Dying to be thin: The social construction of the female beauty ideal and eating disorders.

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DYING TO BE THIN: 
THE SOCIAL CONSTRUCTION OF THE FEMALE BEAUTY IDEAL 
AND EATING DISORDERS

By
Susan Martell

A Thesis
Submitted to the Faculty of Graduate Studies and Research 
Through the Department of Sociology and Anthropology 
in Partial Fulfillment 
of the Requirements for the degree of 
Master of Arts 
at the University of Windsor

Windsor, Ontario, Canada
1997
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To my Mother and Father
with love.
ABSTRACT

DYING TO BE THIN:
THE SOCIAL CONSTRUCTION OF
THE FEMALE BEAUTY IDEAL
AND EATING DISORDERS

by

Susan Elizabeth Martell

Although there has been a substantial amount of research conducted on females and eating disorders, little emphasis has been placed on social factors. Exploratory research was performed in an attempt to answer the question, "Can eating disorders be scientifically explained by psychological and/or biochemical factors at the expense of undermining certain social factors and their explanatory power in eating disorders. In short, should the explanation of eating disorders be viewed as a combination of psychological and/or biochemical factors as well as social factors, whose explanatory significance should not be overlooked?"

Following the theory of social construction, and an Interpretive Interactionist approach, 10 women in therapy for an eating disorder were interviewed, utilizing open ended interview questions. The interviewees were asked 38 questions in accordance to five social variables used for the study. The findings of this thesis were discussed, and conclusions were made.

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Susan Martell
CHAPTER ONE

Introduction

I drink gallons of milkshake, I eat ice-cream, cakes, pastries, pork pies, chips, sweets, chocolates, bread, roast potatoes. I can eat half a loaf of bread, 15 fish fingers, 6 fried eggs, 2 platefuls of chips, 4 doughnuts, 6 chocolate cakes, 2 large bars of chocolate, 10 bars of Mars bar, 1 litre of ice-cream, and probably more [Then she vomits.] (in MacSween, 1993:231).

Problems and Purposes

Anorexia Nervosa, and Bulimia Nervosa are two serious and potentially deadly eating disorders which are affecting an increasing amount of young women and girls in society today. Approximately six in one thousand young women suffer from anorexia nervosa (BANA, 1984), whereas as many as 30% of college or university women may be affected with bulimia nervosa (in Whitaker and Davis, 1989). Since the eating disordered population is approximately 90% female and only 10% male (Thompson and Sherman 1992; Sherman and Thompson 1990), the pronoun 'she' will be used throughout this study, and the focus of the study will be on female eating disorders.

Not only have the prevalence of eating disorders increased, but the girls and young women who are affected by eating disorders are physically sicker today than they were 30 years ago (The Famine Within, 1990). According to Joan Jacobs Brumberg, the hospital admission weights for anorexia nervosa are significantly lower today than they were years
ago (*The Famine Within*, 1990). Hilde Bruch, a psychiatrist who dedicated her life to studying and treating eating disorders, stated that anorexia nervosa is a 'new' disease, rapidly increasing since the 1960's due to societal pressures (especially the media) on young women to be slim (in MacSween, 1993:16). Could society play a role in female eating disorders?

It has been estimated that by the age of nine years, eighty percent of young girls have dieted or thought about dieting (Bordo, 1989). Why do these pre-pubescent girls believe they need to lose weight, when in fact they should be gaining shape and size? Because we live in a shape-conscious society (Crook, 1992), a society which fears female fat (MacInnis, 1993; Thompson and Sherman, 1992; MacSween, 1993). Society does not, on the other hand, usually fear male fat. With men, bulky is attractive, and an abundance of flesh does not invariably signify that there is something wrong with them, and that they are shameful (Chernin, 1981; Thompson and Sherman, 1992).

This hatred of female fat is a relatively new phenomenon. At many times throughout history, the robust female body was idolized and highly respected (*Fear of Fat: Dieting and Eating Disorders*, 1987). Female fat is a natural, biological factor that we have learned to fear. It is unnatural for a woman to be extremely thin. At birth, a female baby has more fat cells than a male baby (*The Famine Within*, 1990). At puberty, a girl develops more fat content
with the rounding of hips, and the laying down of fat on the buttocks, stomach, upper arms and upper thighs (MacSween, 1993). Thus, at puberty a girl's fat-to-lean ratio increases to 25% of her body weight, whereas a boy's fat-to-lean ratio decreases to 10% to 15% of his body weight (The Famine Within, 1990). Also, after each time a woman gives birth, her body fat increases even more (The Famine Within, 1990). Thus, women should 'naturally' be larger than men because of the amount of body fat women entail compared to men.

However, men are expected to be large, and are often looked down upon when they are small (Thompson and Sherman, 1992). Females, on the other hand, are expected to reduce their 25% of body fat to a lower unnatural amount. Today's female ideal, according to Crook (1992) is for women to have small thighs, a small waist and increasingly larger breasts.

Society reminds us that fashion models are our 'ideal' women, the lean, lanky models who measure 33-23-33 (bust-waist-hips) (The Famine Within, 1990). However, society does not remind us that a large majority of fashion models have eating disorders (Windsor Star, July 10, 1996), and some have even died from a disorder. The model Pauline Seaward died as the result of an enormous binge following a three day fast (French, 1987:16).

The average woman in society today is 5 ft. 4 inches and weighs 142 pounds. The average model is 23% smaller than the average woman weighing in at 105 - 110 pounds at 5 ft. 9 to 5 ft. 10 inches tall (The Famine Within, 1990). By studying
the chart of average weight and the body mass index (BMI) (see appendix), it can be stated that models are severely underweight. Also, since they are less than 85% of chart average weight, and their BMI is under 18 (Blouin and Woodside, 1994) many of them would be medically diagnosed as anorexic (Blouin and Woodside, 1994). In other words, the models that women and young girls are 'modeling' themselves after are physically sick and each time they are seen in a magazine, they are admired. What is this teaching our young girls?

Unfortunately, there is not enough public awareness on the private lives of models available. Thus, young impressionable girls are looking at the waif models and are trying to physically look like them. The thinner the models become, the harder it is for the average girl or woman to look like them, and the easier it is for the average girl or woman to resent herself even more.

The female ideal is attainable for 8% of the female population without strict dieting and exercise (Crook, 1992). Thus, a problem arises when the other 92% of women do not fit naturally into this 'female beauty ideal' (Crook, 1992). Sometimes a drive to achieve this hyperslenderness can lead women to begin living a dangerous life of starvation, purgation, and exercise; a life that eats away at a woman's fat, health and soul; a life of eating disorders—Anorexia Nervosa and Bulimia Nervosa.

Past research done on eating disorders has focussed on
many psychological and/or biochemical explanations surrounding eating disorder causes. One current psychiatric view is that anorexia has always existed, but has only recently been 'discovered' (MacSween, 1993). Crisp (1974), argued that there is better nutrition today which leads to earlier puberty and combined with twentieth century moral uncertainty can lead to anorexia (in MacSween, 1993). Bell (1984), stated that the psychology for women is fixed, and the psychology of women past and present is the same (in Brumberg, 1988). In other words, Bell believed that women think the same today as they did in the past. Bell used Saint Catherine of Siena as an example of how domestic causes can lead to anorexia (in MacSween, 1993).

Although the above illustrates some psychological and/or biochemical views on eating disorders, the most common explanation is that there are specific personality types that make some females more susceptible to developing eating disorders. Some personalities which have been consistent for the women who have eating disorders are:

(1) A perfectionist attitude, a girl who always strives to be better than perfect in everything, but never feels good enough (Bruch, 1988; BANA, 1984).

(2) A good child, one who tries to please everyone (French, 1987; BANA, 1984).

(3) A girl who has very low self-esteem and can become depressed easily (French, 1987; BANA, 1984).

(4) A girl who was physically, emotionally or sexually abused (BANA, 1984).

(5) A girl who comes from a very close-knit
family who is very dependent, or a girl who comes from a very disfunctional family (Wren and Lask, 1993).

Purpose

Psychological and/or biochemical explanations are well documented as playing a vital role in the development of eating disorders. They are necessary but not sufficient in the explanation of eating disorders. Thus, it is necessary to see if there may be other explanations for eating disorders. Psychological and/or biochemical factors alone cannot be the determinants of a girl developing an eating disorder, because if this were true, then every girl with the personalities presented earlier could be expected to develop an eating disorder. However, to date, the application of sociological theories to the problem of eating disorders are rare (Keith, 1988), and have at times been overpowered by psychological and/or biochemical factors. Therefore, the purpose of this study is to combine the psychological and/or biochemical factors, with an exploration of social factors to determine what makes some women and girls susceptible to developing an eating disorder.

This study is qualitative in nature, and uses focussed interviews with current anorexics and bulimics. The interviews are the primary source of data because personal experiences introduce information that can not be provided by books. The exploratory nature of this research enables the researcher to use a combination of secondary research from journals and books, as well as accurate everyday experiences told by women living with anorexia and/or
bulimia. This combination of personal experiences and secondary research hopes to answer the research question:

Can eating disorders be scientifically explained by psychological and/or biochemical factors at the expense of undermining certain social factors and their explanatory power in eating disorders. In short, should the explanation of eating disorders be viewed as a combination of psychological and/or biochemical factors as well as social factors, whose explanatory significance should not be overlooked?

This thesis will essentially explore the contribution of sociological factors in the explanations of eating disorders. The analysis features many quotations which are derived from the personal interviews. This type of information enables an outsider the ability to see the world through an eating disordered person's eyes, by allowing us into their world.

It is hoped that this contribution to the understanding of female eating disorders may aid in the prevention and treatment of eating disorders in the future. The personal feelings which are expressed in this research may demonstrate the difficulties one must face to end this harmful addiction to food. It takes a lot of strength to overcome an eating disorder, as any health and life threatening disorder. To the women who openly shared their hardships and fears, I wish you all the best.

Definitions and Summaries of Eating Disorders

Anorexia Nervosa and Bulimia Nervosa are two serious eating disorders which encompass both similarities and differences with each other. Each disorder will be defined, and a description of the warning signs will also be
discussed. When this is complete, the similarities and differences of the two disorders will be summarized.

There have been many definitions for anorexia nervosa and bulimia nervosa, however, one of the most detailed and straightforward definitions is from a BANA (Bulimia Anorexia Nervosa Association) article entitled BANA - Eating Disorders Awareness Week (EDAW), 1984. This article discusses the danger signs, warning signs, similarities and differences, and physical complications of both anorexia nervosa and bulimia nervosa. It is an excellent article which summarizes very clearly both anorexia nervosa and bulimia nervosa.

**Anorexia Nervosa**

Anorexia Nervosa is an emotional disorder characterized by severe weight loss (or failure to gain weight in young people). Individuals with anorexia nervosa have an iron determination to become thin and an intense, irrational fear of becoming fat [or being normal weight], both of which often increase as weight is lost (BANA, 1984).

Persons affected with anorexia nervosa refuse to maintain a healthy weight. In fact, many are afraid to be an average weight for their height because 'average', to an anorexic means 'fat'. An individual suffering with anorexia nervosa has a distorted body image (Myers and Biocca, 1992), she sees herself as fat even when she is emaciated (see appendix). Most individuals with anorexia strongly deny that there is a problem, trying to convince everybody that they are fine (Szekely, 1988; BANA, 1984). Unfortunately, the thinner she becomes, the stronger she restricts her food
consumption and the more distorted her body image becomes (BANA, 1984). Moreover, she experiences a sense of control by restricting her food intake, and often turns away from food to cope with life’s stresses (BANA, 1984). What an anorexic does not understand is that although she feels in control of her food restrictions, in actual fact the food is controlling her and restricting her actions.

**Warning Signs of Anorexia Nervosa**

Several or all of the following symptoms:

1. Abnormal weight loss of ten percent or more with no known medical illness accounting for the loss.
2. Restriction (reduction) of food intake.
3. Denial of hunger and/or the problem.
4. Decrease in the consumption of foods containing animal fat.
5. Intense fear of weight gain and/or a ‘grim determination’ to become thinner and thinner.
6. Abnormal reproductive functioning i.e., amenorrhea in women, low testosterone levels in males.
7. Prolonged exercising despite fatigue and weakness.
8. Peculiar patterns of handling food.
9. Distorted perception of weight, body-size and/or shape.
10. Inability to control weight-loss and amount of exercise.
11. Social withdrawal.
12. Unusual sensitivity of the cold.
13. Perfectionism accompanied by a profound sense of ineffectiveness.
14. Weight-loss through use of vomiting, diuretics and/or laxatives.

15. Lanugo; fine hair on the body surface.


The definition and warning signs of bulimia nervosa will be discussed next, followed by the similarities and differences between anorexia nervosa and bulimia nervosa.

**Bulimia Nervosa**

Bulimia Nervosa is an emotional disorder which consists of episodes of binge-eating followed by some form of purging and/or severe dietary restraint. A “binge” is the secretive consumption of large amounts of food over a discrete period of time. Most bulimics follow the binge by self-induced vomiting, but “purging” may take the form of laxative or diuretic abuse, fasting, diet pills or strenuous exercising (BANA, 1984).

In many cases, the binge resembles a loss of control to the individual, and the purge symbolizes the restoration of control. The binge-purge cycle is an outlet for many feelings: frustration, disappointment, anger, boredom, and loneliness (BANA, 1984).

Bulimia Nervosa at times has been associated with other impulsive behaviors: shoplifting, self-injury, and/or the abuse of alcohol and other drugs (BANA, 1984).

**Warning Signs of Bulimia Nervosa**

Several or all of the following:

1. Usually within 15 pounds of normal body weight.

2. Fear of weight gain.

3. Distinct and often uncontrollable, secretive episodes of binge eating followed by attempts to purge the food through self-induced
vomiting, unhealthy dieting and/or use of laxatives, diuretics or diet aids.

4. Depression and recurrent mood swings.

5. Prolonged exercise for the purpose of weight control.

6. Inability to discontinue binge-purge cycle.

7. Problems with the throat, esophagus, stomach and colon.

8. Edema and swelling of the parotoid glands.


10. Emotional instability and impulsivity.

11. Dissatisfaction with body shape and preoccupation with becoming thin.

12. Frequent weight fluctuation (BANA, 1984).

**Similarities Between Anorexia Nervosa and Bulimia Nervosa**

1. Preoccupation with dieting, food, weight and body size.

2. Discomfort when eating with others.

3. Severe changes in habits, mood and personality.

4. Hyperactivity; difficulty with concentration and sleep.

5. GI complaints, fatigue, headaches, edema and paresthesia.

6. Approval seeking.

7. Problems with interpersonal relationships (BANA, 1984).

**Differences Between Anorexia Nervosa and Bulimia Nervosa**

1. **Anorexia:** Denial abnormal eating behavior.  
   **Bulimia:** Recognizes abnormal eating behavior.

2. **Anorexia:** Introverted.  
   **Bulimia:** Extroverted.
3. **Anorexia:** Turns away from food in order to cope.
   **Bulimia:** Turns to food to cope.

4. **Anorexia:** Distorted body image.
   **Bulimia:** Dissatisfaction with body weight and shape.

5. **Anorexia:** Preoccupation with losing more and more weight.
   **Bulimia:** Preoccupation with attaining an ideal, if not realistic weight (BANA, 1984).

By studying the definitions of the two disorders it is easy to state that eating disorders entail complicating and confusing issues. I asked the interviewees how they would define an eating disorder, and here are some of their definitions.

* **Barb:** I guess it’s food controlling you, not you controlling food.

* **Kim:** I think an eating disorder to me is anywhere where food isn’t put into perspective. I think with an eating disorder there’s too much of an attachment to food. It matters too much.

* **Meg:** It becomes an obsession. I’d say an eating disorder is when you go to extremes with food, either neglecting it too much or thinking about it all the time and noticing health problems. That’s definitely it.

* **Jill:** I guess it would be like a compulsion, to eat or not to eat, that drives you to obsession.

The following chapter discusses the psychological and/or biochemical models of eating disorders, and explores the sociological models of eating disorders.

* Due to confidentiality, no interviewees real names have been used in this study. Also, any recognizable information has been altered to protect the anonymity and confidentiality of the participants involved in this study. Please refer to Chapter 4 since it outlines the necessary information on the participants of this study.
CHAPTER TWO
LITERATURE REVIEW

Psychological and/or Biochemical vs. Sociological Explanations of Eating Disorders

Anorexia Nervosa and Bulimia Nervosa are very different from each other. However, they are similar since both involve a pre-occupation with food, diet and exercise, along with an approval-seeking attitude (BANA, 1984). Bulimia is a fairly new defined eating disorder, with increasing reports of bulimic behavior appearing in the 1960’s (Gordon, 1989). Bulimia nervosa was officially designated a psychiatric disorder in 1980 (Hamilton, Gelwick and Meade, 1984). Some scholars report that the media may be partly to blame for bulimia nervosa, since many girls had not heard about the disorder until they had read about it in a fashion magazine (Gordon, 1989).

Anorexia nervosa, on the other hand, was discovered by Richard Morton in 1694 (Brumberg, 1988; MacSween, 1993), named by William Gull in 1873 (Brumberg, 1988; MacSween, 1993), and reports of this disorder have been well documented in earlier literature. Thus, the early historical section of eating disorders will focus almost entirely on Anorexia Nervosa, since anorexia was documented and discovered in the medieval periods. Bulimia nervosa is recognizable in the medieval periods, however, since it was not discovered until the 1960’s, these bulimic behaviors will be added under the term Anorexia Nervosa for this time period.

Medieval Europe (1200-1500)

Many women, particularly between the years of 1200 and
1500 who refused food and prolonged fasting were considered a "female miracle" (Brumberg, 1988:41). Stories of women Saints who claimed they could not eat anything from the normal food supply were common (Weinstein and Bell, 1982). One of the best known Saints, Catherine of Siena (1347-1380) who ate only a handful of herbs a day, would occasionally shove twigs down her throat to bring up anything else she may have been forced to eat (Brumberg, 1988). This behavior demonstrates both disorders: anorexia nervosa (handful of herbs a day) and bulimia nervosa (shoving twigs down her throat to rid food). Some Saints would cover their faces at the site of food, vomit at the smell of food and refuse to take part in family meals (Brumberg, 1988). These types of behaviors from the Medieval periods also demonstrate similar behaviors of anorexics and bulimics in today's society. Avoidance of meals is common in anorexia nervosa (Crisp, 1980), and it has been documented that over time, constant purging in bulimia can enable some bulimics to vomit without sticking anything down their throats (French, 1987).

By the Seventeenth to Eighteenth centuries this type of self-starvation became so common that physicians began paying close attention to food abstinence. Physicians called it inedia prodigiosa (a great starvation) and anorexia mirabilis (miraculously inspired loss of appetite) (Brumberg, 1988).

Are anorexia mirabilis and anorexia nervosa the same thing? Rudolph Bell, author of Holy Anorexia would say that they are. During this time period, holy women were engaged
in anorexic behavior patterns that closely resembled the modern disease anorexia nervosa. An example of this is Maria Maddalena de'Pazzi, the sixteenth-century Florentine visionary who fell ill at the age of seventeen. Her illness consisted of "...the symptoms of what today would be diagnosed as anorexia" (Weinstein and Bell, 1983:235). Bell claims that there is a psychological continuity across the centuries, and that the psychology of women is fixed, and that the psychology of women of past and present is the same.

It was during the eighteenth century that abstinence became a medical problem, and was to be resolved by a set of techniques including: around the clock watches, calculations of food intake, observation and measurement of food intake, observation and measurement of excrement and body weighing (Brumberg, 1988:55).

In the late nineteenth century, Brumberg (1988) maintains that young women became the centre of families. They were protected from early marriages, thus enjoyed a period of long dependency and lavished affection from their parents. This longer need of dependency not only intensified parental love, but also seemed to aid in the onset of anorexia nervosa in middle-class girls (Brumberg, 1988). According to Laseque, a French physician, this type of food refusal constituted a form of conflict between the maturing girl and her parents, and was called l'anorexie hysterique (Brumberg, 1988; MacSween, 1993). In other words, Laseque believed that psychological problems led to the onset of the
disorder. However, it was also common in the Victorian ages for women to wear tight corsets to make themselves look slimmer, which were characterized by bruised ribs and fainting spells (Szekely, 1988). The fashion for women in these centuries was slim and straight. In 1908, a woman's body had to conform to the dress, rather than the dress conforming to the body (Brumberg, 1988). Also, during this time period women and girls were to eat little meat because of the fatness of it, and were also supposed to avoid fattening sweets. This was because women (and men) in the Victorian era believed that "satiety was a conviction of sin" (Brumberg, 1988:238), and a nineteenth-century woman's body which was large lacked self-control and was a sexual invitation. It is evident that a psychological explanation was more often used with regards to anorexia nervosa than was a sociological explanation. The typical family closeness, the idea that female satiety was sinful and sexually inviting and the spiritual belief of food abstinence are psychological examples which were discussed. However, what is also evident is that some women in the Victorian era did not eat for many reasons, social reasons they learned from fashion, and other women.

Past research on eating disorders demonstrated that these food related disorders are not new. However, the more the fashion changes and the female ideal (expectations of female beauty) changes, the more common and documented eating disorders have become. In contemporary Industrial societies,
young women attach themselves to dieting because it is available throughout society and new technological advances. The social norm in today's society is for females to be very thin. It is a social expectation which fat women fail to meet, and therefore society fails the fat woman by denying her equal chances for happiness, love and security. There are more reasons why a woman becomes anorexic and/or bulimic than the psychological reasons of past centuries, which were: sainthood, schizophrenia, dependency and a fear of sexual development which was explained by Freud in 1895 (Brumberg, 1988). Women's fashions began changing. Smaller sizes and shorter styles were being introduced, putting great importance on small thighs and small breasts.

Modern Day Society

According to MacSween (1993), the psychiatric and/or psychological explanations of anorexia nervosa tend to:

...downgrade the actual anorexic process in analysis, focusing on the 'underlying' psychological dilemmas that are presumed to be expressed in anorexic behavior rather than on the symptom itself. What this tends to imply is a rather arbitrary connection between the meaning and aims of anorexia and the activities through which those aims are expressed (pg.4-5).

Psychological and/or Biochemical Approach

Most researchers in this area of working with the mind, look to the psychological explanations on why things happen. Hilde Bruch, a psychiatrist, states that anorexia nervosa is the "relentless pursuit of thinness" (Bruch, 1974:224; 1978: x), and argues that three areas of 'disturbed psychological
functioning' lie at the heart of the disorder (in MacSween, 1993). First, the anorexic female has a near delusional body image. She will consistently claim, that if not in fact underweight, she overestimates her size. Beth, a severely emaciated anorexic stated that when she looks in the mirror she sees:

Beth: I see that my cheeks are fat and my thighs are fat and my stomach too. I know that's wrong, but I do see that, physically I see that.

At slightly over 5 foot 7 inches and under 93 pounds, Beth saw herself as having fat on certain parts of her body. To look at Beth, an outsider would see her skeletal-like appearance with not an ounce of fat anywhere on her body, but Beth could not see the true image of herself. Another example of a distorted body image is Kate. Kate is a young woman who is in recovery for both anorexia nervosa and bulimia nervosa, and when she looks in the mirror she sees:

Kate: A big fat blob. You know you have a head, and a big round torso and then legs. Just a big ball.

The second area of disturbed psychological functioning Bruch argues is that anorexic women cannot correctly identify bodily stimuli. Bruch argues that hunger is not an innate, biological knowledge, instead it is learning your own biological needs (in MacSween, 1993). Bruch places this process of learning on the mother and states that if the mother feeds the child on her own schedule, and not on demand, she is offering inappropriate responses to 'child-initiated cues': neglectful, oversolicitous, inhibiting or indiscriminately permissive (in MacSween, 1993). Bruch
continues by stating that if the young girl is not in control of, or even recognizing of her own bodily sensations, she will live entirely by responding to others (in MacSween, 1993). Thus, the anorexic girl then arrives at adolescence with serious 'ego deficiencies' which is another disturbed psychological functioning (Bruch, 1974). She experiences her life as being under the control of others, and she has no coherent or self-directed identity (Bruch, 1974). (What should be noted is that mothers were often blamed for the problems their children had. Fortunately, this is changing). Thus, according to Bruch, the anorexic's ego cannot cope with the many demands of adolescence and begins to withdraw into her own body since it is the only place she feels she can control (Bruch, 1980). What eventually happens, is that the more the anorexic controls her limited food intake, exercise routines and body size, the more out of control she becomes. However, unless she realizes she is out of control, her anorexic behaviors will not diminish. Three women, who are in recovery for anorexia, bulimia, and bulimiarexia (self-starvation and binging and purging combined), answered very similarly to the question: Do you feel in control of your behaviors or out of control of your actions?

Barb: I feel OUT of control.
Jill: I feel out of control, I'm losing it.
Amy: I feel a little out of control.
The ability to admit that you know you are out of control is a big step to ones recovery. Women who have a serious eating
disorder, especially anorexia, feel they know what they are doing, and feel they are in total control.

**Beth:** I feel in control, but I think I'm out of control. I know I could not just go and eat something because I felt hungry and I wanted to eat it. I know I can't control the out of control part, but I feel excited and happy because I only 'ate this' today. So my feelings and my thoughts are totally contradicting.

Meg described the feeling of control when you're not eating as a 'false power'.

**Meg:** When you're not eating you feel like you're in control, you feel like you have so much power - but I don't think that's true, you know. And so, of course when you're eating or you're binging, that's just complete loss of control. People who say that they have control when they're not eating, I don't believe that either - It's such a false power.

Therefore, according to Bruch, eating disorders are a psychological problem. Arthur Crisp, a Biological Determinist, states that anorexia nervosa is a biological regression (1980: preface). He sees anorexia nervosa more as a 'psychologically adaptive stance operating within biological mechanism' (1980:5). At puberty, girls gain a lot of body fat, and this has introduced to young women, body weight and shape that is "a new meaningful and threatening experience for those concerned" (Crisp, 1980:5). With this new edition of fat, comes a phobia for some young women. The phobia for most of the young women is that of becoming fat, but the phobia for an anorexic is of herself at normal adolescent body weight. Her often expressed fear of fatness, is constantly present, however being 'fat' to an anorexic is
to be average weight (in MacSween, 1993). According to Crisp, the anorexic state "represents a 'psychobiological regression', a flight back into psychobiological childhood, and is, as such an adaptive state which protects the individual in whom puberty and its attendant 'maturational crisis' have been experienced as overwhelming" (in MacSween, 1993:27). The theme of control is expressed again. It is the control of shape and weight and not eating, that Crisp considers to be central for one to regain and maintain a sub-pubertal body weight (Crisp, 1980). In other words, these girls fear growing up and becoming independent, and thus reduce their size in attempts to lose the secondary sex characteristics they gained in puberty. An example of this type of thinking is evident with an answer to the question: Does staying thin make you feel younger and more beautiful?

Beth: It makes me feel younger definitely. It's pretty interesting because I stopped getting my period, I weigh less now than I did in grade 8, probably even before grade 8. I'm smaller, and people treat me younger as well. I think anorexic girls I would generalize all are protesting against growing up - you're just saying, "No, I am not becoming a woman", you're denying womanhood. Definitely, I would love to be a little girl again. You know, I'm shrinking, and my period has stopped and my mom is so overprotective now, it's like if I'm going to the store "Where are you going"? It's like a three year old, you turn back into a little kid. But it isn't the same.

It is evident that psychological and/or biochemical explanations have dominated eating disorder research. It has been demonstrated that specific personality types are present in eating disorders. The feelings of low-self esteem and ineffectiveness were present in all ten of the interviewees'
answers. Perfectionism, pleasing others and never pleasing yourself was present in 80% of the answers, and some form of abuse was present in 20% of the answers. Therefore, it is necessary to look at the psychological and/or biochemical explanations of eating disorders because they do play a vital role in the eating disorder causes. However, it is necessary to look at the sociological explanations to see if there may be a combination of causes in the incidence of anorexia nervosa and bulimia nervosa.

Today, an estimated 10% of women experience eating disorders (BANA, 1984). Since the 1960’s there has been an increase in anorexia nervosa, as well as an awareness of bulimia nervosa (BANA, 1984). Because of the increase in the prevalence of eating disorders, Brumberg states that this is what the psychological and biological explanations of eating disorders leave unexplained (1988).

Sociological Explanations of Eating Disorders

According to Garner, Garfinkel and Olmstead (1983) the increase in the prevalence of anorexia nervosa has been attributed to "heightened sociocultural pressures on women to diet into a thinner shape (1983:65). An example may be the 'relentless pursuit of thinness' (Bruch, 1974) that is found in anorectics which has often been called "...a 'caricature' of what society considers beautiful" (Schwartz, Thompson, and Johnson, 1983:88). Similarly, anorectics avoid that which our culture has labelled repulsive and taboo. Anorectics have a 'fat phobia' (Crisp, 1980), and resist the impulses
which "our 'fitness-conscious' society has branded evil" (Schwartz, Thompson and Johnson, 1983:88). In other words society finds female fat to be unacceptable. When asked the question: Are obese women looked down upon in our society?, some responses were as follows:

**Laura:** Oh, most definitely!

**Meg:** Yeah, as sad as that is, I think so. I think not only by men but by women too. Women will give them dirty looks, you know and say things.

**Lisa:** Yeah, and I'm afraid of being like that. I'm just really, really afraid of getting fat. It's like, I have been heavier than I am now, and if you're heavy, you're invisible, it's like you don't count.

**Barb:** Definitely, because I think that people believe that they have no self-control and that they just don't care about themselves. People just don't think they're attractive with the excess weight.

**Kate:** Some yeah. People just look on the outside first, even though they say you go by what's on the inside.

According to Eva Szekely (1988), having to be attractive at this time in "our media-dominated society" (pg.19), means we can not be fat, we have to be thin (Szekely, 1988). Women always have to work at keeping themselves in shape, keeping themselves thin.

It is work carried out on a daily basis, everyday of a woman's life. We are told constantly that we must diet, exercise (workout), learn about ladylike manners and be knowledgeable about matters of health, fashion and appearance in general. We must compete and become the most attractive of attractive women in order to get and keep men's attention. In seeking to secure men's attention, women's existence undergoes a transformation. It takes on the character of a commodity, an object constantly in need of
perfection for men's service and pleasure (Szekely, 1988:20).

These practices, of the 'relentless pursuit of thinness' point to women striving to have a sense of worth and a sense of control in a situation which is experienced often as almost totally ruled by others (society) (Szekely, 1988). Ultimately, the relentless pursuit of thinness signifies women's struggles for a place in the world (Szekely, 1988).

