20). The discourse about the spread of eating disorders, as articulated by culture-bound theorists, clearly reflects white Western preoccupations with the effects of the intersection of patriarchy and capitalism (21). I return to examine this discourse in the context of the effects of a global media in the next chapter.

Gordon goes on to suggest that the confusion of roles may be an effect of ‘the persisting devaluation of femininity, despite (perhaps because of?) the gains resulting from feminism and the women’s movement’ (112). This line of thinking is clearly alarming both for its infantilisation/pathologisation of women and its implication that feminism is to blame. The suggestion seems to be that challenging the ‘old’ feminine role definitions of ‘compliance, deference, and unassertiveness’ in favour of greater self-assertion leads women to become ill. Feminism is blamed for women’s (apparent) confusion and anorexia becomes a kind of effect of feminism.

The feminist cultural argument differs significantly in that it emphasises ongoing *inequality*, as opposed to the advent of new opportunities, as the cultural condition for and vocabulary of anorexia.⁸ For feminist cultural theorists, anorexia must be understood in the context of a *backlash* against gains made by the women’s movement. Thus when theorists claim that “[a]norexia” is saying something about what it means to be a woman in late twentieth-century Western culture’ (Malson, 1998: 6) or that it ‘tells us about the position of women in contemporary culture’ (MacSween, 1993: 6), this is always understood in the context of a contradictory social role in which equality is rhetoric rather than reality. For Marilyn Lawrence (1984), the anorexic’s extreme control over her body must be understood in relation to women’s lack of power in other areas of life. ‘Anorexia,’ as Susie Orbach puts it,

⁸ One exception to this is Chernin’s *The Hungry Self* (1986) in which she argues that it is not lack of opportunities but an unconscious residue of inequality – daughters’ guilt in surpassing their mothers’ lives – that eating disorders express. As Chernin explains: ‘At a moment when serious political gains have been won and women are able to take up the opportunity for further development, there is a marked tendency among women to retreat, to experience a failure of nerve, a debilitating inner conflict about accepting advantages and opportunities denied to their mothers. . . . If we are to understand the contemporary struggle for female identity, we must place it in relation to this fateful encounter between a mother whose life has not been fulfilled and a daughter now presented with the opportunity for fulfilment’ (43). Chernin has been criticised for taking women’s liberation as a *fait accompli* (see, for example, MacSween, 1993: 61-2).

‘illuminates the difficulties of entry into a masculinist world’ (1993: 7). Anorexia is understood as a reaction to dualistic patriarchal constructions of the female body as ‘weak and penetrable but simultaneously . . . powerful and engulfing’ (MacSween, 1993: 7). Images of the insatiable, suffocating or devouring woman, it is argued, tend to appear more forcefully during periods when women have made political advances. And, ‘For every historical image of the dangerous, aggressive woman,’ Bordo argues, ‘there is a corresponding fantasy – an ideal femininity . . . – that women have mutilated themselves *internally* to attain’ (1993: 162). For feminist cultural theorists, anorexia expresses a sense of futility in relation to ongoing gender hierarchy that is concealed beneath a rhetoric of equality.⁹

Identity crisis

As a metaphor for women’s impossibly contradictory social location, anorexia has come to symbolise a crisis of female *identity*. This emerges in feminist cultural theorists’ accounts in a variety of ways. In a psychoanalytic vein, Orbach (1993) argues that as women have taken up paid employment, and have, in some cases, achieved greater social, economic and psychological independence, they have simultaneously been confronted with a torrent of judgements about good mothering and homemaking, producing a sense of confusion and guilt which is passed from mother to daughter through the subliminal message: “‘Be like me”, “Don’t be like me”” (20-1). Consumer culture exacerbates this tension because women’s bodies circulate both as commodities or objects of male heterosexual desire, and as personal projects through which one can achieve control and success (16-17). The anorexic

⁹ If exactly what the anorexic body signifies in terms of gender seems a little confusing here, this is no accident. Whether the anorexic body is seen to express forbidden or repressed attributes of masculinity, or an ideal femininity, is often fluid and ambiguous in feminist cultural arguments. I examine the theoretical premises of those who argue both cases in chapter 3.

symbolises these 'contradictory pulls' by caricaturing them (8). 'In the most tortuous denial of need and dependency and the most persistent and insistent expression of independence,' Orbach writes, 'women with anorexia live out the contrariness of contemporary cultural dictates' (9). The anorexic takes on the aesthetic imperative to be thin, but to such an extreme as to parody it; she reduces the space she takes up in the world, but to such an extent that 'her invisibility screams out'; she denies her own needs but to such a degree that she becomes a self-contained unit without needs. 'Her anorexia,' as Orbach puts it, 'is at once an embodiment of stereotyped femininity and its very opposite' (10).¹⁰

Morag MacSween presents one of the most sophisticated explanations for the relationship between 'contradictory cultural expectations of women' (1993: 113) and the anorexic symptom. The anorexic body, she suggests, represents a (flawed) attempt to resolve a symbolic incompatibility between femininity and individuality. Though individuality circulates as gender-neutral and hence available to all, it is in fact an attribute of masculinity and hence only available to men (3). Masculine is both masculine and neutral, and is symbolically active, possessive, independent, complete, separate; feminine is only feminine, and is dualistically constructed as passive, incomplete, responsive, penetrable, but also dangerous, threatening, engulfing (3, 193). 'Reconciling the hidden incompatibility between individuality and femininity,' MacSween insists, 'is the central task of growing up female in contemporary Western culture' and it is this that the anorexic woman sets out to achieve (3, 6). Anorexia is most likely to begin at puberty and to afflict women from

¹⁰ Perhaps Orbach's best known book about women's distress in relation to food and body image is *Fat Is a Feminist Issue* (1978). In this earlier work, she similarly articulates women's eating trouble as symbolic of women's oppression. Seeking to help women overcome compulsive eating and failed dieting, she addresses the unconscious associations of fat and thin bodies, thereby enabling women to distinguish between 'physiological hunger' and 'emotional hunger'.

middle-class families, she explains, because the conflict experienced in relation to individuality is most intense during the transition from childhood dependence to adult independence, and because the high achievement expectations in such families conflict acutely with the passive, responsive requirements of femininity (4).¹¹

MacSween demonstrates how a range of symptoms arise as the anorexic reproduces and attempts to rework the conflict she faces. The sufferer exerts hyper-control over her appetite in an effort to 'eradicate desire' and strives to achieve feelings of impenetrability and physical integrity by fiercely guarding her body boundaries (194). But in attempting to quell her appetite, she herself becomes divided. Experiencing her 'desiring body' as an external threat to her 'self', the sufferer allies herself totally with the 'desireless body', complete and self-contained (194). However, in identifying with (masculine) 'self' over (desiring) 'body', the anorexic necessarily reproduces rather than resolves the (gendered) conflict she began with. 'The aim,' MacSween concludes, 'is to create the body as an absolute object – inviolate, complete, inactive and initiativeless – wholly owned and controlled by the self. The irony of anorexia is that the object-body comes to control the self' (196).

While sophisticated, MacSween's analysis, like Turner's, Bordo's and Orbach's, allows the anorexic strategy to be read only as one which must inevitably fail. In the end, femininity and gender neutrality are irreconcilable: though impenetrability and

¹¹ This middle-class bias in anorexia used to be a relatively common argument, often associated with American psychiatrist Hilde Bruch (1974; 1978) and with Bryan Turner (1984). It is now often seen as out-of-date for ignoring the increasing 'spread' of eating disorders to women of all classes and indeed ethnic backgrounds. Becky Thompson's *A Hunger So Wide and So Deep* (1994) offers a polemic on this issue. MacSween goes some way towards addressing the criticism of class bias in her suggestion that eating disorders have increased because of the growth of the middle classes as a group. 'The social context in which anorexia can arise as a meaningful existential strategy,' she argues, '... has only in the post-war period intensified and widened its social base to the extent that the contradictory pressures of "femininity" and "success" are felt by the majority of young middle-class girls' (1993: 16).

self-discipline are associated with an autonomous masculine/neutral 'self', they are also continuous with 'good' virginal femininity, that is, with the patriarchal imperative that women safeguard their sexuality as men's property and for men's consumption (MacSween, 1993: 192). Moreover, the submission of the desiring body, MacSween points out, cannot be maintained indefinitely. Ultimately, 'the object-body comes to control the self' (196) either because the anorexic symptom takes over such that the anorexic is unable to stop a process she herself began, or because appetite wins and she is plunged into a cycle of bingeing and starving and/or vomiting (246). The anorexic here functions *for* feminism to expose the spuriousness of gender equality. As a metaphor for the condition of women, she must *necessarily* fail because it is only her failure to resolve individuality and femininity that reveals their incompatibility. Moreover, in MacSween's and other feminist cultural theorists' arguments, the anorexic's failure to resolve a crisis of gender identity also entails a failure to achieve an integration of mind and body because, such theorists point out, Cartesian dualism is intrinsically gendered. MacSween's description of the anorexic in terms of 'self' and 'object-body' reveals the extent to which that body is also a synecdoche for mind/body dualism.

In defining anorexia as the symptom of a (symbolic) tension between individuality and prescriptive femininity, MacSween's argument does not, in fact, seem so very different from the culture-bound thesis. Indeed, her account, like the culture-bound argument, carries undertones of pathologisation and infantilisation, especially where she relates the anorexic's irresolvable crisis of gender to the developmental crisis of adolescence. MacSween argues that the anorexic's attempt to resolve gender contradictions 'commonly takes place at adolescence, a time of transition from childhood to adult life, the time when a personal assumption of an

individual adult identity is required' (4). Implicitly the telos of healthy adulthood involves the resolution of identity confusion and it is the relative success of accomplishing an unconfused gender identity that determines who becomes sick and who does not. Though MacSween suggests that *all* women must confront the contradiction between individuality and femininity, because all do not become anorexic, one can only assume that non-anorexic women are more successful in negotiating or resolving the conflict. Indeed MacSween's use of a language of 'identity' as the central crisis of anorexia bears some similarity with psychiatrist Hilde Bruch's argument that anorexics are 'deficient in their sense of autonomy' and that anorexia arises at adolescence because this is a time when development of a sense of competence and individuality is crucial to achieving maturity (1978: 47). Anorexia, then, fills the void left by a lack of identity and selfhood.

A similar sense of anorexia as the effect of identity confusion occurs in the work of Orbach and Chernin. For Orbach, anorexia is 'an extremely complicated response to a confusing social identity' (1993: 5), a reaction to the irresolvable question of mother or career woman. Problematic identity development afflicts Chernin's anorexics because of their desire to surpass their mothers' achievements and quality of life. 'Eating disorders,' she writes, 'express our uncertainties, our buried anguish, our unconfessed confusion of identity' (1986: 36). This discourse of 'identity crisis' is part of the means by which feminist cultural theorists seek to demonstrate both the scope of eating distress among Western women and the fact that it is socio-cultural forces rather than individual psychopathology that is to blame. However, because the identity confusion argument is often made via a narrative of psychological development (in which daughters fail to individuate from their mothers, for example),

it still implicitly relies on an idea of ‘normal’ or ‘healthy’ psychosexual maturation as that which women fail to achieve.

Malson, like MacSween, suggests that the underlying cause of women’s confusion is their symbolic preclusion from ‘identity’. She follows Lacan in arguing that sexual difference is an effect of signification within a Symbolic Order based on the phallus. ‘[B]ecause it is the phallus that represents human identity . . . ,’ she argues, ‘masculinity is positively signified as “I” whilst femininity is negatively signified as the “not-I”’ (1998: 18). However, the phallus’s signification of oneness and completeness is precarious and contradictory because it is based on an illusion of identity formed when the child misrecognises his/her specular image as him/herself. As such, the phallus also signifies an ‘absence’ or a ‘lack’ from which heterosexual desire springs (17, 19). Femininity, then, is negatively signified not outside the Symbolic Order but *within* it. ‘Femininity is thus . . . “fundamentally conflictual” because “woman” is (impossibly) contained within an exclusion. “She” stands as an impossible contradiction – a subject position as the other-of-identity’ (21). Drawing on Lacan’s concept of feminine *jouissance*, Malson maintains that ‘[i]t is precisely in being negatively signified as lacking, in being not-all in relation to the phallus that the feminine position is also *in excess* of the Symbolic’ (1997: 236). Anorexia (and other ‘female maladies’), she argues, symbolise this ‘conflictual nature of “femininity”’ in which a parody of femininity is also a protest against femininity’s constitution as ‘other’, and in which dissent is inevitably co-opted within the phallogentric order (1998: 21). The anorexic, Malson argues, borrowing from Juliet Mitchell’s analysis of the hysteric, “both refuses and is totally entrapped within femininity” (22, quoting Mitchell, 1984: 290).

As well as a synecdoche for women's conflictual relation to gender, Malson's anorexic functions as evidence of the body's discursive constitution. Adopting a Foucaultian paradigm, she argues that "anorexic" bodies are always-already located within multiple systems of significations and power relations' (1997: 225). While Malson is not unusual in applying Foucault's ideas about bodily regulation to anorexia (see Bartky, 1988; Bordo, 1993; Hepworth, 1999 for other examples), her approach is the focus of my analysis here because it illuminates particularly clearly some of the effects I am concerned with. Her understanding of discourse, like that of most other feminist cultural theorists, is derived from Foucault's earlier work, such that discourse "disciplines" the body through "a multiplicity of minor processes of domination", "exercising upon it a subtle coercion" (Malson and Ussher, 1996: 230 and Malson, 1996: 277, quoting Foucault, 1977a: 137-8), and such that the body is "the inscribed surface of events" (Malson, 1997: 231, quoting Foucault, 1977b: 148). She takes the anorexic body as 'a site of convergence of a variety of different discourses that become entangled on the body, producing and regulating it in multiple, often contradictory ways, so that it signifies a multiplicity of converging and diverging subjectivities' (Malson and Ussher, 1996: 271). So, for example, the anorexic expresses an ideal of heterosexual attractiveness within a traditional romantic discourse, but also a rejection of romantic femininity through a renunciation of the (female) body's reproductive potential, hyper-femininity but also boyishness/androgyny, sickness and glamour, conformity and resistance, control and disorder, self-production and self-annihilation (Malson and Ussher, 1996: 272-7; Malson, 1998: chaps 5-8). The sense of the anorexic subject as 'interpellated by many discourses', 'dispersed across a number of discourses', 'constituted outside of herself in discourse' (1997: 227), or 'poly-textually produced' (Malson and Ussher,

1996: 278), is intended to demonstrate the extent to which socio-cultural forces are implicated in anorexia. However, the effect is to produce the anorexic body as a kind of metaphor for the *disciplined* or *docile* body.¹² The anorexic body is so swayed by cultural forces, so utterly *inscribed* by culture, that it seems capable of signifying just about anything.

Anorexia is often compared with disordered feminine bodies from other eras as corroborating evidence for arguments about cultural inscription. As such, the anorexic body also becomes a *historical* metaphor, or ‘metaphor for our time’ (Orbach, 1993: 3). The most usual historical counterpart is hysteria but comparisons are also often drawn with agoraphobia. Each of these feminine disorders, it is argued, expresses contradictory social pressures on women, with each erupting as an epidemic in times when gender roles are in a period of significant reorganisation and redefinition. So hysteria, for example, was a response to the domesticated constraints of Victorian femininity at a time of otherwise accelerated social and structural change (Smith-Rosenberg, 1972; Orbach, 1993: 6-7, Bordo, 1993: 157-159). While the mid- to late-nineteenth century saw the first major feminist wave, it was also, as Bordo notes, ‘an era . . . 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’ (1993: 157). Hysteria was a reaction to ‘a regimen of sequestered and limited activity’ that contained an unconscious protest; a ‘caricature of femininity’ that incorporated an implicit indictment of idealised womanhood (Orbach, 1993: 6). In the same way as anorexia, cultural

¹² Malson’s understanding of what anorexia signifies is based on discourse analysis of interviews and, as such, relies on what anorexics *say* rather than their appearance *per se*. Nonetheless, the Foucaultian methodology she sets out for herself, in which the anorexic body functions as a ‘text’ or ‘surface’, consistently undermines any sense of anorexics as *constructing* as opposed to *constructed*, and returns us inexorably to the *visible* body. I explore the effects of such ocularcentrism in more detail in chapter 3.

theorists insist, the symptoms of hysteria offer themselves as hyperbolic presentations of the predominant feminine ideology. Paralysis, muteness, fainting spells and seizures represented an exaggeration of stereotypical feminine imperatives to be frail, ornamental, compliant, emotionally labile and sexually repressed. Through their enigmatic quality and extreme mutability, such symptoms embodied the 'feminine mystique' of the era (Bordo, 1993: 169) to present a dramatisation of women's powerlessness.

Agoraphobia, a syndrome involving a debilitating fear of open or public spaces, emerged as a widespread problem during the 1950s and early 1960s when the ideal femininity became once again domestic, dependent, childlike and unassertive (170). In her inability to leave the home, the agoraphobic, it is argued, embodied in exaggerated form the strictures of the prescribed female role. She also symbolised a core cultural dilemma related to paradoxical fears about 'interpersonal intimacy and social anonymity' in the urban environment (Turner, 1984: 104). As Turner explains, though agoraphobia reached epidemic proportions only in the mid-twentieth century, the first medical description of it appeared in 1872 at a time when the increasing density of urban populations raised fears about declining interpersonal moral standards and produced new technologies of surveillance and supervision. Middle-class women were seen as especially vulnerable to moral degradation and susceptible to 'false self-regard' (107). Agoraphobics expressed this anxiety about leaving the home for crowded city spaces, thereby colluding in patriarchal restrictions on women's independence. 'Fear of the market place,' as Turner puts it, 'had now been successfully converted into a medical condition which legitimated the power relationships of the household' (108).

Hysteria and agoraphobia are used by feminist cultural theorists to corroborate the argument that anorexia symbolises pervasive cultural contradictions and that it represents the extreme of a continuum of women's socially-produced distresses. 'The symptomatology of these disorders,' as Bordo puts it, 'reveals itself as a textuality. . . . [W]hether we look at hysteria, agoraphobia, or anorexia, we find the body of the sufferer deeply inscribed with an ideological construction of femininity emblematic of the period in question' (1993: 168). Such theorists point not only to similarities but also to the distinctiveness of disorders as another way of making their case about psychopathologies as historical metaphors. Bordo suggests hysteria's relationship to the prevailing feminine ideal was subtle and symbolic by comparison with the 'ingenious literalism' of agoraphobia and anorexia (1993: 169). Orbach notes that the effusiveness of symptoms functions in an inverse relation to the prevailing perception of gender equality, such that 'where possibilities [in the late twentieth century] are so apparently multiple and fluid, a woman's symptomatic response is narrow, rigid and controlled. Where nineteenth-century possibilities for women were few and narrowly defined, the woman's expression . . . was in turn unbounded' (1993: 7-8). Turner characterises hysteria as a 'disorder of time' in contrast with anorexia and agoraphobia which are 'disorders of space' (1984: 93). He argues that hysteria usually afflicted middle-class women who delayed marriage in order to pursue careers in teaching or nursing, for example. It expressed the contradictory structure of female sexuality in that, before marriage, women were assumed to be 'overcharged with sexual energies', which could be legitimately expressed only within marriage, and yet, once married, women were seen as sexually underdeveloped or frigid (103). Agoraphobia and anorexia are disorders of space because they express social concerns about women's independence in urban centres:

the former, nineteenth-century 'anxieties about seductive intimacies between anonymous strangers', and the latter, twentieth-century anxieties about visible bodily presentation (107-8).

These historical comparisons function to confirm the twin principles that anorexia's symptoms are specific to the socio-cultural concerns of the present and that they are continuous with the patriarchal oppression of women's bodies across time. But anorexia is also seen as continuous with forms of gendered bodily regulation within the contemporary historical moment. Cultural theorists of anorexia understand it to be part of: (1) a continuum of body modification practices in consumer culture in which anorexia is grouped with technologies like fitness regimes (Gordon, 2000: 158-165), the fashion industry, cosmetic surgery (Wolf, 1990; Bordo, 1993; Bartky, 1988), and transsexuality (Finn and Dell, 1999), reflecting a sense of the body as 'the vehicle for the pursuit of individual self-interest' (MacSween, 1993: 154); (2) a cross-cultural continuum of patriarchal oppression acting on the female body in which anorexia is linked with sexual assaults, female genital mutilation (Orbach, 1993: 5; Bordo, 1993: 162) and an increase in the wearing of veils (Nasser, 1999); and (3) most prevalently, a continuum of Western women's distressed experiences surrounding food, eating and weight in which anorexia is seen as one end of a spectrum incorporating not only other diagnostic categories like bulimia and compulsive over-eating but also – crucially – so-called 'normal' eating behaviour variously described as 'dieting', 'restrained eating' or 'weight-watching'. 'Today,' as Catrina Brown puts it, 'women who are not concerned about their weight are the social anomaly. Anorexia (self-starvation) and bulimia (bingeing and purging) are the extremes on a continuum of weight preoccupation among women in affluent Western societies' (1993: 53).

Feminist cultural theorists, as I've suggested, have clear political motives for understanding anorexia as the extreme of a continuum of Western women's eating and body troubles. Placing eating disorders on a continuum refuses the distinction between 'normal' and 'pathological' that allows mainstream medicine and psychology to view anorexia as a problem of individual pathology and hence to obfuscate (or at least downplay) the role of culture and gender (Malson, 1998: 6). Feminist theorists often draw on empirical studies to support their argument that the 'symptoms' of anorexia, such as a fixation with losing weight, a negative perception of body image, overestimation of body size or weight, or superstitious thinking in relation to food, are not atypical but endemic. 'Eating disorders,' as Bordo puts it, 'far from being "bizarre" and anomalous, are *utterly continuous* with a dominant element of the experience of being female in this culture' (1993: 57, my emphasis). So, for example, feminist cultural theorists frequently point to statistical evidence about the prevalence of dieting and weight preoccupation (Orbach, 1993: xxiii, xxvi; Brown, 1993: 53-4; Malson, 1998: xi, 5, 89-92) or of body image distortion (BID) (Bordo, 1993: 56; Malson: 1998: 83-4) to demonstrate that low self-esteem, lack of self-entitlement, denial of appetite and body dissatisfaction are culturally-prescribed facets of womanhood. 'Dieting and body-dissatisfaction,' Malson suggests, 'seems to be more prevalent and therefore more "normal" or normative than *non*-dieting amongst women and girls' (1998: 90). Anorexia, then, is merely 'one extreme on a continuum on which all women today find themselves' (Bordo, 1993: 47) or 'the most dramatic outcome of the culture's obsession with regulating body size' (Orbach, 1993: 3).

This argument has enormous currency within feminist and popular arenas. It appeals to common sense, to what you know *deep down* to be true. And it produces

precisely the sense of collective engagement – an overt politics of women’s bodies – that, according to feminist commentators, is precisely lacking in the anorexic symptom. As I’ve demonstrated above, feminist cultural theorists of anorexia consider anorexia as, at best, an individualised and therefore ineffective form of protest. Orbach takes this argument one stage further, suggesting that girls and women would not be in so much trouble if they had not abandoned the sisterhood. ‘[A] generation that has come to adulthood without the benefit of the consciousness-raising group,’ she asserts, ‘may yet empower itself and reverse the trend that has our anorectic or bulimic sisters inscribe on their bodies the conflicts that can’t be told of in other ways yet’ (1993: xxii). Such judgements about anorexia as hyper-disciplined and politically counter-productive can only be made because the continuum argument on which they depend goes unquestioned. In what follows, I challenge the very foundations of the continuum hypothesis to reveal the fragility of its logic.

The continuum hypothesis

As I’ve suggested, anorexia often seems to function as a tool for bringing the general condition of women into view. This is evident in the following lament from

Orbach’s *Hunger Strike*, which follows on directly from statistical evidence about the number of women who die from anorexia every year:

No one is much disturbed by statistics that show that 80 per cent of women in countries like the USA, the UK, New Zealand, Australia are dieting at any given moment. . . . No one is much bothered by the fact that 70 per cent of *nine-year-old* San Franciscans are dieting . . . Nor does there seem to be much outcry at the news that 50 per cent of Canadian girls aged *six* are already so self-conscious about their bodies that they feel hesitant about putting on their bathing suits. (1993: xxiii)

Orbach's motive here is to link dieting with anorexia such that dieting will attain the therapeutic concern and political seriousness that it merits. However, here, and in feminist cultural writing more generally, the constant reification of continuity between anorexia and dieting functions to reproduce anorexia in terms of a narcissistic obsession with body image and an enslavement to a contemporary ideal of (heterosexual) feminine beauty. Because the anorexic body is seen as one extreme on a continuum, it is constantly reiterated as the most culturally-inscribed, the most disciplined, and thus implicitly the most *conformist* of female bodies. Orbach's complaint betrays, I suggest, that dieting and weight-watching, rather than eating disorders, are her primary concern. While anorexia *appears* to be Orbach's object of interest, it is in fact disavowed as she continues to pursue a prior agenda about the prevalence of body dissatisfaction amongst girls and women generally. The net effect of her argument is to *reduce anorexia to dieting*.

Dieting also seems to be Malson's paramount concern when she suggests that the research on restrained and disrupted eating is helpful because it 'provides a (partially) contextualized knowledge of "eating disorders"' (1998: 92). She cites a number of studies that indicate that 'many of the psychological characteristics (such as BID, body-dissatisfaction and a desire for perfection) attributed to "anorexics" can also be found in "normal" dieters' (91). Here she is applying to dieting something she thinks she already knows about eating disorders. And what she already 'knows' about eating disorders seems to be based predominantly on diagnostic criteria like an intense fear of becoming fat and body image distortion. Thus, though the feminist cultural argument prides itself on its de-pathologising effects, by linking normative femininity with anorexia on the basis of eating disordered 'symptoms', it ends by pathologising femininity itself. As Matra Robertson observes, 'One of the major

problems for feminist theorists is that we describe the oppression of women and the limits of medical discourse and then proceed to discuss the woman and her symptoms within parameters drawn from that discourse' (1992: 52). And 'the act of diagnosis, where symptoms are read through an established grid . . .,' Abigail Bray points out, 'functions to fix the truth of the subject' (1996: 417).

While feminist cultural theorists set out to challenge the clinical explanation of individual pathology, they recreate another version of feminine pathology through the continuum argument. Malson, for example, critiques late nineteenth-century medical discourses for constructing mental perversity and nervousness as characteristic of women (1998: 68), but she does not recognise in her own construction of a feminine continuum a similar pathologisation of femininity in general – this time based on notions of vulnerability and suggestibility. She implies that women are particularly susceptible to cultural manipulation: 'The pernicious effects of the diet and fashion industries on many women's lives (and deaths),' she writes, 'cannot be underestimated' (93). Hepworth points out that in the late nineteenth century, 'Anorexia nervosa was understood in medical literature in the context of the ideology of femininity and was seen as an extension of female irrationality' (1999: 29), but she overlooks the fact that she too interprets anorexia in the context of an ideology of femininity – one involving a culture of 'slimming' – and that she too inadvertently links irrationality with the female body in the sense of the latter's propensity to be governed by dominant representations. 'Anorexia nervosa is a focus of postmodern analyses of the body,' she asserts, 'because it so clearly illustrates the link between the extreme effects of discourses about women, femininity and thinness within Western culture' (101). Discourses of women, femininity and thinness are run together here and presumed to function as an

oppressive discursive nexus. Anorexia represents the effects of interpellation by that nexus.

Defending the continuum thesis against the accusation that it trivialises eating disorders, Bordo returns her reader to the point that the feminist cultural argument refuses a distinction between 'pathological' and 'normal'. But in so doing, she illustrates the continuum argument's dependency on reducing anorexia to a (normative feminine) obsession with appearance, and demonstrates the way in which all women, via the continuum, become disordered.

Feminist analysts see no firm boundary on one side of which a state of psychological comfort and stability may be said to exist. They see, rather, only varying degrees of disorder, some more 'functional' than others, but all undermining women's full potential. . . . This is a culture in which rigorous dieting and exercise are being engaged in by more and younger girls all the time – girls as young as seven or eight, according to some studies. These little girls live in constant fear – a fear reinforced by the attitudes of the boys in their classes – of gaining a pound and thus ceasing to be 'attractive'. (1993: 61)

Rather than de-pathologising women, the continuum argument appears to *extend* feminine pathology.

While anorexia remains the nominal object of attention (though not the real object of interest), feminist cultural theorists are able to leave dieting uninterrogated and intact – and are absolved from examining their own behaviour. Certain feminist cultural theorists seem to have a particular personal investment in linking dieting with eating disorders which may be because they wish to distance themselves from the trivial associations of dieting or because they are reluctant to address in any detail the apparent conflict between dieting and feminism. Malson identifies herself, following the title of her book, as 'another thin woman' (1998: 3), carefully avoiding any diagnostic ascription, and Bordo describes herself as 'a woman who has herself struggled with weight and body-image issues all her life' (1993: 32) and whose 'own

disordered relations with food had never reached the point of anorexia or bulimia' (137). She notes that the first time she included Chernin's *The Obsession* on a reading list, her students 'suddenly began 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' (137). Thus the continuum argument is attractive because it *politicises* dieting. And Bordo is a self-confessed dieter: she records losing twenty-five pounds through a national weight-loss programme in 1990 (30). Responding to the accusations of inconsistency and hypocrisy she received from certain colleagues, she argues that in her view, 'feminist cultural criticism . . . does not empower (or require) individuals to "rise above" their culture or to become martyrs to feminist ideals' (30). That may be so. But what she fails to recognize is that through her own need to belong to a politicized continuum, she makes the anorexic just such a 'martyr to feminist ideals'.

Built into the idea of anorexia and dieting as different degrees of the same thing is a kind of longitudinal or progressive continuum in which it is assumed that restrained eating, given certain psychological stressors, will degenerate into full-blown anorexia or bulimia. Malson suggests that,

Discourses on restrained eating . . . present us with a causal *and* conceptual relationship between 'restrained eating' and 'eating disorders' such that 'normal' dieting may result in disordered and chaotic eating patterns and in many of those 'psychopathologies' that are frequently attributed to those diagnosed 'anorexic'. (1998: 91)

This sense of dieting as always about to slide into an eating disorder also occurs in British Medical Association statements that dieting and dietary restraint are a 'necessary' condition for eating disorders, a 'key risk factor' or 'precipitant', and that 'for many young women the first step to an eating disorder is in trying to reduce

body weight by dieting' (2000: 16-17). This 'causal and conceptual' connection is at once absurdly obvious and utterly contrived, and, as such, reveals itself to be another facet of the desire to link body practices more widely. On the one hand, the practice of restricting food intake is a pretty fundamental requirement for reducing body size/weight, such that to point out that both dieters and anorexics do it, or that individuals who become anorexic begin by reducing and monitoring their eating, seems somewhat facile. On the other hand, the assumption that restricting always means the same thing, or is done for the same reasons, or that it is always on the brink of getting out of control, conceals a latent political agenda.¹³ Following psychiatrist L K George Hsu, the BMA report further claims that for those whose dieting deteriorates into an eating disorder, "poor identity formation" may be to blame (Hsu, 1990, quoted in BMA, 2000: 17). Polivy and Herman, also continuum proponents, suggest that 'the current upsurge in the number of patients with eating disorders reflects the prevalence of an eating/weight/appearance pathology in society that preys on those with weak and susceptible personality formations' (1987: 640). Such statements reveal once more the extent to which the continuum argument is linked with notions of feminine pathology.

In addition to my argument that the continuum thesis reduces anorexia to an extreme form of dieting, I want to make an argument from the opposite angle: that the continuum denigrates the complex set of gendered issues involved in *dieting*.¹⁴

In the continuum argument, discourses of restrained eating are rarely taken as objects

¹³ As evidence of the causal relationship between dieting and eating disorders, the BMA cites two studies. In the first, carried out in Australia, 'Of the 888 subjects studied, those who dieted at a severe level were 18 times more likely to develop an eating disorder than those who did not diet, and female subjects who dieted at a moderate level were five times more likely to develop an eating disorder than those who did not' (16). In the second, a study of schoolgirls in the UK, the researchers 'concluded that the relative risk of a dieter being diagnosed with an eating disorder twelve months later, was eight times that of non-dieters' (2000: 17). Such studies demonstrate what I mean here about the co-option of the obvious to 'prove' a causal relation.

¹⁴ Thanks to Karen Throsby for suggesting this argument.

of interest in their own right because they are construed as *always on the brink of becoming eating disorders*.¹⁵ An important area for feminist investigation – how normative femininity sustains and reproduces itself – is reduced to the issue of anorexia. That is, normative femininity becomes of concern only if/when it descends into anorexia and, according to the continuum hypothesis, it is always on the verge of doing so. Feminist cultural theorists' implicit assumption – that the culture of dieting needs to be made coextensive with eating disorders in order to be taken seriously – is thus fundamentally flawed. It is, as I explore in more detail below, neither necessary nor politically advantageous to use anorexia to raise consciousness about the distress and anguish women experience in relation to dieting.

One serious methodological flaw reproduced in continuum arguments is the citing of uninterrogated statistical studies, drawn from surveys, questionnaires or controlled 'tests'. There are, first of all, a range of statistics about the high percentage of women and girls, from college students to nine year-olds, engaged in dieting and afflicted by high body dissatisfaction. These are usually based on survey questionnaires like the Eating Attitudes Test (EAT) or the Eating Disorders Inventory (EDI) in which young women are asked to gauge numerically their level of satisfaction with their weight and body shape, and to reveal their practices in relation to food and exercise. Results are subjected to standardised scoring and statistical comparison. Then there are a series of research findings about the physiological, psychological or emotional effects of restrained eating that show how

¹⁵ Indeed the tendency to present dieting as always about to slide into an eating disorders also occurs in literature specifically about dieting. In *Women and Dieting Culture*, Kandi Stinson implicitly presents eating disorders as an example of how much damage dieting can do. 'Research consistently finds that women are more likely to diet than men, and are more likely to use even more drastic measures to lose weight . . .', she argues. 'At the extreme, women are more likely than men to develop eating disorders . . .' (2001: 4). Similarly, in analysing 'Why Diets Fail', Donna Ciliska links dieting and eating disorders through a 'fat phobia' afflicting all Western women. 'Fat phobia,' she argues, 'has led to billions of dollars being spent annually for weight-loss products, . . . and has contributed to . . . an increase in the incidence of eating disorders' (1993: 80).

likely it is that dieting will devolve into disordered eating. These include the 'set point' argument in which it is assumed that interfering with the body's ideal weight will lead directly to bingeing as the body attempts to restore its 'natural' weight, and the 'disinhibition hypothesis' in which it is claimed that dieting is about a cognitive relationship to self-control which, if upset, causes marked disinhibition in relation to food. The latter is tested by giving participants high-calorie meals or 'pre-loads' before presenting them with more food. Restrained eaters, it is argued, will feel that the 'pre-load' has already 'blown' their diets and will consequently eat more than non-dieters (Polivy and Herman, 1987: 636, 639).¹⁶

Though feminist theorists tend to cite such studies as incontrovertible evidence of the anorexia-dieting continuum, if one pauses to examine the studies' conclusions in detail, one finds that they prove very little even on the basis of their *own* criteria. The Eating Disorders Inventory, which consists of eight 'scales' was designed to measure the extent of continuity between diagnosed eating disorder sufferers and dieters (Garner, Olmsted and Garfinkel, 1983; Garner, Olmsted and Polivy, 1983a; Garner, Olmsted and Polivy, 1983b; Garner, Olmsted, Polivy and Garfinkel, 1984). Arguably, it set out to respond to the objections of three leading anorexia psychiatrists: Arthur Crisp, Hilde Bruch and Mara Selvini-Palazzoli (in the U.K., the U.S.A. and Italy, respectively), all of whom maintain that eating disorders and dieting are qualitatively *different*. The EDI, therefore, like the EAT, tested not only for food, appearance and weight-related concerns like drive-for-thinness, body dissatisfaction and perfectionism, but also 'psychological disturbances' identified by Crisp, Bruch and Selvini-Palazzoli as specifically characteristic of eating disorder

¹⁶ It is interesting that this last set of research findings, though often used in support of the connection between dieting and anorexia, actually explains only the link between dieting and *bingeing*.

sufferers including ineffectiveness, perceptual disturbances, interpersonal distrust, lack of interoceptive awareness¹⁷ and maturity fears (Polivy and Herman, 1987: 637-8). Testing out the EDI on groups of non-dieters, chronic dieters and eating disorder sufferers, the researchers found that it was *only* in relation to questions about weight, appearance, body-shape and eating that the dieting and eating disordered subjects showed any similarities (638). Clearly there are a multitude of problems with the highly pathological distinguishing differences attributed to the eating disordered group here. But the point I wish to make is that even apologists for the continuum fail to find anorexia and dieting coextensive except in relation to behaviours and attitudes surrounding losing weight and appearance – precisely those aspects already ‘known’. While tests like the EDI are presented as instruments of objective science, providing factual evidence in support of a hypothesis, they in fact do little more than reproduce the premises the researchers begin with. Their function is to ‘calibrate’: that is, to be correlated with prior expert judgments and diagnoses.

This dispute between difference and continuity proponents highlights a basic problem with the parameters of debate about the continuum. The continuum argument and pathologised notions of anorexia are consistently constructed as mutually exclusive alternatives. In other words, it is presumed that rejecting the continuum thesis implicates you in ‘individual pathology’ and conversely, that rejecting notions of insanity leads you inexorably back to the continuum argument. This is reflected in autobiographer Marya Hornbacher’s assertion: ‘I want to dispel two common and contradictory myths about eating disorders: that they are an

¹⁷ This last scale measures a deficiency in accurately identifying emotions and other internal states. Examples of statements from this scale, that the individual must grade herself on, include ‘I get confused about what emotion I am feeling’ and ‘When I am upset, I don’t know if I am sad, frightened or angry’. This scale originates, in part, from psychiatrist Hilde Bruch’s (1974; 1978) argument that anorexics suffer from an ‘ego deficit’ or identity confusion.

insignificant problem, solved by a little therapy and a little pill and a pat on the head, a “stage” that “girls” go through . . . and, conversely, that they must believe true insanity, that they only happen to “those people” whose brains are incurably flawed, that “those people” are hopelessly “sick” (1998: 5-6). As Polivy and Herman point out, the continuity/discontinuity controversy is also a feature of debates surrounding depression and personality disorder in which the question is whether sad and depressed moods or personality characteristics in ‘normal’ individuals may be seen as continuous (in kind and/or degree) with clinical depression and personality dysfunction (1987: 637, n.2). The point I am making in this section, and indeed in my thesis in general, is that these two epistemological options *do not cover the field*. There are, as I will demonstrate in the chapters which follow, ways of thinking about anorexia that rely neither on pathology nor on the notion of a continuum with anorexia at its endpoint.

There are more fundamental problems – problems of logic – with the continuum argument. In his book about multiple personality disorder (MPD), Ian Hacking makes some convincing arguments about the way that knowledge about mental illness is forged, which can be used to challenge ideas about anorexia as the extreme of a linear continuum and as the endpoint of a progressive or causal continuum. Multiple personality or, officially since 1994, ‘dissociative identity disorder’ (1995: 17), is also thought in terms of a spectrum, being understood to afflict people with a particular propensity towards dissociation, and is believed to be caused by the delayed effects of childhood trauma on memory. Hacking points out that the most prevalent way of classifying mental health disorders, as in the DSM, is on the basis of symptom clusters or ‘how they look’, not on the basis of underlying cause (12). This allows clinical practitioners to delude themselves into believing that they first

define a disorder and only then discover its cause(s) (82). What actually occurs, Hacking insists, is that disorder, cause, and indeed intervention, come into being in conjunction with one another and are bound up with issues of morality (13).

‘[D]isease and disorder are identified according to an underlying vision of health and of humanity, of what kinds of being we are, and what can go wrong with us,’ he maintains (13). And every disorder, as he puts it, needs a ‘host’ idea on which to depend (115, 135). For multiple personality, Hacking argues, the moral host is now child sexual abuse. Multiple personality could not mean what it does without some dramatic shifts in systems of thought that occurred in France in 1874 to 1886 in which trauma became a psychological as opposed to a purely physical harm and became capable of disrupting memory, and without a strengthening of the connection between abuse and multiplicity during the 1970s just at the time when ‘the meaning of “child abuse” moved from the prototype of battered babies through the full range of physical abuse and gradually centred on sexual abuse’ (4, 83). Such shifts, Hacking argues, allowed for an exponential increase in cases of MPD such that what was a ‘mere curiosity’ in 1972 entered epidemic proportions after 1980 (8).¹⁸ Symptoms and cause are not ‘discovered’ in succession, then, but are

¹⁸ Hacking is careful to make clear that his argument is not that scientific knowledge about MPD was superimposed on hapless patients, still less that the relationship between childhood abuse and multiple personality is false. His argument is that knowledge about a disorder’s aetiology is developed through a ‘looping effect’ between clinician and presenting patient (see my discussion of this on p. 22 above) and that this knowledge is then used, for the patient, ‘to reorder or reorganize their conception of their past’ (88). Hacking thus rightly points out that the past is retrospectively structured through the present. ‘There is no canonical way to think of our own past,’ he insists. ‘In the endless quest for order and structure, we grasp at whatever picture is floating by and put our past into its frame’ (88). However, Hacking’s approach lacks reflexivity about its effects. The potential impact of his argument troubles me. From Hacking’s point of view, ‘We should not think of multiplicity as being strictly caused by child abuse. It is rather that the multiple finds or sees the cause of her condition in what she comes to remember about her childhood, and is thereby helped’ (94). One can imagine this kind of argument being used to widen the gap in believability between childhood abuse and adult suffering. I come back to this in chapter 4. While the same accusation might be levelled at my argument about anorexia here, in the sense that I am disrupting the commonsense relationship between the thin representational ideal and anorexia, I am much less concerned about this. In fact, as will become clear in chapter 2, I have political reasons for actively encouraging such dissociation.

absolutely co-dependent. In a similar way, I want to suggest, anorexia as a set of symptoms involving pursuit of thinness and body image distortion is absolutely inseparable from the contemporary belief that images of thin women are to blame. 'Body image' is anorexia's host idea. Take away the epistemological possibility of a relationship between an (impossibly) thin ideal (generated through the conjunction of consumer capitalism and a backlash against feminism) and anorexia, and the feminist cultural argument falls apart.

Hacking describes the actual process and practices through which knowledge of a disorder develops. A kind of something defined by a label (like 'dissociative identity disorder' or 'anorexia'), he argues, usually functions *not* on the basis of 'necessary and sufficient conditions' (such that 'to be in the class a person must satisfy all the conditions . . . [and] anyone who satisfies all the conditions is automatically in the class') (22) but, rather, on the basis of a 'clustering of symptoms' (23) or, borrowing from Wittgenstein, "family resemblances" (quoted in Hacking, 1995: 23). So, for example, it is not necessary for the exact same group of symptoms to be shared for the general word ('MPD' or 'anorexia') to apply to the class (23). This, then, already points to the way in which quite diverse phenomena may come to be gathered under one label. To add to this, a class or kind of thing (like a disorder) tends to be thought via a 'best example' or *prototype*. So, when people are asked to give an example of a bird, they generally say 'robin' and not 'ostrich' or 'pelican' straight away (23-4). The diagrammatic representation of members of a class would in fact be 'radial' rather than linear: 'a circle or sphere . . . with different birds related by different chains of family resemblances, the chains leading in to a central prototype' (24). Psychiatry's reliance on prototypes, Hacking points out, is implied in the DSM *Casebook* (Spitzer et al, 1989) which gives, for

every disorder listed in the DSM, a description of a typical patient (Hacking, 1995: 24). Far from ‘mere supplements’, the case prototypes give a ‘better understanding’ of what a disorder is like than the DSM itself (24).

The process of academic citation is one way in which cause and symptomatic effects are reciprocally produced and coalesce into a prototype. While a scholarly community will see itself as coming progressively closer to the aetiological truth of a disorder, what actually occurs, Hacking suggests, follows a *cyclical* pattern in which speculation or conjecture in one theorist’s work becomes, in the next’s, solidified as evidence or fact (84-88).¹⁹ So, for example, the idea of anorexia as symptomatic of a pernicious representational economy has increasingly gained currency over the past two to three decades such that the argument has become self-confirming and self-sustaining.²⁰

While both multiplicity and anorexia have an ‘occasioning cause’ (95) (child abuse for the former, the combined forces of capitalism and patriarchy coalescing in the ‘thin ideal’ for the latter), both also require an explanation as to why *not all* abused children become multiples and *not all* adolescent girls exposed to sexist consumer culture become anorexic. This is where the idea of a linear continuum is needed. In relation to multiplicity, theorists want to be able to argue that those children who later develop MPD do so because of an innate tendency to dissociate to a great degree (thereby invoking the idea of a spectrum of dissociative potential). Further, they need to claim instances of child and adolescent dissociation as precursors to adult MPD because this substantiates their argument that the roots of

¹⁹ Hacking suggests Alfred Binet’s intelligence measuring tests as an example of this process of scholarly calibration. Binet’s test results had to conform with pre-existing (raced, classed, gendered) judgments in order to be accepted *as* intelligence measurers (98-9).

²⁰ In chapter 2, I go further than Hacking, borrowing from Foucault to argue that it is not necessary for arguments about anorexia to be unambiguously affirmative (as in ‘thin media images cause anorexia’) for this effect of solidification or calibration to occur.

adult alters lie in childhood (thus implying the idea of a causal continuum) (93).

Likewise, feminist cultural theorists of anorexia, as I argue at length above, need the dieting-anorexia spectrum to prove the aetiological impact of cultural forces, often invoking a rather ambiguous and generalised ‘myriad of heterogeneous factors’ (Bordo, 1993: 62) to explain the particular extremity of the anorexic’s response.²¹

And they need a causal continuum, in the sense that dieting, given the wrong circumstances, will deteriorate into anorexia, in order to invest their argument with political urgency. In both cases, systems of measurement drawn from empirical psychology are used to lend weight to causal explanations and to demonstrate the spectral and causal continua. Just like the EDI for dieting/eating disorders, there is for dissociation/multiplicity the ‘Dissociative Experiences Scale’ (DES) (Hacking: 1995: 96-7).

The results of such tests – which invariably confirm the existence of a continuum – are purely the product of test design. First, the questions tend to highlight aspects of the disorder emphasized in clinical treatment such that there is a kind of ‘feedback effect’ as patients tend to confirm what is already known about them (103-4).

Anyone diagnosed as anorexic knows full well to score herself highly on scales like ‘drive for thinness’, ‘body dissatisfaction’, ‘perfectionism’, ‘maturity fears’, and ‘lack of interoceptive awareness’, for example. Second, questions are included that ‘preclude a break between those who score zero and those who score positively’

²¹ Bordo, for example, responding angrily to Joan Brumberg’s criticism that ‘[c]urrent cultural models fail to explain why so many individuals *do not* develop the disease, even though they have been exposed to the same cultural environment’ (Brumberg, 1988: 38), retorts, ‘[O]f course we are *not* all exposed to “the same cultural environment”. What we *are* all exposed to, rather, are homogenizing and normalizing images and ideologies concerning ‘femininity’ and female beauty. Those images and ideology press for conformity to dominant cultural norms. But people’s identities are not formed *only* through interaction with such images, powerful as they are. The unique configurations (of ethnicity, social class, sexual orientation, religion, genetics, education, family, age, and so forth) that make up each person’s life will determine how each *actual* woman is affected by our culture’ (1993: 62, quoting Brumberg, 1988: 38).

(105). In the case of the DES, the inclusion of questions bearing on absentmindedness, daydreaming, self-absorption and fantasy, inevitably resonate with most people to some degree. Similarly questions on the EDI relating to ‘body dissatisfaction’, ‘ineffectiveness’, ‘perfectionism’, or ‘interpersonal distrust’ are highly likely to pick up a vast range of people who would not qualify as eating disordered by clinical – or indeed their own – criteria. Lastly, the way in which the DES or the EDI produces results – as numerical scores – functions to obscure the fact that individuals may achieve positive scores for various traits for very different reasons. As Hacking argues in relation to the DES, ‘*[L]ow scores . . . may be attributable to factors quite distinct from the factors that account for high scores*’ (108, my emphasis).²² Those who complete the EDI may score themselves at varying levels on its eight subscales for completely different reasons. In sum, the EDI, like the DES actively produces a linear continuum and confirms pre-existing notions of causality.

To end this section I want to mention some research that suggests that dieting and anorexia may in fact be very different kinds of phenomena and that discourses of linearity may therefore be deeply misleading. In her book about teenage body image and dieting in the U.S., Mimi Nichter (2000) refreshingly looks ‘beyond the oft-cited pathology of teen-aged girls in relation to their bodies’ (x), to examine in detail and in context the cultural meanings of the ‘I’m so fat’ discourse which she calls ‘fat talk’ (4). She asks a series of extremely pertinent questions which I quote at length because of their very unusualness:

²² Factor analysis of DES results, Hacking reveals, has produced up to eleven distinct reasons for something called ‘dissociative experiences’ to show up in a population. These include experiences as diverse as ‘fantasy/daydream’, ‘denial’, ‘process amnesia’, ‘imaginary companions’, and ‘dissociated body behaviours’ (107-8).

What do survey statistics claiming that 60 percent of teen-aged girls are dieting actually mean? What do girls really do when they're on a diet? How long does a typical teen-ager's diet last, and when does she consider it successful? Do girls actually lose weight from their diets? Given the cultural imperative to be thin, are girls *overreporting* their dieting on surveys because they feel they *should* be dieting? As a culture, why do we focus so much attention on the 1-3 percent of girls who suffer from eating disorders to the exclusion of an in-depth understanding of what the other 97 percent of girls are doing? (3-4)

This last question picks up the argument I raised earlier that the continuum hypothesis not only reduces anorexia to dieting but *reduces dieting to incipient eating disorders*. Nichter points out that the alarmist tones of 'study after study' presenting the rising percentages of girls who are dieting, their conclusions that we will see an even greater rise in the numbers of eating disorders, and the frequent dramatisation of all this in the media, has become 'a cultural phenomenon in its own right' (3). She notes that people are often surprised to learn that only 1-3 percent of girls and women suffer from eating disorders because 'they have been led by the media to believe that eating disorders are far more common than they actually are' (2-3).²³ Nichter argues that the idea of teen-aged girls as 'at risk' from eating disorders belongs to a wider nexus of discourses – including discourses of teen-aged pregnancy, sexually-transmitted diseases and drug abuse – in which the behaviour of adolescents is pathologised (2). 'If we as researchers look for what is pathological in girls,' she reflexively suggests, 'that is what we will find' (x). Criticising the methods of empirical psychology for contributing to this teen-pathologisation, she focuses instead on *dialogue* about body image and dieting as it is 'embedded within the lifeworld of teens' (9). Her findings are based on a 'teen life-style project' which

²³ As a case in point, note the conclusions Malson draws from such studies: 'It seems that a vast number of girls and women are struggling to become ever thinner and indeed to become underweight' (1998: 90, my emphasis). She also suggests that 'it is probable that "anorexia" and anorexia-like problems are . . . more widespread amongst women than prevalence studies might suggest' (5, emphasis added).

involved 240 eighth and ninth grade girls in Tucson, Arizona over the course of three years and employed a *range of methods* including in-person and phone-based interviews, 'focus groups' in which self-selected groups of friends discussed particular issues with a researcher, an annual survey questionnaire and food records in which girls wrote down what they ate in a twenty-four hour period on a set number of days (9-10, 12, 88-9). Importantly, the project was designed to explore 'the extent to which body image and dieting play a role in female gender socialization'; to examine how "'fat talk" [as a] pervasive speech performance facilitates social relations among girls' (4).

The project's findings are revolutionary in terms of how they challenge the continuum hypothesis. Nichter's team found that 'fat talk' performed a number of social functions to do with inclusion and the reproduction of a cultural image of the 'perfect girl'. It did not indicate that girls really believed that they were too fat or that they were actually doing anything about it. Indeed, 'I'm so fat' was *not* an expression used by those who were significantly overweight or underweight nor by those who attempted to change their weight for any sustained period of time (51-2). The ritual of 'fat talk' was a marker of conformity and 'group affiliation' (51), a means of negotiating personal identity within a group and a method of fitting in (48-9). It could signal that a girl was feeling generally stressed or insecure and sought support from her friends, in which case 'I'm so fat' was an invitation to be contradicted (45, 47). It might allow her to 'call attention to her imperfections before others do' in order to preclude competitive criticism or unspoken judgments (47). If uttered before making a calorie-rich food choice in the lunch queue, for example, 'I'm so fat' could function as a 'secular "grace"' (48) demonstrating, through the confession of a little guilt, a girl's 'public presentation of responsibility

and concern for her appearance' (51). Girls engaged in 'fat talk' even when they didn't think they were too fat because non-participation was an act of separation which was seen as tantamount to bragging about oneself (53). All this is not to say that 'fat talk' is not distressing or that it is not sometimes internalised as true. The point I wish to make is that its function – what it achieves – is very different from what one might deduce from the results of statistical surveys.

Nichter's team explicitly set out to examine what it means when surveys conclude that as many as 60 percent of white middle-class girls are dieting at any one time (69). Studying what they called 'diet talk' in interviews and food records, they were able to qualify the findings of their own survey which suggested, typically, that a high proportion of girls were dieting (in this case, 40 percent) (90). Their ethnographic research suggested that only 14 percent of girls reported at least one day dieting on their food records (88, 90). They suggested a number of reasons for the disparity. Surveys, they noted, often use language that invites a positive response. For example questions about whether a person is '*trying* to lose weight' imply intention, and are more likely to be met with a positive response than questions about whether an individual is 'currently *dieting* to lose weight' (69, n.4). Phone interviews revealed that girls often did not know what 'fasting' or 'bingeing' – the usual vocabulary of survey questions – meant. Moreover, survey questions like 'Have you fasted?' or 'Have you starved yourself?' generally do not ask how long this was practiced. 'There is a difference between skipping breakfast because you're in a rush and purposely not eating' (71), Nichter points out. When dieting was ticked on surveys, what girls usually meant was 'watching what they ate', that is, not overindulging in fatty or sugary foods, but not excluding them either. 'Watching,' Nichter suggests, is 'flexible' (83, 87), quite different from the rigidity of the

anorexic's food rules. 'Our interviews and analysis of food records,' Nichter concludes, 'found more evidence of health-promoting behaviours than of pathology among a majority of girls' (90). Nichter's research confirms that the constant reiteration of continuity between anorexia and dieting is a motivated discourse and not a reflection of a *de facto* reality.

In this opening chapter I have set out some of the core problems with feminist cultural theorists' thinking about anorexia: anorexia's use as a metaphor for the state of Western womanhood, the idea that anorexia symbolises a gendered 'identity crisis', and the premise that anorexic practices fall on a continuum of women's experiences of eating, weight and appearance. My analysis suggests that arguments where body practices are assumed to form a continuum are not neutral but constructed through particular methodological practices and, as such, must be critiqued on the basis of methodology. It is precisely when particular practices *appear* to be similar or the same, I suggest, that the researcher most needs to examine her own epistemological investments. Body practices which seem continuous may have very different motivations and meanings. In the next chapter I examine in detail one aspect of the cultural argument about anorexia which has taken on a particular commonsense and popular dimension: the idea that media images of thin women are a key mechanism through which socio-cultural and gendered forces inscribe themselves on the female body.

Chapter 2: Anorexia as an Image-Reading Disorder

The most important worry for females is how they look and that is linked to worry about weight.

Schools Health Education Unit researcher, quoted in *The Guardian*, 16 November 1998

[I]t is a stark fact that the pursuit of the waif-like figure, the perception that only slimness is attractive and desirable as portrayed in many forms in the media, is a major contributory factor in young people developing this disease.

Former chair of the BMA's GP committee, quoted in *The Times*, 9 July 1998

In May 2000, the British Medical Association published a report which marks a significant shift in official medical thinking about the causes of eating disorders. Bearing the title 'Eating Disorders, Body Image and the Media', the report identifies the prevalence of and idealization of the thin female form in the media as a major contributory factor in a rising epidemic of eating disorders (12). As 'a direct cultural source of our ideals' (17), the authors explain, the media can have a powerful effect, particularly on such 'vulnerable individuals' as adolescent girls (13). Dieting is understood by the report as an attempt by women to correct the disparity between their own body images and the representations of femininity they see (17), and 'the most important predictor of new eating disorders' (16). 'The current emphasis given to the desirability of a slim body shape in Western society,' the authors assert, 'may play a major role in conditioning the preoccupations and behaviour of eating disorder sufferers' (13). The report establishes a direct causal link between media imagery, disturbed body image in women, dieting and eating disorders. In this sense, it demonstrates an aetiological logic bound up with the anorexia-dieting continuum that I discussed in chapter 1. There I argued that the commonplace assumption that anorexia lies at the extreme of a continuum of women's distress in relation to eating

and embodiment functions to produce femininity in terms of oppression, pathology and susceptibility. In this chapter I critically examine the causal paradigm most commonly understood to 'precede' the continuum. I look at the nexus of discourses that produces a causal link between the media and anorexia and suggest an alternative history of anorexia's emergence: a genealogy of its discursive effects.