There is overwhelming evidence that there are sociocultural factors which are involved in this dramatic increase in both the incidence and prevalence of the 'relentless pursuit of thinness' (Szekely, 1988; Garner et. al, 1983). What is happening is that some women are striving for thinness at all costs, and now what started as a fashion and beauty ideal, has come to be called a "disease" (Szekely, 1988:31).

Since these disorders can be said to be partly socially constructed, it is important to look at other cultures. Are eating disorders common in different societies, or are they only common in industrialized societies? Eating disorders are only common in industrialized societies, which place value on female thinness and a taboo on female obesity. Eating disorders are not common in places where there is limited food supply, where famine is a real threat (Gordon, 1990; Orbach, 1988). In underdeveloped countries, obesity is viewed with admiration as a sign of fertility, strength and prosperity - which are needed to survive (Garner et. al, 1983). Therefore, since eating disorders seem to be culture
specific, they can be considered to be a culture-bound syndrome, or as George Devereux stated, an "ethnic disorder" (in Gordon, 1990:6). According to Devereux, an ethnic disorder is a term which implies "...that a disorder is unique to a particular society and carries the future implication of an exotic disorder in an unfamiliar (that is, non-industrialized) culture" (in Gordon, 1990:6-7). Devereux summarized specific criteria which would qualify a particular syndrome as an ethnic disorder, which are as follows:

1). The disorder occurs frequently in the culture in question, particularly relative to other psychiatric disorders.

2). Because of the continuity of the symptoms and underlying dynamics with the normal elements of the culture, the disorder expresses itself in degrees of intensity, and in a spectrum of borderline, "subclinical" forms.

3). The disorder expresses core conflicts and psychological tensions that are pervasive in the culture, but are so acute in the person who develops symptoms that severe anxiety is generated and psychological defenses mobilized.

4). The disorder is a final common pathway for the expression of a wide variety of idiosyncratic personal problems and psychological distress; people who develop the disorder can range from mildly to severely disturbed.

5). The symptoms of the disorder are direct extensions and exaggerations of normal behaviors and attitudes within the culture, often including behaviors that are usually highly valued.

6). The disorder is a highly patterned and widely imitated model for the expression of distress; it is a template of deviance, a "pattern of misconduct," providing individuals with an acceptable means of being irrational, deviant, or crazy.

7). Finally, because the disorder draws upon valued
behaviors, but on the other hand, is an expression of deviance, it elicits highly ambivalent responses from others; awe and respect, perhaps, but also punitive and controlling reactions to deviance. The disorder gains notoriety in the culture; it generates its own "politics" (Gordon, 1990:7).

Many individuals do have mixed feelings of eating disorders. Many times comments like "I wish I could catch it for a week", or "I envy them, they have so much control over their lives" are whispered between women (Chernin, 1981:22). Even some of the interviewees stated that people made comments in that respect.

Amy: The "anorexic look" is now a coined term, like slim, trim, anorexic. We are supposed to look like walking skeletons, walking on stilts, but it's oh so chic, isn't it. A year ago I had a girl come up to me who said "Oh, I want your disease", and at that point I didn't feel ashamed of being skinny and anorexic.

Beth: Definitely the media, society even family and friends - they just praise this disease. I think anorexia and obesity, are very much alike except that if you're obese you're disgusting and denied by society, and if you're anorexic, "Oh look, poor fragile girl", you just get the pity. But, it's also kind of glorified. I mean if someone were to call me "anorexic" even still I just think wow, to be anorexic, it's such a compliment in a sick and twisted way. But definitely, definitely society praises it.

If eating disorders are ethnic disorders and culture bound, what happens when Non-Industrialized groups are rapidly exposed to the Industrialized Culture? With the Industrialized Culture's emphasis on consumerism, individuality and achievement, young women from other cultures who become a part of our industrialized culture, become vulnerable to disorders such as bulimia nervosa and anorexia nervosa (Gordon, 1990). If eating disorders were
solely psychological, than any woman in any society
Industrial or Non-Industrial would be at risk for developing
an eating disorder because according to Bell, the psychology
of women is fixed (1987).

The present study expanded on the sociocultural
expectations and pressures on female thinness, by
concentrating on five sociological variables, to determine
whether eating disorders are solely psychological and/or
biochemical problems, social problems, or a combination of
them. The five sociological variables are: (1) the pressure
to be thin, (2) the glorification of youth, (3) the changing
roles of females, (4) media images and the role of the
superwoman, and (5) the sport and fitness craze (Moriarty and
Moriarty, 1993).

The next chapter introduces the theory of social
construction, and other studies of the self.
CHAPTER THREE
THEORETICAL FRAMEWORK


This study uses the theory of social construction to explain how women learn the female ideal. Women learn how to be 'beautiful women', and 'beautiful women are slim'. This section begins with the theory of the social construction of reality and everyday life by looking at the basics of the theory by Berger and Luckmann (1966), with some additional updated information by Gecas and Burke (in Cook, Fine and House, 1995) and Charon (1995). Also, this section looks at the work of George Herbert Mead (in Charon, 1995), Erving Goffman (in Charon, 1995) and other studies of the self. Next, this section discusses how gender is also socially constructed, and how boys and girls learn the 'appropriate' ways of how to act as future men and women. Once these theories are explained, it will be demonstrated that the female ideal of thinness and female eating disorders are also socially constructed. It will be evident that the ideas of 'appropriate behaviors' for women which are received from society strongly influences the thin ideologies of female beauty. This, in turn, perpetuates the prevalence of eating disorders among girls and young women in society today.

The Social Construction of 'Self' in Everyday Life

According to Berger and Luckmann (1966), the reality of everyday life is shared with others. In other words, each of our own realities is not private, the way we live our lives is publicly and socially constructed. Charon (1995:183)
states:

Society does shape us: It gives us our selves, symbols, mind, our ability to role take, our social objects, our culture.

The questions which need to be asked are: How is this done? How do people become socialized into living 'appropriate' lives? Berger and Luckmann (1966) introduced the terms "primary socialization" and "secondary socialization" to answer these questions. George Herbert Mead used the terms "preparatory stage", "play stage" and "game stage" to answer these questions.

Is an individual born a member of society? No s/he is not. S/he is born with a predisposition towards socialization, and it is through socialization with others that s/he becomes a member of society. In other words, a child, some say, is born as a blank slate, and it is through experiences with others that the blank slate is written on, and the finished product eventually is a socialized human being. It was John Locke who viewed children as 'tabula rasa', blank slates (in Rathus, 1988). He viewed children as passive beings, upon "...whom external experiences writes features of personality and moral virtue" (in Rathus, 1988:17). B.F. Skinner, a Harvard University Behaviorist, also asserted that children's preferences were shaped by experience (in Rathus, 1988). He added that the continuous use of reinforcement from others shaped children into individuals who wanted to help others (in Rathus, 1988).

Sigmund Freud disagreed with the theory of social
learning, and assumed that biological maturation provides the foundation for personality and emotional development (in Rathus, 1988), therefore believing that there was no learning involved because everything happened naturally. If this were true, than each child no matter where they were reared would grow up socialized as a human being. What about the child who was raised by a group of wolves? She was left in the woods and was found by a wolf pack. If Freud's theory on the natural personality and emotional development were valid, wouldn't this girl who had no human contact know automatically that she should walk on two legs, eat cooked meat and talk? She could not do any of this, and after she was found by humans, she died due to the removal from her environment. Thus she learned how to be a wolf, by watching other wolves. The process of maturation into a human being did not happen naturally as Freud assumed it would.

Social learning theories of child development are based on conditioning, "...a simple form of learning in which association between stimuli and response are learned" (in Rathus, 1988:53), and both positive and negative reinforcement (in Rathus, 1988). Social-learning theories, are theories "...in the learning-theory tradition that includes cognitive factors and observation learning in the explanation and prediction of behavior" (in Rathus, 1988:64). It is the idea of learning certain behaviors and attitudes which is focussed on in this research.

According to Berger and Luckmann, primary socialization
is the first socialization "an individual undergoes in childhood, through which he [or she] becomes a member of society" (1966:130). Mead expands on this earliest stage of the self by stating that the child copies the adult's behaviors (in Charon, 1995). In other words, there is interaction between parent and child. However, as long as it is only imitation, the behavior lacks both meaning and symbolic understanding (in Charon, 1995). The second stage that Mead explains is the play stage. This is the stage in Berger and Luckmann's primary socialization in which significant others are encountered. Significant others are people who are important to the individual, those whom the individual wants to impress (Charon, 1995:70). They are people with whom the individual respects and identifies (Charon, 1995:70). In other words, significant others are role models; people who the child identifies with and models him/herself after and after whom the child patterns her/his behavior.

The child identifies with the significant others in a variety of emotional ways. Whatever they may be, internalization occurs only as identification occurs (Berger and Luckmann, 1966:131-132.)

According to Berger and Luckmann (1966), once identification occurs, the child begins to internalize the roles and attitudes of her/his significant others. In other words, the internalized (learned and accepted) roles and attitudes of the significant others become the child's own roles and attitudes. Primary socialization actually creates
in the consciousness of the child being socialized "a progressive abstraction from the roles and attitudes of specific others, to roles and attitudes 'in general'" (Berger and Luckmann, 1966:132). It must be added that most human beings actually feel and think before they act. They first consider their own acts in relation to others, and they role take (perform) the other's acts (Charon, 1995:183). Therefore, a human is an active agent in society (Charon, 1995), not a passive robot. Although the self is a product of social influences (Gecas and Burke, 1995), humans are not passive beings, most say they can think for themselves and act accordingly. This idea of an 'active self' is what is missing in the theory of social construction discussed by Berger and Luckmann (1966). However, it will be demonstrated later that some people do not think for themselves, for they act or look in ways they believe others expect them to act or look.

It is society which presents the candidate (child) for socialization, and with this socialization comes an already 'pre-defined' set of significant others. The child's significant others are often parents, but can be other relatives, television heroes or childhood friends (Charon, 1995). As the child grows, significant others many expand greatly, and include many others such as a wife, peers, a coach or co-worker. Significant others are important at any point in our lives because their views of "social objects" become important to us including the view of ourselves as
social objects (Charon, 1995).

The third stage Mead discussed was the "game stage". The game stage is the necessity of assuming the perspectives of several other significant others simultaneously, instead of one at a time (Charon, 1995). According to Mead, this stage is the "adult self" in which the self incorporates all of one's significant others into one "generalized other" (Charon, 1995). Once the generalized other has been established, the child is already an effective member of society and subjectively s/he possesses a self and a world. According to Karp and Yoels (1986), a 'generalized other' can be defined as "society as a whole" (1986:57), whereas significant others are people with whom we have strong emotional attachments, and when determining our behavior whose judgements are most important (Karp and Yoels, 1986:246). The development of the generalized other by the individual is really the internalization of society; society's rules and perspectives become the child's rules and perspectives (Charon, 1995). Once these two 'others' are established, secondary socialization or what Shibutani (in Charon, 1995) called the "reference group stage" occurs.

Berger and Luckmann (1966) define secondary socialization as "any subsequent process that inducts an already socialized individual into new sectors of the objective world of his [or her] society" (1966:130). In other words, secondary socialization is what occurs when a primary socialized individual, internalizes institutional or
institution-based worlds known as "subworlds" (Berger and Luckmann, 1966:138). Shibutani (in Charon, 1995) states that the individual interacts with many different groups and thus comes to have several 'reference groups', several 'generalized others' (in Charon, 1995). The individual shares a perspective with the 'others' in each group, including a perspective used to define 'self' in each group. In each one of the groups, an individual may define 'self' differently, and thus may act differently in each group. Erving Goffman (1982) defines these different 'roles' people act as 'face'. A person may be said to 'have' or 'be in' or 'maintain' face when

...the line he [or she] effectively takes presents an image of him [or her] that is internally consistent, that is supported by judgements and evidence conveyed by other participants, and that is confirmed by evidence conveyed through impersonal agencies in the situation (in Rosenberg and Kaplan, 1982:110).

Our knowledge is not the only part of ourselves which is socially constructed. Our gender, the way we behave as a male or female is also socially constructed (MacSween, 1993). Therefore, the social construction of gender will be focussed on next, and it will become apparent that boys and girls are socialized differently. This may demonstrate why females are more susceptible to eating disorders because of the socialization process.

The Social Construction of Gender

'Is it a boy or a girl?' is still one of the first questions asked when eager parents look at an ultrasound, or
when a child is born into this world. This question 
"...marks the beginning of one of the most important 
distinctions our culture makes between people, for whether 
the child is a boy or girl is going to make a profound 
difference to its subsequent life" (Lewontin, Rose and Kamin, 
1988:209). This question about the child's biological sex 
will determine his/her gender roles, which are socially 
constructed (West and Zimmerman, 1991).

The gender roles a child learns are behavioral aspects 
of being a man or a woman, a boy or a girl (West and 
Zimmerman, 1991). Since an individual's sex will determine 
his/her gender, a definition comparing the two terms is 
needed. Sex, according to West and Zimmerman, is a 
determination which is made through the application of 
"socially agreed upon biological criteria for classifying 
persons as females or males" (West and Zimmerman, 1991:14). 
Gender, on the other hand, is the actual act of managing 
"situated conduct in light of normative conceptions of 
attitudes and activities for one's sex category" (West and 

Gender roles, when attached to a child's biological sex 
are not equally distributed for boys and girls. Creating 
gender means creating differences between women and men (West 
and Zimmerman, 1991). These differences are not essential, 
biological or natural; they are constructed socially (West 
and Zimmerman, 1991:24). These differences are socially 
essential when determining the expected behaviors of men and
women. Therefore, creating gender means creating social differences, and these socially constructed differences depend on the biological sex of the child.

A boy is taught the roles of being "aggressive", "active", "rambunctious", and "domineering" (Schifellite, 1987). A girl is taught the roles of "domesticity", "passivity", "femininity" and "subordination" (Schifellite, 1987). Once these roles are continuously reinforced, they will become accepted, and the child will live his/her 'gender identity' (Lorber and Farrell, 1991). Gender identity is a major component of 'maleness' and 'femaleness'. This 'identity' of gender includes the following: shaping sexual preferences, psychosexual development, social rearing, learning social roles, and socialization (Lorber and Farrell, 1991).

Girls are socially constructed and socially expected to look and act in a certain way. Besides being a mother, wife, housekeeper and cook, she is also supposed to be beautiful. How beautiful is she supposed to be? As beautiful as the models seen in magazines and on television (Myers and Biocca, 1992). If gender and gender roles are socially constructed, then the female ideal of beauty is also socially constructed. How do women and young girls live up to this thin ideal within themselves? By dieting and exercising. But what happens if these women and girls believe that society will still not accept them when they diet and exercise? Then sometimes these women and girls may diet to the extent of
starvation or they may self-induce vomiting to fit into the thin and beautiful 'female ideal'. The problem is that this becomes an obsession, an obsessive-compulsive disorder (Lenskyj, 1993:91-92), where the promise of happiness and love when one is thin and beautiful becomes a lie to the woman with an eating disorder. The social construction of the 'female ideal' and female eating disorders will be discussed next.

The Social Construction of Female Beauty and Eating Disorders

When advertisers send the messages to women regarding food and thinness, women are constructed into pre-determined expectations of how they are supposed to look and what they should and should not eat. If women were accepted in all shapes and sizes, these problems may not be as common. But women are not accepted in all shapes and sizes, for they are expected to look a certain way. The perfect body is long-legged, tanned, between five-foot-five and five-foot-eight, without a spare inch of fat (Coward, 1985:39). Since only eight percent of the female population fit naturally into this category (Crook, 1992), it is socially acceptable and socially expected for the women who do not fit into this ideal to diet and become extremely thin because both are practiced and admired by the culture (Brumberg, 1988; Wren and Lask, 1993).

Women in today's society try to reflect the thin beauty ideal they believe they are supposed to possess.

Each to each a looking-glass
Reflects the other that doth pass
(in Borgatta and Meyer, 1956a:37).

According to Charles Cooley (1956a), a social self can be called the reflected "looking-glass self" (in Borgatta and Meyer, 1956a:37). The idea of a 'looking-glass self' is very important when we talk about eating disorders. As we see our figure, face and dress in the glass we are interested in them because they are ours, yet at the same time are pleased or disappointed with them depending on what we 'believe' they should be (in Borgatta and Meyer, 1956a:37). In other words, we see our reflections in the mirror but envision what others may see (e.g., fat thighs, chubby cheeks). Cooley (1956b) states that a self-idea like this seems to have three principle elements:

(1) The imagination of our appearance to the other person.

(2) The imagination of his [or her] judgement of that appearance.

(3) Some sort of self-feeling, such as pride or mortification (Cooley, 1956b:184).

Cooley continues by stating that what drives us to feel pride or mortification is not our reflection before us, but the imagined effect of our reflection upon another person's mind (Cooley, 1956b; Keith, 1988). Therefore, if someone is overly pre-occupied with pleasing others, has very low self-esteem, and sees fat when looking in the mirror (when in fact there may be none, or very little), the reflection they see may become very distorted. This distorted body image may lead them to deny how they really look, and starve their
bodies or purge their food in attempts to meet what they perceive as being an acceptable size in society's (their generalized other's) eyes. Here are some responses to the question: How do you think other people see you?

Lisa: I think other people lie to me to be totally honest. They must because, my mother in particular if she thinks I'm going into a relapse or something, she'll lie to me, she'll tell me I look too skinny and I shouldn't restrict my eating.

Meg: Sometimes I feel like everybody thinks that, like I just feel like, I really just think Oh my God those clothes look fat on her. I don't know, look at that chin or whatever. Very rarely do I think that people think I'm skinny. I don't think that they look at me and say "Wow, that's a nice body".

Why are individuals with eating disorders approximately 90% female and only 10% male (Sherman and Thompson, 1990; Thompson and Sherman, 1992)? Why are women the ones who try to fit into the societal expectations of beauty and thinness? Because according to Bordo (1989), women's bodies are what Foucault called "Docile Bodies--bodies whose forces and energies are habituated to external regulation, subjection, transformation and improvement" (1989:140). Because of this, it is evident that "women live in a different world from their male counterparts" (Sherman and Thompson, 1990:140). Women are supposed to conform to a specific look, whereas men are not as pressured to look a certain way (Sherman and Thompson, 1989). The female 'look' can be seen on every billboard, movie, video and magazine advertisement and in societal expectations--the look of the thin, happy, successful woman: the superwoman! (Thornton, Leo and Alberg,
1991). This obsession with only one acceptable body shape which is promoted by the media sends strong messages about expectations of how women should act and look (Coward, 1985). This look is hard to achieve, and this is one reason why anorexia nervosa and bulimia nervosa are so popular within our society (Crook, 1992; Thompson and Sherman, 1992). This eating disorder is "generated by a powerful cultural imperative that makes slimness the chief attribute of female beauty" (Brumberg, 1988:31). But what about men? Why don't they give into this way of living? Because as was stated before, men are not pressured to be thin, whereas our culture's messages on thinness are strongly aimed at women (Sherman and Thompson, 1990). Also, it is more acceptable for men to be overweight because small men have at times been looked down on in society (Sherman and Thompson, 1990). If a woman is overweight in society, she may be discriminated against because of her excess girth. In other words, men and women are constructed in different ways, and men are expected to be large (Thompson and Sherman, 1992). Some men go to extremes so they will not be small, and risk their health by taking steroids to 'bulk up'. Our society accepts female thinness and devalues female obesity (MacInnis, 1993; Sherman and Thompson, 1990). It is obvious that men and women who are obese are not regarded in the same way. Jill and Beth gave interesting answers to the question: Are obese women and obese men looked at in the same way, or is one looked at more negatively?
Jill: It's different because it's jolly for a man to be fat, and gross for a woman to be fat.

Beth: Definitely women are. I remember in grade school there was a fat guy in my class and he was just 'chubby', and there was a fat girl in my class and she used to get picked on all the time. And I remember I used to think that it's okay for guys to be fat, but girls can't be fat. If a guy's fat, it doesn't matter, but if a girl is fat that's awful. It's sad that kids think that way.

Women are expected to look a certain way, wear the thinning clothes and eat the low-calorie foods. These media messages that are given to women do not alone cause eating disorders, because if that were true, then every woman in our society would be suffering with an eating disorder. Fortunately, every woman is not suffering with an eating disorder. But on the other hand, if no expectations for thinness were defined, no 'ideal feminine body types' were presented, no diet foods made, no scales invented, and no messages valuing female thinness and condemning female obesity expressed, then female eating disorders in today's society would not be so widely pervasive.

The next chapter outlines the methodology which was used in this qualitative study.
CHAPTER FOUR
METHODOLOGY

To begin to know a category of persons is to begin to build a fuller portrait of them. To have a label that specifies the existence of a set of persons is to begin to conceive of what 'those people are like' (Lofland, 1971:1).

In order to feel that one understands what is 'going on' with another person, most people try to put themselves in the other person's shoes (Lofland, 1971:2). By trying to experience how one is feeling, we learn more about that individual. According to Lofland (1971), "...the fullest condition of participating in the mind of another human being is face-to-face interaction" (Lofland, 1971:2). Thus, face-to-faceness has an 'irreplaceable character of non-reflexivity' (Lofland, 1971:2) which enables one to enter into the life, mind and definition of the other person. In other words, taking the role of another face-to-face, enables one to gain a clearer sense of understanding of the other human being.

The Qualitative Nature of the Present Study

This present study is qualitative in nature and uses focussed interviews with current anorexics and bulimics. The sample is a limited, purposive sample which focuses on the interviewees points of view with regards to anorexia and/or bulimia, and not from a researchers point of view. It is important to understand how these participants feel about the disorders and treatment measures. Past research done on eating disorders has at many times tried to interpret or understand eating disordered individuals without actually
asking them how they feel. The present research incorporates an applied view of anorexia and/or bulimia by enabling the victims to speak for themselves. This type of applied qualitative research when incorporated with secondary research is more valid and reliable than secondary data received from books. It is difficult to explain the feelings of an eating disordered individual without allowing them to express their feelings, fears and confusions. The information received from these women will contribute personal information regarding these deadly disorders.

The personal and value-laden (Creswell, 1994) information which will be received through interviews is the reason why this research is not quantitative in nature. Quantitative research implies that the researcher should remain distant and independent of that being researched and observed (Creswell, 1994). In other words, quantitative research is impersonal and formal. Qualitative research on the other hand, enables the researcher to interact with those he or she is researching, and thus tries to minimize the distance between the researcher and those being researched (Creswell, 1994). Also, the qualitative researcher does not only report on the "facts" of the research like the quantitative researcher does, the researcher also reports on the value nature of the information received (Creswell, 1994). Merriam in Creswell (1994), nicely summed up six assumptions of qualitative research.

(1) Qualitative researchers are concerned
primarily with "process", rather than outcomes or products.

(2) Qualitative researchers are interested in "meaning" - how people make sense of their lives, experiences, and their structures of the world.

(3) The qualitative researcher is the "primary instrument" for data collection and analysis. Data are mediated through this human instrument, rather than through inventories, questionnaires, or machines.

(4) Qualitative research involves "fieldwork". The researcher physically goes to the people, setting, site, or institution to observe or record behavior in its natural setting.

(5) Qualitative research is "descriptive" in that the researcher is interested in process, meaning, and understanding gained through words or pictures.

(6) The process of qualitative research is "inductive" in that the researcher builds abstractions, concepts, hypotheses, and theories from details (in Creswell, 1994:145).

There are advantages interviewing women with eating disorders presently, since they will not have to remember how it felt to have the problem. *Also, since I had anorexia nervosa for 5 years of my life, I can understand their fears and insecurities, and try to make them feel less anxious. In attempts to make the women feel less anxious, I was plagued with a decision; should I tell the women I had an eating disorder or not? I did not want to portray any personal biases or leading questions to the participants thus making the research both unreliable and invalid.

*The researcher has explained her experience with anorexia nervosa in Chapter 11.
After consulting with the Social Worker in charge of BANA Can/Am, I decided it would be best to tell the women my experiences. It was the correct decision because 70% to 80% of respondents told me that they would not have participated in the study if I had not gone through what they are going through right now. They said they felt comfortable talking to me because I knew how they felt. Many participants felt it was too difficult to explain the disorder to an "outsider" for many people find the disorder confusing. They also stated that seeing myself recovered gave them hope for their own recovery.

Since a sociological approach to eating disorders is relatively rare (Keith, 1988), the exploratory flexibility of qualitative work keeps the questions and answers "open" (Keith, 1988) throughout the present study.

The use of "naturalism" (Lofland and Lofland, 1984; Denzin, 1978) was helpful in this study. Naturalism enables the researcher to:

...actively enter the worlds of interacting individuals. It involves an attempt to develop theories about interaction that rest on the behaviors, language, definition, and attitude of those studied. Naturalistic behaviorism attempts to blend the symbolic conversations persons have with themselves, with their observable behaviors and utterances (Denzin, 1978:6).

In other words, naturalism involves a close and searching description "...of the mundane details of everyday life" (Lofland and Lofland, 1984:3).

The methodology which was employed in the present qualitative study was focussed interviews.
Interviews

Intensive, focussed, in-depth interviews were used in this study. This 'intensive' form of interview (also known as an unstructured interview) is a guided conversation between a researcher and an interviewee in which detailed materials are shared, and a discovery can be made by the researcher regarding a specific topic or situation (Lofland and Lofland, 1984).

The interviews lasted between forty-five minutes to two hours, and were conducted on ten women. Nine out of the ten women were Caucasian. The women were in therapy for their eating disorder at BANA Can/Am in Windsor, Ontario, Canada. Interviews were held either at BANA, the interviewees' home, or a private hotel room, depending on the participants' request. Each participant was informed that they will be asked thirty-eight personal predetermined interview questions and/or topics on their eating disorder (see appendix for questionnaire). The responses were audio-taped with the interviewees' consent. The interviews were semi-standardized which enabled the researcher the freedom to digress and/or probe beyond the answers of the questions. Also, the questions were open-ended, enabling the participants to add any experiences or feelings to their answers. Open-ended questions lessens the chance of leading questions since a specific answer is not expected. Also, using open-ended questions made the participants feel less anxious and more relaxed since they did not feel as if they were trying to
pass a test.

Sample

Permission was granted from BANA Can/Am to recruit clients for this study (see appendix for permission form). A sign up sheet was placed inside BANA and contact was privately made between the social workers and the participants. Eating disorders are complex problems, and it is understandable if women do not want to open their personal lives to a stranger. The sample consisted of single women, married women, and divorced women. Some women had children. The ages of the participants ranged from 17 years to 50 years. There were women in their teens, twenties, early and late thirties, and one woman was fifty. Some women have had their eating disorders for ten or more years, some women have had their eating disorders for one to two years. These wide ranges of ages and different levels of severity are beneficial because some of the older participants have had the disorder longer and could provide added information that the younger women have not yet experienced. Also, the different levels of severity demonstrates the thinking and feelings of the women at different stages of eating disorders. The sample did not include men since they only make up 10% of the eating disorder population and do not experience the same degree of pressure from society to be thin as do women.

Many women had combinations of eating disorders. Three women considered themselves to have a combination of bulimia
and anorexia, thus would be considered bulimiarexic. The fourth woman considered herself to be a restricting anorexic who had no bulimic tendencies. Another woman used to have bulimic tendencies with her anorexia, but no longer purges, thus is a restricting anorexic. The sixth woman, a severely emaciated anorexic abuses laxatives and sometimes vomits. She would be considered a restricting anorexic (she does not eat more than 300 calories a day) with occasional bulimic behaviors. The seventh woman starves herself and then binge eats. She would be considered an anorexic/binge eater. The eighth woman was a compulsive overeater. She compulsively eats and then pays the consequences of gaining weight. The ninth woman had a combination of anorexia, bulimia and compulsive overeating, which were present at different times. The tenth participant was a restricting anorexic, and at one time weighed only 55 pounds. Now her anorexia is gone, however, she still suffers from body image disturbance. She considered herself to have an "eating disorder not otherwise specified".

The research was explained in both writing and in person to each participant. Each participant knew it was voluntary and they were not compelled to participate, and if they decided not to participate, they would not be penalized by BANA. Each participant was told she could stop at any time during the interview or refuse to answer questions she found uncomfortable. Also, she was informed that she would remain anonymous and her answers would be confidential. She knew
she was being tape recorded. A consent form was read and signed by each participant (and signed by the researcher) informing them on what they could expect from the interview (see appendix for informed consent). Also, the participants were informed that they could ask the researcher questions on her eating disorder so they (the participants) would not feel as if they were only being "used" for the study. All women were pleased, and did ask questions after the interviews were completed. They said they appreciated the understanding and openness of the researcher.

The Role of the Researcher

According to Lofland and Lofland (1964) the role of any researcher is as follows:

To ask questions of, to "make problematic", to "bracket" social life requires distance. To understand, to answer questions, to make sense of social life requires closeness. The sensitive investigator wishes not to be one or the other but to be both or either as research demands (16).

In other words, the research for this study involved the need of both closeness and distance - closeness in the sense of the familiarity of eating disorders thus developing trust and familiarity with the participants; and distance in the sense of avoiding emotional conflicts.

Creswell (1994) states that the role of the researcher in qualitative research as the primary data collection is the identification of assumptions, biases and personal values at the outset of the study (163). This is important for ensuring validity, reliability and generalizability of the
research being conducted.

It is likely that the personal values of the researcher did facilitate the present research. That is, as a female who has recovered from an eating disorder and who is of slender build, was both comforting and pleasing to the participants. Most individuals with eating disorders feel they will "balloon up" and the weight will continue to pile on without stopping. However, by talking with the researcher and physically seeing someone who had been exactly where they are now, generated almost a bond - a bond of trust which made honesty easily established. This gave the women hope for their own recoveries.

It was important to consider if there was a chance of psychological damaging these "fragile" women. In other words, should this study be done? What are the ethical concerns? To be certain there would be no negative consequences, a specialist in the field of eating disorders read over the questionnaire and suggested some re-wordings of questions. When this was complete, she gave the go-ahead to continue with the study for she felt it was not psychologically damaging. If anything, she believed the women would benefit by talking with the researcher.

Validity, Reliability and Generalizability

In examining the validity of this study, first of all the study "does what it set out to do", to determine the causes of eating disorders. Many of the responses were similar to the information received from books, thus
complementing one another. Also, each participant is aware of the study and each will be sent a summary of the research and the findings.

Personal studies which are obtained in an atmosphere of confidentiality, familiarity and comfort are likely to be highly valid (Keith, 1988). Thus, if the information is given voluntarily, and the situation is non-threatening the responses will be more accurate.

Sources of bias must be considered in this study. It is likely that not all sociologists would have agreed with exposing one's own personal eating disorder to the participants involved. However, it was appropriate for the present study for it was the main reason why the women did participate. The researcher did make an attempt to be aware of the biases, for example, pleasing the interviewer, preconceived expectations by the researcher or uncomfortable interview settings. There were no significant biasing elements revealed. Therefore, another researcher would probably obtain similar results under similar conditions if the study was replicated. Thus, reliability is well satisfied.

Although the sample size is probably not representative of eating disordered women, it can not be dismissed as non-generalizable. Many people who are not in therapy do not know they have a problem. These women are a good representation with regards to the feelings of and reasons behind an individual living with an eating disorder. Their
answers were on average compatible with one another, thus one can generalize that they are representative of how other eating disordered individuals feel. The only way an outsider will truly know what is going on inside an eating disordered individual’s mind is to listen to what they have to say. No book can analyze the mind of the eating disordered, the analysis must come from the individual living with this disorder. Thus, this research is generalizable because it is primary information received from an accurate source – the suffering individual.

Analysis

The method of analysis consisted of arranging and re-arranging the pieces of data into patterns of groups within the 'eating disordered woman's world'. The questions were divided into sections in accordance with the five social variables, and each variable had important indicators making data collection more understandable. The important indicators were helpful in narrowing down specific topics in each variable. This made the data collection analysis more straightforward and easier to work with.

Since this research follows the idea that human beings are active in their choices, the type of framework which was followed was from Lofland and Lofland's (1984) Activist Images.

In the activist view, the focus is on how people construct their actions in various situations, on how their activity is pieced together, thought about, tried out and worked out (114-115).
In other words, people do not just 'act blindly', they construct their own actions to deal with situations (Lofland and Lofland, 1984:116). Lofland and Lofland (1984) called this a 'situation/strategy approach' (114-115). Therefore, it is important to look at both the situations people view themselves in and their strategies for dealing with those situations. This is based on the assumption that people do what makes sense to them at the time (Keith, 1988).

Eating disorders are a good example of this. These women do things that may not 'make sense' to anyone else, but they 'make sense' to them. So, depending on the situation (reason) that someone has an eating disorder, specific strategies (behaviors) are employed to deal with them. For example, the situation being dealt with is anorexia nervosa, the strategy employed to deal with that situation is self-starvation and overexercise.

Lofland and Lofland (1984) summed up this approach to the data, by using 2 questions:

(1) What is the 'situation' being dealt with?
(2) What 'strategies' are being employed in dealing with that 'situation'? (115).

Social Variables for the Present Study

As mentioned throughout this paper, most previous research done on women with anorexia and/or bulimia nervosa have focussed on many psychological and/or biochemical factors, and have not focussed on social factors. The social variables which will be used for this study are:

(1) Pressure to be thin - "No one can be too rich or too thin".
(2) Glorification of youth - "It's not how good you look, but how long you look good".

(3) The changing roles of females - "Having it all and doing it all in a size 5 dress".

(4) Media images and marketing of the superwoman - "Virginia Slim and all that jazz".

(5) The sport and fitness craze - "The tyranny of athletic elitism and/or cosmetic fitness" (Moriarty and Moriarty, 1993:12).

The Interpretive Process

According to Denzin, there are six steps in the interpretive process which are:

1) framing the research question;
2) deconstruction and critical analysis of prior conceptions of the phenomenon;
3) capturing the phenomenon, including locating and situating it in the natural world and obtaining multiple instances of it;
4) bracketing the phenomenon, reducing it to its essential elements, and cutting it loose from the natural world so that its essential structures and features may be uncovered;
5) construction, or putting the phenomenon back together in terms of its essential parts, pieces, and structures; and
6) contextualization, or relocating the phenomenon back in the natural social world (1989:48).

Deconstruction, according to Denzin, involves a critical analysis and interpretation of prior studies of the phenomenon in question (Denzin, 1989:55). The deconstruction phase of this study can be found in the literature review, chapter two. Capture means that the researcher locates and situates what is to be studied and puts it into the natural world. Bracketing enables the researcher to locate within the personal experiences the key phrases or essential features of the processes under
examination. **Bracketing** enables the researcher to interpret, as an informed reader, the meanings of the phrases and experiences of those being studied (Denzin, 1989:55). **Construction** which builds on bracketing, classifies, orders, and resembles the phenomenon back into a coherent whole (Denzin, 1989:58). **Bracketing** takes something apart, and **construction** puts things back together. **Contextualization** locates the phenomenon in the personal biographies, experiences and social environments of the persons being studied. **Contextualization** thickly describes how the phenomenon is experienced by ordinary people (Denzin, 1989:61). The five social variables used for this study demonstrate the use of **contextualization**.

**Interviews: Capturing and Bracketing**

Ten women were interviewed from BANA Can/Am (Bulimia Anorexia Nervosa Association) in Windsor, Ontario, Canada. Each woman was in therapy for her eating disorder, and each participant volunteered her time to speak with me. The women's self-stories and experiences have been presented in the summaries of the interviews which capture the main points of interest of the interview. The reader must keep in mind that the summaries are the perceptions of each subject, and not those of the researcher. All of the subjects' names have been replaced with pseudonyms to maintain anonymity.

Each summary was followed by **bracketing** in which the information from capturing which was presented by the
subjects was then analyzed and broken down into their main parts or steps. Each case was looked at separately and privately. The key elements of each individual’s experiences were highlighted.

Amy

Capture

Amy was a 37 year old woman who considered herself to be a bulimiaeXic. Amy said she was happy with how she looked presently, because she thought she looked thin, nicely thin.

At this point in her life, Amy believed she was healthy. She said she felt healthy, however, had been out of control before. She said that she jogged every morning, and the little bit of food that she ate, she ‘kept down’.

Amy defined an eating disorder as excessive attention or obsessing on what you’re taking into your body. It is focussing on your weight, your size, and what you can eat and can not eat.

Amy said that her close friends know about her eating disorder, but they thought she was completely over her disorder. Amy said that her friends “don’t know what I’m doing right now, they kind of think I’m over it and that it’s behind me”.

Amy believed that her eating disorder began in childhood, because ever since she was young, she used to crash diet whenever anything went wrong. Amy stated that
when something bad happened in her life, she took solace in getting skinny.

At one time in her life, Amy was totally devoted to her faith. She married a man in her faith, and she had a child with him. For ten years of Amy’s life everything she did was for the church. She said she lost control of her life because everything was provided for her, in fact she worked for thirty dollars a week. She left the organization after ten years, and then she left her husband. Amy said it was very tough on her because she left behind her family, her friends and her value system. Amy said at this point, her eating disorder became worse. Amy felt that she had no control over her life, and her food intake was the easiest to control. Amy said she had always been an 'expert dieter'.

Amy said she liked it when she lost weight. She said she probably weighed herself three times a day, and then she pulled out her 'skinny jeans' and felt proud when they fit.

That's the trap of an eating disorder, it motivates you, yet it makes you crazier. I guess starving yourself is like being a coke addict (which I've never been), you become more powerful, an ego maniac, cocky - yet they go into these rages. It's similar to starving yourself.

Amy believed that there are social pressures to be thin. She commented on an article which was in the paper regarding the new fashion trend "Back to the 60's - Back to the lean, mean anorexic look". Amy believed that society expected women to look like walking skeletons, walking on stilts.

When Amy saw a very skinny woman she felt sad, like
was such a waste. Starving yourself is such a slow and self-inflicted process, Amy stated. Yet at the same time, Amy compared herself to a thin woman and believed that she was not as skinny as the woman, and would "never let herself get that way".

Amy believed that obese women were not respected as much as thin women were in society. Amy believed that the female ideal (according to society) was impossible to achieve. It is breasts that can not exist on that amount of body fat, according to Amy. Amy used Pamela Anderson Lee as an example:

I saw this magazine picture of her, and she's a complete skeleton, she's totally anorexic and she has got huge breasts.

Men, according to Amy, are supposed to be buff and muscular, and not overly skinny like women.

Amy said that she enjoyed being thin, and that she had even fit into children's clothing. When Amy did fit into children's clothing she felt a sense of pride, like she had power over her body. However, Amy felt the best in what she called a 'true size 5'.

Amy felt there should not be a limit to how a woman physically looked. She believed that as long as a woman was confident and carried herself well, it should not matter how she looked.

Amy felt that there were greater expectations placed on women than men to be primary caregiver and do the housework. Amy did believe that men should do their share of the
housework, and not expect women to do it all.

When Amy watched television, she believed that women were being portrayed as ditsy and cute. Also, Amy felt that the backgrounds of actresses should be available to the public because false data has been presented to the public. Amy used the movie *Striptease* with Demi Moore as an example of the unrealistic images of women. Amy believed that young girls should be aware of the amount of plastic and surgery that went into her body because her body is not all hers, she paid for a lot of it.

Amy enjoyed exercising, and felt that she now exercises a safe amount. At one time, Amy exercised almost all day, jogging twenty miles. She said that she spent all of her time doing exercise and trying to lose weight.

Amy used to love watching gymnastics on television but lately she has noticed that the gymnasts are getting horrible looking. The Romanians and the Russians looked the worst according to Amy. She thought that they were ready to go into the hospital.

Amy said she hoped she would be over her eating disorder soon, and would be able to accept herself more. Amy stated that therapy had really been helpful for her.

**Bracketing**

Amy was a 37 year old woman who looked about 20 years old. She was both bulimic and anorexic at different times in
her life. Amy felt healthy at the time of the interview, however was at one time out of control and knew she wasn't healthy. She jogged every morning and kept down the small amount of food that she ate.

Amy defined and eating disorder as an obsession. She stated that you obsess about food and your appearance constantly.

Amy said that her friends that knew about her eating disorder, thought she was completely over it, and did not know that she was restricting her food intake presently. Amy tended to take solace in getting skinny and restricting her food intake when something went wrong in her life. She said she had been doing that for many years.

For ten years Amy was devoted to her religion. When she decided to leave, she lost her husband and her friends. She felt very alone and felt like she had not control in her life. The easiest thing to control was her food intake, and so the 'expert dieter' controlled her eating habits.

Amy compared an eating disorder to a cocaine addiction. Her comparison was very insightful and very realistic. With both addictions, a person is motivated by the high they get, yet at the same time the addiction makes them 'crazier'. The addiction makes a person cocky and more powerful, yet when they 'come down' they go into rages. An eating disorder is an addiction to starvation, when someone is starving they feel as if they can float on air - it is known as a fasting high. People wonder how someone who is starving herself can
have so much energy. The thought of losing weight fills her body with adrenaline, and her determination keeps them going.

Amy remarked about how the media emphasized thinness for women. She told me about an article in the paper remarking on the new fashion trend known as the 'anorexic look'. Amy stated that society expected women to look like walking skeletons. That is not a healthy expectation.

Amy believed that eating disorders were slow, self-inflicted disorders. She felt sad when she saw a very thin woman because she felt "it was such a waste". It was obvious that Amy did not want others to have to go through the same pain that she went through with her disorder, especially if they could not get the help they needed.

Amy felt strongly that obese women were treated negatively, whereas thin women were treated more positively in society. Amy believed that the female ideal according to society was impossible, it was a limited amount of body fat and large breasts. Amy stated that it was an impossible ideal because 'real' breasts could not exist on a body with that little amount of body fat. Amy believed that there should not be a limit to how women physically looked. Amy believed that women should be confident and carry themselves well because that is what makes women beautiful.

Amy believed that the personal lives of actresses should be exposed to the public so young girls would realize how much plastic and surgery go into their bodies. It would also
show everyone in society that it is almost impossible to look like the models without strict dieting, exercise and medical intervention.

Amy stressed to me how important exercise was to her. She was doing what she considered to be a healthy amount of exercise now, but at one time was definitely not exercising at a healthy amount. In fact, Amy stated that she used to jog twenty miles a day. She told me she would run ten miles in the morning, and ten miles in the afternoon, which took up her entire day. Obviously, her exercise took control of her life, and stopped her from doing other things that she loved. She was obsessed with becoming thinner and thinner. Amy still enjoyed watching sports, but lately had noticed that the female gymnasts looked like they should be hospitalized.

Amy had a lot of pain inside of her, and her tears expressed how much. She was a very strong woman, who was very open during the interview, and introduced me to many of her hardships and pain.

**Barb**

**Capture**

Barb was a 37 year old woman who considered herself to be a binge eater. She saw herself as fat and ugly, she did not have a good image of herself.

A few of Barb’s friends knew of her binge eating, but did not say too much about it because Barb said she could
hide it well. An eating disorder to Barb was food controlling you, not you controlling the food.

Barb did not feel like she mattered while she was growing up. Her father was a very controlling person and her mother was very passive. After he died, Barb felt there was no one in control anymore, so she controlled herself. That was when her eating disorder began, but became worse three years ago when she broke up with someone. She said she seemed to turn to food to fill a void.

Barb knew she was out of control of her actions and was not very happy with herself at all. In fact, she did not think she would ever be happy with herself.

Barb believed that society did have an impact on individual’s lives. She strongly believed that society only accepted thin women, and stated that if she became overweight, she knew that people would treat her differently. Barb said thin women were according to society, how women ‘ought to be’.

Barb thought that obese women were looked down on in our society because she stated that people believed that obese women have no self control and do not care about themselves.

Barb believed that the media have very strong representations of how women should look. She said ‘everybody is if not thin, they’re conditioned’ with flat stomachs and no fat.

Barb personally thought women looked better when they had some curves, but according to society Barb believed the
female ideal was gaunt-looking. Barb thought women should have big hips, childbearing hips, but she said that society would disagree. Barb believed there was a lot more pressure on women to be thin. She said fat was out for women.

Barb believed that many women were expected to do a double day but did not find it fair, and explained that that is why she hadn’t done any of them. She did not understand how any woman could possibly do all of that. This made her depressed because she wondered why she couldn’t do it too.

When Barb watched television she believed that the female models were being portrayed as perfect and that they were not fat, and their clothes all fit. Barb stated that the female models did not look healthy at all, and she did not understand how they could be healthy at such a low weight. Barb also stated that during the day, television programs focussed mostly on women being in the house even though they were not. On average though, Barb believed that there was a lot of sex innuendos on television because ‘sex sells’.

Barb believed that women were objectified by others and found it frustrating because her formative years were in the sixties, and women were supposed to be liberated - but from where did they get liberated? Barb said women were even going back to wearing girdles again.

Barb believed that men liked women to be anything but bony, a woman with more padding. But at the same time, she thought women believed men wanted them to be extremely thin
with large breasts.

Barb stated that she did not enjoy watching sports because the men were paid to play and women were not paid to play. Also, men she felt, were glorified and made out to be heroes. She also believed that men were allowed to have excess bulk when it came to sports, but when she watched female gymnasts she thought they were so skinny and shapeless that they looked like little girls.

Barb did not like herself, and could not say anything good about herself. Barb stated that she felt society played a role in showing women that they should all be thin.

Bracketing

Barb seemed very depressed. She was very down on herself and quickly criticized her physical appearance. Barb thought she was fat and ugly, however, she was a thin, attractive woman. She was very nervous during the interview and did not smile very much.

When Barb was growing up she felt as if she did not matter. This seemed to have a lasting effect because it was obvious she still felt the same. She said she was not happy with herself and her life, and stated that she did not think she could ever be happy.

Barb seemed disturbed about how society expected women to look. She knew that society expected women to be thin, that that's how women ought to be. It bothered Barb how the
media represented women as having flat stomachs and no body fat. Barb emphasized how the female ideal is gaunt-looking. Barb personally felt the pressure from society for women to be thin. She believed that fat is definitely out for women.

Barb felt somewhat inadequate because she could not handle a 'double day'. She couldn't imagine working both inside and outside of the home, placing other's needs before your own. She said that she had not done any of them, let alone everything! It bothered her when she saw other women being able to do all it all. Barb wondered what was wrong with her and why she couldn't do everything also.

Barb wondered how female models who were portrayed as perfect, could be healthy because they didn't look healthy and couldn't be healthy at their low weights. Also, Barb believed that women were used as sex objects to sell things.

Barb believed that men would prefer to be with a woman who was 'anything but bony', a woman who had more padding. However, she knew that women believed men wanted them to be extremely thin with huge breasts.

Barb disliked sports because men were paid and women were not. She did not enjoy watching gymnastics because the gymnasts looked like little girls.

Barb could not say anything positive about herself in the interview. She did not seem to like herself at all, and could not accept a compliment. Her poor self-image seemed to play a vital role in her eating disorder.
Beth

Capture

Beth was an 18 year old woman who had been anorexic for two years. At 5 ft. 8 inches Beth weighed only 91 pounds. She knew she had lost weight, however, she said that she saw fat cheeks, fat thighs and a fat stomach. Beth stated that other people constantly told her she was too thin, but she could not see what other people saw. Beth knew that compared to when she weighed 120 pounds, she would look thinner, but did not realize how much thinner she looked.

Beth said that mentally she was not healthy, but physically she thought she was. Beth said that her blood work has always come back okay, and she admitted that she thought she was invincible.

An eating disorder to Beth is food related behavior that takes control over someone and rules their life.

An eating disorder comes between you and the things you love and the things you hate....It comes in the way of everything.

Many of Beth’s friends knew about her eating disorder, but did not understand why she just did not eat, and why she constantly worried about calories and losing weight. Beth said that her friends always thought logically about her eating disorder, and that they did not realize that it was an illogical disease.

Beth said that her father did not understand about her eating disorder at all. He is a very logical man, and did
not understand why she just could not eat. Her mom is more understanding because Beth said that her mom knows that an eating disorder is an addiction, and that it is out of Beth's control.

When Beth was growing up her father was never around. Also, Beth felt as if she was controlled a lot from her mother while she was growing up. Beth felt that she was trying to gain some control in her life, and did this by controlling her food intake. Beth also stated that when she was a child she would crawl into small areas (drawers) and hide, almost as if she was trying to become invisible. Now, while her whole body is shrinking, Beth wondered if it may be another way to become invisible.

Beth said she felt in control, but thought she was out of control. Beth knew that she could not control the out of control part, she could not just go out and eat something because she was hungry. At the same time Beth felt happy and excited because she only 'ate this' today. According to Beth, her feelings and her thoughts were "totally contradicting".

Beth said that she was very afraid of gaining weight. In fact, there was one point when she weighed 91 pounds, and then the next time she weighed herself she was 93 pounds and she panicked. She lost the weight right away and said she would hate to see that she was gaining weight because she would panic, it scared her.

Beth said she knew she was in denial about how serious
her eating disorder was. She said that she had always been able to trust her judgement, but now her judgement scared her. At this point in her life Beth could not even trust her vision, let alone her own judgement.

According to Beth, thin was acceptable for women in society today. Beth believed that the media and society praised anorexia nervosa. She said that anorexic women get pity and at the same time were glorified from society, whereas obese women were seen as disgusting and were denied by society.

Beth believed that disliking obese people was learned. She stated how children are honest because they did not have all of the social views 'programed into them', and if they saw an obese person they would say "Hey mom, that person is really fat". The mother would then turn to the child and would say "Hush, be quiet", and the child, according to Beth, would learn that obesity is shameful. Even though obesity has been viewed as shameful in society, Beth believed that an obese woman was treated more negatively than an obese man.

When Beth saw a thin woman she would compare herself to the woman, but could only compare herself to a point because Beth could not see how she physically looked.

Beth said that there was a social difference between a thin woman and a thin man. A thin woman according to Beth was socially influenced, and people would not think twice about her thinness. A thin man, on the other hand, has been associated with sickness and disease because according to
Beth:

For men it's so glorified to be big and bulky and strong looking, and for women it's like no, shrink, disappear or look pretty.

Beth said that staying thin definitely made her feel younger. She stopped getting her period, she weighs less now than she did in grade eight, and she is smaller so people treat her as if she is younger. Beth stated that she was denying womanhood, and would love to be a little girl again. She said that she was being overprotected now, just like when she was younger.

Beth enjoyed wearing very small sizes, and in fact, enjoyed wearing children's clothing. Even the style of clothing Beth wore was young, the style of clothing a child may wear. Beth said that she felt very comfortable in that style of clothing.

Beth hoped that in eight to ten years she would be over her eating disorder. She said she would love to be able to sit down and eat a bag of chips again, to have that type of freedom back. But right now, she wasn't ready because that would mean she would have to gain weight.

Beth felt that women should be able to 'just be'. Beth did not think that looks were important, and that women should not be expected to look a certain way. However, Beth said that society and the media portray women as skinny, lanky and waif, and that only skinny women were beautiful. Beth felt that there has been a lot more pressure placed on women than men, and at a very young age women are taught to
deny power.

It angered Beth to hear that a large majority of models have eating disorders, and are airbrushed to look a certain way. It upset Beth, and she stated

This is the norm. This is what we're supposed to fit into and look like; to be 6 feet tall and weigh 90 pounds.

Beth also wondered how the thin waif models had large breasts, because she said that when you lose a lot of weight, your breasts go first.

Beth noticed that television normalized female thinness and beauty. In fact, she said that female models are "too perfect." However, if an obese model was used, people would notice, but the thin models were not 'noticed' anymore because female thinness is so normalized.

Beth did not feel it was possible to be a strong modern day working woman and a traditional housewife. She said there was an expectation placed on women to do both, however it was impossible.

Beth stated that exercise was very important to her. She said that she used to have a rule that the day after a 'binge', after she had taken laxatives, thrown up, or both, she wasn't allowed to eat anything that day. Also, she had to ride her bike for about an hour, she would then work out for an hour and a half, and then ride her bike home. She would then walk everywhere. In fact, she still keeps her rice cakes in the basement so she can walk down to get them, and then walk back upstairs.
Beth did not speak too highly about society because of the many expectations which were placed on women. She believed that the female models which were used in the fashion magazines were poor representations of the average female in today's society.

Bracketing

Beth was a very bright, cheerful young woman with whom it was a pleasure to talk. Beth was a woman who had bright eyes, a big smile and a very emaciated body. Beth was severely anorexic, and was at the peak of her illness. She could not see how thin she was, in fact, she seemed to be living on air.

Beth thought she had fat cheeks, thighs, and a fat stomach. The only observable things I could actually see through her clothes were bones.

Beth actually believed that she was invincible. She physically thought she was healthy because her blood work came back fine. The question that came to my mind was: How could anyone who sometimes ingested a box of laxatives four days in a row be physically healthy when her food intake is only 300 calories a day?

Beth knew that logically she should eat, but expressed that an eating disorder is illogical. In fact, Beth stated that an eating disorder is an addiction, and that it is out of her control. Beth defined an eating disorder as a food-
related behavior that takes control over someone and their life. Beth stated that an eating disorder comes between everything. In other words, an eating disorder rules your life.

Beth expressed that since her father was rarely around when she was young, she was controlled a lot from her mother. Beth believed that controlling her food intake was one way of gaining control in her life, the control she did not have as a child. When Beth was younger she used to hide in a drawer to become invisible. She thought she was trying to shrink and become invisible. Now while her body is becoming smaller it is like she is becoming invisible again.

Beth knew she was out of control because there was absolutely no way that she could go and eat something because she was hungry. Eating would be a total loss of control, in Beth's eyes. At times throughout the disorder, an individual actually believes she wants to start eating again. She may even tell someone she is going to start eating again. However, when it comes down to actually putting food into her mouth, the fear of weight gain surfaces and she cannot eat.

Beth was terrified of gaining weight because like the majority of anorexics, she blows any amount of weight gain out of proportion. At one time she gained two pounds, and experienced an intense, unexplainable amount of panic, and lost the weight right away. Beth admitted that she was in denial about how serious her eating disorder was. She could not trust her vision or her judgement. This seemed to bother
Beth, because she could always trust her judgement.

According to Beth, thin for women is the only acceptable size in society. She said that society praises anorexia nervosa and is disgusted at obesity. Obesity is looked at by society as a loss of personal control. Beth continued by stating that obese women were treated more negatively than obese men.

Beth's jealousy of thin women is a common trait in anorexia. Even if Beth is thinner than the woman, she always thinks the other woman is thinner than her.

Beth stated that staying thin made her feel younger because her period had stopped due to the extreme loss of weight and body fat, she weighs less now than in grade eight, and people treat her younger because she is smaller. Beth said that she did not want to "grow up", she was denying womanhood.

Beth enjoyed wearing small sizes and children's clothing because she felt safe. She would love to be a little girl again.

Beth wondered if she would ever be able to eat a bag of chips again, without thinking about the calories. She said that eventually she would like that freedom back, but was not ready now because it would mean she would have to gain weight. Beth was terrified of gaining weight, she would feel like she had lost control.

Beth believed that women were expected to be as thin as possible, but personally she felt that they should be able to
'just be'. She said that using the skinny waif models expressed to the public that only skinny women are beautiful. It is the norm Beth stated, and using the 6 feet tall 90 pound models, who surprisingly have large breasts, show us this norm. Beth noticed that television normalized female thinness, because that is all that is seen on television. In fact, people were not aware of all of the thinness portrayed on television until they saw an obese woman.

Beth strongly believed that it was not possible to be a strong modern day working woman and a housewife. She said there was an unfair expectation placed on women to do both, but that it was impossible.

Beth expressed how important exercising was to her. All she thought about besides not eating too much, was how much exercise she would do during the day. After she had binged on anything she considered 'bad', she would vomit and abuse laxatives as well as overexercise for three to four hours straight.

Beth was not in school at the time of the interview because of her anorexia nervosa. She had been hospitalized for her eating disorder, and was on the verge of being admitted into a hospital specializing in eating disorders. Beth was very sick, very thin, but very pleasant. Beth did not stop smiling throughout the interview.
Jen

Capture

Jen was a 50 year old woman who considered herself a compulsive overeater. She could not describe to me how she physically looked because she said she 'didn't know'. However, Jen stated that people who knew her as a person, always told her that she was a very nice person. She believed that her friends concentrated on her inner self and not her outer appearance.

Some of Jen's friends have the same eating disorder as her and can relate to her problems, but the friends that do not have the same disorder as her, can not relate to her. Jen said that she did not dwell on her eating disorder with friends who did not have one.

Jen's mother constantly worried about her. Her mother believed that Jen was too heavy and was liable to have a heart attack or something else serious.

Compulsive overeating has remained a constant in Jen's life. She remembered having the disorder as a child. When it came to eating, Jen knew she was out of control. Jen was not happy with her eating problem, she said she was not happy with how she ate.

Jen felt that thinness for women was promoted a lot. Jen did not think it was practical at all, but felt that society put pressure on women to be thin.

Jen felt that overweight women were ostracized within
society, and were discriminated against because of their weight. Jen had even been told that she was fat and that she should lose weight by a family member. Jen said that comments like that did not hurt her because she could not get upset and down on herself when someone was being honest with her.

Jen believed that if she were thin, she would probably be able to do more things physically. However, at the same time she felt that being skinny also had disadvantages because a really skinny person could get hurt if they fell. Jen did feel that being thin would make her feel younger, and make things in her life more enjoyable.

Jen believed that all women should look graceful, and do the best with what they have. However, Jen felt society liked women to be slim.

Women, according to Jen should not be expected to do all of the work inside and outside of the home. She felt that a woman's spouse should help her out. According to Jen, women should not be expected to be a wife, mother, professional and housekeeper, but there is an expectation placed on women.

When Jen is watching television, she has noticed that an obese woman and a thin woman have not been treated the same way. Obese women were portrayed as not as smart as thin women, and that obese women would not be able to accomplish as much as thin women. Also, Jen stated that there was too much objectification of women on television. Jen expressed
how women are portrayed as sex objects on television. She felt that women were used to sell products. Jen said "sex sells", and the women who were very slim and who were showing off their cleavage were selling products. Jen felt that this gave the illusion that "if you use this product, you will look like this".

The female models which were used in the media were very thin, and Jen knew that they had to stay that skinny or they would lose their jobs. She did not think any of the female models were healthy and thought that they probably had eating disorders.

Jen knew she should do more exercise and actually joined a gym but never went. She knew she had to get back into shape because she gained a lot of weight after her daughter was born due to a bad depression. She said that she enjoyed watching active people on television. She really enjoyed the Olympics. Jen did not enjoy watching the gymnasts in the Olympics because she found the women very thin. "I think oh my gosh, they're little kids and could get hurt if they missed the bar or something".

Jen always seemed to be down on herself, but said she was trying to accept herself for who she is. She remembered the comments which were made to her by her mother, children and husband about her weight. She knew she was a good person and was trying to be proud of that fact.
Bracketing

Jen was a very pleasant woman and was very open. She said she was a compulsive overeater, which began in childhood. Jen stated that when it came to eating, she was really out of control.

Jen could not describe her personal appearance to me, because she did not know how she looked. Jen said that her mother worried about her because she was heavy, and this bothered Jen. Jen stated that she knew she was not physically healthy (however she felt healthy) but if anything should happen to her it is in God's hands. She said she's not doing anything on purpose to shorten her life, unless you considered her overeating.

When I talked to Jen about obese women and thin women and how they are viewed, she seemed disturbed. She stated that thinness was always promoted in society, but Jen did not find it practical. When I asked if obese women were looked down upon, she lowered her head and replied in a whisper, 'yes'. Jen stated that comments about her weight did not bother her because people were being honest, but her facial expressions told me she was hurt. Her eyes seemed to show her pain.

Jen felt that if she were thin she would be able to physically do more and being thin would make her feel younger and make things in life more enjoyable.

Jen expressed how all women should look graceful and do
the best with what they have. However, Jen knew that society only valued female thinness, and she did not find that fair.

Although Jen thought there were expectations placed on women to have a career and work inside of the home, she strongly believed that a woman's spouse should help her out.

Jen was bothered when she watched television because she felt that obese women were treated as intellectually inferior to thin women. Jen stated that the media represented thin women as smarter and more successful than obese women. Jen felt there was too much sexual objectification of women on television, and that the media are using 'sex' to sell their products. Jen felt the media were telling society that you will look like "this" if you use "this".

Jen felt that all female models were too thin and believed that they had eating disorders. Jen also knew that there was a lot of pressure put on models to stay thin or they would lose their jobs.

Jen knew that for her own health she should do more exercise. She physically did not feel attractive. Jen enjoyed watching sports except for the gymnasts in the Olympics because the girls were so skinny they looked like children.

Jen said that she was trying to accept herself for who she was. However, the little reminders of female thinness seemed to make it difficult for her to fully accept herself.
Jill

Capture

Jill was a twenty year old woman who had been battling anorexia nervosa for 5 years. Jill was 5 ft. 3 inches tall and under 94 pounds. She knew she was too skinny and said she wanted to put on some weight. Jill told me that she did not think it would bother her if she started to gain weight.