Analyses of the relationship between media images and anorexia have been conducted from a variety of epistemological angles. These range from crude communications methods from the realm of empirical psychology in which media effects are taken to be quantifiable (see, for example, Shaw, 1995; Champion and Furnham 1999; Harrison and Cantor, 1997; Harrison, 2000), to nuanced accounts of the cultural meaning and resonance of images (Bordo, 1993), to psychoanalytic theories about the way that such meanings are internalised (Orbach, 1993). The fundamental and consistent premise here is that because an arguable 'epidemic' of anorexia has coincided with a dramatic reduction in proportions of the culturally-idealised female form, media images must (at least in part) be responsible for the rise in eating pathology.¹ Rather than presenting a detailed overview of the differences

¹ This causal logic coexists with a seemingly contradictory set of presumptions surrounding obesity. Indeed, in exactly the same month that the BMA launched their 'Eating Disorders, Body Image and the Media' report, another group of British medical practitioners established the National Obesity Forum (NOF) to raise awareness about the 'growing prevalence of obesity and its legacy of disease' (see www.nationalobesityforum.org.uk). Two years later, an All Party Parliamentary Group (APPG) on obesity was launched to address the 'shocking impact of obesity on the nation's health' (APPG press release, 30 April 2002, cited in *ibid*). The NOF predicts that '[o]ne third of all Britons will be abdominally obese by the end of the next decade' (NOF press release, 9 October 2005). This alleged 'obesity epidemic' seems to undermine the argument that thin-ideal imagery is making us all skeletal. Indeed the contradiction seems even more marked given that the adolescent population is a key focus for exponents of both 'epidemics' (programme for the NOF conference 'Obesity: Cut the Waist', October 2005). However, the trends of rising and falling body mass indexes are often represented as two sides of the same coin. For example, binge-eating disorder and compulsive over-eating are often understood to be just another set of 'psychopathological' responses to dominant cultural scripts about consumerism and the impossibility of living up to an idealised image of the body. Nick Crossley (2004), for example, points out that initiatives to reduce obesity demonstrate the fact that body weight and shape are 'subject to normative regulation and idealisation' (249) but that obesity itself reveals the limits of the 'body conscious society' (250). This idea of obesity as both a symptom of disciplinary regimes and a form of resistance to regulation is also implied in several books on obesity which advocate fat acceptance rather than dieting as a solution to being overweight (Wann, 1998; Bovey, 2000; Braziel and LeBesco, 2001).

between these schools of thought, my concern in this chapter is to track the overall effects of such ideas. My argument is that media consumption and anorexia have now not only become inseparably linked but that through the language of media imagery, anorexia has become a prevalent signifier of sexual difference. Whenever feminists (and others) claim the anorexic body as a trope for the impact of media images on women, anorexia figures as a sign of women's victimisation through representations and femininity is reproduced in terms of alienation of 'self' from 'body'. As such, anorexia, in the context of the media effects debate, becomes a site or forum in which the nature of femininity is constituted and reconstituted.

Instead of engaging with arguments about media effects, then, my critical focus centres on the discursive effects of the media effects debate. Following Paula Treichler's (1987) interrogation of discourses of AIDS and Abigail Bray's (1996) application of Treichler's model to anorexia, I take anorexia to be part of an 'epidemic of signification' in which the disorder's very aetiological uncertainty makes it a condensed site of competing knowledge-production. Theories about the causes of anorexia have undergone some dramatic shifts over time from neo-Freudian arguments about fear of oral impregnation, to biological theories about endocrinal dysfunction, to psychiatric arguments about incomplete ego or identity development, to family systems theories, to speculation about an anorexic gene. While a plethora of aetiological paradigms still coexist, what seems striking about the current moment is that an apparent consensus on the role of the media seems to have been achieved across otherwise competing institutional or disciplinary frameworks. I am interested in how the 'thin images' argument has become commonsense and what some of the effects of this discourse's rise to dominance are.

I wish to emphasise that it is not only the argument *for* media effects itself but also, and perhaps especially, the constant generation of discussion *about* the media which secures the link between images and anorexics. The various sites and contexts of anorexic knowledge-production are rife with self-contradiction and caginess, reflecting a refusal to state the case for causation in any absolutist way. For example, a panel of experts at the June 2000 London 'Body Image Summit', convened explicitly to find strategies to combat the harmful effects of media images, could not conclude that eating disorders are 'caused' by the influence of extreme or unreal images of female bodies (Cussins, 2001: 106). The BMA report I mentioned in my opening paragraph contains numerous caveats about the studies of effects it draws upon, concluding with contradictory assertions (on the same page) that, 'We considered that the media play a significant role in the aetiology of eating disorders' and that '[W]e cannot say with absolute certainty that reducing the number of media images of thin women will necessarily reduce the incidence of disease' (BMA, 2000: 43). In his analysis of the thin body ideal, Richard Gordon writes that 'there is as yet no *direct* evidence for the role of media imagery in the onset of eating disorders' but also that 'it is difficult to argue that an environment that inundates women with images that make them feel insecure and self-conscious would not play a role' (2000: 134). Such fudging of the issues suggests that it is less statements of 'truth' than endless discussion, debate, deliberation, which is most significant in establishing the connection between the media and eating pathology. These media effects arguments seem to regenerate and achieve their discursive force precisely through the acknowledgment and incorporation, rather than the exclusion of, dissent. In what follows, my focus will not be to challenge arguments for media effects

directly but to 'bring out "the will to knowledge" that serves as both their support and their instrument' (Foucault, 1978: 12).

Body of evidence

Some of the most popular literature on media images and anorexia has a conspiratorial edge to it. Naomi Wolf's polemical *The Beauty Myth* (1990) places anorexia at the extreme of a continuum of women's 'self-hatred' generated by the declining proportions of female models in fashion pages (184-5). For Wolf, the thin-ideal aesthetic is the key instrument of a backlash against women's moves towards equality which works by keeping women 'locked into one-woman hunger camps' (183). Jean Kilbourne's theoretical work (1994) and narration for a series of U.S. Media Education Foundation films entitled *Killing Us Softly* (1979), *Still Killing Us Softly* (1987) and *Killing Us Softly 3* (2001) explicitly targets advertising images for tyrannizing women by making them slaves to weight control. Kilbourne's campaign is to educate girls and women so that they can become more discerning consumers of advertisements. For Cyndi Tebbel, the mass media is engaged in a process of 'sinister manipulation' of women (2000: xiii). She argues that women are 'brainwashed by the message that we're worthless unless we can mimic a physical ideal based on starvation' (58) and attributes an epidemic of eating disorders directly to emaciated images (60-3). The language employed by such popular feminist media theorists thus follows a polarised pattern in which the consumer of media is either 'a misogynist male or a female dupe' (Lumby, 1994: 49).

Feminist cultural theorists like Bordo, Malson and Hepworth often strive to differentiate their arguments from more popular impressions of a media conspiracy. Bordo, for example, criticises the way that the media is often constructed as 'a

whimsical and capricious enemy, capable of indoctrinating and tyrannizing passive and impressionable young girls' (1993: 46). Feminist cultural theorists, she insists, do not reduce eating disorders to 'a simple pursuit of slenderness' (32) or 'a matter of arbitrary media images' (33). Malson also emphasises the complexity of the anorexic's relationship with representations. Images of the thin female body signify not only an idealised traditional romantic femininity, she suggests, but also a 'perilously disempowered and dismissible' form of femininity in which the pursuit of thinness is constructed as trivial, infantile or hysterical (1998: 108).

While explicitly rejecting a model of interpellation, however, these theorists seem, on occasion, unable to stop themselves returning to its logic. Following her detailed analysis of food commercials, Bordo concludes that such images 'offer a virtual blueprint for disordered relations to food and hunger' (1993: 130) and comments in a footnote that 'no one in America is immune from the power of popular imagery' (320, n.10). Malson certainly makes the relationship between image and consumer look top-down when she suggests that 'the spread of "eating disorders" to all socio-economic and ethnic groups might be understood in terms of an increasing dissemination of Western cultural ideals of female beauty/thinness and dieting' (1998: 93). 'There is *clearly* some relationship between the cultural idealization of female thinness and the prevalence of dieting and the recent increases in eating disorders,' she insists (5, emphasis added). Thus, though she otherwise presents a more nuanced account of this 'relationship', the rhetorical edge conveyed by 'clearly' seems to lead back towards a popular impression of indoctrination. Hepworth's language also implies a sense of disciplining when she suggests that the mass media 'created' an impossibly thin image of the ideal female body through figures like Twiggy and that 'women were positioned to reproduce these cultural

icons' (1999: 51-2). Even these theorists who otherwise reject a direct effects model, then, frequently seem compelled to re-invoke the dangers of images as though no account of eating disorders would be complete without it.

The idea of certain representations of women as harmful has an emotive charge within feminist thinking more generally. As Lesley Stern points out, images are an appealing focal point for feminists because of their 'visibility', because they can be 'pointed to' or 'shown' in a way that 'sexism' usually cannot (1992: 198).

Representations provide a certain evidential value, often functioning as 'proof' of the extent of violence against women. However, where representations are assumed to have a direct effect, questions about the act of interpretation are foreclosed while 'women' is reified as a homogenous category (Cronin, 2000: 54). Further, in relying on the visual as evidence, anorexia – and other areas of feminist concern – often become over-determined by the images which are understood to be responsible for them. In the feminist campaign against rape, for example, the targeting of pornography as evidence of male sexual violence has meant that the material conditions and social structures that support rape are frequently overlooked. '[R]ape became the obverse of the specific,' as Stern puts it, 'it became generalized so that its function as a metaphor (for the oppression of all women by all men) assumed more importance than the instance of rape itself' (1992: 202). If rape, via pornography, has become a metaphor for women's oppression, anorexia, via representations of thin women, has become a metaphor for women's vulnerability in relation to cultural messages. Once anorexia is seen as an effect of representations and those images are taken to be violent in and of themselves, one only needs to show images of thin women to 'prove' their harmfulness.

Alarmist attitudes to images of women were clearly in evidence at the London Body Image Summit in June 2000. Convened by minister for women, Tessa Jowell, and attended by representatives of the medical profession, fashion editors and delegates from eating disorder interest groups, the summit led to a series of initiatives designed to contain the spread of eating disorders by restricting 'superwaif' imagery (Frean, 2000; Frean and Watson, 2000; Ward, 2000). Editors of leading women's and teenage magazines pledged to adopt a voluntary code of conduct to ban images of skeletal models and celebrities from their pages, and it was recommended that the Broadcasting Standards Commission should monitor all television channels to assess whether 'normal' or 'fat' women were outnumbered by 'thin' images. It is worth pointing out that such a venture is unlikely to have taken such a high-profile form, or indeed to have taken place at all, without the endorsement of the British Medical Association. In fact the seeds of the summit's initiatives are clearly present in reports of the BMA's annual conference proceedings two years previously. There, a consultant representative demanded that the media "show more buxom wenches" (quoted in Murray, 1998a) and the conference closed with the resolution '*That this meeting fears that some forms of advertising may be contributing to an increase in the incidence and prevalence of anorexia nervosa. It calls for greater responsibility in the use of such images in the media*' (BMA, 2000: 3).

With media images a common rallying ground, the Body Image Summit arguably marks a rapprochement between feminist and medical opinion about eating disorders. The BMA's interest in cultural representations goes some way towards addressing a longstanding feminist criticism that clinical approaches trivialise the role of the socio-cultural in eating disorders (Malson, 1998; MacSween, 1993: chap. 2; Bordo,

1993: 45-6). However, the BMA (unlike most feminist cultural analyses) did not link its concern about the thin-ideal with any thoroughgoing analysis of why thinness should be such a dominant gendered and cultural imperative. Moreover, the media-effects argument, for the BMA, seems to have been added on to assumptions about female adolescent pathology rather than taken up as a challenge to such assumptions. Indeed, official British medical opinion now sustains a striking, but apparently undisruptive, contradiction in its incorporation of socio-cultural factors into a broadly psychodynamic framework such that eating disorders are *both* driven by the appeal of thinness as a mark of beauty, *and* motivated precisely by a fear of becoming beautiful in an effort to avoid sexual maturity and 'womanhood' (Weiss, 1995: 540-1). Rather than a sign of enlightenment, then, the shift in medical opinion may indicate the adaptability of pathological discourses of anorexia and their potential to neutralise critique.

In any case, the Body Image Summit found itself unable satisfactorily to implement the reparative changes it advocated. Eighteen months after the summit, Susie Orbach, one of the summit's organisers, lamented that it had failed to induce the fashion industry to reconstruct the feminine aesthetic (Steiner, 2002: 34). This reflects a broader problem in which arguments about the harmful nature of images tend to result in political impasse because they leave only one avenue for action: a form of voluntary self-censorship which is ultimately unenforceable. It also reveals the logical corollary to the idea that women are blinded to their 'real' interests by dominant representations: the argument that they can be 'liberated' through the creation of more 'realistic' portrayals (Pollock, 1992: 136; Petersen, 1994: 32). Evidencing this premise at the summit, editor of *Marie Claire*, Liz Jones, professed her fear that the fashion world was 'becoming detached from reality' while Tessa

Jowell declared her commitment to 'liberate' young women from the 'tyranny' of thin-ideal stereotypes (quoted in Frean, 2000). Apart from the obvious problem of who decides what constitutes a 'good' or 'bad' image – which provoked derisions from political opposition of 'a nanny state gone mad' – this black and white diagnosis of images implies the possibility of recourse to 'real', 'natural' women outside representation and yet, paradoxically, the figuration of the 'real' *as* representation.

Gender and reading

Feminist media theorists have widely criticised the premise that representations have a direct effect on readers/viewers. Where images are taken to be harmful, they point out, the reading subject is usually one marked by gender and/or class. The archetypal consumer – especially the consumer of popular culture – is usually symbolised as feminine and this link between femininity and consumption functions to produce the woman reader as vulnerable, passive or suggestible (Cronin, 2000: 2). In the writings of postmodern theorists like Jean Baudrillard and Andreas Huyssen, as Elspeth Probyn points out, the feminine reader is frequently associated with mass-produced culture and symbolically juxtaposed to the masculine subject who engages critically with 'high' art (1987a). The notion of an autonomous, rational reader is sustained through a form of gendered and classed 'othering' (Blackman and Walkerdine, 2001) which seems to occur particularly where meaning is understood to reside in the text or image, awaiting actualisation by the reader. Frameworks which privilege the text as the source of meaning, Lynne Pearce notes, rely on a sense of the text being 'mastered' (1997: 5). Not to be master of the text, but rather to be emotionally swayed by it, she points out, is 'a mark of both the feminine and

the un(der)educated, working class' (5). Following this body of analysis, the idea that media images of thin women generate a dysfunctional relationship between women and their bodies and, in extreme cases, cause anorexia, would seem to be another site in which femininity is reproduced as labile and suggestible.

Feminist media and cultural studies theorists have responded to the derogatory positioning of the woman reader in a variety of ways. Feminist film theorists initially tended to produce psychoanalytic models of reading/viewing, in which spectators were assumed to be positioned by texts through a series of unconscious processes. In her highly influential 'Visual Pleasure and Narrative Cinema' (1992), Laura Mulvey argued that the Hollywood spectator's gaze was necessarily structured around voyeurism, scopophilia and fetishism such that the viewer was inescapably positioned as masculine. For female viewers, according to Mulvey's argument, the pleasure derived from viewing was masochistic in nature. While this model provided an explanation for women's interest in images deemed to be against their interests, it did not fundamentally challenge the idea that such images were 'bad' for women, nor did it move very far from the traditional communications model's practice of moving from the content of messages to their effects on audiences. By contrast, feminist theorists interested in women's consumption of 'trash' media have tended to favour a more interpretative paradigm, focussing on viewing or reading in context and as an active process of meaning-making. Tania Modleski (1982), Janice Radway (1984), and Ien Ang (1985), for example, have criticised the way that consumption of fantasies, romance novels and soap operas is often seen as evidence of the reader/viewer's lack of critical capacity and tendency to confuse representation with 'real life'. Through detailed analysis of reading/viewing in specific contexts, such theorists have demonstrated that readers/viewers negotiate

relationships with textual characters variously and that meaning is made through an interweaving of textual and extra-textual associations rather than residing in the text.²

These more interpretative paradigms suggest one way in which the idea of anorexics as victims of ideological manipulation might be challenged. Demonstrating that anorexics engage critically and reflexively with thin-ideal images, it might be argued, could undermine the assumption that they passively absorb such images.³ I have rejected this methodological avenue for a number of reasons. To begin with, such an approach runs the risk of reaffirming a rather unhelpful binary which underlies much thinking about the relationship between consumers and the media. There has been a tendency to assume that the way to prove that the (feminine) reader is not passive and suggestible is to argue the reverse: to show that her engagement with texts is active and/or subversive (Brown, 1990: 201-2; Currie, 1997: 457). There has been an assumption, as Jackie Stacey puts it, that ‘activity is necessarily resistant, being the opposite of passivity, which is assumed to mean collusion’ (1994: 46). However, Stacey cautions, “‘Activity’ in and of itself is not a form of resistance: women may be active viewers in the sense of *actively* investing in oppressive ideologies’ (1994: 46-7). To claim that anorexics read images of thin women actively does not obviate the charge that they are causing themselves harm. To argue that they read subversively raises more questions still: questions about what subversive reading looks like, how it might be distinguished from ‘hegemonic’ reading, and what investments and motivations lie behind the theorist’s need to claim a particular reading as subversive.

² Jackie Stacey demonstrates this engagement particularly effectively in relation to Hollywood movies (1994: chaps. 4 & 5).

³ Indeed, this approach has been suggested to me on a number of occasions during discussion about my research. This is why I set out my reasoning at some length here.

The idea of 'subversive' reading seems even more problematic in light of feminist research describing girls' and women's relationship with representations of women in terms of 'doubled vision'. Teresa de Lauretis notes that the female subject is 'at the same time inside *and* outside the ideology of gender, and conscious of being so, conscious of that twofold pull, of that division, that doubled vision' (1987: 10). She suggests that this doubledness is a product of the irreconcilability of coming to know what Woman is through the representational realm and yet feeling misrepresented by and apart from it:

[T]he discrepancy, the tension, and the constant slippage between Woman as representation, as the object and the very condition of representation, and, on the other hand, women as historical beings, subjects of 'real relations', are motivated and sustained by a logical contradiction in our culture and an irreconcilable one: women are both inside and outside gender, at once within and without representation. (10)

De Lauretis' position speaks to the fallacy of defining modes of reading (as active or subversive) because 'authentic' experience is not separate from the representational realm. Rather, it is this doubledness that constitutes experience. Elizabeth Frazer's interviews with adolescent girls about their readings of the teenage magazine *Jackie* corroborates this sense that women understand their relationship with the media in multiple, sometimes contradictory, terms (1987: 422). When asked to comment on the magazine's problem page, Frazer's interviewees suggested that 'the problems weren't "real" problems' (1987: 419) and yet, when asked to write their own problems as though addressed to someone they trusted, they reproduced the register of the magazine (420). She concluded that people take up different discursive registers according to 'context, topic and mood' (422).

If, building on such research, I were to conduct a detailed ethnography of anorexics' engagement with images, paying particular attention to discursive context,

this would undoubtedly present a complex picture of such women's relationship to representations. However, by continuing the associative link between anorexia and media images, such an approach is likely to reproduce the very terms of debate I seek to critique. Mica Nava cautions that critical theoretical positions which remain within the discursive terrain they address, may actually contribute to dominant ways of thinking. She makes her point in relation to women and consumption:

[W]e must ask how far the different theoretical and political positions taken up in relation to consumerism have been able to advance the terms of the debate. It could be argued that by continuing to allocate such a central place to the issues involved – to images and commodities – we are not only interrogating but also contributing to the explosion of discourses on consumerism. (1992: 164)

Since my aim is precisely to disrupt the association of images with anorexia, it seems important to avoid reproducing such a connection. De Lauretis suggests that rather than engaging with representations as evidence or looking for a realm 'beyond', feminists should look for 'the spaces in the margins of hegemonic discourses' (1987: 25). This tactic follows the genealogical methods I set out in my introduction.⁴

Consumption as a metaphor

Toxicity features prominently in explanations of the way young women read media images. Two theorists writing for the journal *Addictive Behaviors*, for example, suggest that the media contributes to a "toxic environment" in which eating disorders are more likely to occur (quoted in BMA, 2000: 25). Tebbel describes women's magazines' economic dependence on advertisers as a 'toxic relationship' which

⁴ While my aim in this chapter is to point to the discursive effects of the media images debate, rather than engaging with it on its own terms, and to critique the centrality of images, rather than analysing their content, there is an extent to which, by devoting a chapter to the media effects discourse, I end up (inadvertently) reopening or even reinforcing the debate. This is an epistemological problem for which I have no solution other than to avoid discussing the media images

ensures that they exert a powerful manipulative force (2000: 25). Gordon welcomes one psychiatrist's practice of asking his patients to develop a scrapbook of 'toxic images of thinness from the media' and comments that school children too should be made aware of the 'toxicity of media images' (Gordon, 2000: 134).

This language of toxicity, as Bray (1994; 1996) suggests, belongs to a dominant signifying practice through which anorexia is made intelligible: the metaphor of consumption. Feminist theorists have pointed to the way in which 'consumption' has been associated with femininity since at least the late nineteenth century, and has tended to function representationally as the constitutive opposite to 'masculine' production (Bowly, 1993; Felski, 1995; Nava, 1996; Probyn, 1987a). The discourse of anorexia and the media, as I've indicated, reproduces this oppositional structure between 'phallogocentric production' and 'feminine consumption' (Radner, 1995: 141-6). The now frequent use of 'consumption' as a metaphor for cultural reading practices, as Janice Radway points out, reduces the subject's engagement with text or image to the assumed functionality of eating, that is, to a biological process of ingestion or absorption (1986: 10).⁵ Popular culture, in particular, is often represented as something one 'consumes' and is frequently frowned upon as a 'waste of time', or a filling of one's mind with 'garbage' (11). Because women are

discourse altogether. And I did not want to choose that course because of the far-reaching power of the discourse, as I describe above.

⁵ Eating, of course, is not a simple process of 'ingestion' or 'absorption' either, but a dense site of social and cultural meaning. Indeed, eating has recently been taken up as central to the development of the modern subject. In *Consuming Geographies* (1997), David Bell and Gill Valentine explore the roles food plays in constituting and reorganizing spatial identities from the level of the body (in, for example, Western preoccupations about the relationship between what we eat and the size and shape of our bodies), to the level of the 'glocal' (in the way that we assume to 'get to know' others through food, yet use food as a way of demarcating boundaries and asserting particularity and difference). In her *Carnal Appetites* (2000a) Probyn emphasizes that thinking about eating can be used not only to explicate our complex relationships with others but also to inspire new ethics of relating. She takes up the visceral reactions inspired by food – such as hunger, greed, shame, disgust – to explore their transformative potential.

associated both with consumption and with popular culture, female readers are seen as especially at risk from ideological manipulation.

The confusion of reading with alimentary incorporation takes on a particularly perverse twist in the imagined reading practices of young women in a late capitalist mediascape. In her insightful critiques of anorexia's construction as a 'reading disorder' (1994: 4; 1996: 413), Bray points out that anorexic women are 'thought to consume representations of their gender only to suffer from a literal, corporeal consumption as their bodies are "eaten away"' (1996: 415-6). This idea that the consumption of representations of thin women actually causes the atrophy of the female body frames the question of women's consumption of mass media in terms of 'autophagy' or a 'cannibalistic consumption of the self' (Bray, 1994: 8). And this is no surprise, Bray suggests, given that the feminine consumer is typically described as 'narcissistically self-obsessed' (8). In presenting the feminine consumer as the object of her own consumption, this discourse renders her both passive and pathological (1996: 416). Moreover, as an image-consuming disorder, anorexia becomes a 'synecdoche for the alienated female body in general' (413), evidence of the *generally* pathological way in which women are assumed to read media images (Probyn, 1987b: 203).

Fears about the effects of women's consumption of thin-ideal images emerge in popular cries for the censorship of adverts using thin models. The British Eating Disorders Association, for example, intervened in 1997 against the appearance of an Accurist Watch advertisement which featured a very thin model wearing a watch around her upper arm and carried the slogan 'Put some weight on!'. Reproducing the idea that women are prone to autophagy, the EDA complained that such images put all women and girls at risk. In fact, they suggested, '[I]t is the "normal" female

population who should be our main concern over the effects of such images' (EDA, 1998: 3). The implication of this statement is that women are in danger because they identify with images of their own gender so fully that they lose sight of the distinction between representations and their own bodies. Women, within this discourse, are never autonomous, bounded or critical readers, but always the objects of vision. They become the viewed even as they view.

Such ideas belong to heteronormative assumptions about women as interchangeable objects of the male gaze (Rubin, 1975). John Berger's well-cited conceptualisation of women as objects of (their own) visual consumption captures the presumption of heterosexuality intrinsic to this discourse:

Men act and women appear. Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women but also the relation of women to themselves. The surveyor of woman in herself is male: the surveyed female. Thus she turns herself into an object – and most particularly an object of vision: a sight. (Berger, 1972: 47)

The depiction here of the viewer in woman as 'male' and the viewed, 'female', represents the relationship between these two aspects of herself along the lines of opposite-sex object-choice, making heterosexuality the 'original' or model on which all other forms of desire are based (Butler, 1990), and neutralising the potential to read the relationship along the lines of same-sex attraction. As such, Berger's language reveals a psychoanalytic undertone in which femininity is conceived not only as narcissistic but as incomplete, seeking merger. Anorexia is frequently assumed to begin from women's desire to be attractive to men. Dr Martin Tovée, a psychologist at Newcastle University, for example, set out to reduce the numbers of young women suffering from anorexia by persuading them that becoming like supermodels would make them less, not more, attractive. Basing his research on a

study of male undergraduates' reactions to pictures of women, he deduced that very thin women were a 'turn-off' and put this down to a correlation of diminished sexual attractiveness and diminished reproductive potential (quoted in Murray, 1998b; see also Mihill, 1997). The British Medical Association report I referred to earlier similarly understands anorexia in terms of a desire for visual perfection so as to attract the opposite sex:

Having the 'right' body shape and size is widely valued as important to the goal of obtaining a partner. It is therefore potentially significant that young women are often presented with unobtainable images of bodily perfection by the media, and representations which may be particularly influential during adolescence – at a time when women can feel particularly insecure about their bodies and their potential attractiveness to members of the opposite sex. (2000: 13)

Anorexia is thus presumed to be a quintessentially heteronormative practice associated with the desire to enhance one's visual display (for men). The desire to be attractive is so keen, it is assumed, that women over-identify with images of feminine beauty thereby losing their grip on the distinction between representation and reality. 'Although it may appear superficial to ascribe to cultural ideals a role in the development of anorexia nervosa,' Garner and Garfinkel assert, 'the potential impact of the media in establishing identificatory role models cannot be over-emphasized' (1980: 652).

The idea that focussing on appearance is evidence of women's ongoing oppression has long been a rallying cry for feminist theorists. Susan Douglas, for example, argues that 1980s work-out culture 'really demanded that we all be pathological: compulsive, filled with self-hate, and schizophrenic' (1995: 263). However, as Liz Frost suggests, the way that 'doing looks' serves as 'proof of a colonized consciousness' means that the only emotions sanctioned in relation to appearance are denial, guilt and shame (1999: 117-8). As such, the presumption of

oppression is self-sustaining. 'There is no language of physical self-appreciation, no discursive space for self-admiration . . . ,' Frost maintains, 'White, heterosexist northern European cultural baggage . . . makes self-criticism and discontent the only available position women can take in relation to their own looks' (128-9). Moreover, the enforced denial of looks reproduces a Cartesian mind/body split in which matters of presentation or image are seen as 'a distracting diversion from a woman's real self, located internally' (122) and in which the ideal female subject is one who exists as 'pure spirit' (123).

In marking women's reading practices generally as narcissistic, the media-effects discourse relies on a dominant notion of femininity that is not only heterosexual but white and middle-class. As Becky Thompson points out,

The construction of bulimia and anorexia as appearance-based disorders is rooted in a notion of femininity in which white middle- and upper-class women are portrayed as frivolous, obsessed with their bodies, and overly accepting of narrow gender roles . . . [and] is intimately linked to the portrayal of working-class white women and women of color as their opposite: as somehow exempt from accepting the dominant standards of beauty or as one step away from being hungry and therefore not susceptible to eating problems. (1992: 558)

As anorexia often circulates in the media as a disease of models and Hollywood stars, it has increasingly become associated with a frivolous, over-indulgent and shallow lifestyle in which appearance is the supreme value. Jane Fonda's eating problems received massive media attention during the 1980s, Kylie Minogue was suspected of anorexia following her appearance on the British chat-show *Wogan* (Hepworth, 1999: 52), and the bodies of 'Skeletal Spice' (Victoria Beckham) and 'Ally McMeal' (Calista Flockhart) have been the subjects of intense media speculation. Through association with these (white, affluent) media stars, anorexia continues to be raced and classed. That is, it is assumed to be a self-indulgent disease of spoilt rich kids –

in spite of a plethora of recent research suggesting that it afflicts people from all class and ethnic backgrounds (see, for example, Malson, 1998: 93).

The connection between femininity and narcissism is further strengthened through arguments about men who suffer from eating disorders. According to one study, the BMA report on body image suggests, particular risk factors for men include 'importantly, an apprehension of the threat of manhood, with particular reference to the heterosexual role' (BMA, 2000: 21). The report continues:

If the media play a role in triggering eating disorders, then we would expect that as men become more preoccupied with their looks and are increasingly targeted by advertisers (for example, in new men's magazines) they may develop a higher incidence of eating disorders. It has been suggested that men who are homosexual, for example, show greater tendencies toward eating disorders, as their culture places greater emphasis on bodily perfection and physical appearance. (21)

The logic of gay men as a high risk group operates here through presumptions of femininity built on the premise that cross-gender identification is the grounds for homosexuality. Despite the reference to 'their culture', gay men are represented as particularly vulnerable to targeting by advertisers because of a preoccupation with 'physical appearance'. As for adolescent girls, perceived gender role confusion or "poor identity formation" (Hsu, 1990, quoted in BMA, 2000: 17) is understood to render gay men particularly susceptible to harmful media influences. This depiction of gay men works to reify anorexia as a quintessentially feminine disorder induced by suggestibility and vanity. It also reproduces, by association, the link between femininity and sexual deviance.

Class and 'race' inflect this depiction of femininity/sexuality in complex, shifting ways. Until the early 1990s it was generally held that anorexia did not exist outside the West (except in other states with capitalist economies like Japan) and that it was

concentrated amongst white girls and women from affluent families. The accepted reason for this was that privileged white girls experience particularly intensely conflict between traditional feminine roles and pressure to achieve in the masculine world of work. Such conflict is thought to be experienced in terms of a feminine 'identity crisis', as I explain in chapter 1. In addition, the specific conditions of capitalist consumer societies, in which the majority of the population were well-nourished, meant that thinness, with its associations of restraint, came to signify class status. Thinness became desirable for young women, according to this theory, because it allayed gender role conflict by signifying both the ambition associated with a masculine work ethic and the deferential and dependent qualities of conventional middle and upper-middle class femininity. This profile allowed cultural psychiatry, which had been criticised for exoticising psychopathology in non-Western societies, to claim eating disorders as an example of a Western culture-bound syndrome (Weiss, 1995: 540-1).

While anorexia is often still assumed to be most prevalent amongst middle-class white women raised in capitalist economies (BMA, 2000: 20), the advancing idea that media images hold the clue to eating disorders has necessitated some discursive adaptation in relation to anorexia's traditional 'race' and class connotations. Increasingly, it is held, women from all ethnic groups – within the West and beyond – are being affected by the thin aesthetic ideal. In fact culture-bound proponents now argue that ethnic minority populations and immigrants to the West may in fact be *more* at risk because the pressures of assimilation are thought to compound the gender role conflict believed to be at the root of anorexia. Jules Bemporad cites one study that 'suggests that immigrants may overidentify with aspects of their new culture in an attempt to fit in, thereby succumbing to the belief that slimness will

guarantee assimilation' (1997: 402), and another that hypothesises that 'minority females . . . may be more vulnerable to these disorders' because they 'may overly endorse cultural mores as they attempt to compensate for an alleged self-perceived inferiority' (402). This language of suggestibility and vulnerability marks the racialised 'other', more than the white feminine subject, as lacking the critical capacity to read images without being, literally, consumed by them. Bemporad himself suggests that,

A . . . finding that lends credence to the view of A[norexia] N[ervosa] as a culture bound syndrome is the rising frequency of this disorder among minority populations, who in the past were relatively immune, *as these are more influenced by the media, such as television programs and commercials*, or have risen to a higher standard of living. (1997: 402, emphasis added)

Such perceptions are ideological, generating difference hierarchically along the lines of a 'scale of humanity' or 'great chain of being' (Gilman, 1992: 176). In the process of this ordering, links may be generated between 'otherwise marginally or totally unrelated classes of individuals' (172). Here the conceptual links between 'race' and femininity are reproduced through a mutual connection with suggestibility and pathology but in such a way as to preserve a hierarchy of signifiers along the lines of white/black, Western/immigrant. Class seems at first to figure ambiguously. On the one hand, it is assumed that the most socially vulnerable will be most prone to eating disorders. On the other, that increased affluence magnifies the risk – the logic here presumably being that increased wealth brings with it the need to demonstrate restraint as a sign that one does not fear losing it. However these two contradictory ideas are held together through the classist presumptions that those of lower socio-economic status both lack restraint in relation to eating (the logical

corollary to the idea that increased wealth augments the risk of eating disorders) and lack discernment in relation to the media.

A further contradiction arising from the new emphasis on media images as the critical explanatory factor for anorexia, revolves around the idea of eating disorders as Western-bound. As the media is increasingly understood to be global in its reach, eating disorders have been 'discovered' in the developing world. This means that the conflicting assertions that eating disorders are 'rare to nonexistent in the Third World' (Rice, 2001) and that 'even among the middle classes in poor Third World countries, eating disorders are on the rise' (Neill, 2001: 37) can coexist in the same historical moment without posing a challenge to one another. In effect, the media effects argument has allowed the culture-bound school to absorb and neutralise potential critique in that the apparent incidence of anorexia outside the West is made to prove the rule that it is a Western pathology.

The example which most often circulates as a sign for this idea of exported media effects is Fiji. Fiji entered the consciousness of eating disorders researchers following the publication of a series of findings by Anne Becker, a medical anthropologist and psychiatrist based at the Harvard Eating Disorders Centre. Visiting Fiji in 1988, Becker noted that Fijians' sense of embodiment differed markedly from Western models. Whereas the Western notion of self might be described as individuated, autonomous and bounded, she reported, Fijians conceived of themselves collectively, as diffused across social relationships (Becker, 1995: 2-6). Fijians seemed to interpret largeness as a sign of 'healthy vigor and social connectedness' whilst weight loss or thinness implied 'social neglect or deprivation' (38). Becker concluded that Fijians' social body morphology protected them against disorders of body image. On her return to Fiji in 1998, however, Becker recorded a

dramatic change: a high proportion of women, especially young women, now apparently registered 'disordered eating attitudes' (EDA, 2000: 8). Nearly 75 per cent of Fijian teenage girls interviewed expressed concern that they were 'too big or fat' and 15 per cent reported vomiting to control their weight ('Addendum' in Becker, 1995: 6; see also BMA, 2000: 30-1; Gordon, 2000: 136). What had brought about such a marked change? For Becker it was obvious: the introduction of television just three years previously. "One could speculate," she commented, "that in the 20th century, television is another pathogen exporting Western images and values" (quoted in EDA, 2000: 8).

Becker's research demonstrates the rhetorical force of empirical evidence about media effects. Indeed, her findings are cited by Tebbel precisely as 'proof' of the damage of thin-ideal imagery. Recounting Fiji as a story of the corruption of innocents through the electronic transmission of body image distortion, Tebbel states,

Until 1995, the robust women of Fiji had no idea that big wasn't beautiful. Like many Pacific Islanders, these women reveled in their corpulence, even congratulating each other on weight *gains*. Then along came TV, and after only a few years of exposure to the wasted young women who dominate the medium, the girls of Fiji began to experience the same shameful obsession with body image that their Western sisters have suffered. (2000: 61)

As a kind of 'test case' for the effects of a patriarchal media, Fiji has acquired an iconic status.

My aim here is not to challenge such arguments directly. I do not have an alternative set of causal explanations for Becker's findings. What I wish to highlight is that those of us who approach Fiji through the specific ideologies of white Western thinking about eating disorders and the media *cannot* know what is going on in Fiji. And I wish to suggest that arguments such as Becker's and Tebbel's are themselves *ideological* in their 'appropriation' and 'codification' of women in the

postcolonial world within 'particular analytic categories . . . which take as their referent feminist interests as they have been articulated in the U.S. and Western Europe' (Mohanty, 1991: 51-2). In other words, such arguments recentre the West as the privileged vantage point through which the 'developing world' may be understood, the unmarked norm from which all 'others' are differentiated. Thus if Fiji is evidence of something, it seems to me to demonstrate the fact that non-white and non-Western, as categories, are, as Ien Ang puts it, 'always dependent on and defined *in relation to* the white/western dominant' (2001: 402). The hierarchical binaries white/non-white and Western/non-Western, Ang argues, function as an inescapable 'master-grid' governing all perceptions of difference such that there is 'no pure, uncontaminated identity outside of the system generated by this hegemonic force' (403).

The appropriation of Fiji within the discourse of media effects is doubly pernicious because it is not only ethnocentrism masquerading as objectivity (the guise of 'discovering' or 'presenting' 'facts' as they 'really are') but a form of '*discursive* colonization' (Mohanty, 1991: 51) framed within a rhetoric of empathy and benevolence. Because the harmful images in question are understood to originate in the West, 'Fiji' appears, on the surface, to reverse the more usual colonial presumption that economic development is synonymous with progress or that the developing world would benefit from an influx of Western values and institutions. Becker and Tebbel thus implicitly set up their own arguments as oppositional to those which re-enact a structural and ideological hierarchy between 'West' and 'non-West' while in fact repeating that very imperialising dynamic. By presenting television as a new mode of colonization, they provide themselves with a pretext through which to demonstrate their 'understanding' of Fijian women's

suffering and to appear as champions of Fijians' well-being and salvation while concealing the colonizing and silencing effects that their arguments enact.

Colonization, in whatever form it takes, Mohanty explains, involves not only 'a relation of structural domination', but also 'a suppression – often violent – of the heterogeneity of the subject(s) in question' (52). In assuming the Western media to function as a 'universal patriarchal framework' (54), Becker and Tebbel make sexual difference not only prior to all other kinds of difference but 'prior to the process of analysis' (56). 'The homogeneity of women as a group,' as Mohanty suggests in relation to other Western feminist texts about 'third world women', 'is produced not on the basis of biological essentials but rather on the basis of . . . a sociological notion of the "sameness" of a shared oppression' (56). As such, the historical, material and ideological specificities of women's lives are erased and women become an 'always already constituted group' – defined on the basis of the shared characteristics of powerlessness, exploitation, victimization (56). And such characteristics, Mohanty points out, are not so very different from sexist constructions of women as weak, vulnerable and suggestible (57). As she explains,

Because women are . . . constituted as a coherent group, sexual difference becomes coterminous with female subordination, and power is automatically defined in binary terms: people who have it (read: men), and people who do not (read: women). Men exploit, women are exploited. Such simplistic formulations are historically reductive; they are also ineffectual in designing strategies to combat oppressions. (64)

Further, where a presumption of sameness occurs in the context of Western feminists' writing about 'third world women', Mohanty points out, the result is 'third world difference' (54), an additional, colonial 'binary analytic' (56) through which white Western feminists present themselves as 'the true "subjects" of . . . [a] counterhistory' and 'third world women' 'never rise above the debilitating generality

of their “object” status’ (71). In relation to Becker’s and Tebbel’s arguments, then, ‘we’ *cannot* know what is going on in Fiji because Fijian women’s reading of media images has been determined *a priori* on the basis of Western knowledges about shared gender oppression and about the ‘developing world’.

Addiction versus free will

If the metaphor of consumption, as I argued in the last section, works to reproduce femininity in terms of vulnerability, suggestibility and narcissism, the idea that women’s image-reading can become a compulsive practice causing inadvertent self-harm also implies another element to this discursive nexus: the notion of addiction. In fact, it has been suggested that the very idea of consumption or consumer culture depends upon the concept of addiction as constitutive other to the rational consumer-citizen’s exercise of free will (Cronin, 2001: 5; Sedgwick, 1994). In the nineteenth century the prevailing ‘disease’ and ‘criminal’ models of addiction functioned to construct certain groups (especially immigrants and the working classes) variously as ‘mad’ or ‘bad’, thereby legitimising their regulation and reproducing the white, middle classes as morally and socially superior (Cronin, 2001: 5; McDonald, 1994: 2, 10). While seen generally as more prone to emotionality or whim than men, women faced different sanctions according to ‘race’ and class. In a system of explanatory categories that Mariana Valverde calls the ‘social stratification of willpower’ (1998: 93), lack of self control on the part of immigrant or working-class women was likely to be read as ‘criminal’ and hence ‘punishable’, while middle-class British women attracted the more sympathetic diagnoses of clinical medicine or psychiatry, inviting ‘treatment’. Hence white middle-class British women who stole or drank were likely to be labelled ‘kleptomaniacs’ or ‘alcoholics’ while immigrant, black or working-

class women were branded common shoplifters or moral degenerates and treated less leniently by the courts (Cronin, 2001: 7). This discursive association between psychiatric models of addiction, femininity and the middle-classes provides historical background to the traditional view of anorexia as a disorder of middle-class women.

In the context of consumer culture, however, there has been an expansion in the use of addiction as an explanatory category such that almost any kind of behaviour – including precisely those practices which ought to signify as synecdochic expressions of ‘free will’, like exercise, work and relationships – now falls within the realm of potential addiction-attribution (Sedgwick, 1994). One facet of this explosion of ‘pathologies of the will’ is that the sites or sources of addiction have become more fluid, located variously (and contradictorily) not only in certain substances or objects and certain bodies but, increasingly, in representations. Anne Cronin argues that advertisements for commodities like cigarettes and alcohol have come to function as sites of pathologisation themselves, and have become increasingly targeted in the drive for regulation rather than either the commodity itself or the act of consumption (2002; see also Nava, 1997). Representations of thin women, as I have shown, have increasingly become a key focus in attempts to curb the numbers of women suffering from anorexia.

Why should this proliferation of addictions occur now and how is it linked to consumption as a prevalent trope for thinking subjects? A number of theorists have pointed to the way in which consumption has come to be seen as a key site or practice through which individuals construct and enact their identities (Featherstone, 1991; Fiske, 1992; Mort, 1996). However, as Peter Miller and Nikolas Rose suggest, there is a ‘deep ambivalence’ surrounding ‘the subject of consumption’ who, on the

one hand, is seen as creative and innovative, exerting individual choice in the pursuit of pleasure and, on the other hand, whose pleasures and activities are understood to be governed by the profit-hungry power dynamics of capitalism (1997: 1). Miller and Rose and Lisa Blackman and Valerie Walkerdine (Blackman, 2000; Blackman and Walkerdine, 2001) are more interested in the way that the language of choice, freedom, independence and autonomy belongs to an “ethic” or “fiction of the autonomous self” (Blackman, 2000: 57, quoting Rose) which is structured by the psychological sciences. Taking up insights from Foucault’s later work on ‘technologies of the self’, they argue that psychological knowledges have come to organise practices of consumption, making possible new kinds of relations of self to self which then function as ‘truths of selfhood’ (Blackman, 2000: 56-7; Miller and Rose, 1997: 2-3). People are continually invited to relate to themselves through the fiction of the autonomous self through a range of practices including consumption, advertising, leisure and the mass media (Blackman, 2000: 57).

In her analysis of the way that consumption is structured by the psychological sciences, Rachel Bowlby identifies two broad types of consumer: the dupe and the calculating buyer. These two sides point to a paradox at the centre of consumerism that is highlighted particularly clearly by those subjects defined as addicts:

The two types of consumer are complementary insofar as they turn upon a fixed opposition between control and its absence, between behaviour that is knowing and conscious of its aims and behaviour that is imposed on a mind incapable of, or uninterested in, resistance. A perfect accord, which is also a ready-made, and a custom-built, tension, exists between the passive and the active, the victim and the agent, the impressionable and the rational, the feminine and the masculine, the infantile and the adult, the impulsive and restrained. (1993: 99)

Addiction theorists have taken up this dualistic knowledge of the self structuring the consumer subject in their attempts to explain the recent proliferation of sites of

addiction to almost any commodity, behaviour or pleasure. Taking eating disorders as an example, Eve Sedgwick points out that because in the current moment food consumption (binge-eating), food refusal (anorexia) and a highly controlled alternation between the two (bulimia) are all pathologised, the locus of addiction cannot be either in the substance or in the body itself, but must be located in the narrative relations between body and substance (1994: 131-2). In other words, how the consumer-self relates to objects of consumption is structured through a free will versus compulsion binary. What may have generated a multiplication in sites of addiction, then, is, perversely, an 'intense valuation of personal freedom' (Valverde, 1998: 3) or 'the imperative that the concept of free will be propagated' (Sedgwick, 1994: 133). While consumer choice supplies a sense of agency, autonomy and freedom, this fictional image of self is always out of reach. Indeed the more it is sought, the more elusive it becomes. 'So long as an entity known as "free will" has been hypostatized and charged with ethical value . . . ,'" as Sedgwick puts it, 'for just so long has an equally hypostatized "compulsion" had to be available as a counterstructure always internal to it, always requiring to be ejected from it' (1994: 133-4). The effect of this imperative towards free will is that freedom, ironically, becomes confused with self-control. The contemporary mania for self-help and addiction-recovery literature – including the particularly ironic self-help from self-help (Sedgwick, 1994: 133) and internet recovery chatlines for internet-addicts (Valverde, 1998: 20) – indicate the way in which self-government is held out, paradoxically, as a means of avoiding the curtailment of personal freedom through practices of consumption.

Those subjects defined as addicts seem to condense the paradoxes at the discursive juncture between free will and compulsion. Anorexia dramatizes what

Sedgwick calls the 'deadly system of double binds' (1994: 134) in which free will and compulsion are mutually reliant but ever-receding categories. Bizarrely, but like other activities recently given addictive status, including workaholism and exercise addiction, anorexia seems to embody precisely those qualities which ought to signify the opposite of addiction – qualities like 'control' and 'personal discretion' (132-3). The more the anorexic pursues self-control (often in opposition to clinical attempts to take control of her), the more she is seen as out-of-control and in need of the professional management she resists.

In her book *Conversations with Anorexics* (1988), psychiatrist Hilde Bruch reports a conversation with 'Annette', one of her patients, as follows:

I suggested 'Why not accept normal, healthy womanhood? . . . What do you really have to give up in order to get well?' She answered with vigor, 'I have been saying *no* a long time. . . .' To calm her down I said quietly, 'You can't argue with Mother Nature. . . . Every girl matures, and you cannot deny it.' She protested, 'But she does it in the way I don't like.' I pointed out that . . . her task now was to give up childish thinking and resistance. (121-2)

This exchange dramatizes the notorious frustration of the psychiatrist with her anorexic patient's recalcitrant exercise of will-power. But the implication of the psychiatrist's coaxing: that anorexia can be chosen or unchosen at will, directly contradicts the notion of anorexia as a 'disease' or 'disorder' which is precisely what justifies psychiatric intervention in the first place. Legalistic and philosophical discourses work together with medical ones to construct the anorexic as lacking 'capacity', 'moral agency', or the right to self-determination because of her excessive exertion of will-power. As Kirsty Keywood points out,

Paradoxically, it is suggested that it is the anorexic's attempt to conform to the dominant philosophical conceptualization of autonomy, premised on a valorization of the mind over the body, that contributes to her inability to become fully self-directed in relation to her body. (2000: 503)

Keyword quotes from Lord Donaldson's judgment in *Re W*, a 1992 case under English law, in which an anorexic was deemed to lack capacity:

'[I]t is a feature of anorexia nervosa that it is capable of destroying the ability to make an informed choice. It creates a compulsion to refuse treatment or only to accept treatment which is likely to be ineffective. This attitude is part and parcel of the disease and the more advanced the illness, the more compelling it may become.' (quoted in Keyword, 2000: 503)

Historicising the effects of such judgements, Sedgwick suggests that in addiction's 'micro-management of absolutes',

an assertion that one can act freely is always read in the damning light of the open secret that the behaviour in question is utterly compelled – while one's assertion that one was, after all, compelled, shrivels in the equally stark light of the open secret that one might indeed at any given moment have chosen differently. (134-5)

As an addiction, anorexia is both (experientially) a means of control and (according to those that know better) that which controls women's lives, making them 'out of control'.

A number of anorexics have, in recent years, begun to renegotiate the experiential double binds of anorexia in cyberspace. Since around 1998, young women, predominantly in the U.S.A., but also in Canada, Australia, New Zealand, Holland, Germany and the UK, have been constructing a network of websites to share the experience of being anorexic, to create solidarity between individual sufferers and to renegotiate their identities in the face of the pathologised interpretations in clinical and popular arenas. The site authors call themselves 'anas' or 'annas', and their community, 'pro-anorexia'.⁶ The sites have names like 'Anorexic Nation', 'Bones

⁶ Pro-bulimia sites were also set up by 'mias'.

of Beauty', and 'Ana by Choice'. They typically contain chat rooms, bulletin boards, journals (often containing day-by-day accounts of food refusal and relapses from control), 'thinspiration' (mantras and photographs and images of emaciated bodies, sometimes including the author's own), the 'Ana Creed' or 'Ana Rules' (tips on how to fast, use laxatives and diuretics and hide weight loss from family and doctors), autobiographical narratives, poetry and song lyrics, and links to similar sites. Pro-anorexia is interesting because of what it has come to represent through a very hostile public reaction and because of the disparity between this reaction and the ways in which the site authors themselves imagine their project.

On first impressions, the pro-anorexia sites (as one might guess from their name) seem designed to promote anorexia and to lure others into its addictive web. This has certainly been the dominant interpretation. In 2001 the public response quickly took on alarmist tones. Indeed, as a case in point for Cronin's argument about images themselves becoming sites of pathologisation, the webpages were read as advertisements for anorexia that put teenage girls everywhere at grave risk. Media experts warned parents to monitor their daughters' internet access carefully to save them from the 'poison gospel of the annas' (Harlow, 2001). There were widespread calls from eating disorders associations, the medical community, worried parents and recovering anorexics to have the sites closed down. One recovery site warned that,

For a person suffering, or even for someone attempting to recover, visiting these negative types of sites exposes them to so much triggering content that it becomes like a crack addict walking into a crack house . . . or an alcoholic walking into a liquor store.⁷

⁷ www.something-fishy.org/isf/reading.php. Recovery sites like this one were set up as a counter-movement to pro-anorexia.

In July 2001, the American eating disorder advocacy organisation ANAD (Anorexia Nervosa and Associated Disorders) petitioned servers hosting the sites to remove all pro-anorexia content. Yahoo conceded that the pages violated their user agreement and removed 21 of the 115 offending sites within four days (Reaves, 2001; Dias, 2003: 10; Pollack, 2003: 247). Most now click through to error pages.⁸ Eating disorder support organisations such as S.C.a.R.E.D (Support, Concern and Resources for Eating Disorders) have set up alternative 'safe' sites in which discussion about pro-anorexia can be carefully monitored. In October 2001 Oprah Winfrey dedicated a show to the issue to warn parents of the danger. 'If your daughter is visiting pro-anorexia sites,' the online summary of the show cautions, 'she could be in serious trouble and in need of help.' Guest expert Holly Hoff, of the U.S. National Eating Disorders Association warned, 'With the pressures to be thin in our culture, [these websites are] like placing a loaded gun in the hands of someone who is feeling suicidal.'⁹ Indeed, the popular reaction to pro-anorexia is not unlike the response to 'suicide sites' which have been publicly condemned and, on occasion, frozen by servers allegedly for preying on vulnerable, depressed people by supplying tips and tricks on how to end it all.¹⁰

⁸ Many of the sites I originally looked at in 2001 have now disappeared. New sites are continually being posted but there are far fewer of them and many are only accessible through a password for which one has to apply to the site author. Individual anas' sites can sometimes (ironically) still be found (at the time of revising this chapter in May 2005) through a Yahoo search for 'pro-anorexia'. They can also be accessed by following links to 'personal sites' in an online pro-ana directory called The Thin Files www.gloomofday.net/thinfiles/. Pro-ana community boards in which anas can post diary entries, questions and images and receive responses, are also still accessible. The popular groups' site 'Live Journal' hosts about 100 pro-ana groups, some of which can be accessed as a non-member. See www.livejournal.com/community/proanorexia/. I have deliberated over whether or not to reference site authors and web addresses. In their respective articles on pro-anorexia sites, Debra Pollack (2001; 2003) provides names and links while Karen Dias (2003) does not, arguing that she wishes to 'protect the women's privacy' (2003: 5). Since all of the sites I visited were easily accessible within the public domain (none required a password or pseudonym for access), and since many have now been closed down (such that my commentary cannot increase their vulnerability to closure), I have decided to give references.

⁹ Quoted in www.oprah.com/tows/pastshows/

¹⁰ Calls to ban suicide sites reached a peak in the UK following the suicide in June 2002 of Michael Gooden who had discussed killing himself in a chatroom called Assisted Suicide Holidays

The media's production of pro-anorexia as a scandal has made it difficult not to react to the sites as though they intend to be corruptive. However, a discursive reading of the anas' webpages suggests that it is the public's demonisation of the anas rather than pro-anorexia itself that may be described as violent. In her sympathetic analysis of pro-anorexia, Karen Dias argues that cyberspace is an appealing space for anorexics because it offers a potential sanctuary away from the 'relentless surveillance and regulatory mechanisms of control' that they are routinely subjected to in the public sphere (2003: 1-2). For a brief period of time the pro-anorexia network provided a space away from the visual scrutiny of others where anorexics could meet to share their feelings of isolation, despair and anger, alleviate their loneliness, find encouragement and non-judgemental support and creatively explore their identities. While the media portrayed the anas as intent on infecting others, the anas themselves frequently made clear to readers that their websites were intended only for those who already had an eating disorder and who were not (yet) ready to recover. Indeed the first page of pro-anorexia sites usually contains a warning that some material may be triggering and that those who do not have an eating disorder or who are in recovery should not enter. One site entitled 'Ana by Choice' began,

Welcome to this Pro-Ana (Mia) Support Group. We are about encouragement, support, and assistance, to others like us who live with an ED and suffer with the problems that go along with it This site does not encourage that you develop an eating disorder. This is a site for those who **ALREADY** have an eating disorder and do not wish to go into recovery. Some material may be triggering. If you do not already have an eating disorder, better it is that you do not develop one now. You **SHOULD** leave.¹¹

and who was accompanied to the edge of Beachy Head by Louis Gillies whom he met through the same site.

¹¹ www.ana-by-choice.com. This site is no longer accessible.

With encroaching censorship, such cautions have become more insistent, with an added warning for hostile visitors. The first page of the site 'The House of ED' now reads:

If you do not have [an] eating disorder or are in recovery, **do not view this website!** The content may cause you to revert back or obtain an eating disorder. If you are against pro-eating disorders then leave now, for this is our lifestyle, not yours.¹²

Another site, 'Ana's underground grotto', includes the following disclaimer for first-time visitors:

This is a pro-ana website. That means this is a place where anorexia is regarded as a lifestyle and a choice, not an illness or disorder. **There are no victims here.** If you regard anorexia exclusively as a disease, see yourself as the 'victim' of an 'eating disorder', or are seeking 'recovery', it is strongly suggested that you leave this site immediately. IF you choose to ignore this warning, you WILL be triggered by the content of this site. I REFUSE to be held responsible for YOUR decisions since I am not able to make YOUR judgment calls for you.¹³

The address of this site, 'plague angel', neatly parodies the public's image of the anas as harbingers of a lethal pestilence. Indeed, as illustration of the epistemological trap afflicting the anas, in which every attempt to shake off their disordered image only served to reaffirm it, even the anas' warnings were read as evidence of their alleged insanity. *Time* magazine read the disclaimers as symptomatic of anorexics' need to seek approval and avoid conflict and hence as duplicitous cover for their 'real' desire to spread the disorder. Quoting one site's warning page, the magazine observed, 'If you're a young woman on the verge of anorexia, and you visit this site and read the warning, chances are you're going to see it as a dare' (Reaves, 2001). The magazine described the disparity between the

¹² www.freewebs.com/ananeverdies/

¹³ www.plagueangel.net/grotto/

warning pages and the sites' encouraging content as 'a bizarre dichotomy of messages . . . [that] forms the crux of this phenomenon.' The article's author mimicked:

On the one hand, we accept that we are sick, that we have an eating disorder and we are not interested in spreading our illness. On the other, we are proud of our illness – and once you've joined our ranks, we'll do whatever it takes to enable your quest for the 'perfect' body. (Reaves, 2001)

By presenting the anas as deluded and sinister, the media turned the question of pro-anorexia into 'a moralistic fight between good and evil' (Pollack, 2003: 247) in which censorship was the only logical endpoint and in which the anas' voices were effectively silenced. While numerous eating disorders experts were invited by the media to comment on the sites, the perspectives of the anas themselves were usually absent from press coverage except for their opposition to censorship which served only to confirm to their opponents their status as mad and bad (see, for example, Harlow, 2001). In a counter-campaign to protect their right to express their views on the net, the anas set up a fund to pay for legal representation and are still collecting names in an online petition.¹⁴ However, the public's hostility to such actions reveals that the right to free speech does not extend unconditionally to all. To the anas' opponents, every assertion of autonomy was read as confirmation of the anas' lack of capacity. Indeed the media's classification of the anas as belonging to the negative side of a binary between good/recovered women and bad/sick women may be seen as a regulatory act in the service of gender hierarchy in which compliant women receive approbation and those who resist, sanction (Dias, 2003: 23). The campaign to close the sites reveals the spatial nature of this regulation: rather than a

¹⁴ www.gopetition.com

‘sanctuary’, cyberspace proved to be just another public realm controlled by ‘banishing from sight behaviours considered to be abnormal, repugnant or deviant’ (2).