Jill contradicted herself by stating that she did not think she was too skinny, she thought she was on the borderline and it did not scare her. Jill believed that she was attractive to men because they always whistled at her. Also, she believed her friends were jealous of her thinness because some were dancers and were (in Jill’s eyes) overweight, but Jill would not let that get in the way of their friendship.

Jill believed that an eating disorder was a compulsion to eat or not to eat, that drives you to obsession.

A few of Jill’s friends knew about her eating disorder. They called her the ‘anorexic girl’ to her boyfriend. Jill’s family knew about her eating disorder and were always inviting her over to eat. Jill said that she did not mind when someone invited her over to eat because it was ‘a free meal’, but it bothered her when her friends tried to get her to eat more. According to Jill, she had what she wanted on her plate, and if she wanted more she would get it.

Jill said her eating disorder began when she moved out
of her house. She lived from 'guy to guy' and said none of them thought about feeding her. The only time she ate was when she would break into her mother's house and steal food. Then Jill said she began losing her taste for food and didn't want to eat it.

Jill knew she was out of control. When she got on a scale and it said that she had gained weight she was happy because she thought she wanted to gain weight. But Jill said she would get the same feeling when she had lost weight. She said she knew it was wrong but if she got down to 88 pounds, it felt like an enormous accomplishment to her to be below 90 pounds.

Jill believed that women who were obese were not treated as well as thin women. In fact, she believed that people thought obese women should be in control more and take care of themselves better. She even made a comparison between an obese woman and an obese man. "It's different because it's jolly for a man to be fat, and gross for a woman to be fat".

Jill said that when she saw a very thin woman she felt sad for them because she felt she understood what was going on in their life. She said it is like a cry for attention, like "look at me, I'm beautiful". Jill said it was like all of the models, they are all thin and they get attention. Jill said that she was a little vain in that way because she liked the attention she received. However, at the same time, her boyfriend told her everyday that he did not like her that thin. He said that he "doesn't like sitting here watching
myself starve to death”.

Jill stated that being thin did not necessarily make her feel younger or more beautiful, but acting the way she did made her feel younger and more beautiful. She described herself as being “off the wall” at times. However, when she was asked if she would feel beautiful at 115 to 120 pounds, she replied (very questionably) “sure, because I am”.

Jill was very proud when she wore small sizes. She had a size 1 dress that she wore and felt happy when she did. Also, she can fit into children’s clothes but usually likes wearing size three and maybe size five.

According to Jill, women should be able to physically look how they want. If they are happy and they are overweight, than that is fine for them. Jill said “who am I to judge someone else by their weight”? However, Jill also said that society thought all women were supposed to look like they all have professional hairstylists and make-up artists. In other words, women according to society are supposed to look like they are airbrushed.

Men, on the other hand, according to Jill are supposed to be buff; to be able to ”take care of themselves and their women”.

Jill believed that there was an expectation placed on women to perform a double day, but she did not think it was fair at all. Jill thought that housework should be a shared responsibility.

When Jill watched television she noticed how thin the
models were. She said they did not look healthy in real life when they were not airbrushed. Jill believed that these models were seen as sexy, because sex sells. Jill thought there were a lot of innuendos in every commercial because that was how people got us to look at their commercials. Jill stated that:

When they use the skinny bonerack women, and people say they are sexy - that's how society got this way. The media said we'll portray our stuff with sexy women and we think only sexy women use that, and they have to be skinny, then it's a great big effect just to get people to try their stuff.

Along with the media, Jill believed that men also objectified women. Jill said men are always making comments about women and how they look.

Bracketing

Jill was a talkative young woman who was very open. She had been battling anorexia nervosa for 5 years and was 20 years old. Her signs of anorexia were clear, she said she was too skinny, but then said she was only borderline. If Jill knew how skinny she looked, she would not have commented on how her friends were jealous of her, and how she knew she was attractive to men because of their whistling. She did not seem to realize that she was almost skeletal-like in appearance.

Jill's definition of an eating disorder was excellent.
She commented on how an eating disorder is both an obsession and a compulsion.

Jill said she liked going over to people’s houses to eat because it was a free meal, however would be offended when she was offered more food. She was very adamant when she told me how when others tell her to eat, she ‘Had what she wanted on her plate, and would get more if she wanted more’.

This is a sign of anorexia because anorexics are angry when they feel someone is trying to force food on them because they are afraid of becoming fat.

When Jill moved out of the house, her eating disorder began. She stated that she lived from ‘guy to guy’ and would only eat when she broke into her mother’s house for food. Jill stated that she then lost her taste for food and did not want to eat. Anorexics use a lot of excuses to avoid eating, and Jill expressed some. For example, she put the blame of not eating on the guys she lived with, however, she could have gone to the refrigerator herself.

Jill told me that she was out of control. She thought that she wanted to gain weight, but was happy when she lost weight. Weighing less than 90 pounds at 5 ft. 4 inches was an accomplishment in Jill’s eyes. In other words, Jill was not over her eating disorder.

Jill believed that thin woman and obese women were not treated equally. In fact, Jill stated that society believed that obese women lack self-control, and did not take care of themselves. At the same time, obese women were looked at
more negatively than obese men were.

Jill said that all of the models were thin and beautiful and got attention. She believed that when a woman becomes really thin it is a cry for attention. Jill said that she was vain because she liked getting attention, (and being really thin attracts attention) however, the attention she received from her boyfriend has been negative. He told Jill that he did not like her 'that thin'.

Another accomplishment to Jill was when she could wear small sizes. In fact, her favorite dress was a size 1 and Jill was very proud when she put it on. Small sizes are very important to an anorexic. The smaller the size, the prouder she feels.

Jill believed that society wanted all women to look like they are airbrushed and that they have professional hairstylists and make-up artists. Women, according to society, were supposed to look perfect. Jill, on the other hand, believed that women should be able to physically look however they felt comfortable. Thus, her idea of how women should look and society's idea of how women should look are very different.

Jill believed there was an expectation placed on women to perform a double day, but felt it was extremely unfair. It should be a shared responsibility Jill thought.

Jill emphasized that female models were very thin. Also, the models on television were sexy and were used to "sell products".
Jill seemed to like the attention she received from others telling her she was too thin. Although Jill thought she wanted to gain weight, she felt very powerful when she lost weight. She was still stuck within her eating disorder and her comforting lifestyle.

Kate

Capture

Kate was a 17 year old young woman who had a cross between anorexia nervosa and bulimia nervosa for 1 1/2 years. She would be considered a bulimia-rexic.

Kate said that she disliked her physical appearance. She saw herself as a big fat blob, a big ball. Her friends and family know about her eating disorder, and when she doesn't bring a lunch to school they always try to force her to eat.

An eating disorder to Kate would be constantly counting calories all time and eating as little as possible. She said when you don't see 'you' when you look in the mirror, mixed with food obsession is an eating disorder.

Her eating disorder began when she was in Europe for three months, and all of the women were either tiny or they were overweight. There were no women who were in between (average-sized) and Kate was the 'in between'. She said she wanted to buy clothing in Europe and wanted the small sizes. At first Kate became sick with the flu and was throwin...
lot, and she said that after she got over the flu she continued to throw up purposely. Kate wanted to keep losing weight so she barely ate, and whatever she ate she threw up.

Kate said that now she actually felt in control, however throwing up was always in the back of her head but she did not act on it.

At one time Kate did feel out of control. She was in the hospital with depression mixed with her eating disorder, and she had attempted suicide. She found it humiliating because she was on the psychiatric ward and would always be blamed if someone threw up, because everyone knew she was bulimic. The nurses even checked out her fingers for any cuts because they did not believe she was not throwing up. She actually had to eat and stay in front of the nurses station for thirty minutes so she would not go to the bathroom.

Kate believed that eating disorders were a mix of psychological and social problems. The psychological part was if someone was teased as a child that might make them jealous of thin people. The social aspect of an eating disorder Kate said was the media, because all the models were tiny. No model was average weight. Kate told me that it really bothered her when someone said that eating disorders were solely a psychological problem. Kate said “it’s not all in your head; a lot has to do with what you see”.

Kate stated that it was obvious how society expected women to be thin. She commented on how clothing for women
was tight shirts and short skirts.

Kate believed that people only looked on the outside of a person. She believed that obese women were looked down upon in society.

Kate did not feel jealous if she saw a thin woman because she wondered what they did to get that thin. But if the woman was skin and bones it triggered something inside her, and she would like to go up and talk to the individual.

Staying thin made Kate feel a lot more attractive. It definitely made her feel more beautiful because she liked turning heads. She also enjoyed wearing small sizes, especially size 7.

Kate believed that women should physically look however they want. Nobody should tell women how they should look, but she thought society would disagree with her. According to Kate, society wanted all women to be thin.

Thin is not necessarily healthy, Kate stated. She believed that all of the female models were either anorexic or bulimic, and were "getting paid to be like that". The thin woman was always used in advertising, Kate said. Women were always tiny in commercials, and were always with a bulky man.

Kate thought that women were seen as objects. She felt that females had an obligation, and their obligation was to be thin. "Women have to be thin".

Kate thought that men on average would prefer to be with an average-sized woman or a tiny woman. She said it would
depend on the man, whether he wanted the woman for show or to
bear his children some day.

When it came to doing housework and working at a career,
Kate felt women were expected to do a 'double day'. Kate did
not think it was fair, and thought that men should help women
inside the home.

Exercising was very important her. She was always doing
stomach crunches and working on her stomach and her bottom.
She was working out to firm up her body so "it's not flabby".
She exercised an hour to an hour and a half everyday, but did
not think she was overdoing it.

Kate believed that eating disorders were not solely
psychological problems because there were many pressures
placed on women to be thin.

Kate ended the interview by saying that she would never
want to put her body through what she did when she was really
sick.

Bracketing

Kate was a bubbly young woman who seemed to be
confident. However, deep inside Kate was a very unhappy
young woman who had been through a lot of pain in her young
life. At 17 years of age, Kate had already been hospitalized
for depression, attempted suicide and bulimia.

Kate had a mix of bulimia nervosa and anorexia nervosa.
At the present moment in Kate's life she said she still had
body image problems. Kate said that physically, she thought she looked like a big fat blob; she said she had a head and legs and a big round middle. In actual fact, Kate was a slender young woman, who was definitely not fat.

Kate’s eating disorder began when she tried to fit into the fashion ideal for women while she was in Europe. Kate stated that all women in Europe were either overly thin or obese. Kate said that no woman was average-sized, and Kate wanted to buy the small fashions too. After catching the flu and vomiting a lot she lost some weight, and when she got over the flu, she continued to vomit to lose even more weight. She thought she had the perfect plan, she could eat what she wanted, throw up, and lose weight. She probably did not realize that it would have such a negative effect on her entire life.

Kate said that even still she has the urge to throw up what she has eaten.

Kate believed that eating disorders were both psychological problems and social problems. Kate blamed the media a lot, and was aware of how 'tiny' all of the female models were. Kate also commented on the clothing which was now in style for women. Everything emphasized a woman's body so the least amount of body fat was the best. She said she could not find clothes that were baggy unless she went into the men's section.

Kate felt very strongly about the fact that people look at other's physical appearance before their inner
personalities. In fact, Kate believed that obese women were quickly judged by society in negative ways. She believed that there was a negative stereotype placed on obese women. Kate still felt jealous when she saw a thin woman. However, Kate felt compassion for a woman who was skin and bones, because Kate felt that she knew the pain that the thin woman was experiencing.

Kate was adamant that nobody should tell women that they have to look a 'certain way'. However, Kate also stated that society wanted all women to be thin.

Kate stated how the majority of models were probably anorexic or bulimic, and were getting paid to be sick. Kate said that women in commercials were always tiny. She believed that a woman's obligation in today's society was to be thin.

Kate felt that women were seen as objects and the majority of men would prefer to be with an average or thin woman.

Kate did not feel it was 'right' to expect women to do a double day. She knew there was an expectation on them, however, it was not fair.

Is an hour to an hour and a half too much to exercise every day? Kate did not think so, but the average person may think it is.

At one time in her life Kate was very sick and very unhappy. She was caught up in the viscous cycle of an eating disorder. However, Kate seemed to be over her eating
disorder because she said that she would never put her body through what she did in the past.

**Kim**

**Capture**

Kim was a 39 year old woman who has had an eating disorder since her teens. She has struggled with compulsive overeating, anorexia and bulimia. Although Kim said that others tell her she is 'so thin', she felt her body was heavier than the norm.

Kim knew she was healthy, but there were times in her life when she was unhealthy. When she had lost a lot of weight, her periods stopped due to the loss of body fat. She was always irritable and her husband and other family members started commenting on it, so she turned to bulimia. She was using exercise to purge and when she began to vomit, she knew she was out of control and needed help.

Kim defined an eating disorder as anywhere where food isn’t put into perspective because there is too much attachment to food.

A few of Kim’s friends knew about her eating disorder, and her family knew. However, nobody mentioned anything about it, because they did not understand.

Kim was still wary of scales because no matter what the scale said, it would bother her. Kim knew the trap of an eating disorder because she remembered when she was losing
weight she was always stepping on the scale. In fact, the more weight she lost, the happier she felt.

Kim felt that women were acceptable in small sizes and thin bodies. Kim believed that a woman can be normal sized or thinner, but definitely not obese. Kim believed that obese women were looked down upon in our society.

When Kim saw a thin woman she was jealous. When they were tall and thin, she said she was even more jealous because Kim had never been tall.

Kim did feel that there was a lot of social pressure placed on people to lose weight, especially women. However, Kim personally believed the female ideal was the hourglass figure. Kim felt that full breasts, full hips and extra flesh on the thighs was attractive for a woman. However, Kim felt society's view of the female 'ideal' was different.

According to Kim, women are expected to perform a double day. It is not fair, Kim stated, but it is a reality. Kim stated that this expectation contributed to a lot of problems women have in society.

Kim said now she saw models as gaunt-looking, but when she had her eating disorder she thought they looked normal. When Kim watched television, she noticed that along with being overly thin women were portrayed as sex objects to sell products. They still used a lot of images of the helpless female and the rescuing male, which according to Kim had not changed much.

Kim said that women were objectified, and she used
Baywatch as an example. Kim could not believe how the women were running around in their skimpy swimsuits, busting out from their three breast jobs, and the men looked like they had shorts on.

Kim felt that exercise was very important to her. She worked out 4 to 5 times a week. Before she had her eating disorder she was an athlete. In fact, at one time when she was a swimmer in highschool, she remembered reading how three square meals a day will make for a very round figure. She felt the pressure to be thin when she was in highschool.

**Bracketing**

Kim was a very pleasant woman to speak with. She was 39 years old and had been struggling with 1 of 3 eating disorders since her teens. She had struggled with anorexia nervosa, bulimia nervosa and compulsive overeating at different times in her life. Presently, Kim felt that her body was heavier than the norm, when in fact she was thin.

Kim expressed how at one time she was not healthy. She had lost so much body fat that her periods stopped, and she became overly irritable because she was starving. People began to 'catch on', so she turned to binging and purging, which enabled her to eat in front of others and she would exercise to purge her body of unwanted calories.

Kim defined an eating disorder as when food 'matters too much'. Kim avoided scales. She said she was afraid of a
relapse if she saw what the scale said. But when she was anorexic, the scale became her friend, and the more weight she had lost, the happier she felt.

Kim strongly believed that women were accepted only in small sizes. A woman can not be obese. Kim believed that obese women were looked down on in society. Kim felt that there was a lot of social pressure placed on women to lose weight. Along with losing weight, women were also supposed to do a double day - work both inside and outside of the home. Kim said these expectations contributed to a lot of problems women had in society today. Kim personally felt the hourglass figure was attractive, when women had excess fat on their bodies.

When Kim was in the middle of her eating disorder she believed that models looked great. Now, she felt models were gaunt-looking and were also portrayed as sex objects to sell products. As an example of objectification Kim used Baywatch. She was disgusted when she saw women whose fake breasts were popping out of their bathing suits and the men were wearing shorts. She thought Baywatch was the worst show for the objectification of women.

Exercising was very important to Kim. She worked out 4 to 5 times a week, and was very athletic before she had her eating disorder. She remembered how when she was in school there was pressure to be thin. As a swimmer she believed that three square meals a day made a round figure.

Kim was trying not to relapse into her eating disorder.
patterns, however, she still felt jealous when she saw a thin woman. Logically, Kim knew she was healthy, but still thought she was overweight. She still seemed to have a negative self-image.

Laura
Capture

Laura was a 21 year old woman who was severely anorexic. Laura said that she could not see how skinny she was, even when others told her she was a bag of bones.

Many of Laura’s friends knew about her eating disorder, but they did not understand it. They all said she was stupid and used to come over to her house to see what she had eaten during the day. It bothered her so much that she left town. She said that she left in the winter of 1996, she packed her bags in one weekend, and left the city.

Laura felt that not having a father played a large role in her anorexia nervosa. Also, the fact that she was an illegitimate child played a role in her eating disorder. Laura’s mother had been anorexic at one time, so Laura knew all of the ‘tricks’ of the disorder. On top of everything, Laura had been a victim of both physical and sexual abuse, which increased her feelings of worthlessness.

Laura told me that she knew she was out of control, especially when she thought about gaining weight. If Laura were to gain two to three pounds, she would panic and blow
the small weight gain out of proportion. Two to three pounds of weight gain to Laura was like a seventy pound weight gain to anyone else. At one time Laura used to weigh herself every chance she had. She used to make excuses just to go to the washroom so she could step on the scale. Her mother decided that the scale had to go, and smashed it with a hammer. The scale is now buried in their backyard.

Laura felt that there were a lot of commercials on television which promoted diet foods. She felt that this may pressure some people to lose weight. She felt that society only accepted thin women, and believed that obese women were looked down upon in society.

When Laura saw a thin woman she became very jealous because she thought that the thin woman was thinner than her.

Laura said that she thought she has had anorexia nervosa since she was 12 years old. Presently, Laura was 69 pounds and 5 ft. 1 inches tall. Laura found it tough to find clothes that fit. She can wear a size 1, but not very many stores have such a small size. Usually she bought a size 3 and got her clothes taken in from a seamstress. However, she told me that she did not want to gain weight, but if she HAD to, the highest she would ever go was 99.9 pounds. Laura told me that she never wanted to weigh 100 pounds.

Laura was once fired from a job for being too thin. As a dancer, the audience was complaining about how skinny her body was. This event did not convince Laura that she needed to gain weight.
Laura told me that she wanted to die. Her doctor continuously told her that she was dying because her weight was always fluctuating. She was always losing a lot of weight, then would gain weight, and then lose even more weight. Laura said she had heart problems and kidney problems. When asked if that scared her, Laura said she was not afraid of death, and then stated:

Life is just a headache that is not necessary....I'd thank someone if they'd murder me.

Laura thought that all women should look how they would like to look, there should not be any expectations to look a certain way. However, Laura believed that society wanted women to be thin, "they have to be thin". Men, on the other hand according to Laura, were 'allowed' to be heavy because they can have a 'beer gut'.

Laura expressed how many eating-disordered women were competitive. When she was in the hospital with other women they used to have contests to see who could eat and throw up the most food. They had contests to see how far their 'puke would fly'.

Laura found obese people disgusting. In fact, Laura would not eat anything if an obese person was around, she said she could not eat.

Women who did all of the housework without the help of their husbands were stupid, according to Laura. She had no respect for women who did that. Women have been expected to work both inside and outside of the home according to Laura.
but she thought that they should be helped with the housework.

Laura knew first hand that models were not healthy. When she was a model she was told to lose weight by the agency, just after she was told by her doctor that she had to gain weight. Laura said that all models were probably anorexic or bulimic, but they could afford "getting their teeth down every month".

When Laura watched television she thought that 'thin women' was what was portrayed the most. Laura said that women were not respected as much as they should be because people did not look at a woman's intellect, they only saw how her body curved or did not curve. Laura expressed now the media were the ones who portrayed women as objects.

Laura told me that when she was really sick she would exercise the entire night. Now Laura said she does not exercise at all.

Laura was really down on herself. She seemed to be very isolated because she said she did not go out of the house much. She was still starving herself.

Bracketing

Laura was a young woman who has had a very rough life. She had been both physically and sexually abused for more than half of her life. She was a fearless woman who was not afraid to die, which concerned me greatly. At times she
seemed to invite death upon herself.

Laura had friends who were too involved in what she ate. In fact, Laura moved to Windsor to avoid being harassed by others regarding what she had eaten. She expressed that people were constantly checking up on her and it was obvious that she did not like it at all.

Laura believed that not having a father and the fact that her mother had anorexia nervosa played a role in her own eating disorder. Also, it has been documented that girls or young women who had been sexually abused may turn to an eating disorder to lose the curves that womanhood entails. Laura may have been avoiding the female curves in attempts to avoid being victimized again. This may have played a large role in both her poor self-image, her fearlessness, and her eating disorder. She said that life was a headache, and she seemed to be unhappy with her life so far. Unfortunately, Laura could not see any hope for a happy future.

Laura said that she knew she was out of control when she thought about gaining weight. Laura’s attitude towards weight gain is a very common trait among anorexics. Many times an anorexic will get a strong feeling that they should stop the diet and eat, because they honestly think they want to gain weight. However, if they actually do gain weight, (even 1 pound) the feeling of panic and fear is so immense, that they are moody, irritable and more irrational than ever to lose the weight. Laura even stated that she blows any amount of weight gain out of proportion, 70 pounds out of
proportion. Laura also stated that she was afraid that the weight gain would not stop (another common trait) and that she would eventually balloon up.

Laura used to be addicted to the scale. She would weigh herself every chance she got. She would make excuses to go into the bathroom so she could step on the scale to see if she had gained or lost any weight from the last time she went to the bathroom. Laura does not jump on the scale anymore because it is buried in the back yard.

Laura believed that on television there were a lot of commercials promoting diet foods, and this could pressure people to lose weight. Laura strongly believed that society only accepted thin women, because obese women were looked down upon. Laura did feel jealous when she saw a thin woman because she actually believed that the thin woman was thinner than her. This is because Laura could not see how skinny she was.

Laura said that she did not want to gain weight, but if she had to, she would only weigh 99.9 pounds, never 100. Many anorexics put a limit on how much weight they will gain, because any more than a specific number would make them nervous.

Laura was fired from a job for being too thin, however, she told me that she did not think she was too thin at all. She wore a size 1, and there are not many clothes that come in a size 1, so she definitely is underweight and underaverage in size.
Laura said her doctor was always telling her she was dying, and Laura admitted that she would 'love to die'. Laura was so unhappy with her life that she could see no real reasons to 'go on'. It was very sad to see a woman who was so young, giving up on life.

Laura strongly believed that women were expected to be extremely thin according to society. Laura said women have to be thin, but men were allowed to have a beer gut because this is what society accepts and expects.

Laura expressed how women with eating disorders were competitive. When she was in the eating disorder hospital all of the girls and young women would do anything to be the sickest and the thinnest. They also competed to see who could gorge the most food and vomit the furthest distance.

Laura strongly emphasized that women who did all of the housework were stupid. Laura had no respect for women who would not get any help from their husbands around the home.

Laura used to be a model and expressed that models were not healthy. In fact, after her doctor had told her to gain weight because she was too thin, her modelling agency told her she had to lose five to ten pounds or she would not be able to do a shoot. Laura stated that the majority of models were probably anorexic or bulimic.

Thin women, are what Laura saw when she watched television. The media objectified women as sexual beings according to Laura.

Laura was a woman who was living with more pain than
anyone should have to possess. She was angry, hurt and did not care about life. She was only 21 years old, and had experienced too much negativity and disappointments.

Lisa

Capture

Lisa was a 30 year old woman who at one time was a restricting anorexic with some bulimic tendencies. At one point in her life, Lisa only weighed 55 pounds. Now, Lisa does not have anorexia or bulimia, but was suffering with body image problems. Lisa defined her problem as an 'eating disorder not otherwise specified'.

Presently, Lisa said that every once in a while when she was stressed out or angry at someone she would not eat enough or exercise too much.

Lisa felt that she was healthy right now, but did not like how she physically looked. She was not happy with the composition of her body because she said it looked flabby, fat, soft and mushy in certain places. Lisa said it bothered her so much that she could not stand wearing certain clothes, especially anything that showed her upper arms because she said they sagged.

Lisa felt that people lied to her regarding her physical appearance, especially her mother. When Lisa's mother thought Lisa was going to relapse, she would tell Lisa that she looked too skinny and should not restrict her eating.
When Lisa felt that she looked good, other people told her she was too thin. Lisa said that she believed that presently she was 'healthy and fat'. She said she was healthy because she was not restricting her eating to ridiculous levels, but at the same time she felt fat. She said she did not know how to fix her body image problems, and felt she would always be stuck with it.

Lisa defined an eating disorder as when nothing else mattered to her except what she was going to eat that day, and how she physically looked. The priority in Lisa's life when she is sick is food - nothing else matters.

Lisa said that a few of her friends knew about her eating disorder. Her one friend did not understand because she had never been on a diet in her life, and could not understand how someone could be so involved with how their body looked. Lisa's roommate knew about her eating disorder and always became concerned when Lisa would change her eating habits. The friend who understood Lisa the most had bulimia, and could relate well with how Lisa was feeling.

As a child, Lisa said she was the kid with whom nobody hung around. She was considered a social outcast. In grade eight, a new girl started school and Lisa was determined to become her friend. Lisa said she became very attached to that relationship because she had never had a 'true friend'. In highschool Lisa's friend made new friends and seemed to leave Lisa behind. On top of everything, Lisa's friend had lost 15 pounds over the summer, began going out on dates and
hung around with the 'in crowd'. Lisa was once again very lonely.

At the end of exams, Lisa vowed to devote her entire summer to losing weight so she could go back to school in the fall and surprise everyone. Lisa's 'diet' consisted of apples, and she went from 105 pounds to 75 pounds in less than 3 months. Lisa said that instead of making her popular, it just gave the students something else to laugh at because Lisa said she looked like a 'freak'. At one point Lisa got her weight down to 60 pounds and could barely climb the stairs at school. She had to use both hands to pull her body up the stairs and was always late for class because she was too weak to walk up the stairs normally. She said it was like climbing up a rope, she put hand over hand and slid her foot up each stair. At this point Lisa went into the hospital and still managed to get her weight down to 55 pounds.

Lisa believed that when someone has an eating disorder they are basically afraid of life. She felt that it is being afraid of taking any kind of risks in life, being afraid to try.

Scales were very important to Lisa. She had 2 scales at her apartment and was always trying to see how close they were in weight. At one time she had 3 scales in her apartment but was running out of room and gave one of the scales to a friend.

Lisa believed that society accepted a woman when she was
thin. A thin woman, Lisa said, was treated better than an obese woman. In fact, Lisa believed that obese women were looked down upon in society and she said she was afraid of being obese. Lisa said that obese women were invisible and did not seem to count in our society. Lisa loved being thin, and when she would see a thin woman she would become desperately jealous.

Lisa enjoyed wearing small sizes, and found it 'cool' when she wore children's clothes. It made her feel comfortable, like she hadn't changed too much from childhood. Lisa felt very secure as a young child.

Lisa said that society expected all women to look like Pamela Anderson Lee, however, Lisa felt women should look fleshy and curvy.

Lisa believed that there were too many expectations placed on women in today's society. Lisa did not feel it was fair for women to do all of the housework themselves after they had worked all day.

When Lisa watched television, she viewed the female models as fake, they all seemed very plastic to her. They looked beautiful, very thin but very fake. Lisa felt that women were objectified, not only by men, but also by women.

Exercise was very important to Lisa. She would exercise for at least one hour, to one hour and a half a day. Lisa also believed that there were coaches who required their athletes to be very thin. Lisa used the example of gymnastics and stated that children's bodies are used in
gymnastics, not women’s bodies. Curveless bodies were the norm when it came to gymnastics.

Lisa had been through a lot with her eating disorder, and even though she was no longer starving herself she still had many body image problems. She expressed feeling healthy and fat, and wondered if she would ever feel good about her body again.

Bracketing

Lisa was a very open young woman, who had experienced very difficult times with anorexia nervosa. At one time her weight got down to 55 pounds. Lisa was over her restricting anorexia, however, she mentioned that she still experienced body image problems. Lisa believed that she had an eating disorder not otherwise specified. Every once in a while when things did not go her way, when she was stressed out, or upset with someone, patterns of her eating disorder became evident. She would either restrict her eating too much or over exercise.

Lisa did not like her physical appearance at all. Throughout the interview she would poke at certain parts of her body as she labelled them as being fat and mushy. Lisa said that she could not wear tops because she said her arms were fat. Lisa was not fat at all, she seemed to be on the thin side.

Lisa said that people lied to her regarding her
appearance because she said that there was no way she could look the same at 115 pounds compared to 90 pounds. Lisa's mom was the worst because Lisa said that if her mom thought she was going to restrict her eating again, her mom would tell her that she was too thin already.

When Lisa thought she looked good (90 pounds), everyone said she was too thin. Lisa now felt healthy, but also felt fat. She did not ever think she would fix her body image, she did not think she would ever like how she looked.

Lisa was the 'lonely child' in school because she used to always get picked on. She was the 'ugly duckling', the child that nobody liked and everybody teased. When she started her second year of highschool she thought that if she lost some weight she would gain back her only friend, and some new friends. Her weight loss consumed her life until she looked like a walking skeleton. Lisa was teased for falling off of a bus because she was too weak to climb on, and she was teased because she could barely walk up the stairs. Lisa was treated as an outcast because she looked like 'a freak'. Lisa was a very insecure young woman, and she has grown into a very insecure adult.

Lisa strongly believed that an eating disorder symbolized a fear of life, and fear of trying because of a fear of failing.

Lisa also experienced a strong fear of weight gain. Lisa still demonstrated some anorexic tendencies when it came to her fear of weight gain. Lisa had 2 scales at her home,
and she weighed herself at least twice a day. She knew how many pounds the scales were out, and which one was the same as her doctors scale. She still had a strong attachment to her scale.

Lisa believed that society clearly wanted women to be thin. When a woman was not thin, she was ostracized and treated negatively. Lisa said that she did not want to become obese because she knew she would be treated poorly.

Lisa said she loved wearing small sizes, and when she wore children's clothing she felt comfortable, like she did as a young child. Lisa stated that small sizes of clothing made her feel thin, which may have made her feel acceptable.

Lisa strongly disagreed with society's expectations on how women should physically look. According to Lisa, society expected women to look like Pamela Anderson Lee. Lisa personally thought that women should look fleshy and curvy, (but she did not want to look curvy) not stick-like with enormous breasts.

Lisa did not like all of the expectations that were placed on women today. Lisa was disgusted when she stated women go from pleasing their bosses, to going home and putting others needs before their own.

When it came to models, Lisa's feelings were very clear. She believed that they were very fake, plastic and beautiful. Women in the media were according to Lisa objectified, and this may contribute to the objectification that women face in today's society.
Lisa needed to exercise. It helped her control her weight, and allowed her to eat healthier. She said she exercised an hour to an hour and a half a day. She did not think she was overdoing it, even when she walked everywhere on top of it. Walking was her only means of transportation.

When Lisa watched sports she did not enjoy watching gymnastics. Gymnastics according to Lisa used children's bodies. Lisa said that she believed that there were coaches who controlled their athletes weights, and this may be one reason why women get eating disorders in athletics today.

Lisa was a very sweet woman who had a lot to offer, however she was insecure. She was a very bright woman who had accomplished a great amount in her life. She should be very proud of how far she had come.

Meg
Capture

Meg was a 17 year old young woman who was suffering from a combination of anorexia nervosa and bulimia nervosa. When Meg saw herself in a mirror, she saw a fat person, someone who was not physically appealing. But in Meg's face she saw sadness, disgust and anger. At the same time Meg felt that others also saw her as being fat, she said that rarely did she think others saw her as thin. At this point in her life Meg felt that she was the healthiest she has been in 3 years. She said she was healthy, but she found it scary. In fact,
eating has turned into more of a chore, she said she felt like a zombie because she now eats without thinking about it.

Meg defined an eating disorder as an obsession. According to Meg, an eating disorder is when you go to extremes with food, either neglecting it too much or eating too much, while constantly thinking about it all the time.

Meg's family knew about her eating disorder and some of her closest friends knew. She had one good friend who she said was an excellent listener, and had never forced an opinion on her. Meg appreciated her very much.

Meg said there was a lot of tension around her home while she was growing up. Her father was never around, and when he was it was not pleasant. There was a lot of anger and frustration present around her home. Her parents always wanted the norm - 'What would the neighbors think' attitude. Meg thought that this contributed to her eating disorder. Also, Meg knew that her gymnastics contributed to her eating disorder. Meg remembered that when she was in grade five, she was told that she was "too big" for competitive gymnastics. Her coaches meant that she was too tall, but a ten year old child would not fully understand that. Meg believed that she was not acceptable any more.

Meg felt that she was in control presently, however, remembered that she felt in control when she was starving herself.

You feel you have so much power, but I don't think that's true, you know. When you are eating or you're binging that's just complete loss of
control. People who say that they have control when they're not eating, I don't believe that either - It's such a false power.

Meg knew that gaining weight was part of her recovery, but she said she hated it. She said she had accepted it, but hated every minute of it.

Meg said that thin for women was the only acceptable size in society. She knew that obese women were looked down upon, because even though some men said they would date overweight women the men would snicker when an obese woman would walk by. Meg said there was a double standard, because men would say one thing, and then make jokes behind women's backs. According to Meg, "it's so stressed to be thin, it's not even funny". Meg said that when she saw a very thin woman, right away she looked at herself, and felt jealous.

Staying thin definitely made Meg feel more attractive. In fact, she felt the best about herself when she was thin.

Meg believed that according to society, women should look like Pamela Anderson Lee. Women were supposed to have a flat stomach, large-sized breasts and nicely defined arms. Meg said that she personally thought skinny looked nice, she could not get that out of her head. Also, she thought men wanted a woman who had a nice body.

Meg did not think women should have as many expectations placed on them as they did. If women wanted to be a career woman and a mother and do the housework then they should. But at the same time it should not be expected of them.

Meg said when she watched television the majority of
commercials were about food and fitness, period.

Meg enjoyed working out. She worked out 45 minutes a day, but was at one time exercising until she physically collapsed. She would exercise until her body could no longer take it. She was critical of her body and she remembered how according to her gymnastics coach her body was ‘too big’.

Bracketing

Meg was a very quiet young woman, but very pleasant. She was a 17 year old who was suffering with both anorexia nervosa and bulimia nervosa. Physically Meg said she was fat, when in fact she was very thin. Meg said that her face showed sadness and disgust, her eyes did look sad.

Meg believed that she was the healthiest that she had been in 3 years. Being healthy meant having to eat, and Meg found that to be very frightening. In fact, Meg said that eating was more like a chore, she did it without even tasting the food. When Meg ate, she became a zombie.

Meg’s definition of an eating disorder was excellent. Along with having an obsession, an eating disorder to Meg was going to extremes with food, constantly thinking about food while either neglecting it or eating too much of it.

Meg grew up in a home filled with tension. Her father was rarely home, and made life anything but pleasant when he was home. Meg said that her parents always worried about what other’s would think, they liked to look like the norm.
Meg believed that the high expectations placed on her were partly responsible for her eating disorder. Also, when Meg was in grade 5, she was told that her body was 'too big' for competitive gymnastics, and she was devastated because she believed she was too fat. This experience, along with the high expectations placed on her from her home seemed to make her self-esteem drop and left her feeling inadequate.

Meg knew that gaining weight was a part of her recovery, but she hated gaining weight. On average, when an anorexic gains weight, she feels very inadequate and fat. Since anorexia resembles a fear of being normal body weight for their height, if an anorexic becomes average weight she feels obese.

Meg knew that thin was acceptable for women and that obese women were looked down upon. Meg stated that men said they would date obese women, but the men then made fun of them behind the women's backs. Meg believed that it was so stressed to be thin for women, and when she saw a very thin woman she was very jealous. She personally thought women looked the best when they were thin. Staying thin made Meg feel the best about herself physically.

Meg believed that women had too many expectations placed on them, and definitely should not be expected to do a double day.

When Meg watched television she said that the majority of commercials focussed on only 2 things - food and/or fitness.
At one time, Meg exercised until her body would collapse. Now she exercised 45 minutes a day. She did not have a good self-image at all. Meg was actually a very thin woman who was quiet and attractive. Meg was very quick to criticize herself, and could not see herself as others could.

The following chapters are comprised of each one of the five social variables, and quotations from the participants are used to support each variable. Also, the authors that support the social explanations of eating disorders are also used along with the personal quotations.
CHAPTER FIVE
Pressure for Females to be Thin

According to Bordo (1989), the female body is a "made body" (13). The way we use our bodies is a medium of culture (Bordo, 1989), which is a direct locus of social control. This control over the female body places many pressures on women on how they are 'expected' to feel, act and look. This pressure has unfortunately been associated with some women attempting to fit into the 'ideal' society has created, by regarding food as an enemy. Some women develop eating disorders, and the food they are supposed to use to keep them alive, may in fact be the one thing that ends up killing them.

According to Thornton, Leo and Allberg (1991):

there is increasing sentiment that eating disorders reflect a social illness bound within a sociocultural expectance, and that social phenomena may give the only explanation for the continued increased incidence of eating disorders (469).

This chapter looks at four different ways women are pressured into being thin. They are: the belief that female dieting is normal; the expectation of female thinness which is seen everywhere; the fear of female fat found throughout society; and the competitiveness between women.

Female Dieting is Normal

Approximately 98% of people who lose weight gain it back (Chernin, 1981; Crook, 1992), and 90% of those who dieted gain back even more than they lost (Chernin, 1981). Why do women put themselves into this vicious cycle when in the end
they are the ones who lose out? Because women are taught at a young age that female dieting is normal (Crook, 1992). We are constantly reminded to 'be responsible' and 'be thin'. According to Crook (1992), "we are conditioned from childhood to admire thinness" (46), so it's no wonder women spend hundreds of thousands of dollars attending the many health resorts, camps and spas in pursuit of the unattainable body (Chernin, 1981).

Once society accepts that female thinness is vital, and women must be thin, then dieting becomes normal (Crook, 1992). Jen, a compulsive overeater has had countless people tell her to lose weight.

**Jen:** I know some family members have said, well they haven’t been mean to me, but they’ve said, Jen, you should go on a diet. A younger female said to me, I don’t want to be big like you.

It is unfortunate that nearly all women feel the need to refrain their appetites and begin to diminish their body size (Orbach, 1986). This is because 'eating like a bird' is considered appropriate for women. Almost every woman has had some experience of dieting and watching what she is eating. Watching what she eats becomes familiar to her, almost 'second nature' (Orbach, 1986).

It's frightening to imagine that 80% of San Franciscan girls are dieting because even the scrawny ones believe they are "overweight" (Orbach, 1986:ibid). However, one thing that adolescent magazines uniformly preach as the solution to the crisis of adolescence is 'dieting and weight control' (Orbach, 1986). One problem that teenage dieting can lead to
is summed up by Kate.

Kate: You'd begin an eating disorder once you want to be on a diet. That's about it.

The women in this study all fell prey to the need to control their bodies and appetites. They all felt the pressure to diet and be thin, yet at the same time felt that teenage girls should not diet. Many of the women began dieting in their teen years and know the agony it can cause.

Barb: Their (teenagers) bodies are still growing and developing and they need the vitamins and minerals and stuff that food is going to give them. It also causes them to focus too much on themselves on how they're appearing to the rest of the world, instead of who they are and how they feel - like if they're feeling healthy.

Kim: They're growing, and they need the nutrients. They need the food and it sets a pattern. That's how I started. Once I hit adolescence and boomed up, and you know the weight went up and then I started. I'd diet and wouldn't eat properly.

One teen was so confused about food, that she did not know when to eat, or what hunger felt like. She did not know what a typical teenage appetite is, or what normal eating was like.

Meg: I don't know what the average teenage girl eats like really. As far as diets go, I think that you should try and eat healthy and maybe work out to feel better. I mean, we've all heard that it's harmful because you're growing up and your body's developing so when you go on a diet I suppose it's not that good for your body.

Laura, a severely emaciated anorexic believed that teenagers shouldn't be on diets because it would stunt their growth.

Amy, Beth, and Lisa had a different view of teenage dieting. They believed that teenage dieting would place too much
emphasis on how one feels about her body.

Amy: The whole thing needs to be changed. The whole thinking in that area (dieting) puts too much focus on looks and stuff.

Lisa: I think if people go on diets, they'll do it for the rest of their life. Those are the formative years, when you're figuring out your identity and if part of your identity is someone whose body shape is wrong and needs fixing, as opposed to this is me and I accept me, I like me. If you start out at that fragile, very emotional age thinking you need fixing, that's going to be locked into your self-concept, I think.

Beth: I feel like the biggest hypocrite for saying this but I think your body knows what it needs, and when you're craving fruit your body will crave fruit because it needs the nutrients in it. I just think it's so ridiculous that so much importance is placed upon appearance and weight and looks, and it's more than that, because it just isn't looks. It becomes so much more.

Although dieting is normal for women, it is not safe. Pretending that cottage cheese and melon is as pleasurable as a grilled cheese sandwich for lunch (Orbach, 1986) is what many women do. Depriving our bodies from the biological fat we are supposed to possess has become a part of the daily lives of women. We have learned that 'thin is in', and you can never be too rich or too thin'. This is a lie, because many thin people are unhealthy (Crook, 1992), and a large majority of women are too thin. Beth, reminds us of the dangers of any woman dieting.

Beth: It's too easy to cross that line and it's too dangerous to cross that line. If you start dieting you can get too critical of yourself, and dieting encourages criticism. It's never enough - you'll never be totally satisfied. In trying to satisfy yourself as far as you're trying to satisfy something else that isn't being fed in you - It's just symbolic.
Women diet because of the expectation of female thinness which is seen all around them. Women learn that they are ‘expected to be thin’.

**Expectation of Female Thinness Seen Everywhere**

Every girl in our society experiences the pressure to be attractive. Many young women who develop anorexia nervosa express how originally they sought thinness to be accepted (Orbach, 1986). Being accepted by others means that young women must conform to ‘looking a certain way’. They know they are supposed to conform to the ‘designated ideal of the day’, “...to be slender, tall, blonde, curvaceous, slim-hipped, round-bottomed or pointed-breasted” (Orbach, 1986:23).

Girls learn at a young age that female fat is bad, and thinness is good. Girls begin learning this expectation as babies. Mothers unconsciously teach their daughters that they do not need as much food as do the sons. Female babies are weaned earlier than are male babies, and females receive less food than do males (Orbach, 1986). Thus, this teaches girls that they need less food than boys do, and a parent is also quick to remind a girl when she is eating too much. In other words, girls learn how they should look, and that they should look thin, and to do this they should control their appetites. Girls are pressured from the time they are small children that they must be slim and pretty (Szekely, 1988).

When a mother enters her three-year old daughter in a beauty pageant, she is teaching her daughter that if she is the prettiest girl she will win a prize (Szekely, 1988). Girls
do not discover on their own "...by age 6 or even earlier
that their thighs are too fat and think they should stop
eating ice cream and other fattening foods" (Szekely,
1988:42). Girls learn from society, and by the behaviors of
the individuals within society, that as females they are
expected to be thin. They are bombarded by this expectation
of female thinness everywhere. For example, the toy industry
makes children's play equipment for thin children (Crook,
1992), and Barbie is skinny. Little girls learn that the
'Ken's of the future' will be looking for a thin 'Barbie'.

As these girls grow older they learn that thin for women
is socially acceptable.

Salesladies don't tell them their hips are too
big for slim fashions anymore. Parents pressed
by rising cost of living initially may be
grateful for a child who does not 'eat like a
pig'. Ballet teachers reward them with praise,
toe shoes and parts in productions. Gym teachers
applaud their attention to exercise. Siblings
envy their slimness. Friends comment approvingly
about how much weight they have lost (Gordon,

Society does not generally condemn underweight (Gordon,
1986). However, overweight is unacceptable for women.
Thinness for women, isn't just a size. Thinness for women is
a prejudice (Crook, 1992). If you are thin, you are
considered to be intelligent, attractive, competent and
admirable (Crook, 1992). If you are female and you are fat,
in our society you are not acceptable. This expectation for
female thinness in society can be seen with the responses to
the interview question: Do you believe that thin for women
is the only acceptable size in our society?
Kate: In society yeah. You can just tell by the clothing. Now everything is tight shirts, and all clothing stores barely even have any sweaters, and if they do they are tight sweaters. To find any baggy shirts you have to go in the men's section. There are not even full length shirts you can tuck in. They're shirts that go outside the pants that your belly is going to show whenever you put your hand up a little bit.

Meg: Pretty much, and as much as lately they've been trying to say that other weights are acceptable, it's so stressed to be thin, it's not even funny.

Lisa: I wish it wasn't but I think it is. I think people get treated better and I think it's less important for a man. Like my friend, nobody seems to treat him differently, but a woman who weighs 280 pounds gets treated differently. But men can get away with it. Yeah, it's not fair, but that just seems to be the way things are.

Kim: Yes, yes. I mean not real thin. I mean one can be normal or thinner weight and that seems to be acceptable. But definitely, not obese.

Jen and Barb also believe society promotes thinness for women, but they personally do not find it attractive or practical.

Jen: Well it's promoted a lot, but I don't think it's practical. I don't think it's practical, you know.

Barb: I personally don't believe that thin is the only acceptable size for women, but I know that society is always pushing that. And I personally don't like the look of the thin woman, but I know its acceptable and I know that if I were to become overweight that people would look at me differently and think of me differently. So yeah, I know that perception is out there, that that is what women OUGHT TO BE.

Along with an expectation of female thinness, comes a fear of female fat.

Fear of Female Fat: The Symbolism of the Scale!

Women have learned to fear fat. Female fat is taboo. It
resembles a source of failure (MacInnis, 1993). In today's society, despite biological predispositions, a fear of female fat has led women to strive for thinness at any cost (MacInnis, 1993), which sometimes ends in death (Brumberg, 1986; Chernin, 1981). The mortality rate for bulimia nervosa is 19% (Hsu, 1990), and the mortality rate for anorexia nervosa is 15% (BANA, 1984). However, if eating disorders are detected and treated more than 70% of people recover (Moriarty and Moriarty, 1993). These are alarming statistics, and if the rate of incidence of both anorexia nervosa and bulimia nervosa continue to increase, without proper help the mortality rates may in fact rise.

Many women say that if there was a magic pill which allowed them to eat and eat while remaining their perceived ideal size they would be quite happy (Orbach, 1988). However, since there is not a "magic pill" to control fat, many women put their lives at risk with other 'magicians', the doctors who make the fat 'disappear' off of women. Women go to extremes to lose the fat, they wire their jaws and live off a liquid diet (Chernin, 1981), and they put staples in their stomach to make their stomach smaller (Chernin, 1981). According to Chernin (1981), in the procedure known as gastric stapling there are two parallel rows of 25 staples which are applied to the top of the patient's stomach, leaving a small gap through which food can travel from the esophagus to the center of the stomach. Dr. William Goodson III, who performs four or five of these operations a month,
considers the procedure to be "experimental", and it has potentially serious repercussions (in Chernin, 1981:40). Goodson stated that gastric stapling can cause clots in the lung, pulmonary problems or even pneumonia (in Chernin, 1981). Why do women go to such extremes to avoid being fat? Because "fat" has become evil, it is synonymous with "stupid", "lazy", "ugly" and "lower-class" (MacInnis, 1993:71,77).

Fat oppression, the fear and hatred of female fat that results in discriminatory practices, "is so commonplace in Western cultures that it is rendered invisible" (MacInnis, 1993:70). Women are considered fat when they are 15-20 pounds over the weight suggested by life-insurance charts, whereas men may weigh 35 or more pounds more than these charts before they are pronounced fat (Szekely, 1988). Thus, not only are women ostracized more often then men for being obese, the definitions of a fat man and a fat woman are different. A fat woman in today’s society is regarded as lacking self-control. People say she must have grown fat due to psychological problems (Szekely, 1988).

This hatred of fat tends to be internalized by women, regardless of their body size (MacInnis, 1993). Lisa, Laura, Meg, and Beth are afraid to gain weight because they fear becoming "fat".

**Laura:** I don't think it's going to stop. That's what I'm afraid of, that the weight isn't going to stop.

**Lisa:** If I could be totally better all the time but
have to weigh 118 pounds I couldn’t deal with it.

Meg: I don’t want to gain weight. I already did gain weight. I’m gaining weight, my weight is fluctuating right now. I’ve accepted it, but it’s hard, though. I hate every minute of it.

Beth: I actually, I gained. There was a point when I weighed 91 pounds and then I weighed 93 pounds the next time I weighed myself and I was, Oh my God it was awful. I went off again and I lost it. So I think if I — Oh no, I would hate to see that I was gaining weight — very, very panicky. I’m very afraid to gain weight.

The other side of “society’s approval of abstinence and thinness is its revulsion for obesity and excessive eating” (Schwartz, Thompson and Johnson, 1983:84). According to Jill, fat women are seen as lacking self-control.

Jill: People think they (obese women) should be in control more, that they should take care of themselves.

Scales, are objects which tell us a number on how much we weigh. We compare ourselves with the doctors charts to see how we ’measure up’, and the medical profession presents to us a biased expectation of ’normal weights’. Many eating-disordered women can not live without a scale. A scale will decide if the day will be good or bad. A scale for some women will determine how one will treat others that day.

Three women believed that scales were something they needed to have, they were a friend. Four women avoided scales all together because they felt that any number they saw would be too much, and would trigger their eating disorder all over again. Lisa, Laura, and Amy needed scales around.

Lisa: Scales are things I must have around. I have scales everywhere. I used to have three but I finally gave one away to my friend. I always try
to recalibrate them, to figure out what they really mean. Like at one point I had 3 and they were all balanced a certain way - this one is 1 pound higher than this one which is 4 pounds higher than the one at the school and the one at the gym. I'm always comparing them.

Laura: I look at them to find out if I've gained weight because I always tell myself that I want to, and heaven forbid the scale say that I gained 3 pounds because then I blow it up to 70 pounds. I don't have a scale right now, my mother buried it in the back yard after she took a hammer to it....I used to weigh myself every time I had to go to the washroom. I would just think of things to go into the washroom. I'd weigh myself before I'd go to the washroom and after I'd go to the washroom.

Amy: Scales are an anchor. They're kind of the real thing, they are the reality. So if I feel heavy or bloated is it in my mind or is it real? Let's step on the scale and see....Even this morning when I stood on the scale there was little anxiety because I'm 114 instead of 113 pounds which I was yesterday.

Kim, Meg, Jen and Kate do not enjoy having scales around, and in fact, they try to avoid scales.

Kim: On God, I don't stand on scales. I do not, not anymore. I can't, I can't go near a scale. It would just freak me right out. I don't know how much I weigh right now.

Meg: I try not to weigh myself. But there are points, I don't know, when I'm losing weight and I'm starving myself, I weigh myself more. So I guess that's bad. I never really thought of it that way. I just can't weigh myself now because I'm afraid of what I'll see - I know that I'm eating and I know there's going to be extra stuff on there and I just can't look. I know it will be bad.

Jen: If I don't weigh myself much, I end up staying more the same I find, but if I get a scale, I start getting on everyday and I find myself going up and up and up.

Kate: I've never been on a scale for 5 years. I don't go on a scale. I always went by the way my pants fit. If I dropped 2 to 3 sizes I'd think that
would be a certain amount of pounds. I hate scales. I refuse to go on one at the doctors because I'm scared if I see my weight it might trigger something, so I just don't get on one whatsoever.

It is unfortunate that society fears and hates female fat. Women are encouraged to look at their large bodies as the source of failure in their lives (MacInnis, 1993). Obese women are seen as gluttons, and it is almost impossible for an obese woman to accept her body when she is living in a society that hates it (MacInnis, 1993).

A woman's worst enemy may be another woman. Women are always criticizing other women and competing with them (Streigel-Moore, Silberstein, Grunberg and Rodin, 1990), with regards to jobs, men, or physical appearances. Thus, there is a competition with other women that seems to pressure women into being thin.

**Competition With Other Women**

It has been found that a woman's pressure to be thin may come from a competition with other women (Streigel-Moore, Silberstein, Grunberg and Rodin, 1990). Women constantly strive to be better and thinner than others (Streigel-Moore, et. al, 1990). In dressing rooms, women hide their bodies from embarrassment, so other women would not see the fullness of their breasts and bellies (Chernin, 1981). Women are ashamed of their bodies and are always finding ways to hide themselves from other women. At the gym, women are always stepping on the scales, and are watching the weights of other women when they are on the scale.
We often hear women speak of comparing themselves to and competing with other women in terms of weight. This competition involves both the processes of dieting and exercising better than others, and the goal of attaining a weight lower than others (Streigel-Moore et. al, 1990).

This competition and want of thinness over everyone is very evident in anorexia nervosa. It is common for an anorexic to be the thinnest and best at everything (Glassner, 1992; Chernin, 1981). The desire to be thin over others is evident in the following answers from the participants. These women living with eating disorders did not feel good when they saw a very thin woman. Some answers to the question, 'How do you feel when you see a very thin person?' are as follows:

Kim: Jealous. I do. Well it doesn’t really matter, I guess if they’re tall too. But it does, I look at them and I guess I get upset because I know I’m not programmed to be that way at all, you still have to accept it but it still makes me—the feelings are still there.

Laura: I can’t stand it because I think they’re thinner than me.

Meg: I think right away I look at myself. I feel jealous I guess.


Seeing thin women made them jealous, but did it make a difference to them if the thin person was a male or female?

Kim: Yeah it does. If it’s a woman definitely—if it’s a man it doesn’t matter. But a woman for sure.

Meg: I guess more female, like that’s the competition, so yeah it does make a difference. Any time I see a thin woman I think she’s got an eating disorder....I think how did she get there, is she thin like that naturally, you know what did she do?

Lisa: Sort of, yeah. I think it’s easier for men to be
skinny, but they don't look as good skinny.

In other words women like to be thin, but don't want others to be thin. Women with eating disorders (especially anorexia) are always around food, cooking for others and getting enjoyment out of others eating (BANA, 1984). Many times other members of the family begin gaining weight, while she loses weight.

Sometimes, when you put a group of eating-disordered women in a hospital setting together, they not only compete to be the thinnest and sickest one of the group, they also compete in other ways.

Laura: When I was in the hospital we used to have puke contests. When all the staff would be changing over shirts, we'd all go binge in the bathroom together, in the shower. We'd go, twenty of us all in the shower, and we'd cram food everywhere, and we used to have contests to see how far our puke would fly.

There are many different social pressures placed on women to become thin. The idea that female dieting is normal; the expectation of female thinness seen everywhere; the fear of female fat; and the competition between women are only a few. Many women fall prey to these pressures, and try to fit into the almost impossible female ideal that society has constructed. Many women develop eating disorders, and unfortunately begin losing control of their lives. They are not happy, they are not healthy and they are not insane. They are addicted to their eating disorder. They are women who unfortunately could not fight the many pressures being forced upon them to be thin. They are your daughters,
sisters, mothers, and friends. Women obsessed with the size of their appetites, who are wishing to control their hungers and their urges, may be expressing that they have been taught to regard their emotions and hungers as dangerous and as requiring control (Chernin, 1981).

Some other pressures to stay or become thin that the participants felt were pressures from within themselves, as well as pressures from outside. Jill, Kim, Barb, and Meg felt the external pressure.

**Jill:** I kind of get stressed out when my boyfriend talks about other women, but he’s just a typical male.

**Kim:** I think there’s a lot of pressure on people. I still worry about gaining weight, even though I feel in control. It’s always at the back of my mind and I keep saying if it happens it will happen for a reason. But It’s scary, it still scares me.

**Barb:** I guess just looking at magazines or watching television. Everybody, EVERYBODY is if not thin, they’re conditioned, they don’t have any excess like flab on their stomach and you can’t pinch an inch - that type of thing. I think um, it’s not so much the thinness, it’s the appearance of fitness.

**Meg:** I don’t know, there’s so many. All my friends are thin so that’s one pressure. Oh my God, I never thought of it like that, like I want to “fit in”, but I would feel awkward if I gained more weight. But they’re all so thin and that scares me. And my parents will throw in their comments. Like those words, like I know he’s (her father) not completely serious, and he’s like ’Oh don’t gain weight’, but I don’t need to hear those stupid comments, you know what I mean? Like, "that’ll make you fat, watch it".

Social pressures on women are not the only reason why women develop an eating disorder. However, Susie Orbach (1988) has suggested that anorexia nervosa could possibly be
the most dramatic consequence of our culture's obsession with regulating the size of a woman's body.

Along with the pressure on women to be thin, there is also a 'glorification of youth' which influences female eating disorders. This glorification of youth is discussed in the following chapter.
CHAPTER SIX
Glorification of Youth

Women have been given the message that if they perfected their bodies they would be rewarded in both their professional and personal lives (Szekely, 1988). In other words, women believe that the only way they can achieve happiness is by altering their appearance. To ensure internal self-confidence, pride and satisfaction, we must receive that externally through our physical appearance. Women are informed by society that depending on how they look on the outside, will decide how they will feel on the inside. How do women maintain this forever thin and youthful body? By continuous dieting and exercise. What happens if a woman cannot achieve this 'ideal body'? Then she may not find happiness and love as easily as a woman who has the perfect 'female body'.

This chapter looks at four different ways women try to achieve the eternally youthful, successful life by altering their bodies. They are: 1) seduction, the promise of longer love and happiness that thinness is presumed to fulfill; 2) the carefree child, a body with no curves resembles a young innocent child; 3) the fear of growing up and becoming a woman; and 4) the attention they receive when they are thin.

Seduction: Thinness = Happiness and Love

Why does our culture hold up before us an ideal image that was appropriate only to an adolescent? (Chernin, 1981:19).

Women are taught that thin is beautiful. In our society, it is very difficult for a woman to like herself if
she does not conform to the current body ideal (Szekely, 1988), thinness. Thinness is promoted to women as the "entry to, and badge of, the good life" (Orbach, 1986:56-57). Many women believe they will only be lovable and happy if they look slim and beautiful (French, 1987). This striving for thinness makes many women very unhappy and unlovable because they are hungry. Women do not enjoy eating like a bird; we do not enjoy standing on scales and monitoring our weights; we do not enjoy running miles on the treadmill and up the stairs; we do not enjoy being judged by our outer appearance; and we definitely do not enjoy ruining our lives by starving our bodies and sticking our fingers down our throats. But, we have to, because we are expected to act in this way. If women want a good job, a love life and happiness, society has made it clear to us that we must control our appetites. We must be thin and our bodies must be perfumed, clothed and deodorized (Orbach, 1986). Therefore some women do those things, and actually believe that they are the healthiest, happiest, and most sexually attractive when they are as thin as possible (Szekely, 1988). Society brainwashes women into thinking that this is the truth, however, there are some women who do not fall into this expectation and do succeed. In other words, society's expectations and their rewards are often empty promises with harsh consequences.

Along with a social obsession with thinness and dieting, women are also seduced by a promise of happiness, success and pro-longed life that thinness is presumed to fulfill (Brown
and Jasper, 1993). Women do this by risking their lives in attempts to achieve its reward. Today's female body is not only "...a weightless body, it is also an eternally youthful, forever healthy body" (Szekely, 1988:129). In other words, women must make wise choices when it comes to the welfare of their families, and at the same time they must be trim, eat healthy and live a happy life (Orbach, 1988). Kate, Kim and Meg believed that staying thin made them feel more attractive and in one case, younger.

**Kate:** It makes me feel more attractive, not younger. It makes me just feel like, more attractive, it's just more beautiful you know. Like stop, look at her sort of thing.

**Kim:** Yes I think so, I think so. I think one of the reasons that I started with the dieting and all this kind of stuff, is that a family member was in her adolescence and lately I was feeling old, and she is real good looking and I think just in the back of your head that idea that, I don't know, it's hard to explain this without sounding like a jealous woman I suppose, but definitely the fact that she was growing into a woman had a lot to do with by feelings about myself. It's hard to explain.

**Meg:** Definitely, yeah, it makes me feel more attractive, and more -- it feels good. Even when I'm in my thinner periods I feel like I can talk to people easier, I feel like people talk to me more. I don't know.

Thinness didn't make Amy feel more attractive, but it did make her 'more powerful'.

**Amy:** It does make me feel psychologically more powerful, and I think that with that power I am able to carry on in my work and take more rejection.

Therefore, these women did believe that thinness did produce the effects it promised -- happiness, pride, satisfaction and
power. Laura, however, found out about the false side of this seduction. She lost a job because she was too thin.

Laura: I was an entertainer and I got fired because I was too thin. The audience was commenting on it.

Society does not tell us we can be too thin. It does not tell us that there is a point where we may lose control and become unattractive. It tells us that thinness equals beauty which equals happiness. Is this beautiful?

On meeting an anorexic woman one is confronted with the spectacle of a woman who is starving herself of food. Her body seems to have shrunk; her gaunt limbs hang limply from a quasi-skeletal frame. There is something out of focus about her proportions reminiscent of pictures of famine-struck Ethiopian children. Her eyes seem to take up a vast amount of her face. Frequently her hair is limp and lifeless. Anguish and defiance combine in the most curious way to make the observer passive and motionless in response. There is a simultaneous desire to retreat and move in closer. The conflict renders one immobile (Orbach, 1986:116-117).