Reading the pro-anorexia sites sympathetically, however, with a reflexive awareness of the anas’ epistemological predicament, produces a very different impression. Much of the content of the sites replays rather than resolves the compulsion/free will binary. The sites sometimes seem to reproduce, sometimes to refute, hegemonic psychiatric and feminist cultural discourses about anorexia. This results in a series of tensions and contradictions which the anas’ opponents read as evidence of their lack of insight, but which may be read alternatively as a kind of creative play with addiction’s double bind. Through forms of reiterative parody, the anas avoided the reductive categorisations of dominant discourses in which individuals are deluded or sane, sick or recovered, victimisers or victims. Indeed, in response to a world that incessantly assumes their identities, the anas seem to have responded with “an outward expression of self . . . in all its messy complexity” (Edut, 1998: xxi, quoted in Dias, 2003: 23). Their strategies and methods for re-negotiating their identities support the idea that opposition occurs in the margins of, rather than outside, dominant cultural scripts.

Parody is a key feature of the anas’ mode of expression. One site called ‘A thing of beauty’, cited by Debra Pollack, makes an ironic refutation of psychiatry’s dominion over anorexia by borrowing from its definitional conventions. Clicking on an image of a painting of a nude woman on the first page of the site, the viewer is taken to a page with another image of a woman accompanied by the definition ‘**anorex’ia ner·vo’sa** (an’a rek’së a nûr vö’sa), *Psychiatry*. an eating disorder primarily affecting adolescent girls and young women, characterized by pathological

fear of becoming fat, distorted body image, excessive dieting, and emaciation.’ By clicking on this image, the viewer is taken to a similar page with yet another picture of a woman where the definition has changed to ‘**bull·shit** (bul’shit’), *n.* nonsense, lies, or exaggeration’ (quoted in Pollack, 2003: 247-8). The juxtaposition of slang, sub-cultures’ language of belonging, with the formal classificatory conventions of diagnostic practice works to delegitimise psychiatry and to reverse the usual hierarchy of authority over anorexia.

Another example of parody emerges across a number of sites from the anas’ use of a set of rules entitled ‘The Thin Commandments’ which include maxims such as ‘Being thin is more important than being healthy’ and ‘Being thin and not eating are signs of true will power and success.’ Read hegemonically, the commandments appear to be just another tool in the anas’ deluded mission to starve themselves. However, the rules have in fact been lifted from a recovery programme, designed by the director of a California Eating Disorders Centre, to help her patients understand and correct their disordered thought processes.¹⁵ The inversion of the commandments’ meaning through a simple act of transplantation exposes the artificial nature of the division between anorexic and recovered, deviant and normal, compulsive and autonomous.

This kind of parody also frequently occurs through the juxtaposition of images on ‘thinspiration’ pages. One site includes a sequence of seventeen captioned images beginning with an image of a naked, emaciated woman observing her obese reflection in the mirror, followed by a series of photos of skeletal anorexic women interspersed with photos of very thin models.¹⁶ The first image and the photos of

¹⁵ See, for example, www.proanorexia.ca/thincommandments.html

¹⁶ www.angelfire.com/pro/tears/pics.htm

fashion models initially seem to do little more than reproduce dominant psychiatric and feminist cultural readings of anorexia as a delusion of body image (in which the emaciated anorexic erroneously perceives herself to be fat) and as a feminine disorder induced by over-consumption of media images. Indeed, at one level, the site's author seems actively to invite such a reading by captioning the shockingly emaciated images with comments like 'gorgeous', 'just perfect' and 'pure inspiration'. However, the first image's caption, 'the mirror never lies', by playing on the familiar adage 'the camera never lies', signals a fudging of the boundaries between the supposedly objective reproductions of photography and the supposedly subjective (and deluded) self-perception of the anorexic. Further, if one examines the images of models closely, it becomes clear that they have been doctored to make them look more skeletal (by adding protruding ribs to an otherwise smooth torso, for example).¹⁷ This ironic reversal of the advertising technique 'air brushing' makes it very difficult, at a glance, to discern any difference between the anorexics and models, thereby breaking down the distinction between representations of sickness and beauty.¹⁸

The last image in the sequence is the torso of an anorexic body, featuring the tight skin of a concave stomach and exposed, protruding ribs. This image, most often associated with the site 'Anorexic Nation', mimics another technique of advertising:

¹⁷ This modification of images really becomes clear only in the context of viewing a number of sites in which the same images are reproduced time and time again, sometimes in their original state and sometimes altered. The practice has also been the subject of discussion on some sites.

¹⁸ A further irony is that images of anorexics very similar to those appearing on pro-anorexia sites often also appear on so-called recovery sites which are, of course, not subject to censorship. Indeed users of cyber forums like SCaRED sometimes comment that they find the images on recovery sites *more* triggering. This supports the argument that the harm presumed to be done by the images is spatial rather than a property of each representation itself. Indeed, one recovery site containing pictures of emaciated women – according to its author, to elicit a kind of discouraging shock reaction – appeared on the Oprah show as an example of a pro-ana site, much to the indignation of its author. 'This is not a 'pro-anorexia' site,' the author complains on her webpages. But the distinction is clearly a fragile one because she is forced to resort to the authority of ownership to make her case: '(Since it's my site, I get to decide!)' www.anorexicweb.com/InsidetheFridge/proanorexia/html.

dismemberment, in which bodies are cut up into sections as if to symbolise their reduction to objects of consumption (Dias, 2003: 9). Dismemberment, along with collaging or fragmentation – in which sections of body are haphazardly reassembled to produce a distorted composite – are widely used on pro-anorexia sites. While such representational techniques are likely to be read hegemonically as a sign of the anas' obsession with the world of modelling or with their alleged inability to see themselves as 'whole', they may alternatively be interpreted as parodying the ubiquitous failure to see the anorexic as embodied; as a person. Indeed, the use of a collage of others' bodies to represent the self mirrors, in pictorial form, the discursive silencing of the anorexic who is most often related to as a cluster of symptoms and whose every utterance is read as evidence of her pathology. Where anas have included photos of their own emaciated bodies on their thinspiration pages, this seems to function as an assertion of self *as* self rather than the expression of a desire to be *like* this or that model or celebrity. In other words, such photos represent a turning of the self into image in a literal way that challenges the dominant reading of such images as evidence of autophagy and as metaphoric of women's generalised vulnerability as readers.

A genealogy of reading disorders

In this final section I want to further disrupt the commonsense understanding of anorexia's relation to media images by providing a genealogical reading of that relationship instead. I am interested in the way that anorexia's construction as a quintessential feminine pathology of consumption, via notions of vulnerability, suggestibility and narcissism, forms part of a historical pattern in which women's reading seems to become the object of concern and surveillance precisely during

periods of accelerated change in gender relations. My analysis differs significantly from that of feminist cultural theorists of anorexia like Bordo (1993), Malson (1998) and Hepworth (1999). Rather than taking the gendered body as object of analysis, as they do, I focus on the link between femininity and the *dangers of reading*, suggesting that this link belongs to a chain of discursive effects which can be traced back through time.

Feminist theorists have pointed to a close association of textuality and sexuality in historical representations of women's reading practices. The 'woman reader' in the Victorian and Edwardian periods, as Kate Flint (1993) suggests, was the site of so much paternalistic surveillance because of anxieties about the subversive potential of reading. Women's self-absorption in texts – particularly the fantasy world of fiction – became the focus of deeper fears about the dangers of women's pleasures being independently gratified and the disruption to heteronormative power relations which might ensue (4). In particular, it was women's supposed tendency to over-identity with characters in novels, their inability to distinguish between 'real' and 'fantasy', that justified the careful monitoring of women's reading (38). Analysing representations of the feminine reader in nineteenth-century texts, Rita Felski points out that

What is presented as distinctively feminine . . . is . . . a loss of self in the pleasures of the text Unable to make the imaginative and intellectual leap required to appreciate great literature, female readers use texts as mirrors in which they simultaneously discover and reconfirm their own subjectivity. (1995: 85)

The feminine reader is understood to use art and literature merely as a means to stimulate her own sentimental or erotic fantasies rather than as a mode of self-transcendence (83-4). In their reading practices, women have been represented paradoxically as both passive, at risk from the corrupting influence of texts, and

manipulative, corrupting texts in using them solely for self-gratification. This production of women's reading practices as both labile and voracious follows the familiar oppositional figuring of female sexuality along the lines of virgin/whore.

Fears about the subversive potential of women's reading were contained through the naturalisation of women's cerebral capacities within the body. A host of expert opinions have, at various moments, worked to render women's presumed emotionality and impressionability innate. During the 1830s and 1840s, as gender differences came to be increasingly explained through biology, sympathy – a social quality associated with maternity – became essentialised as women's natural ability to over-identify with the lives of others (Flint, 1993: 30-1). This forged an incontrovertible link between women's biology and imagination which served to explain their apparent propensity towards over-associative modes of reading (53). Alexander Walker, author of the 1840 text *Woman Physiologically Considered*, for example, argued that sensory perceptions were located in the frontal part of the brain and that since women's foreheads appeared habitually larger than men's, women were therefore naturally prone to an excess of emotion at the expense of reasoning capacities located at the back of the brain (54). "The IMAGINATION," he declared, is "a peculiarly and strongly marked function in woman, is highly susceptible of excitement, and yields easily to every excess" (quoted in Flint, 1993: 54-5).

The corruption of women's imagination by their reproductive organs has a long history but the causal flow – from biology to imagination – could also operate in the reverse direction. There is a long tradition of belief that pregnant women's imaginings have an impact on their offspring, causing deformities or monstrosities if the wrong kinds of images are contemplated (Braidotti, 1996). During the Renaissance and early modern period, as Margrit Shildrick points out, 'human

progeny was always subject to the threat of maternal impressions. By simply looking at or even thinking about a particular image, a pregnant woman could produce a child displaying similar characteristics' (1996: 4). One example well-cited by feminist theorists of teratology, which captured the attention of both Michel de Montaigne and Ambroise Paré, concerns a girl from near Pisa born covered in hair because a picture of St John the Baptist, draped in an animal fur, hung above her pregnant mother's bed. Such beliefs evidence the way in which women are understood to lack the critical powers necessary for interpretation. 'Monsters . . . ,' Shildrick suggests, 'testify to hidden maternal desires, but the impressions written on the monstrous body are characteristically the outcome of the feminine propensity that fails to distinguish between appearance and the abstract idea that an image represents' (5).

Monsters seem to be particularly threatening because they trouble the Cartesian tendency to dissociate from the body. Monsters disrupt the image of the rational humanist subject as differentiated, bounded and transcending corporeality, thereby revealing what the 'normal' subject has repudiated in order to exist as such. Skeletal figures are often seen as monstrous. Examining literary representations of hunger, Joan Smith comments that, 'Starvation exposes what we can rarely bear to think about, which is the skull beneath the skin' (1997: 2). Because women are associated both with lack (of reason) and with corporeal messiness, femininity is always on the verge of monstrousness. Smith sees it as no accident that in one thirteenth-century text, hunger is personified as a starving girl who is feared rather than pitied and punished by being exiled to frozen isolation in the north of Scotland (1-2). This image of Hunger, she suggests, relies on a deep-rooted association of femininity with want and attenuation (1). But women are most often represented as governed by

bodily processes. 'Women's bodies,' Shildrick argues, '... exemplify an indifference to limits evidenced by such everyday occurrences as menstruation, pregnancy, lactation and such supposedly characteristic disorders as hysteria. Women are out of control, uncontained, unpredictable, leaky: they are, in short, monstrous' (1996: 3).

The emaciated bodies of anorexics are frequently described as freakish, unnatural or grotesque. Referencing the media's attitude to the underweight television star Calista Flockhart, Julie Burchill writes, 'She is their monster' (1998). Reading accounts of 'anorexic' high-profile stars, the female viewer is both invited to differentiate herself from such 'abnormality' and simultaneously already implicated in it through a subtext of femininity as quintessentially irrational.

Marie-Hélène Huet (1993) makes some interesting observations about the way that women's alleged monstrousness is related to fears about women's sexuality. In the seventeenth and eighteenth centuries, Huet notes, as women's reproductive physiology came increasingly under the scrutiny of physicians and scientists, the idea of the 'inner monstrosity of women' received new attention (56). Following the Aristotelian principle that like engenders like, women's reproductive organs were depicted not only as capable of begetting monsters because of their innate monstrousness, but as deceptive, tricking men into desiring them, whilst in reality, disgusting (57-9). Because women were understood to literalise images, producing offspring with their direct imprint, Huet argues, many thinkers were even more troubled by women's interest in images than with the power of their imaginations (19). Indeed, artistic representations came to be seen as dangerous in themselves because of women's supposed inability to distinguish between representation and reality. Such beliefs still circulate today. Bernice Hausman records being afraid that

her baby would be 'abnormal' because she was revising her book on transsexuality while pregnant. 'I am perhaps one of few expectant mothers,' she confesses, 'who worry that they will give birth to a hermaphrodite' (1995: x). The idea of images as dangerous also forms an interesting precursor to contemporary arguments about the autophagic effects of women viewing images of thin models. Indeed the anorexia-media discourse contains veiled admonitions in relation to women's reproductive potential. The BMA report (2000) I reference above warns of a host of abnormalities that may afflict the children of eating disorder sufferers from foetal deformities to 'emotional and social problems' to a case of 'compulsive hair pulling' (BMA, 2000: 6). Such monstrous offspring seem to testify to the corruptive effects of harmful images. They also suggest that (wilfully) disturbing one's reproductive functioning will be met with displaced punishment.

Hysteria provides an interesting case study of the way in which anxieties surrounding women's reproductive function are transposed onto women's reading practices. In the late nineteenth century hysteria, and the more common diagnosis, neurasthenia, were commonly understood to afflict educated women and to be caused by an over-indulgence in intellectual pursuits. Too much reading, it was believed, caused energy to be diverted away from 'normal' physiological functions like menstruation, pregnancy or lactation, causing a local irritation in the ovary or uterus that was then transmitted electrically via nerve impulses to the brain, resulting in a 'reflex irritation' (Bassuk, 1986: 145). This then manifested itself in a range of bizarre symptoms such as contracture, paraplegia, anaesthesia, loss of voice or taste, or afflictions which mimicked tuberculosis, heart-attacks, blindness or hip disease (Smith-Rosenberg, 1985: 197, 203). Charlotte Perkins Gilman famously recorded

the instructions she received from the eminent doctor, Silas Weir Mitchell, as cure for her 'nervous disorder':

'Live as domestic a life as possible. Have your child with you all the time. . . . Lie down an hour after each meal. Have but two hours intellectual life a day. And never touch pen, brush or pencil as long as you live.' (quoted in Ehrenreich and English, 1979: 92)

Having dutifully followed Dr. Mitchell's orders for some months, Gilman wrote "[I] came perilously close to losing my mind. The mental agony grew so unbearable that I would sit blankly moving my head from side to side . . . I would crawl into remote closets and under beds – to hide from the grinding pressure of that distress" (quoted in *ibid*).

Theories about the deleterious effects of education for girls and women were not new in the nineteenth century. MacSween quotes from a treatise by Richard Morton, a late seventeenth-century physician, the case of Mr Duke's daughter who suffered from emaciation, amenorrhea and "a multitude of care and passions of her mind" because of her incessant nighttime studying and "continual poring upon Books" (quoted in MacSween, 1993: 19). What was new in the late nineteenth century was an explosion of new scientific explanations in which femininity itself became hysterical. In *Sex in Education*, written in 1873, Harvard scientist Dr. Edward Clarke made clear that to educate girls in the same methods as boys would induce "neuralgia, uterine disease, hysteria and other derangements of the nervous system" (quoted in McEachern, 1998: 15). In making their case that too much reading caused the atrophy of women's reproductive organs, physicians not only provided scientific proof that women should be confined to a domesticated, reproductive role, but invested this with moral urgency: the propagation of the human race depended on it (Bray, 1996: 418-9). As in the cases of anorexia and other feminine disorders,

explanations for hysteria left women both at the mercy of their frail physiognomies but also morally culpable. Out of nineteenth-century medical literature emerged the 'hysterical female character', based on mood and personality rather than physical symptoms per se (Smith-Rosenberg, 1985: 202). Doctors described hysterical women as 'highly impressionable, suggestible, and narcissistic . . . highly labile . . . [and] egocentric in the extreme' (202). Moreover, the effects of the inactivity imposed on hysterics as a cure became derogatory epithets. Descriptions of middle- and upper-class hysterics emphasized their 'idleness, self-indulgence, deceitfulness, and "craving for sympathy"' (205).

During the same period that hysterics and neurasthenics were being confined to rest, a new kind of feminine reading disorder began to emerge in the public sphere of the department store. In this new 'scopic regime', external appearances and surface impressions were of paramount importance (Nava, 1996: 46-7). Fears about the mutual contamination of feminine imagination and reproductive organs became increasingly focused on visual as opposed to textual reading practices. While retailers and marketers sought to entice women with elaborate, erotically saturated visual displays, always just beneath the surface was the fear of an appetite unleashed, of women's insatiability, susceptibility to the seductions of new commodities, and propensity to excess. As Rachel Bowlby puts it, "Seducer and seduced, possessor and possessed . . . , women and commodities flaunt their images at one another in an amorous regard which both extends and reinforces the classic picture of the young girl gazing into the mirror in love with herself" (Bowlby, 1985: 29-32, quoted in Felski, 1995: 70-1). Out of this context emerged the feminine propensity towards kleptomania, which evidenced in a striking way the conflict of restraint and excess which was understood to characterise female sexuality (Felski, 1995: 69). As a

pathology of otherwise impeccably-behaved middle-class women, linked with hysteria, and associated with the dangerous freedoms of the department store, kleptomania generated widespread fears about the effects of consumerism in relation to moral disintegration and social deregulation (Felski, 1995: 69; Nava, 1996: 58-9). Unless properly marshalled, women's desire was seen as in danger of going out-of-control, of being displaced away from men onto narcissistic self-gratification. Like anorexia and hysteria, then, kleptomania existed on a continuum with a more general feminine propensity towards irrationality in relation to consumption. This construction of femininity is still evident in women's supposed instability in relation to shopping – in the frenzied madness of the sales, for example, or the compulsive spending of shopaholism (Bowlby, 2001).

Are there such phenomena as masculine reading disorders? One can easily think of a host of examples in which the behaviour of boys or men is understood to have been influenced by images. And these seem to involve a similar basic contradiction as feminine reading disorders where the effects are understood to be both prompted by external impressions and to be the expression of the body itself. Pornography, for example, is often taken to cause rape when rape is also sometimes understood as an existing predisposition of men (see, for example, Russell, 1993: 126) and violent movies are often blamed for unprovoked acts of male aggression where aggressive behaviour is also seen as an effect of testosterone. However, there are some broad differences which work to (re-)constitute masculine and feminine as an oppositional hierarchy of signification. First, as Jane Ussher points out, misdemeanours or deviancy on the part of men are most likely to be read as bad rather than mad. 'Whilst women are positioned within the psychiatric discourse,' she remarks, 'men are positioned within the criminal discourse' (1991: 10). Second, men's disorders of

image-reading, unlike women's, seem to be contained as acts of individuals rather than implicating an entire gender. In the wake of the horrific mass shootings in the UK at Hungerford in 1987 and Dunblane in 1996 and in the U.S. at Columbine High School in 1999, screen violence was singled out by the mainstream press as a major contributory cause (Murdock, 2001: 150; Buckingham, 2001: 69, 76). But the outraged public reactions which followed served to position the perpetrators of such acts as 'bad' and, as such, *different* from 'normal', 'rational' male consumers/readers. One expert in the public enquiry into the Dunblane massacre, for example, described Thomas Hamilton as one of those people who "are inherently abnormal in the way they think, feel and act" (quoted in Blackman and Walkerdine, 2001: 123). This isolation of the disordered effects of male reading to the actions of a few criminals marks a difference from female reading pathologies like anorexia which tend to incur the pathologisation of the entire category 'women'. Third, by contrast with feminine reading disorders, in which the effects of reading tend to manifest themselves within the body as symptoms, in the case of male reading disorders, the masculine subject is most often constructed as acting on *other bodies*. So, for example, while men are thought to be generally more susceptible to porn than women, the effects of that influence are presumed to be acts of rape or paedophilia, for example – acts of violence on other bodies which, in the process, criminalise the perpetrator.

This characterisation of the effects of reading along gendered lines must, however, be qualified in important ways. As I've suggested, the construction of feminine reading disorders like hysteria, kleptomania and anorexia through the language of psychiatry occurs not only as constitutive other to masculine readers' reasonableness and rationality but also as a privileged category in relation to discourses of class and 'race'. In their book *Mass Hysteria* (2001), Lisa Blackman and Valerie Walkerdine

argue that discourses of media effects, as they rely on the language of the 'psy' disciplines, constitute women, the working classes, ethnic minorities and people in the postcolonial world as 'naturally' irrational, suggestible and prone to disorders of the mind (138-9). They suggest that subjects are therefore produced along an 'evolutionary axis' of gender, class and race in which those lower down the axis are constituted as more primitive, susceptible and irresponsible (139). A theme of Blackman and Walkerdine's book is that discourses of media effects present 'middle-class rationality as an acceptable way of viewing and responding to the media . . . counterposed with the stark irrationality of the dangerous classes' (2001: 37). So, for example, in the case of the two ten-year olds convicted for murdering James Bulger, speculation that they must have been influenced by violent videos presupposed a particular suggestibility on the basis of their working-class backgrounds (and, indeed, youth) (Blackman and Walkerdine, 2001: 37, 42; see also Barker, 2001: 28). While I agree with much of Blackman and Walkerdine's analysis, I wish to suggest that generalisations about gender, 'race' and class in terms of a simple multiplication of effects may, in some cases, obfuscate how power works in specific sites. Feminine reading disorders like anorexia, hysteria and kleptomania have functioned primarily as disorders of middle-class women because, as I have suggested, addictive behaviours and deviances on the part of such women have been more usually interpreted through psychological knowledges rather criminal ones. In the logic of feminine reading pathologies, middle-class women have presumably been at greater risk because of greater access to literature and more leisure time. Working class and black women and women in the developing world are more complexly and problematically positioned in relation to the femininity of reading disorders. As I indicated in my discussion about the 'spread' of eating disorders

through the media, above, such women are at once external and internal to the discourse of reading pathologies. Cases of anorexia among women who do not fit the white middle-class stereotype are seen as 'atypical' reconfirming the pernicious idea that 'true' femininity resides precisely in middle-class whiteness. As such, that dominant notion of femininity relies on a set of exclusions that are already internal to it.

In this chapter I have avoided engaging directly with the issue of anorexia's relation to media images of thin women. To take part in the debate about cause would, as I've suggested, be to validate the metaphor of consumption as the key mode for thinking anorexia. Instead I have examined the underlying conditions that give this consumption trope credence – indeed, which make it possible at all. I have suggested that the contemporary idea that anorexia is triggered by an over-consumption of thin-ideal media images relies on a deep-seated association between femininity, suggestibility and narcissism. At root is the assumption that women tend to be governed more by emotion than reason and, as such, lack the critical capacity to distinguish between representation and reality. The image and the viewer become confused; the reader consumes and literally becomes the image she sees. I have pointed to the epistemological difficulties faced by subjects situated at the nexus of discourses of femininity, pathology and consumption. My case-study on pro-anorexia demonstrates how subjects situated at this discursive juncture may be silenced – both epistemically and literally. Indeed the public reaction to pro-anorexia reveals particularly well both the presumption of autophagy in feminine reading and the tension within contemporary discourses of consumption as a struggle between free will and addiction. The anas were both assumed to be insane and out-of-control by virtue of their alleged addiction to anorexic practices, and demonised

for their supposedly wilful and malicious attempts to corrupt others. I have suggested that anorexia's construction as an image-reading pathology can be situated within a genealogy of feminine reading disorders in which there is a historical link between the monitoring of women's reading and the monitoring of their sexuality. In the next chapter I move from the issue of narcissism to the question of anorexia-as-spectacle, examining investments in the anorexic body as a problem of *body image*.

Chapter 3: Anorexia as a Disorder of ‘Body Image’¹

My anorexia is a form of self-knowledge. People think that anorexics imagine ourselves fat and diet away invisible flab. But people are afraid of the truth: we prefer ourselves this way, boiled-down bone, essence. . . . I know exactly what I look like, without hyperbole. Every inch of skin, each muscle, each bone. I see where and how they connect.

Stephanie Grant, *The Passion of Alice*

Seeing myself is enough to make me gasp with pleasure, to make my hands shake with excitement. I am amazed by this body I’ve made. I don’t interpret it as a criticism that no one else admires it, only as evidence that my standards are too rarefied for ordinary human beings to appreciate. . . . I am my own lover. At night I go to bed naked, and in the dark I touch my body until I know by heart the map of my hunger.

Kathryn Harrison, *The Kiss*

This chapter is inspired by what I perceive to be the irreducibility of autobiographical and literary accounts of anorexia to feminist cultural and corporeal models. Stephanie Grant’s (1995) and Kathryn Harrison’s (1997) striking accounts of embodiment through emaciation and Marya Hornbacher’s effusion about her ‘crashing tide of self within the skin’ (1998: 25) belie feminist explanations of anorexia as a surface site/sight of myriad discourses’ convergence or as an exemplar of disembodiment that displays for all to see the combined effects of gender hierarchy and mind/body dualism. Existing feminist theories seem unable to account for the kind of pleasure in being anorexic expressed in the epigraphs above – or rather they can only read such pleasure in terms of masochism or false consciousness. In this chapter, I bring to feminist theories of anorexia Jay

¹ An earlier and shorter version of this chapter, entitled ‘Unsettling “body image”: anorexic body narratives and the materialization of the “body imaginary”’ was published in *Feminist Theory* 3(2) (August 2002): 151-168.

Prosser's question, 'At what point do our experiences of our bodies resist or fragment our theoretical generalizations, reveal them as displacements of experience, and demand from them new formulations?' (1998: 96)

Beginning from a sense that what it *feels* like to be anorexic is constantly occluded, I investigate the epistemic work that anorexia does within feminist cultural theories and feminist philosophies of the body. Central to these perspectives is a problematic derived from a predominantly Foucaultian and/or Lacanian legacy: the persistent location of the imaginary anatomy in the visual register alone. This underlying ocularcentrism in feminist theories of the body, I argue, is both what limits more generative or authorial understandings of anorexia and that which anorexia exposes as limited. I use the term 'ocularcentric' (of or centrally connected with the eyes or sight) rather than, say, 'scopic' or 'scopophilic' (concerned with looking or the gaze) because I mean to convey the extent of vision's implication in 'body image' both in the sense of the subject's impression of how she/he is seen by another and in the sense of the subject's imaginary corporeal schema which may be pre-reflective as well as conscious. In the last chapter, I was more concerned with the former: the way that anorexia has come to substantiate the popular belief that women are obsessed with their outward visible appearance. In this chapter, I begin by detailing the effects of anorexia's reduction to a visible surface in feminist cultural theory, but my main focus will be on the formation of body image through an introceptive awareness of one's body which vision merely *confirms*. It is this introceptive aspect of body image that is usually lacking in theory about anorexia. Indeed, perhaps the most common visual representation of anorexia is of an emaciated young woman observing with distress her obese reflection in the mirror, as suggested in

the parody of this image on the pro-anorexia websites discussed in the last chapter. In this image, the mirror is usually interpreted as that which *inaugurates* the disjunction between reflected and projected body images. And it is this privileging of sight that works to reduce anorexia to a question of how the body looks.

In my initial and speculative attempt to articulate the specificity of body image in anorexia, I look to Judith Butler's (1990, 1997) theorization of gender as loss because, in her deft interweaving of the discursive, the psychic and the material, she problematizes an inside/outside topography of the subject, challenging a metaphysical opposition between discourse and the body, representation and materiality. But thinking anorexia through this Butlerian paradigm reveals that the body's visualized surface continues to be privileged at the expense of how the body *feels*. In a renewed attempt to write the experience of anorexia back into theory, I find inspiration in Prosser's (1998) framework for reading transsexual body narratives which foregrounds the *skin* and *touch* as fundamental to the development of body image. Developing this framework, I show how anorexics' own accounts of their bodily transitions emphasize the inter- as well as intra-subjectivity of touch. My readings of anorexic narratives not only foreground the affective aspects of embodiment but, in the process, trouble predominant feminist and queer theories' derogatory deployment of certain bodies as queer's/subversion's constitutive outside.

Anorexia as a symbol of disembodiment

In current neo-Foucaultian writing on the body there is a tendency to judge subjects (covertly or overtly) according to the extent to which they are seen to be *disciplined*.

Distinctions are drawn between those who are thoroughly inscribed by (normative or dominant) cultural scripts – and are therefore lacking in agency – and those who subversively resist cultural dictates – and who are then celebrated as capable of incremental but creative shifts in power relations. As Eve Sedgwick and Adam Frank put it, ‘Every cultural manifestation must be scrutinized to determine whether, deep down, it is really denaturalizing (for example parodic) or really essentialist (for example, “sincere”)’ (1995: 501, n.3). This bipolar framework is most often related to the subject in question’s gender signification, sealed irrevocably by multifold interpretations and derivatives of Judith Butler’s theory of gender performativity (1990). What Sedgwick and Frank refer to as the ‘prevailing moralism of theoretical writing’ (1995: 500) governs feminist cultural analysis of anorexia.

Feminist cultural theorists, as I have argued thus far, tend to read the anorexic body as evidence of the way in which women’s body practices re-enact dominant cultural scripts even when they appear at first to resist them. In theorizing the body as a ‘surface of emergence’, ‘interface of the discursive and the extra-discursive’ (Malson, 1997: 231), ‘medium of culture’, or ‘text’ (Bordo, 1993: 165), such theorists reduce embodied experience to cultural expression, inadvertently producing the anorexic as a ‘de-selfed body’ (Lester, 1997: 481). And this ‘de-selfed body’, Rebecca Lester points out, is no less Cartesian than the ‘disembodied self’ of biomedical discourses, in which the anorexic’s feelings are seen as symptomatic ‘distortions’ arising from her ‘faulty body’ or dysfunctional development (480). Feminist cultural accounts leave the impression, as Lester puts it, that ‘cultural discourses are written on the docile body, merge together

and work their mysterious alchemy with no direct or predictable linkage to the internal processes of the person' (481).

Helen Malson, for example, states that her approach is concerned with the ways in which 'the micro-physics of power that functions in discourse operates *upon* the female and the anorexic body' (1998: 44, emphasis added). While she also continually insists that discourses produce resistance, this 'resistance' seems to be understood merely in terms of the body's ability to sustain a plurality of contradictory significations.

'Bodies,' she qualifies, 'can never be totally once and for all subjected to any one inscription: they articulate and sustain a multiplicity of often conflicting meanings' (31).

In Malson's complex theorization of discursive currents as multiple and contradictory, the anorexic thus figures as body-text rather than embodied subject. Defining the anorexic body as a site of convergence for a multiplicity of discursive currents – such that it can simultaneously signify dependence and control, sickness and glamour, hyper-femininity and boyishness/androgyny, conformity and rebellion, embodiment and transcendence, self-production and self-annihilation (Malson, 1998: chap.s 5-8; see also Malson and Ussher, 1996) – leaves the anorexic as little more than the unwitting reflector of her era's power relations. The effect, as Lester explains, is that

we begin to wonder if we are talking about real women at all. While a self is always implied in these analyses, it is left largely unexamined as a sort of black box where cultural forces somehow collide and interact to produce unpredictable constellations of behaviour. (1997: 481)

Thus, while Malson does refer to a 'subject', it is one that is curiously 'constituted outside of herself in discourse' (Malson, 1997: 227).

It might be objected that some feminist cultural theorists do not *only* view the body as a surface of cultural inscription but also as a vehicle for the expression of the subject's own ideas, thoughts or feelings. Susan Bordo, for example, differentiating her own approach from the medical model of anorexia in which, as she puts it, 'the body of the subject is the passive tablet on which disorder is inscribed' (1993: 67), argues that,

For the feminist analyst, by contrast, the disordered body, like all bodies, is engaged in a process of making meaning, of 'labor on the body'. From this perspective, anorexia (for example) is never *merely* regressive, never *merely* a fall into illness and chaos. Nor is it facilitated simply by bedazzlement by cultural images, 'indoctrination' by what happens, arbitrarily, to be in fashion at this time. Rather, the 'relentless pursuit of excessive thinness' is an attempt to embody certain values, to create a body that will speak for the self in a meaningful and powerful way. (67)

Bordo's intent here is, presumably, to suggest that the anorexic is not wholly determined, that she has some scope for 'agency' within the parameters of cultural constraint. However, it quickly becomes clear that the anorexic in fact has little room for manoeuvre. When it comes to meaning-making through the body, Bordo continues, 'the tools of this labor are supplied: the vocabulary and the syntax of the body, like those of all languages, are culturally given' (67). As such, the anorexic can only express the (already) '*overdetermined*' meanings of slenderness, 'the many layers of cultural signification that are crystallized in the disorder' (67). In this, Bordo exhibits what Elizabeth Grosz describes as 'a belief in the fundamental passivity and transparency of the body' (1994: 9). As the body is reduced to a surface, the body's materiality and its specificity become the theorist's blind spots. 'Insofar as it is seen as a medium, a carrier or bearer of information that comes from elsewhere (either "deep" in the subject's

incorporeal interior or from the “exterior” world),’ Grosz suggests, ‘the specificity and concreteness of the body must be neutralized, tamed, made to serve other purposes’ (9).

Some anorexia theorists, critical of the way in which the use of discourse seemingly determines the subject, have argued more explicitly that anorexia is about agency rather than discipline; that anorexic practices should be seen as an active means of creating a new self and/or body (see, for example, Tait, 1993; Eckermann, 1997; Lester, 1997). In this they draw on Foucault’s later work on ‘arts of existence’ or ‘technologies of the self’ which embrace a more creative or imaginative notion of the subject (Foucault, 1985: 10-11; Martin, Gutman, and Hutton, 1988; McNay: 1992: chap. 2). This later phase of Foucault’s thinking concerns ‘those practices whereby individuals, by their own means or with the help of others, acted on their bodies, souls, thought, conduct, and way of being in order to transform themselves’ (Martin, Gutman, and Hutton, 1988: 4). Eckermann argues that while the anorexic body may be seen as ‘a parody of disciplinary society’, it also, paradoxically, signifies defiance of scientific rationality and of parental and medical authority in the search for an ‘independent selfhood’ (1997: 152). There has been a tendency to ignore the latter, she suggests, because of anorexia theorists’ tendency to privilege the idea of bodily docility. ‘The person who voluntarily starves uses her body to recreate herself,’ Eckermann claims. ‘She recreates herself “as a work of art” whose bodily form is so confronting that it cannot be, and is not, ignored’ (151).

Such accounts of anorexia as an active or subversive technology tend merely to reproduce the bipolar framework for thinking subjects from the opposite aspect. Like those theorists who read the anorexic body as conformist, Eckermann still sees that body as a site/sight of discursive convergence. She too suggests that anorexics exhibit

‘contradictory, shifting and multiple identities’ (153-4) and she too claims that, ‘The message conveyed by the emaciated self-starver is: “Read my body!”’ (151). Further, Eckermann’s anorexic agent is still necessarily split. For Eckermann, being an ‘active’ subject is actually contingent upon a dualistic relationship between ‘self’ and ‘body’ where the former takes the latter as a project or object of work (159).

Feminist cultural theorists’ tendency to view the anorexic body as a site/sight follows a wider historical tendency. Ian Hacking notes that hysteria became an object of fascination in late nineteenth-century France precisely at a time when a new visual world was being created by the camera (1995: 5). Indeed the camera’s lens contributed to a sense of scientific objectivity because the photograph was taken to be a direct representation of the object in the frame. ‘Jean-Martin Charcot,’ as Hacking describes, ‘... became fascinated by pictorial representations of hysteria, old and new. He and his students made this illness visual. Hysterics had to have some affliction that could be photographed’ (5). In a rich and detailed analysis, Sander Gilman (1993) also argues that paintings, drawings and photographs were absolutely fundamental to knowledge about hysteria, making it a ‘disease of images and imaginings’ (353). Late nineteenth-century diagnosticians assumed that real diseases must have ‘observable symptoms’ (352). Photographers were employed by hospitals to capture the varied stages and processes of hysteria – bodily contortions, fainting fits, changes of the skin, or wasting of the flesh – as they manifested themselves on the visual surface of the patient. The image then became the patient; the patient learnt how to perform as the doctor wished to see her from representations of exemplary hysterics (345-353).² Bordo’s analysis

² The late nineteenth century also, of course, saw the emergence of new taxonomies of sexual deviance or ‘sexual inversion’ which overlapped with hysteria and neurasthenia and which were also often

exhibits a similar fascination with the visibility of 'feminine pathologies'. Discussing hysteria, agoraphobia and anorexia, she comments that 'the woman's body may be viewed as a surface on which conventional constructions of femininity are exposed starkly to view, through their inscription in extreme or hyperliteral form' (1993: 174-5).

This reference to 'hyperliteralism' points to the particular kinds of value judgement that attend a privileging of the visual register. Bordo's comment belongs to a bipolar framework, the legacy of a particular deconstructive/queer line of thinking about performativity (Sedgwick, 2003: 3, 5), in which bodies are evaluated according to whether they reiterate or subvert dominant cultural scripts. 'Hyperliteralism' also gestures towards the anti-essentialist investments of this school of thought (5). The anorexic body is, for Bordo, conformist, because it literalizes gender rather than revealing gender's constructedness. Performativity within gender and cultural studies is often linked with theatricality (7) and hence, implicitly, with the body as spectacle. The preoccupation with what bodies signify emerges out of an underlying interest in demonstrating a series of principles about the workings of power – such as that power works through self-surveillance or that discourses always produce a multiplicity of resistances. In other words, an epistemological framework in which power is ambivalent is presumed, and particular bodies are then analysed within that framework.

Feminist theorists of anorexia endlessly assess the anorexic body for whether it signifies resistance or conformity. And their deliberations follow what has become a very predictable pattern: anorexia, by contrast with 'normative femininity', seems at

documented through external appearances such as 'effeminacy' in men or the wearing of short hair and masculine clothes in women. See, for example, Lucy Bland and Laura Doan (eds.) *Sexology Uncensored* (1998).

first to suggest transgression but, when analysed more closely, reveals itself to be a case of hyper-femininity and therefore reinscription after all. Bordo understands eating disorders as 'arising out of and reproducing normative feminine practices of our culture, practices which train the female body in docility and obedience to cultural demands while at the same time being *experienced* in terms of power and control' (1993: 27). Bordo's falsely conscious anorexic in fact *cannot* be read as subversive because it is precisely through its failure to be subversive that Bordo is able to demonstrate two key principles of power: docility and ambivalence. The very question of what the anorexic body signifies here is thus somewhat disingenuous: the posing of the question, the toying with the idea of subversion, seems in fact to be little more than an exercise. The critical desire is to be able to tell 'real' from 'fake' subversion. And within this schema, the anorexic body never really had a chance.

Considering anorexia alongside the other 'feminine disorders' hysteria and agoraphobia, and contrasting it with the 'deliberate demonstration' of collective political action, Bordo argues that, 'The pathologies of female protest function, paradoxically, as if in collusion with the cultural conditions that produce them, reproducing rather than transforming precisely that which is being protested' (177). For Bordo, the anorexic's attempted resistance invariably 'collapses into its opposite and proclaims the utter capitulation of the subject to the contracted female world' (176; see also Orbach, 1993: 78-96). In this, Bordo is blind to the fact that her evaluation of bodily technologies enacts the very power relations she describes (Rose, 1996: 141-1). It is her analysis of the anorexic body rather than that body itself which is in collusion with dominant cultural scripts about body practices.

In marking anorexia as a form of 'fake' subversion, anorexia theorists also mark it as disembodied. Morag MacSween understands the anorexic's project as one of striving to reconcile her female body with her need to feel (symbolically masculine) qualities like autonomy and independence through the creation of a 'neutral' body (1993: 4). But the anorexic's attempt to overcome the strictures of femininity inevitably fails, MacSween argues, because the more the anorexic strives to de-feminise her body, the more her body becomes an object, thereby returning her to the hegemonic principle that the female body must be tamed:

The anorexic woman intends to be a fully individual subject, acting on her environment through the vehicle of the needless and inviolate anorexic body. Instead, the anorexic body remains a mirage which she continually sees in front of her but never reaches. In the end, her individual transformation of the social meanings of the feminine body is no such thing: the object-status of femininity is reasserted. It returns, with a vengeance. (246)

As a symptom of (unconscious) reinscription, anorexia is not only a sign of docility but a synecdoche of Cartesian disembodiment. For the anorexic, MacSween goes on to conclude,

both bodily integrity and bodily instrumentality prove to be elusive [*sic*]. . . . She continues to elaborate her rituals of denial in a never ending spiral, and never finally and securely reaches the place where, with personal control of her body as an object, she could begin to act as a subject. (248, 250)³

³ The way that the anorexic has come to symbolize Cartesian disembodiment is dramatized by Joan Smith in her anthology, *Hungry for You* (1997): '[T]he anorexic solution is savagely self-defeating . . . , she argues. '[T]he girl or woman who embarks on it places herself in the impossible position of torturer and victim. Feverishly attempting to dissociate what goes on in her head from the organism which so obviously supports it, she turns her body into a prison; her only escape routes are death or submission to that very aspect of the human condition she finds intolerable, which is the inextricable symbiosis of mind and body' (5).

In case any doubt remains, that feminist cultural theorists' primary interest lies in the mechanics of power emerges once more in their reinterpretations of hysteria. Feminist theorists of hysteria, often drawing on Lacan, read the hysteric's body as a quasi-feminist refusal of patriarchal and/or heterosexual femininity (see, for example, Hunter, 1983; Ramas, 1985; Moi, 1985; Gallop, 1985). Dianne Hunter, for example, interprets the aphasia of Freud's patient Anna O as a renunciation of the law of the father and a return to the semiotic bond with the mother (1983). Malson and Bordo object to such arguments for what they perceive to be slippage between feminism and protest against prescribed femininity. Indeed they return to question whether the hysteric's protest had any subversive value at all. Malson suggests that 'hysteria may be not so much a feminist political resistance to patriarchy as a dissenting but co-opted defeat' and that 'whilst "the hysteric" can be understood as (not) voicing "her" dissent in "her" symptoms, "she" is always assimilable within the phallogocentric order "she" contests' (1998: 21-2). Bordo criticises hysteria theorists for 'too exclusive a focus on the symbolic dimension and insufficient attention to praxis' which, in her view, results in 'a one-sided interpretation that romanticizes the hysteric's symbolic subversion of the phallogocentric order while confined to her bed' (1993: 181).

Gender signification

Whether the anorexic body is read as transgressive or reinscriptive is closely related to an assessment of its gender signification. Judgments of conformity tend to accompany assessments of femininity and subversion tends to follow from a reading of masculinity or androgyny. This accords with Butler's argument about gender performativity in

which bodies that follow the expressive model (where gender and desire appear to be the natural expression of the sexed body) are constative, and bodies that trouble this relationship are subversive (1990). Marlene Boskind-Lodahl (1976), for example, argues that anorexics embody an exaggerated ideal of heteronormative femininity by accepting wholeheartedly the stereotype of the 'accommodating, passive, dependent woman' (345). Their 'striving to perfect and control their physical appearance,' she argues, demonstrates 'a disproportionate concern with pleasing others, particularly men' (346, 348). Similarly, Debra Gimlim argues that anorexia is the result of over-conformity to cultural scripts about femininity (1994: 101). According to Gimlim, the anorexic 'fills the female role perfectly' by suppressing 'male' aspects of herself like competitiveness, hunger and drive (108). In this, Boskind-Lodahl and Gimlim reinscribe the link between femininity, conformity and body *image*. 'More than any other woman,' Gimlim asserts, the anorexic 'meets social norms of passivity and vulnerability . . . [and] strives, more so than any other woman, to achieve the socially approved ideal of female beauty' (1994: 109).

In psychoanalytic literature, by contrast, the anorexic is frequently read as embodying aspects of masculinity in a deviant rejection of 'normal' adult femininity. Jungian approaches understand the anorexic as under the power of her dominant masculine side or 'negative animus'. The anorexic over-identifies with her father, according to this view, engaging in a form of 'psychic incest' in which her 'contrasexual inner element' is 'projected out' (Caskey, 1985: 185; see also Woodman, 1980). Louise Kaplan argues that anorexia is a classic 'female perversion': a manifestation of unconscious cross-gender strivings which were repressed in early childhood because of parental

preoccupation with gender conformity (1991: 454). The daughter who becomes anorexic, Kaplan suggests, has inherited her mother's unfulfilled intellectual and sexual desires as 'forbidden masculine wishes' (457). Until puberty, this daughter is usually a 'mirroring extension of the mother', presenting herself as 'a sexless child in a caricature of saintlike femininity' (457-8). But the separation-individuation crisis of adolescence generates a struggle in which her repudiated masculinity surfaces. 'Behind her caricature of an obedient, virtuous, clean, submissive, good little girl,' Kaplan maintains, 'is a most defiant, ambitious, driven, dominating, controlling, virile caricature of masculinity' (457). And this manifests itself on the surface of the body as her hips, thighs and abdomen vanish, her pubic bone begins to protrude, and her limbs, face and chest become covered with downy hair⁴ (460). 'The hirsute, masculine, phallic look,' Kaplan insists, 'is not distressing to the anorectic, who now secretly cultivates in herself all the rebelliously active, phallic, masculine characteristics she had lost in herself' (461).

Both these accounts (anorexia as hyper-feminine conformity and as resurfaced masculine deviance) problematically presume the normality and ordinary status of a heterosexual cathexis (Butler, 1990: 138). For Boskind-Lodahl and Gimlim, the anorexic's hyper-femininity is presumed to be the bodily expression of her longing for a male partner. Her alleged opposite-sex object-choice governs her gender performance. In Kaplan's argument, the adolescent daughter's expression of masculinity is read as disguising and thus neutralising her 'unconscious erotic longing for the parent of the same sex' such that it is not experienced as deviant (1991: 467). Here Kaplan concurs with Freud in presuming an infantile predisposition toward bisexuality which is the

⁴ This downy hair, called 'lanugo', is the effect of hormonal imbalances which accompany starvation.

result of identification both with the father (leading to active, masculine aspects of the psyche including the desire to possess a woman) and with the mother (producing passive, feminine elements including the desire to be possessed by a man). The anorexic is deviant, for Kaplan, because rather than resolving her infantile bisexuality through the oedipal crisis, she represses the 'wrong' desire such that her masculine identification comes to dominate. This Freudian model of bisexuality does not disrupt the presumption of heterosexuality's originality for, as Butler points out, it is merely '*the coincidence of two heterosexual desires within a single psyche*' (1990: 61).

Some of the most widely cited feminist theorists of anorexia read the anorexic's gender performance more ambiguously. Orbach, for example, explains the anorexic's relation to femininity as one of both 'rebellion' and 'accommodation', comprising both a 'defeminisation' of the body and 'an extremely graphic picture of the internal experience of contemporary femininity' (1993: 4, 7, 9). Bordo argues that the anorexic offers a 'painfully literal inscription . . . of the rules governing the construction of contemporary femininity' (1993: 171) but also that, in the process of exercising willpower over appetite, she embodies 'a range of values and possibilities that Western culture has traditionally coded as "male"' (178). Malson reads the anorexic body as a site on which a plethora of contradictory gendered discourses collide – including a frail, childlike, femininity and a willful, self-assertive masculinity (1998: part 3). And MacSween argues that anorexics embody both feminine passivity and an (illusory) gender-neutral autonomy (that is really symbolically masculine) (1993: 2-4, chap.7).

Bordo and MacSween resolve these apparent contradictions through a theory of the relationship between femininity and masculinity that resonates with Thomas Laqueur's

(1990) arguments about the way that sexual difference is contemporarily conceptualised. Laqueur argues that before the Enlightenment, a 'one-sex/flesh' model predominated in which women's bodies were understood to be an inferior or inadequately developed version of men's. Around the late eighteenth century this schema shifted to a 'two-sex/flesh' model in which male and female became polar opposites, incommensurable in every sense (5-6, 19-21).⁵ Elaborating on Laqueur's argument, Gesa Lindemann (1997) narrates the same paradigm shift in terms of a change in the 'unit of distinction'. Preferring the terms 'centric' and 'acentric' to 'two-sex' and 'one-sex', Lindemann explains that in the centric model, 'one aspect of the distinction, the male, is indicated not only in terms of gender but as the generic as well, forming the unit of distinction' (75). In other words, because 'woman' was 'not . . . qualitatively different, but a gradation relative to the male' or a 'deviation from human-male', the male pole is not only one aspect of the continuum but determines the quality of the whole structure (75-6, 77). Notions of sexual equality are 'virtually inconceivable' within this framework because if women are equivalent to men, then they *are* men (76). In the acentric model, by contrast, the unit of distinction is defined in non-gendered terms through concepts like 'individual' and 'human' which appear to be neutral but in fact merely disguise gender hierarchy. The acentric model thus presents women with a promise of equality that is spurious because femininity is always the non-generic. Femininity is the marked

⁵ By the late nineteenth century, the idea of two sexes as polar opposites was further substantiated by sexological accounts of bisexuality such as Richard von Krafft-Ebing's. The 'invert' was thought to display cross-gendered bodily and facial characteristics and demeanour in accordance with his/her desire for the same sex, thus confirming the principle that attraction occurs on the basis of opposites.

pole in the unit such that woman is always *different from* man, but not man from woman (76-7; see also Laqueur, 1990: 17).⁶

For Bordo and MacSween, the symptoms of anorexia represent a strategy for resolving the contradiction between femininity and gender neutrality (MacSween, 1993: 4), or reconciling 'the contradictory demands of the ideology of femininity' (Bordo, 1993: 172). In defeminising her body by losing flesh and curves and ceasing to menstruate, the anorexic attempts a bodily transformation that will enable her to shed the strictures of femininity and inhabit the neutral middle ground of the acentric framework: to be an individual. As Bordo explains,

In the pursuit of slenderness and the denial of appetite the traditional construction of femininity intersects with the new requirement for women to embody the 'masculine' values of the public arena. The anorectic . . . embodies this intersection, this double bind, in a particularly painful and graphic way. I mean *double bind* quite literally here. 'Masculinity' and 'femininity', at least since the nineteenth century and arguably before, have been constructed through a process of mutual exclusion. One cannot simply add the historically feminine virtues to the historically masculine ones to yield a New Woman, a New Man, a new ethics, or a new culture. . . . Explored as a possibility for the self, the 'androgynous' ideal ultimately exposes its internal contradiction and becomes a war that tears the subject in two . . . (174)

For Bordo, the anorexic's bodily transformation is naïve and futile because, in the context of the contemporary 'two sex' or 'acentric' model of sex, androgyny is epistemically impossible.

While providing a theoretical explanation for the anorexic strategy's supposed futility, Bordo problematically reinforces a binary gender system in which gender is bound to sex. Masculinity, in her analysis, is cast as both accidental and an illusion that

⁶ For a feminist account of how the emerging difference of women was naturalized within the body as a physiology of female inequality, see Londa Schiebinger, 'Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy' (2000).

can never be attained by the female body. 'Anorexia,' Bordo asserts, '*begins in . . . conventional feminine practice*' (dieting) which 'unexpectedly' arrives at a sense of willpower coded as 'masculine' (1993: 178-9). And this feeling of androgynous individuality is 'deeply and dangerously illusory', she maintains, because the restrictive bodily practices of anorexia reinscribe the anorexic body as feminine (179). For Bordo, then, anorexia is a flirtation with androgyny that moves from delusion to disillusionment and is always disembodied. 'For the female to become male is only for her to locate herself on the other side of a disfiguring opposition,' she insists (179). Though Bordo purports to *describe* the restrictions of a contemporary epistemology of sex, then, she inadvertently *prescribes* it. As Judith Halberstam (1998b) argues, a binary gender system persists as myth not because a plethora of other genders do not exist but precisely because they do. 'The failure of "male" and "female" to exhaust the field of gender variation actually ensures the continued dominance of these terms,' she argues (27).⁷ The categories gain power precisely because of their impossibility: because no one can live up to their definitions. To deny the anorexic's feelings of wholeness or integration achieved through an androgynous corporeality on the basis that the female subject cannot escape femininity seems to me to reinforce precisely that which the anorexic body is formulated against.⁸

⁷ I should point out that despite her ambition to classify genders in non-hegemonic terms, Halberstam too reinscribes anorexia as a form of 'excessive conventional femininity'. 'Scholars have long pointed out that femininity tends to be associated with passivity and inactivity,' she notes, 'with various forms of unhealthy body manipulations from anorexia to high-heeled shoes' (1998b: 268-9).

⁸ Bordo's rather dismissive view of androgyny here is not unusual amongst contemporary feminist theorists. Androgyny became a topic for feminist debate in the mid-1970s because it seemed to offer the potential to transcend the bipolarity of gender; to promise 'the elimination of obligatory sexualities and sex roles' (Rubin, 1975: 204). However androgyny as an ideal has also been roundly criticised for its implicit androcentrism in reproducing gender hierarchy (Raymond, 1980: 160; Rich, 1976: 76-7) and dismissed as a 'misbegotten idea' of 'pseudowholeness' (Daly, 1991: 386-7). My critique of Bordo is not a response to her view that androgyny does not transcend sexual binarism – indeed I would share that

Anorexia and the imaginary anatomy

If feminist cultural theorists privilege the visual surface of the body at the expense of the 'felt' aspects of embodiment, the work of corporeal feminists or feminist philosophers of the body seems to promise a solution. Such theorists are interested in bodies as sites in which the psychological, the physiological and the socio-cultural interact in complex ways (see, for example, Diprose, 1994; Gatens, 1996). Drawing on psychoanalysts like Freud and Lacan and phenomenologists like Merleau-Ponty, corporeal feminists approach the question of 'body image' not (solely) in terms of the body-as-image (as feminist culturalists arguably do) but in terms of the body's (psychic) imaging through perception and through its sensations and affects. In this sense, such theorists seem to grant the subject more authority in her own self-constitution, although such 'authority' is always already circumscribed by socio-cultural limits on the ways that bodies can be imagined. However, when it comes to anorexia, corporeal feminists seem to rely heavily on a Lacanian framework in which the 'imaginary anatomy' is acquired through identification with an externalized image of the body in the 'mirror stage'. Because this Lacanian narrative privileges sexual difference as the ultimate ground of subjectivity, corporeal feminists in fact come no closer than feminist culturalists do in allowing for the affective specificity of anorexic embodiment.

To illustrate, Elizabeth Grosz (1994) takes up anorexia to demonstrate the principle that the subject's ego-constituting body image is not the psychic projection of the subject's *actual* anatomy but a psychic topography of the *meaning* invested in the

view. Rather, my contention is that she reduces the anorexic's androgynous body image to a surface of signification at the expense of the introceptive and affective aspects of androgynous embodiment and, in the process, reproduces the very binarism she critiques.

various bodily parts and the body as a whole – a meaning that is always already socio-cultural. In the text preceding her discussion of anorexia, Grosz introduces Freud's conception of the ego as a 'bodily ego', explaining that the development of the ego, and the subject's corresponding ability to take her/his body as a whole, are the result of two complementary processes. In the first, a series of identifications with other subjects, especially the mother, and including the subject's own mirror image, are introjected into the ego forming the basis of the ego-ideal or idealized image of self. In the second, the infant's initially diverse and unstructured libidinal impulses are channeled or blocked such that the subject becomes narcissistically invested in her/his own body, turning certain body parts into erotogenic zones. These events, Grosz argues, demonstrate that 'the ego is the meeting point, the point of conjunction, between the body and the social' (32). Because the development of the bodily ego is contingent on an awareness of the other's body as separate and complete, she further elaborates, the significance of the body for the other informs the psychic mapping of the subject's own body. As such,

The ego is . . . as much a function of fantasy and desire as it is of sensation and perception; it is a taking over of sensation and perception by a fantasmatic dimension. This signifiatory, cultural dimension implies that bodies, egos, subjectivities are not simply reflections of their cultural context and associated values but are constituted as such by them, marking bodies in their very 'biological' configurations with sociosexual inscriptions. (38)

What anorexia shows so well, Grosz will go on to suggest, is the extent to which the body's libidinal investments are 'fantasmatic', rooted in an individual and collective fantasy of sexual difference.

Before turning to anorexia, Grosz introduces Lacan's account of the 'mirror stage' to further her argument about the way that the body image is marked with 'sociosexual

inscriptions'. Like the events leading to Freud's primary narcissism, Grosz explains, Lacan's mirror stage inaugurates the ego by presenting an illusion of the body as discrete and unified. But the specular image also produces a profound sense of alienation because the child's misrecognition of the mirror image as her/himself produces a schism between an introceptive sense of the body as fragmented and fluid and an anticipatory, idealized image of the body as a gestalt. However it is this very schism that allows the child to incorporate an external image of her/his body – the perspective of the other towards her/his body – into her/his corporeal schema. Lacan's 'imaginary anatomy' is, as Grosz puts it, 'an internalized image or map of the meaning that the body has for the subject, for others in its social world, and for the symbolic order conceived in its generality (that is, for a culture as a whole)' (39-40).