Along with the seduction of happiness and love when women are thin and attractive, there is also the idea of being a carefree child again. A little girl has no worries and she is innocent and dependent.

Carefree Child

Young children are innocent. They are small, cute and need protecting. They do not have to make major decisions like adults do. A 'major decision' for a child may be a choice between a chocolate bar and a bag of chips. Children (on average) have a good life which they will not appreciate until they are older. Wouldn't it be nice if we could all be 'forever young'? 
Some women actually miss those carefree days from their youth. The days when they didn't have to worry about attracting the attention of a man, going on dates, or becoming pregnant. Some women miss the days of enabling their parents to make decisions for them and to be there to protect them. They miss the innocence they felt and the energy they had (MacInnis, 1993). Some women attempt to regain the innocence and energy they had in childhood by shrinking their bodies. Childhood to most children is safe, and some women try to lose body fat to return to that feeling of safety.

A body devoid of fat and female curves resembles a pre-pubescent girl, a carefree child. Thus, a body devoid of fat resembles a younger, more energetic and innocent person (MacInnis, 1993). When a woman becomes too thin, her period ceases, her curves disappear and she receives the shapeless body she had when she was a little girl. Beth stated that since she lost all her weight her period has stopped, people treat her as if she is younger, and she feels like she is protected, almost overprotected.

Along with the feeling of security, women also like the feeling of power and pride when they fit into children's clothing, or weigh the same as they did in grade eight. Laura and Amy felt powerful and proud when they fit into children's clothing.

**Laura:** I think I like the feeling. Proud.

**Amy:** I've fit into children's clothes and it felt
good. It's not because I was going back to childhood or whatever, it was like wow. I've got the power over my body.

Lisa and Beth felt the safeness that wearing children's clothing gave them. Things seemed to be better for them when they were children.

**Lisa:** I can wear girls size 14 or 16 pants. It feels safe to me, like I haven't changed that much when I was young. I had so much more 'self' when I was younger, so much more feeling of security about myself. And it just seemed to collapse at adolescence - everything fell apart.

**Beth:** I feel great, like a 13 year old gives me her hand-me-downs and I'm just like, "Ha, yeah"! And I guess in a way it's just like saying "look I'm a little kid". And even the style of clothes I wear usually, it's a little kiddish. Like I wear two braids in my hair and my overalls and my boots and it looks like I'm going to play in the sandbox or something. When it comes to dressing up, or God forbid looking like a woman, it's like "Oh no, we can't have that". It scares me, it does.

There are other reasons why women do not want the female curves that puberty destines. Some women fear growing up and 'becoming a woman'.

**Fear of Growing Up and 'Becoming a Woman'**

One of the most commonly held views of anorexia nervosa is the female's refusal to become an adult (Orbach, 1986). Anorexia nervosa has been called a disorder of puberty, an attempt for a woman to remain a little girl by denying her biological femininity (Orbach, 1986). In other words, some women fear the curves of womanhood. Ultra-thinness can be seen as a 'rejection of femininity' (Orbach, 1986). Many women fear the things that womanhood implies: independence, marriage and childbirth. Other women may fear the different
forms of violence against women - rape, sexual abuse and physical abuse. Two interviewees faced some form of abuse. One was physically abused, and the other had been "raped by more people than you can count on both your hands".

The anorexic is also quite aware, of course, of the social and sexual vulnerability involved in having a female body; many, in fact, were sexually abused as children (Bordo, 1989:23).

Therefore, many women believe that reducing flesh may give the appearance of a desexualized and degendered individual (Orbach, 1986). She believes this will enable her to protect herself against any harm that may come to 'a woman'. Fear of sexuality is common in anorexia nervosa (Orbach, 1986).

Along with fearing what the future has in store for a woman, the interviewees in this study had dreams for their own futures. One of the most important dreams of some of the women was that of being fully recovered.

Beth: Definitely I want to be over this. I do, because it scares me to think, Oh my God, I can't imagine thinking normally about food any more. I can't imagine not analyzing everything, like how many calories and grams of fat in every piece of food, but I'd like to be able to.

Meg: I hope to be happy. I think I'll be better, I hope I am.

Amy feels like it's her obligation to get better for the 'other women' out there, because she doesn't want other women to fall into the conspiracy trap 'out there'.

Amy: I want to be completely recovered. I also feel it's my, it's an obligation of mine to other women younger than me to 'get a grip'. There is a conspiracy out there to just undermine the esteem of women and keep them 'under'. It's just a control thing, and it's not, I mean we have
great minds, we (women) have a lot to contribute to the world. Some have really great things to contribute, you know terrific scientists, or the cure to cancer or AIDS. Maybe those people are women, but maybe they are women who are starving, so it's never going to happen. So knowing what I know, I feel it is my responsibility to get myself better.

Laura's future did not look promising at all. When she was asked where she saw herself in 8 to 10 years she said:

**Laura:** Probably dead. Every time I see my doctor he tells me I'm dying.

She continued by stating that she is not afraid to die.

**Laura:** I'd love to die. I'm not scared of death at all. I would thank someone if they murdered me.

Many young women are very dependent on their parents and fear a loss of that dependence. When you put a dependent teenager into a new setting in which she needs to be independent, there can be harsh consequences. Many young women who decide to go to university are not yet ready, and may turn away from food, or turn towards food to cope. This may be one reason why anorexia sometimes becomes worse*, and why bulimia begins when a young woman begins college or university (in Whitaker and Davis, 1989). Young dependent women must become independent and fend for themselves.

*The researcher experienced this type of consequence when she entered university. She was not emotionally ready and did not want to let her parents down. Her anorexia became really bad because it was easy to isolate herself from others. By Christmas, the researcher's weight had dropped to 90 pounds and at 5 ft 9 inches tall, her anorexia was at its worst.
This may frighten them, especially if they are not emotionally ready.

Women who can control their appetites are admired and applauded. Women who seem to have control of their bodies are praised and flowered with attention.

Attention Women Receive When Thin

Attention from others is a comforting and exciting feeling. When a girl or woman begins to diet, she receives attention from family, friends, and the opposite sex. Thus, this attention may influence a girl or woman to control her eating habits even more to receive more compliments and more attention. By exerting this control over their bodies, women hope to gain 'self-esteem' and an increased sense of power and control over their lives (Brown and Jasper, 1993:17).

According to Jill, this type of controlling one's appetite and size is a 'cry for attention'.

Jill: It's hard because many times when you get like that (real thin) it's a cry for attention, like "Look at me, I'm beautiful". It's like all the models. I'm a little vain in that way because I like that.

Receiving attention from others is complimentary. Many times people receive attention because of the size of clothing they are wearing*. Wearing a specific size, usually as small as possible, makes women feel better.

*The researcher was once told from a salesperson, while she was trying on pants that the salesperson had never seen anyone with as small a waist as the researcher had.
Women love the comments other women make about their clothing size. Comments like, 'I don't think I've ever worn that size', or 'Is there actually such a size?', are compliments to women, especially women with eating disorders. Many of the interviewees enjoyed wearing very small sizes.

**Kim:** Do I enjoy? I really liked it when I was in a size 3, but I’m in a 5/6 right now.

**Lisa:** I enjoy wearing 3’s, I can’t do it very much anymore. Most of my things are size 5’s, size 26 jeans. I never seem to look at tops and things.

**Beth:** I used to always wear bigger clothes, but I just bought some jeans, they’re a 24 waist and they’re a bit big, but it’s hard to find pants that will fit long enough and waist size. I do enjoy wearing clothes that say small sizes, but even those jeans, they were 24 Levis and they’re so hard to find.

**Jill:** I have a size 1 dress that I wear, and I feel kind of happy when I wear it. I like wearing 3’s, sometimes 5’s.

**Amy:** Well it’s so hard because sizes vary, but true size 5 I think I look the best in. If I can fit in comfortably size 5, not tightly, then I look like what’s considered the ‘outside ideal’. And see, it seems at times I’m contradicting myself, right? You know but it’s like the standard doesn’t apply to anyone else but myself - and the few people that may judge me in the media. I at least have got that edge - it’s insurance.

Some interviewees felt they liked baggy stuff better because they were embarrassed of their bodies. Kate said that she only sometimes wears tighter stuff when she feels good about herself, but she is constantly picking at her shirt. Barb, feels the most comfortable in baggy clothes. On average though, the women felt pride, and loved the attention they received when they could fit into smaller sizes.
Many women do not know how serious anorexia nervosa (and bulimia nervosa) are. They instead, admire the anorexic for her ultrathinness and control. Chernin (1981) uses examples of two women talking to each other about anorexia nervosa.

I've heard about that illness, anorexia nervosa and I keep looking around for someone who has it. I think to myself, maybe I'll catch it...(22).

Well, (the other woman said) one of my cousins used to throw food under the table when no one was looking. Finally she got so thin they had to take her to the hospital....I always admired her (22).

This type of attention has negative consequences on women. A woman feels that the thinner she becomes, the more she will be admired. Unfortunately, the thinner she becomes, the more she becomes fearful.

One begins to look upon the anorectic and the anorexia uncomprehendingly. Compassion turns to fear and a wish for distance; a need to disassociate oneself from the painful sight....(Orbach, 1986:115).

This chapter looked at how there is a glorification of youth for a woman when she is thin. This is one reason why a woman may develop an eating disorder. Along with the social pressures on women to be thin, and the glorification of youth that thinness presumes to provide for women, there is also contradicting female roles with which women must deal.

The following chapter discusses how these changing roles of women can influence eating disorders.
CHAPTER SEVEN
Changing Roles of Females

The emphasis which is placed on thinness for women results in an unrealistic body image and increased body dissatisfaction (Thornton, Leo and Alberg, 1991). This can result in heightened chronic stress and reduced self-esteem which increases the risk among women developing an eating disorder (Thornton, Leo and Alberg, 1991). We now live in a society in which women's roles are complex and conflicting (Thornton, Leo and Alberg, 1991; Paxton and Sculthorpe, 1991). A woman is expected to be a wife, mother, professional and nurturer, but above everything else she is supposed to be thin.

This chapter looks at different ways in which the changing roles of females can influence eating disorders: 1) the changing unrealistic body image a woman is supposed to possess with her changing roles; 2) the complex and contradicting female roles a woman is expected to do; and 3) the superwoman role which encompasses a double day.

An Unrealistic Female Body Image and Unrealistic Roles

In the early 1900's, women were beautiful if they had swollen stomachs, fat around their necks, and full rounded hips and thighs (Chernin, 1981). Women in today's society are admired for having as little body fat as possible. If we (women) were allowed to have as much fat on our bodies as we wanted to, then according to Chernin (1981) "...tens of thousands of women would not kneel down next to the toilet
tonight and put our fingers down our throat, and vomit" (pg.87).

Thinness for women in today's society is admirable. The new career woman is thin; the woman who is middle-aged and returning to work is always thin; images of the 'new woman' are always presented to society as being thin (Orbach, 1988:ibid). These images of thinness are being "insulated into each woman's sense of herself so that she sees thinness as an important part of the way she should be" (Orbach, 1988:ibid). Unfortunately many women can not live up to this ideal, and thus "may develop an excessive concern regarding weight and appearance in an attempt to feel more secure and have an 'oversubscription' to a traditional female role orientation" (Paxton and Sculthorpe, 1991:587).

Women have learned that there are many rewards when they fit into the ideal that society portrays. Studies have demonstrated that good looks are socially rewarding (MacInnis, 1993). Women who approximate the cultural body ideal have been known to date more often, marry earlier, and have a wider variety of job possibilities (MacInnis, 1993).

The ideal has been negatively changing for women. Instead of getting more attainable and more realistic, the female ideal is becoming more impossible to attain. Since the 1960's, fashion magazines and television programs have reminded us that the female ideal has become slimmer and slimmer (Orbach, 1986). In other words, society is becoming harder on a woman, expecting her to have the physique of an
adolescent, with large full breasts.

Many interviewees agreed on how a woman should look according to society. Meg, Lisa and Laura believed that society expects women to look like a well known actress (who has had medical assistance for her large breasts).

**Meg:** Like Pamela Anderson Lee. Like large-sized breasts, a flat stomach, nicely defined arms and legs.

**Lisa:** Like Pamela Anderson. stick-like with enormous breasts. She sort of looks like a human Barbie doll.

**Laura:** Like Pamela Anderson. you have to be thin. You HAVE to be thin.

Jen, Jill and Kate believe that society expects a woman to be thin. Barb believes the female ideal according to society is sick looking.

**Barb:** The female ideal is practically gaunt-looking.

**Kate:** I think society thinks, they all believe you should be thin. You know size 1 to size 10, I think that's what they want women to be between.

**Jen:** They like you to look slim.

**Jill:** Air brushing. We're supposed to look like we have professional hairstylists and make-up artists.

Beth believes that keeping women thin is like keeping them weak. She believed that society wanted women to deny their power, especially when the roles have changed and women have been achieving more power in the workforce.

**Beth:** I think society, and the media portray them as skinny, lanky, tall, waif women that are beautiful. And I think that the way society accepts women in a way, it's like no, you don't want to be strong, you don't want to look powerful, you just look weak and hide and be quiet. There's so much pressure put on women,
and at a very young age I think women are taught to deny power, and I think that's why women with eating disorders are trying so hard to get that control and that power because they have denied it for so long. And by denying it further by starving yourself - it's a cycle, a vicious cycle.

The female ideal according to society is an unrealistic representation of the average woman. No wonder the majority of women despise at least one part of their bodies. What is ironic is that the so-called ideal form of female beauty has always been opposite to the shape which could be easily achieved by women (French, 1987). It was during the depression when there was a real food shortage that plumpness was considered beautiful. Now, when we have a plenty of food available we are not supposed to eat it.

In a society which emphasizes the importance of female thinness, how does the average young woman feel about her body? According to Myers and Biocca (1992), the average young woman sees a fat person when she looks in the mirror. Since the female ideal body is getting thinner and thinner, women seem to overestimate the size of their own bodies, and women with eating disorders overestimate the size of their bodies even more (Myers and Biocca, 1992). Barb, Kim, Meg and Lisa saw that they had fatty portions on their bodies, when they looked in a mirror.

**Barb:** I see someone who's, I don't want to use the word fat, I see fatty portions on my body that make me feel ugly - Really, Really ugly.

**Kim:** Right now, because I'm in recovery I see a woman who has a body which is definitely heavier than the norm, but not overly heavy right now.
Meg: A lot of times I just see someone who's really fat, like physically, usually it's not good. It's just I see, I don't know, fat I guess. I just see something that's not very appealing physically. But in my face, I think I can see like sadness, maybe disgust or anger, I don't know.

Lisa: I'm not happy with the composition of my body. It looks flabby and soft and mushy and fat in certain places. I want to have more muscle and less fat, and I can see that when I look in the mirror.

Society does have an unrealistic female ideal in to which women are supposed to fit. Society does not accept women in all shapes and sizes. Unfortunately, this can aid in the development of an eating disorder.

There are new roles with which women are supposed to be involved. These roles are often complex and conflicting, and are thus confusing.

Complex and Conflicting Female Roles

The feminist movement was supposed to be a positive experience for all women. It was supposed to give women freedom in areas in which they never had to date. In fact, some people believe that the feminist movement placed more importance on the physical looks of females to achieve professional and personal achievement (Smith, Waldorf, and Trembath, 1990:676). This increased pressure on female physical attributes resulted in a lot of role and identity confusion for many women. According to Smith, Waldorf and Trembath (1990):

Their resultant insecurities often materialized into the form of widespread rejection fears. In an effort to regain a sense of control over at least one segment of their lives, many women
turned to something very concrete and familiar to them: dieting (676).

This increased attention to physical appearance carried with it benefits, the approval of others, especially men (Smith, Waldorf, Trembath, 1990).

The ideal body images of women tended to shift when women's social roles changed (Brown and Jasper, 1973). As women gained more power from the outside world, they had to change their bodies to 'fit in' with the expectations held by the outside world. Barb questions what women actually got liberated from due to the feminist movement.

Barb: In the 60's women were supposed to be liberated. What the hell did they get liberated from? I mean, we're still right back where we were. It seems like women are even going back to wearing girdles again. It's like what did we ever gain from that fight? And now we're supposed to go everything on top of it.

There are some individuals who believe it was not a coincidence that the mean age of diagnosed bulimics put them as "the first generation of young women raised at the beginning of the feminist movement" (Smith, Waldorf, Trembath, 1990:676).

Women are especially susceptible to the demands placed on them from society to lose weight. Women have been raised to conform to an image that places importance on thinness, body size and shape (Orbach, 1988). Women are taught they "must both blend in and stand out - a contradictory message indeed" (Orbach, 1988:ibid). In other words, women absorb a powerful contradictory message regarding food and eating. Food is good for everyone else, but bad for the woman
herself; healthy and full of love and nurturance for others, but bad and full of indulgence for the woman herself (Orbach, 1988:ibid).

Valuing slimness represents a recent shift in the female beauty ideal in Western societies. As recently as the 1970's Elizabeth Taylor had the most desirable shape, but by 1976 'Twiggy' was the ideal shape (Szekely, 1988). This relentless pursuit of thinness points to women striving to have a sense of control and worth in a situation which is often controlled by others (Szekely, 1988). In this pursuit of thinness and the denial of hunger, "the traditional construction of femininity intersects with new requirements for women to embody the 'masculine' values of the public arena" (Bordo, 1989:19).

One of the confusing issues a woman must deal with is either being happy with how she looks or conforming to the 'female ideal'. This can create a conflict because if an obese woman is happy and likes who she is, she will have to live with the unaccepting stereotypes society places on her. The interviewees on average, believed that society's female ideal was skinny with large breasts. Meg was the only one who personally thought that skinny women look the best. Laura, Jill, Jen, Kate and Beth believed that women should look however they want to look. Thus, the female ideal to these interviewees was 'any type of body shape'. Unfortunately, society would disagree.

Laura: I think you should be how you want to be if
you're comfortable with it. I don't think there should be a limit at all.

Jill: Well, I think they should look the way they want to look. Like if you're comfortable and you're overweight than that's fine for you. Who am I to judge someone else by their weight?

Jen: I think a woman should look graceful. I think women should look attractive and they should try to do the best with what they've got.

Kate: I think whatever they want to look like, I don't know. Just whatever. Like if they're naturally thin, then they're thin. If you're normal, be normal. If you’re big-boned, that's the way you're going to be.

Beth: As far as I'm concerned a woman should be able to just be. I mean looks aren't important, I mean even me, I've never been a materialistic person or anything like that and that's why so many people can't understand why I want to lose so much weight. I feel a woman should be able to be a beautiful woman regardless of the way she looks, because of what is inside her.

Lisa and Barb think women should be on the fleshy side.

Lisa: I think curvy, women should look curvy. I don't want to look curvy. I just think women in general should look curvy. Kind of like how Marilyn Munroe looked, swelling curves in all the right places.

Barb: A little on the flabby side. I really think that when you look, especially at a woman's face she should have like not fat cheeks, but she should look full. Something you can pull on. Something that looks healthy.

Therefore, the interviewees' believed that the ideal woman is different from society. This conflict places man, pressures on women on how they should look; should they look how they want to look, or how society expects them to look?

Along with the contradicting and conflicting roles, females also have more expectations placed on them on what they should be able to do.
Superwoman: (The Double Day) - Mom and University Graduate

It has been suggested that disordered eating reflects women's responses to the stresses that multiple pressures and conflicting demands create (Thornton, Leo and Alberg, 1991).

The 'superwoman' can be defined as a woman who "...on the one hand may feel committed to traditional feminine values, and on the other, desire vocational success and achievement (French, 1987). Silverstein, Carpman, Perlick and Perdue (1990), stated that disordered eating in females may be partly due to the traditional feminine roles and the conflicting traditional 'masculine' areas in which women are now entering.

In today's society, many women are expected to be a mother, wife, lover, cook, professional and nurturer. In other words, many women now do a 'double day'. Both married women and single-parent mothers are feeling 'the crunch' of being both primary caregiver and a professional. Is this fair? Should women be expected to be a wife, mother, maid and professional? All ten interviewees said no, women should not be expected to do all of that, yet at the same time there is an expectation.

Barb: No, that's why I haven't done any of those. First of all, I knew I couldn't do all of them and part of me can not do one of those things....But I look at other women who have that and I wonder how are they doing it because it looks exhausting and then I wonder how can they do it?

Kate, Jen, Jill and Amy all feel that everything should be a shared responsibility. Women should not be expected to do
everything by themselves.

**Kate:** Be expected to do all that? I don't think they should be expected to do all that. Most women will do that with help from their husband or whatever, but not be expected.

**Jen:** No, No. I think I really feel that if she is going to do her share bringing in the bread, then her husband should help her out. But that is the ideal.

**Jill:** Well no. I think that it should be a shared responsibility.

**Amy:** Well, I guess it would be, it's equally expected for them to be like that as it is expected for a man to do that stuff. So could any human being do all that? I think yes, there are greater expectations placed on women definitely.

Meg believed that a woman should be able to have a choice to do what she wants to do, but she felt that "it is expected a lot though". Lisa, Beth and Kim felt that women should not be expected to do everything, yet at the same time felt as if they were expected.

**Lisa:** No (women shouldn't be expected) but I think they are, and it isn't fair. I think it's very unfair. I can't imagine coming home at the end of the day and having to put someone else's needs ahead of your own; feed the children, husband and then clean up after everyone else. That's not a life. That's not fair - you go from doing stuff for your employers to doing stuff for your family. When do you get to do stuff for yourself? That doesn't seem fair at all.

**Beth:** Do I think it's okay for a woman to be expected to? No, no I don't think it's okay at all. I think so many expectations are placed on women and they're not even considered high expectations for a woman to have a full time job, be a mother of 3 kids and do all 'this'. I think women have taken on, you know, the modern day strong working woman role, and they feel pressured to keep up traditional housewife role. It's impossible. And it is impossible.
Kim: I think for some women the expectation is not changing at all. And the fact that now most women work out of the house has just put an added pressure on women because of everything they have to do at home plus, now. The double day - the never ending job.

As well as being a housekeeper, professional, mother and wife she also must meet society's expectation of the female ideal. Women must also be thin.

Many women are continuing their education beyond high school degrees. In society today, it is difficult to find a good job without a post-secondary school degree. Thus women know that if they want to survive in today's society, they must receive 'higher education'. The ratio of men to women in post-secondary education has increased incredibly compared to when university was only appropriate for men. Also, it is common for many people who leave home for university or college to gain fifteen pounds, which can have a negative effect on the unsuspecting female. This could possibly lead to females purging after meals or using excessive exercise to shed off 'ugly pounds'. This could possibly be one reason why bulimia nervosa may be an increasing problem on college and university campuses today.

The increased pressure on women to get an education, be a wife, mother, and professional, combined with the new expectations placed on women, the contradicting and conflicting female roles and the unrealistic female ideal, can lead to an eating disorder. Some women feel overwhelmed with the many expectations placed on them, and thus, may feel out of control of their lives. Women may try to regain
control by focusing on one thing that they can control, the thing that society praises: a thin body.

The following chapter looks at how media and advertising can lead to increased anxiety and hatred of one's own body. Advertising uses heroin-addicted looking models, waif women who supposedly represent the 'female ideal'. Many women try to achieve the hyperslenderness that models possess, and sometimes end up with more than they wanted: an eating disorder.
CHAPTER EIGHT
Media Images and the Marketing of the Superwoman

The use of advertising has strong effects on its viewing audience. Individuals internalize a model of what is considered to be acceptable and unacceptable in society. What is consistently demonstrated throughout magazine articles, television commercials and television programs is that a woman is supposed to be forever young, beautiful, rich, and very thin. This constant reminder of female thinness which emphasizes the pursuit of the ideal body may have an effect on women's perceptions of their own bodies (Myers and Biocca, 1992). The emphasis the media place on the thin body image for women may be responsible for the body size overestimates women make (Myers and Biocca, 1992).

This chapter looks at the media images that women are bombarded with everyday, telling them how they should look and act. This chapter begins with the negative effects that many advertisements have on a woman’s self-esteem. Next, this chapter introduces the theory of the 'Objectification of Women', discussed by Edwin Schur (1984), and demonstrates how women’s bodies become dismembered and cherished. Finally, this chapter looks at Magazines and Fashion, and demonstrates that female models are not good representations of the average woman. The pressures to be thin are reinforced to women while they are watching television or reading a magazine. These media pressures can contribute to female eating disorders.
Advertisements

Media messages are primarily directed at women because they are the main consumers in society, as well as the chief worriers about their appearance, size and weight (French, 1987:34).

If women hear a message many times, they tend to believe it. If women hear over and over again that they must be thin to be attractive, they believe it (Crook, 1992). Did you know that watching only 30 minutes of television programming and advertising can alter a woman's perception of the shape of her own body (Myers and Biocca, 1992)? One out of 3.5 commercials involve some form of an attractiveness based message for women (Myers and Biocca, 1992). It is no wonder women are despising themselves since they are constantly being reminded to 'lose that weight', by 'nutrascizing their bodies'. There are commercials which remind women that they personally do not want the fat that chocolate and chips provide. At one time, the Baked Frito Lay chip advertisement was worded "Now, you can eat like one of the guys, but still look like one of the girls". The commercial has now been changed to: "Now you can eat like one of the guys". The previous message was telling women that they must control their own appetites to look like the female ideal, however, they could now eat like a guy (thin models were stuffing their mouths with chips), and still maintain their 'girlish figure'. There is also another commercial which carries the same type of message, that female fat is bad (see appendix). It is for the Three Muskateers Light (less fat) chocolate bar. Each commercial has a thin woman reaching for some sort
of chocolate dessert, when 'in swoops the Three Muskateers', stating "It's not the fat you want, dear lady, it is the taste". They then push aside her dessert and give her a chocolate bar which has 30% less fat than the original. These messages remind women about the evils of female fat, and the rewards of being in control of their bodies and appetites.

The mass media's portrayal of the thin, ideal female body has been well documented (MacInnis, 1993; Crook, 1992; Myers and Biocca, 1992). The only acceptable size a woman can be is as small as possible. Magazine advertisements, movies, television advertisements and music videos tell us that 'only' the small sizes are attractive, the sizes that only 8% of our population can naturally fit into (Crook, 1992). In other words, 92% of all women must change to become acceptable. It has been demonstrated that advertisers target the body image of women in the marketing of both exercise and food products (Myers and Biocca, 1992).

The emphasis that the media place on the thin ideal body image may be partly responsible for the increase in anorexia nervosa and bulimia nervosa (Myers and Biocca, 1992). Bulimics tend to be very vulnerable to the massive amounts of propaganda about the importance of being slim and healthy, "and often have unrealistic expectations about what slimness might achieve for them" (French, 1987:23). The media remind women that they are not accepted in all shapes and sizes, by constantly using very thin, young beautiful women in almost
every show and commercial.

Women learn by watching television that they are supposed to be thin. Sometimes the pursuit for this hyperslenderness may turn into an obsession (Myers and Biocca, 1992). It is no wonder women become obsessed with the size of their own bodies when the media portray a "steady thinning ideal body image for women" (Myers and Biocca, 1992:109). This thin image is often presented to women by models who are severely underweight for their height.

Many times when products are being advertised to the public, the actress or spokesmodel is beautiful. Many times the message that is sent to the public is that if you buy this product, you will look like the person demonstrating it. This can create body-image problems for the average woman.

A consumer society in which women’s bodies perform the critical function of humanizing other products while being presented as the ultimate commodity, creates all sorts of body-image problems for women, both at the level of distortion about their own and other’s bodies, and in creating a disjuncture from their bodies (Orbach, 1986:32).

In other words, many times a woman in advertising speaks with her body (Orbach, 1986), she shows an object for sale, yet she seems to be the one who has become the object.

When we are watching television and the commercials, what is being portrayed the most to the public? Kate, Laura and Beth believed that thin women are being portrayed the most.

Kate: Thin. That’s all. They always portray for cologne or anything, like Calvin Klein, he always
uses the tiny, the tiny girls. And even for hair products and everything you’re always tiny and always with a guy that’s big and muscular.

Laura: What’s being portrayed the most? Thin women.

Beth: Even as far as make-up commercials and the fashion models they’re really thin and they’re beautiful and they’re perfect, they’re just perfect. But then if you look at even the house cleansing commercials, the mom — she’s always thin — you know, and you don’t even notice it because it is so normalized. But if they’d use someone who was fat, you’d say "Oh my God, look it, she’s fat, she’s fat". You’d notice. But you don’t notice the thin one’s anymore, that’s why it’s so acceptable. You see it and see it and you don’t have to think about it anymore. And then you see someone fat and you’re repulsed by it and think Oh my God, I could never be that way.

Meg believed that television and commercials portrayed food.

Meg: There’s a lot of food commercials out there and fitness commercials, that sums it up.

Lisa and Amy believed that the image of the cute, fake woman is portrayed the most often.

Lisa: That image of the fake woman. Very pretty, very feminine in appearance especially slim like they’re wearing pretty clothes and pretty make-up. Very feminine in appearance and masculine in every other way, like in personality, drive and assertiveness, achievement-oriented and successful. You have to go to work and be this dominant 'fake thing' and function in the real world and then go home and make dinner and listen to your husband’s problems. No one can live like that. No wonder women have high rates of depression, anxiety and eating disorders.

Amy: They portray ditsy women being cute. People are all 'airy fairy' and just kind of lame brain.

The popular phrase 'sex sells' is how Barb, Jen, Jill and Kim felt about what was being portrayed on television.

Barb: Sex is the first thing that comes into my mind. A lot of commercials in the daytime seems to focus on women as being in the house and yet
they're not there. I don't know. I get really angry when I watch t.v.

Jen: Well the old saying 'sex sells'. Women who are very thin are showing off all the cleavage they could possibly show, to sell whatever it is. So the product gives the vision that if you use it you can 'look like this'.

Jill: Well there's a lot of sex on t.v. and there's a lot of innuendos in every commercial and that's how people get us to look at their commercials. Because sex sells. So, when they use the skinny bone rack women and people say or think they're sexy - well that's how society got this way because the media said well we'll portray our stuff with sexy women and we think only sexy women use that and they have to be skinny then it's a great big effect just to get people to try their stuff.

Kim: I think they portray women and sex to sell their products quite a bit. And you know, the helpless female, and the male rescuing, it's still that stereotypical woman stuff. It hasn't changed much.

In other words, women are viewed as objects of beauty. Their body parts are cherished and have been separated as objects of desire. The objectification of women will be discussed next.

Objectification of Women

It has been argued that the feminine body is socially created as the object on which "the masculine subject acts, and that women act as 'caretakers' rather than owners of their bodies" (MacSween, 1994:237). As commodities women can be used and discarded by men (Szekely, 1988:20). Women are still all too often seen as sexual objects for others (Orbach, 1988:131). In the videos Killing Us Softly (1978) and Still Killing Us Softly (1989) it is demonstrated how women are objectified, and are seen as sexual beings. It
shows us how women are supposed to look -- like innocent, passive, submissive children. The two videos demonstrated how women in advertising are used to sell products, and at times did not seem human. They looked unlike any woman in today’s society, because ‘real people don’t look like them’. They were so perfect, they never had any blemishes. In fact, they ‘had no pores’. Women are made out to be bodies, they do not have minds. They are seen as forever youthful, passive, innocent and beautiful. They are airbrushed up or down sizes, and any flaws are conviently fixed so they seem to be ‘perfect’. Women in advertising are used to sell products, by exposing a leg, breast or lips. Very rarely do you see an entire female body in advertising, but if you do, she is portrayed as thin and beautiful.

Edwin Schur also discussed the many ways women become objectified, focusing on the ‘sexual aspects’ of objectification. According to Schur (1984) the following are the sexual aspects of objectification:

1. Male perception of women as depersonalized body parts -- "a piece of ass", etc.
2. Cultural and economic uses of depersonalized female sexuality -- media, advertising, fashion, and cosmetic industries; pornography.
3. Women as "decorative" and status-conferring objects, to be sought (sometimes collected) and displayed by men.
5. Induced female preoccupation with physical appearance: concern about ascribed deficiencies and continuous efforts to conform to "appearance norms";
corresponding tendency for women to see themselves (through male eyes) as objects, and to respond to other women as (competing) objects (Schur, 1984:33).

Women are often seen as objects, not only by men but also by other women. Women are constantly 'cutting up' another woman's appearance to make her feel better about herself. However, on average, it is a man who objectifies a woman (Szekely, 1988). Each interviewee believed that women are objectified. Laura believed that women are not respected as much as we should be because people first look at your figure. She stated that the media portray this the most. Beth, Jen and Kim believed that women are used to make shows look good.

Beth: Sometimes women are just tools to make shows look pretty - they really are. Like you have the guy doing all the thinking and acting, detective work, investigating, and then you see we want the viewing audience to expand so we'll throw in a half-naked sexy woman in there - so they throw in a couple of smiles and be done with it.

Jen: I think women are objectified by the media.

Kim: You bet, just watch Baywatch. We don't watch it very often and I caught a glimpse of it the other night and you know seeing all these women running around in swimsuits and men weren't in bathing suits and if they were they looked like they had shorts on. And here were all these women with nothing on but these skimpy suits, busting out from their three breast jobs.

Jill feels that women are objectified by men because when her boyfriend's friends visit all they do is talk about women. This makes Jill feel very uncomfortable and she wants to get away from them and hide.

Jill: None of my boyfriend's friends have girlfriends, so when they're all over, I want to hide in a corner.
Many times women become a part of the objectification process and start viewing their own bodies as objects. Most women would love to be 'the trophy' on their boyfriend's arm, and enjoy the many whistles they receive from men. Many women enjoy turning heads, and know that in order to keep men's attention, they must take control of their bodies. Many women starve their bodies from food and overexercise to achieve the 'perfect body'. Objectifying women, turning them into an object of desire puts pressure on women to remain slim. This can lead to female eating disorders, especially if a man has commented on a woman's weight as being "too much". Many women become humiliated if they are constantly told they are 'too fat', or it looks like they're 'getting chunky'. Sometimes innocent comments can have harsh consequences.

What is interesting is that all of the interviewees believed that men would probably prefer to be with a thin to more average-sized woman. When I asked them how they think women think men want them to be, there answers were never average sized.

Beth: I think women think men prefer to be with thin women.

Lisa: Thin. I think that the way to catch a man is to be like thin, have the kind of ideal image that you can see in advertising. I think women's standards are higher than men's. Thinness is the only area that women compete with other women.

Meg: I think women think men want to be with a thin woman.

Laura: As thin as you can get.
Although men are always commenting on the physical appearances of women, when it comes right down to it, some of the men that do objectify women actually prefer to be with an average-sized woman over a bony woman.

Along with advertising which emphasizes thinness and the process of objectification, women also learn how they are supposed to look by reading magazines and looking at the fashion industry.

Magazines and the Fashion Industry

The fashion industry decides who and what shape is normal (Crook, 1992). Women's fashion magazines show the small, sleek clothing, and exhort women to take charge through controlling their weight by eating calorie-reduced food (Brown and Jasper, 1993). If women do not do this, the clothes will not fit properly or look flattering on them. Fashion lets us know what our culture 'expects' us to be, or to become or at least struggle to become to be accepted (Chernin, 1981). Thus, when we look at fashion, not only do we see the style of clothing which is acceptable, we also see the thin body type which is modelling the acceptable fashion.

The image of women that appears in the advertisements of a daily newspaper has the power to damage a woman's health, destroy her sense of well-being, break her pride in two and subvert her ability to accept herself as a woman (Chernin, 1981:87).

How is a woman able to accept her own body when society will not let her? "Ads, popular books, television programs, movies, the daily newspapers and even the school curricula
have been instrumental in fostering women's preoccupation with their weight in particular" (Szekely, 1988:50). The new sleek fashions now make it difficult for the average woman to wear them. There are so many short tight shirts, short shorts, and mini skirts around, that only skinny women look good in them. Just as the styles in clothes change seasonally, women's bodies must change to 'fit into' the fashions (Orbach, 1988:8). As the fashion changes and styles are becoming more sleek, the models which are presenting the clothes to us keep getting younger and thinner each year (Orbach, 1988). These stick-thin models are not good representations of the average woman. In fact, models are so much thinner than the average woman, that many women try desperately to physically look like the waif models. What is interesting to note is that when studying female magazines, it was found that the periods of the thinnest female ideals has been positively correlated with outbreaks of eating disorders (Smith, Waldorf and Trembath, 1990). Therefore, the media do influence the female ideal and in turn may actually perpetuate female eating disorders.

Are the thin models we see on television healthy? On average no, and many have recently turned to heroin to control their appetites. Also, many models have serious eating disorders, because anyone who is 5 ft 10 inches and 107 pounds is not in good health. Many of the interviewees believed that the thin models are not healthy, and some even thought they had eating disorders.
Barb: No. They don’t look healthy and I don’t see how they can be at that weight.

Kate: I think most of them are probably anorexic or bulimic and they’re getting paid to be like that. So, I don’t think they’re healthy at all.

Jen: Well, I don’t know too much about modelling, but I know that they have to stay really skinny or they’ll lose their jobs so they probably have eating disorders or something.

Kim: I don’t think they are healthy. And the things I’ve read about them, a lot of them have eating disorders, they have to stay that thin.

Meg: I think most of them aren’t healthy. Some people do just have a naturally thin body, but I think a lot of them are definitely doing something.

Laura had first hand experience of modelling. She knows that models are not healthy.

Laura: I know they’re not healthy, I was in modelling. I know the reason I was pulled out of modelling was because if I didn’t lose 10 pounds I wasn’t going to be able to do a shoot. So my mom made me quit because the doctor had already said I needed to gain weight. I think they’re all anorexic or bulimic....

Beth makes excuses for models, and by doing this she tells herself that they naturally are thin. She denies that they might have eating disorders.

Beth: I look at them and it’s probably the denial, but I think no, they’re naturally like that I couldn’t have it as easy as them. They’re just like that, they are small boned, and they can probably eat what they want and it doesn’t effect them. I always make up excuses for them, I think maybe they just work out or their body type is different. But I have to work, I can’t do that and when I see thin people eating french fries I think that they have a higher metabolism than me, I couldn’t do that because I’m different, I’m worse than them, I’d gain weight.

The mass media encompass a huge audience, and thus has an easy time influencing an entire society. If all we see on
television and in magazines is that beautiful women are slim and happy, this becomes the norm. As Beth stated, thin women are so normalized that we don’t recognize we are watching them until an obese person enters the picture. Women are bombarded by these messages daily, and risk their health trying out the many diets and exercise products which are demonstrated by the beautiful, thin, tanned, and toned females. Many young women believe that the ideal female body is actually the same as the bodies of the models, and take drastic measures to achieve that ideal.

This chapter looked at how the mass media can alter a woman’s body image. This can lead to many problems, including depression, stress and eating disorders.

The following chapter looks at how sports and fitness can place pressures on women to be thin, which may in fact lead to an eating disorder.
CHAPTER NINE
The Sport and Fitness Craze

An athlete is an individual who devotes an enormous amount of time practicing, playing and thinking about a certain sport. To be a good athlete, one requires the utmost concentration and dedication, as well as coordination. Until fairly recently, sports were mainly for men. In fact, there has been controversy over sports that were considered to be 'men's sports', when a female wanted to play. For example, there were a lot of problems when Manon Rheaume wanted to play in the NHL. She played goal for The Tampa Bay Lightnings for only one period against the St. Louis Blues. She no longer plays in the NHL but does play goal for an all men's roller hockey team in Ottawa. Many men feel that women do not have enough skill or the right body type to compete with the men. Thus, many women try even harder to prove to others that they can compete with men, and at times overexercise to do this. However, women are not used to this type of competition and pressure that fitness can create, and may suffer severe consequences because of this. It has been stated that the combined pressure of competition, constant dieting, fear of failure and a desire to win can have an effect on a woman’s lifestyle (Burkes-Miller and Black, 1988; Thompson and Sherman, 1992).

This chapter looks at how the sport and fitness craze can in fact influence female eating disorders. The chapter begins with the competitive edge that sports produce and an ideal body which is needed to compete. Next, this chapter...
looks at how some sports have a minimal body weight, and those women who do not have the low body weights feel pressure to lose weight. Finally, this chapter looks at how some coaches are actually verbally abusive to the athletes, which may have harsh consequences on an impressionable young female.

Competitive Edge and the Ideal Body

To be a good athlete one must have control over her/his body and life (Heikkaia, 1993). Many times individuals with a lower amount of body fat seem to perform better at specific sports than individuals who are obese. In fact, how often do we see an obese athlete who gets the same amount of praise as a thin athlete? On average, thin people can run faster, jump higher and breathe easier than obese people. The reason for this is because there is less fat around the heart, and they have less body weight to carry with them. Thus, competitive sport requires discipline and self-deprivation (Heikkaia, 1993).

This need of a low body fat consumption is more difficult for a female to achieve than a male. Generally, males have significantly more lean body mass and less body fat than females (Sherman, 1992:3). Also, on average, males have a higher metabolic rate than females, which makes it easier for a woman to gain weight and more difficult for a woman to lose weight than it is for a man (Sherman, 1992:3).

It is no wonder that women and girls who lack the 'ideal' body for a particular sport or physical activity are
at higher risk of developing eating disorders, than are the small minority of women whose bodies are close to perfect (Brown and Jasper, 1993). This emphasis on thinness in sports allows the female athlete to believe that she is restricting her eating to do what she is supposed to, to improve her athletic performance (Sherman, 1992:4). Thus, not only are female athletes subjected to the tremendous array of societal pressures to be thin that all women are bombarded with, but the female athlete must live in an athletic environment that may encourage top performance and demand an ideal body size, shape or weight (Sherman, 1992:1/2). Meg remembered that when she moved to Windsor she did not have the appropriate body size for gymnastics, but she did in her former city.

Meg: When I was in gymnastics I know when I got to a certain point they said that I was too big meaning I was too tall, and I was like in grade 5 at the time. I was too big to go into competitive but I was in competitive in my previous town, but when I moved to Windsor they wouldn’t accept me.

At age 10 this type of rejection can be devastating, and may inadvertently tell a young girl that her body is unacceptable the way it is and it needs changing. This is one thing that contributed to Meg’s future eating disorder.

Cathy Rigby McCoy, has stated that the combined pressure of constant dieting, a strong desire to win, and an intense fear of failure took their toll on her until she began treatment for her eating disorder over five years ago (Burkes-Miller and Black, 1988).
It has been suggested that as many as 38 percent to 75 percent of anorexics may have been activity induced (Burkes-Miller and Black, 1988). An athletic anorexic actually believes that the result of her dieting and exercise will make her quicker, faster and stronger, and therefore her performance should improve (Sherman, 1988:4). What does this say about our fitness system? Are they too hard on the athletes by expecting too much from them?

Not only does the fitness system pressure women to be thin, there are also countless exercise videos for females to do to improve their physical appearances. Even the professional models who are the role models of young women, have exercise videos. Thus, this teaches young girls that if they wanted to look like the models, they should exercise and make their bodies trim and toned. Cindy Crawford and Claudia Schiffer are two models who do have exercise videos available for us. What is ironic about some exercise videos is that Jane Fonda, a well-known exerciser, used to be bulimic and still uses exercise to control her weight.

What happens when a woman enters into a sport in which her body size is inappropriate? She will have to lose weight or quit the sport. Minimal body weight sports are big contributors to female eating disorders.

**Minimal Body Weight Sports**

It is not uncommon for an inspiring ballet dancer to drop 35 pounds at age 15, and weigh in at just 85 pounds at 5 ft 4 (Szekely, 1988:40).

There are specific sports which seem to have an ideal body
type. Female long-distance swimmers are able to have some weight on their bodies. They also have enormous arms because of the arm strength which is required for their performance. There are sports which require an individual to have as little body fat as possible. Sports which require minimal body weight (ballet, gymnastics, long-distance running) tend to have a higher percentage of girls with eating disorders (Moriarty and Moriarty, 1986; Thompson and Sherman, 1992). A normal adolescent girl who is not an athlete averages 20-25 percent body fat, whereas a female who is in ballet, gymnastics or figure skating are often urged to reduced body fat to less than 10 percent (Lenskyj, 1993). Girls who lack the ‘ideal’ body (ideal according to their coaches and societal expectations) for a particular sport or physical activity are at highest risk of developing an eating disorder (Lenskyj, 1993). Such low amounts of body fat can have many health problems for the teenage girl. First of all, poor nutrition can stunt a young girl’s growth. It will definitely slow down the process of reproduction for a girl, thus secondary sex characteristics are less likely to develop at the ‘average’ age. Many times coaches feel that by keeping the adolescents body like a child’s they will be able to compete better because the female curves will not get in the way. Also, with gymnastics a perfect landing can be the deciding factor of an individual’s score. Being as straight as possible is one of the characteristics of a good gymnast. If an adolescent’s body was straight (had no fat or female
it would help out her landings and in turn help out her score. Many girls risk their health to maintain this thin body, and Mary Lou Retin is a good example of a gymnast who tried to control her body weight. Mary Lou Retin fought bulimia nervosa for a very long time, and messed up her body (her period did not begin until her late teens) because of the binging and purging.

Professional dancers and ballerina's are also at high risk for developing eating disorders (Burkes-Miller and Black, 1988). In a 1983 study conducted by David Garner (et al.), it was found that 35% of ballerina's at a 'prominent Canadian ballet company' had an eating disorder, and 9% required hospitalization (in Moriarty and Moriarty, 1993:13).

Barb, Amy, Beth and Jen all felt that there are some gymnasts and ballerina's who did not look healthy.

**Barb:** A ballerina and a gymnast I can't stand to watch them. I can't because they look like little girls. They don't have breasts, they have no body fat, and they're supposed to be these graceful little nymphs that it makes me sick. It really makes me sick and I won't watch it. Swimming I will watch because you can have some body fat too, but no, no way will I watch gymnastics.

**Amy:** I've noticed that in the Olympics, the gymnasts are getting horrible looking, although I think the American Team looked the best. The Romanians and Russians looked like they were ready to go into the hospital. Did you notice?

**Beth:** I know in gymnastics a lot have eating disorders.

**Jen:** I think oh my gosh. They're little kids and they could get hurt if they missed the bar or something.

Women are not the only ones who are told to lose weight
in sports. Many male wrestlers are pressured to do anything to 'make weight' for the following morning's match. Many men use similar bulimic and anorexic tactics to lose five pounds in a night.

Although the vast majority of athletes with eating disorders are women, it should be noted that there is a serious problem among male college wrestlers, who are pressured to "make weight" in order to fit in a particular weight category for wrestling competition (Lenskyj, 1993:100).

Many long-distance runners reduce their body fat because they believe that it is easier to run with less weight. Beth stated that she was in long distance running when she weighed 120 pounds and was good at it, but now that she weighs 70 pounds she feels lighter and can thus run further. A long-distance running coach stated that if a thin runner gained weight, it was like running with a knapsack filled with 5 pounds of rocks on their back; if an average sized runner gained weight it would be like running with a knapsack filled with 10 pounds of rocks on their back. Many runners have a 'running weight' and an everyday weight, and the running weight is usually the thinner of the two. In fact, the formula for the ideal long distance runner is calculated in terms of height/weight ratio, and since everyone's height is biologically fixed, weight reduction is the only option (Lenskyj, 1993). When a runner reduces her body fat drastically, her body is running on muscle. The largest muscle in our body is our heart. Thus, she is running with her heart muscle. Rosen, (quoted in Moriarty and Moriarty),
1993), stated that this type of abuse to an individual’s body can have serious consequences, one ending in death. In most female sports where speed is important, weight-loss is a taken-for-granted route to improving her time (Lenskyj, 1993). What should be noted is that athletes who do engage in drastic weight control do believe it will improve their athletic performance. This is not necessarily the truth. According to Rosen, (which was quoted in Moriarty and Moriarty, 1993)

It is important for the athlete to have a realistic idea of the impact of weight and diet on performance. Moreover, it needs to be clarified that the presence of an eating disorder almost certainly interferes with performance as an athlete. Although there are some notable instances in which athletes have been quite successful while suffering from an eating disorder, these are the exceptions. The metabolic consequences of symptoms such as vomiting and laxative abuse undoubtedly have a negative effect on performance and can be fatal (in Moriarty and Moriarty, 1993:15).

Along with the ideal body types for specific sports which can result in severe eating disorders, there are also abusive coaches who pressure the young athlete to lose weight.

Abusive Coaches

Male coaches have a double role as instructor, and male authority figure, thus exerting considerable influence over female athlete’s eating behaviors (Lenskyj, 1993). The coaching staff plays a unique and powerful role in the lives of most athletes (Rosen, 1992). Coaches seem to demand the control, loyalty, and obedience of the individuals that they actually can control (Rosen, 1992). The pressure for females
to conform to the many socially constructed desires to gain male approval, may make young female athletes particularly vulnerable to criticism (Lenskyj, 1993). Some coaches who make causal references to the weights of female athletes, or have public weigh-ins and fat lists, make some women feel humiliated (Lenskyj, 1993). In other words, even innocent comments about a young woman’s weight, may eventually participate in the development of an eating disorder. When a woman so desperately wants to please her coach, she may do just about anything to get his or her attention. If a coach were to say, you will make an excellent ballerina some day, but you are a little heavy right now, a young woman who has dreamed of being a ballerina may starve her body to become the ‘right size’.

Those humiliating tactics do not possess any positive reinforcement for young women at all. Young women learn that it is embarrassing to be fat, and that it is unacceptable to be fat, and that fat women are made fun of. They are shunned for being ‘fat’ and thus probably do everything in their power to become thin and accepted by the coach and team mates.

Kim and Meg experienced coaches who remarked about their weight, and Kate had coaches who remarked about other people’s weights.

Kim: I was, I’m short and I have a muscular build and I was rounded when I was in highschool, and I guess they did remark about it. I remember reading something in a swimming magazine we got that said “Three square meals a day makes for a
very round figure”.

Meg:  Gymnastics, yes coaches did. In gymnastics there was a big thing on size - it’s very important.

Kate: Yeah, they remarked about other people’s weights. Like, “wow, she’s really tiny, she’s pretty skinny and she’d be able to go on top (Cheerleading) pretty easy”.

Lisa did not personally experience abusive coaches, but assumes that there probably are some coaches who remark about their athletes’ weights.

Lisa: I imagine there are some sports [where coaches remark] because weight is more of an issue in, say, gymnastics. Children’s bodies are more suited rather than women’s bodies.

Did you know that approximately 25 percent of women with anorexia are extremely athletic, and it has been estimated that 50 percent of women with eating disorders use exercise for weight loss purposes (Lenskyj, 1993). This chapter has demonstrated that there are links between exercise, sport, and eating disorders, and that they are reinforced in a society that objectifies the female body (Lenskyj, 1993).

The following chapter is a summary of this research, and conclusions have been made.
CHAPTER TEN
Summary and Discussion

This thesis explored the many different social influences and pressures which women are bombarded with every day. Women learn through societal pressures and societal expectations that female thinness is applauded and female obesity is seen as disgusting. Female thinness is awarded within our society, whereas female obesity is viewed as taboo. These pressures which are placed on women play a large role in the negative body images women have, and also play a role in female eating disorders. This thesis also looked at the psychological and/or biochemical factors and explanations of female eating disorders. The second chapter of this thesis examined the psychological factors and explanations of female eating disorders. The data and analysis were divided into five chapters in accordance to the following social variables: (1) female pressure to be thin, (2) glorification of youth that female thinness promises to fulfill, (3) the changing roles of females, (4) the media images and marketing of the superwoman, and (5) the sport and fitness craze. (It should be noted that in the future a sixth variable could be added to these social variables. The variable which could be added is schools, peers and community). Each of the five chapters used many personal quotations from the ten participants in this study. The information which was received was many personal thoughts and reflections told by anorexic women and bulimic women. Their answers were excellent, and provided information needed to
help answer the research question:

Can eating disorders be scientifically explained by psychological and/or biochemical factors at the expense of undermining certain social factors and their explanatory power in eating disorders. In short, should the explanation of eating disorders be viewed as a combination of psychological and/or biochemical factors as well as social factors whose explanatory significance should not be overlooked?

As was stated at the onset of this paper, many times psychological explanations have been used for the causes of female eating disorders. One view was that eating disorders have always existed, but has only recently been discovered (in MacSween, 1993). Bell (1984), stated that the psychology for women is fixed, and the psychology of women past and present is the same (in Brumberg, 1988). Crisp (1974), stated that there is better nutrition today which leads to earlier puberty for women, which can lead to eating disorders (in MacSween, 1993). Crisp is a Biological Determinist and believed that anorexia nervosa can be seen as a biological regression (1980), young women are not pleased with the new flesh on their bodies, and try to regress back to before puberty. Hilde Bruch, believed that anorexia nervosa possesses three areas of 'disturbed psychological functioning' (Bruch, 1974). She stated that first, the anorexic has a near delusional body image (Bruch, 1974). Second, she states that the mother may have fed the child on not the child's schedule, but her own. Because of this the child will not know when she is actually hungry and will respond to others because she is not in control of her life
(Bruch, 1974). It should be noted that mothers have been given a 'bad rap', and this may be a sign of the times in the 1970’s. Thus, according to Bruch (1980), she will arrive at adolescence with many 'ego deficiencies' (third disturbed psychological functioning) and will begin to withdraw into her own body since it is the only place she feels she can control.

There are also specific personality types which are more susceptible to developing eating disorders. The personalities which were discussed were: (1) a perfectionist attitude, a girl or woman who always strives to be better than perfect in everything, but never feels good enough (BANA, 1984; Bruch, 1988); (2) a good child, one who tries to please everyone but herself (French, 1967; BANA, 1984); (3) a girl who has very low self-esteem and can become depressed easily (French, 1987; BANA, 1984); (4) a girl who was physically, emotionally or sexually abused (BANA, 1984); and (5) a girl who comes from a very close-knit family, who is very dependent, or a girl who comes from a very disfunctional family (Wren and Lask, 1993).

The psychological and/or biochemical explanations are well documented throughout the eating disorder literature. However, psychological and/or biochemical reasons alone can not be the determinant of a girl getting an eating disorder. It was stated that eating disorders are Ethnic Disorders, and are present in Industrialized Societies where there is a strong emphasis on female thinness. Thus, if the psychology
of women is fixed (Bell, 1984) then women in all societies should be susceptible to eating disorders. Also, women who would possess the personality traits of eating disordered women in a Non-Industrialized society, should also be susceptible to eating disorders. It was also demonstrated that eating disorders have rapidly increased since the 1960's, and according to Brumberg, young women who are hospitalized today are physically sicker than they were years ago (The Famine Within, 1990). It was also demonstrated that the models in today's society are 23% smaller than the average woman (The Famine Within, 1990), which places man, pressures on women in today's society to be thin.

This thesis demonstrated that female dieting is seen as a normal event that women must participate in (MacSween, 1994). Women know that there is an expectation for female thinness, and they spend millions of dollars on different weight loss programs and health resorts (Chernin, 1981) to fit into the 'female ideal'. Children at a young age are constructed differently, and young girls know the importance of female thinness and fitness (Orbach, 1986).

There is a fear of female fat in our society. Women are treated as they lack self-control, and are of less intelligence than thin women (MacInnis, 1993). Also, women are considered fat when they are 15-20 pounds over the weight suggested by the life-insurance charts, whereas men are allowed to be 35 or more pounds heavier than the weight suggested by the life-insurance charts (Szekely, 1988).
There is also a competition between women. Women constantly strive to be better and thinner than others (Striegel-Moore, Silberstein, Grunberg and Rodin, 1990). Thus, this thesis demonstrated that there are many social pressures on women to be thin, which do in fact influence female eating disorders.

Along with pressures to be thin, female thinness also promises happiness and love. Women believe that if they are thin, they will be a part of the 'good life' (Orbach, 1986). Today's female body is eternally youthful, weightless and forever healthy (Szekely, 1988). Sometimes women try to regain the youthful and carefree body of childhood, and reduce their body fat to achieve the curveless body of a child. Many women miss the dependent, secure days of childhood. Some women who did not have a good childhood, reduce their curves because they are afraid of becoming a woman. Many women have been victims of rape or sexual assault, and fear the curves that womanhood provides. Also, some young girls fear 'growing up' and having to become independent (Orbach, 1986).

There are confusing and conflicting female roles which have contributed to female eating disorders. Society has an unrealistic female body image, and admire women who have as little fat as possible (Orbach, 1986). This female ideal has been becoming more impossible to attain, the ideal keeps getting thinner and thinner (Orbach, 1986). Also, women are expected to be a wife, mother, housewife, cook, and career woman. Women are expected to continue their education to
become professionals, and at the same time must remain a mother and wife. These conflicting roles have also contributed to eating disorders.

The media have played a large role in the female perception of her body. Advertisements, magazines, models and actresses demonstrate the normalcy and expectation of female thinness. Media represent how women should look, and the waif models are the ones whom young women begin 'modeling' their own lives after. Female ultrathinness is seen everywhere. It is promoted by the media as a normal occurrence. Men want a woman who looks like 'Pamela Anderson Lee', because she is seen as a sex symbol. As many women know, when you reduce your body fat as much as she has, the first place you lose it is your breasts. Breast tissue is fat tissue, so how are women supposed to be stick-like with enormous breasts? They are supposed to starve their bodies, exercise 5 days a week and get Miracle Bras or breast implants. This type of objectification makes the average woman despise her body, because she does not look like the women on Baywatch, the silicone women who most men drool over.

Fitness has become very important for women in today's society. To be physically fit, is to be physically attractive. Women however are not told they can be too thin. Many of the gymnasts, long-distance runners and ballerinas have an eating disorder, so along with their low body fat percentage, they also are destroying their bodies because of
the fear of rejection.

The following ten tables are summaries of each of the five variables, and the participant’s experiences with each one. It will be evident from the tables that all five variables were experienced by the participants. This demonstrates how there are pressures on women to be thin, and these pressures which are received throughout society do in fact contribute to the rise of female eating disorders.
| **TABLE 1** |  |
| **AMY'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES** |  |
| **Personal Experience** |  |
| **Pressure to be Thin** | Amy believed obese women were attractive, but if she was obese, she’d be ‘freaking’. Amy strongly believed that obese women were treated negatively, whereas thin women were treated more positively. She believed that the female ideal according to society was impossible - it was breasts that could not exist on that little amount of body fat. She also believed that the personal lives of models and actresses should be available to the public so young girls would realize how much plastic is put in their bodies. Amy believed that the pressure to be thin leads many teenage girls to diet, however she believed that dieting for teens should end. |
| **Glorification of Youth** | Amy enjoyed wearing very small sizes, especially size 5. Amy said that wearing size 5 made her feel like she fits in to the ‘outside ideal’. Amy felt very proud when she fit into children’s clothing because she felt very powerful. In eight to ten years Amy hoped she would be over her eating disorder because she felt she needed to do it for womankind. She said that the cure for AIDS or cancer may be found by a woman, but it may be a woman who is starving herself, or too caught up with her eating disorder to do so. |
| **Changing Roles of Females** | Amy stated that women are expected to do a double da., however, it should be a shared |
responsibility. On top of doing a double day, women are also supposed to be thin. Obese women are viewed as not as successful, and not as sexy as thin women.

**Media Images and Superwoman**

Amy said that women on television were portrayed as ditsy and cute. Amy believed that the background of models should be presented to the viewing audience because we are being presented with false data. She used the movie *Striptease* with Demi Moore as an example. According to Amy, young girls should be aware of the amount of plastic and surgery that went into her body.

**Sport and Fitness Craze**

Exercise is very important to Amy. Presently she had been exercising at a safe amount, however, was at one time overexercising. Amy said that she used to jog 20 miles a day. She strongly believed that exercise was a part of her eating disorder. Amy used to enjoy watching gymnastics, however, lately she had noticed that the gymnasts were getting horrible looking. According to Amy, the Russians and Romanians looked the worst. She believed they looked like they were ready to go into the hospital.
**TABLE 2**

**BARB'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES**

<table>
<thead>
<tr>
<th>Personal Experience</th>
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<tbody>
<tr>
<td><strong>Pressure to be Thin</strong></td>
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<tr>
<td><strong>Glorification of Youth</strong></td>
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<tr>
<td><strong>Changing Roles of Females</strong></td>
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<tr>
<td><strong>Media Images and Superwoman</strong></td>
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the media have very strong representations of how women should look. She said that everybody is if not thin, they are conditioned with flat stomachs and no fat. Barb said that the female models did not look healthy, and she did not understand how they could be healthy at such a low weight.
Barb stated that during the day, television programs focussed mostly on women being in the house, even though they are not. Barb also believed that there were a lot of sexual innuendos on television because 'sex sells'.

**Sport and Fitness Craze**

Barb stated that she did not enjoy watching sports because the men were paid and the women were not paid. Also, men were glorified and made out to be heroes. Barb believed that men were allowed to have excess bulk when it came to sports, but when she watched female gymnastics she thought the athletes were so skinny and shapeless that they looked like little girls.