This outline of Grosz's Freudian/Lacanian framework is a necessary prelude to the analysis of her somewhat dense, and otherwise enigmatic, paragraph on anorexia:

Anorexia . . . is arguably the most stark and striking sexualization of biological instincts: the anorexic may risk her very life in the attainment of a body image approximating her ideal. Neither a 'disorder' of the ego nor, as popular opinion has it, a 'dieting disease' gone out of control, anorexia can, like the phantom limb, be a kind of mourning for a pre-Oedipal (i.e., precastated) body and a corporeal connection to the mother that women in patriarchy are required to abandon. Anorexia is a form of protest at the social meaning of the female body. Rather than seeing it simply as an out-of-control compliance with the current ideals of slenderness, it is precisely a renunciation of these 'ideals'. (40)

For Grosz, then, anorexia demonstrates the way that the profound sense of alienation brought about by the mirror stage is gendered. What she describes here are the cataclysmic effects of the feminine subject's inauguration through sexual difference, which occurs as the result of a violent representational negation of (feminine)

corporeality within the Symbolic order. The anorexic body, as Grosz reads it, is a kind of mourning for a pre-Oedipal semiotic state of fluidity with the mother's body because a symbolic order based on the phallus renders femininity the not-I or other-of-identity and hence radically uninhabitable. Grosz likens anorexia to the phantom limb because it functions as a kind of melancholic reminder/remainder of this irretrievably lost corporeal connection. As Grosz explains in her subsequent discussion, 'The phantom can indeed be regarded as a kind of libidinal memorial to the lost limb, a nostalgic tribute strongly cathected in an attempt to undermine the perceptual awareness of its absence' (41). Like the person who feels her/his limb to be present even when she/he perceives that it is not, the anorexic's body image harks back to an earlier time, before the violence of separation.⁹ Thus, because the anorexic's ego-ideal or idealized body image is so clearly divorced from the so-called biological drives (in that she ceases to engage in basic bodily functions necessary for survival like eating) anorexia is, for

⁹ In their essay, 'The Haunted Flesh: Corporeal Feminism and the Politics of (Dis)embodiment' (1998), Bray and Colebrook interpret Grosz's assertion that 'the anorexic may risk her very life in the attainment of a body image approximating her ideal' to mean that the anorexic has introjected, and is living out, a harmful cultural image of thin-ideal femininity (50). On this basis, they criticize Grosz for producing an argument that is, in effect, not much different from the arguments of cultural feminists. However, this reading ignores Grosz's insistence that anorexia is precisely *not* 'out-of-control compliance with the cultural ideals of slenderness'. Bray and Colebrook's interpretation also seems to me to be inconsistent with Grosz's argument that anorexia is like the phantom limb because it misses the idea that anorexia is a 'memorial' or 'tribute' to something lost. My interpretation of Grosz here assumes that she has a melancholic model of incorporation in mind. I am presuming that Grosz understands the anorexic's de-feminisation of her body through emaciation as an embodied sign of the lost connection with the mother because this bodily de-feminisation is regressive: it renders the anorexic's body more child-like. Though Grosz does not make this point explicitly, my reading is at least compatible with her phantom limb analogy. It is also not necessary to presume, as Bray and Colebrook do, that the anorexic's 'body image approximating her ideal' is (solely) an image imposed from outside. The development of an ideal image of self or ego-ideal is understood by Freud and Lacan to occur through the displacement of libido into an external image of self. However, the specular image also produces a sense of irretrievable loss because it brings to an end the state of primary narcissism in which the infant experiences an illusion of completeness and self-sufficiency as she/he becomes libidinally invested in her/his body through sucking on the mother's breast. This sense of loss contributes to the ego-ideal which is then also a substitute for the lost state of one-ness with the mother's body. Assuming that the body image ideal is a materialisation of the ego-ideal, then Grosz's reference to the anorexic's body image ideal may be understood (in part at least) as a tribute to the lost connection with the maternal body.

Grosz, 'the most stark and striking sexualization of biological instincts'. It exemplifies the fact that the biological body does not exist as such but is always already mediated by sexual difference.

Grosz's reading of anorexia is in many ways promising because it seems to reverse some of the (mis)representations of anorexia that I have identified in the work of feminist cultural theorists. Particularly encouraging is her insistence that anorexia is not a 'dieting disease' brought on by 'out-of-control compliance with the current patriarchal ideals of slenderness', but 'precisely a renunciation of these ideals'.¹⁰ In this sense, her framework seems to grant the anorexic's symptom validity. However, because she locates anorexia's inaugurating moment in the alienating impact of sexual difference within the Symbolic Order, she makes anorexia an effect of the body's representational negation. According to Grosz, the anorexic is severed from a prior, and implicitly more real, feminine corporeal connectedness or plenitude by an objectifying phallogocentric representational economy. On this basis, (feminine) corporeality is located prior to or beyond representation such that Grosz ends by reifying the Cartesian dualism she seeks to transcend (Bray and Colebrook, 1998).¹¹

Further, because, for Grosz, anorexia is stark evidence of the effects of the ego's constitution through a sexually-differentiated body image, anorexia becomes 'an exemplary instance of (dis)embodiment' (Bray and Colebrook, 1998: 49) where 'dis' is

¹⁰ In the extract above Grosz also insists that anorexia is not 'a "disorder" of the ego'. This is a reference to psychiatric models of anorexia (especially the theoretical writings of Hilde Bruch) in which the anorexic is believed to suffer from an 'ego-deficit' or lack of sense of self leading to 'ineffectiveness'.

¹¹ Though I agree with Bray and Colebrook's point here about Grosz's inadvertent reification of mind/body dualism, I am less convinced by their Deleuzian resolution to the representation/materiality split because, in focusing on what anorexia *does* rather than on how it is experienced, their framework comes no closer to foregrounding the felt aspects of embodiment.

bracketed because anorexia symbolizes *both* a generalized alienation from the body that women in a phallogentric signifying economy suffer *and* a mournful exposition of this alienation that then brings the anorexic subject closer to the negated (anterior, maternal) 'embodiment'. The difficulty with the notion of exemplarity – as this example shows – is that it holds both representativity and singularity in tension. Grosz wishes to make the anorexic an exemplar of the effects of sexual difference but she does not explain what it is that makes some women take up anorexic practices but not others. Or, to put it another way, if, for Grosz, sexual difference is the process through which corporeality is displaced, it is not clear why all women are not anorexic. Grosz seems aware of this tension as she adds in a note that there may in fact be many more anorexic women than statistics allow. 'The official medical and psychiatric statistics,' she notes, 'seem to massively underestimate the range and scope of eating disorders' (1994: 40, n.9). However this gesture seems problematically to pathologise femininity in general, approximating the 'continuum hypothesis' that I take issue with in chapter 1, and precluding once more an account of anorexia's specificity.

The conundrum Grosz faces is one which arises more generally in feminist theory where sexual difference is taken as the absolute foundation of subjectivity, prior to any other kind of difference. Grosz's reliance on a neo-Lacanian narrative of subjectivity makes entry into the social contingent on a primal negation of mater/matter. And the presumption that subjectivity is constituted through an 'originary matricide', as Irene Gedalof points out, makes all other differences 'derivative', thereby generating a 'hierarchy of differences' (1999: 74). '[I]f other differences derive from sexual difference,' she elaborates, 'then there always remains the suggestion that they can be

subsumed within sexual difference, and need not be taken into account in terms of their own complexities and role in constituting bodies, knowledges and subjectivities' (74). Though the Lacanian narrative of subjectivity is specifically European, it masquerades as universal, thereby concealing its implication in orientalism and racism (76-7). A very specific white, Western woman thus comes to speak for all women (78). Grosz's account of anorexia makes other kinds of constitutive exclusion necessarily subsidiary to sexual difference such that the effects on the body image of racial oppression, for example, can be little more than addenda. As Butler suggests in her critique of Rosi Braidotti's defence of 'sexual difference', there is no reason why femininity should be limited to 'a singular norm' (2004: 197). 'Why can't the framework for sexual difference itself move beyond binarity into multiplicity?' she asks (197).

In her book on body images (1999), Gail Weiss seems, at first, to promise a non-pathological account of anorexia that is not predicated on sexual difference in the same way as Grosz's model. She introduces anorexia as 'a paradigm case' with which to question the presumptions that underpin the identification of certain body images as 'distorted' (89). Following Lacan's account of the mirror phase, she notes that the sense of coherence achieved when the child identifies with her/his specular image is both illusory and alienating because it occurs only at the expense of a series of exclusions (89). These exclusions, she explains, drawing on Kristeva, Butler and Grosz, constitute the domain of the 'abject' – bodily substances, the body itself, the bodies of 'others' – which, in being repudiated, produce the illusion of a discrete and unified body image and thus constitute the boundaries of the 'proper' subject (89-96). The constitution of a domain of abject others, Weiss argues, conceals the subject's own self-repudiation while

simultaneously threatening to dissolve its borders (95-6). 'It would seem,' Weiss concludes, 'that the normalized body image, one that complies with the imperatives of the Symbolic order, can only arise on the basis of bodily distortions (and perhaps contortions), performative exclusions which mark the threshold of the abject' (97). In other words, if body images in general are characterized by distortion and contradiction rather than coherence and unity, then on what basis can one deem the anorexic's body image(s) to be 'abnormal'? Weiss's framework thus far promises to overturn anorexia's definition as a body image 'disorder'.

However, Weiss is still left with the question of what makes the anorexic's body image(s) different and, like the other theorists I have been exploring in this chapter so far, it is in addressing this question that she returns us to a reading of anorexia in aesthetic, Cartesian and, implicitly conformist terms. Weiss turns to Bordo's suggestion that the disjunction between the anorexic's body (perceived by others as emaciated) and her body image (through which she feels herself to be fat) is governed by a cultural body image ideal which is constituted by the abjection of the fat body and impossible to live up to because it is based on a 'mythic norm' of the young, white, male, heterosexual body (99). Though Weiss quickly adds that anorexia cannot be reduced to social pressure (99), her digression into Bordo's theory has already established a link between body image and the visual body, a connection which she is unable subsequently to dispel. Because the idealized cultural norm is unachievable, Weiss continues, everyone will experience disparity between how their bodies feel and how they are perceived, and everyone will have contradictory body images. What distinguishes anorexia then, Weiss hypothesizes, is not body image conflict but an excessive *coherence* of body image, or

driving fixation with one body image at the expense of all others (99). However, because Weiss does not provide an explanation to rival Bordo's as to *why* certain women develop excessively coherent body images, but not others, her reader is left only with Bordo's explanation in mind – in which the anorexic's difference resides in the extent of her “discipline and normalization” (Bordo, quoted in Weiss, 1999: 97).

Weiss also supports her argument that anorexia's difference is to be found in excessive body image coherence by returning to Lacan. She points out that, for Lacan, ‘the Gestalt that arises out of the identification of the subject with the specular image, attains its coherence at the expense of our lived corporeality’ (1999: 100). Already, then, the anorexic's alleged hyper-coherence implicates her in the Cartesian dynamic – that Weiss has already raised through Bordo (92) – in which the subject who most repudiates her ‘lived corporeality’ is the most ‘normalized’. Weiss elaborates on her point through a series of claims for the ‘nonpathological subject’:

The turbulence that characterizes our lived bodily experience, a turbulence which, for Lacan, is psychically rejected in favor of a projected (imaginary) identification with the specular image, can, as he well recognized, never be denied altogether. Indeed, I would maintain that this turbulence is expressed and even accentuated in the transitions we continually make between one body image and another. For the nonpathological subject, I am suggesting, it is the very multiplicity of these body images which guarantees that we cannot invest too heavily in any one of them, and these multiple body images themselves offer points of resistance to the development of too strong an identification with a singularly alienating specular (or even cultural) image. That is, these multiple body images serve to destabilize the hegemony of any particular body image ideal, and are precisely what allows us to maintain a sense of corporeal fluidity. (100)

What this passage achieves is confirmation of anorexia's position at the devalued pole of a sliding scale of body image fluidity/multiplicity in which the more diverse one's body images, the greater one's ability to ‘resist’ hegemonic body image ideals and,

conversely, the more rigid one's body image(s), the greater one's propensity to alienation by that ideal. The slippage between 'specular' and 'cultural' in the phrase 'identification with a singular alienating specular (or even cultural) image' works to erode the difference between Lacanian and feminist cultural understandings of body image ideal, returning us once more to Bordo's argument about the oppressiveness of a visual image of thin-ideal femininity. Indeed, this elision is taken for granted two pages later where, in the closing remarks of her chapter, Weiss suggests that anorexics might be treated by attempting to multiply their body images:

Of course, the effectiveness of this process will . . . depend upon a medical, cultural, and philosophical commitment to multiply our aesthetic body ideals beyond the hegemony of the anticorporeal, fat-free body, an image that continues, in many contemporary societies, both to define and regulate the abject borders of our body images. (102)

In this way, Weiss subtly implicates the anorexic in a multiple/singular, subversive/conformist binary in which the subject with a too rigid or coherent body image is literalizing, constative, antithetical to imaginative resignificatory practices that might destabilize the Symbolic Order.

The inability of Weiss's model to respond with empathy and sensitivity to the affective aspects of anorexia emerges perhaps most clearly in her use of Ellen West as exemplar. The case of Ellen West, a patient of the existential analyst Ludwig Binswanger, has achieved a certain paradigmatic status within feminist literature on anorexia – perhaps comparable to the position occupied by Freud's patient Dora in literature on hysteria. In Weiss's account, as elsewhere, Ellen functions as a kind of trope-for-a-trope: a 'best example' of anorexia which is itself, as I have shown, already

paradigmatic of body image distortion. Weiss quotes Ellen's poem 'The Evil Thoughts', an extremely poignant and moving account of the voices which persecute her, then provides Binswanger's account of her suicide (101-2). Weiss comments:

Ellen's "idée fixée", an obsession which can only be vanquished through the annihilation of the body itself, is a perfect example, both literal and symbolic, of a corporeal reduction of an anorexic's universe, a reduction that is facilitated by a singularly oppressive body image. (102)

I find Weiss's lack of engagement with the *suffering* that led Ellen to take her own life quite striking. The picture of Ellen that emerges from Binswanger's case history (1958) is of an ambitious, passionate, creative, unconventional young woman with a powerful sense of social justice, who lost confidence in her own emotions and turned her anger in upon herself because her father continually undermined her sense of her self, for example in refusing to allow her to marry her true love and intellectual companion. This quashing of Ellen was redoubled by the doctors who treated her – to violent effect. She became the object of their competing diagnoses and professional ambitions, categorized – to her knowledge – variously as manic-depressive, obsessive, melancholic, and finally schizophrenic, untreatable and suicidal (Rogers, 1980: 172, 175). Weiss's closing suggestion that Ellen might have been saved if only her doctors had encouraged fluidity and dialogue between her body images seems to me to border on the flippant.¹²

¹² An analysis of the effects of various epistemological appropriations of Ellen is a project in its own right which I unfortunately do not have space for here. Binswanger's detailed 'The Case of Ellen West' (1958), which includes numerous extracts from her diaries, letters and poems, presents Ellen as a phenomenon. 'On the basis of the life-history,' Binswanger states at the start of his 'existential analysis', 'her specific name loses its function of a mere verbal label for a human individuality . . . and takes on the meaning of an eponym . . . ' (267). Later in the 'analysis', and equally outrageously, he writes, 'From the standpoint of existential analysis the suicide of Ellen West was an "arbitrary act" as well as a "necessary event"' (295). In *The Obsession*, Kim Chernin reads Ellen's story more compassionately, interpreting Ellen's distress, through a Kleinian-feminist lens, as a case of thwarted self-development due to the strictures of middle-class femininity (1981: 162-177). However, in understanding Ellen as symbolic of

It is difficult for Weiss to address the affective specificity of anorexia because, like Grosz, she relies on a narrative of subjectivity-in-general in which the subject's relationship with her/his body is determined through a series of inaugural moments or constitutive exclusions in infancy.¹³ Models of subjection which presume an idea of 'the body', as Sara Ahmed observes, tend to rely on a 'generalisable other that serves to establish the illusion of bodily integrity', thereby obscuring the way that bodies are materialized through specific 'techniques and practices of differentiation' in time and space (2000: 41-2, 44). 'Race' in particular, she notes, often circulates as 'a figure for the differentiated body', such that it is reincorporated within the white subject's development and such that the role of social antagonism and conflict in differentiating bodies is occluded (42, 44). Rather than starting with 'the body', then, Ahmed suggests thinking 'through the skin' as the border or boundary through which differentiation occurs (44; Ahmed and Stacey, 2001). Because the skin is the effect of boundary-

the condition of women, Chernin re-appropriates Ellen within another metanarrative. In Ellen's life, she suggests, 'we are presented with an incomparable parable. . . . Ellen West . . . has come in my mind to stand for all those women who have struggled for their development and failed, whether in her time or our own' (164-5). The most empathetic account of Ellen's plight that I have read is that of Carl Rogers, the inaugurator of the 'person-centred' approach to counselling. His 'Ellen West – and Loneliness', pp. 164-180 in *A Way of Being* (1980) conveys his frustration and anger at her treatment as an 'object' of rival psychoanalytic and psychiatric theories rather than as a distressed person. Poignantly, he quotes her words "I scream but they do not hear me" (175). However, even Rogers cannot resist turning Ellen into a paradigm. He contextualises his interpretation of Ellen within an account of 'the basic isolation felt by modern man [*sic*]', suggesting that Ellen is 'an illustration of the development of this loneliness to a tragic point' (165).

¹³ This process of sexual differentiation which occurs in the assuming of a body image in the mirror phase may be understood as a reiterative process, rather than a once-and-for-all moment, without this necessarily changing its deterministic quality. For example, Weiss challenges Lacan's sense of the mirror stage as leading "to the assumption of the armour of an alienating identity, which will mark with its rigid structure the subject's entire mental development" (Lacan, quoted in Weiss, 1999: 12) with Merleau-Ponty's idea of body image as 'lived', 'intersubjective' and hence continually reproduced in social exchange (13). She also follows Butler's suggestion that "The mirror stage is not a *developmental* account of how the idea of one's own body comes into being" (Butler, quoted in Weiss, 1999: 89), but rather a figure for thinking the constitutive exclusions that are reiterative. However, even a reading of the mirror phase as reiterative suggests, as Gedalof puts it, 'that there is only ever one way for the human being to come into language and subjectivity' (1999: 78).

formation, it is the site of the subject's precariousness; that through which the subject touches and is touched by others (Ahmed and Stacey, 2001: 1-2). 'The skin,' Ahmed suggests, 'provides a way of thinking about how the boundary between bodies is formed only through being traversed, or called into question, by the affecting of one by an other' (2000: 45). In other words, bodies are materialised in their very shape, characteristics, habits and gestures through 'economies of touch' or 'tactile encounters of incorporation or expulsion' (49, 50). 'Bodies take the shape of the very contact they have with objects and others' (Ahmed, 2004: 1). As a method for accessing the affective specifics of each differentiating self-other encounter, thinking through the skin helpfully moves away from the tendency to analyse the body as a (mere) visual signifier or text. I return to the (de-)materializing effects of such tactile encounters in what follows.

Anorexia as melancholic incorporation

Before exploring the differentiating effects of touch further, I want to take a detour through Butler's ideas about how bodies are materialized as sexed/gendered. This 'detour' is nonetheless purposeful because it returns to the idea of melancholic incorporation which I raised in my reading of Grosz's account of anorexia above, and which is significant because it provides a theoretical explanation for an aspect of anorexia that is often commented upon: that it is the bodily expression of something otherwise unconscious or unsayable. Unlike Grosz, Butler does not theorise the 'lost' that is somatised in terms of a negated, anterior (maternal) body and hence her model does not encounter the same Cartesian problematic. Butler's account of subjection is

further useful because she takes up 'the notion of matter, not as site or surface, but as a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter' (1993: 9). In other words, she understands the very form the body takes, its morphology and illusory discreteness, to be an effect of regulatory norms through which the subject comes into being. In this, she shares with Ahmed the need 'to account for how bodies come to take certain shapes over others, and in relation to others' (2000: 43). This seems an important starting point for considering what exclusions, abjections or repudiations are involved in the anorexic's particular body morphology.

For Butler, subjectification occurs through a set of constitutive exclusions which achieve their efficacy because they are both psychically disavowed and melancholically incorporated by the subject. In *The Psychic Life of Power*, she elaborates on her adaptation in *Gender Trouble* of Freud's theory of melancholia (1990: 35-78) to explain gender performativity in terms of what is 'barred from performance' (1997: 145). She argues *contra* Freud that the taboo against homosexuality must precede the incest taboo since it is the foreclosing of same-sex desire which inaugurates the opposite-sex cathexis of the Oedipal phase (135). The same-sex object, unnameable owing to the ubiquity of the prohibition and hence ungrievable, then becomes 'incorporated' by the ego such that the gender of the ego is determined by that melancholic identification (134-140). '[W]hat is most apparently performed as gender,' Butler argues, 'is the sign and symptom of a pervasive disavowal' (147).

The prohibitions that gender the ego also have a morphogenic function, giving the body its particular form, its erotogenic investments, surface and boundaries. Unlike

'introjection' which involves an acknowledgement of loss, Butler explains, 'incorporation "*literalizes* the loss *on* or *in* the body and so appears as the facticity of the body, the means by which the body comes to bear "sex" as its literal truth' (1990: 68). Elaborating on this idea in *Bodies that Matter* (1993), Butler suggests that if bodily parts become invested through pain, as Freud suggested, then that pain may be a 'guilt-induced bodily suffering' generated by the prohibition on homosexuality (1993: 58, 64). As such, she hypothesizes, 'it may also be that gender-instituting prohibitions work through suffusing the body with a pain that culminates in the projection of a surface, that is, a sexed morphology which is at once a compensatory fantasy and a fetishistic mask' (65). The body is thus an 'imaginary formation' (66) or phantasm because it is sexed through, and not prior to, the heterosexual imperative. 'Suffice it so say,' Butler simplifies, 'that the boundaries of the body are the lived experience of differentiation, where that differentiation is never neutral to the question of gender difference or the heterosexual matrix' (65).

What enables us to identify the process of the body's sexual differentiation at all, Butler points out, are its citational failures. Gender, as she explains, is a '*stylized repetition of acts*' (1990: 140) which only appears to emanate from an internal gendered core or substance because binarised genders conceal the regulatory law of compulsory heterosexuality that motivates them (136). 'That this reiteration is necessary,' Butler explains, 'is a sign that materialization is never quite complete, that bodies never quite comply with the norms by which their materialization is impelled' (1993: 2). In fact, she argues, it is precisely because the regulatory law is impossible to live up to that opportunities arise for subversive repetitions of gender (1990: 141) or alternative

imaginary schemas which delineate the body's surface in non-conventional ways (1993: 64).

Can the anorexic body be thought in these terms as one example of the 'parodic proliferation' of gender (1990: 138)? For example, could the anorexic's emaciated body be considered a parody of normative femininity in that, by taking the thin-ideal to its logical conclusion, it exposes the fact that normative femininity is impossible to embody? Or, alternatively, could the anorexic's gender performance be considered an expression of androgyny that results from the abjection of both opposite and same-sex object choices? Could the particular materiality of the anorexic body – the contracting of the skin, the closing of orifices, the closely guarded body boundaries that signal withdrawal from the social world – be founded in a repudiation of heterosexual cathexes that somehow finds its expression in asexuality rather than homosexuality? And might the harsh self-punishments of anorexia – the self-starvation, the punitive exercise regimes, the aggressive, self-reproaching anorexic 'voice' – be signs of the self-beratement characteristic of melancholia in which anger at the lost homosexual love-object (or, indeed, at the prohibition itself) is 'turned inward' such that it 'rebounds upon the ego itself, in the form of a super-ego' (1997: 140-1). Might the 'acting out' of gender in anorexia be understood as the spilling over of an 'unowned aggression' that refuses the prohibition against grieving certain losses (145, 161-3)?

Though the anorexic might appear to be one of those subjects who 'fails to do her gender right' (1990: 140), there is, I would argue, ultimately little space within Butler's framework for considering her as such. To begin with, Butler's use of drag as exemplar functions to close the field of parodic gender in certain key ways. In *Gender Trouble*,

Butler suggests that 'drag fully subverts the distinction between inner and outer psychic space and effectively mocks both the expressive model of gender and the notion of a true gender identity' (1990: 137). Drag does this, she goes on to explain, through a 'dissonance' between anatomical sex, gender identity and gender performance that exposes the presumed causal connection between sex and gender to be fictitious (137). 'In the place of the law of heterosexual coherence,' she argues, 'we see sex and gender denaturalized by means of a performance which avows their distinctness and dramatizes the cultural mechanism of their fabricated unity' (138). On the basis of this model, the anorexic cannot be said to 'fully subvert' (137) the expressive model because her corporeal dissonance is at best partial, rather than oppositional. It is a dissonance, say, between anatomical femaleness and androgynous gender identity, or androgynous gender identity and hyper-feminine gender performance. Indeed the anorexic body might well be read as in alignment if, for example, asexuality were understood as an expression of androgyny.

Further, and perhaps more significantly, Butler's use of drag as an 'ideal type' of parodic gender also works to associate subversion with *visibly-queer* gender performativity. In *Gender Trouble*, Butler suggests that 'subversive and parodic convergences . . . characterize gay and lesbian cultures' (1990: 66). In arguing that "'incorporation" is a fantasy and not a process', that is, that melancholic losses are figured 'not literally within the body' but 'on the body as its surface signification' (67), she also suggests that denaturalization and resignification of essentialist gender identities occurs in a visual way. She tries to temper these associations in *The Psychic Life of Power* by cautioning against the tendency to reduce gender performativity to

visual play: 'Clearly there are workings of gender that do not "show" in what is performed as gender,' she clarifies, 'and to reduce the psychic workings of gender to the literal performance of gender would be a mistake' (1997: 144). She also strives to uncouple the logic that drag = homosexual: 'Not only are a vast number of drag performers straight,' she points out, 'but it would be a mistake to think that homosexuality is best explained through the performativity that is drag' (146). However, the chain of signifiers linking subversion, visibility, queer and homosexuality remains. Drag is still quintessentially subversive for Butler because it '*exposes or allegorizes the mundane psychic and performative practices by which heterosexualized genders form themselves . . .*' (146, emphasis added). And drag still counts as queer first and foremost because it '*allegorizes heterosexual melancholy*' by means of cross-gendered identification – and cross-gendered-identification signals that the subject has not renounced, and melancholically incorporated, same-sex object choices (146).

To elaborate on this point, because binarized gender identities are not only reproduced by compulsory heterosexuality but reproduce heterosexual cathexes, Butler's theory of melancholia preserves a psychoanalytic connection between gender and sexuality such that desire is always marked by unconscious repudiation of object-choice.¹⁴ This determination of sexuality through the gender of object choice (Sedgwick, 1990: 16) is ocularcentric because the subject's sexuality, if not read off visibly queer gender/transgender, is read off the culturally-intelligible gender of her/his partner (Hemmings, 1998: 93). Such dependence on a psychoanalytic framework leaves no scope for the possibility of a subject whose repudiation of heterosexuality might be

¹⁴ The heterosexual man 'wants the woman he would never be. He wouldn't be caught dead being her: therefore he wants her. She is his repudiated identification' (Butler, 1997: 137).

cultural and/or conscious (95-100). As Prosser points out, Butler subtly syllogizes ‘transgender = gender performativity = queer = subversive’ via ‘a certain collapsing of gender back into sexuality’ in spite of her attempts to undo this impression (1998: 29, 31). Within this framework, the anorexic doesn’t count as queer gender, that is, as a gender performance which refuses the ungrievability of heterosexuality’s losses, because she does not signify as queer = homosexual. In other words, because the anorexic subject is not seen to be formed through repudiation of opposite-sex object-choice, she is, at best, unmappable onto either side of Butler’s queer/straight, subversive/hegemonic antithesis, at worst, a ‘hyperbolic’ form of melancholic gender (Butler, 1997: 139).¹⁵ Indeed, the very exercise of reading anorexia through Butler’s framework all too easily becomes an exercise in trying to make the anorexic count as subversive by reading her body as indicating something else, i.e. (homo)sexuality. And this process, as I argue above, has been a way of not attending to the affective aspects of anorexia.

Anorexic ‘body narratives’

In the second half of this chapter, I want to draw together some threads from my preceding analysis to try to make epistemological space for anorexia’s specificity as an embodied subjectivity not only as it might be represented, but as it is *felt*. As I set out in

¹⁵ If the anorexic’s gender performance is read as hyper-feminine, then anorexic subjectivity is most likely to be understood within Butler’s framework as constituted through a virulent repudiation of same-sex object choices. Butler defines heterosexual melancholy as ‘the melancholy by which a masculine gender is formed from the refusal to grieve the masculine as a possibility of love; a feminine gender is formed (taken on, assumed) through the incorporative fantasy by which the feminine is excluded as a possible object of love, an exclusion never grieved, but “preserved” through *heightened feminine identification*’ (1997: 146; emphasis added). She also suggests that ‘the more hyperbolic and defensive a masculine identification, the more fierce the ungrieved homosexual cathexis’ (139).

my introduction, my project overall is not concerned with creating new knowledge but, rather, opening up new ways of thinking anorexia from within the margins of existing knowledges. Here, specifically, I want to bring my critical analysis of melancholic incorporation into creative tension with my sense that ‘economies of touch’ (Ahmed, 2000: 49) may offer a means of thinking anorexia sensitively and through its specific sensitivities. I wish to explore whether understanding anorexia in terms of the materializing effects of affective encounters between bodies may allow for the particular pleasures and traumas in anorexic experience. What follows is not intended as a synthesis – though at times I cannot resist the temptation to tie loose ends of analysis together – but rather a speculative exploration of possibilities. My theoretical journey draws inspiration in particular from Prosser’s account of transsexual ‘body narratives’ (1998).

In his empathetic engagement with narratives of transsexuality, Prosser suggests how ‘to read *individual corporeal* experience back into theories of “the” body’ (1998: 7, emphasis added). His compound ‘body narratives’ encapsulates the mutuality of the two components in which bodily transformations are not only made sense of within narrative but enabled by narrative transitions (4-5). Body narratives, he explains, are ‘texts that engage with the feelings of embodiment; stories that not only represent but allow changes to somatic materiality’ (16). Exposing the elision of the body’s materiality in Foucaultian and Lacanian theories of the body, Prosser enables a theoretical shift away from the body as surface-sign, towards a sense of body image as felt, as both derived from and productive of *physical* experience (12, 82). ‘Is there a

substance to gendered body image that it can motivate somatic transition?' he usefully asks (6-7).

Prosser's critique of the ocularcentrism governing much feminist and queer theory is particularly promising given a certain correspondence in effect on knowledges of transsexuality and anorexia of gender performativity-inspired theories of the body.¹⁶ Read through contemporary theory's preoccupation with the body as signifier, the transsexual has been accused of reinscribing the referentiality of sex and gender, and hence seen as 'literalizing', but also celebrated for liberating sex as signifier from the material body and hence seen as 'deliteralizing' (13-14). As for the anorexic, then, theoretical preoccupations with what is literalizing/deliteralizing, reinscriptive/transgressive or hegemonic/subversive make the transsexual 'disappear in his/her very invocation' (14-15). Perhaps one thing in particular that the transsexual and the anorexic share in their capacity as objects of the parodic cross-gender-identified subject is that their subversiveness is always figured as temporary. We are always waiting for them to return to normativity as end point of the transition – for the transsexual to pass or for the anorexic to recuperate her (correctly gendered) health – and, as such, their subversiveness can only ever figure as a kind of masquerade. Prosser's framework shifts the terms of analysis by exposing the transgression/reinscription binary as queer theory's issue and not the transsexual's (or the anorexic's). While I certainly do not wish to reproduce the transsexual as another kind of trope, I wish to engage with Prosser's desire that the trouble transsexual body narratives pose for contemporary

¹⁶ Mark Finn and Pippa Dell, for example, describe anorexia and transsexuality as 'body management strategies that are about "normalization" and invisibility' and hence that lack the subversive potential of transgender (1999: 470).

theory might be deployed to ‘initiate transitions in our paradigms for writing bodily subjects’ (12).

Prosser’s critique of Butler’s emphasis on the body as signifier not only allows the materiality of the body to be brought back into theory (an ontological shift) but also enables an epistemic shift in the way that bodies can be thought. He notes that what allows Butler to figure ‘any *feeling* of being sexed or gendered . . . [as] phantasmatic, symptomatic of heterosexual melancholia’ (Prosser, 1998: 43), and to juxtapose this with the queer performativity of gender as a deliteralization of material sex via surface parody (44), is an inversion of Freud’s description of the relation between the ego and the body. In relation to a well-cited passage from ‘The Ego and the Id’ in which Freud states, ‘The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface’, a footnote in the English translation, authorized by Freud, clarifies: ‘I.e. the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body’ (Freud, 1961: 26; quoted *ibid.*: 40-41). Butler, however, subtly reverses the emphasis. Quoting this passage in a footnote to *Gender Trouble*, she writes,

Freud’s claim that ‘the ego is first and foremost a bodily ego’ . . . suggests that there is a concept of the body that determines ego-development. Freud continues the above sentence: ‘[the body] is not merely a surface entity, but is itself the projection of a surface’. (1990: 163, n.43)

By replacing ‘it’, which in Freud’s footnote clearly refers to the ego as a bodily ego, for her square-bracketed substitution ‘[the body]’, Butler, as Prosser points out, inverts

Freud's emphasis on the psyche as derived from the body and, instead, 'images the body as a psychic effect' (Prosser, 1998: 41).

Butler returns in *The Psychic Life of Power* to explain this 'psychic effect' in social terms but still as on/in the body. There she suggests that our very ability to speak of a distinction between internal and external is not prior to but an *effect* of the 'melancholic turn' (1997: 171) of subjection. That is, the idea of the psyche and the idea of a boundary between the psychic and the social, as in notions of 'internalization' and 'incorporation', are by-products of our ambivalent constitution as subject-effects of unavowable loss where the socio-cultural origins of that loss are displaced onto the 'psychic' sphere (170-4, 177-182). This reduction of the body to an imaginary projection – and the psyche to a surface – cannot account for the generative power of felt gender identity over the material body (Prosser, 1998: 43). The transsexual's sense of the *imaginary* body as more *real* than her/his sexed materiality, and her/his need to change sex to be able 'to feel the bodily ego in conjunction and conformity with the material body parts' confirms, as Prosser puts it, 'the material reality of the imaginary and not, as Butler would have it, the imaginarieness of material reality' (44). It is the imaginary anatomy with which the 'bodily ego' is identified, and the imaginary anatomy which motivates the transformation of the flesh (69-70).

Refusing a sense of 'body image' in which 'image' is privileged at the expense of body (79), Prosser follows Didier Anzieu's 'non-Lacanian trajectory to Freud' (65). Anzieu disputes Lacan's idea of the unconscious as "structured like a language", suggesting instead that it is "structured like the body" (quoted in Prosser, 1998: 66). In *The Skin Ego: A Psychoanalytic Approach to the Self* (1989), Anzieu develops Freud's

model of the 'bodily ego' in which, as Prosser explains, the ego 'derives not so much from the perception of the body (an "external perception"), that is, from what can be seen, but from the *bodily sensations* that stem from its touching – touching here in both an active and passive sense – (an "internal perception")' (1998: 43). As Prosser elucidates,

His [Anzieu's] concept of the 'skin ego' takes the body's physical skin as the primary organ underlying the formation of the ego, its handling, its touching, its holding – our experience of its feel – individualizing our psychic functioning, quite crucially making us who we are. Bordering inside and outside the body, the point of separation and contact between you and me, skin is the key interface between self and other, between the biological, the psychic, and the social. It holds each of us together, quite literally contains us, protects us, keeps us discrete, and yet is our first mode of communication with each other and the world. (65)

Anzieu's term 'skin ego', then, emphasizes precisely that 'the ego, the sense of self, derives from the experience of the material skin' (65). As an 'interface' or 'nexus' between the psychic and the somatic, 'the skin is the locale for the physical experience of body image and the surface upon which is projected the psychic representation of the body' (72). For the transsexual, who experiences him/herself as trapped in the 'wrong body' and who desires to materialize his/her alternatively gendered imaginary, the skin is a site of traumatic conflict between 'sentient body image' and 'insentient visible body' (70).

Prosser's framework thus begins from and challenges theoretical silences surrounding the felt body, asking what function in terms of knowledge-production, such ignorance performs (Sedgwick, 1990). If 'subjectivity is,' as Prosser puts it, '... a matter of psychic investment of self in skin' (1998: 73), then theories that reduce the body to a signifier may be complicit in bodily suffering. The anorexic's shrinking of her

skin has frequently been interpreted as the enactment of a hegemonic delineation of body boundaries. The cessation of menstruation, rigid monitoring of food intake and controlled expulsion of substances through use of laxatives and diuretics, it is often argued, evidences a hyper-literalisation of the distinction between inner and outer, self and other. This is in line with Butler's sense that "'inner" and "outer" constitute a binary distinction that stabilizes and consolidates the coherent subject' (1990: 134). Prosser, however, drawing on Anzieu's case histories, maintains that 'the subject's inability to distinguish "inside" from "outside" is most often responsible in "borderline" conditions for acute psychic suffering' (Prosser, 1998: 80). In contrast with Weiss's neo-Lacanian celebration of multiple, contradictory body images as health-inducing (1999: 100), Prosser points out that '[t]he lability and confusion in the post-Lacanian subject are in Anzieu profoundly negative disturbances' (Prosser, 1998: 80). Once the vital significance of being at home in one's skin is appreciated, visual body image reveals itself to be altogether less significant, distinctly secondary, in fact (78-9). For the transsexual, the specular image of the changed body merely confirms the reintegration already materialized by the felt body image (83).

Prosser's reconnecting of material body and body image through the feelings of embodiment allows for the specificity of transsexual body narratives. Specificity is particularly important in the case of anorexia given the anorexic's frequent use as a metaphor for women's oppression, as I detail in chapter 1. Where it is figured as an attempt at gender subversion that was always already futile, anorexia is presumed to expose women's lack of access to properly masculine attributes like individuality, autonomy and independence, and thus becomes a synecdoche for the condition of

women. As an object of discursive inquiry, the anorexic thus becomes the very limit of theories that purport to describe her. But what distinguishes anorexic body narratives? If transsexual body narratives are enabled by a transition from traumatic disembodiment to embodied wholeness through a transformation of the sexed body, what is the difference of anorexic transitions? My attempts to answer this question are necessarily tentative, partial, contradictory, unfinished. Like Prosser, I begin from what anorexia *feels* like as I aim to build a framework which might allow for connections between anorexic body narratives without refusing the particularity of individual narratives within that framework.¹⁷

Anorexic autobiographers describe anorexia as a struggle for embodiment in response to traumatic alienation within the skin. Many narrate the pain of disembodiment as an effect of assaults on or penetration of the skin in sexual, physical and/or emotional violence. I am immediately drawn to these narratives of trauma because they mirror the narrative connections I draw between my own childhood disintegration in the face of terrifying, routinized violence and the punishing regime of self-starvation years later through which that violence was turned inward, taking on a life of its own. The danger I face when re-presenting these narratives is in sliding into an evidentiary model of experience in which I present their accounts as transparent, as speaking for themselves, rather than as mediated through my own interpretative lens. I risk deriving from my sense of identification a generalized theory of anorexia in which I

¹⁷ My aim is of course analogous to the political project of feminism more generally in which there is a necessarily unresolved tension between deconstructing 'women' as a category in order to expose the socio-cultural bases of oppression and in order to bring the complexity and multiplicity of differences between women into view, and yet preserving sufficient connections between women for an effective feminist theory and politics.

subsume others' experiences beneath my own. How, then, might it be possible to avoid these representational violences while still foregrounding the critical difference that my own location makes?

When I first considered this question, in an earlier draft of this chapter, I was troubled by how to include within my framework those narratives that did not explicitly link anorexia with trauma. I sought a generalisable, causal model in which trauma would be anorexia's explanation because I wanted to demonstrate the gravity of self-starvation; to demonstrate that women do not become anorexic for frivolous aesthetic reasons relating to the desire to attract a man – as implied by the readings of anorexia as 'hyper-feminine' that I detail earlier in this chapter, or by the media effects discourse that I critique in chapter 2. But I did not know what to do with those narratives that did not clearly fit. As a solution, I considered widening the causal basis of my framework, complementing my sense of trauma as gendered with an understanding of gendered experience more generally as traumatic. To do this, I turned to Bernice Hausman (1995), another theorist of transsexuality, who, like Prosser, criticizes Butler for ignoring the felt body. Rather than focusing on Butler's collapsing of gender back into sexuality, as Prosser does, however, Hausman targets Butler's ahistorical assumption that 'sex' is (and has always been) regulated by gender and that therefore only a redeployment of gender can unsettle regulatory practices producing coherent identities. Using a model of gender as 'myth', drawn from Roland Barthes' semiotic notion of mythology, Hausman explains how gender, 'naturalizing' its history as the 'truth' of the present, came to replace the body as the signifier of sex at a specific historical moment in the mid-1950s when intersexed children exposed the body's unreliability as a signifier

of sex, 'gender identity' based on sexed behaviour was produced instead as 'the source of one's sex', and transsexuals used this semiotic slide to argue for the determination of their sex on the basis of gender identity (183, 185, 187-9). If gender is merely one historically-specific and very modern kind of regulation of the category sex (179), Hausman speculates, a kind of myth, in other words, which naturalizes its history as the truth of the present thereby masking the discursive process through which it came to dominate readings of sexual difference (184-90), then it may be 'only as a living corpse that the subject can maintain itself in the myth of gender' (191). Applying this to anorexia, I considered that anorexia might be evidence of the 'living death' (191) of gender, a performative simulation of what is ungrievably lost for the subject to maintain her/himself as coherently gendered.

While this model went some way towards satisfying my desire to link trauma (on a more generalized gendered basis) with melancholic incorporation, in the end I could not ignore the representational problems it would involve. Though all the narratives of anorexia that I had read did, at some level, link anorexia with the pain and/or difficulties of being gendered, to posit the trauma of gender as a universal explanation for anorexia would leave me – like Bordo, Malson, Grosz, and so many of the other anorexia theorists I had critiqued – unable to explain why all women are not anorexic. Indeed, this explanation arguably reenacted – in a different guise – the very continuum hypothesis that I had worked so hard to expose as a representational violence. In its effects, it would once again make feeling theory's incorporated loss, both, on the one hand, diminishing, through associative dilution, the affective impact of abuse for those autobiographers already struggling to articulate it, and on the other, leaving those

autobiographers who do not make violence causal with an increased burden of guilt – a sense that their anorexic behaviour has/had little or no justificatory basis beyond pathology. As these representational concerns highlight, the search for a generalisable cause as the answer to anorexia’s specificity brought me uncomfortably, inadvertently, back to pathology because the search for cause presumes a ‘normal’, ‘healthy’ subjectivity from which the anorexic body is seen to deviate.¹⁸

As Prosser’s body narrative framework demonstrates, an account of difference may be rendered far more effectively through authorial description than through a putative reason why. In his recuperation of the materiality of body image within transsexual accounts of trans-embodiment, Prosser draws on two mutually reinforcing concepts derived from neurologist Oliver Sacks’s work on severe body image disturbances: ‘Agnosia’ refers to the ‘forgetting in the body image of somatically attached, functioning parts’, while its inverse, ‘phantomization’, relates to a ‘sensory memory’ of a lost body part, or, in a paraphrase of Grosz, ‘a psychic nostalgia for somatic wholeness’ (1998: 78, 84). Using transsexual narratives to remold these ideas, Prosser explains that it is the correlation of agnosic alienation from being in the ‘wrong body’ and the phantomization of sex, narrativized as a ‘return’ to a body *lost*, which forcefully

¹⁸ In a further set of representational violences that I could not ignore, Hausman’s performative framework, as Prosser elucidates, works to de-authorise the transsexual subject. Hausman argues that there is a fundamental contradiction between transsexuals’ narrative claims to have always already been the other sex, their insistence that transsexuality was already there in their bodies, and their demands for sex change which reveals that transsexuality is actually produced and delivered only through the medical technologies of plastic surgery and endocrinology and the discursive shift that allowed the idea of gender to surpass the body as the foundation for sexed identity (Prosser, 1998: 114-5, 133). Hausman’s fixation with exposing this ‘temporal “problematic”’ (115) blinds her to the foundational significance of autobiographical narrative for transsexuals, to the fact that a tension between ‘becoming and being’, ‘transformation and the continuity of the self’, ‘conversion and identity’ is not only intrinsic to but required by autobiography – itself integral to and necessary for transsexuality (119). As such, Hausman’s argument undercuts the very promise of the body narrative framework: its return to what the body *feels* like and to how subjects self-author through narrative.

motivate the restorative change of sex (84-5). In a further remolding of sense, I want to suggest that in anorexia, an agnostic experience of the body's surface – a sense of the flesh of the body, especially those areas where the flesh is deep: stomach, thighs, buttocks, breasts, as 'not me' – in correlation with a phantomized image of the body's de-fleshy reduction, motivate the starvation of the body to a painful emaciated state, yet one which is reconciliatory as the re-drawn body contours are realigned with the sentient 'body imaginary'.¹⁹

If anorexia, like transsexuality, involves the materialization of the body imaginary, what part does narrative play in these bodily transformations? Prosser makes a powerful argument for the mutuality, indeed the symbiosis, of transsexuality and autobiography by reflecting on a trope common to both: the mirror. For the somatically transformed transsexual, the mirror reflects back a sense of realignment and reintegration, confirming the correspondence of sex and gender (100). And there is an intrinsic continuity, Prosser points out, between mirror and autobiographical narrative in enabling the shift from disintegration to coherence. '[A]utobiography,' he reminds us, 'is ostensibly anyway the literary act of self-reflection, the textual product of the "I" reflecting on itself' (100-1). Transsexual autobiography, he argues, highlights what is fundamental to all autobiography: both 'the split between the "I" of the *bios* and the "I" of the *graph*, the past self written and the present self writing', and the effect of narrative in rejoining this split, creating a coherent subject by 'tracing the story of a single self' (102). 'Like two mirrors,' he summarises, 'autobiography and transsexuality

¹⁹ I use the term 'body imaginary' here to refer to the felt body image that the anorexic strives to materialize because 'body image' is too bound up with its visual connotation.

are themselves caught up in an interreflective dynamic, resembling, reassembling, and articulating each other' (103).

Are anorexic body and autobiography so perfectly matched? Do narrative and bodily transitions work together in anorexia to produce a coherent identity? Is autobiography for the anorexic an effective and appealing mode of self-realisation, consolidation and re-integration? The answers to these questions, I suggest, reveal a very different kind of body narrative from the transsexual's. Autobiography, I will argue, is in fact always already both inadequate to and an over-reading of anorexia because it necessarily arranges thoughts, feelings and events in relation to a telos which anorexia does not have. The anorexic's body imaginary materializes as a skin-thin body. And the alignment of bodily ego and material surface produces a sense of jubilation, of wholeness, as the epigraphs at the start of this chapter show. But the difficulties of arriving at a thin that is thin enough, and of sustaining the materialized body imaginary indefinitely between the brinkmanship of serious physical complications and/or death on one side and the pull of hunger and/or medico-psychiatric intervention on the other, mean that the anorexic's transition is never stable or complete.²⁰ It is the lack of an endpoint, of a secure arrival 'home', I suggest, that defines and (un)structures anorexic body narratives.

Autobiography neither clearly enables nor unambivalently confirms and sustains the anorexic's somatic transition. Arising out of disintegration, anorexia is an attempt to create bodily order in the midst of chaos. In this sense, autobiography's purpose 'to

²⁰ The endpoint of transsexuals' transitions may also be repeatedly deferred – in how much hormone therapy or surgery to have, for example. The point I am making is that transsexual transitions are structured by the *possibility* of an endpoint in a way that anorexic transitions are not.

order the disorder of life's events into narrative episodes', to give life 'a formal structure that life does not indeed have' (Prosser, 1998: 116), works in tandem with the anorexic body. However, the anorexic's somatic transition, unlike the transsexual's, provides not gendered coherence but gendered ambivalence: the anorexic's post-transformative mirror image (her 'reflected self') aligns with her body imaginary (her 'projected self') (100) but it is an alignment based on gendered ambiguity rather than clarity and consistency. In that (conventional) autobiography as genre creates a coherent subject, a reintegrated 'I' who can tell the story of transition, it is always, to an extent, an imposition that denies anorexia's inexpressability.

Further, as Prosser points out, autobiography is necessarily a 'retrospective reconstruction' in which the past is re-presented and re-vised in a repeated reworking, always contingent on the moment of writing (117). For the transsexual, 'this look back at the self . . . allows the transsexual to have been there all along' (103), and is thus absolutely in accordance with the pre-transitional phantomised body imaginary in which the parts which will become material are already felt. Retrospection in transsexual autobiography works to hold identity and transition together. 'The transsexual story,' as Prosser puts it, ' . . . is that the subject become what, according to the subject's deepest conviction, s/he already truly was' (119). For the anorexic, however, the same narrative fluency is simply not possible. In anorexia the pre-transitional body imaginary cannot be naturalized as prior to the transition in the same way because there is no end to transition and hence no clear teleological point through which the past can be structured. Though, working the past as a progression towards the present, the anorexic narrator may relate that she had never been at home in her body, there is no clear sense of where

'home' would be. Indeed, as I will go on to argue in the next chapter, the point of arrival for anorexics' autobiographical 'voyage into the self' (116) is frequently recovery and, as such, a departure from or even renunciation of the anorexic self. Anorexic body narratives cannot produce anorexic identity unambivalently because they are not stories of becoming 'who I truly was' but rather of a phase or episode of life which may or may not be 'over' and which the narrator may or may not claim as 'really me'.

Anorexics' relationship to autobiography tends to be fraught not only because the body's transitions are uncompletable but because anorexic body narratives do not receive medico-psychiatric sanction. Whilst in transsexuality the clinician/patient relationship can cohere through a shared, if unequal, investment in the transsexual's story, in anorexia, narrative is the source of that relationship's antagonism. 'Unlike treatment for other "disorders" (anorexia or schizophrenia for instance),' Prosser notes, 'the treatment proposed for the most serious manifestation of GID (transsexualism) doesn't try to cure us of the "disorder"; rather, it concurs with our own narrative, propelling us into it as a way of resolving it' (106-7). Though transsexuals must negotiate a barrage of skepticism and suspicion in order to win over the gatekeepers of sex change (111-2), if recognition is granted, the relationship of clinician and patient achieves a certain 'reciprocity' in which the clinician not only authorizes the transsexual's life story but derives professional authority from retelling it as a case history (126). This leads Prosser to suggest that not only must one be a skilled and persuasive autobiographer to be a transsexual, but that (published) 'transsexual autobiography emerges . . . when the transsexual autobiographer seizes on the self as a

medicodiscursive object' (125-6). The process of assuming a diagnostic identity and the project of autobiography are analogous and synchronous for the transsexual because, as Prosser puts it, one is 'only an autobiographer because a readable subject for the other' (126).

In anorexia, clinician and patient do not work reciprocally together through autobiographical narrative to effect the body's transition from disjuncture (wrong) to alignment (right). Rather, medical discourse and anorexic self-representation are diametrically opposed. If the pre-transitional anorexic begins from a disavowed, agnostic, split (wrong) body, materializes her phantomised, aligned (right) body imaginary through transition, and resists return to the original (wrong) body, the clinician perceives the pre-transitional body as aligned (right, healthy, correctly gendered), the transformed body as pathologically unbalanced (wrong – unhinged, in fact), and seeks (often forcibly) to restore the original (right) body. In effect, the medico-psychiatric profession sees the (somatically transformed, emaciated) anorexic only as disintegrated – as a cluster of symptoms – and not as a (whole) person. 'The category "anorexic",' Karen Margolis angrily recalls, 'allowed everyone else to ignore my mind, my emotions, my rage and my strong beliefs; to concentrate instead on my vanishing body' (1988: 11). In reading the anorexic only as a fragmented disidentity, the clinician repeats and redoubles the pre-transitional anorexic's shattering disintegration in the mirror. Medico-psychiatric discourse misrepresents like the mirror initially distorts. And it is surely for this reason that the anorexic's elation and pleasure in the transformed body are everywhere elided; that perhaps the most frequent visual representation of anorexia is of the anorexic as split: as a skeletal woman observing with

horror her fat reflection in the mirror. Thus, while taking the self as a medico-discursive object does, at one level, enable anorexic autobiography in that ‘the subject derives his or her autobiographical license from that designation as a categorical subject’ (Prosser, 1998: 125), at another level, it involves, for the anorexic, a conspiring against herself, a further loss of and silencing of the self. If ‘to be a published transsexual [or anorexic] autobiographer one must have been subject to the diagnosis’ (125), then ‘anorexic autobiography’ can only generate identity ambivalently. It must to some degree distort, rather than further integration of, the transformed body.

For these reasons, I suggest that Prosser’s arguments relating to autobiography in general need modifying when applied to anorexia. Where Prosser suggests that ‘[a]utobiography reconciles the subject to his or her past and in so doing allows a self to be instated in the present’ (120-1), I would suggest that such reconciliation and self-constitution may simultaneously involve the silencing, even erasure, of a self who may not be constitutable through conventional narrative forms. ‘[G]iven that transitions always require . . . narrativization of the life,’ Prosser argues, ‘there is no other way in which the subject – indeed surely the point is any subject – could come to naming, to realization of his or her categorical belonging except through some form of narrative’ (125). For the anorexic, however, narrativization, categorization and naming may perpetuate rather than heal a sense of ‘not being (fully) me’ and hence only be a kind of ‘belonging’ in alterity.

This sense of conventional autobiography as not quite reflecting back the anorexic self can be refracted back to the mirror as autobiography’s metaphor. While I do not wish to downplay the significance of mirrors (indeed mirrors figure prominently and

importantly in anorexic narratives, as I argue later in this chapter, and in chapter 5), I wish to point out that, as a visual metaphor, the mirror frames subjectivity in a specific way. An emphasis on autobiography's analogousness to the mirror presents identity-constitution through narrative (quite rightly) as a process of the subject reflecting on him/herself. The mirror trope suggests a subject preoccupied, in narcissistic pain/pleasure, with his/her own image. However, in foregrounding the subject's relationship with him/herself, the mirror obscures the ways in which identity may be constituted *intersubjectively* and, in particular, through *touch*. Prosser, as I outline above, articulates the vital significance of touch through Anzieu's skin-ego framework but, in *Second Skins*, he focuses on the mutuality of touch (touching and being touched; touching in both physical and affective senses) in a broadly individualized sense in terms of the subject's alienation or sense of home in his/her own skin (1998: 72-3). '[T]he skin,' he suggests '– as the surface mediating “inside” and “outside” the body – presents itself as the point of contact between material body and body image, between visible and felt matter' (72). In his writing on 'Skin Memories' (2001), however, Prosser articulates a more intersubjective understanding of the skin ego. He suggests that skin disorders and autobiographical writing about those disorders constitute a surfacing of feelings or desires that cannot/could not be addressed consciously. Certain psychosomatic illnesses involving “self-to-self affliction”, for example, may constitute an “eruption” through the skin of forms of desire repressed in the Oedipus complex (59, quoting Abraham and Torok, 1994). Troubled skin-egos, in other words, ‘re-member in the body the incorporated family secret’ (59).

Anorexic autobiographers often attribute a sense of alienation in the skin to the effects of being touched (in a physical and/or affective sense) by an other; to touch, in other words, as a relation between bodies. I want to develop from/for anorexic body narratives this idea of touch as intercorporeal (as well as intracorporeal) both through Prosser's intersubjective reading of the skin ego and through Ahmed's notion of the skin as 'the locus for social differentiation' (2000: 50). Ahmed suggests that the skin, as a 'boundary between bodies' and as 'a border that feels', is 'formed only through being traversed' (45). '[W]hile the skin appears to be the matter that separates the body,' she contests, 'it rather allows us to think of how the materialization of bodies involves, not containment, but an affective opening out of bodies to other bodies, in the sense that the skin registers how bodies are touched by others' (45). Tactile encounters mark out bodily space, differentiating from and between other bodies – actually 'forming the bodies of others' and the wider social body (44, 48). As processes of incorporation or expulsion, tactile encounters produce others as 'familiar (assimilable, touchable)', or 'strange (unassimilable, untouchable)' (44, 50). So, as Ahmed suggests, 'Friendship and familial relation[s] involve the ritualisation of certain forms of touch, while the recognition of an-other as a stranger might involve a refusal to get too close through touch' (49).

But might it be possible for tactile encounters to produce the other as both strange (estranged/different) *and* familiar? In anorexic narratives, anorexic subjectivity is often formed through violating forms of touch which mark that subject as sexually different and as 'a place of vulnerability and fear' (49), precisely through forms of appropriation that are familial, that achieve their effect precisely because of their routinized

familiarity. Here subjugating forms of touch operate under the cover of sameness, of belonging: 'you belong to me'. Equally, many anorexic autobiographers relate their anorexia to affective distancing within the family, a form of 'refusal to get too close through touch' in neglect and/or lack of recognition that, similarly, achieves its effect precisely through denial, because of its unacknowledgability within an idealized family narrative of togetherness. To be 'touched' may be to endure physical or sexual violence but it may also involve a form of affective appropriation that denies a sense of self as distinct, hence to be 'not-touched', in the conventional sense of the word. By insisting on differences between 'economies of touch' (2000: 49), Ahmed's framework allows for the affective specifics of touch. In emphasizing the intersubjective effects of touch, she also presents sexual difference as a process that occurs through tactile encounters rather than preceding them.²¹ Thinking Prosser's body narrative framework together with Ahmed's sense of the body-forming effects of touch allows me to hold together the connections narrated in anorexic autobiography between the materialization of an anorexic body imaginary and the effects of being touched by (an) other(s).

Agnosia and phantomization

In psychoanalytic theory (as I detail above), the onset of anorexia at puberty is interpreted as a fault in the young woman's developmental narrative – a 'perversion' as

²¹ This marks a difference from Prosser's body narrative framework in which sexual difference sometimes (implicitly) appears as a property of the skin rather than an effect of skin as a (porous) border between subjects. Commenting on the change in one transsexual's skin tone following hormone treatment, for example, Prosser remarks, 'It is startling to grasp the extent to which the skin's appearance determines gendered reading, to which skin is a gendered text' (1998: 75). In this, the skin seems to be gendered in its very substance and the experience of the 'wrong body' is contingent on that prior sexual differentiation. And this effect is presumably because Prosser is reading touch here as intrasubjective.

Kaplan (1991) puts it – that disturbs the transition from girlhood to ('normal', heterosexual) womanhood. In anorexic autobiography, by contrast, anorexia is not that which inaugurates, but that which relieves the disturbance of puberty. Moreover, in autobiographical accounts, anorexia is not a condition of the individual, isolatable and examinable within a unilinear model of development, but a condition of relationships, of touching and being touched.

In her powerful narrative, *Wasted* (1998), Hornbacher narrates her turbulent fluctuation between anorexia and bulimia through the volatility and antagonism of her parents' relationship. Pushed and pulled between and toward and away from them, Marya grows up on shaky ground. 'My father, a brilliant and severely depressed man, was by turns adoring and unstable,' she writes (21). 'My mother, a brilliant and severely repressed woman, was by turns tender and icy. My childhood home may as well have been a bumper car rink' (21). 'I was too small to understand how significantly my parents' marital problems caused each of them to respond not to me but to each other through me,' she recalls (25). In this environment, Marya grows up 'always vaguely nervous, as if something was looming, something dark and threatening, some deeper place in the water, a place that was silent and cold' (18). Certainly, 'appearances were not to be trusted' (31) and any kind of change, deeply threatening (36-7). Because the effect she has on her parents appears unpredictable, chaotic, she experiences her own body as matter out of place. 'By the time I was five or so,' she remembers, 'I began to believe in some inarticulate way that if I could only contain my body, if I could keep it from spilling out so far into space, then I could, by extension, contain myself' (25).

Feeling her body already to be ‘wrong’, the advent of puberty (early) propels Marya into a crisis in which she rejects the changing body as ‘not me’.

At eight years old, I stood on the edge of the tub so I could see in the mirror and watched my hips suddenly widen, my wrists, my bones and lower belly growing heavier. My vague surprise at my arms and legs *being* there, my tendency to crash full force into things like a mini-Mack truck, became a virulent hatred for my body. I had bruises on the nubs of hips that jutted where they’d never jutted before. I had a spatial relations crisis, becoming increasingly disorientated in my skin (39)

The fleshing out of the pubertal body is experienced as a sudden, overwhelming imposition, another unpredictable change, prompting a defection from the flesh, marked in the following passage by the shift in relationship to ‘body’ from possessive pronoun ‘my’ to objectified noun ‘it’ to alienated indefinite article ‘a’:

I am aware that puberty is not an occurrence that’s particularly *uncommon*, but I was (a) not prepared, and (b) not interested. My body, which I felt unruly to begin with, suddenly did what I had always feared it would do: It defected. Without my permission, and without warning, my body began to ‘bloom’. I woke up one morning with a body that seemed to fill the room. (40)

Hornbacher’s narration of her changing pubertal body in tandem with her worsening bulimia is woven in with her experience of time as a ‘blank space in front of me’ (41) and space as a ‘lack of boundary’ (42). She has a terror of disappearing (42). ‘My body was wrong,’ she relates, ‘– breasts poking through my shirt, butt jutting, all curvaceous and terribly wrong. Everything was wrong’ (44).

The fact of her body’s wrongness seems confirmed by her parents who seemed ‘as surprised, and annoyed’ by her developing body as she was (53). She leaves letters for her mother requesting ‘some data on the female body and what, *theoretically*, might be happening to mine’ to which she receives no reply (48-9). Her father, deeply

uncomfortable, begins to avoid her (49, 53). As her parents retreat from her, she retreats back from the insentient visible body. Battling her mother's reluctance to buy her a bra in order that she might contain the 'wiggling and jiggling' growths on her chest, she remembers, '[W]hat I really wanted was a good butcher knife to chop 'em right off' (49). Her body's fleshy protrusions seem evidence of her body's uncontrollability. 'Sexual maturation was terrifying to me . . .,' she recalls. 'It was as if people could *see*, just by the very presence of my breasts, that I was bad and sexual and needy. I shrank back from my body as if it were going to devour me' (53).

For Claire Beeken, sexually abused by her grandfather from the age of nine, puberty brings to a terrible culmination the sense of her body as not her own: 'I hate my boobs because he likes to touch them, and my periods because they excite him. My body feels infected and dirty, and when I catch sight of myself in the mirror, I am disgusted by it' (2000: 26). Written predominantly in the present tense, Beeken's *My Body My Enemy* exudes the haunting unliveability of the sexually appropriated body. As a girl, Claire learns early on to survive by evacuating her body in each abusive encounter: 'What he does to me hurts, but I switch my mind to other things: meadows, flowers, whole episodes of *Coronation Street* Afterwards I feel like a zombie' (7). She lives in terror. Whenever her mother, unknowing, suggests she visit her grandfather ("You know you're his favourite"), she recalls, 'I'd feel the familiar scream rise up inside me' (8). Because what her grandfather does to her is unspeakable, the pain is diverted, displaced. 'I begin to develop searing migraines, and lie clutching my head while a rat seems to gnaw inside my skull. I cry a lot too, but never in front of anyone. I huddle up in my bed under the window, and through my tears I pray to God to take me away' (8).

She begins to sleep talk and sleep walk, eyes wide open, which she interprets as ‘My subconscious . . . keeping watch for the enemy’ (17).

From the age of ten, unable to nourish the disavowed body, she begins to find it difficult to eat: ‘I can’t shake the feeling that a bad thing will happen to me if I put something in my mouth’ (9). Her body becomes sealed against the violence, her skin shrinking back in a refusal of the body that is not her own. When she is twelve, her grandfather says to her: “You wait till you get breasts, you wait till your periods come; then you’ll be a real woman” (25). ‘I am terrified,’ she recalls. ‘If this is happening to me now, when I don’t have periods or breasts, what is going to happen to me when I do?’ (25). When her body does develop she feels ‘astonished – and ashamed’ (26). She begins to starve off the flesh through which her body is assaulted as feminine and sexual. ‘I can’t help thinking that if I could just rid myself of my dirty, disgusting carcass and float around the world,’ she writes, ‘perhaps I’d be truly happy. Each day I monitor my disappearance’ (48). Like so many victims of assault, she experiences her own body as shameful, responsible: ‘It’s my fault; I’m bad, bad, bad’ she tells a health worker, over and over again (138). She comes to enact violence upon herself, rupturing her digestive system with quantities of laxatives and diuretics, drinking bleach on one occasion, and cutting her wrists (95, 101).

The violence enacted upon the body in such accounts reveals the extent of its disavowal, its agnostic alienation within the body imaginary. The refused body is very clearly ‘female’. For both Hornbacher and Beeken, the body becomes ‘wrong’ – and that wrong body is literally trans-formed, changes shape – through touch. The effects of touch – in sexual violation for Beeken, and familial chaos for Hornbacher – produce an

ego that is different from the body, the split exaggerated and exacerbated by puberty. The refusal of the anorexic body ego to own the female body results in a de-sexing of the body in which the contours of the skin are re-aligned with the anorexic's de-gendered body imaginary. The body becomes asexualized, disowned so that the alternatively gendered imaginary can survive. As the epigraphs at the start of this chapter clearly show, the de-feminized anorexic body is disburdened. To this extent, anorexia corroborates Prosser's argument about transsexuality as supporting 'the material reality of the imaginary and not, as Butler would have it, the imaginarity of material reality' (1998: 44). But the anorexic body, unlike the post-operative transsexual body is never an arrival home. Not a transitional endpoint but a never-ending transition, the emaciated anorexic body is ambiguously placed. It is *both* a continuation of the violence against the wrong body *and* a relief from that alienation and violence; *both* a bodily expression of suffering *and* an expression of jubilation in a body that, through alignment with the body imaginary, feels 'right'.

As an uncompleteable transition, in which the female body is rejected and yet there is no desire to become a man's body, anorexia constitutes a kind of nomadic non-gender identity. In aligning body with body imaginary anorexics materialize a phantomization/fantasization of androgyny which is often recounted in terms of a movement *towards* (but never becoming) masculinity. This is Kim Chernin's description of the fantasy which governed her transitioning body:

I reverted to a fantasy about my body's transformation from this state of imperfection to a consummate loveliness, the flesh trimmed away, stomach flat, thighs like those of the adolescent runner on the back slopes of the fire trail, a boy of fifteen or sixteen, running along there one evening in a pair of red trunks, stripped to the waist, gleaming with sweat and suntan oil, his muscles stretching and relaxing as if he'd

been sent out there to model for me a vision of everything I was not and could never be. I don't know how many times this fantasy of transformation had occupied me before, but this time it ended with a sudden eruption of awareness, for I had observed the fact that the emotions which prompted it were a bitter contempt for the feminine nature of my own body. The sense of fullness and swelling, of curves and softness, the awareness of plenitude and abundance, which filled me with disgust and alarm, were actually the qualities of a woman's body. (1992: 65-6)

Like the transsexual, the anorexic's driving emotion is 'I am not my (this) body', but unlike the transsexual, the anorexic seeks not to change sex but to align the body with a de-sexualised body imaginary. Margolis puts it like this:

I wanted to recreate myself in the image I held in my mind My image was not of the pre-pubescent girl; she is too unrefined, too earthy, longing for the curves of womanhood I went further with the body-taming for another reason – to transcend sex, as my mind was transcending physical reality. My image was of the physical type I admire most, the combination of male and female that is called androgynous. . . . The boy element in my fantasy was very strong. . . . When I looked at myself, hips slimmed to straightness, thighs trimmed to muscle, the mirror smiled with pleasure at my own double and dubious sexuality. . . . As a woman, I could not be the boy Narcissus, so could not fall in love with my own reflection. Above the male/female divide, I could harmonise the beauty of both sexes. I became the ideal Greek boy, his image in the pool – and at the same time I was the shadowy sprite Echo whose love he captured. (1988: 86-88)

As this fantasization shows, the anorexic body constitutes a kind of coherence in incoherence, an identity in gendered ambiguity that Margolis expresses as a 'double and dubious sexuality', a 'harmonisation' of 'both sexes'. This bodily (in)coherence is a continuation of the kind of familial turmoil that Hornbacher, borrowing from the language of psychiatrists, calls a 'confusion of pronouns' (1998: 24) or of the kind of disintegration of self experienced by Beeken in the midst of routinised abuse. For Margolis, the doubly-/non-gendered body is a distilling of her 'own essence, the matter that cannot be lost or destroyed' (1988: 88) in response to the crushing of self within her

own family's manipulative dynamic (22-37). The anorexic body's gendered ambiguity also accounts for the difficulties of articulating the anorexic self and with the inadequacies of conventional autobiography as a genre for that expression (which I explore further in the next chapter). But the de-feminised emaciated body is also the source of integration – of wholeness precisely in 'emptiness' (Margolis, 1988: 20). The 'smiling mirror' here confirms the reintegration of material body with body imaginary. In defiance of Lacan's mirror phase, the reflected image here does not initiate an illusory gestalt but is secondary to that identity, confirming the already-formed, projected body imaginary.

Anorexic autobiographers often narrate the materialization of the de-sexualised, androgynous phantom body as a return to the child's body. 'My periods have stopped!' Aimee Liu exclaims. 'I don't suppose the reprieve will last forever, but for the moment it delights me. And the more weight I lose, the flatter I become. It's wonderful, like crawling back into the body of a child' (1979: 41). Symbolic of a pre-feminized, prior, neutral body, the figure of the child's body provides a narrative precursor to the anorexic body, recuperating and reintegrating the 'loss' inaugurated by the body's traumatic sexualization, completing the narrative transition. So the expression of the body-becoming in terms of a return to a 'prior' body is not a literal 're-remembering' but a nostalgia for 'the purified version of what was', 'not . . . [a] return to home per se (*nostos*) but to the romanticized ideal of home' (Prosser, 1998: 84). The anorexic's transition is not, then, the literalization of a return to a Lacanian Imaginary of unity with mat(t)er (Grosz, 1994: 40), nor is it a pathological reversal or arrest of psychosexual and

physical 'development' as is so often assumed by psychiatrists (e.g. Bruch, 1988: 122).

As Hornbacher clarifies,

The shrinks have been paying way too much attention to the end result of eating disorders – that is, they look at you when you've become utterly powerless, delusional, the center of attention, regressed to a passive, infantile state – and they treat you as a passive, infantile creature, thus defeating their own purpose. This end result is *not* your intention at the outset. Your intention was to become superhuman, skin thick as steel, unflinching in the face of adversity, out of the grasping reach of others. Anorexia . . . is not a scramble to get back *into* the nest. It's a flying leap *out*. (1998: 68)

While distinguishing her body narrative from psychiatric narratives, Hornbacher reveals here the instability of her narrative transition, the particular difficulties for the anorexic in 'tracing the story of a single self' (Prosser, 1998: 102). Because there is no clear endpoint to the anorexic's bodily transition, the figure of the prior body, contingent as it is on the moment of narrative re-vision, also occupies an ambivalent space. The narrator's relation to the figurative child's body is always in danger of sliding into the psychiatrist's dismissive tone as the narrator occupies the position of the recovered/recovering anorexic. Hornbacher does not here refute the idea that the 'end result of eating disorders' is a 'passive, infantile state' and, immediately following this passage, she declares of anorexia, 'And no, it doesn't work. But it seemed like a good idea at the time' (1998: 68).

Melancholia and narrativization

The instability of the anorexic autobiographer's retrospective vantage point means that there can be no complete narrative healing of the split between past and present selves. If autobiography enables transitions, furthering the shift from disidentity to identity,

then it can never quite encapsulate the anorexic body's intrinsic precariousness.

Anorexic autobiography, I suggest, refracts back the sense of something inexpressible in anorexic bodily transitions. This inexpressibility is different from the difficulties of speaking the disavowed pre-transitional body (Prosser, 1988: 109) and from the tension transsexuals experience in writing autobiography between 'becoming fully unremarkable' (passing) and avowing 'the very means to this unremarkability' (one's history and identity as a transsexual) (130). In transsexual agnosia the 'lost body' is the 'wrong body', the pre-transitional insentient skin which sex-reassignment re-aligns with the sentient body image or nostalgic 'body lost'. In anorexia also the pre-transitional feminized flesh is 'lost' through being refused a place in the body imaginary and the emaciated body may be recounted as the recuperation of a romanticized 'body lost'. But the anorexic remains haunted by the lost (wrong) body, never fully able to transcend it, such that anorexia is an extension and a continuation of the pain of the lost body *as well as* its resolution. Moreover, whilst the romanticized 'body lost' may work to further the reintegration of the split self, because it is always subject to disavowal, it can never fully heal the split. In what follows I want to develop a sense of the anorexic body – and anorexic autobiography – as the embodied culmination of both these 'losses', that is, as the melancholic expression of an ungrievable loss (a 'body lost') which both relives and relieves the unlivability of the agnostic 'lost body'. In this I take up Butler's theory of melancholia in a different direction to her project, reshaping it through the skin-ego theoretical framework so as to allow for the specific pleasures and pains of anorexic transitions.

Tina Takemoto (2001) usefully suggests a model for thinking melancholia through the skin, in relation to self-harm. Following Freud, she suggests that unlike the process of mourning inaugurated by the death of a loved one, in which the ego is able to relinquish attachment to the lost object, to 'come to terms' with the loss, because of its conscious and definable nature, melancholia speaks of a different kind of loss, in which the subject does not know for what s/he is grieving and is therefore unable to sever attachments to the lost object (115). For Freud, Takemoto explains, 'melancholia is characterized by a conflict of ambivalence that is either constitutional to the relationship between subject and object or related to the threat of losing the object' (116). This love/rage ambivalence, because it cannot be consciously acknowledged, becomes incorporated by the ego and emerges in acts of self-punishment both in the form of ruthless self-reproaches and as physical self-harm (116-7). Takemoto illustrates this link between self-injury and ungrievable loss by explaining wounds she inflicted upon herself as the somatic rerouting of unconscious ambivalence in relation to the anticipated loss of an ill friend.

While Takemoto focuses on melancholic ambivalence as a consequence of the threat of losing an object that the subject has loved, Butler (1997) develops a sense of melancholia in terms of the foreclosure of certain kinds of love object. Butler suggests that the conflict of ambivalence which characterizes melancholia may be inaugurated by the prohibitions of a social ideal as much as it may be the product of a relationship with an actual loved one (179). 'In the social foreclosure of grief,' she hypothesizes, 'we might find what fuels the internal violence of conscience' (183). While I do not subscribe to this sense of melancholia as an effect of blanket social prohibitions

(because it cannot adequately account for what makes subjects different from one another) nor to Butler's supporting argument that any sense of psychic 'interiority' is a fiction²² (because, as I argue above, this denies the possibility of a felt gendered body image taking precedent over the material body), I wish to take up an analogy, implicit in her argument, between melancholia and reflexive self-expression. If melancholia is, as Butler suggests, the condition through which the ego 'turns back on itself', taking itself as a 'perceptual object' as 'the ego splits into the critical agency [the super-ego] and the ego as object of criticism and judgment' (168, 180), then melancholia may be analogous to autobiography's reflexive self-constituting 'look back at the self'. In autobiography too, the voice of the narrator splits off from the self in an act of self-judgment that, through narrative's transition, results in a re-mapping of the self. 'Melancholia,' Butler argues, 'is precisely the effect of unavowable loss. A loss prior to speech and declaration, it is the limiting condition of its possibility: a withdrawal or retraction from speech that makes speech possible' (170).

Taking from Takemoto the idea of melancholia as disowned rage against another that is refracted through the skin, and from Butler the sense of melancholia as inaugurating a reflexive relation to the self, I want to suggest that both anorexic body and narrative are a circuitous (mis)direction of criticism (back against the self) which, in the process, actually enables the subject to shift the terms of its attachment to the object of

²² Butler argues that the notion of the psyche as an internal space – and hence the very distinction between internal and external, psychic and social worlds – is not prior to but an effect of the melancholic turn in which ungrivable losses cause the ego to 'turn back on itself' (1997: 168), 'pulling back its own cathexis onto itself' such that a critical agency (the super-ego) splits off and takes the ego as 'object of criticism and judgment' (180). The ego, in other words, is actually produced by the melancholic turn of subjection (and thus the subject by prohibitions against grieving certain losses) because it is only as the ego is substituted for the lost object that it can become a 'perceptual object' (168). Because the ego fails adequately to compensate for the lost object, a distinction between ego and object is produced and hence a psychic topography of internal and external, made possible (170).

ambivalence. That the self-directed violence of anorexia may be the somatic rerouting of a conflict of ambivalence 'constitutional to' a relationship (Takemoto, 2001: 116) – such as is the case when one is abused by someone one loves – emerges powerfully from autobiographical narratives both in terms of an 'internal' voice berating the self (see for example Paterson, 2000: 51; Beeken, 2000: 36, 40, 48, 57), with the assault on the flesh itself, and with the ritualistic, repetitive behaviour of the sufferer. In anorexic autobiography too, the expression of shame, self-recrimination and self-pathologisation might be seen as the leveling back against the self of an aggression intended for another but which cannot be acknowledged. And the subject may be effectively silenced by this circuit of self-renunciation, reduced to an apology for a self or to a mere diagnostic phenomenon. However, melancholia is not only a 'containing' of violence (Butler, 1997: 190) but also an insurrection against it. 'The "plaints" of the melancholic are invariably misdirected,' Butler argues, 'yet in this misdirection resides a nascent political text' (184).

As well as an expression of the haunting inescapability of loss, anorexic body and narrative enable a regenerative shift in relation to that loss. 'Melancholia is a rebellion that has been put down, crushed,' Butler argues. 'Yet it is not a static affair; it continues as a kind of "work" that takes place by deflection' (190). Butler (1997: 193) and Takemoto (2001: 117) both point out that Freud returned, in his later work, to blur the distinction between melancholia and mourning. Both processes, Takemoto explains, are 'driven by the need to progress from the stage of identification with loss to that of detachment and exclusion' (117). Melancholia only '*appears* pathological because the process of grief (specifically, the process of exclusion) takes a detour through the body'

(117; emphasis added). In suggesting that acts of self harm may be ‘the primary mechanism for detachment’ (117), Takemoto explains what Butler does not: *how* the shift from unacknowledgability to comprehensibility takes place.²³ If, as Takemoto suggests, ‘[I]t is only after loss has been inscribed on the surface of the body that the subject can overcome it’ (117), then the injurious acts of melancholia are ‘a necessary form of detachment through which an unknown loss becomes known’ (119). In the process of attempting to detach and exclude the object (now circuitously refracted as the denigration of the ego by the super-ego), the ego may quite literally destroy itself (Takemoto, 2001: 117; Butler, 1997: 187).²⁴ However, through the very process of threatening life, melancholia’s ‘detour through the body’ may inaugurate new life because it enables a complete severing of the cycle of ambivalence. ‘Paradoxically,’ Takemoto elucidates, ‘it is through the active debasement of the ego (enabled by the ability to objectify loss and then to act against it) that the subject eventually breaks free from loss’ (2001: 117). This understanding of the melancholic’s self-assaults as a process of ‘breaking free’ from the object of ambivalence, allows the anorexic’s acts of self-injury to be understood as productive as well as life-threatening.²⁵

Anorexic autobiographers often describe the process of writing as both a painful recounting of a past they would rather forget and a recuperation of that past. Making

²³ Butler points out (quoting Freud) that “a verdict of reality” must be accepted for melancholia to become mourning’ (1997: 192) but she does not explain how this shift might occur.

²⁴ It is estimated that about 15 percent of anorexics die from the condition, although the figure may be higher as death certificates often record secondary complications like heart failure as cause of death.

²⁵ Such an understanding is also continuous with feminist re-evaluations of the relationship between trauma and self-harm. ‘If . . . self-harm is read as a testimony to the “will to survive” pain and trauma,’ Jane Kilby suggests, ‘it can be understood as a means of marking the difference between dying in life and death in all its finality, . . . a momentary means of living beyond the deadening touch of trauma’ (2001: 127).

sense of her anorexia within a narrative of appalling abuse by her father from the age of three, 'Helen' expresses both the (twofold) loss of another life which might-have-been: 'I now wish I had never been born a girl' (1997: 102) and the loss incurred through translating her experiences into language: 'It is very difficult to put down on paper' (102). But this very expression of loss erupting onto the surface of the page, paralleling the (de-)fleshy materialization of the anorexic body imaginary through the skin, actually surpasses and transmutes its terms. Grief, foreclosed in Helen's story due to the radical unspeakability of trauma – 'No one knew that he was abusing me . . . – I just couldn't bring myself to say it' (103) – becomes avowable through a kind of mourning-in-narrative, an externalization of the lost object from the circuit of self-beratement. The objectification of self through autobiography's retrospective restructuring of the life, allows the anorexic body to be made sense of, to be recognized as the effect of something which could not be spoken.

When you first fall ill you don't really know what is happening to you or why it is happening. Looking back on it now I am certain that, to an extent, I was trying to get rid of my feminine characteristics. By reducing my body size I hoped I would no longer be seen as a sexual object that could be used and abused. Losing weight made me look more asexual, more boyish. (102)

While never quite doing justice to the body's pain, anorexic autobiography enables a transition towards self-recognition.

Rather than a disorder of 'body image', anorexia is, as I have suggested, a disorder of 'inter-embodiment' (Ahmed and Stacey, 2001: 4), an eruption through the skin of pain which cannot be consciously acknowledged within the circuitry of denial in family relationships. If the 'skin ego' is that which "allows us to distinguish excitations of

external origins from those of internal origin, . . . between what comes from me and the desires, thoughts and affects of others” (Anzieu, 1990: 63, quoted in Prosser, 2001: 53), the anorexic skin ego is an attempt to survive tactile encounters which threaten the distinction between self and other, confusing an apprehension of the origins of thoughts and feelings. Anorexia is a reaction to and an expression of subsumption by an other, to violating forms of touch, for example, that undercut a child’s sense of her body as her own and leave her with the displaced responsibility for her violator’s actions, or to specific forms of insular familial dynamics which deny a child recognition as her self. While the shrunken anorexic skin bears a pain that cannot be consciously expressed, anorexic autobiography allows grief to surface on the body of text, enabling the self to be remade, and the boundaries between self and other to be redrawn. Anorexic body narratives recognise a self, although the terms of that self-recognition, as I argue in the next two chapters, are intricately related to narrative style and form.

Chapter 4: Negotiating 'Truth'

Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its general politics of truth; that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true.

Michel Foucault, *Power/Knowledge*

Pain, sadness, grief or hope of life have to fit into their formulas which are based on the textbook middle class myths. They are formulas which do not acknowledge the sub-texts and therefore do not describe life as it really is. The formulas do not incorporate the layers of meaning, the half truths, the ways of the world.

the politics of
power are
denied

Fiona Place, *Cardboard*

The second epigraph above, from Fiona Place's *Cardboard*, a fictional autobiography about anorexia, conveys something of the sense of loss experienced when emotion is translated into words. Implicit is the sense that painful experiences exceed language's capacity to represent them. Mirroring Foucault's analysis in the first epigraph, Place articulates the way that 'truth', by passing itself off as objective, conceals its function as an effect of power relations – 'the politics of power are denied'. But unlike Foucault, Place implies that there is something 'truer' prior to 'truth'. She suggests that to bear witness to anorexia constitutes something of a double bind because, while erasing a more subjective story of self ('the sub-texts', 'life as it really is', 'the layers of meaning, the half truths, the ways of the world'), 'truth' is nonetheless what one must present to others to be heard and to be believed.

Sliding unconventionally between prose and poetry, Place attempts to capture stylistically the sense of loss in her representational endeavour. But what is the status of this 'experience' that is lost? If it is beyond or prior to representation, then how can it be fully apprehended? Or, alternatively, if it is merely discourse's effect, then how can the sense of pain and loss be fully accounted for? Such questions frame this chapter as I attempt to articulate the difficulties in writing anorexic autobiography, and the difficulties in representing those life stories in theory.

When I first conceived of making narratives a focus of my research, I was looking for some subversive strand of meaning with which to challenge dominant notions of the condition. I imagined that I would find anorexic autobiographers claiming authorial space through a refusal of medico-psychiatric and aesthetic explanations for their self-starvation and I wanted to use their voices to correct such interpretations. However, while such an approach would indeed be possible, I could not ignore the act of sheer contrivance it would involve. It would require a wilful disregard for any textual moments that did not fit this argument and a certain silence surrounding my own investments in such a project. For, while many writers of self-representational texts about anorexia do reject mainstream explanations for eating disorders, most still draw on these knowledges to understand and articulate themselves.¹ This was not, then, going to be merely a question of re-presenting voices that I considered to have been widely mis-represented. Equally, I wanted to avoid repeating the pathologising undercurrent that I had identified in the work of poststructuralist theorists of anorexia like Bartky (1988), Bordo (1993) and Malson (1998). Such theorists, as I have argued earlier in the thesis, read the anorexic body as the site of a plethora of colliding inscriptions, of which the anorexic herself

¹ Paula Saukko noticed this same tension in her interviews with anorexic women (2000: 299).

remains largely unconscious. Where subjective accounts of anorexia are employed as evidence in these discursive frameworks, they are often used to reconfirm diagnostic criteria and hence to re-naturalise an anorexic 'identity'. The narratives I had collected made such readings unsustainable: astute, often highly articulate, frequently self-reflexive, these texts were irreducible to sites of discursive inscription. How might it be possible, then, to navigate a passage 'between the Scylla of voice and the Charybdis of discourse'? (Saukko, 2000: 302).

At the root of this ethical dilemma surrounding representation is the problem of how to conceptualise 'experience'. At an early point in the course of my research, I circulated within my department a paper setting out my proposed methodology. In this paper, as an example of the kind of theoretical co-option which can attend the use of 'experience', I mentioned Elspeth Probyn's story about hostile responses to an interjection about her own experience of anorexia during a conference paper. The reason for her interjection, as Probyn explains, was to show how personal experience had led her to be sceptical of poststructural theories of anorexics as culturally inscribed – the 'reading disorders' thesis in particular (Probyn, 1991a: 112-3; 1993: 11-13).² Three critics read her quite differently: a "postmodern devotee" objected that such intrusions of the personal made him "nervous" (too much 'experience'); a feminist reviewer criticised Probyn's paper as lacking "sweat and blood" (not enough 'experience'), while somewhere in between, a "mainstream sociologist" categorised the paper as a "confession of anorexia" and evidence of a contemporary trend towards writing one's own ethnography (misplaced 'experience') (1991a: 113; 1993: 12). 'All,' Probyn recalls with bewilderment, 'assumed that I was telling, or wanting to tell, the truth, in this case about the essence of my being' (1993: 12).

² See chapter 2 for my critique of anorexia as a 'reading disorder'.

Returning to the discussion about my methodology paper – now a story within a story within a story – in response to my reproduced version of Probyn’s account, one reader exclaimed, ‘Well, what did she expect?’ adding, ‘Doesn’t any reference to “her experience” suggest a claim to more authentic knowledge? Isn’t that precisely how such claims function in current discourse? Why assume one could escape these interpretations?’

This response has repeatedly troubled me during the period of time between then and now. My unease relates not only to the fact that, like Probyn, my critique of representations of anorexia begins from an unease rooted in my own experience of anorexia. (In the paper in question, I had used Probyn’s account as a way of introducing that relation). It also troubled me that in a feminist institutional context, given feminism’s interest in politicising the personal, experiential intrusions of this kind should be considered so delimiting. That Probyn’s self-representational illustration should be met with the same reaction thrice removed from its initial delivery suggests a powerful set of expectations governing the autobiographical. The ‘Well, what did she expect?’ implies that if you speak/write of personal experience in a properly theoretical domain, you will be read as laying claim to authenticity and hence representativeness, and perhaps also as indulging in a contextually inappropriate and narcissistic expression of identity. Reminiscent of the circulation of essentialism as a ‘bad’ thing in feminist theory (Fuss, 1989), here the accusation of misplaced autobiography bestows a certain naivety upon the speaker/writer: she is presumed to assume that her words possess a simple representative or mimetic function. The exclamation seems to load the onus for the production of meaning onto the speaker/writer, occluding the critical role of the listener/reader. However, my reader’s response also seemed to me, at some level,

valid. The reactions to Probyn's anecdote show that citations of the autobiographical *do* tend to be read as establishing grounds for truth in spite of any contrary intention by the speaker/writer.

Such tensions surrounding 'experience' are key to feminist epistemological concerns. Joan Scott argues that the resort to experience as evidentiary or grounds for knowledge sometimes occurs, in feminist theory, as a reaction to the problem of relativism engendered by dispensing with objectivity (1992: 30). Experience as 'both reality and its subjective apprehension', she argues, is often mobilised to invest 'women's experiences' with authority and authenticity in relation to hegemonic representations of women. (And such assumptions were at the root of my initial instinct in relation to anorexic narratives, as I describe above). As such, the appeal to experience, Scott suggests, often relies on a 'visual metaphor' – the desire to make 'women's experiences' visible – which 'combines with the visceral' – the presumption of a shared embodiment between women (31). This kind of enlisting of experience, then, clearly risks reproducing the 'feminine continuum' that I take issue with in chapter 1. In universalising 'women's identity', Scott points out, the foundational notion of experience functions to establish sameness between the researcher and the researched, thereby ensuring the former's authority to speak about the latter. This representational violence has been widely criticised as an arrogance that perpetuates the privilege of whiteness and Westernness (Rich, 1987: 223) because it is 'predicated on a definition of the *experience of oppression* where difference can only be understood as male/female' (Mohanty, 1992: 80). It may thus silence precisely those to whom the researcher seeks to give voice (Spivak, 1988).

To avoid the temptation to gesture towards a shared ground of common oppressions, Scott suggests that 'experience' must be conceptualised not as

something individuals 'have' but that through which they are constituted (1992: 25-6). Drawing on Teresa de Lauretis's sense of experience as ideology, Scott clarifies that experience is not that which makes us similar or different to others, but a *process* of differentiation that nonetheless produces subjects who act and feel *as though* experience were foundational (27-8). The problem with Scott's paradigm, however, is that it replaces an ontological model of experience with one that is entirely epistemological. This, in my view, risks a somewhat dismissive tone in which the researcher may presume to have a better analytical grip on her subjects' experiences than the subjects have themselves. The implication is that while 'they' feel their experiences to be true, 'I/we' know better, and the reader is called upon to collude in this.

In an alternative framework, Probyn usefully suggests that the ontological feel of experience or instinct to read experiences as foundational may be used creatively as a springboard for critiquing representations. She argues that representations of the self ('experience' at the discursive level) can be tempered and modified by the sense of self rooted in the body ('experience' at an ontological level) (1993: 4-5, 16-17). The tension between these two conceptualisations of 'experience' or 'doubledness of the self' (5) may, in other words, act as a check both on the ontological tendency to speak as though from some ground of authenticity (which runs the risk of subsuming others' experiences under one's own) and the tendency at a purely epistemological level to stifle the critical reflection which embodied experience can engender (16-17, 25-6). This mediation between ideas of experience occurs both at the level of the research subjects' self-constitution (in this case the process of self-production in self-representational narratives about anorexia) and at the level of the researcher's production of theory (a reflexive process in which moments of [my] self-recognition

in others' life-stories are mobilised to expose the ideological workings of experience, rather than employed as grounds for a generalisable 'theory of anorexic experience'.³ The 'tension between the ontological pull inherent in writing one's being and the epistemological impulse to privilege the discourses that structure one's life' (Probyn, 1991b: 120), in other words, is both a strong feature of anorexic body narratives *and* a constitutive element of writing theory about those narratives. In this chapter, I seek to examine the workings of 'experience' not only at the two levels already mentioned – between autobiographer and text, and researcher and representation – but also in their mutual entanglement – in the writer/reader relation.

Anorexia re-inscribed

The approach to (self-)representations I outline above seems particularly important in the context of existing literary criticism about anorexia. The tendency amongst theorists who analyse literary representations of female self-starvation is often to begin with anorexia as a kind of 'diagnosis' (that is, as a cluster of symptoms with specific meaning attached to them), to match these characteristics with textual representations, then to use those representations as evidence of the diagnostic criteria from which the theorist began. This circular logic tends to re-naturalise anorexia as a definable and generalisable category of experience and as experiential cause of a particular kind of textual representation, rather than as ideological effect constituted through the theorist's own reading of those texts. While the theorist's

³ As I suggested in chapter 1, reflexivity is often employed problematically in the production of theory about anorexia. Susan Bordo, for example, appears to confuse reflexivity and personal disclosure. After commenting that her book is informed by her own experiences of distress around weight and body-image issues, she sidesteps the issue of reflexivity, interjecting, 'However, I do not recount that personal story in any of my pieces; I was trained as a philosopher, and that mode of writing does not come easily to me' (1993: 32).

political investments remain unexamined, anorexia is re-inscribed with particular subversive or conformist significance.

Let me give some examples to illustrate this process. In her *Food, Consumption and the Body in Contemporary Women's Fiction* (2000), Sarah Sceats uses anorexia as evidence in an argument about bodies as disciplined ('bodies are not only biologically determined, but socially, culturally and politically so' [63]). She begins from a popular feminist interpretation of anorexia as what-culture-does-to-women (64-5), then reads Jenefer Shute's *Life-size* – a novel about anorexia – only to discover features of the condition to confirm her founding premise: 'Josie's [the protagonist's] pursuit of the slim body ideal is revealed as pathological,' she writes, '... a danger courted by a society that makes a cult of the body predicated on both narcissistic indulgence and rigorous self-discipline' (66). Sceats then draws on this fictional representation to further a generalised argument about anorexia as the effect of an advertising conspiracy against women and as the literalisation of men's fears about female sexuality: '[F]ears of engulfment by femaleness translate into the cultivation of hard outlines,' she claims; 'anorectics simply take this to its logical conclusion. Far from being a gender-bending liberation, what we are seeing is a renewed and obsessional adherence to bodily oppression' (67). Sceats then shifts back to the novel, indeed finding that 'the narcissism, obsessiveness and competitive conformity of this perfectionism are illustrated in *Life-size*' (67). She concludes that, 'The purport of Josie's story (which though a novel could almost be a case history) is that her not eating, framed to herself as empowerment, is in fact an enslavement' (72).

My concern lies in the way in which Sceats reads the anorexic protagonist Josie's experiences as evidence for a generalisable theory of anorexia in which her own

investments remain completely unexamined. Given that the text in question is classified as a novel rather than an autobiography, her evidentiary use of experience (illustrated by her parenthetical remark ‘which though a novel could almost be a case history’) is all the more surprising. I cannot help feeling that in a book dedicated to ‘my food-loving family’, and in the context of a chapter which ends with a celebration of the subversive potential of the fat body, Sceats has some score to settle with the anorexic. Certainly the anorexic of her argument is incapable of critical distance from her condition, deployed as she is as the most hyper-disciplined and falsely-conscious of female bodies. It is significant that in her summary of types of literature about anorexia, Sceats lists theoretical and ‘soft-scientific’ studies, magazines and novels but no autobiographies (65). I suspect that she *cannot* include autobiographical materials because her argument relies on a sense of the anorexic as site of cultural and discursive saturation rather than as a self-authoring subject.

As their titles suggest, Lilian Furst’s and Peter Graham’s edited collection *Disorderly Eaters: Texts in Self-Empowerment* (1992) and Patricia McEachern’s *Deprivation and Power: The Emergence of Anorexia Nervosa in Nineteenth-Century French Literature* (1998) claim for anorexia the opposite side of the transgressive/reinscriptive binary to Sceats. Taking the range of dramas, narratives, poetry and memoirs included in her collection, Furst claims that

they are unified by a single recurrent theme All reveal in one way or another the individual’s lust for self-empowerment through choices consciously or unconsciously made in determining patterns of eating. The eating disorder thus becomes a vehicle for self-assertion as a rebellion against a dominant ethos unacceptable to the persona. (5)

McEachern similarly moves from identifying a theme of food refusal amongst female protagonists of French nineteenth-century novels, to a diagnosis of anorexia,

to a generalisable claim about anorexia as a 'quest for self-empowerment' (1). Both arguments claim a certain truth status on the basis that fiction can access hidden meanings (McEachern, 1998: 4; Furst and Graham, 1992: 5), but this still rests on the idea of textual representations as evidence of an experiential ground and relies on a model of the protagonist/sufferer who is almost as oblivious to the meaning of her actions as the disciplined anorexic presented by Sceats: as McEachern puts it, her protagonists' protest is 'usually unexamined' (5). By presenting the theorist's analysis of fiction as closer to the truth of anorexia than any knowledge the anorexic could produce about herself, Furst and McEachern enact a silencing every bit as closed as Sceats'.

Instead of reading anorexic narratives as evidentiary, I will begin instead by examining the relation between anorexic autobiographers and their texts. If, as I suggested in chapter 3, there is some contiguity between anorexic body and text, how exactly might that relationship be theorised?

Gender/genre

Much feminist autobiography criticism has emphasised the differences between men's and women's strategies for self-representation. Seeking to account for the gaping absence of autobiographical texts by women from the canon, feminist theorists have pointed to the fact that mainstream criticism defines autobiography on the basis of a specifically masculine form of self-representation. In defining autobiography as the project of articulating a unique and separate self, feminists complained, critics like George Gusdorf and James Olney presented as universal a mode of writing that was really the specific expression of men. Women's autobiographies had not been recognised, then, because they did not fit the

masculinist mould. Indeed, women's self-representational writing was fundamentally different from men's, feminist critics claimed, because it reflected a different lived reality characterised by fragmentation, marginalisation, interruption, and discontinuity (see, for example, Jelinek, 1980; Stanton, 1987; Friedman, 1988). Perhaps most paradigmatically, women's life-writing has often been taken to be characterised by relationality: a self appears only through the representation of (a) significant other(s) or as part of a community because this is equally how women come to know themselves. As Mary Mason put it, what makes women's life-writing specific is the 'evolution and delineation of an identity by way of alterity' (1980: 231).

While this division of genre by gender has been invaluable in raising the profile of women autobiographers, it problematically presents women's self-representational narratives as a more or less transparent account of 'women's experience' – and women's experiences *as* femininity. Such an approach was always likely to be problematic for thinking self-representational texts about anorexia since anorexic narratives frequently contest any easy relationship between femininity and the female body. Indeed the presumption of a simple or necessary relationship between gender and genre would risk reproducing the methodological problems I identify above in existing criticism of literary texts about anorexia. '[G]eneralizations about how the organization of daily life "produces," or even "causes," autobiographical form,' Leigh Gilmore observes, 'depend on a kind of formalistic gender logic that transcribes lived experience onto textual production and then presumes to read textual *effects* as experiential *cause*' (1994: x). Where experiences are taken as ground, mimetically reflected in the text, those experiences become universalised around categories of identity as though those categories require no explanation. If

women's self-representational writing is taken as a privileged window on women's experience, Probyn suggests, the relationship between text and reader becomes invested with 'ontological weight' (1991b: 111). In the slippage involved in 'women reading women writing', gender comes to masquerade as grounds for a particular style of writing, concealing the critic's/reader's role in constituting that relation. In claiming a separate autobiographical sphere based on its own seminal texts,⁴ this approach ends by reading out difference, enacting its own set of exclusions. Further, in claiming a place for women life-writers *outside* traditional autobiography criticism, feminist critics condoned an association between male writers and the culturally-valued attributes of autonomy and self-containment, while contributing to the characterisation of women in precisely the derogatory terms which (according to their argument) were used to exclude women writers from a place in the canon in the first place.

My argument here is not that it is 'wrong' or inappropriate to read women's autobiographical writing as constructing a self through connections with others. Indeed, later in this chapter and in the next, I return to read anorexic narratives in a manner which foregrounds the emergent 'self' as profoundly relational. My objection relates to the stabilisation of differences in self-representational writings into an oppositional relationship that mirrors anatomical difference. When pushed, this binary distinction simply does not stand up to test. The syllogizing of gender and genre and assumed affinity of female reader with female writer has come to be widely criticised by feminist autobiography theorists. Nancy Miller's (1994)

⁴ For Mason, the life-writings of Julian of Norwich, Margery Kempe, Margaret Cavendish and Anne Bradstreet constituted 'the four great originals' (231).

arguments prove particularly useful here.⁵ Miller demonstrates that even those male-authored texts which circulate as exemplars of masculine autobiography – Augustine’s and Rousseau’s, for example – can equally easily be read, along the lines of the feminine model, as depictions of a self through the relation to a significant other. ‘When we return to male-authored texts in the light of patterns found in female-authored texts – reading *for* connection, for the relations to the other –,’ Miller observes, ‘we may want to revise the canonical views of male autobiographical identity altogether’ (5). Rather than a point of difference, relationality, she argues, may be a condition of autobiographical writing in general since the constitution of identity depends on differentiation from others. ‘What if . . . autobiography was very precisely the genre (or cultural practice) in which the self *necessarily* performed its relation to the other;’ she conjectures, ‘and where that relation, articulated in the reading contract, got mapped onto the reader-as-other?’ (5-6).

Following Miller’s approach, one could make a strong case that anorexic autobiographies do not fit within any generalisable argument about women’s life-writing. While Miller’s objective is to unsettle an ontological relationship between gender and text by reading the attributes of ‘feminine’ autobiographies back into men’s narratives, a parallel unsettling could be performed by reading women’s self-representational writing about anorexia for traditionally ‘masculine’ attributes. This might further disrupt an effective model of autobiographical writing – where the gender of the text is governed by the gender of the author and where gender follows

⁵ For other critiques of this gender/genre problematic see, for example, Leigh Gilmore, *Autobiographics* (1994) and Tess Cosslett, Celia Lury and Penny Summerfield, *Feminism and Autobiography* (2000).

naturally from anatomical sex⁶ – and hence present another challenge to the popular feminist cultural argument that anorexia belongs to a continuum of (Western) ‘women’s experiences’ (see chapter 1).

In her argument for the difference of women’s life-writing, Mason claims:

The dramatic structure of conversion that we find in Augustine’s *Confessions*, where the self is presented as the stage for a battle of opposing forces and where a climactic victory for one force – spirit defeating flesh – completes the drama of the self, simply does not accord with the deepest realities of women’s experience and so is inappropriate as a model for women’s life writing. (1980: 210)

It would, however, be perfectly possible to understand anorexic autobiographers as articulating a sense of self as ‘stage for a battle of opposing forces’ and as explaining their anorexia as a resolution of this crisis through an identification with spirit over flesh. Indeed, this is precisely how anorexic self-representational narratives (whether in the form of interview transcripts or autobiographies) are *usually* read.

As I have argued throughout this thesis so far, the anorexic body is most commonly understood by feminist cultural theorists as the site of conflicting discursive currents and as the stage for a Cartesian struggle in which mind wins out over body.

Continuing her delineation of women’s life-writing through contrast with canonical male life-writing, Mason states:

[T]he egoistic secular archetype that Rousseau handed down to his Romantic brethren in his *Confessions*, shifting the dramatic presentation to an unfolding self-discovery where characters and events are little more than aspects of the

⁶ Gilmore describes this gender/genre link as a ‘psychologising paradigm’ (1994: xiii) in which ‘[a]utobiography . . . would translate the fact of sexual difference through the experience of gender to its subsequent representation’ (11). In a similar vein, Miller suggests that the polarisation of autobiographical form by gender recalls Nancy Chodorow’s arguments in *The Reproduction of Mothering* that, ‘From the retention of preoedipal attachments to their mother, growing girls come to define and experience themselves as continuous with others; their experience of self contains more flexible and permeable ego boundaries. Boys come to define themselves as more separate and distinct, with a greater sense of rigid ego boundaries and differentiation. The basic feminine sense of self is connected to the world, the basic masculine sense of self is separate’ (1978: 169, quoted in Miller, 1994: 3).

author's evolving consciousness, finds no echo in women's writing about their lives. (1980: 210)

However, once again, women's narratives about anorexia are *frequently* read as egoistic or narcissistic and as charting the evolution of a (pathological) identity that shuns others in a bid for autonomy and self-containment.

The point I am making is not that anorexic narratives *do* conform to a particular masculine model of self-representation but that it is perfectly possible to read them as such (just as it would be possible to argue that they exemplify a feminine relational model). One clearly would not *want* to categorise anorexic autobiographies in this way, given that this seems to lead back to hegemonic readings of anorexia, as I outline above. The point of the exercise is precisely to highlight the politics of reading; to demonstrate that, rather than a 'property' of autobiographical texts, gender is an effect produced by the writer/reader relation. And this gendering of texts seems to occur in two mutually reinforcing ways that hinge on the issue of representativity. As Miller points out, there is an 'asymmetrical gender paradox' (16) at the heart of notions of representativity. Male autobiographers, she argues, may be more able to claim (paradoxically) both exceptionality and representativity because the masculine life-writer has the privilege of imagining the ideal reader as already like himself (15). Because notions of 'individuality' masquerade as neutral while concealing their fundamentally masculine character, women's claims to representativity are inevitably more circumscribed. As Miller puts it, '[A]n exceptional man is essentially like other men. Other men can become an exceptional man. Traditionally, exceptional women have seen themselves as different from other women; hence the fragility of a claim to representativity' (16). If the gendering of self-representational writing is a function

of the writer's symbolic proximity to, or distance from, an imaginary 'ideal' or 'universal' reader, then women autobiographers' relation to their imagined reader(s) must be continually (re)negotiated.

The categorisation of autobiographical writing within a binary framework is, however, secured by the critic who reads representativeness into particular texts. In this sense, gender is produced through the narrative of autobiography theory itself. In other words, the traditional privileging of men's texts within autobiography criticism is not the result of any intrinsic relationship between their authors and the ideals of coherence, stability, rationality, autonomy, but because authority is read into them by the critic. Much feminist autobiography criticism, relying on a polarised model of gender and assuming a direct relationship between gender identity and autobiographical form, inadvertently contributes to this authorisation.

This foregrounding of the writer's relationship with an imagined reader, and of the critic's role in constituting the meaning of texts, follows Mikhail Bakhtin's (1986) 'dialogic' conception of writing. As Bakhtin puts it,

Each person's inner world and thought has its stabilized *social audience* that comprises the environment in which reasons, motives, values and so on are fashioned. . . . specific class and specific era are limits that the ideal of addressee cannot go beyond. In point of fact, *word is a two-sided act*. It is determined equally by *whose* word it is and *for whom* it is meant. As word, it is precisely *the product of the reciprocal relationship between speaker and listener, addresser and addressee*. Each and every word expresses the 'one' in relation to the 'other'. I give myself verbal shape from another's point of view ultimately from the point of view of the community to which I belong. (1986: 86; quoted in Gilmore, 1994: 4)

This sense of the reciprocity of speaking/writing enables a way of thinking anorexic autobiographies that avoids the presumption of a simple representational relationship between anorexic writer and the story of her life, or between literary criticism and texts analysed. It suggests that self-representational texts about anorexia are always

written with (a) perceived reader(s) in mind, and that the critic of such texts can no longer pretend to stand innocently on the sidelines. As Prosser puts it, 'narrative suggests . . . a dialogics of interpretation. The meaning of narrative is arrived at in a textual exchange' (1998: 105).

If gender is produced in the process of a 'textual exchange' in which the female writer does not enjoy representativity, women's claims to autobiographical modes of telling are inevitably circumscribed. Gilmore argues that, '[T]he nonreciprocity and the nonmirroring of many women as individuals by their social audiences makes Bakhtin's notion of "whose word it is and for whom it is meant" into a lifelong project rather than a simple description of communication' (1994: 5). For Gilmore, self-representational texts accrue authority as autobiographical not because they are able to establish a close resemblance to 'real' life, but because of their proximity to discourses of truth and identity (ix, xiv). This leaves women writers of self-representational texts with a double-bind. On the one hand, having a voice, claiming an identity, being believed, depend on fitting in with culturally-recognised modes of truth-telling. On the other hand, the symbolic association of femininity with irrationality, emotionality and deception means that the space of recognition for women writers is significantly curtailed. 'Two questions hound women's autobiographical efforts,' Gilmore suggests: 'Can women tell the truth? Do women have lives worth representing?' (2001: 21).

Because to be feminine is not to be representative, the female autobiographer carries a heavier burden of proof and confronts greater scepticism about the worthiness of her writing than her male counterpart. The woman writing a self-representational text must decide whether to try to comply (even if only ever imperfectly) with the expectations of available discourses of truth-telling, to come as

close as possible to being believed, or whether to refuse to play by the rules of the truth game, thereby hoping to unsettle the boundary between true and false. She must decide whether to try to attain conceptual proximity to attributes of 'the individual' associated with conventional autobiography, or whether to refuse to meet her imagined reader's expectations surrounding self-definition, to refuse to coalesce as an identity at all (Gilmore, 1994: xiv-xv, 2). (This is also, one might add, true for the feminist critic, in terms of what she values, and how therefore her own authorial position is managed.)

Narrative strategies

For the anorexic autobiographer, the odds against being read as truthful and/or competent to write a self-representational narrative are particularly high. A discursive link between femininity and madness, consolidated by an idea of the female body as 'unruly' (Showalter, 1987; Ussher, 1989), may leave women writers in general already subject to disbelief. The anorexic life-writer also labours under a specific diagnostic label that makes an aura of authenticity particularly hard to achieve. As Valerie Walkerdine (1996) and Lisa Blackman (1999; 2000) point out, the rational, autonomous, humanist 'individual' is not only implicitly masculine but also healthy. Feelings of inferiority, persecution, shame, guilt, frustration or depression are thus experienced in relation to a normative image of health that constitutes those feelings as signs of pathology while simultaneously requiring that the subject strive to correct them (Blackman, 1999: 197-8). Blackman explains that,

The 'psy' ethical relation promotes a relation of the *self to the self* where the subject is required to recognize that they have the capacity to be in control, autonomous and to choose Particular responses to suffering are set up where conflict for example is individualized, hidden, denied, projected and/or experienced as failing and lack. This may then be experienced by the subject as

evidence of personal failing or inadequacy, rather than the difficulties of living the 'psy' image of autonomous selfhood. (2000: 62)

This ethic of the healthy subject thus *individualises* suffering, producing subjects in conflict with themselves, and obscuring the intersubjective foundations of pain.

Anorexic autobiographies are often infused by a tension between identifying as sick and renouncing that identity, between claiming the authenticity of the recounted story of self and dismissing it as delusional. In both this chapter and the next one, I examine a variety of narrative strategies through which anorexic autobiographers have negotiated the difficulties of discourses of truth and identity. In what follows here, I focus on those writers who, for the most part, seem to negotiate truth on its own terms, striving for conceptual proximity to believability. I look at two broad modes of self-representational writing. In the first, in which anorexia is recounted as the narrative telos of childhood abuse, the author must confront a particular form of readerly scepticism produced through the intersection of contemporary discourses surrounding testimony and gender. In the second more introspective or confessional mode, the autobiographer strives to construct her own identity against the anticipated projections of her imaginary reader, particularly in relation to anorexia as shameful. In the next chapter I analyse in detail the ways in which two anorexic life-writers attempt to side-step truth-judgements by drawing on literary strategies from the realm of fiction. Inevitably, drawing on particular texts to highlight particular strategies gives the impression that narratives fall into certain 'categories'. However, following my reader/writer relation framework, I wish to emphasise that these strategies are not 'properties' of the texts as such but the effects of a textual exchange in which my own investments in particular meanings are as significant as those of the self-representational writer herself.

The approach to self-representational writing I have traced allows me to acknowledge, indeed foreground, the *differences* among anorexic narratives. Even a first impression points to intertextual diversity: the texts identify themselves variously as ‘memoir’ (Hornbacher, 1998), ‘story based on diaries’ (MacLeod, 1981), ‘personal story’ (Chisholm, 2002), ‘true story’ (Paterson, 2000), ‘history’ (Margolis, 1988: 11), ‘narrative’ (Liu, 1979), ‘novel’ (Place, 1989). There are also a number of anomalies at an intratextual level which point to the impossibility of definitional containment:⁷ Fiona Place’s *Cardboard* is described as a ‘novel’ in the biographical details about the author, and an ‘autobiographical account’ in the publisher’s remarks on the back cover; Kathryn Harrison’s *The Kiss* (1997) is subtitled only ‘*A Secret Life*’, but is classified for marketing purposes as ‘autobiography’. These differences and anomalies already suggest anorexic autobiography as a process of negotiating discourses of truth and identity.

It might seem strange, perverse even, to look for something called ‘experience’ in strategy rather than content, but I would agree with Gilmore’s insight drawn from Lévi-Strauss and Derrida that ‘certain narratives offer structural or symbolic solutions to problems they cannot solve thematically’ (1994: xv). Like the anorexic body, anorexic autobiographies are an attempt to produce a liveable space. And, just as to read meaning off the surface of the anorexic body would be to reduce that body to a spectacle, so too, to read anorexic narratives monologically, looking for a common mode of telling or thematic coherence, would be to miss the creative renegotiation of content in symbolic and structural ways. My argument is not that

⁷ The question of what distinguishes autobiography (what it *is*) is an ongoing preoccupation within autobiography criticism, but beyond the scope of this thesis. As Caren Kaplan points out, ‘most autobiography criticism appears to be engaged in a vigorous effort to stabilize and fix generic boundaries’ (1992: 117). Suffice it so say that such anxiety surrounding autobiography’s borders speaks of their fragility.

anorexic narratives produce generalisable truths about anorexia, then, but that different modes of telling reveal something of the difficulties of truth-telling from a specific location marked by gender, mental illness and sometimes also trauma.

Trauma and testimony

A number of anorexic narratives are written as testimonies about childhood abuse in which anorexic behaviour figures as the bodily manifestation of unspeakable suffering. Such narratives cling closely to a sense of trauma as the recovered truth of their disordered eating, owning rather than disputing the identity 'anorexic' which comes to function as evidence of the abuse.

The anorexia of such testimonial narratives has many of the distinguishing features of trauma – such as dissociation, ritualistic behaviour, delusions, hearing voices – identified by trauma theorists. Claire Beeken's *My Body My Enemy* (2000) begins with her betrayal by a grandfather who sexually abused her from the age of nine. Her anorexia, and bouts of bulimia, are recounted as the expression of the horrific secret she carries, constituting a kind of bodily memory of the abuse.

'Mum, you know Grandad?' I say one day when I am 12 and desperately wanting to tell. 'Yes?' she replies. But the words wedge in my throat – what if she doesn't believe me, what if I split up the family? I change the subject and swallow my terrible secret. As it festers inside, my behaviour worsens. (17)

Beeken narrates her internalisation of the violences perpetrated against her, articulating the way that victims of sexual abuse come to experience themselves as complicit in their own violation.

In another testimonial account, Anna Paterson (2000) recounts her anorexia as the logical consequence of years of emotional and physical abuse. Bullied and punished from the age of three by a grandmother who tormented her for being fat (though she

was not) while simultaneously force-feeding her, she describes the day when her tormentor's power over her became complete:

I realised that this voice, which sounded like a person standing next to me, was inside my head The voice had control of my mind and now my distorted vision could only see an incredibly fat girl every time I looked in the mirror I clearly heard every word and every instruction that was meant to destroy me over the next twenty years. . . . My Grandmother didn't even need to be there now. I had my own devil – the voice. (51-3)

Far from pathological, her delusions and the voices she hears are given by her narrative a basis in reality. By articulating the voices as a direct and logical effect of the specific form of abuse suffered (Blackman, 2000: 61-2), Paterson challenges the idea of mental illness as something that erupts spontaneously from the 'faulty' body.

For 'Barbara', childhood is a catalogue of terror and abuse at the hands of an alcoholic father. She describes how her father tyrannised the family, attempting to kill her mother on a number of occasions (1997: 82-3). She explains her anorexia as a consequence of the haunting inescapability of such traumatic experiences. The inassimilable nature of her memories gives them a momentum of their own, generating acts of violence against the self, long after the actual perpetrator is gone.

I was quick to discover that leaving home did not necessarily mean being able to leave behind the emotional trauma I had suffered there. That came with me – the feelings of neglect, the sense of worthlessness, the hopelessness, helplessness and despair. I had been left an 'emotional cripple'. (83)

Through testimony, Barbara's anorexia, like Beeken's and Paterson's, is clearly located within a familial dynamic of violence such that it is irreducible to individual pathology.

Anorexia in these testimonies exhibits many of the characteristic traits of traumatic experience identified by trauma theorists. The victim's speechlessness,

coupled with the eruption of bodily symptoms, and her later need to tell her story, point to a struggle between secrecy and bearing witness which Judith Herman calls 'the central dialectic of psychological trauma' (1992: 1). 'The psychological distress symptoms of traumatised people' she explains, 'simultaneously call attention to the existence of an unspeakable secret and deflect attention away from it.' (1). This duality in the trauma victim's symptoms is linked to trauma's impact on memory. Challenging the later Freud's focus on repressed fantasies as the source of psychopathology, Van der Kolk and Van der Hart return to Pierre Janet's arguments that the symptoms of mental distress are the result of dissociation of *actual* trauma (1995: 159). '[F]amiliar and expectable experiences are automatically assimilated without much conscious awareness of the particulars,' they suggest, 'while frightening or novel experiences may not easily fit into existing meaning schemes and either may be remembered with particular vividness or may totally resist integration' (160).

These two contradictory responses to trauma – memory flooding and memory forgetting – are usually seen as characteristic of two broad groupings of traumatic experiences. Psychiatrist Lenore Terr (1994) describes them as type I and type II. Type I traumas are single events which haunt the victim but produce memories which are frequently inaccurate in their detail. Type II by contrast are repetitive events which are often 'forgotten' during the trauma because of the extreme emotional conflict involved, but if 'remembered' at a later stage are recovered with an unassimilated literalism (29-30). For Herman, the usual response to traumatic events is amnesia (1992: 1). However, a number of trauma theorists are uncomfortable with the idea of 'forgetting' as a response to repeated traumatic experiences because it implies that the experiences were at some point consciously

available to the victim, only to be repressed. Following Janet, Van der Kolk and Van der Hart (1995) argue that the term 'traumatic memory' is misleading because 'memory' is the narrativisation of events in the process of their assimilation. The trauma victim cannot integrate events as memory because those events cannot be accommodated within existing cognitive schemes (160, 163). What occurs in responses to trauma is not repression, then, but dissociation. Traumatic experiences become dissociated because they cannot be understood through language. And dissociation is particularly likely when the person experiencing trauma feels him/herself to be helpless or powerless in a physical or emotional sense, unable to effect the outcome of events (175). Anorexia in testimonial narratives is a story of dissociation: events have not been 'forgotten' but are rather displaced into bodily symptoms because the subject finds herself in a position of powerlessness. Ritualistic behaviours around food, self-starvation and bingeing/vomiting are displacement activities, both concealing and proclaiming the unspeakable in the language of the body.

The inaccessibility of traumatic experiences to language leads trauma theorists to describe the process of testifying as a kind of betrayal of those experiences. Roberta Culbertson distinguishes between 'body memories', the raw, disconnected, visceral responses to wounding and 'narrated memory' which must conform to public conceptions of memory as rational, coherent, and structured (1995: 174). The former belong to a private, dreamlike world of sensations including the body's chemical reactions to terror, they belie the supposed linearity of time (170) and often emerge first of all 'in disguise' as depression or inexplicable anger or feelings of worthlessness (186). The process of translating these visceral and emotional

responses into something that counts publicly as memory involves ambivalence and loss. What we call memory, Culbertson suggests, is 'a socially accepted fabrication . . . always in the end subjected to those conventions which define the believable' (179). 'As in all biography,' she continues, 'the truth recalled is finally subordinate to the truth that can be heard, the truth which responds to certain expectations of genre and structure' (183). To turn one's body memories into testimony is to produce something that will always feel wrong because it involves the subjecting of those memories to literalistic truth-judgements. Describing the process of turning her own childhood trauma into narrative, Culbertson relates,

The fact is that what I remember is much less organized. It [narrated memory] is, for me, not quite true, because I never knew it in this way. But it is what others need. And so it is what I need to be believed, even to understand if not believe, myself. But it is not my memory, it is not remembrance. . . . In telling such things, I was invariably asked to say 'what happened'. . . . Somehow the words would seem to turn to lies in the throat, or upon hitting the ears of whomever might be listening. Whatever I said, I finally recognized, would indeed be untrue because it would not be what I knew/felt; this had no words. (184, 189)

Commentary on testimony by survivors of the Holocaust articulates a similar sense of ambivalence in relation to the tension between seeking recognition and remaining faithful to the embodied impact of trauma. Lawrence Langer distinguishes between 'chronological' memory – a convention that presumes that one eventually assimilates and emerges from the trauma – and 'durational' memory – which is haunting, endless, uncontainable.

Simulated recovery belongs to the realm of chronological time. In the realm of durational time, no one recovers because nothing is recovered, only uncovered and then re-covered, buried again beneath the fruitless struggle to expose 'the way it was'. Holocaust memory cannot be used to certify belief, establish closure, or achieve certainty. Hence chronological time is needed to intrude on this memory by those who insist on rescuing belief, closure, and certainty from testimonies about the disaster. Durational time resists and undermines this effort. (1995: 15)

Because of this conflict between ‘the imperative to tell’ and ‘the impossibility of telling’, Dori Laub describes the Holocaust as ‘an event without a witness’ (1992: 80). Witnessing collapses at the face of the Holocaust’s horror not only because of its inherent incomprehensibility but also because of what Laub calls the ‘delusional ideology’ that the perpetrators imparted to their victims (81). As one psychoanalyst put it to a survivor, “Hitler’s crime was not only the killing of the Jews, but getting the Jews to believe that they deserved it” (quoted in *ibid*: 79, n.3). Silence, then, frequently prevails not only because the act of telling can never do justice to traumatic experience, but also because survivors become ‘victims of a distorted memory . . . which causes an endless struggle with and over a delusion’ (79).

Feminist trauma theorists argue that there are ‘unavoidable similarities’ in the traumatic effects of abusive family systems and acts of political repression (Culbertson, 1995: 191, n. 1; see also Herman, 1992; Brown, 1995): in both cases the experience is one of ‘total powerlessness, secrecy, and wounding’ and survivors often exhibit an ‘unwillingness to tell, for fear of not being believed or of being considered bad themselves’ (1995: 192, n.2). ‘Helen’ describes how the regime of terror in her family home, in which she was repeatedly raped and beaten by her father and brother, left her literally voiceless.

I had seen a psychiatrist during my time in hospital but I was completely unable to answer his questions. I was just too scared to tell him about my father. I already felt too much of a failure as far as my family were concerned so I said nothing. It was then assumed that I was attention-seeking. My parents took me home and lectured me again. Then my father beat me. I felt completely worthless, unwanted, unloved. My life felt completely beyond my control. I stopped eating. Nobody even noticed. (1997: 104)

Gilmore argues that it is particularly difficult to achieve emotional distance from familial violence because it is, by its very nature, ‘all too familiar’ (2001: 92).

Echoing Langer, she points out that, in autobiographies about family violence, chronological time breaks down. '[T]he boundary between past and present, dead and living,' she suggests, 'is overwhelmed by a sense of their interpenetration, mutual incorporation, and simultaneity' (92).

Testimony as narrative strategy

The conflict between secrecy and telling, Gilmore suggests, forms a central paradox within trauma theory, and one with which those who testify to trauma must contend:

[A]t the same time language about trauma is theorized as an impossibility, language is pressed forward as that which can heal the survivor. . . . This apparent contradiction in trauma studies represents a constitutive ambivalence. For the survivor of trauma such an ambivalence can amount to an impossible injunction to tell what cannot, in this view, be spoken. (2001: 6-7)

While the stakes against bearing witness to trauma are high, and the process of giving testimony always ambivalent, writing frequently figures in anorexic testimonies as an (always imperfect and partial) resolution to the displacement of conflict within the body. Language, as Van der Kolk and Van der Hart argue, allows the emotional and cognitive content of trauma to come together, thereby ending the need for dissociation (1995: 167). As Beeken relates,

Before I felt so dirty and guilty about the abuse that I thought I didn't deserve to live. . . . For years my illness controlled my personality; now I'm getting the upper hand and the real me is emerging. Little by little I am learning to voice my feelings instead of showing them through my body (2000: 197)

In proclaiming the truth about otherwise secret acts of violence, testimony is often understood as serving a political function which aids the reintegrative one. Spivak defines testimony as 'the genre of the subaltern giving witness to oppression, to a less oppressed other' (1998: 7). It provides a description of what happened with the

conviction of injustice. Acting as a kind of substitute prosecution, testimonial narrative 'permits the private memory of the individual's injury to become a public memory of a public wrong' (Campbell, 2002: 155). Anorexic testimony is thus an attempt to secure a social space that vindicates the sufferer. In authorising her own account, in testifying to the abuse of another, the survivor refuses to keep the private secret, reaching out to a wider community for recognition. In effect, she also refuses to keep her own secret, embodied in anorexic behaviour. 'When the truth is finally recognised,' as Herman puts it, 'survivors can begin their recovery' (1992: 1).

Anorexic testimony, importantly, produces a causal explanation for aberrant behaviour located outside the body of the aberrant. 'How does an innocent child go from this . . . to this?' Paterson rhetorically asks in the opening pages of her narrative, captioning two photographs (2000: 8-9). In the first, a small, healthy child is clambering over a wall, grinning mischievously towards the camera. The second, clearly from medical records, shows a severely emaciated young woman, staring blankly into space, naked but for underpants and a hospital wristband, turned side on to the camera alongside a measuring rule. Drawing on a notion of the photograph as incontrovertible evidence, the pictures say, 'Look, there is no property or essence pertaining to this body that deemed that it should become anorexic,' and, 'Look, this body exhibits the extent of my suffering at the hands of another.' The deflection of the source of insanity from the unruly body of the sufferer to the actions of a perpetrator alleviates the guilt of failing to live up to the imperative of the 'normal', 'healthy' subject. However, while the act of deflection de-pathologises the anorexic testifier in one way, it simultaneously re-pathologises her in another, as the photos reveal. To testify against another requires the provision of evidence, and in anorexic testimony, it is the subject's deviance, represented in the narrative, here in pictorial

form, which makes the case. Anorexic testimonies necessarily foreground the diagnostic identity 'anorexic', accepting rather than disputing the 'fact' of irrational or delusional behaviour.

As a strategy for securing recognition, anorexic testimonies are often structured so as to emphasise referentiality, conforming as closely as possible to conventional notions of autobiography. Petitioning the reader for belief, they tend to follow an uninterrupted linear model, claiming both 'representationality (authenticity) and . . . representativeness (exemplarity)' (Prosser, 1998: 126). Paterson's narrative, for example, is subtitled 'incredible true story',⁸ while on the back cover she seeks wider credulity for her story, answering her own question, 'Why are there an increasing number of young people starving themselves to death?', with large red letters: 'Perhaps my story has the answers'. Producing one's story in the form of published testimony smoothes over gaps, silences and inconsistencies to come as close as possible to being read as the truth of a life.

Closing the gap of referentiality for strategic reasons may, however, coexist with a more personal or subjective understanding of testimony. For Laub, bearing witness is a process through which the survivor can make sense of the effects of trauma beyond the 'delusional ideology' of his/her own complicity, that is, the process by which s/he can reinstate the possibility of a witness inside him/herself (1992: 85). In this understanding, the emphasis falls not on representing 'body memories' as accurately as possible but on the process of writing self-

⁸ The assertion 'incredible true story' functions here to offset accusations of deceit by precluding them ('I know it sounds unlikely' it implies, 'but it really is true'). It gestures toward the representational paradox in autobiographical writing in which the subject occupies a strange position at once exceptional or singular ('incredible') and thoroughly ordinary ('my story' is held out as a model for others). More generally, the use of the qualifier 'incredible' to maximise believability points to a paradox which pervades the boundary between autobiography and fiction. While autobiography is generally taken to be truthful, and fiction, fantastical, fiction also circulates as capable of revealing hidden truths about life which autobiography, constrained by the cultural norms

representational narrative in which the subject takes him/herself as object of concern. Laub's more subjective concept of testimony circumvents simple referentiality: even those memories that do not stand the test of legalistic truth-judgements are valid because they are emotionally true for the survivor. Testimony here is 'an occurrence in the present, to do with the meaning of the past now' (Cosslett, Lury and Summerfield, 2000: 9). Like autobiography in general, it does not reflect a self, but creates a new self.

The idea of a 'new' or 'real' me, often embodied in anorexic testimonies in the voice of the narrator, seems paradoxically both to invite readings of referentiality (claiming for the narrator a recovered, hence non-delusional, authorial space) and to suggest a transformation of the self through the very act of testifying that makes any simple referential relationship to the past impossible. Culbertson usefully explains how these two elements might be reconciled:

In time I put a story together, residing in the place of the omniscient narrator, constructing this conventional accounting for something far from what I first knew and then recalled. Oddly, in so doing, in creating a context, I created an explanation for myself, and hence, quite literally, a self (1995: 190)

The therapeutic aspects of testimony emerge out of the narrator self's capacity to retrospectively recognise a self that did not recognise itself at the time. Again, as Culbertson describes,

[T]he final construction gives back the self – dissolved before, somewhat like a watercolor wash, in the midst of threat and the survival strategy of leaving the body – establishing the outlines of the new self as contiguous with the body seen in the mirror now The body telling is the body then and the body now as well, the passage of events and time not clear at first, but established in the course of creating the story. I am the one in the mirror now, without and within the same, returned from a literal experience of looking at a stranger, of feeling at best

of truth-telling, cannot. I will explore the creativity of writing in the margin between autobiography and fiction further in the next chapter.

as if there were a double image there, linking the survivor and everyday selves with the aid of a self largely defined as one who tells. (190)

Though Culbertson does not explicitly address the relationship between childhood trauma and anorexia, her use of the mirror to connote self-recognition and reintegration is strikingly close to that which occurs in anorexic autobiographies, as I describe in chapter 3. As a metaphor for the self-representational narrative, the mirror here allows the projected and reflected bodies, the body image/imaginary and image of the body (Prosser, 1998: 100), to become contiguous. Indeed Culbertson extends the sense of alignment between body and body imaginary, and body and text, with a sense of *temporal* reintegration effected by the narrator self. The mirror/narrative produces a newfound synchronicity between the 'body then', who could not be recognised, and the 'body now', the self in the present, haunted by the intrusions of the past.

The politics of believability

While writing testimony may be intended to produce a rhetorical setting invested with truth-status, because writing is a dialogic process, there is no guarantee that the finished text will be read as true. In those texts written in a conventional, linear autobiographical mode, the anorexic testifier emphasises the truthfulness of her account, achieving as proximate relation as possible to what counts as believable. But the very emphasis on truth points to an anxiety about invention, one that constantly threatens at the margins of her account. The three attributes which the anorexic testifier must necessarily foreground in order for her narrative to be recognised – gender, mental illness, and trauma – function simultaneously to undermine the reliability of her story. In the intersection of these three markers, the

credibility of anorexic testimony is always already subject to doubt, always just out of reach.

The acceptance of a psychiatric label 'anorexic' in order to use that identity as evidence has strategic advantages, as I outline above, but simultaneously constrains the subject within its terms. The 'truth' produced is always a re-pathologising truth, a truth which conforms to a dominant narrative about gender and health. As Spivak suggests, the production of testimony bears resemblance to the classic psychoanalytic situation.

The analysand is persuaded [*überzeugt*] to give witness to his or her own truth, to which the analyst has access by virtue of tracking the graph of the meta-psychological machinery. The psychological witnessing, the testimony of the analysand, countersigns the analyst's skill in reading the machine. (1998: 7)

In her anorexic narrative, written in a fragmented, poetic style, Place conveys a similar sense of the kind of cooption which inevitably attends the psychotherapeutic encounter:

in the office
the feelings are
placed in the air

out of reach

This general use of grammatical metaphor serves to distance the emotion from the patient and the patient from the emotions[.] Supposedly to gain more control. It does.

as a power base

In making the necessary clinical notes the psychiatrist shapes the experience into his clinical terms. (1989: 163)

In appropriating and codifying the anorexic's descriptions of self within a monologic interpretative script, the psychiatrist constrains his anorexic patient within a situation

of 'emotional dependency' (164) in which, to be recognised at all, she must reiterate those scripts. This sense of testimony as necessarily framed within the terms of dominant knowledges points to the way in which testimonial projects can never fully escape the (epistemological) violences they bear witness to. For the anorexic autobiographer, testimony mitigates the guilt of suffering from a mental illness while simultaneously demanding that the testifier foreground her insanity as evidence, as suggested in the example of photographic evidence above.

The double bind the anorexic testifier must confront resembles that which arises in the use of 'syndrome evidence' in court. While on the one hand, to be cast as suffering from battered woman's syndrome, rape trauma syndrome, premenstrual syndrome or false memory syndrome invites sympathy, alleviates responsibility for alleged misdemeanours and may lead to therapeutic treatment rather than condemnation, such diagnostic labels have pernicious effects in that they function to characterise women's experiences generally as disordered, abnormal and pathological (Raitt and Zeedyk, 2000: 12). The victim/sufferer is always constructed as passive, at the mercy of the female body's messiness and unpredictability, and therefore properly subject to the ongoing jurisdiction of legal and psycho-medical professionals. Medical and/or psychiatric authority over diagnosis and treatment functions in a mutually supportive relation with philosophical and legal arguments about 'patient autonomy', to 'render female corporeality in need of clinical regulation and moral management' (Keywood, 2000: 496). And, importantly in this context, medico-legal arguments about 'capacity' function to justify the anorexic's detention under mental health legislation and to deny her the right to make her own decisions concerning treatment (500).

The question of whose story gets taken as trustworthy, what one might call a *politics of believability*, is thoroughly bound up with a contemporary politics of memory. A memory is considered particularly suspect where the body of the victim coincides with the body of evidence. In his book about the impossibility of bearing witness to the Holocaust, Giorgio Agamben points out that the word ‘witness’ comprises two meanings: the first, designated by the latin *testis*, denotes a witness who is a neutral third party to an event, while *superstes* refers to a survivor, someone who has lived through an event and therefore whose testimony can never have the illusion of neutrality (1999: 17). Drawing on this distinction, Kirsten Campbell argues that the complainant in sexual assault trials is always a *superstes*: ‘Unlike the *testis*, she is not simply the witness to an event; rather, her testimony materializes the wrong to her person. . . . She is living proof of the wrong, which her memory evidences’ (2002: 166). It is this coincidence of victim and witness, body and evidence, she argues, which is exploited in specifically gendered ways to undermine the credibility of the female complainant.⁹ The gendering of credibility via the politics of memory, as Campbell shows, leaves the female trauma victim with a double-bind. Because the very act to which she testifies functions as evidence of a rupture of bodily and psychic integrity, testifying itself calls her own credibility into question:

⁹ Campbell analyses the modes of this discrediting in relation to the female rape witness/victim in a case brought against a Croatian officer under an international war crimes tribunal. Here the credibility of the complainant was undercut through a concerted undermining of the reliability of her memory (150). The rupture of the complainant’s bodily integrity as a result of being raped was seen to have caused psychic instability, hence rupturing the integrity of her memory. Her ruptured psychic integrity – her alleged experience of post traumatic stress disorder (PTSD) – was seen to render her memory unreliable both for neurological reasons (damage to the hippocampus, the seat of memory in the brain) and for psychological ones (trauma had left her vulnerable to false beliefs suggested by political activists and counselors) (162-3). Significantly, it was *only* the victim of sexual assault in this case whose memory was discredited by her experience of trauma, even though the plaintiff, having just emerged from a bloody conflict, might equally have been said to be suffering from post-traumatic stress disorder (173).

The witness who testifies to sexual assault also becomes subject to a presumption of unreliability of memory. . . . [S]he must demonstrate the breach to her bodily integrity, while also demonstrating that her 'self' and hence her memory remain 'intact'. Her testimony must attest to the harm of the assault on the integrity of her 'self' while also establishing that her 'self' is coherent and stable. (174)

The anorexic autobiographer who testifies to trauma must also present the rupturing of her sanity as evidence of abuse while still insisting on the rationality and integrity of her account. Whilst a testimonial mode *allows* dissociated memory as a causal explanation for the symptoms of anorexia, investing anorexic testimonies with proximity to 'truth' by virtue of a culturally-sanctioned knowledge about trauma's effects, it simultaneously *disallows* authenticity through the discrediting of the teller's memory. While recounting the severity of symptoms provides narrative evidence of abuse, in other words, it simultaneously reseals the logic linking trauma with ruptured psychic integrity, thereby (re)casting the testifier's story as suspect.

The gendering of believability is particularly apparent in a site in which memory politics are played out in especially emotive terms: the 'recovered' versus 'false' memory debate. Although anorexia is not generally taken to involve amnesia or literal 'forgetting', the struggle between recovered and false memory epitomises the double bind faced by the witness/victim of trauma who seeks to tell her story. This is a war over 'truth' between those who, as adults, bring memories of childhood abuse to light and those who dismiss those claims as 'false' or implanted by devious therapists. Since 1992, the latter have an institutional base in the False Memory Syndrome Foundation, organised by the parents of Jennifer Freyd who severed ties with her family citing their abuse as the reason (Freyd, 1996). In the context of my discussion here, the debate is interesting not so much for the detail of its content but

because of its effects.¹⁰ The way that the struggle revolves around the veracity of trauma narratives – either to disclaim them or to reclaim them as ‘truth’ – functions to shore up the myth of testimonial transparency such that those writing self-representational narratives about trauma (particularly those who are marked by mental illness and gender) can never meet the evidential demands made of them.

The oppositional structure of the debate is often reproduced by feminist and cultural theorists who purport to describe it. The representation of memories as true or false, real or implanted, recurs in subtle ways which mirror the voice versus discourse problematic with which I began this chapter. In his Foucaultian historicisation of the relationship between trauma and memory, Ian Hacking charts the discursive shifts which enabled narratives of trauma to come into being. It was during an explosion of scientific discourses about memory in the period 1874-1886 in France, he argues, that trauma first came to denote more than a purely physical wound, becoming ‘a psychological hurt, a spiritual lesion, a wound to the soul’ (1995: 4, 128). This psychologisation of trauma occurred as empirical science colonised the one aspect of being human still outside its realm: the soul. But because the soul did not fit easily into a scientific lexicon, it was memory that became the locus of trauma’s damage. The new memory sciences, according to Hacking, *allowed* the shock of trauma to become capable of engendering pathological symptoms like psychic splitting, repression or dissociation. ‘One feature of the modern sensibility is dazzling in its implausibility,’ as he puts it: ‘the idea that what has been forgotten is what forms our character, our personality, our soul’ (209). While Hacking does not question the authenticity of memories of

¹⁰ For an overview of the debate see Laura Brown and Erica Burman, ‘The Delayed Memory Debate: Why Feminist Voices Matter’, pp. 7-16 in a *Feminism and Psychology* special issue on ‘Feminist Responses to the “False Memory” Debate’, vol. 7, no. 1, 1997.

trauma directly, by suggesting that memories are always in the grip of power, he introduces a note of scepticism into his argument. Indeed, his argument has been taken up in just this way by Frigga Haug who expresses cynicism about the prevalence of disclosures of child sexual abuse (2001: 56-57). As Jane Kilby suggests, it is 'not . . . that Haug figures herself as disbelieving, but rather as someone who believes that the women believe', and the problem with this position is that, while appearing to respond to women's accounts of abuse sympathetically, it subtly undermines the 'narrative credence or value' of women's memories (2002: 203).

As Hacking himself points out, his argument reverses the logic of Herman's in *Trauma and Recovery* (1992). If, for Hacking, the sciences of memory allowed the politicised relationship between trauma and memory to occur, for Herman, trauma and its effects are always present but can only surface when given recognition by political movements. As she argues, three manifestations of traumatic symptoms – hysteria, shell shock, and responses to sexual and domestic violence – all relied on a political movement – anti-clerical French republicanism, the anti-war movement and feminism – to bring them into public consciousness (1992: 9). So, for example, it took the women's liberation movement of the 1970s to allow the widespread crimes of violence against women to surface into consciousness. In this more sympathetic climate, 'Victims who had been silenced began to reveal their secrets' (2). This leads Herman to argue that, 'We need to understand the past in order to reclaim the present and the future [A]n understanding of psychological trauma begins with rediscovering history' (2).

The problem with the two sides of the argument represented by Hacking and Herman is that they replay what Kilby calls 'the history versus fantasy impasse'

(2002: 207). While Herman's intent is to set the historical record straight (to 'rediscover' history), Hacking's position – at least as it has been taken up by Haug – effects a too easy dismissal of past experience. While, for Hacking, traumatic memories are a product of developments in the sciences of memory, for Herman, with her emphasis on *recall*, the term 'memory' still functions as though it *could* have some mimetic relationship to the past. In addition, while I am sympathetic towards Herman's argument, her emphasis on *recovering* memories burdens the teller with an onus of accuracy that can never be achieved.

In a piece of experimental writing which connects a memory of stopping eating with a sexual assault by her step-brother, Jean Halley captures the indeterminacy of the past:

[S]omething, something blurred the lines around reality. Nothing was clear. And now, looking back, I still wonder. Am I remembering this right? Is this really it? I did not know then, so how can I possibly be sure now[?]. (2000: 357)

If trauma causes the subject to doubt herself, how can she possibly recount her story convincingly to others? There can be no recourse to objectivity because trauma *individualises* suffering through a kind of haunting effect. Traumatic history, as Cathy Caruth explains, is structured by 'latency' (1995: 7). Trauma's effect, she suggests,

cannot be defined either by the event itself – which may or may not be catastrophic, and may not traumatize everyone equally – nor can it be defined in terms of a *distortion* of the event, achieving its haunting power as a result of distorting personal significances attached to it. The pathology consists, rather, solely in the *structure of its experience* or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated *possession* of the one who experiences it. (4)

‘For a history to be a history of trauma,’ she goes on to say, ‘means that it is referential precisely to the extent that it is not fully perceived as it occurs; or to put it somewhat differently, that a history can be grasped only in the very inaccessibility of its occurrence’ (8). Self-representational narratives about trauma thus exacerbate a condition of autobiography in general: that the past is structured retrospectively, organised to lead teleologically towards the moment of writing in the present. The difference where trauma is invoked is that memories are not only revised but recovered from dissociation and are, as such, even more liable to accusations of fabrication. And in anorexic testimonies specifically, as I argued in chapter 3, the lack of a clear transitional endpoint around which to organise the narrative plot poses a further threat to narrative coherence and stability.

Because remembering trauma involves contextualising it within history, the subject who does not mirror the representative (masculine) subject faces a particular problem of non-recognition. ‘Cultural memory, like individual memory,’ as Gilmore puts it, ‘develops characteristic and defensive amnesia with which those who have experienced trauma must contend’ (2001: 31). Events which have no ‘place’ within a present sense of individual or collective identity or that have no one to hear them have no memory (Kenny, 1999: 423). Traumas which have been pushed to the cultural or symbolic margins of recognisability are likely to go unrecognised, or subjected to a much higher burden of proof than others. As Laurence Kirmayer suggests,

There is a crucial distinction between the social space in which the trauma occurred and the contemporary space in which it is (or is not) recalled. . . . If a community agrees traumatic events occurred and weaves this fact into its identity, then collective memory survives and individual memory can find a place (albeit transformed) within that landscape. If a family or a community agrees that a trauma did not happen, then it vanishes from collective memory and the possibility for individual memory is severely strained. (1996: 189-90)

Continuing her autobiographical-theoretical piece, Halley explains that it is no easy task to tell a narrative that contravenes the dominant family narrative. Poignantly articulating the *superstes*' double bind, she points out that, while a history of trauma undermines the testifier's believability, it is precisely where a history concerns trauma that credibility most matters:

In another place, in another set of memories, clarity might not matter. I mean, really, if all were well, then who cares what happened. If all were well, then what happened, and other such details, are insignificant. But all was not well. All was not well. This much I know. And it is the pain that makes me push the edges of our family truth. (2000: 357-8)

The politics of believability demonstrate how important it is to foreground the dialogics of reading when testimony is in the frame.¹¹

Confessions

In those anorexic autobiographies in which there can be no straightforward appeal to trauma as explanation for anorexic behaviour, the narrator must appeal to her imagined reader(s) in other ways. Such narratives are often more introspective in tone, more circumscribed in relation to notions of responsibility or blame, and involve a more obvious negotiation of anorexia's meaning in the writer-reader relation. As Sheila MacLeod puts it,

Clearly my history is not one of overt cruelty towards me on the part of others; neither is it one of extreme neglect, restriction or hardship. It is rather one of lack of understanding on the part of others, of ignorant if well-meaning insensitivity towards a sensitive child and adolescent. It is a history of confusion and of a last-ditch defence against confusion. (1981: 105)

¹¹ The burdens that the markers of gender, mental illness and trauma place on believability lead some writers of self-representational texts about anorexia to 'swerve from the form of autobiography' because autobiography's 'almost legalistic' expectation of truth-telling may invite judgments 'too similar to forms in which trauma was experienced' (Gilmore, 2001: 3). I return to such autobiographical deviations in the next chapter.

Whereas anorexic testimonies tend to rely on an objective standard of truth, rooted in legalistic notions of evidence, these more introspective autobiographies construct a more subjective truth of the self through critical self-examination reminiscent of psychotherapeutic and religious contexts. In this sense, such texts might be loosely categorised as anorexic confessions. A thematic focus on disclosure of intimate feelings and personal relationships in an attempt to account for past behaviours, a sense of internal suffering as both object of analysis and inaugurator of insight and change, and an appeal to the imagined reader for understanding or forgiveness, are all suggestive of confession. As in my discussion of anorexic testimony above, my interest in anorexic confession is not in the 'accuracy' of such accounts but in how anorexic autobiographers negotiate the imperative to tell the truth. I am not concerned with whether 'truth' is propelled more by the confider (given voice) or by the confessor (governed by discourse), but in the dialogics of the relationship between writer and reader.

Confession is often understood to be compelled by a peculiarly modern imperative to analyse oneself. Foucault (1978) explains that in contemporary confessional forms there is no longer a need for the interlocutor or extractor of truths to be present. Rather, as confession became integrated within scientific discourse and medical practice, it came to be experienced as a kind of (therapeutic) liberation. Requiring scientific interpretation to be made sense of, the truth was 'present but incomplete, blind to itself, in the one who spoke' and 'could only reach completion in the one who assimilated and recorded it' (66). A sense of the modern confessing subject as experiencing a sense of liberation while being governed 'under the rule of the normal and the pathological' (67) implies one who is always already caught within a disciplinary practice, and it is this understanding of confession that is often

reproduced in feminist analyses. For Rita Felski, for example, while the sense of confession as an admission of individual culpability before a legal or religious authority has been supplanted by a more positive meaning of confession as a route to self-understanding or even self-liberation, the latter conceals its ongoing dependence on the former:

[The] attempted emancipation of the self can expose a self-defeating dialectic in which the history of confession . . . as subjection to external authority, returns in new form. For the 'authentic self' is itself very much a social product, and the attempt to assert its privileged autonomy can merely underline its profound dependence upon the cultural and ideological systems through which it is constituted. The more frantic the search for an inner self, for a kernel of meaning untouched by a society rejected as oppressive and alienating, the more clearly subjectivity is revealed to be permeated by and dependent upon those very symbolic constraints from which it seeks to liberate itself. (1998: 87-8)

Felski questions the usefulness for feminism of women's confessional writing in which, she argues, the attempt to articulate an identity frustrates itself, devolving into a 'negative pattern in which attempted self-affirmation reverts back into anxiety and self-castigation' (88). In Felski's analysis, confession involves 'walking a fine line between self-affirmation and self-preoccupation' (91). Applied to anorexic life stories, such an understanding would quickly return us to an interpretation of the anorexic as both docile and narcissistic.

In a more positive mode, Susannah Radstone, analysing women's confessional novels, argues that feminist renunciations of confession are misguided because confessional practices and discourses are embedded within feminism (1989: 7). Though women's confession shares features with the malestream tradition such as an "inward-turn" in search of self-transformation . . . impelled by the sufferings and self-doubts of the central protagonist' and an articulation of 'becomingness' (47-8), she argues, it nonetheless evidences its own specificity. A particular feminine

textual meaning, she maintains, may be produced through a shared female reader/writer propensity towards masochism and a mutual appreciation of melodrama. She suggests that 'for a female reader, a masochistic identification with the unhappy central protagonist is . . . a strong possibility, since masochism arguably appeals strongly to women' (108) and that a 'melodramatic mode [of narration] attempts an address "in the feminine"' (112). While this analysis undercuts the argument that confessional writing is simply in the grip of power, it reproduces another set of epistemological problems. The presumption of an intrinsic affinity between women readers and female confessional writers, especially one revolving around such devalued characteristics as masochism and melodrama, replays the problematic that I delineate in the section on 'gender/genre' above, in which textual effect becomes confused with experiential cause and sexual difference is implicitly prior to the text. This highlights the importance of considering gender as constituted through the dialogics of the writer/reader relation and not as a property of the text.

Radstone does nonetheless suggest some useful ways of thinking the relationships between reader, narrator and protagonist in confessional writing, based on the notion of confession as negotiation rather than disciplinary practice. She suggests that the sense in confession of a disclosure of intimate secrets is enacted via a marked splitting between narrator and central protagonist that is both temporal and experiential, for, in order to confess to past behaviours and feelings, the narrator must position him/herself as having evolved from this position (49). However, the distance between narrator and protagonist is not uniform but continually renegotiated according to the narrative tone taken. An ironic or contemptuous tone, for example, generates greater distance, while a more sympathetic voice produces increased identification (49). Moreover, because each act of confession alters the view of the

protagonist offered to the reader, the confessional narrative not only describes but also performs a process of self-transformation or 'becomingness' in which the (imagined) reader plays a crucial role (50-1). Radstone argues that a distinguishing feature of women's confessional writing is the extent of fluctuation in narrative tone which encourages, for the reader, a particularly marked propensity to oscillate between closeness and distance from the central protagonist (134-5; 212).

Moreover, a tendency for the narrator to shift between recounting the life of the protagonist in the past and interjecting present tense confessions of her own, presents a second, dramatised or melodramatic narrative voice which may function to re-close the gap between narrator and protagonist and, consequently, reader and protagonist (213-4). The positions open to the reader are, then, various: identification with the omniscient narrator (which Radstone suggests may be voyeuristic or maternal), with the suffering protagonist (which may be masochistic or daughterly), or with the dramatised narrator (which may be sisterly, hooking into a sense of shared experience with the reader) (80, 155, 235). While disputing Radstone's characterisation of these features as necessarily 'feminine', I wish to suggest that they may relate to women confessional writers' circumscribed relation to representativity, as I describe above. In other words, the marked fluctuation in narrative voice may be a result of the female writer's inability to presume that her reader will consider her story truthful or worth telling.

Affective dialogics

I want to bring this emphasis on the dialogics of the writer/reader relation together with recent literature on affect to consider the production of anorexic confession in terms of an *affective dialogics*. There is a burgeoning body of literature on the

subject of emotion or affect. A number of theorists have taken up affect in an optimistic vein as that which defies or exceeds the epistemological – particularly in its capacity to express embodied experience – and which therefore has transformative potential beyond theory’s limitations and blind spots.¹² Critics of this approach point out that, in calling for (new) attention to ‘experience’ or the ontological, affect’s celebrators actually reproduce precisely the oppositional relationship between ontology and epistemology that they critique. Clare Hemmings draws attention to the way in which affective economies, rather than liberating subjects to pursue new relational or critical directions, may be responsible for constraining certain (marked) subjects within social hierarchies of race, gender or sexuality, for example (2005). In a similar direction, Robert Solomon (1984) argues that the kind of binaries that frequently get reproduced in theory about affect – affect/emotion, viscera/feelings, unconscious/conscious, asocial/social – may lead to a form of cultural imperialism in which the critic gets caught in the trap of trying to identify underlying affects in (an)other(s) through the presumptive ‘recognition’ of manifest expressions of emotion. In his ‘cognitive theory of emotions’, Solomon argues that affect cannot be separated from interpretation and is therefore dependent on cultural context and legitimation. ‘[T]he concepts that make up virtually all emotions,’ he maintains, ‘are essentially tied to the community and its conceptual apparatus’ (251). So, for example, anger, rather than bubbling up from ‘inside’, as common metaphoric language would suggest, ‘is a kind of interpretation, not of a

¹² In *Touching Feeling* (2003), for example, Eve Sedgwick draws on psychologist Silvan Tomkins’s sense of the connective possibilities of affect – which she calls the ‘freedom of affects’ (19) – to argue that the emotional may open up new ways of thinking. Affect, she suggests, allows for spatial and circuitous, rather than linear, frames (8, 12), and attends to the indefinability of texture rather than the synthesis of structure (17-21). For Brian Massumi (1996), ‘intensity’, his term for affective responses, remains ‘beside’ the loop between autonomic responses and consciousness and therefore cannot be captured within the sequencing structure of narrative; it is ‘a nonconscious, never-to-be-conscious autonomic remainder’ (219). And because it is ‘the unassimilable’, ‘not ownable or recognizable’, affect is, for Massumi, ‘resistant to critique’ (221-2).

feeling (which may or may not be co-present) but *of the world*. It is . . . a relationship between oneself and one's situation' (250).

These critiques are useful in relation to the framework I am building because of their insistence on the social or relational nature of affect. And this emphasis seems particularly apt in relation to an emotion I wish to focus on here: shame. Shame has been taken up by feminist theorists both negatively – as part of a culture of subordination in which women relate to themselves as the 'inadequate' or 'diminished' object of the other's gaze (Bartky: 1990: 85-6) – and in celebratory style – as capable of engendering the kind of reflexivity necessary for political change (Probyn, 2000b; Probyn 2000c).¹³ Such analyses seem to take shame either as the ontological property of the subject of study (Bartky) or as the epistemological property of the theorist who demonstrates shame's liberatory capacity (Probyn). Following my dialogic framework I will focus instead on the relational dynamics of shame and how such dynamics may be productive of the very autobiographical act itself.

The pertinence of shame lies in what Jennifer Biddle calls its 'impossible and compelling ambivalence', or what both Biddle and Eve Sedgwick describe as its 'double movement' between individuation and merger, identity and relationality (Biddle, 1997: 227, 230; Sedgwick, 2003: 37). Shame is generally understood first to arise as a response to an absence of recognition: when an infant's caregiver expresses disapproval or fails to mirror his/her expression, thereby breaking the early bond of mutuality or symbiosis. As such, shame 'makes identity' (Sedgwick, 2003: 36). 'There is,' in Biddle's words 'no emotion that individuates, that isolates, that

¹³ Following Deleuze, Probyn sees the shame-ridden body's self-judgement not as constraining but as enabling a reassessment of its visceral reactions to others, especially that of disgust (2000b: 139-140).

differentiates the self, more', particularly since, unlike guilt, shame is less about what the self does than what the self *is* (1997: 229, 230). However, at precisely the moment that the experience of shame forces a painful sense of separation, it simultaneously produces a desire for re-merger with the other. As shame signals itself visibly on the skin – in blushing, hung head, downcast eyes – it signals the ongoing dependence of the self on the other for recognition. The contagious nature of shame – the fact that one can feel shame through contact with another's experience of shame – reveals the extent to which self-recognition or differentiation is bound up with relationality. Indeed, in order for a carer to convey rejection to the infant in the first place, s/he must already see her/himself as merged with the infant (Biddle, 1997: 230). As such, shame is 'at once deconstituting and foundational' (Sedgwick, 2003: 36). It 'arises as an impossible and yet necessary imperative of the continuously emergent self, bound to the very other it is equally bound to fail in order for its very identity' (Biddle: 1997: 231). Shame reveals that neither identity nor relationality can be said to precede the other.

Shame's 'double movement' is, of course, mirrored in the autobiographical act. Or, to put it another way, confessional autobiography seems a kind of performance of shame. Indeed, the very impulse to confess may be seen as an acting out of the desire to regain recognition in response to the denial of recognition that inaugurates shame (Biddle, 1997: 227). The anorexic narratives I read in this section seem to involve different modes of self-production through the dynamics of shame. And this occurs through the various narrative relationships that I outline in reference to Radstone, above. Returning to Radstone's framework there are (at least) three levels of self-other relation involved. At a first, textual level – between protagonist and other characters – anorexia is presented as a reaction to a failure of recognition by

family and sometimes also friends (an identity inaugurated by shaming) and as a signalling (through the body) of the desire for reconnection. At a second level – between narrator and protagonist – the author may constitute her (present) identity in differentiation from a (past) anorexic self in an attempt to excise the shame of the diagnostic label, or she may identify with her former self in angry renunciation of shame, or may move between these two modes. At a third, reader/writer level – the reader may be invited to act as a kind of confessor, siding with narrator over shamed protagonist, or may herself be shamed by an indignant narrator, identified with and fiercely protective over a former anorexic self. In the context of anorexic autobiography, then, the dynamics of shame are an insistent reminder of anorexia's constitution through and embeddedness within relationships.

Negotiating shame

Kate Chisholm's expressively titled *Hungry Hell* begins with her reactions to attending a hospital seminar for anorexics in treatment. She describes the women she encounters there in abject terms: 'When I look up, their eyes and teeth seem to loom over me, disconcertingly huge; their sickly pale faces distorted by malnutrition. So shocking is their thinness that I find myself rudely staring at them, horrified but fascinated too. How could anyone bear to be so thin? (2002: 13). She confesses: 'I am confronted by what I once was' (13). Though encountering these anorexic out-patients brings her face to face with her own anorexic history, Chisholm is concerned to establish clear boundaries around that past, insisting that, 'I am now as alien to them as they are to me' (14). She states that her purpose in attending the seminar was '[n]ot to reconnect with that experience – but to exorcise it once and for all' (15). These opening paragraphs set a narrative tone that persists throughout *Hungry*

Hell. Plagued by the shame of an anorexic past, the narrator adopts a tone of condescension – and at times, contempt – towards the anorexic protagonist, allying herself firmly with doctor and family, and inviting the reader to conspire with her in reading her former self as sick.

Shame surfaces repeatedly in Chisholm's narrative as constitutive of the narrator's relationship with the former anorexic self. 'Until recently,' she writes, 'I was never able to say the word "anorexic", let alone read anything about the illness' (74). 'I am still haunted by the ghosts of anorexia,' the narrator confesses, 'and by my shame that I once allowed it to take over' (127). The repeated articulation of shame allows the narrator to exonerate herself by asserting her separation and difference from the former deluded self. In her attempts to assert her own status as recovered, the narrator attributes pathology to dependence itself, writing of her former self, 'I had never accepted that I needed to make the separation from family that I should have accomplished in my teens' (143). However, the very need to constantly perform this renunciation reveals the precariousness of the separation, for the narrator's present 'recovered' identity is, of course, utterly dependent on the anorexic self. Indeed the case the narrator makes for herself as a healthy, normal, 'unremarkable' woman is only made – through autobiography – by virtue of her 'remarkable' history as an anorexic (Prosser: 1998: 130-1).

A range of narrative strategies function to police the boundary between narrator and protagonist in Chisholm's text. Anorexia appears as something one is infected by rather than an identity, something one 'has' rather than 'is'. 'It cuts you off from living and the potential of being your real self . . . ,' the narrator asserts. 'I was so detached from the girl I had been, from all the things that had made me the person I was, that it was as if that girl had never existed' (2002: 55, 57-8). As such, the

recovered self, embodied in the narrator, figures not only as a 'new' self, but also as a return to a 'true' self. Third-person narration furthers the excision, giving anorexia the generic quality of mental illness: 'She does not wish to make herself available to life . . .' (19); 'Just before the anorexic collapses – as inevitably she must – she will be at her most untouchable . . .' (53); 'One of the things that goes wrong inside the anorexic mind is that she loses all sense of who she is . . .' (66). Indeed the one moment when the narrator is able to own her former self – a moment marked by both first-person narration and present tense – is a conversion moment in which the anorexic protagonist is represented as having temporarily surfaced from madness. On a train, stalled outside Birmingham, in the middle of winter, she realizes that she must take responsibility for her own well-being. 'I feel ashamed that I have allowed myself to become so pathetic. . . . I see clearly what I have become and that the only person who can help me is myself' (133-4). In this moment shame is both that which allows the recovered/narrator self to come into being *and* that which forges the textual link between present and past selves; which acknowledges for the first time, their continuity. Shame allows the isolated anorexic protagonist to reconnect with her family and friends and opens up space for the reader to sympathize with her plight.

For the most part, however, the narrator's claims to omniscience – her ability to look back 'with the detachment of an observer' (143) – are secured through contrast with the anorexic's delusional blindness as to her own state. Indeed a defining feature of *Hungry Hell* is the narrative tone of condescension or disparagement in which the narrator:protagonist relationship follows a pattern of parent:child or doctor:patient (Radstone, 1989). As such, the experience of anorexia is described almost exclusively as negative and destructive. It is: 'a relentlessly miserable and

ultimately horrifying way of life' (Chisholm, 2002: 22) and the anorexic herself is 'utterly self-absorbed and selfish' (46). 'To be anorexic,' she asserts, 'is to be totally out of touch with the impact of your behaviour on others; and to be as demanding of them as a frustrated child' (49). Attempting to draw the reader into collusion against the patient/child, she invites, 'Never be taken in by the retiring, modest manner of anorexics; these girls have hearts and minds of steel' (30). By contrast with the narrator's claims to lucidity, the anorexic protagonist's lack of insight is attributed to the narcissism and myopia of pride: 'Pride is the besetting sin of the anorexic,' the narrator informs the reader, 'pride in her self-denial, in her thin body, in her superiority to those around her, in her ability to survive alone (well, at least until she collapses)' (138).

However, Chisholm's attempts to excise the shame of anorexia are precarious. The narrator/reader alliance is never secured because the dynamics of shame constantly undermine the narrator's attempts to present herself as separate from the protagonist. While the act of confession appears to absolve the narrator of her past – in her closing paragraphs she writes, 'In looking back at what I put myself and my family through all those years ago, I have at last realized that I don't need to feel ashamed of it' (152) – shame cannot be safely signed-off as belonging to the past self because it is precisely shame that allows the self-righteous narrator-self to come into being in order to tell of the past. The narrator seeks her imagined reader's collusion against the anorexic protagonist in an attempt to dispel shame but, in my reading at least, the more disparaging the narrator's tone, the more my sympathies are drawn to the battered protagonist. Shame, that is, seems to connect precisely as it inaugurates distance.

While Chisholm's autobiography constitutes an attempted renunciation of her anorexic past, Sheila MacLeod's *The Art of Starvation* (1981) offers a more ambiguous relationship to hers. The relationship between narrator and protagonist in *The Art* is structured by a kind of shame-induced ambivalence. At times the narrator identifies with the former anorexic self, evidencing a certain pride in her willpower and determination, and inviting the reader to sympathise with her against the insensitivity of her family. At other moments, the narrator's tone becomes parental, omniscient like Chisholm's narrator, and apparently accepting of received medical opinion about anorexia. The ambivalence of the narrator:protagonist relationship resonates with Sedgwick's analysis of shame as 'at once deconstituting and foundational' (2003: 36). MacLeod's objective is both to reveal anorexia as a survival strategy inaugurated by an 'identity crisis' (1981: 64) produced through non-recognition, and to point to this survival strategy's flawed conception; the unsustainability of its attempt at complete separation. Through the dynamics of shame, then, MacLeod's anorexia is both a struggle for individuation and, ultimately, an acceptance of dependence.¹⁴

The narrative tone of *The Art* sometimes seems omniscient. On one occasion, anorexia is described uncharitably as a composite of 'elements of bragging, self-dramatisation, childish defiance, and an assumption of the uniqueness of one's own behaviour' (87). As in Chisholm's autobiography, the third person is sometimes employed to produce a sense of distance from and parental authority over the protagonist: 'She will deny that there is anything wrong with her She will cling to her disease, seemingly indifferent to its possibly fatal results and to its devastating

¹⁴ In understanding anorexia as principally about isolation of the self, MacLeod argues the opposite to Chisholm who, as I mention above, reads anorexia as excessive dependence. This apparent contradiction suggests once more that neither separation nor connection are properties or 'symptoms' of anorexia but about how anorexia is read through the affective dialogics of shame.

effects on others who are concerned with her health and well-being' (9). However, the narrator's parental tone is undermined by interjections that reveal her (present-day) version of events to be only one form of truth: '[A]ll this is hindsight,' the narrator remarks at one point, '. . . not from my childhood experience of childhood itself' (30). Most often, in fact, the narrator evidences a marked sympathy towards the protagonist in which she proffers precisely the recognition that was denied the young Sheila during childhood and adolescence. Here the narrator's depiction of herself as an 'analyst', taking her former self as a 'patient' (68), seems aptly to capture both her roles as interpreter and therapist. The protagonist's anorexia is understood, most sympathetically, as a final attempt to survive – paradoxically both to construct a separate identity of her own making *and* to (re)gain the recognition of which she has been deprived. A tale of isolation and alienation unfolds through reference to her father's authoritarian government of her life (40-1, 53), her misery at an English boarding school where her Scottish background and class render her a misfit, and her increasing lack of belonging at home where she is ignored or ridiculed (57). 'Being a foreigner – that is, being selfconscious of one's difference,' Biddle comments, '– is the terrain of shame' (1997: 233). But, rather than accept shame as her domain, the narrator carefully displaces it into the gendered power relations of family and school. The narrator quotes Erik Erikson's view that, "The child's inborn proclivity for feeling powerless, deserted, ashamed and guilty in relation to those on whom he depends is systematically utilised for his training, often to the point of exploitation" (41). Identifying with the young Sheila, the narrator recalls,

I did the only thing I could: I became anorexic All I knew was that my life was intolerable and that the only way not to be destroyed by it, or by 'them' as I

called the adult, authoritative world, was to reject them and everything they stood for. I had to make some sort of last-ditch stand. (62-3)

This oscillation in narrative tone between critical distance and sympathetic recognition reflects MacLeod's constitution of anorexia itself as a 'paradox'. 'With some notable exceptions,' she remarks in her opening paragraphs, 'the emphasis [in theory about anorexia] has generally been on the negative, destructive aspects of the disease But . . . this is only half the story, only one half of the total paradox which constitutes anorexia nervosa' (1981: 7-8). She goes on to explain anorexia as a 'synchronic' relationship between euphoria and depression (85). The narrator/analyst describes her subject – her former self – as a 'text' that is not unitary but rather 'two quite separate and contradictory texts' (68).

[A]lthough the sub-text of my increasing thinness (which I chose to ignore) read, 'I am doing this because I feel so helpless that not even my own body belongs to me', the apparent text read to me, and increasingly to others, 'My body is my own and I can do what I like with it' (76).

And, in relation to her refusal to eat with her family, she argues, 'The apparent text . . . read, "I'm superhuman. I don't need food", and the sub-text, admitted only to myself and ignored as far as possible, read, "I'm starving"' (81). These conflicting meanings mirror the closeness/distance, relationality/identity 'double movement' of shame. On the one hand, the anorexic body-text signals the need for separation – MacLeod's 'last ditch stand' for her own identity. On the other, her refusal of food and increasing emaciation cry out for recognition and re-merger. Though the element of omniscience in the narrator/analyst's tone introduces distance between narrator and protagonist (the narrator appears to 'know' the protagonist better than she knows herself), the narrator's acknowledgement of the ambivalence of anorexia's meaning exudes a certain honesty and sympathy that re-closes the gap.

Indeed the narrator's identification with her former self allows for her closing confessions that she has never fully recovered (146, 148).

Whereas Chisholm and MacLeod, to different degrees, offer apologies for their anorexic pasts, Karen Margolis offers none. Her autobiography, *To Eat or Not to Eat* (1988), is angry. Anger functions to displace shame from the individual protagonist to the network of significant relationships in her life, undercutting pathologised readings of her self-starvation. Indeed, Margolis renounces the label 'anorexic' altogether, explaining her behaviour in political terms as a 'hunger strike' (9) with a feminist undercurrent. 'I believe that anorexia does not exist,' the narrator asserts. 'I think it is a concoction of medicine men to explain the mystery of why growing numbers of people – mainly women – are demonstrating their anger by refusing to eat' (10). She describes her hunger strike as 'a weapon against men' (68), explaining that her emaciated body's sexual neutrality and physical inaccessibility functioned as protective barriers against unwanted invasions of her space (72). Her rejection of the label 'anorexic', she makes clear, was not out of shame but because the diagnosis served as a means for others – doctors, family, friends – to disregard the political message of her starving body and hence to avoid taking any responsibility for her behaviour themselves (11). For Margolis, the act of writing what she describes as her 'history' (11) is fundamentally continuous with the emaciated body she describes because it is simply a different medium for expressing her protest: 'I am no longer five stone,' she writes, 'I may be crazy. I am almost certainly dangerous. And I am still angry. But I can now express it through my life and my writing' (11).

This political continuity between self-starvation and autobiography makes Margolis' narrator and protagonist seem almost continuous. Indeed, the narrator

seems to want to protect her former self from unsympathetic readings of her body/narrative. Though she describes her book as 'a plea for understanding' (11), she does not otherwise invite the reader's sympathy or pity. In fact she anticipates the reader's scepticism of her version of events. Describing her anger with the doctors who treated her, she interjects, 'I can anticipate you, restless reader, asking: But if she knew so much about it, so much more than the doctors, why could she not cure herself?' (48). Rather than seeking to allay the reader's doubts or petition the reader for belief, she shamelessly reveals that she enjoyed the games of deception with medical authority. 'It was a game, a challenge, sometimes a satisfying tug of wills,' she defiantly maintains. 'How many failures for medicine could I notch up?' (48).

One of the distinctive features of Margolis' narrative is the extent to which she reveals herself through her relationships with others. The narrator constructs her former self as part of a 'constellation' of family, friends, lovers and colleagues (21) whom she continuously co-opts as party to her self-starvation. She identifies the circumstances that led to her hunger strike in the departure and betrayal of her twin sister (15), the abortion a lover persuaded her to have (16), and the suffocating dynamics of her parents' home. She builds a picture of her own devaluation within her family subtly, by means of a four-scene play set around the family dining table (22-34). "You're just a silly little girl who's asking to be treated like a child," her mother accuses her in the imaginary drama. Shame is presented as a collective emotion belonging to her family who are embarrassed by the disruption to their projected image of dutifulness and harmony that her emaciated body forces. Indeed Margolis extends responsibility for her behaviour to an interdependent network of relationships. 'I can say that I might have abandoned my hunger strike earlier had I

not received encouragement from my struggle against the doctors,' she writes (48).

And she makes her friends complicit as much as her family:

Without friends . . . I could not have remained like this. No one can forever play a role alone on a stage in an empty theatre. When we describe someone else as acting a part, we must also ask what part we play as supporting cast. (52)

Even strangers bear the burden of shame. 'The hunger strike is so effective,' the narrator insists, 'because you shift the guilt onto the helpless onlooker' (80).

Remembering how she used to watch people eat in a café every day after work, she writes, 'I never eat. If – just once – I were to destroy that picture, I could never return. I would feel shame, as if I had exposed myself' (78-9). As such, shame as an emotion associated with eating becomes, like eating, the abject. But it is also through (not) eating that a sense of individual identity is forged. '[I]n choosing your own way to eat,' the narrator claims, 'you are asserting that you are different' (85).

In Margolis' narrative, then, the practice of self-starvation emerges as a response to a primary shaming induced by an absence of recognition by others. Rather than accept anorexia as shameful, however, Margolis continues to insist on its relational basis. Both the emaciated body and the autobiographical act are attempts to construct a differentiated, unashamed self which the narrator refers to as 'self-respect' or 'self-esteem':

Long after I wanted to say: I'm tired of it, I wish to abandon this self-torture, I persisted with the strike because there seemed no way out that could leave me my self-respect. I actually had to confront loss of self-esteem before I could say to myself: It is better to give up than to die (81).

Both body and narrative are, then, acts of individuation but which inevitably return Margolis to interdependence with others. She remarks that she was able to abandon her hunger strike only when she received the recognition that was lacking in its

inauguration. As such, both emaciated body and narrative are attributed positive value in the process of self-formation. Her hunger strike, Margolis writes,

forced my family, especially my parents, to a crisis of confrontation that we may not have reached another way, and that I needed. It also forced me to change my life and my relations with others. In my self-created prison with its glass walls, I stripped myself to the bone, exposed everything I could – and it shocked those around into examining me and themselves, touching them deeper than any words. (82)

Margolis' understanding of her anorexia as both embedded in, and transformative of, close relationships, anticipates some of the themes I will raise in the next chapter. Whereas in this chapter I have focused on the constraints and limitations of the autobiographical imperative to represent one's life truthfully, in the next, I explore some anorexic narrative strategies that seek to circumvent truth-judgements by casting suspicion on truth itself. Developing the idea of anorexia as constituted through an impossible ambivalence between individuation and merger, identity and relationality, begun here in my analysis of the narrative workings of shame, I turn to two narratives which articulate anorexia through the irresolvable nature of family dynamics.

Chapter 5: Family Secrets

I come from a family of divine liars. There is always the smell of a lie, a smell of things unspoken.

Marya Hornbacher, *Wasted*

I am frightened by the kiss. I know it is wrong, and its wrongness is what lets me know, too, that it is a secret.

Kathryn Harrison, *The Kiss*

In this chapter, I examine two mutually entangled themes which are constitutional to both anorexia and autobiography – and indeed, to each other: family and secrecy.

Continuing and developing my ‘affective dialogic’ methodology, I read in detail two narratives in which anorexic and bulimic practices are integral to a circuitry of denial in familial interactions. As I argued in my engagement with the idea of melancholia in chapter 3, anorexia seems to express something otherwise inexpressible. Because memory is not a mimetic representation of the life lived, autobiography too, is often understood to be shaped as much by what is left out as what is actually said.

Moreover, autobiography as genre involves a convention for contextualising the adult life within a particular family background. And families are governed by sets of unspoken rules surrounding what may or may not be spoken. Those who attempt to break their family’s constitutional taboos are often subject to censure and/or exclusion, particularly where speaking involves the exposure of pain, violence or entrapment. ‘Family secrets,’ as Annette Kuhn puts it, ‘are the other side of the family’s public face, of the stories families tell themselves, and the world, about themselves. Characters and happenings that do not slot neatly into the flow of the family narrative are ruthlessly edited out’ (1995: 2). In their foregrounding of family

dynamics, the narratives I read here further link together themes from my preceding analysis about anorexia as intersubjective (chapter 3) and as difficult to tell (chapter 4).

Writing one's story in a conventional autobiographical mode, as I argued in chapter 4, risks the shaming or silencing effects of legalistic truth-judgments. And subjects marked by gender, diagnoses of mental illness and the effects of trauma may find their stories particularly liable to discrediting or incredulity. Since bringing family secrets into the public domain may incur a backlash of familial denial and rejection, autobiographers who wish to tell of suffering within the family may choose to blur the boundaries around truth to avoid having to answer to justificatory imperatives to which they will always be found wanting (Gilmore, 2001). For some anorexic autobiographers, it is not only the risk of censure but the complexity of emotion in which love and pain are irresolvably entangled that seems to lead to writing in a more marginal mode. And this indistinctness of genre seems also to encapsulate the anorexic body's indeterminacy. As I argued in chapter 3, the lack of a clear endpoint to the anorexic's somatic transition means that a conventional autobiographical plot ending in some form of enlightenment or resolution will always involve a subjection of personal truth to the conventions of Truth. And where the narrative of self involves trauma, autobiography as genre may involve the impoverishment or distortion of 'body memories' as they are subjugated and ordered to the conventions of testimony.¹ In this sense, a mode of writing that presents feeling rather than fact as the truth of the self, and that refuses to resolve itself, may actually enable a self-representational story of anorexia to be told.

¹ See chapter 4 for a discussion of 'body memories' and how they relate to 'narrated memories'.

Feminist theorists of autobiography have argued that the marginalisation of women's life-writing, and women's voices more generally, has contributed to women's more fractured sense of self that gives their life-stories a particular affinity with fiction (Waugh, 1989; Smith, 1987). However, as I argued in chapter 4, presumptions that genre will mirror gender simply do not stand up to test. More recently, some feminist theorists have argued that autobiography itself confounds limits. For Cosslett, Lury and Summerfield (2000), autobiography, taken in its broadest possible sense to include a multitude of written, spoken and visual genres, is inherently disruptive of convention and, in this respect, allied to feminist aims. Drawing on Laura Marcus's *Auto/Biographical Discourses* (1994), they argue that,

Autobiography makes trouble: it is difficult to define as a distinct genre, on the borderland between fact and fiction, the personal and the social, the popular and the academic, the everyday and the literary This kind of disruptive interdisciplinarity, the challenging of traditional boundaries and definitions, has also been central to the feminist project. (1)

While there are indeed instances of challenging autobiographical convention in the testimonial and confessional narratives I analysed in chapter 4 (after all, what counts as 'true' autobiography eternally evades definition), it nonetheless made sense to select out those texts which embrace the border for special consideration in this chapter because of my sense that this marginal writing allows a certain freedom from the shaming or constraining effects of psychopathological categories.

The two narratives I read here occupy a shifting space in the borderland between categories: autobiography and fiction, memory and imagination, testimony and confession, self and other(s), past and present. To different extents, and using different strategies, they blur the boundary around autobiographical truth. Marya Hornbacher's *Wasted* (1998) describes itself as a 'memoir' and yet it repeatedly

unsettles any sense of memory as verifiable. In its intensity and volatility, her writing style mimics the biochemistry of the anorexic/bulimic body. Just as self-starvation and binge-purging replace temporal order with a head-spinning haze, and as the endless repetition of rituals simultaneously condense and stretch time, Hornbacher's writing subtly confuses memory and fantasy. She tells a story of someone who refuses to cohere as a single, discrete subject and is quite capable of lying. Kathryn Harrison's *The Kiss* (1997) is categorised by the publisher as 'autobiography' and yet her literary style disrupts expectations of autobiography as documentary. Moreover, the fact that *The Kiss* is one of three published self-representational works by Harrison² immediately disrupts the presumption of mimesis. Plurality raises questions like 'What really happened?' and 'Which is true?', only to provoke the reader into confronting their potentially violent effects.³ Making autobiography a process rather than a project with an end, Harrison's writing embodies both the haunting presence of a troubled past and mirrors the endlessness of the anorexic body's transitions.⁴

² Harrison has followed *The Kiss* with two 'memoirs': *Seeking Rapture* (2003) and *The Mother Knot* (2004) which testify to the inescapability of her family history, as I detail below.

³ Gilmore makes a similar point in relation to Dorothy Allison's multiple, diverse, genre-blurring self-representational works (2001: 45).

⁴ Though Hornbacher and Harrison employ elements associated with fiction in their writing, their texts fall short of the genre-merging intermediacy sometimes understood by the term 'fictional autobiography'. In his discussion of Leslie Feinberg's *Stone Butch Blues*, Prosser describes 'fictional autobiography' as 'fiction based on the life – ... the life "disguised" as fiction' (1998: 190, 191). *Wasted* and *The Kiss*, presented as 'memoir' and 'autobiography' respectively, and in which the narrator/protagonist shares the author's name, are not acts of dissimulation to the same extent. Rather, they might be read, in a similar way to the anorexic body, as situated somewhere between conformity and insubordination. Eroding the boundary from the other side to fictional autobiography is another 'intergeneric form' (Prosser: 1998: 191): 'autobiographical fiction' – the novel written in an autobiographical style. Autobiographical fiction about anorexia, though I do not analyse it in any detail in this thesis, can have a powerful disruptive effect on hegemonic knowledges about anorexia. For example, Cheryl Moskowitz's *Wyoming Trail* (1998) tells the story of a girl whose anorexia is the somatisation of her anguished relationship with her father – thereby disturbing the usual presumptions about mothers of anorexics (as I explain below). Stephanie Grant's *The Passion of Alice* (1995) powerfully undercuts anorexia's ubiquitous association with heterosexuality by authorising a protagonist who works her anorexia out through her passion for another girl immured in the same treatment centre. Autobiographical fiction inevitably raises questions like: how, if the author has not experienced the events she narrates, does her text attain the feel of ontological depth? Has she chosen to conceal the fact that this is *her* life in order to avoid the evidentiary demands of truth-telling that

By writing in autobiography's margins, Hornbacher and Harrison circumvent both the evidentiary demands of testimony and the self-justificatory imperatives of confession. In different ways they undermine autobiography's 'rhetorical setting' with 'its anxiety about invention, and its preference for the literal and the verifiable' (Gilmore, 2001: 3). In so doing, they accrue the narrative freedom to tell of suffering beyond the usual expectation of a story of harm with clearly distinguished perpetrator and victim and without the self-recriminations or exculpations of shame. In both *Wasted* and *The Kiss*, anorexia emerges very clearly as a relation between people. But the circumvention of self-explanation works most successfully in Harrison's text which is not a story of anorexia, contextualised within relationships, but a story of relational entrapment to which anorexia seamlessly responds. Whereas Hornbacher remains to some extent caught up in a struggle for meaning-making in which she is preoccupied by established knowledges about anorexia (whether confirming, disputing or refuting them), Harrison's more literary style allows her to sidestep the justificatory demands which every anorexic must face and which follows from the reader's usual expectation of autobiographical writing: explain yourself. In bypassing demands for a causal explanation, Harrison makes questions about psychopathology redundant.

In its intersection with fiction, autobiographical writing becomes not about representing the self as accurately as possible but about the relation between imagination and survival (Gilmore, 2001: 47). Gilmore uses the term 'limit cases' (14) to refer to self-representational texts about trauma that employ the imaginary to blur the boundaries between the 'real' and the fictive, public and private, self and

can never be met? In the end, by continually raising, only to refuse, the reader's question 'Is this true?', autobiographical fiction forces the reader to confront the artificiality of the distinction between.

family, kinship and culture. The writers of her limit cases play with autobiographical means in order to create ‘an opportunity for self transformation’ (11). ‘Less a report with a fixed content summarised at the end of a long life,’ she suggests, ‘autobiography becomes a speculative project in how “to become other”’ (11, quoting Foucault). Prosser similarly argues that where a story of self involves gendered violence, fiction allows the self-protection necessary for self disclosure: ‘fiction conceals enough of the facts so that the truth can be read’ (1998: 193). By pressing autobiography’s limits, the anorexic narratives I read here enable self-survival not only beyond the hopeless inescapability of family bonds but also beyond the shaming, constraining or silencing effects of contemporary knowledges about anorexia. Just as an anorexic ‘body imaginary’, as I argued in chapter 3, embodies a somatic truth of the self, so too a ‘narrative imaginary’ may be a means of telling emotional truths about anorexia that cannot be told in other ways.⁵

In what follows, I analyse first how family relations figure in existing theory about anorexia. I ask why family dynamics are so often missing from poststructural and social constructionist accounts. Reversing my critical angle, I then explore how family systems theorists understand and locate anorexia. While family interaction theory relies on some problematic epistemological and methodological precepts, I suggest, it provides a framework for thinking anorexia *intersubjectively* that the autobiographers I read here take up as a powerful resource in writing themselves. As a final prelude to reading the texts, I move from inter-embodiment as representational model, to intersubjectivity as reading practice, developing a reading methodology capable of bringing family systems and affective dialogics together.

⁵ This ‘narrative imaginary’, moreover, stands in sharp contrast to dominant constructions of the feminine imagination as suggestible, irrational, pathological, as I suggested in chapter 2.

Family matters

The most theorised family relationship in literature on anorexia is the mother-daughter relationship. Indeed this relationship has been overdetermined in a disquieting way as the attachment through which anorexia is presumed to be transmitted. In the feminist psychoanalytic arguments of Susie Orbach and Kim Chernin, for example, the mother-daughter relationship emerges as a key anorexogenic site. Reacting to what they perceive to be Orbach's and Chernin's blind acceptance of a culture-of-blame against mothers, a number of anorexia theorists over the past fifteen years or so have almost entirely eradicated the issue of family relations from their analyses. It is this dismissiveness toward family systems, in conjunction with the centrality of family dynamics in many anorexic autobiographies, that necessitates the focus of this chapter.

Orbach's *Hunger Strike* (1993) and Chernin's *The Hungry Self* (1986) follow on from their more general works about women's suffering in the face of the cultural imperative towards thinness⁶ and draw on psychoanalysis in causal narratives that interweave gender, family and sociocultural context. For Orbach (1993), the mother-daughter relationship in the post-war West is the almost inevitable transmitter of an inferior sense of self for women. Mothers begin with an ambivalence about femininity, generated by a consumer culture in which women's bodies, saturated with (hetero)sexuality, circulate as commodities (14-15), and in which the pressure to conform to a particular body ideal, and hence the imperative to deprive the self, coincides uncomfortably with an era's preoccupation with consumption. The feelings of inadequacy which ensue are conveyed both consciously and

⁶ The best-known of these is Orbach's *Fat is a Feminist Issue* (1978). Chernin also preceded her detailed account of anorexia's genesis with two more general books about women, eating and identity: *The Obsession: Reflections on the Tyranny of Slenderness* (1981) and *Womansize: The Tyranny of Slenderness* (1983).

unconsciously in the mother's relationship with her daughter (23). Drawing on object relations theorists D.W. Winnicott, W.R.D. Fairbairn, and Nancy Chodorow, Orbach argues that successful individuation can only occur if an infant's needs are adequately met, and if her moves towards independence, adequately supported and encouraged. But because women's psychologies are shaped by feelings of self-disgust, lack of entitlement and a suppression of needs, the identification across a relationship between mother and same-sex infant is inevitably marred (59).

Consciously and unconsciously the mother teaches her daughter containment and constraint in relation to body and appetite (61). Because the mother's relationship with femininity is unresolved and ambivalent, and because to be feminine means to nurture others, defer to others, deny the self, the daughter is unable to develop a healthy, differentiated, corporeal sense of self in unity with her psychic self, which Winnicott calls "the imaginative self" (quoted on p. 60). Because the mother, the 'object' on whom the infant relies, is unable to relate consistently to her daughter's needs, the infant comes to experience her own needs as bad, and suppresses them behind what Winnicott describes as a "false self" (69-70). It is this 'false self', expressed, Orbach adds, through a 'false body', that is anorexia (70, 87, 89).

Anorexia is an attempt to defend an unintegrated, embryonic 'authentic' self from further rejection (90). However, without the ability to recognise or act upon her 'true' desires, the anorexic has little resistance against the deprecating messages of the fashion and diet industries (62-3). And so the cycle repeats itself.

For Chernin (1986), the reproduction of feelings of inadequacy in daughters is less the result of identification with the mother than the desire to outstrip the mother. Chernin explains eating disorders as a defence mechanism against the feelings of guilt experienced by daughters at the prospect of surpassing their mothers' lives.

Anorexia and bulimia, she argues, emerge out of a general female identity crisis brought on by an expansion of women's options and aspirations in an era of women's liberation:

[T]he present epidemic of eating disorders must be understood as a profound developmental crisis in a generation of women still deeply confused, after two decades of struggle for female liberation, about what it means to be a woman in the modern world. (17)

Because eating disorders are a self-consuming fixation, they are an effective distraction from achievements, thereby forestalling the 'terror of self development' (21). While Orbach, following an object-relations framework, understands the problems of the mother-daughter relationship predominantly in terms of material reality, Chernin, adopting Melanie Klein's interpretation of Freud, attributes anorexia largely to the daughter's regressive fantasies. According to Klein, all infants experience ambivalence in relation to the mother: they have oral-sadistic fantasies about weaning the mother dry, and hence destroying her, engendered by their frustration in not being able to control the food supply. But because the infant's ego is too fragile to cope with such fantasies, they are projected onto the mother who is experienced as persecuting the baby. Chernin suggests that the contemporary strictures of motherhood, in which women really do feel drained, causes a reactivation of the infantile 'Kleinian memory' such that daughters experience the destructive fantasy of devouring the mother to have actually taken effect (1986: 64, 78-93, 125; Sayers, 1988: 365). Eating disorders play out this fantasy: hidden anger and guilt are turned inwards against the female body shared with the mother (Chernin, 1986: 93). Food, associated with the mother's constrained domestic existence, is rejected or alternately engulfed and vomited. And the anorexic's androgynous body represents a desire to escape the emotional

impossibility of either becoming the mother or of surpassing her through a symbolic identification with the father instead (42-5, 52).

While there are significant problems with Orbach's and Chernin's characterisation of the mother-daughter relationship (which I come to below), it is important to acknowledge the backdrop to their theoretical moment. Their foregrounding of the family as a kind of crucible for the combined effects of socio-cultural forces and gender inequality arose partly as a response to neo-Freudian explanations in which anorexia's link with family relationships was limited to the oedipal script of unresolved conflict in female psychosexual development. As Janet Sayers points out, much preceding psychoanalytic theory described anorexia as a defensive regression from adolescent genitality to infantile orality (1988: 362). 'The famous anorexia nervosa of young girls,' Freud mused to Fliess, 'seems to me (on careful observation) to be a melancholia where sexuality is undeveloped' (Freud, 1895: 200). Having renounced his theory that hysteria was the result of childhood sexual abuse, Freud famously interpreted Dora's disgust at food to an infantile desire for oral sex with her father (Sayers, 1988: 361). Equally famously within anorexia theory, the existential analyst Ludwig Binswanger interpreted Ellen West's anorexia as a fear of oral impregnation (Binswanger, 1958: 260).⁷ And this idea of anorexia as a manifestation of deviant orality has been taken up by, amongst others, J.V. Waller, R.M. Kaufmann, and F. Deutsch, who argue that in anorexia "psychological factors have a certain specific constellation centring around the symbolization of pregnancy fantasies involving the gastrointestinal tract" (1949, quoted in Minuchin, 1978: 14). The phallocentrism of such interpretations impelled Chernin and Orbach to shift their focus from fathers to mothers, to look to Klein with her focus on the

pre-oedipal mother-child relationship and to Winnicott with his valuation of mothers' roles (Malson, 1998: 22). Orbach, in particular, was responsible for shifting the causal emphasis in anorexia away from 'unconscious fantasy' to the 'external reality' of the family (Sayers, 1988).

Nonetheless, there are a number of core problems with Chernin's and Orbach's texts. Most obviously, attributing to mothers the power to make or break their daughters' psychological health belongs to a widespread tendency to blame mothers for a plethora of social ills (Caplan, 1990; Sayers, 1988). In Chernin's and Orbach's work, the mother-daughter relationship appears to exist in a dyadic vacuum – indeed 'mother' substitutes for 'family' in a manner which functions to make mothers synonymous with domesticity. Fathers are theoretically inconsequential or simply absent. Thus shifting focus to the mother left Orbach and Chernin with two ironies. First, though their objective had been to move beyond mainstream psychoanalysis' focus on the individual, to make visible the social and gendered inequalities at work in the private world of the family, their argument that eating disorders are the result of failed or conflicted differentiation from the parent of the same sex worked to reframe anorexia precisely as a question of individual psychosexual development. In other words, rather than revolutionising the terms through which families are thought, the social and political dimensions of Chernin's and Orbach's arguments were constrained and condensed back within a broadly traditional psychoanalytic framework in which processes of identification and differentiation with the same-sexed parent define psychological development. Second, while Orbach and Chernin sought to highlight the phallocentrism in neo-Freudians' focus on the father, by concentrating on mothers so exclusively, they implicitly exonerated fathers, thereby

⁷ As I argued in chapter 3, the case of Ellen West has become somewhat paradigmatic within

contributing to phallogentrism in another form. Indeed this exculpation of fathers was perhaps *more* sinister in its effects because it further stretched the link between forms of female 'psychopathology' and childhood sexual abuse. The legacy of Freud's interpretation of his hysterical patients' reports of early sexual experiences as imagined rather than real has been a longstanding and deeply entrenched scepticism surrounding women's accounts of childhood sexual abuse, as I describe in chapter 4.⁸ Indeed, if there is a documented link between anorexia and white middle-class families, there is an equally strong connection between white middle-class families and an indignant denial of incest.⁹ By making fathers ineffectual, Orbach and Chernin inadvertently contributed to the scepticism surrounding women's accounts of childhood sexual abuse.¹⁰

literature on anorexia, both feminist and therapeutic, and Ellen's profound suffering, which ended in her suicide, is rarely addressed with empathy.

⁸ Susan Wooley argues that as late as 1985 there was still widespread silence surrounding childhood sexual abuse in the literature on eating disorders (1994). Indeed where a high incidence of histories of sexual abuse did surface in clinical research into eating disorders, the link was often dismissed as coincidental because, it was argued, the rate of sexual abuse in the non-eating disordered population was also high (Finn, Hartmann, Leon and Lawson, 1986; Pope and Hudson, 1992). Such application of positivistic logic to lives marred by the legacy of sexual violence demonstrates how women's testimonies are frequently discredited under the guise of 'scientific methods' (and how the coincidence of witness and body of/as evidence tends to facilitate and expedite that discrediting, as I suggested in chapter 4). The presumption that the argument relies on quantitative evidence (i.e. only if there are more incidences of sexual abuse in the histories of those who are diagnosed with disordered eating than in the histories of those who are not, does sexual abuse have any significance for anorexics) reveals an alarming ignorance about the nature of trauma's effects. As I argued in chapter 4, there can be no pretence to 'objectivity' where trauma is concerned because trauma is not an event that effects everyone equally, nor a false or warped apprehension of an event, but achieves its devastating effect 'belatedly', as a result of the 'personal significances attached to it' (Caruth, 1995: 7). Clinical researchers' dismissiveness towards sexual violence against girls and women reveals that what is at stake is not so much a reluctance to discuss the act of abuse but a reluctance to believe its victims (MacLeod and Saraga, 1988, cited in Hepworth, 1999: 49). Some clinical literature has, however, addressed sexual abuse empathetically enough to consider adapting treatment programmes to help victims live with the legacy of abuse rather than merely 'correcting' their disordered eating (see for example Goldfarb, 1987; Waller, Halek and Crisp, 1993).

⁹ As Elizabeth Wilson powerfully argues, the extent of 'the shock and horror, the disbelief and suspicion' that often attaches to white middle-class women who raise allegations of sexual abuse is a product of the white middle class's 'official domestic ideology': 'not in this house' (1995: 38). And this ideology is founded in a constitutive racism and classism in which the white middle class accrues moral superiority and social and political hegemony by projecting incest onto others. As Wilson explains, according to this ideology, 'incest does not take place in the white middle class family; it is a vice of class and racial others who lack the rationality to control their impulses' (38).

¹⁰ As Julie Hepworth points out, Orbach's exoneration of male family members and failure to address sexual abuse was partially redressed from the late 1980s by her praxis in the Women's Therapy Centre, a feminist psychoanalytic treatment centre for eating disorder sufferers in London

There is little space within Orbach's and Chernin's arguments for lesbianism or bisexuality except (I am surmising) as further complications of the daughter's fraught acceptance/rejection ambivalence in relation to heterosexual femininity, as played out through identification with/differentiation from the mother. Moreover, the mother-daughter relationship Orbach and Chernin discuss is implicitly white and middle-class but taken as the generic norm. Both theorists rely on notions of a pre-social 'authentic self' that exists in embryonic form and a 'natural' body and appetite in spite of their insistence that psychologies are constituted in and through the social. Orbach, for example, argues that women cannot have 'an unmediated or purely physical relation to their bodies' (1986: 36) and yet her argument relies on a model of 'good' mothering that involves the correct interpretation of a child's authentic needs.¹¹ As MacSween points out in her critique of *Hunger Strike*, this model, though presented as neutral and healthy, is symbolically masculine. 'The masculine self,' she contends, 'remains the invisible and unanalysed standard against which the "problems" of the insecure female self are measured' (1993: 85).¹²

Indeed, in targeting mothers as fundamental to their daughters' psychological distress, Chernin and Orbach followed a path trailed by Hilde Bruch, an American psychiatrist, well-known in the field of eating disorders, who described anorexia as

which she set up with Marilyn Lawrence and which aimed to give value and credence to women's own explanations for their disordered eating (Hepworth, 1999: 57, 61-2).

¹¹ Nicky Diamond makes a similar point in her critique of Orbach's *Fat is a Feminist Issue*. In relying on the idea of a 'true' body image and a 'natural' appetite, Diamond contends, Orbach implies that for women who are unsuccessful in their attempts to lose weight, weight loss will occur naturally if hunger cues are listened to. But 'Physical hunger and social habit are not separable . . .', Diamond points out, 'Nor is there a biological self-regulatory mechanism that simply remains intact for women to re-discover' (1985: 58).

¹² As I argued in chapter 1, Chernin's sense of an unprecedented crisis of 'female identity' following the women's liberation movement, in which daughters are for the first time in a position to radically surpass their mothers, is problematic in another way. Not only does this argument imply that feminism is in some measure responsible for the epidemic of eating disorders, but in presenting a view of the current historical moment as one in which women may take equal rights for granted, she turns gender hierarchy into a mere residue of the past and a figment of women's imaginations. 'Chernin psychologizes and domesticates a social and political conflict', as MacSween puts it (1993:

an identity crisis engendered by a lack of sense of autonomy or 'ego deficit' originating in disturbances in the early mother-child feeding relationship (1974: 56). Bruch presented a picture of the typical anorexogenic mother as one who had given up career and ambition to care for her family and whose subsequent dissatisfaction and frustration was played out through a controlling relationship with her children (1978: 27-8). This mother, Bruch argued, was likely to have fed her baby when it was convenient for her, rather than on demand, and to have over-anticipated her growing daughter's needs such that the daughter developed a sense of ineffectiveness, of existing only in response to others, and an inability to recognise thoughts and feelings as originating in herself. Adolescence, the transition from childhood to adulthood with its expectations of self-sufficiency, is, for this daughter, the catalyst for personal crisis. Anorexia, typically emerging around or after puberty, is, according to Bruch, the daughter's misconceived attempt to take control over her own life (without the sense of self necessary to do so), a desperate bid for independence from her mother's expectations and projections.

The way in which such incrimination of mothers accrues theoretical momentum is evidenced by the work of Bryan Turner.¹³ Turner's blind acceptance of Bruch's analysis of the anorexic family is particularly striking given the difference of disciplinary background – psychiatry to sociology – and hence indicates the extent to which 'clinical evidence' is often adopted as though it requires no explanation.¹⁴

According to Turner,

63): the constraints which keep women from moving into the public sphere apparently exist only in the minds of women themselves such that gender oppression is an act of self-policing.

¹³ In chapter 1, I introduced Turner's arguments about anorexia as a form of body-management practice in an age of consumerism.

¹⁴ Turner makes this observation himself, but in terms of the *actual* compatibility of the two schools of thought. 'What has not been adequately recognized,' he argues, '... is the proximity between Bruch's clinical interpretations of the meaning of anorexia and the classical tradition of sociology which is grounded in the quest for interpretative understanding of action' (1992: 219).

Two salient features emerge from Bruch's careful study of anorexics, namely the presence of an overpowering, dominant mother involved in an excessively regulated relationship with her daughter, where there is a contradictory stress on compliance, cleanliness and individual competitiveness, and secondly an inadequate familial preparation for adolescence, because the anorexic household offers few opportunities for individualization. The result is that these middle-class females find it difficult to leave the family and make the transition into a broader, more exciting but more demanding world. (1992: 220)

Turner concurs with Bruch's view that self-starvation is for these women thus 'merely a pseudo-solution based on a false appraisal of their place in the world' because as the daughter 'suppresses her own gender identity and sexual maturity', she 'precludes the possibility of successful adulthood' (221). Adopting Bruch's arguments so uncritically, Turner credits Bruch with a 'painstaking attention to how her patients described their own world view of the anorexic condition' (219), which enabled her, he suggests, 'to obtain a comprehensive overview of the complaint' (224). He concludes that, '[F]rom the point of view of family therapy, the principal dynamic in the social aetiology of this disease is the conflict between the daughter and the overprotective mother' (224). His argument is all the more pernicious for its pretence to be merely 'giving voice'. Mentioning Bruch's argument, he adds in parentheses: 'or rather the conclusion of her long and patient encounter with anorexics' (220). This is not 'theory', we are invited to believe, but anorexics speaking for themselves. And this move, of course, functions to make Turner invisible, thereby concealing the judgment being made here – that listening to anorexics' stories requires the patience of a saint. In a longer and earlier version of the same essay in which Turner draws on the anorexic autobiographies of Sheila MacLeod and Aimee Liu, he states his intention to illustrate a series of contradictions in anorexia, adding that, 'Most of these illustrations are taken from the autobiographies of anorexics, backed up by qualitative clinical data' (1984: 192). It

is the pretence to objectivity that irritates me. From his subsequent analysis it is abundantly clear that he reads the autobiographies through the lens of Bruch's 'clinical data' and not the other way around.

In an angry retort, Jan Horsfall (1991) holds Turner to account. The title of her piece, 'The Silent Participant', astutely equates the 'missing' father in Turner's reiteration of Bruch, and Turner himself – the 'silent' theorist who masquerades as objective while perpetuating the phallocentrism of traditional psychiatry. The absent, passive, or peripheral father and the domineering, aggressive, pathogenic mother, she argues, are products of clinicians' and theorists' malestream bias and not reflections of families labelled pathogenic. 'Thus,' Horsfall points out, 'we had that most terrible of mothers – the schizophrenic mother – in the 1950s and interestingly, descriptions attached to her were exactly the same as those Turner gleans from Bruch regarding the mothers of anorexics' (233). 'We must ask what equally charming qualities these invisible fathers would manifest should we look for them,' she comments sardonically (233). Citing one clinical case study about a bulimic, unusual for its interest in the father, Horsfall reveals that while the bulimic's mother was judged to be 'intrusive', this was because she was attempting to protect her daughter from the 'drinking, criticisms and bad temper' of her alcoholic father (233). A trained psychiatric nurse as well as theorist, Horsfall stresses the implications for praxis of examining family systems rather than individuals with disorders:

When the reality of patriarchal relations within the family are deemed to underly the 'disorder', therapy will wear another face. Then outcomes will be more positive for those women in families in our society who are held in golden cages¹⁵ called anorexia and gazed at by men and women educated within non-reflective patriarchal professions. (234)

¹⁵ Horsfall's reference to 'golden cages' here is a deliberate reversal of the meaning intended by Bruch. The title of one of Bruch's books, 'The Golden Cage' was the psychiatrist's analogy for anorexia which, she argued, paradoxically promised escape from the stifling family home while imprisoning the sufferer in her own cycle of self-destructive behaviour.

I return to the implications of a family systems approach below.

In response to the negative over-determination of the mother-daughter relationship in Bruch's, Turner's, Orbach's and Chernin's accounts, feminist theorists of anorexia in the 1990s approached family context with dismissiveness. In the social constructionist and poststructuralist writings on anorexia which predominated in that decade, the family question was often rejected for its association with individual developmental dysfunction, with singular rather than multidimensional explanatory models, with heterosexism and ahistoricism (see, for example, Bordo, 1993: 45; Hepworth, 1998: 48-57). However, as I argued in chapters 1 and 3, by emphasising the disciplinary effects of 'socio-cultural forces' or 'discourses', these theorists presented the anorexic as little more than a surface of inscription or dupe. Without an analysis of family dynamics, without an anchor for their ethereal gendered and socio-cultural forces, the anorexic became strangely decontextualised and worryingly desubjectified. In order to offset a culture of mother-blaming, Malson re-evaluates the idea of the anorexogenic mother as a symbolic rather than material reality: 'Both the perceived failings of the mother and the "pathogenic" role allotted to her in clinical and academic theories,' she writes, 'can be read as manifestations of the damage of patriarchal fantasies and their symbolization' (1998: 140). In other words, it is not that 'real' mothers are responsible for their daughters' eating problems, but that the dualistic symbolism of mothers as both nurturing and engulfing, self-sacrificing and excessive, constitutes a gender-infused discourse of mind/body dualism which anorexics ingest (139-140). Motherhood, associated with fat, according to this argument, functions as a trope for feminine bodily excess which the anorexic rejects in the pursuit of firmer body boundaries (150-151). The problem with this argument is not only that the anorexic

appears more duped by this symbolism than anyone else but that it returns Malson to a (neo-Freudian) position that anorexics' psychosexual health is governed by *imagined* rather than real family relationships.

Family systems

Taking up Horsfall's call for a thorough examination of the disordered family, I want to introduce a school of thought about anorexia that makes family dynamics (as opposed to dyadic family relations) absolutely central: family systems theory. This school usually falls within the general parameters of clinical psychotherapy and/or psychiatry and its best-known proponents are Mara Selvini Palazzoli (1974) and Minuchin, Rosman and Baker (1978). Both Palazzoli and Minuchin et al. are concerned principally with finding effective therapeutic solutions to anorexia.¹⁶ Their importance for my argument lies in their use of a number of concepts to describe family interactions which the anorexic autobiographers I read here employ to powerful effect in writing themselves.

One of the important paradigm shifts of family systems theory is that behaviour patterns classified as mental illnesses are no longer understood as 'intrapsychic disorders' but as 'transactional disorders' (Palazzoli, 1974: 194). In contrast with psychodynamic frameworks, family systems is concerned less with causal origins and more with what perpetuates patterns of interaction in the here and now (Minuchin et al., 1978: 9), with what might be called 'family performativity'.

Interpersonal transactions are understood in terms of 'feedback circularity' by which 'family members constrain each other' (Minuchin et al., 1978: 51). A key idea here

¹⁶ Minuchin et. al. claim an 86 percent recovery rate by comparison with between 40 and 60 percent in individual psychotherapy (1978: 10). Palazzoli, inspired by her own clinical observations, underwent something of a personal conversion, abandoning a career based in individual psychiatry and psychoanalysis to pursue a family systems approach instead (1974: ix-x).

is that families are 'cybernetic', that is, they are self-regulatory systems that tend to operate within a particular range of interactions, and these dynamics are governed by a set of unspoken rules. And the overarching 'rule of rules', as Palazzoli puts it, is a proscription on making comments or metacommunicating about the rules (1974: 196). Families, then, are governed by secrecy.

From their research¹⁷ and therapeutic interventions into 'anorexic families',¹⁸ Minuchin et al. and Palazzoli suggest a number of interactional patterns that they take to be typical. Most importantly, in terms of the anorexic stories I read here, anorexic families are *enmeshed*.¹⁹ 'Enmeshment,' Minuchin et al. explain, 'refers to an extreme form of proximity and intensity in family interactions' (1978: 30). Family members are over-involved with one another, changes within one member or between two reverberate throughout the system, communications are often mediated by other members and boundaries between individuals are confused. While much of this may be recognisable in all families to some extent, the difference in enmeshed families is that there is so little variation in interactional patterns that there is no relief (30, 33). The enmeshed family is 'a system that has turned upon itself' (57); family members are 'trapped' (59). Operating on the basis of an implosive insularity, and with little capacity to find relief beyond the family's limits, enmeshed

¹⁷ The research methods of both Palazzoli and Minuchin et al. involved a combination of family interviews or questionnaires (Palazzoli), or a family 'diagnostic interview' designed to assess the types of interactions in play (Minuchin et al.), and the observation and videoing of families performing a series of set interactive tasks by themselves (Palazzoli, 1974: 200; Minuchin et al., 1978: 35-40). The positivistic assumptions of such methods raise a number of problems which I address below.

¹⁸ 'Anorexic family' (or 'anorectic family') is clearly a problematic label in that it implies both universality and causality. Minuchin et al. preserve it nonetheless, for, as they explain, 'The term anorectic family is intended to posit the dilemma of the systems thinker caught in a field in which words reflect descriptions of individuals. . . . We are attempting to describe the identified patient as an active participant in a process in which there are no victimizers or victims, only family members involved in the small details of everyday living. But trapped by words, we end up with an incorrect label' (1978: 51).

¹⁹ In addition to 'enmeshment', Minuchin et al. (1978) identify four other primary areas of destructive interaction characteristic of 'psychosomatic families': over-protectiveness, rigidity, conflict avoidance and poor conflict resolution.

families are fiercely resistance to change. 'There is,' Minuchin remarks, 'no resolution or closure, and no escape' (1978: 8).

The most common form of enmeshment that family systems theorists identify in anorexic families is what Minuchin et al. call 'triangulation' (1978: 33), and Palazzoli calls 'three-way matrimony' (1974: 211) or 'perverse triangles' (225). The anorexic daughter is entrapped in conflicts between her parents that they are unable to address let alone resolve. She somatises this situation because of its hopelessness and helplessness (Minuchin et al., 1978: 33, 38). The crucial regulatory mechanism in such coalitions, and the factor that particularly encourages somatisation, is secrecy. The characteristic interactions of 'perverse triangles', Palazolli elucidates, are:

secret coalitions between one generation and the next against one of the peers. Such coalitions are never acknowledged, and whenever the behaviour of two is such as to betray their secret compact, the betrayal is immediately washed over by metacommunications. The pathogenic structure of the perverse triangle, therefore, does not so much lie in the coalition itself as in the simultaneous denial of its existence. (1974: 225-6)

It is worth noting that, by presenting triangulation as the paradigmatic dynamic of anorexic families, family systems theorists, in a sense, return full circle to a three-cornered, neo-oedipal model of psychopathology (Sayers, 1988: 369-370). While the emergence of one daughter or son as a 'symptom bearer' may make this focus on triangles difficult to avoid in therapeutic practice, this emphasis is problematic because it relegates siblings to a peripheral significance.²⁰ The triangular model also

²⁰ If fathers have been glaringly absent from much theory about the families of anorexics, this is perhaps even more true of sisters and brothers. Minuchin et al. mention 'sibling subsystems' as significant to a child's developing sense of self but do not elaborate on the role such subsystems might play in anorexic families (1978: 55-6). Bruch makes the observation that two thirds of her anorexic patients came from families in which there were only daughters and that such families were 'small', averaging, over fifty cases, 2.8 children (1978: 25). The significance of this, she suggests, is that the lack of a son contributed to the mother's sense of inadequacy which was then projected onto

presumes a heteronormative nuclear model of 'the family' that scarcely bears relation to the reality of family groupings.²¹ At one level, family systems theorists' nuclear family focus is justified. Their intent is to expose the kinds of self-perpetuating, insular modes of communication, the mutual undermining and constraint, the destructive – indeed, potentially life-threatening – styles of interaction that can make nuclear families the site of suffering. Thus the effect of their analyses is not so far from feminists' revelations that the nuclear family's ideology of natural love, nurturance, intimacy and cooperation functions as a myth which acts as a cover for violence (Collier, Rosaldo and Yanagisako, 1992: 43-4). Family systems theorists, then, are not advocating but exploding the myth of the nuclear family.

the daughter as an expectation that she should achieve the successes and career status normally required of sons (26-7). This fits very neatly into Bruch's argument, but even she is forced to admit that, when questioned about the effects of having 'only daughters', most of the families 'denied that this posed any problems' (25). If being treated like a son means being presented with opportunities and expectations for achievement, might this really be such a bad thing for girls – so bad that it causes them to become sick? Bruch's argument seems to me uncomfortably close to the discourse of feminine pathologies as 'reading disorders' that I critiqued in chapter 2. Research into the relationships between anorexics and their siblings is very rare and answers as to why only some daughters show disordered eating, frequently speculative. In their overview of clinical literature on the role of family in anorexia and bulimia, Michael Strober and Lynn Humphrey point out that 'the prevalence of anorexia nervosa among the sisters of patients has ranged from 3% to 10%, which greatly exceeds rates in the general population' (1987: 656). They surmise that a genetic transmission of 'personality traits (e.g., neuroticism, obsessive worrying and rigidity, introversion)' (657) as much as family dynamics may be responsible for anorexia running in families. Such arguments highlight the need for narrative research into the role of siblings with the family system. In Sheila MacLeod's (1981) autobiography, for example, the narrator/protagonist's sense of worthlessness and struggle to free herself from entrapment is a response not only to her parents' neglect but to the conspiring allegiances between her mother and her sisters. In Karen Margolis's (1988) narrative, abandonment by her twin and her parents' hyper-valuation of her only brother in relation to her and her sisters is fundamental to her self-starvation. In the two autobiographies I read in this chapter, siblings remain absent by default: while Hornbacher has step-siblings from her father's previous marriage, and Harrison, from her father's subsequent marriage, neither lives with her step-siblings except for short, isolated spells. It is no accident, then, that these two autobiographers favour an explanatory model based on the intersubjectivity of three.

²¹ From a feminist sociological perspective, Caroline Wright and Gill Jagger (1999) expose the ideology of 'family values' by detailing the prevalence and practice of alternative family forms including lesbian and gay and single-parent families. Taking a feminist anthropological approach, Jane Collier, Michelle Rosaldo and Sylvia Yanagisako (1992) contest the idea that the family constitutes the basic social unit in every human society, revealing that previous anthropological discoveries of a universal family were a product of the researchers' location rather than a reflection of reality. Graham Allan and Graham Crow (2001) offer a mainstream sociological overview of the changing structure of the family.

This does not, of course, obviate the criticism that family systems theorists' idea of the healthy family may be based on a nuclear paradigm. As Judith Bradford and Crispin Sartwell point out, what circulates as a 'central norm' is in fact a hegemonic ideal and '[t]he ideal has this content: the family is white, nuclear, and coresident, and in it, heterosexual, biological parents raise their children' (1997: 116-7). In their research methods, Minuchin et al., for example, use 'normally functioning families' (1978: 51) as a control.²² Though they indicate that such families may take many different forms, they still state that '[t]he easiest way to conceptualize a family system is to picture it as having a beginning in time when two people join . . .' (52). As Bradford and Sartwell suggest, there is a difference between critiquing the nuclear ideal from 'inside' its (relatively privileged) reference points, as in Chodorow's work (1978; 1995), in which the (heterosexual, middle-class, white, Western) nuclear family is exposed as damaging, but still presumed to be normative, and challenging it from 'outside', as in the contentions of black feminists like bell hooks (1984; 1993) and Patricia Hill Collins (1991). Black feminists point out that the nuclear coresident family is not only unrepresentative of the forms of attachment practised and valued outside a specifically white, Western tradition, but, as the perceived norm against which those 'other' familial groupings are judged to be inadequate, has pernicious racist and classist effects (Bradford and Sartwell, 1997: 117).²³

²² Such an approach is based on the misconception that 'normality' is independent of the researcher's own location and agenda. It stems from the inappropriate application of methods used in the physical sciences to the human world, as Lorraine Code (1993) suggests.

²³ As Valerie Amos and Pratibha Parma (2001) put it, 'White feminists have fallen into the trap of measuring the Black female experience against their own, labelling it as in some way lacking, then looking for ways in which it might be possible to harness the Black women's experience to their own' (2001: 23). In uncritically accepting pathologised ideas about the black family (such as that the Asian family consigns women to a deferential passive role or that Afro-Caribbean relationships are inherently sexist), they contend, white Western feminists have contributed to racist legislation and state practice while masquerading as liberators of black women (22-24).

While family systems theorists do tacitly present as generic a model of family that is in fact a specifically white, Western tradition, their analysis could be reframed such that their particular focus is not only made explicit but shown to be warranted as such. Bradford and Sartwell (1997) point out that middle-class, white, heterosexually-parented families are epistemologically placed to make certain forms of dysfunctional interaction more likely. Because, in their visible features, such families already resemble the nuclear family ideal, they are more likely to perceive it as achievable and may consequently be less able to find critical leverage against it (120-1). Dysfunctional family ‘diseases’ such as alcoholism, incest and abuse (all of which, one might add, are ‘anorexogenic’)²⁴ are in fact ‘epistemic diseases’, Bradford and Sartwell suggest: ‘situated responses to the strong deployment of the hegemonic ideal of family . . . which . . . constrains the production of seeing and the contents of knowing’ (116). This is a useful argument because it provides theoretical background for understanding the extent of denial and secrecy in ‘psychosomatic’ or ‘dysfunctional’ families.²⁵ Bradford’s and Sartwell’s analysis of representations of the typical alcoholic, abusing or incestuous family in self-help literature reveals characteristic dynamics that are very similar to family systems theorists’ descriptions of ‘psychosomatic families’. ‘Dysfunctional’ families, they suggest, are described as governed by an authoritarian epistemic regime of absolute secrecy in which deviance from the family ideal is not only hidden from outsiders but denied amongst the family members themselves to the point that such self-deception becomes

²⁴ There is a well-documented relationship between eating disorders and families with an alcoholic member which I briefly touched on earlier in this chapter and in chapter 3. Jan Horsfall suggests that 83 percent of bulimics and 49 percent of anorexics have an alcoholic in the family (1991: 234).

²⁵ Destructive dynamics in families cannot, however, be *reduced* to ‘epistemic disease’ because this would make it impossible to explain why all families who are similarly situated in relation to the nuclear family ideal do not evidence the same problems. As Bradford and Sartwell point out, there still needs to be some means of differentiating those family patterns that are disappointing, frustrating or misery-inducing from those that are, quite literally, ‘inimical to life or health’ (1997: 123).

‘compulsive and unconscious’ (119-120). Though such families operate under regimes of intense fear, they are perpetuated by an absolute interdiction on speaking that fear (120).

Secrets, memory, intersubjectivity

Feminist autobiography theorists have also pointed to the way in which families are constituted by secrecy. Every family, Kuhn suggests, has overtly disputed memories – contradictory accounts of past events and their affective significance – and a realm of events and feelings that are precluded from memory, inaccessible to conscious recollection:

People who live in families make every effort to keep certain things concealed from the rest of the world, and at times from each other as well. Things will be lied about, or simply never mentioned. Sometimes family secrets are so deeply buried that they elude the conscious awareness even of those most closely involved. From the involuntary amnesias of repression to the wilful forgetting of matters it might be less than convenient to recall, secrets inhabit the borderlands of memory. Secrets, perhaps, are a necessary condition of the stories we are prompted by memory to tell about our lives. (1995: 1-2)

If families are constituted by silence and amnesia, if autobiography is impelled by secrecy, then narratives of self/family can have no simple representational relation to ‘actual’ events. Memory, as Cosslett, Lury and Summerfield point out, is ‘intersubjective and dialogical’; memories ‘usually have neither an obvious source nor a single owner’ (2000: 5). In this sense, autobiographical narratives of self/family may be more easily told as genealogies of affect rather than histories of fact.²⁶ Telling stories of family suffering without incurring accusations of invention

²⁶ Kuhn, for example, conducts ‘memory work’, self-immersion in the emotive resonances of family photographs, in order to experience their ‘feeling tone’ (1995: 82, 89). This allows a way of accessing and analyzing memories that remains true to their ‘mode of expression . . . characterized by the fragmentary, non-linear quality of moments recalled out of time’ (5).

or exaggeration may in fact depend on undermining memory's presumed foundation in fact. If memory is structured by secrecy, such that there can be no simple relationship between experiences and recollections, then 'subjectivity is an effect produced by autobiography – or rather in autobiographical practice – and does not precede it' (Cosslett, Lury and Summerfield, 2000: 10). By writing the self through a story of a family's unspoken or unspeakable, the autobiographers I read here find means to remake themselves and rewrite family history.

Anorexia is also a language of secrecy. It is the somatic expression for something that (initially at least) has no words. It is, as one autobiographer clearly puts it, 'first and foremost a language problem' (Place, 1989: 137). A form of melancholia in which the subject does not know for what she grieves, anorexia severs the subject from memory. If, as I argued in chapter 3, anorexia emerges intersubjectively, through the differentiating impact of tactile encounters in which closeness and distance are irresolvably entangled, then writing the anorexic self as the story of a family's affective turbulence may feel emotionally 'truer' (more 'familiar') than writing the self through the voice of a self-sufficient, authoritative 'I'. Writing through the figurative mimics the anorexic body itself by telling a story of self/family in the family's own language of denial and evasion. Reading the omissions and silences in narratives, Rogers et al. usefully suggest, is like contemplating 'empty space' in the visual arts (1999: 80). 'The significance of the shapes and substance that are present depends on what is absent,' they argue. 'In the same way, what is said depends on what is not said for its full significance' (80). Just as the spaces generated by the anorexic body's shrinking contours speak through emptiness, so writing through the imaginary allows a story of self/family to be told indirectly, circuitously, in the language of the unspeakable. The very act of telling

through the body/narrative, as I suggested in chapter 3, breaks down the distinction between melancholia and mourning, the unsayable and the said.

Intersubjectivity is not only a method for writing autobiographical texts but also a means of reading them. It is not only a description of the protagonist's textual emergence through affective encounters but also, as Cosslett, Lury and Summerfield suggest, refers 'to the relationship between personal narratives and the public stories available within popular culture, and . . . to the relationship between the narrator and the audience' (2000: 3). 'The narration of a self,' they suggest, 'cannot be understood in isolation from an other it acknowledges, implicitly or explicitly, and with which it is in a constitutive relationship' (4). Feminist autobiography theorists have begun to read texts 'intersubjectively' in response to criticism of 'relationality' as both experiential cause and textual property of women's life-writing (6). As I argued in chapter 4, the interpretation of relationality as femininity obscures the reader's own (gendered) investments in a text. Intersubjectivity as reading method emphasises the importance of reflexivity and links more broadly with feminists' insistence on a politics of location (14).

As a method of reading, 'intersubjectivity' suggests a way of reading others' life stories that resists the power dynamic often involved in orthodox academic analysis. Consuelo Rivera-Fuentes uses the term 'sym/bio/graphy' to capture the 'experience of interrelatedness' between herself and the lesbian autobiographies she interacts with (2000: 248, 250). She writes letters to the authors of the autobiographies she reads, feeding back her affective and bodily responses (249). Sym/bio/graphy is a 'reading process *with/in* the lesbian autobiographies', she explains, that allows her to 'feel *with*' the texts and lives she reads (248). It recognises the way that reader, writer and texts create identities in a mutually interactive way such that reading is

not limited to the cognitive realm of interpretation, the production of meaning. Rather, it is an engagement of emotions and bodily responses based in interdependence. Rivera-Fuentes feels her own life changing as she interacts with others' stories of love, pain, passion, loss (250). Further, her engagement is not understood through the narrow confines of 'identification'. Of one autobiographer in her symbiosis she writes, 'I think that it is the way in which she constructs herself that is the source of my engagement with her text, not the people she makes up or remembers' (248-259). This is a sense of intersubjective knowing – of feeling *with/in* one another – rather than a psychoanalytic model of identification with the implication of narcissistic projection.

Lynne Pearce advocates 'implicated reading', a practice rooted in the ontological and concerned with the 'emotional disturbance of reading' (1997: 2). She makes her personal experience of reading visible by use of an autobiographical method in which she records her affective responses. Much reader/reception theory, she points out, in its fixation with whether meaning 'resides' in the text, is generated by the reader, or is produced in their interaction, remains 'blind to those aspects of the reading process that appear to go beyond the question of meaning-production' (4). And such fixation with the mechanics of interpretation, she rightly suggests, is thoroughly bound up with the politics of gender and class (4-8). "“Involvement” in a work of art/act of reading,' as she puts it, 'has historically been regarded as an indication that the reader/viewer lacks the education that enables him/her to distinguish between art (as “representation”) and “real life”' (6-7).²⁷ Revalorising that 'involvement', Pearce tracks her emotional investments and engagements by

²⁷ See chapter 2 for a more detailed analysis of the gendered/classed politics of reading in which the ability to interpret the sign implies an educated, objective, reasonable, masculine reader and in which the suggestible, irrational reader is most often feminine and/or working class.

foregrounding whatever, textually or contextually, allows her to 'enter' a text (29, 131). She suggests that the 'readerly process' may indeed involve a certain 'blindness' to a distinction between self and textual other (18):

While all those of us who have been poststructurally trained undoubtedly begin from a position that the textual character can never be responded to or analysed as though s/he were a 'real person', it seems to be equally problematic to deny that this is – on occasion – part of the *reading fantasy*. (17-18)

Pearce's and Rivera-Fuentes' methodological innovations usefully suggest ways of reading autobiographical texts reflexively, through a dialogics of touching and being touched in which they foreground their own shifting locations. While I draw considerable inspiration from their reading practices, my own style still hinges on the epistemological in a manner which Rivera-Fuentes and Pearce might see as still too interpretive. This is partly because I am concerned by the effects of claims to move 'beyond' interpretation.²⁸ I find it difficult to separate affect from analysis in the same way: the affective openings I find in the texts enable my analysis, and the process of interpretation shifts my emotive location – literally moves me. In this sense, my reading style continues, as in chapter 4, to preserve a creative tension

²⁸ Pearce runs into a problematic frequently encountered within feminist theory (and perhaps most paradigmatically associated with Carol Gilligan's *In A Different Voice*): having demonstrated that the emotional aspects of reading have been occluded and devalued because of their association with the feminine and the uneducated, she seeks to reclaim and revalue those aspects. But if her intention is to liberate her affective responses, in dismissing interpretation, she merely produces another set of exclusions. Her particular characterisation of the reader/textual other relationship limits her analysis to a *particularly feminised* range of emotions. Drawing on Roland Barthes' *A Lover's Discourse*, Pearce conceives of the relationship between reader and textual other as 'an experience analogous to romance' (1997: 3), and focuses on two phases of this relationship: the falling in love or *ravissement*, including initial 'enamoration', 'devotion' and 'fulfilment', and the 'sequel' characterised by the more negative emotions accompanying falling out of love: anxiety over loss of the object, jealousy, frustration and disappointment (chaps. 5 and 6). Her emotional repertoire is thus conditioned by the discourse and narrative of romance with which she begins. Even her more 'negative' emotions are always already situated in relation to this discourse, precluding the possibility of examining how one might enter a text through dis-identification – 'I hate this character passionately', for example. In this sense I am not convinced that she succeeds in dealing with 'some of the self-other dynamics which fall outside a strictly Oedipal economy' (21), as she claims.

between thinking and feeling which Elspeth Probyn describes as the ‘doubledness of the self’ (1993: 5).

Hornbacher: triangulation, mirrors and the fear of disappearing

Hornbacher’s memoir of anorexia and bulimia is disturbing. Even on the fourth (fifth? sixth?) reading, there are sections which I can only read a few pages at a time. Spiralled into her imploding crisis of being, I have to withdraw, to come up for air, to have some respite from her intensity. But it is precisely her intensity that compels me. She writes in a confessional style, disclosing ever more terrible secrets about her violence towards her self. And yet she refuses to provide a coherent answer to the most pressing question of all: why? Confession raises the expectation of – if not an answer – at least a renunciation: a sense of enlightenment, a refutation of the deviant past, a commitment to living/seeing differently. But Hornbacher’s is not a story of conversion to this or that psychotherapeutic solution, nor does it hold any key personal revelation or recovery moment. She refuses to come clean. This is not ‘composure’ – in either sense of the word – but ‘dis/composure’ (Summerfield, 2000): it is a crescendo of self-annihilation. She has no answers, she will not in the end coalesce into something called ‘normal’ or ‘healthy’, she presents only ‘a rag doll, invented, imperfect’ (1998, 280). Her tone is both macabre and frivolous, sardonic and deadly serious. She switches readily between first, second and third persons, flits from identification with protagonist to the narrator who is researching her life. Just at the moment that she draws you right in to her despair, she makes light of the moment, pushing you away. This is not an easy read. Alternately eaten up and vomited out, the reader’s experience mirrors the life narrated. And the life

narrated mirrors the discomposure between the two people into whose relationship she is born.

The daughter of actors, growing up in California and the mid-West, Marya²⁹ emerges into a world full of illusion/delusion. 'I learned this very young,' she remembers, 'I was not as I appeared' (32).

Everything was costume and makeup, and the role that one played. . . . Somewhere in the back of my brain there exists this certainty: The body is no more than a costume, and can be changed at will. That the changing of bodies, like costumes, would make me into a different character who might, finally, be all right. (31)

As the only child to both her parents, she grows up within a relentless "confusion of pronouns" (24)³⁰:

My father was a periodic heavy drinker, ate constantly, and was forever obsessing about his weight – he would diet, berate himself for falling off his diet, call himself a pig. My mother was a former – or was it closet? – bulimic with strange eating habits. . . . Watching the two of them eat played out like this: My father, voracious, tried to gobble up my mother. My mother, haughty and stiff-backed, left my father untouched on her plate. They might as well have screamed aloud: I need you/I do not need you. And there I sat in my chair – two, three, four years old – refusing to eat, which created a fine little distraction from the palpable tension that hummed between them. I became their common ground. (22-23)

As the 'common ground', Marya becomes 'a pawn, a bartering piece' (26).

My father felt my mother did not need him, and so he turned to me because I did. My mother felt my father was too needy, and so she turned away from me. My father's all-encompassing needs scared her, she's claimed, and my needs seemed to her only an extension of his. . . . My father, in what seems to me a bid for a monopoly on my attentions, told her early on that she was a bad mother (25-26).³¹

²⁹ I am using the first name 'Marya' (pronounced Mar-ya) to refer to the protagonist, in distinction from the voice of the narrator, who I'll refer to as 'Hornbacher'.

³⁰ The term is borrowed from Hilde Bruch (1978: 36) and hence appears in Hornbacher's text in inverted commas.

³¹ It is important to note that Hornbacher repeatedly refuses a narrative of causality or blame that might classify her text as testimony: 'I am not here to spill my guts and tell you about how awful it's been, that my daddy was mean and my mother was mean and some kid called me Fatso in the third grade, because none of the above is true' (4). She is profoundly aware that there is no Truth of the past, only a conflicting, unstable account constructed in and for the present: though she details her

Hornbacher's descriptions mirror Palazzoli's definition of 'three-way matrimony' (1974: 211) in which each parent is engaged in 'sacrificial escalation', each vying with the other for moral superiority, each competing to prove that it is s/he who is the greater victim, and in which the daughter is 'secretly encouraged to side with the more persecuted of her two parents' (214).³² There are no boundaries in the triangle, no predictability, only chaos: 'My parents were never the same,' Hornbacher remembers. 'Everything kept turning upside down and backward, the perfect little family blown apart by the slightest touch, the team splitting into multiple teams, players switching sides without warning' (21). Asking her father about a time of particular emotional crisis, he remembers, "I was a raw nerve. I had no skin" (34). Invited to ally herself with each in turn, she comes to experience her parents' needs intersubjectively, as her own.

Significantly, her family's unspoken emotional conflict is systematically metaphorised through food: 'My mother . . . , like my father, and like me, associated food with love, and love with need' (27). It is no surprise, then, that Marya somatises chaos through eating, vomiting, starving. Palazzoli suggests that the 'disconfirmation of messages' occurs with great frequency in families with a symptom bearer. This is when 'the recipient of the message behaves in so cryptic

parents' emotional chaos, she simultaneously notes, 'I do not remember a childhood of chaos. Only in retrospect would I term it chaotic' (17).

³² In Palazzoli's account, each parent seeks the daughter's sympathy and expresses disillusionment if this is not forthcoming, yet each is pained and indignant if the daughter is critical of the other (215). The daughter's position is impossible: 'If she attempts to engage in a real dialogue with her father, he will reject her out of fear, while her mother will reject her out of jealousy. If she gives in to her mother, she is taken over completely as if she were still a baby, and hence rejected as a person; at the same time the father will rebuff her because of her infantile behaviour. If she attacks either of her parents, the other immediately rejects her by rushing to his (or her) defence. If, finally, she attempts to abandon the unequal struggle and tries to stand on her own feet, she will, for the first time in her life, find herself opposed by a *united couple*, determined to reject her bid for independence' (1974: 216).

and tangential way that he [sic] communicates neither confirmation nor an outright rejection of the other's definition of the relationship – he simply conveys the message “You do not exist” (1974: 197-8). And, ‘*In a system where every communication has so high a probability of being rejected,*’ she elucidates, ‘*the rejection of food seems to be in full keeping with the interactional style of the family*’ (216). Bulimic at nine, anorexic at fifteen, almost dead at eighteen, Marya bears the family dis-ease in a way which both gestures towards her enmeshment, and functions as a kind of alibi for it. She comes to experience *herself* as responsible for the problem that has no name: ‘Me and my needs kept my father stable. Me and my needs were driving my mother away. Me and my needs retreated to my closet, disappeared into fairy tales. I started making up a world where my needs would not exist at all’ (1998: 35).

Intersubjectively bound into a trio, governed by chaos, but in which she embodies responsibility, Marya creates a substitute order in her life which both relives and relieves the hopelessness she experiences. ‘Fear, looking back with perfect hindsight, was sublimated, swallowed, puked, starved away’ (57). Bulimia (at least initially) serves to restore order and calm: ‘Filling the mouth, the hole in my heart, the endless hours with the numb stupor of food’ (41). The aftermath of her first experience of purging she remembers as claiming a secret of her own:

When I returned, everything was different. Everything was calm, and I felt very clean. Everything was as it should be. I had a secret. It was a guilty secret, certainly. But it was *my* secret. I had something to hold on to. It was company. It kept me calm. It filled me up and emptied me out. . . . You have a specific focus, your thoughts do not race as much. They stay in an orderly row: go home, eat, throw up. The problem in your life is your body. . . . The problem will be solved by shrinking the body. Contain yourself. (41-2)

There are two important points to note here: first, anxiety, panic, fear, loneliness are sublimated into a *secret* language, which uses the family's own syntax to retreat from the family's grip. 'My eating disorder was for me, as it is for many of us, one of the only things I could call my own, something that I could keep private' (67). Second, the body is to be contained because it both is, and resists being, coextensive with the family body. When her parents are unable to cope with her body's physical changes at puberty, Marya absorbs this as her body being wrong. 'The closeness I had shared with my family, as strange and tentative as it was, disappeared altogether – and I saw my impending sexual maturity as the culprit. That is to say, I blamed my body itself' (54).³³

The urgency of the need for a liveable space beyond the suffocation of enmeshment is lived out through Marya's relationship with food. By the time she is thirteen, she is 'throwing up . . . two or three times a day . . . whenever I got the chance' (59). 'From this point on,' Hornbacher narrates, 'there are no memories that are not related to food or my body or barfing. It became a centripetal force that sucked me in, something I knew and needed. Badly. All the time' (60). Another important point: this retreat from the (family) body is not a retreat into a childhood pre-pubescent body *per se*, but rather an attempt to find a domain of safety within and yet outside the family net. 'By controlling the amount of food that goes into and out of you, you imagine that you are controlling the extent to which other people can access your brain, your heart' (68). The extent of this need for ownership of oneself, this need to feel the author of one's own destiny, is extreme because of its utter precariousness. Once, while she is living with her step-mother in California, Marya experiences blind panic when she is handed something to eat. Knowing that she will

³³ See chapter 3 for a more detailed discussion of anorexia as relief from the 'wrong body'.

not have the chance to vomit because the house is full of people, she makes excuses, runs to a drugstore, buys and downs an entire bottle of ipecac, a vomit-inducing syrup,³⁴ violently heaves up blood until she collapses (170-1). This frenzied, violent purging has nothing to do with *quantity* of food (on this occasion she had eaten little more than a pretzel, a carrot stick) but with the (familial) *obligation* to eat, and with the loss of control over her body's limits.

When bulimia itself begins to disgust her and frighten her profoundly, Marya begins to 'inch' her way towards anorexia (69). Self-starvation is another means of creating personal order and space:

In sixth grade, I began to 'take days off' from eating, to 'cleanse my system'. I tossed my lunch in the lunchroom trash can, keeping only the carrot sticks or the apple. When I think about it now, I can see how I began to withdraw into myself, away from the laughter and noise of my friends, focusing instead on the sensations of hunger, the lovely spinning feeling in my head, the way I would veer in and out of conversations. While my mouth jabbered, my eyes wandered off into space as my thoughts returned to the ache in the pit of my stomach, the heart-pounding feeling of absolute power. (56)

Anorexia is bound up with elaborate rituals which provide a buffer around the self. Describing her 'iron system of numbers and rules' (245), which governed a severe period of anorexia during her student days in Washington DC, Hornbacher explains that food was divided into units, each unit consisting of eighty calories. Starting from 31.25 units per day, at the time of being discharged from a children's psychiatric hospital, she ruthlessly hones down the number of units until she is left with just four a day: 'one-third of a starvation diet. What do you call that? One

³⁴ Ipecac, as Hornbacher explains, is used to induce vomiting in cases where someone – a child, for example – is thought to have swallowed poison. One spoonful is supposed to be taken with extreme caution, followed by a glass of water or milk. The use of poisonous substances in a desperate attempt to void the body and restore calm, though deeply disturbing, is not uncommon amongst anorexics and bulimics. Claire Beeken recalls drinking dilute bleach in a similarly panicked desire to purge (2000: 95).

word that comes to mind: “suicide” (246-7). But the system is, perversely, a lifeline as well as a line to death. Explaining the need for food systems, Hornbacher writes:

It’s just a pattern we have, and we need it fiercely. I would have a hard time putting into words the passion we have for our systems. They are as near and dear to us as any saving God. We know them better than we know the alphabet, we know them in the deepest part of the brain, the way the hand knows how to write, even in the dark. They are the only things that stand between us and total disintegration into chaotic, needy softness, the only things that keep the uncertainty of things at bay. (246)³⁵

Anorexia, for Hornbacher, is a way to avoid being touched. It embodied a side of her ‘that shied from touch and desired to numb itself into nothing. To implode’ (94):

I was an anorectic because I was afraid of being human. Implicit in human contact is the exposure of the self, the interaction of selves. The self I’d had, once upon a time, was too much. Now there was no self at all. I was a blank. (266)³⁶

The self that has relentlessly received the message: ‘You do not exist’, becomes the target of a slow campaign of determined annihilation:

I didn’t know what lay beneath the skin I wore. I didn’t want to know. I suspected it was something horrible, something soft and weak and worthless and stupid and childish and tearful and needy and fat. . . . This is a wish to murder yourself; the connotation of *kill* is too mild. This is a belief that you deserve slow torture, violent death. (204-5)

For Hornbacher, in other words, anorexia involved masochistically taking what she

³⁵ Abigail Bray suggests that an obsession with numbers and calculations indicates that anorexic practices belong to a biomedical discourse of metabolism, prevalent within a contemporary ascetics of the self (1996: 425-7). Interesting though this is, it misses the painfully paradoxical experiential quality of food systems for the anorexic, that is, that these systems are both vital and suicidal at the same time. As another anorexic puts it, ‘Anorexia was my coping mechanism. Without it I would have given up many years ago. . . . [I]t saved my life but it nearly killed me too’ (‘Kate’, 1997: 11 & 18).

³⁶ This reference to herself as ‘a blank’ recalls the Bruch’s descriptions of her patients as having an ‘ego deficit’. However, in the context of my reading of Hornbacher’s narrative, it becomes abundantly clear that this poignant self-description is the legacy of enmeshment – and not, as Bruch claims, the result of the mother’s selfishness in feeding her infant or the anorexic’s sense that she has been presented with too many choices in life.

feared most – her own non-existence – and turning it into a symptom that simultaneously screamed her presence (visually), all in the family’s language of silence. After collapsing one day at school, she remembers feeling utterly pleased with herself. ‘Why?’ she asks. ‘Because I was disappearing. A disappearing act, the act of becoming invisible, is, in fact, a visible act, and rarely goes unnoticed’ (129). Anorexia is an attempt to escape a self-who-is-not while paradoxically a last-ditch attempt to become someone else. As she put it, ‘I got tired of the feeling that I was constantly onstage, wearing someone else’s clothes, saying someone else’s lines’ (136). Anorexia functions as a self-contained, self-protective ‘economy of touch’ (Ahmed, 2000). As Hornbacher explains,

The sickness occupies your every thought, breathes like a lover at your ear; the sickness stands at your shoulder in the mirror, absorbed with your body, each inch of skin and flesh, and you let it work you over, touch you with rough hands that shrill. Nothing will ever be so close to you again. You will never find a lover so careful, so attentive, so unconditionally present and concerned only with you. (1998: 125)

It is worth exploring in some detail the implicit connection made here between two images that haunt Hornbacher’s text: mirrors and disappearing. The relationship between the two is important: mirrors do not function to reflect back or confirm an (illusory) gestalt (as Lacanian interpretations would have it), nor do they signify (merely) a narcissistic obsession with image (as feminist cultural theorists might suggest). Rather, mirrors reflect back the impossibility of a unitary, contained or sufficient self in a world of intersubjective confusion.

I remember my entire life as a progression of mirrors. My world, as a child, was defined by mirrors I was not seeking my image in the mirror out of vain pride. On the contrary, my vigilance was something else – both a need to see that I appeared, on the surface at least, acceptable, and the need for reassurance that I was still *there*. (14)

Mirrors reflect a profound fear of not really existing. And, since the mirror is also a metaphor for the autobiographical act, this symbolics of absence has narrative implications: if one can't find one's self in the mirror, or if the image reflected back is unrecognisable as one's self, then autobiography becomes a weaving together of disparate fragments – the creation of a self – rather than the textual reflection of a coherent, self-cognisant individual.

Hornbacher constantly images her eating disorders in terms of falling into or going through the mirror, cleverly evoking, only to confound, the stereotypical representation of anorexia as an emaciated woman paralysed with horror in front of her distorted specular reflection. She refers to her descent into the black hole of bulimia as 'seeping into the mirror' (57). Of her first experience of purging, aged nine, she writes: 'I went through the looking glass, stepped into the netherworld, where up is down and food is greed, where convex mirrors cover the walls' (10).³⁷ Going through the mirror, as a metaphor for sliding into disordered eating, represents for Hornbacher not only embarking on a delusional course, but an attempt to find a self disentangled from the intersubjective chaos before the mirror's glass. In high school, in a state that she would describe as 'constant obsession' characterising her anorexia, she recalls,

[M]y eyes changed, and subsequently my world changed as well. Through the looking glass I went, and things turned upside down, inside out. Words turned themselves around, and I heard things in reverse. Inside the looking glass, you become the centre of the universe. All things are reduced to their relationship to you. You bang on the glass – people turn and see you, smile, and wave. Your mouth moves in soundless shapes. You lose a dimension, turn into a paper doll figure with painted eyes. (123)

³⁷ 'Netherworld' and 'looking glass' are of course references to Lewis Carroll's *Alice's Adventures in Wonderland*, epigraphs from which intersperse Hornbacher's text.

In a passage that records her first slide into the mirror, at four years old, Hornbacher puts Lacan's theory of identity-formation into reverse. Though she describes 'mirror phase' as an analogy for her life, instead of finding (false) unity in the mirror, she looks for division, attempting to separate some core self from intersubjective confusion:

I sat in front of my mother's bathroom mirror . . . I stared at myself in the mirror for a long time. I suddenly felt a split in my brain: I didn't recognise her. I divided into two: the self in my head and the girl in the mirror. It was a strange, not unpleasant feeling of disorientation, dissociation. I began to return to the mirror often, to see if I could get that feeling back. If I sat very still and thought: Not me-not me-not me over and over, I could retrieve the feeling of being two girls, staring at each other through the glass of the mirror. I didn't know then that I would eventually have that feeling all the time. Ego and image. Body and brain. The mirror phase of child development took on a new meaning for me. 'Mirror phase' essentially describes my life. Mirrors began to appear everywhere. (14-15)

It is this splitting that makes autobiography as the representation of *a* life an impossible endeavour for Hornbacher. She is always at least two. Which is the real her? It is clearly not the self facing the mirror. She does not write from a position of recovery from which she can say of her eating disordered self: that was not the real me. No memories precede the sense of being split. 'The experts say, What did you do *before* your eating disorder? What were you like before? And you simply stare at them because you can remember no before, and the word *you* means nothing at all' (279). At the very end of the book, she is clearly still (at least half) in the netherworld: 'Lately have lost weight,' she writes. 'Am scared by how this pleases me' (288). There is no moment of 'arriving', 'no stunning revelations . . . no near-death tunnel-of-light scenes' (276)

It's never over. Not really. Not when you stay down there as long as I did, not when you've lived in the netherworld longer than you've lived in this material one, where things are very bright and large and make strange noises. You never

come back, not all the way. Always, there is an odd distance between you and the people you love and the people you meet, a barrier, thin as the glass of a mirror. You never come all the way out of the mirror; you stand, for the rest of your life, with one foot in this world and one in another, where everything is upside down and backward and sad. (285)

She is not the self through the looking glass, then, either. Though Hornbacher, the narrator, cannot dissociate from her eating disordered self, she will also at times distance herself disparagingly from the girl in the mirror. 'I hated my younger self with an intensity that frightens me even now,' she confides (228). In any case, the self through the looking glass is not 'one' either. That self is split into bulimic and anorexic, two personas that Hornbacher characterises as oppositional rather than continuous.³⁸

Moreover the 'netherworld' on the other side of the mirror is a world characterised not by 'being' and 'knowing' – by something that might coalesce as 'identity' – but by confusion, timelessness, absence. As she approaches thirteen, Marya begins to spend less and less time on this side of the mirror. In a poignant passage that once again binds the symbolics of mirrors to disappearing, she recalls,

Here is where the film begins to heat and melt, white absent spaces on the screen. Chronology ends – time and language twist upon themselves and become something else. Tenses, past, present, and future, lose their meaning. Here my life became a living theatre of the absurd: . . . two plots circling each other, missing contact by the theatrical split second. There was self by day and self by night. There was life, within the four flowered walls of my childhood bedroom, and life in the echoing, spotless, white hallways of my parents' home, in school, at church. Backstage and onstage. Between the velveteen curtains of the wings, I sat facing my mirror, took the cold white cream and tissues, first wiping away the dark black of the eyes, then the rose blush and white powder cheeks, then the blood red lips. I sat staring, in silence, at the blank white nothing that remained. The oval absence, framed by wild black hair. (59-60)

³⁸ 'Bulimia is linked, in my life, to periods of intense passion, passion of all kinds, but most specifically emotional passion. Bulimia acknowledges the body explicitly, violently. It attacks the body, but it does not *deny*. It is an act of disgust and of need.... [F]or all its horrible nihilism, it

Later, as a severely emaciated student in Washington D.C., disappearing acquires a different edge. 'All along,' she recalls, 'part of the point of disappearing was to disappear visibly But then, it pissed me off. Something had changed. I didn't want to be seen anymore' (262).

I became very concerned with gaps, spaces between bones, absent places where I was certain there had once been flesh but I couldn't quite remember when. . . . I began to measure things in absence instead of presence. Where once I'd stared at my rear end, to see if it had grown or shrunk, now I looked at the space around it, to see if the space had grown or shrunk. (252)

Writing through the 'distance of marred memory, of a twisted and shape-shifting past' (285), Hornbacher refuses any simple relationship between life and the life narrated. She relentlessly foregrounds not only memory's fallibility, but also a sense of self as contingent on the present moment of writing. 'Only when I look back,' she interjects, 'can I say that I was trying to escape what seemed to be my fate: to be a replica of one of my parents, thus inciting the others wrath' (35). She includes things that she doesn't remember (34) and presents a picture of someone who is 'an exceptionally good liar' (67). In one of three present-day 'Interludes', interspersed through the narrative, she writes 'I . . . listen through a din of years to the pleading, wheedling, delusional, lying voice of this girl. . . . [E]ven I can see that the girl is lying. And that she will fall again. And again' (144). Hornbacher's turbulent style mimics both the chaos of her triangulated family dynamics and the erratic biochemistry of the eating disordered body. A memoir-that-is-not-memory, her narrative mirrors the amnesiac effects of anorexia and bulimia: the binge's frenzied oblivion (221), the erasure of life, self, history, characteristic of anorexia (207). Like

understands that the body *is inescapable*. The anorectic operates under the astounding illusion that she can escape the flesh, and, by association, the realm of emotions' (93).

anorexia or bulimia, creating a self through narrative provides a semblance of order, a contingent, transient 'self':

This history is revisionist . . . I have added words, color, and chronology to a time of my life that appears to me a pile of random frames scattered over the floor of my brain. I'm sometimes startled, now, when I stand up and turn to the door to catch myself in the mirror. I'm often surprised that I exist, that my body is a corporeal body, that my face is my face, and that my name has a correlation to a person I can identify as myself. But I suppose it's not so strange to create a collage of memory – clippings that substitute for a linear, logical narrative. I did a very similar thing with myself. (279)

Harrison: triangulation, incest and evanescence

Harrison's *The Kiss* is a story of triangulation saturated with love and betrayal, longing and loss. The writing subject emerges only through her implication in a family nexus that far precedes her birth and into which she is inexorably, inescapably drawn to play her part. It is the story of a subject-in-relation in which the conjunction of kinship, love and violence is articulated as the very grounds of subjectivity. It is not a story of anorexia and bulimia *per se* but a story of incest, of a triangulated love affair with a father, in which anorexia and bulimia are subtly interwoven as symptoms of enmeshment. The distinction is important: instead of acquiring meaning as a particular cluster of symptoms, or series of diagnostic criteria, practices of self-starvation and binge/vomiting form part of a genealogy of affects which are themselves the effects of a specific intersubjective constellation. Rather than objects of theoretical scrutiny to be defined, contested, redefined, refuted, and hence produced as though they might have an existence and a meaning independent of a life, disordered eating practices in Harrison's story are *absolutely continuous* with the life narrated.

Like the life recounted, spun between two parental poles, Harrison's narrative falls somewhere between autobiography and fiction, representation and imagination, public and private. Written in a literary style, and following a non-teleological trajectory that remains true to memory's temporal fluidity as well as to the somatic transformations of the anorexic body, the texture and structure are intrinsic to a story of love and betrayal for which there can be no resolution. In the present tense throughout, Harrison's story captures the haunting inescapability of family history and of memory. At the same time, the imaginative rather than evidentiary frame gestures towards a personal history within the family history, embodying the imagination required to survive and tell. Belonging neither to the category of legal testimony nor of fiction, Harrison's narrative epitomises and symbolises her complex location between her parents while marking out a survivor position that is enmeshed and yet not fully determined. By writing in a borderland, she confronts the limit between personal history and family history in order to articulate the unfathomable nature of family pain.

The circumstances of Kathryn's birth prepares for the terrifying power of the incestuous affair with her father which forms the central theme of her story. Conceived when her parents are just seventeen, in what she describes as her mother's act of rebellion against her parents, her arrival in the world is loaded with ambivalence. When she is still a baby, her bourgeois European-American Jewish grandparents tell her father to leave: lacking both the affluence and ancestry they consider appropriate for their daughter, he is shunned on grounds of class and race (23). This act symbolises for Kathryn's mother the inescapability of her parents' grip and leaves her profoundly ambivalent towards the daughter whose existence has precipitated her lover's expulsion. It emasculates and dislocates Kathryn's father,

disrupting the paternal privilege protected by the nuclear family's confines, and leaving him intent on reclaiming his familial authority. Already the autobiographical demand – to tell 'my story' – is inseparable from an intergenerational family narrative.

Kathryn grows up the product of this legacy: she has a father who is a literal absence (in the time between infancy and adulthood she sees him only twice) but whose status as the family secret – the unspeakable presence – causes her to see him in the house as a presence, a ghost without a face: '[H]e provokes me in his silence, the way he seems, without eyes, to stare' (10). She has a mother who is a semi-literal presence (until Kathryn is six the two of them live together at her grandparents' house) but who, even when she is there, is emotionally absent: she sleeps 'whenever she can', six or seven hours after Kathryn gets up (7): 'Because for as long as my mother refuses consciousness, she refuses consciousness of me: I do not exist' (8). If, tired of waiting, she wakes her mother, her mother is enraged: 'Her eyes, when they turn at last toward me, are like two empty mirrors. I can't find myself in them' (9). When Kathryn is six, her mother moves to a nearby apartment, keeping both address and phone number secret from her parents and daughter (13-14). On her father's only two visits when she is five and ten, her parents are so mutually engrossed that she feels scarcely seen (27).

This pain of non-recognition leads Kathryn to experience her own subjectivity precariously, as dependent on being seen. In fact a fear of disappearing, sometimes associated with mirrors, pervades Harrison's story, as it does Hornbacher's. Like Marya, Kathryn seeks her reflection because of a nagging fear of her own evanescence: 'I've always been drawn to mirrors, not out of vanity but for reassurance. I want to see that I'm there' (157). A need to be seen coincides

powerfully with her father's own need to have his paternal authority recognized. As Gilmore points out, a pervasive anxiety over what cannot be seen – the invisibility of the male contribution to reproduction – finds its expression in laws guarding paternal privilege which provide a protective forum for incest (2001: 52). For a man whose paternal authority has been so summarily abnegated, the need to reestablish patriarchal status is strong. When Kathryn meets her father again at twenty, ten years since their previous meeting, his interest in her is suddenly, powerfully changed. In dramatic contrast to the closed eyes with which her mother shut her out, her father cannot keep his eyes off her. 'My father looks at me, then, as no one has ever looked at me before. His hot eyes consume me I almost feel their touch' (1997: 51). Her father's gaze, emanating from a face that looks like hers, reflects Kathryn back to herself, producing a powerful sense of recognition:

[M]y father, holding himself so still and staring at me, has somehow begun to *see* me into being. His look gives me to myself, his gaze reflects the life my mother's willfully shut eyes denied. Looking at him looking at me, I cannot help but fall painfully, precipitously in love. And my loving him is inseparable from a piercing sense of loss. (63)

The symbolics of vision and loss are continually reinvoked throughout Harrison's narrative through photographs. Her grandmother ruthlessly exorcises her father from family photos with her nail scissors in an attempt to expunge him from memory (5). Later her father takes hundreds of photographs of her, telling her that when she is not there, before his eyes, it is as if she doesn't exist. '[A]lready I feel that my life depends on my father's seeing me' (89). Photographs substitute for mourning. 'The photograph's seizing of a moment,' as Annette Kuhn puts it, 'always, even in that very moment, assumes loss' (1995, 42). Photographs 'speak all too unerringly of the insufficiency, the hopelessness, of the desire they embody' (42). The pictures

symbolize the futility of the desire to assuage loss, borne out by the futility of the father's and daughter's attempts to find their identities through an incestuous relationship with one another. Kathryn's father tells her, "Mine, you belong to me" (85).³⁹ Taking nude pictures of her, he says, 'I'll show you who you are' (159). But she is as absent in them as she was to her sleeping mother. During her vigils at her mother's bedside as a child, she would turn to the mirror: 'I'd stand before the image of myself for whole minutes, just to make sure that I was real and not a trick of the light Now, I no longer know who I am, or *if* I am, apart from my father' (158). He insists on possessing her physically because nothing less will reassure him of her commitment (135-6). But his possession of her is bound endlessly to reenact rather than relieve the loss of his masculinity. Incest destroys the power to exchange his daughter according to the rules of exogamy, on which his position as patriarchal figurehead depends (Hodgson-Blackburn, 2001: 143). He will tell her that her relationship with him makes her untouchable: that now she can never be with anyone else (188). In a crowded restaurant, he screams at her that she is a slut (146).

Recalling one abusive encounter in which her father's abiding sense of impotence leads him to violate her in his mother's house, that is, in which her father's wounded masculinity finds a target in her body, Harrison recalls, 'What he does effects so complete a separation between mind and body that I don't know what I feel. Across this divide, deep and unbridgeable, my body responds independently from my mind. My heart, somewhere between them, plunges' (128). The sense of falling into a liminal space resonates with Hornbacher's 'netherworld' and recurs throughout Harrison's narrative in multiple guises. She describes the 'wet, insistent, exploring'

³⁹ As Gilmore notes, the imposition of incest is an overwhelmingly powerful demand, phrased in the language of love: '[Y]ou're the special one, I have this relationship only with you, your mother can't give me what I need, only you can, you owe me this because I am your father and I love you and own you, you know me better than the rest of them do, I need you' (2001: 94).

kiss at the airport as he departs after their first reunion as ‘a kind of transforming sting the point at which I begin, slowly, inexorably, to fall asleep, to surrender volition, to become paralyzed’ (68, 70). Silenced by the kiss’s unspeakability and trapped by the necessity of her own denial, she falls into the black hole of her father’s possession. As Hodgson-Blackburn notes, the kiss dramatizes the precariousness of familial boundaries as the father’s tongue invades Kathryn’s inner space (2001: 144). The kiss becomes ‘like a vast, glittering wall between me and everything else, a surface offering no purchase, nor any sign by which to understand it’ (1997: 71). Transgressing the veneer of the acceptable, into the realm of the secret, the illicit, the forbidden, the relationship between father and daughter falls into an inbetween, ambiguous zone symbolized by the spaces in which they meet: the transitional no-man’s land of airports, the timeless, unending open road, the ‘unreal’, ‘airless’, ‘inhuman’, stark spaces of the Petrified Forest, Monument Valley, the Grand Canyon (3). This separation from the rest of her life, effected by the affair, is inassimilable within a coherent linear life-story: ‘I have embarked on a peculiar passage in my life,’ she writes, ‘– a time out of real time, one which will not fit either into the life I lived as a child or the one I create as a woman, but which will carry me, like a road, from one to the other’ (101-2). By situating itself somewhere between the oedipal dynamics of the sentimental family romance plot and the victim’s testimonial, Harrison’s narrative exposes the utter precariousness of the distinction between (Hodgson-Blackburn, 2001: 143).

Anorexia and bulimia constitute yet another ‘liminal zone’ within Harrison’s narrative, ‘located somewhere between living and dying’ (Hodgson-Blackburn, 2001: 144), emerging out of the irresolvability of the ties that bind Kathryn to her parents. Disordered eating/not eating forms part of a genealogy of sickness and self-

punishment which is the somatised expression of enmeshment. Kathryn's desperate desire to be seen by her mother, for which her father's gaze can only be insufficient, her mother's shunning of her which conceals a rejection of her father, her father's possession of her which substitutes for a thwarted desire to possess her mother: this impossible triangulation emerges, unspoken, through bodily symptoms. Not eating, for example, intervenes in the space left by her mother's non-recognition. On one occasion, as a child, desperate for acceptance, Kathryn cheats in a French test. Unable to withstand the guilt which ensues when her mother showers her with adulation at her perfect score, Kathryn confesses and her mother rejects her. That night she comes down with a gastric illness which leaves her pale, thin and 'seemingly smaller' (21). When she is six, her mother takes her to a Christian Science healer to help her recover from the shock of a minor car accident. She experiences a sense of separating from her flesh: 'I saw that transcendence was possible: that spirit could conquer matter, and that therefore I could overcome whatever obstacles prevented my mother's loving me. I could overcome myself' (106). At fifteen, she stops eating. Her emaciation both symbolises her invisibility, reversing history, parodying her own disappearance such that her mother might be freed from the consequences of her birth, and attempts transcendence of the pain of her mother's rejection.

Do I want to make myself smaller and smaller until I disappear, truly becoming my mother's daughter: the one she doesn't see? Or am I so angry at her endless nagging me about my weight that I decide I'll never again give her the opportunity to say a word to me about my size. *You want thin?* I remember thinking. *I'll give you thin. I'll define thin, not you.* . . . Anorexia can be satisfied, my mother cannot; so I replace her with this disease, with a system of penances and renunciations that offers its own reward. That makes mothers obsolete. (39-40)

The amenorrhoea that accompanies her anorexia is directed at her mother in another way:

I starve myself to recapture my sexuality from my mother – not just by making my breasts and hips disappear, but by drying up the blood. . . . I lose my capacity to get pregnant, to be in a danger of the kind that precipitated the abrupt fall from grace she endured. (41)

That the daughter's sexuality has become the site of the mother's vindictiveness becomes even clearer the summer before Kathryn goes away to college. Taking Kathryn to a gynaecologist to be fitted for a diaphragm – 'that notoriously unreliable form of birth control' – Kathryn's mother insists that the doctor break her hymen. In a horrific scene in which the doctor penetrates her using 'a series of graduated green plastic penises', while her mother looks on, Kathryn is dealt a ghastly reminder that her body is not her own but a repository for her parents' unresolved anger and grief. A year later, she takes an overdose. In her memory she connects the two events: 'I think I took them [the pills] so that my body would die along with what else was murdered that day: girlhood, hope, any notion of being safe anywhere, with anyone' (186).

As Kathryn comes to experience herself in relation to her father as having 'no life or will apart from his' (160), her body becomes a site of abjection. She breaks out in shingles: blisters which break into open sores on her neck, shoulder, back and chest and down her right arm, following the nerve path from her spinal column where the chicken-pox virus has remained since she was five, and leaving her temporarily unable to use her right hand or turn her head (118-9). The timing of the eruption is no accident: 'It was the summer of my father's first visit, just after he left, that I came down with chicken pox,' she recalls (118). When her father insists that she come and live with him and his second wife and family, such that she has no life of

her own at all, her body edges further towards life-less-ness: she gets pneumonia (167-8). She reacts to her father's possession, his pleads and threats, by falling into an amnesiac 'stupor' (135). She recoils into herself: 'I feel as if I've shrunk, my essence distilled into a safe, impermeable core far within my body, far below its surface' (135). This protective shrouding of the self occurs through a series of bodily symptoms: small cuts carved into her arm with a razor (153), an overwhelming, uncontrollable urge to sleep (138) and alternate gorging and starving that leaves her numb (137). Bulimia in particular is absolutely continuous with the drive towards 'self-anaesthesia' (170) that expresses in secrecy Kathryn's impossibly triangulated location. The alternation of hunger and satiation unconsciously plays out the love and loss of her parents that she cannot help but repeat. Unable to endure her own betrayal of her mother, enacted through her love affair with her father, she throws up everything her mother cooks for her, as though her mother might poison her (140-1). Later, in the midst of emotional imprisonment by her father, bulimia expresses her sense of entrapment:

Every day is a drowning. Except for brief spasms of weeping . . . , I feel nothing. My self-anaesthesia may be involuntary, but it is not easy or idle. For the first time in my life I slide into serious bulimia, the business of consuming and rejecting food useless for the hours it wastes. I never understand it for what it is: a painful parody of hunger and the satisfaction of hunger with something that demands my being sick, a secret ritual of appetite and addiction. I never taste what I eat. Sometimes I don't even know what it is until I've thrown it up. (170)

Anorexic and bulimic practices symbolize her own emotional death in response to an entangled familial web of possession and renunciation from which there is no escape:

My flesh, starved and lifeless under his, how eloquently it says what I cannot: I'm hungry, and I'm dead. Dead in allegiance to my mother, and dead to him as well. Dead in response to his using his big body to separate me from the world. (187)

Gradually, Kathryn will come to the painful realization that her father's love for her is displaced love for her mother, and that her own love for her father is a displaced desire to wound her mother. Her mother tries to warn her, saying, "[T]his isn't about *you*. It's about *me*" (98). But Kathryn can only interpret her mother's words in relation to her own hurt:

So abnormal to love me so completely: that's what I hear her say. What I hear is that not only does my mother not love or admire me, but she will find a way to reinterpret my father's love, to make it all her own. (98)

Later, Kathryn will read letters her father wrote to her mother when they were young and is horrified by 'their absolute familiarity' (99). They are written in the same language of desire and possession and include identical lines from poems and songs. She weeps, reading them: '[A]ll that is in them, all that I so wanted to believe was mine and only mine was, as she said, hers' (100). It is only once embroiled in the affair with her father that Kathryn realizes that her passion for him belongs to her enduring need for her mother's love: 'He's mine, not hers I've taken her husband and now her only ally, the one person with whom she can share her troubles. And I, I begin to know the misery of wounding the person I love most' (143). When her mother begins to die slowly of cancer, Kathryn's guilt at her own betrayal intensifies. In a complex, silent, bodily act, she seeks exoneration by cutting her hair. The symbol of her sexuality, of her incestuous relationship with her father, of her resistance to her mother's will, is laid down as a sign of her enduring love for her mother and the end of her father's power (195). As though any more evidence were needed of the centrality of her mother's biography to her own autobiography, Kathryn's possession by her father is abruptly terminated at her mother's death.

At the funeral, . . . my father knows, too, that it's over. He looks at me and sees that I am no longer his. He reads it in my eyes that return his gaze levelly I see that he knows. The realization, surprisingly, does not provoke tears, his or mine. (201)

But, while released from his possession, the bonds that tie her to him and her mother remain: '[T]he loss of my father will grieve me; it will hurt and never cease hurting. I won't escape it any more than I escape my love for my mother or my remorse over how gravely I wronged her' (202).

Postscript: after The Kiss

Dramatising the haunting inescapability of the ties of love, pain and grief, Harrison cannot leave the subject alone. In two subsequent 'memoirs', *Seeking Rapture* (2003) and *The Mother Knot* (2004), she revisits, revises, retells her story in a way which gestures toward the need for resolution and redemption while signalling their impossibility. It is becoming a mother herself, and the complex mix of continuity and separation, longing and pain, that motherhood revives in relation to the women who raised her, that compels the return to her childhood. Both memoirs begin with stories about the inseparable bonds of love that bind her to her children. Both move backwards into stories about her mother and grandmother. And in both, as in *The Kiss*, self-starvation is the intimate expression of the pain of non-recognition: it is an exultant defence against her mother's cold detachment and disdain (2003: 50), a 'sanctuary' (2004: 17), 'a shatterproof glass box' (34),

that glass temple in which I hid, and which I'd first assembled in response to my mother's critical eye. To the eye that glanced off me, communicating aversion before it flicked away, betraying what looked like her wish that I didn't exist. (17-18)

In *Seeking Rapture*, Kathryn's anorexic defences are continuous with other forms of survival through self-containment. Harrison describes the 'interior landscape into which I could disappear with increasing ease' as modelled on her grandmother's home: large, fiercely private, and framed in opposition to the world around it (59). Later, a graduate student, she confronts her emaciated specular reflection: 'the woman . . . who had spent a decade within the careful confines of self-denial, a decade within a deliberate internal architecture assembled to protect and contain' (71). She relentlessly returns to the imagery of female saints' asceticism and mortification of the flesh to illuminate her devotion. But she is also afraid of what the tendency to wall herself in, in self-protection, means for herself as a mother. In the year before she died, Kathryn's mother, attempting to explain why she had always been 'so remote', confesses that she, too, had barricaded herself within an internal 'fortress' to protect herself from Kathryn's grandmother (76).

This fear of what she might be – of becoming her own mother reincarnate – is the desperate theme of *The Mother Knot*. Whereas *Seeking Rapture* manages momentary lightheartedness, interspersing seriousness with amusing anecdotes about Kathryn's grandmother's eccentricity, the tone of its successor is dark and foreboding. It begins with a rapid descent into an unremitting clinical depression following Kathryn's decision to stop breastfeeding her younger daughter, then a little more than two, and, just afterwards, her son's sudden affliction with severe asthma attacks (4, 6). The first event detaches her from the surety of being able to satisfy her child's needs absolutely, the second does worse than signal her imperfectness: waking from a nightmare in the hospital, heavily medicated, her son does not recognize her and cries out in terror (7). The fear in her son's eyes reflects her own back to her. 'What was it that he'd felt, or seen? A threatening presence? The

opposite of what a mother should be? Of the paragon I'd tried to be in contrast to my own mother?' (13). She reverts to the quarantining of self through self-starvation, convinced that she has infected her son with her badness. But the 'glass box' which offered her protection now gives none. It has become a 'black hole', a 'tomb, dark and claustrophobic, a death that offered no possibility of rebirth' (40).

The rest of the book records, and seeks to enact, an exorcism of the black terror that haunts her. A murderous anger at her mother surfaces in conversations with her analyst. She realizes that breastfeeding, far from an act of pure altruism, was in fact 'a means of rebuking my mother, the dark and murdering mother I'd hidden within myself, the mother who had put me on a diet when I was seven and taken my milk away' (41-2). Years later, she would tilt bottles of breastmilk expressed for her babies to see the layer of fat cream condensed at the surface, reveling in the depletion of her body for the good of her children.

'I can't help losing weight,' I'd lie during the months of breast-feeding, never admitting that often I didn't eat the extra calories it required, that I intended for my body to accuse my mother, testify to my having given the pound of flesh she'd withheld. (42)

Anorexia, like breastfeeding, becomes, in *The Mother Knot*, repressed vindictiveness. In a pivotal conversation with her analyst in which she contemplates murdering herself to assuage but also requite her mother, she records:

'If she wants me dead, . . . if that's what would satisfy her, if that's the form she'd like me to assume, then I'll do it for her' I'd leave behind an empty body The body that I'd denied food, because she wanted it erased, a mistake she'd made. I could be undone, couldn't I? And all the rest with me: her shotgun marriage, aborted education, ruined romantic career: Her failure to escape from her own mother's grip? 'That way I get to have vengeance,' I said. 'In the end it wouldn't be that she'd taken back the life she gave me, but that I had taken it away from her. Exposed her as the enemy she was.' (44-45)

But rather than murdering herself to excise the demon, Kathryn symbolically murders her mother. The memoir closes with an act of defiance that is, we are told, also – finally – closure: Kathryn’s solitary frozen figure, scattering on a Long Island beach, the ashes of her mother, dead seventeen years previously, whose body she has had disinterred.

What are we to make of these extraordinary sequels to *The Kiss*? What to do with two narratives which, in successive stages, shift Harrison, and me the critic, back in the direction of some of the hegemonic ‘truths’ of anorexia that I – we? – had invested so much in challenging? Over the course of a few publishing years, Kathryn’s father has all but disappeared. He has the most fleeting of mentions in *Seeking Rapture* – and only then as an absence that prepares for the sovereignty of Kathryn’s mother and maternal grandparents (2003: 16). By *The Mother Knot*, he is not only functionally absent, but now it is Kathryn’s mother (rather than her grandparents, as in *The Kiss*) who is the guilty, evicting party (2004: 11-12). Triangles, too, undergo seismic shifts: no longer mother, father, daughter, but, in *Seeking Rapture*, the matrilineal dominion of grandmother, mother, daughter – and, in *The Mother Knot*, the even more disquieting constellation of mother, anorexia, breastfeeding (or is it mother/grandmother, daughter/mother and son/grandson? Or even mother, daughter, murder?). The idea of breastfeeding as an act through which unresolved, murderous impulses toward a mother are inverted and carried into the next generation uncomfortably recalls theoretical accounts of mothers as inaugurating their daughters’ anorexia through disturbances in the early feeding relationship, as I detail above.

Moreover, how should we interpret Harrison’s claim at the end of *The Mother Knot*, finally, to have resolved her mother complex? If anorexia and her mother are

so inextricably linked, as this narrative suggests, then does exorcising her mother bring about an incontrovertible end to her anorexia? Is this the telos which, I have argued, structures anorexia narratives by its absence? The need for successive memoirs on the subject already undermines the likelihood of closure. And my doubts are further raised by Harrison's postscriptive 'acknowledgement' that seems to me to betray the persistence of fear and guilt in relation to the mother she has symbolically murdered: 'My love for her preceded and has outlasted my rage' (2004: n.p.). And, descending further into the sceptic's stance, might it not be that in this text Harrison *has* to believe in the possibility of a psychotherapeutic resolution because her depressive illness and severe anorexia make her dependent on her analyst's help?

Why include these narratives, then? I don't deny I considered leaving them out. But perhaps it is Harrison's very reinscription of anorexia as symptom of a troubled mother-daughter relationship and her faith in endings that precisely, inversely, confirm my arguments in this chapter. Doesn't the textual silence about Kathryn's father – the father who abandoned his daughter at birth and who used her body as a target for his wounded masculinity – under cover of a violent fear/anger directed at her mother, confirm the hegemonic force of a discourse in which fathers are exonerated and mothers made responsible? Doesn't the faith in closure (that constantly eludes) suggest that the rhetoric of recovery is sustained precisely by its interminable capacity to disappoint? And are these two themes not discursively linked in that the expression of insight, recovery and closure in a therapeutic setting seems to lead inexorably back to the implication of mothers? One thing is certain: including Harrison's subsequent memoirs allows me my own form of non-closure. It allows me to climb back out of the texts, to foreground once more my situatedness as

a reader, and to ask: if these narratives appear to undermine my representations of anorexia, does that make what I have argued any the less true?

Afterword

Where should I go from here? What value, if any, does this text have? What does it mean to have written *this* thesis, rather than any other?

Rather than writing a ‘conclusion’ in which I might recap salient themes or elaborate on my reasons for doing this work this way,¹ I want to take this moment to ask: What have I not done? What is missing, contradictory, or still confused? What silences or secrets lie, constitutively, in the margins of this text? What do I already feel potentially *ashamed* of in contemplating exposure to an imaginary reader?

While focussing on flaws and blind spots may not be required in the closing remarks to a thesis, it does seem right to me here. Not only does a self-critical mode feel more *genuine* than self-justification (more in line with my sense of this project as incomplete and unresolved), but also, perhaps paradoxically, the most productive way to answer my opening questions above. And I need to respond to these questions in order to think about the thesis itself as a narrative, constructed, like any other, through a dialogics between my own investments and the expectations of my imagined reader(s).

In particular, I want to acknowledge, and at least partially address, some silences in the thesis surrounding the *process* of its production. In analysing others’ autobiographies, I have emphasised the ways in which both textual form and content are shaped by certain constraints on telling which accrue through an imaginary dialogue between writer and reader. But I have become aware that I have not really

¹ This ‘afterword’, I should make clear, replaces a first, perhaps more conventional, conclusion in which I summarised my main arguments and pointed to tensions within them but did not notice some of the silences I address here. Most importantly, in this earlier version, I did not mention the question of my textual presence/absence as a reader/writer, as I’ll go on to explain here. My thanks go to my examiners for pointing this out to me.

thought about my own writing in these terms. My text is similarly formed in relation to a series of constraints – both personal and institutional. And yet, for all my attempts to think *reflexively* about the kind of theory I am producing, rarely do I make conscious to myself – or explicit to my reader – what these delimitations and pressures might consist of and what their effects might be. In spite of my emphasis on writing as an *affective* interchange, I tend to leave the emotive forces and readerly responses which shape my own writing largely a secret. And this secrecy, I now realise, not only contrasts uncomfortably with my approach to others' writing but has actively shaped the form and content of my own. This is a question of thinking *genealogically* about the thesis itself: of asking how it evolved as a narrative, at what point certain ideas came to seem 'right', and what else, in the process, came to be silenced or suppressed.

Further, because my affective interactions with others' texts remain largely inexplicit, I give the reader of *my* text only limited opportunities for a dialogic relationship with my textual self through and against which to forge a narrative of self of her/his own. I give little away, in terms of *scene*, for example. I do not say that I am shaken or moved to tears by some autobiographies, bored or irritated by others. What is lacking is a narrative of the here and now which would make me *present* to my reader. This is a question of writing 'style', of another kind of narrative 'tone' or 'voice'² and, more broadly, of the role of the autobiographical in theory and criticism.

Why does lack of textual self-disclosure matter? What does it take to be 'present'?

² I am borrowing the terms 'style and 'tone' from Nancy Miller (1991: 1), and 'tone and voice' from Susan Rubin Suleiman's discussion of Miller's and Mary Ann Caws's differing understandings of 'personal criticism' (Suleiman, 1994: 6, n.3; citing Caws [1990]).

in a text? Before I can think about these questions, though, I can hear certain (potential/imaginary) readers objecting: 'But you *do* make yourself "present". What about your repeated return to the question of reflexivity and the relationship between the theory you produce and the representation of others?' It's true: I do consider such issues. I say where I'm coming from. It's clear (I hope) that questions of touch, trauma and family enmeshment are *autobiographical* for me. But there is also something uncomfortable about the ease with which, in writing 'theory' about these things, a level of detachment creeps in. In effect, despite my insistence on the partiality of what I'm saying, what I write comes to function *as though* I believe it to be objectively true. Though I try to maintain the specificity of my argument, it comes to seem like a universal formula. And this leaves an embarrassing contradiction: while, in the first half of the thesis, I criticise feminist and cultural theorists for over-determining the anorexic body with certain meanings that do not seem to belong to it, in the second half, I myself seem unable to resist the pull of the meta. Anorexia comes to be 'about' touch, trauma, family dynamics.

In fact, forms of violating, appropriating or repudiating touch/non-touch that I have described as characteristic of enmeshed families come, in my argument, to shape the anorexic body *in its very materiality*. They *constitute* it. So in spite of my aim not to produce another causal narrative of anorexia, and in spite of my claim to be highlighting family enmeshment as a (recently theoretically neglected) explanatory theme that a number of anorexic autobiographers use in writing themselves, what I write comes to function as an *aetiological model*. How does this happen? And what should I make of all this?

In part answer to these questions, there is something to be said about the fact that these contradictions and tensions have arisen in the process of writing a *thesis*. It's

hard, I think, to resist certain (perceived) expectations that go with producing a thesis. There's an imperative to say something original and (therefore) a supposition that you must emphasise *differences from* existing theory. So, for example, I wonder now to what extent the critical tone I took towards predominant feminist theory about anorexia in the first three chapters (which came to function like a narrative of supercession) left me nowhere to go. In limiting my analysis (for the most part) to what I perceived to be *wrong* with existing theory, in conceding little, in not giving in to the *disruption of dialogue*, I set myself up to reproduce (albeit in new form) precisely that which I had criticised. In other words, in reflecting back on the process now, perhaps the problem was/is less my inability to sustain my own ambition *not* to produce another universal and/or causal narrative and more something about that ambition itself, and my articulation of it. It's about a certain unconsciousness or lack of awareness about the way that discourse works such that I could believe it *possible* to write something about anorexia's meaning *without* that meaning coming to function as a metanarrative.

In connection with this last point, there is also, I think, something about writing a thesis that makes one strive for cleanness and closure. There is an apprehension that what is required is a clear, coherent argument, and so the temptation is to try to eliminate contradiction or uncertainty, to smooth over the rough edges of thought where you can't work it out. And this happened in my writing, I should add, despite an institutional context which taught that the unexpected and the stuff that will not fit (in terms of both approach and substance) can change the way you think. In sum, I think, the *perceived expectations* of my imagined audience meant that I did not (often) take the risk of uncertainty, messiness, non-closure. And so I missed the

ways in which this very inability to maintain epistemological and methodological fluency might in itself have been telling me something.

But all this is already slipping towards the abstract which is precisely one of the problems I wish to address (redress?). Yet it's hard, somehow, to be specific retrospectively. It's like those conversations with your mother when you only realise what was irritating you after you've put the phone down. And when you phone back minutes later to get it off your chest, it feels staged and unnatural. You wish you could have just come out with it at the time. Let me explore, for a moment, another answer to my question about how the contradictions that I am describing in my thesis arose. If, as I have been intimating, avoiding such tensions is (in part) about textual presence, about being genuine in the moment about others' writing, then perhaps textual presence is – like in those conversations with one's mother – about risk-taking, or, as Susan Suleiman puts it in the title of her book, *risking who one is*.

But what does it mean to take the risk of being oneself as a writer? Maybe the only way to answer that question is by thinking about the experience of reading.³ I know from reading both autobiographical anecdotes in theoretical texts (I'm thinking of those moments of disclosure which seem to tick the box of reflexivity but without changing anything) and from autobiographies themselves that textual presence is not about biography per se. In fact some of the anorexic autobiographies I read for this project seemed dull or uninspiring because, despite a full recital of life events, often including even shocking or painful experiences, they left me, the reader, with no *way in*. Others I found irritating and/or boring because they were apparently so

³ Although, it is perhaps also the case that writing can make you a more generous reader. This relates back to my earlier point about the ways in which my critical representations of other theorists' work in the thesis may have been governed by the anticipated reactions of my readers. If I now perceive those representations to have been rather harsh, perhaps this is partly because the experience of opening myself up to criticism (my own as well as others'), in the writing process, has made me more generous in relation to my reading of others.

constrained by the perceived expectations of an imagined (presumed critical) reader that they could only produce an explanatory narrative that seemed utterly predictable. What is it, then, that I'm looking for, as a reader? What *is* it about the two autobiographical narratives I read in chapter 5 – Marya Hornbacher's *Wasted* and Kathryn Harrison's *The Kiss* – that moves me?

It isn't about sameness of experience. I do, of course, share with Hornbacher and with Harrison a history of anorexia. And if I were to write an autobiography, I too would write about family dynamics and touch. But our lives do not coincide much beyond that. I did not grow up in the U.S., as they both did. I was not an only child. I did not have an affair with my father. It is not similarity or, for that matter, difference with their lives *per se* that compels me as a reader. As I tried to argue in chapter 5, it is about the ways in which these writers (perhaps, I have speculated, because of the specifics of their family relations) stand outside the circuitry of the predictable by refusing to resolve the plot of their lives. And it is what this messiness and lack of closure allows me to do and to feel, as a reader.

In trying to understand why 'certain kinds of war memories' move her in ways that no other writing can (1994: 199), Suleiman confides, 'the only kind of autobiography I find truly essential, to read *or* write – and this, I admit, may be a prejudice on my part – is the kind that tries to recover, through writing, an irrecoverable absence' (214). It is this self-conscious irresolvability, as I have argued, that also compels me about certain autobiographies of anorexia and family enmeshment. It's the way in which their deliberate disruption of the link between memory and evidentiary truth *performs* the impossibility of finding a witness and the futility of seeking redemption. It's the tone of longing and loss, of being haunted by the unfathomable, of grieving without knowing what for, that makes me want to

keep coming back to Hornbacher's and Harrison's stories (and that drove me to grapple with melancholia as a means of understanding anorexia). And, as for Suleiman, it is also the 'autobiographical resonance' (206) I find in these texts that allows me a way in: a resonance that is not (necessarily) about similarity of biographical fact but something that enables an 'imaginative leap to read the other's story "as if it were one's own"' (205).

Suleiman's autobiographical openness within her narrated readerly responses also enables me, her reader, to form a narrative of self through/about my own memories of reading.⁴ In *But Enough About Me* (2002), a memoir of her life in academia, Nancy Miller emphasizes the ways in which revealing herself in the processes of reading others' autobiographies presents *her* reader with opportunities for identification and disidentification through which to know her/himself. So, she argues, memoir writing and 'personal criticism' – critical writing which engages the autobiographical – are not in the end about egotism but about 'attachment' (2-3). '[O]ther people's memories help give you back your life, reshape your story, restart the memory process,' she suggests, even going so far as to add that 'Your life story is only as good as the last memoir you read' (25).

All this seems to suggest that self-disclosure within critical writing allows your reader to know who you are, and, refractively, who they are. So I am left wondering: If I had given more away in terms of my emotive responses to others' life writing about anorexia, might I have avoided that tension I have described in which I end up producing a metanarrative about anorexia in spite of criticising predominant feminist literature on anorexia for doing just this? In other words, would writing in a more

⁴ For Suleiman, certain kinds of reading are, themselves, 'autobiographical' in their indissociability from the reader's (her) own autobiographical thinking and writing. She calls this "strong" autobiographical reading' to differentiate it from the everyday projections involved in all reading and extends it to include 'a particular kind of account of such reading' (200).

autobiographically-open tone or voice have functioned as a continual reminder of the partiality of my argument, so working against a slide towards the meta? At this juncture, I can't avoid two ironies: first, that I set out to find a way of putting the missing 'how it feels' into theory about anorexia, and yet, in the process, gave little away in terms of my own 'how it feels'. And second, that, in spite of being aware that I am most moved by those anorexic autobiographies that refuse resolution, in the end, I myself could not resist the temptation to come up with an answer. In this sense, my title itself comes to bear irony too: I am as 'hungry for meaning' as the theorists I have criticised.

But is it such a bad thing to find such ironic tensions in your (my) thesis? Perhaps only insofar as they remain something repudiated, as though they (or others like them) might have been avoided. I'm coming back here to the potential creativity of messiness. I'm returning to my opening questions: What value does this text have? And: Why did I write this thesis rather than any other?

But first I feel I need to say something about shame. What does it mean to have felt shame in relation to these contradictions and tensions in my thesis? Is this the shame of being 'found out': a shame in realising that, in spite of my best efforts to write more than just my own story, my thesis came to be 'about' me after all? Is it shame at my naïveté in thinking that this return to a metanarrative based on my own autobiographical investments would not happen? And why, when I was asked to account for these tensions in my viva was I unable to answer? My examiners asked me: Why the silences in the thesis? But there is a further question: Why was I unable to answer for my thesis in the viva? I was, quite literally, choked. What does this reveal?

In *But Enough About Me*, Miller includes a narrative of her own thesis defense which leaves me, her reader, with a number of unanswered questions. She records that, following the defense, she was informed that the only woman member of the panel had praised her for “sitting on her feelings” (2003: 36). My interest is piqued by this potential point of identification. She goes on to say that she is left still unsure what this remark meant: Was it that she had managed to keep her emotions out of her text, or conversely, that her feelings shone through in spite of her ‘scientific’ style? (36). Already, reading through the lens of my own experience, I wonder: Was her examiner’s remark meant as ‘praise’ in its most literal form? Or might it have been intended to provoke thought, in the manner of gentle, constructive criticism? Leaving her own questions unanswered, Miller continues that what she ‘really cared about then’, as much as the subject matter of her thesis, was her sense of becoming ‘the author of her destiny’ and ‘wanting to own’ her work (37). And yet she notes that when her typist presented her with the final manuscript, she ‘burst into uncontrollable tears’, commenting retrospectively, ‘I suppose that’s part of what I was “sitting on” during the defense’ (37).

Why did she cry? Was she disappointed with the finished text? Was it that it didn’t quite fulfil her aspirations to find her own voice? Or was she simply overwhelmed with relief? I want to know what the relationship might be between ‘sitting on one’s feelings’ and ownership of one’s text. And, going back one step further, it isn’t clear from Miller’s account whether she was being ‘praised’ for ‘sitting on her feelings’ in the text of her thesis itself or only in its defense. I want to know about the relationship between the two. This story in a book otherwise about the way in which the autobiographical can enable ‘a rendez-vous with others’ (2) seems, curiously, to offer me little way in. It’s a disclosure of biographical fact that

in fact tells me too little about the author. I can't help feeling that Miller here is still 'sitting on her feelings'.

In spite of my initial moment of self-recognition in Miller's story, and in spite of the silences in her account, what strikes me most are points of disidentification. Unlike Miller, I have never experienced writing my thesis in terms of 'becoming the heroine of my life' (36) nor do I feel a strong desire to 'own' (37) this thesis now as my 'coming to voice'. These differences, no doubt, have something to do with time of writing: as Miller points out, getting a Ph.D. as a woman in the early seventies still 'felt like a violation of gender expectations' (36) in a way that it does not now to me. And our different reactions, of course, say something about us as people. But there is also something more than a narrative of self involved. In what ways might the shame I have felt in relation to my thesis – a shame that seems to come from being 'found out' – also connect me with others? Going back to my analysis of the workings of shame in chapter 4, perhaps what I am experiencing is relational even as it individuates. As Jennifer Biddle puts it, shame 'arises as an impossible and yet necessary imperative of the continuously emergent self, bound to the very other it is equally bound to fail in order for its very identity' (1997: 231). This suddenly seems like a description of the process of producing a thesis. Perhaps there is a way of linking shame and the ethics of research and writing.

Let's go back to the beginning. When I started this project, I was uncomfortable with the idea of a straightforward account of my own investments because of a strong sense that what I wanted to research and write about was more than just about me. Though I disagreed with the hypothesis that eating disorders are part of a gender-wide continuum, I did not want to leave no potential for connections between anorexics' stories either. So I was also not interested in conducting an empirical

study in which I might have collected various and different accounts of anorexia. As the project emerged and developed, it became genealogical: an exploration of the effects of theory.

I could of course have stopped at a history of effects. But I had something more to say that I could not leave alone. And so I, too, filled the anorexic's silence with *theory*. What was this 'something more' that made me, in the end, choose the meta over the specific? And why was the account I gave about touch and enmeshment a theory that I was prepared to risk? I think this is a question of ethics: it is about not being prepared to remain silent about things which feel *ontologically* true. And it is about the 'autobiographical resonance' I found in certain autobiographies and what this impelled me, as a writer, to do. So, returning to my aim to think genealogically about the thesis itself, the emergence of a metanarrative *in spite of myself* may, in effect, be more revealing of my positionality than any straightforward biographical self-disclosure.

But the way I wrote the thesis also suggests something beyond the self-reflective. And, in this sense, it has 'achieved' something that I could not have 'achieved' if I had only emphasised my own autobiographical investments. The things I wanted to say took on the status of Truth no matter how much I tried to insist on their specificity. So I am left wondering: what are the conditions under which one could write a thesis without this (or perhaps another set of contradictions) happening? In other words, perhaps the tensions I am grappling with reveal something about discourse itself. Just as seeming acts of resistance on the part of anorexics may come to function conservatively as part of a clinical diagnosis, and just as a contemporary hyper-valuation of free-will has led to an explosion in forms of 'addiction' (as I argued in the thesis), so too, perhaps, the more one emphasizes partiality, the more it

collapses into its opposite. What I experienced as shame in failing to get it right may, then, be a symptom of contemporary theory and, as such, both my problem and a problem bigger than me.

Perhaps, then, I could not answer for my thesis in the viva because I have no answers to these questions. To have gone through the motions of a 'defense' would, to this extent, have seemed unethical. I still don't know where to go from here. But, allowing for this feels, at least, more genuine than arbitrary closure.

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