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**TABLE 3**

**Beth's Experiences with the Five Social Variables**

<table>
<thead>
<tr>
<th>Personal Experience</th>
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<tbody>
<tr>
<td>Pressure to be Thin</td>
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</table>

Beth strongly believed that thin is the only acceptable size for women in society today. The media, and society in general praise anorexia nervosa. She
stated that anorexic women get pity and at the same time are glorified from society, whereas obese women were seen as disgusting and were denied by society. Beth believed that disliking obese people was learned. Beth also believed that obesity was seen as shameful in society, and at the same time, obese women were treated more negatively than obese men. A thin woman, according to Beth was socially influenced, whereas a thin man was often associated with sickness and disease.

Glorification of Youth

Staying thin definitely made Beth feel younger. She stopped getting her period, she weighs less now than she did in grade 8, and people treat her as if she is younger. Beth stated that she was denying womanhood, and would love to be a little girl again. Beth enjoyed wearing small sizes, especially children's clothes. Beth wears 'young' styles of clothing, and feels comfortable in younger styles of clothing.

Changing Roles of Females

Beth believed women should be able to 'just be'. She personally did not think looks were important, and that women should not be expected to look a certain way. However, Beth said that society, and the media, portray women as skinny, lanky and waif, and that only skinny women were beautiful. She felt that there was a lot more pressure placed on women than men, and at a very young age women were taught to deny power. Beth did not feel it was possible to be a strong modern day working woman and a traditional housewife. She said
that there was an expectation placed on women to do both, but that it was impossible.

Media Images and Superwoman

Beth stated that television normalizes female thinness and beauty. In fact, she said that female models were 'too perfect'. However, if an obese model was used on television, people would notice. Thin models were not consciously noticed anymore because female thinness was so normalized. It angered Beth to hear that a large majority of female models had eating disorders, and were airbrushed in magazines. Beth stated that 'this is the norm'. This is how women are supposed to look. Women were supposed to be six feet tall and weigh ninety pounds. Beth also wondered how all thin waif models can have large breasts, because when you lose weight, the breasts disappear first.

Sport and Fitness Craze

Exercise was a very important part of Beth's life. She said that she had a rule that the day after a 'binge', after she had taken laxatives, thrown up, or both, she wasn't allowed to eat anything the next day. Also, she had to ride her bike for at least one hour, she'd workout for an hour and a half and then ride her bike home. Beth walked everywhere. In fact, she kept her rice cakes in the basement so she could walk down the stairs to get them, and then walk back up the stairs. Before Beth was sick she played soccer, volleyball, basketball and was a long distance runner. She was a very good runner, and was always expected to come in first place. Then when puberty hit, she started losing because she fell behind. She believed
that it was 'fat' that was
weighing her down. Beth said
that she was a better runner now
at 90 pounds than she was at 120
pounds.

TABLE 4

<table>
<thead>
<tr>
<th>JEN'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES</th>
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<tbody>
<tr>
<td>Personal Experience</td>
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| Pressure to be Thin                          |
| Jen believed that thinness for               |
| women has been promoted a lot.               |
| She did not think it was                      |
| practical at all, but felt that              |
| society put a lot of pressure on             |
| women to be thin.                            |
| Jen believed that overweight                 |
| women were ostracized within                 |
| society, and were discriminated              |
| against because of their weight.             |
| She had even been told that she             |
| was fat and needed to lose                    |
| weight by a female family member. Jen felt   |
| that if she were thin she could physically   |
| do more, however, if she were                |
| thin and fell she could get hurt easier.     |

| Glorification of Youth                       |
| Jen personally believed that                 |
| women should look graceful and               |
| do the best with what they have.            |
| Jen said that society liked                  |
| women to be thin.                            |
| Jen said that being thinner                  |
| would make her feel younger                  |
| because she would be able to do             |
| more.                                        |

| Changing Roles of Females                   |
| Jen felt that women should not
be expected to be a wife, mother, housekeeper and cook. If a woman is going to do her share of 'bringing in the bread', then her husband should help her out.

Media Images and Superwoman

When Jen watched television she had noticed that obese women and thin women were not treated the same. Obese women were portrayed as not as smart as thin women, and that obese women would not be able to accomplish as much as thin women. Also, Jen stated that there was too much objectification of women on television. Jen stated that women were portrayed as sex objects to sell products. Jen said 'sex sells' and stated how the women who were very slim, showing off all of their cleavage were selling products. Jen felt this gave the illusion of 'if you use this product you will look like this'. Jen said that female models are very thin, but they have to stay that skinny or they'll lose their jobs. She did not think any of the models looked healthy, and thought that they probably had eating disorders.

Sport and Fitness Craze

Jen knew that she should do more exercise and actually joined a gym, but never went. She knew she had to get back in shape. She did however, enjoy watching active people on television. She did enjoy watching the Olympics. She didn't like watching gymnastics because she found the women were very thin. She thought the female gymnasts could get hurt very easily because of their size.
<table>
<thead>
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<th>TABLE 5</th>
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<tbody>
<tr>
<td><strong>JILL'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES</strong></td>
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<tr>
<td><strong>Personal Experience</strong></td>
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<tr>
<td><strong>Pressure to be Thin</strong></td>
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<tr>
<td><strong>Glorification of Youth</strong></td>
</tr>
<tr>
<td><strong>Changing Roles of Females</strong></td>
</tr>
<tr>
<td><strong>Media Images and Superwoman</strong></td>
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healthy in real life when you don’t see them airbrushed. Jill believed that female models were seen as ‘sexy’ because ‘sex sells’. Jill felt that there were a lot of inuendos in every commercial because that’s how people get us to look at the commercials. Jill stated that only using bony women in sexy commercials tells the public that only bony women are sexy.

Sport and Fitness Craze
Jill did not exercise very much at all. She said she rollerbladed and played badminton. She did not use exercise to enhance her weight loss.

---

TABLE 6
KATE’S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES

Pressure to be Thin
Kate expressed how society expected women to be thin. She used the example of women’s clothing, because now everything for women is tight shirts. She stated that if a woman wanted a baggy shirt she would have to go into the men’s section. Kate said that the shirts for women today, are so short that you can’t tuck them in, and your stomach will show whenever you put your hand up a bit. Kate said that people in society only look on the outside of a person, instead of looking on the inside. She believed that
obese women were looked down upon in society.
When Kate saw a thin woman she was jealous. If she was skin and bones, it triggered something inside of Kate and she felt empathetic.

**Glorification of Youth**

Staying thin made Kate feel a lot more attractive. Staying thin made Kate feel more beautiful because she likes turning heads. Kate enjoyed wearing small sizes, especially size 7.

**Changing Roles of Females**

Kate believed that women should physically look however they want. Nobody should tell women how they should look, but she thought society would disagree with her. According to Kate, society expected women to be thin. Kate also stated that women should accept themselves anyway they look. She then added that the expectation that society placed on women to be thin makes it very difficult for women to accept their bodies in any shape. Women should not be expected to do a double day, however Kate said there is an expectation. She believed that most women would do all of that with the help of their husbands.

**Media Images and Superwoman**

Kate did not think that being thin was always healthy. She believed that all of the female models were either anorexic or bulimic and have been 'getting paid to be like that'. The thin woman is always used in advertising, Kate said. Women in commercials are always tiny and are always with a bulky man. Kate thought that women were seen as objects. She felt that females had an obligation, and
that their obligation was to be thin. In Kate's words, 'women have to be thin'.

**Sport and Fitness Craze**

Exercising was very important to Kate. She said she was always doing stomach crunches and working on her stomach and bottom. She said she works out to firm up her body so it is not 'flabby'. She exercised for an hour to an hour and a half every day, but did not think she was overdoing it. Kate said that in Cheerleading, coaches remarked on the athletes weights. They were always looking for the skin, girls, so they could be the top of the pyramids.

---

**TABLE 7**

**KIM'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES**

<table>
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<tr>
<th>Personal Experience</th>
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**Pressure to be Thin**

Kim stated that women were acceptable in small sizes and thin bodies. Kim believed that a woman can be normal sized or thinner, but definitely not obese. Kim expressed that obese women are looked down upon in society. Kim believe there was a lot of social pressure placed on women to lose weight. She is still worried about gaining weight, even though she feels in control. She said she knows that if she gains weight it will happen for a reason, but it
Glorification of Youth

Kim said that one of the reasons that she started with dieting was because she was beginning to feel really old. Being thin definitely made her feel younger and more beautiful. Kim enjoyed wearing very small sizes. She enjoyed it when she wore a size 3, but was presently wearing a size 5. Although society expected women to be thin, Kim thought that the female ideal should be the hourglass figure. Kim felt that women look more attractive when they have full breasts, full hips and extra flesh on their thighs.

Changing Roles of Females

According to Kim, women were expected to perform a double day. She said that it was not a fair expectation, however it was reality. Kim stated that this expectation contributed to a lot of problems women have in society. She expressed that women were expected to do the double day, the never ending job.

Media Images and Superwoman

Kim said that now she realizes how gaunt-looking models are, however, at one time she thought that they looked normal. She did not think that models were healthy, and she had read that many of them have eating disorders because they have to stay that thin. When Kim watched television, she noticed that along with being overly thin, women were portrayed as sex objects to sell products. They still used a lot of the helpless female and the rescuing male, which according to Kim has not changed much.

Kim said that women were
objectified, and she used Baywatch as an example. Kim could not believe how the women were running around in their skimpy swimsuits, busting out from their three breast jobs, and the men looked like they had shorts on.

Sport and Fitness Craze

Exercise was very important to her. She exercised at least 4 to 5 times a week. She has always been athletic. She was on the swim team in high school and university, and she taught aerobics and swimming. When she was in high school she remembered reading something in a swimming magazine that said 'three square meals a day makes for a very round figure'. That article has stuck in her mind for over 20 years.

TABLE 8

LAURA'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES

<table>
<thead>
<tr>
<th>Personal Experiences</th>
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<tbody>
<tr>
<td><strong>Pressure to be Thin</strong></td>
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<tr>
<td>Laura said that thin women are the only acceptable size in society today. She said that obese women are looked down upon in society. Laura said that obesity disgusts her, and she can not eat when there is an obese person present. Laura becomes very jealous when she sees a very thin woman because she thinks the woman is thinner than her.</td>
</tr>
<tr>
<td><strong>Glorification of Youth</strong></td>
</tr>
<tr>
<td>Laura thought that all women</td>
</tr>
</tbody>
</table>
should look how they want to look, there should be no expectations. However there are expectations placed on women to be thin, but men can have 'beer guts' Laura stated.

Laura is at a point in her life where she can not find clothes to fit her. Size 3 'falls off of her', and that is usually the smallest size a store has. Some stores have a size 11, but Laura still has to take whatever size she buys to the seamstress to get them taken in. When she wears kids clothes, she feels proud. She can wear size 12 girls pants and they are still a little big.

Laura said that in 8 to 10 years she will probably be dead, and that did not scare her, and 3 years ago she was a lot happier than she was today.

Changing Roles of Females

Laura thought that society expected women to look like Pamela Anderson Lee, women have to be thin. However, Laura personally thought women should look however they wanted to look.

Women who do all of the housework without help according to Laura are stupid. She has no respect for women who do everything. Women are expected to work both inside and outside of the home, according to Laura, but she thinks they should be helped.

Media Images and Superwoman

Laura knew first hand that models are not healthy. When she was a model she was told to lose weight, after her doctor told her she had to gain weight because she was already anorexic. Laura said that all of the models are probably either anorexic or bulimic. When Laura watched television
she thought that 'thin women' was what was being portrayed the most. Laura said women were not respected as much as we should be because people do not look at our intellect, they only see how our bodies curve and do not curve. Laura said that the media portray this objectification of women the most.

Sport and Fitness Craze

Laura did not do any type of exercise at all any more. She used to exercise for weight loss purposes but does not anymore. At one time she exercised all night long.

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TABLE 9

LISA'S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES

<table>
<thead>
<tr>
<th>Personal Experience</th>
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Pressure to be Thin

Lisa believed that society clearly wanted women to be thin. When a woman was not thin, she was ostracized and treated negatively. Lisa said that she did not want to become obese because she knew she would be treated poorly.

When Lisa saw a very thin woman she was very jealous, she always thought the woman was thinner than her.

She did not think that teenage girls should be on diets because dieting is harmful and they are still growing.
Glorification of Youth

Lisa strongly disagreed with society’s expectations on how women should physically look. According to society, Lisa thought women were supposed to look like Pamela Anderson Lee. Lisa did not agree with society’s expectations because she thought women should look fleshy and curvy, not stick-like with enormous breasts. Lisa enjoyed wearing very small sizes, especially size 3. She said she can not do it very much anymore, and she wears mostly size 5’s or size 26 jeans. She also liked wearing girls size 14 or size 16 pants. It felt safe to her, like she hadn’t changed that much since she was young.

Changing Roles of Females

Lisa thought that women should look curvy. She did not want to look curvy, but she personally thought that in general women should look curvy. She said that women should look like Marilyn Monroe, to have swelling curves in all the right places. However, at the same time, she knew that society expected women to look like Pamela Anderson Lee, because she looks like a human Barbie Doll. Lisa did not like all of the expectations that were placed on women today. Lisa was disgusted when she stated women go from pleasing their bosses, to going home and putting others needs in front of their own.

Media Images and Superwoman

When it came to models, Lisa’s feelings were very clear. She said that models were fake and plastic and of course, thin and beautiful. Women in the media were according to Lisa objectified, and this may contribute to the objectification that women face in today’s society.
Sport and Fitness Craze

Exercise was very important to Lisa. It is her insurance policy against going back to smoking. She said that exercise helped her control her weight, and allowed her to eat healthier. Lisa said that she exercised an hour to an hour and a half a day. She did not think she was overdoing it, even when she walked everywhere on top of it.

When Lisa watched sports she did not like watching gymnastics. According to Lisa, in gymnastics they use children's bodies, and she assumed that many coaches tried to control their athletes weights.

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TABLE 10

MEG’S EXPERIENCES WITH THE FIVE SOCIAL VARIABLES

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<th>Personal Experience</th>
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Pressure to be Thin

Meg stated that thin was the only acceptable size in society. She knew that obese women were looked down upon, because even though some men say they would date overweight women, they would snicker when an obese woman walked by. Meg said there was a double standard, men would say one thing, and then make jokes behind women’s backs. According to Meg, 'it's so stressed to be thin, it's not even funny'.

Meg said that when she saw a
very thin woman, right away she looked at herself, and felt jealous.

Glorification of Youth

Staying thin definitely makes Meg feel more attractive. In fact, she felt the best about herself when she was thin. She said that she hoped to be done University and over her eating disorder in 8 to 10 years. She said that she would probably be happier if she could fit into smaller sizes, however, she does not think she could ever fit into children’s clothing.

Changing Roles of Females

Meg believed that according to society women should look like Pamela Anderson Lee, to have a flat stomach, large-sized breasts and nicely defined arms. She stated that she personally thought skinny looked nice, she can not get that out of her head. Also, Meg believed that men wanted a woman who had a nice body. Meg did not think women should have as many expectations placed on them as they do. If women want to be a career woman and a mother and do the housework then they should. However, there should not be an expectation to do so.

Media Images and Superwoman

Meg said that the majority of television commercials focussed on food and fitness. That summed it up.

Sport and Fitness Craze

Meg now exercised for 45 minutes a day, but there were times when she would exercise until she physically dropped. She used to exercise until her body could no longer take it. She now exercised to define and tone her
Eating disorders for women have continued to increase, and young girls are being pressured throughout society to be thin. As women, we know how we are supposed to look, and that we may not be respected as much if we become obese.

Every person in society needs to start challenging our societal expectations about female thinness. We need more large-sized models, and large-sized actresses that are not only humorous, but are also sexy. The fashion industry should begin making clothes for women, not clothes that will only fit teenage girls. In other words, as women, we should be treated with respect, no matter how we look on the outside. A woman should be measured by how she is on the inside, looks should not matter. Unfortunately we live in a society where looks mean everything, if someone looks better than another person, the good looking person will be offered a job first. We live in a very superficial society, one in which each person in not acceptable the way they are. Even
if we tell our children that it doesn’t matter how someone looks on the outside, it is the inside that counts, they will quickly learn the truth. Unfortunately, it does matter how someone looks on the outside, and it is very disappointing to believe that an entire society has agreed on this. I was told that looks weren’t everything, but society showed me that looks do mean a great deal. Cultures are transmitted by people (Gordon, 1988, 153); therefore we need to challenge the female expectations of thinness and begin teaching our children to love themselves just the way they are.

A woman is often measured by the things she cannot control. She is measured by the way her body curves or doesn’t curve, by where she is flat or straight or round. She is measured by 36-24-36 and inches and ages and numbers, by all the outside things that don’t ever add up to who she is on the inside. And so if a woman is to be measured, let her be measured by the things she can control, by who she is and by who she is trying to become. Because as every woman knows, measurements are only statistics. AND STATISTICS LIE! (Reebok).

Social pressures alone cannot be the sole determinants of a woman getting an eating disorder because every woman is influenced by the same social pressures. However, the women who do develop an eating disorder have similar personality traits, and psychological and/or biochemical patterns of behaviors. Thus, in conclusion, this research has demonstrated that eating disorders cannot be scientifically explained by psychological and/or biochemical factors at the expense of undermining social factors. In other words, social factors should not be overlooked or undermined in the analysis of eating disorders. Social factors do have a
significant contribution in the analysis of both anorexia nervosa and bulimia nervosa.
CHAPTER ELEVEN
The Control of Anorexia Nervosa :
A Personal Victory

When I was growing up I was always mature for my age. I excelled in both school and sports. I was a straight A student, caring child and an athlete. I was never what you’d call an obese child; in fact, I was a skinny kid in great shape.

I always had high expectations for myself, even when I was a young child. In fact, the expectations I placed on myself were too high, no human being would be able to reach them completely. However, I always thought I should be able to reach my expectations and goals. The inability to completely reach my expectations at times made me feel very insecure, I had failed myself. If for example, I did not come first in track or the skating races I felt like a complete failure. My parents were always proud of me, but I was never proud of myself. If I was first in track and field for my school, I thought I should be first in the county. If I got a 90, I thought I should have applied myself more to get a 95. Thus, my self-esteem was very low. In fact, I found it almost impossible to please myself. Pleasing others was no problem though. I would do anything for anybody who would ask. I was a very caring child; my parents were often told I was not a typical "only child" for I’d give more than I took. But even with all of the compliments I still did not possess inner confidence. Sure, I looked confident, but was in fact very insecure. I was afraid of saying the wrong
thing or hurting somebody's feelings - maybe I cared too much.

When puberty hit, I was not ready emotionally. I was in grade 7 and still felt like a child. I used to play hockey and baseball with the neighborhood boys. Boys were friends, they were kids to get muddy with, not to be attracted to. I was not prepared to become "a woman", until this point I was "one of the guys".

My body began changing and I was embarrassed. Too many things were happening to me and I didn't want them to. I did not want the curves that womanhood created, I did not want to be a woman yet. Even though my body was changing I still kept up with the things I could control, my grades and sports and everything seemed to be fine.

I felt as if it were my job to succeed. Everyone expected it, so like a good girl I always did what was expected of me. I didn't have much control over my life since I did things for others to please others. Even my peers expected me to be the best. In grade 9 I was rookie of the year on my soccer team, and by grade 11 I was team captain and MVP. During exam times I'd get calls from nervous classmates to help them study. I was a constant worrier and feared letting both my parents and teachers down with bad grades, that I would study for two weeks before finals and a week before each test.

I began hating my body in grade 10. I was 15 years old and the majority of girls were on diets. What bothered me
was that skinny girls were on diets, the girls who always wore the real small sizes and got all the attention from guys. Also, every model I saw was very thin. Every time I read a magazine I was bombarded with images of thin women, women who were a lot thinner than me (Media Images). Thus, I felt the pressure to be thin from the girls at school, and the media. Therefore, I thought that maybe I'd look better if I went on a diet too, especially if girls at school who were skinnier than me were losing weight (Pressure to be Thin). Besides, I probably weighed 10 to 15 pounds more than those skinny girls, I reasoned, as I mistook my strong muscle tone as fat. I also didn't take into consideration that the majority of the girls who weighed less than I did were also a lot shorter than I was. I do not know what I weighed before I began my "diet", I probably weighed between 125 and 130 pounds, at 5 ft 7 inches (I was still growing). I was an expert dieter. I began by cutting out desserts, and then I didn't eat desserts at all because they would "make me fat". Next, I tried to avoid meat but it was more difficult because my parents ate a lot of meat so I cut down on red meat because it was fattening. I told people I did not like certain foods to get out of eating them, and if I had to eat certain "fattening foods", I was so angry, and the feeling was so intense that it scares me still. It was easy to diet because with a combination of low-self esteem and no control over my life, food (and the less of it) became my control, and each time I got out of eating, or fooled somebody and
lost weight, I felt really good. In fact, the negative aspects of anorexia nervosa seemed to boost my self-esteem.

When the weight began to drop off I was flowered with compliments. I actually felt good about myself. I improved at sports because my body was lighter (Sport and Fitness Craze), and thus, I began thinking that if I looked good and performed better on the soccer field at 5 pounds less than I was, than I'd lose 5 more pounds and look better and perform better. What eventually happened is that when I lost the next 5 pounds, my thinking was exactly the same. It never was enough. I was never thin enough. I was addicted to losing weight and lost control over my body. Thus, each time I lost weight, and became even thinner, the more centred I was around avoiding food and losing even more weight.

I began exercising before school in the shower and in my room. I would exercise after school until dinner, and then after dinner before I went to bed. If I couldn't sleep at night I would get up and exercise even more. Before my 'diet' started I was very active; but when my eating disorder was at its worst, exercise became more of an obsession. I became very tense, moody and deceptive. I got very angry when anyone watched me eat or tried to force me to eat. Meal times at my home were so tense that my mom could barely swallow her food. Half of the time I would sit and look at my food while my parents would be eating, wondering how long I could have this type of control over everyone. I began planning events around meal times so I could get out of
eating. If I got home too early I would lie to my parents and tell them I had already eaten, and would make something up. If I didn’t take a lunch to school I would make sure I knew what the cafeteria had that day in case someone asked me what I had for lunch. I always knew the soup of the day. At dinner when no one was looking I would hide food in my napkin and put it in my pocket to flush down the toilet. Sometimes I would use my napkin to spit chewed up food into when I pretended to cough or wipe my mouth. I began eating very very slowly, hoping my parents would leave the table so I could give my food to the dog, or flush it down the toilet. I would pretend to eat breakfast by putting a little drop of milk in a bowl, approximately three pieces of cereal in the bowl, move everything around with a spoon and lick the spoon. Soccer became another excuse. I would say that I could not eat too much before a game because then it would not be digested and I would be too full to run. Then, when I came home, I used the excuse that I wasn’t hungry.

My parents tried everything to help me. They sent me to see a psychiatrist in Hamilton who if anything made me worse. Every week it was the same routine. I’d arrive, change into the blue hospital gown and stand on the scale. Next, I would lay on the cold examining table while he poked around at my bones to see if they were protruding anymore than the previous week. Then, while I was still in that thin blue hospital gown, we would go to his desk and he would invite in a new good-looking medical student. There was a new student
every week, and the doctor would ask me the same question every week, "So why don’t you tell us why you are doing this to yourself"? I felt like I was being used more for research and information for the students, instead of getting the professional help I needed. Finally, I stood up and said “Why don’t you tell him why I’m here”, and I walked out.

After the trips to Hamilton I became worse. I would constantly force food onto others, but wouldn’t eat any of it myself. When company came over I opened up bags of cookies and placed them on a tray in front of the company and felt pride when I could resist the temptation, and they could not. For five years I did not have any junk food whatsoever. In fact, for about three years I did not even eat on a hard candy.

I became a good liar. I didn’t like lying, but it came with the anorexia. If I didn’t lie, I would have to eat, and I honestly believed that any amount of food I put into my mouth would make me fat. Lying gave me one more reason to hate who I was becoming because I had never done anything like that before, and I knew I was hurting my parents. But with any addiction, the lies become so common the individual no longer realizes that what s/he is saying is not the truth. This addiction to starvation was drowning me. I could no longer think rationally towards food because I feared it to the point that I hated it. I became defensive, withdrawn and depressed. I was afraid, because I felt all alone.

When I left for University I weighed 107 pounds.
However the worst part of my anorexia was ahead of me. I was terrified to leave my home because I was afraid of failing. I was afraid of the unknown. However, I knew that women in today's society needed to work because it was very hard to survive on only one income (Changing Roles of Females). I did want a career, but I was afraid. I did not want to go but could never tell my parents because I was afraid they would be disappointed in me. Also, they always remarked about how many people took a year off and never went to university. I felt like I had to go. Thus, I moved three hours away from my family. I lived in residence, but had no roommate. I was very lonely. I began isolating myself from everything, in fact I hated leaving my room. It became easy to isolate myself because if I didn't go out of my way to fit in, I would be left alone. I had some acquaintances and a few friends (one who starved herself too, but did not live in residence), but I would give them the familiar excuses around meal time - I'm full, I already ate. If I did go to the cafeteria, I would play with my food and move it around on my plate so it looked like I had actually eaten. I began writing down everything I ate in a day and would calculate the amount of calories I had ingested. I would be disappointed with myself if I had taken in over 325 calories a day. I knew the amount of fat and calories in every type of food. When I didn't go down to meals, I would mark off my own meal card. I would hop on the bus and take a 20 minute bus ride downtown to Zeller's to weigh myself and see how
well I was doing. I became very thin. Before Christmas the girls on the floor called my parents and told them they thought I was depressed and I hadn’t been eating. They were concerned. I hated them for it because I knew I would hear a lecture from my parents. How dare they bud in? I thank them for it now, they may have saved my life.

I was constantly cold. When I came home I would have 4 to 5 baths a day to keep warm. I couldn’t sit straight in a hard chair. I had to sit on my side because my bum bone protruded to the point that I could feel every bit of bone with my hand. My hair became very thin. I had dark circles under my eyes because I could not sleep. My hands were so skinny that it hurt when I crossed my own hands. I had not had a period for 8 months. I exercised for 75% of the day. I had heart palpitations. I was starving myself to death.

When I went home at Christmas I weighed approximately 90 pounds. I am 5 ft 9 inches tall. I was a walking skeleton. and until this point I thought I actually looked fat. Once, when I was walking past a full length mirror in my house, I caught a glimpse of myself when I did not expect to. For the first time in five years, I could actually "see" my real body shape, because I had not ‘programed’ my mind to see fat on my body. I did not look like the thin models like I thought I would. I looked like a skeleton covered with hanging flesh. My eyes looked overly large due to the loss of weight, and when I tried to smile it actually looked like it hurt. I knew that if I kept starving myself I would die, and I did.
not want to die.

I knew what I had to do, but it was the scariest thing in the world to me - I had to eat, and I had to gain weight. I was certain that I would end up overly fat because I thought that the weight would not stop piling on. I was sure that when I started eating I wouldn't be able to stop. It was very hard when I started eating because I didn't know how to eat properly and was always full to the point of nausea when I was done. My stomach had shrunk so much, that I had to eat until it had stretched which was very painful. The weight went on quite quickly which I did not like, and it was difficult when people began telling me I looked better, because I was sure that meant I looked fat. It was hard seeing the numbers on the scale go up. It was hard listening to my insecurities every day. It was a hard habit to lose.

I have been recovered now for almost six years. My weight did not keep continuing until I became 'fat'. In fact, it has reached a comfortable spot and has remained fairly constant for the past five years. I don't starve myself anymore. It is very easy for someone to develop an eating disorder, however, it is very difficult to overcome one.

I think the strength to beat the disorder comes primarily from within the individual since it is the individual who must give up the comforting lifestyle they have been living for months or even years. I think any woman who has recovered from an eating disorder is one of the
strongest people around. I mentioned to Karin Jasper, a survivor, therapist and author that I guess I'm only 95% recovered because I still get insecurities about who I am and how I look. She asked me: Do you think your feelings of bodily insecurities are any stronger than the insecurities that all women have about their bodies? To that I replied: I guess not. I think all women have some insecurities about how they look, even if other people think they are perfect. So thanks to Karin Jasper, I felt for the first time in my life, that I had fully recovered, 100%!

Susan Martell.
# WEIGHT CHART

## FEMALE

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>SMALL FRAME</th>
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## MALE

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REV 05/96
**Appendix 2 (Grandview Medical Centre)**

**HOW TO FIND YOUR BMI - IT'S EASY**
1. Mark an X at your height on line A.
2. Mark an X at your weight on line B.
3. Take a ruler and join the two X's.
4. To find your BMI, extend the line to line C.

**FOR EXAMPLE:**
- If Michael is 5'11" (1.80 m) and weighs 188 lb (85 kg), his BMI is about 26.
- If Irene is 5'4" (1.60 m) and weighs 132 lbs (60 kg), her BMI is about 23.

---

Under 20 A BMI under 20 may be associated with health problems for some individuals. It may be a good idea to consult a dietician and physician for advice.

20-25 This zone is associated with the lowest risk of illness for most people. This is the range you want to stay in.

25-27 A BMI over 25 may be associated with health problems for some people. Caution is suggested if your BMI is in this zone.

Over 27 A BMI over 27 is associated with increased risk of health problems such as heart disease, high blood pressure and diabetes. It may be a good idea to consult a dietician and physician for advice.

---

IF YOU FALL BELOW 20 OR ABOVE 27 ON THE BMI RANGE ....

It's time to reduce your chance of developing health problems. The first and most important thing is to determine why you are not within the healthy weight range and seek the assistance of your physician and dietician/nutritionist.

---

1988 National Nutrition Campaign

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APPENDIX (3)

An Example of A Distorted Body Image.
(Brumberg, 1988:appendix)
Questions on an Applied View of Eating Disorders

(1) When you look in the mirror, what do you see?

(2) How do you think other people see you?

(3) Do you believe that you are healthy?

(4) How do you define an eating disorder?

(5) Do any of your friends know about your eating disorder? How do they feel about it?

(6) What do you think caused your eating disorder?

(7) Do you feel in control of your behaviors, or out of control of your actions?

(8) Do you feel that food and weight are the problem, or is it something else?

(9) What about scales. What do they mean to you? How often do you weigh yourself during the day?

(10) Do you want to get better, if getting better means gaining a little bit of weight? Why or why not?

(11) Do you feel that eating disorders are a psychological problem, or is the cause of the disorder something else?

(12) When you hear about women who have died from these disorders, like Karen Carpenter, how does it make you feel?

(13) Are you happy with yourself?

Pressure to be Thin

(14) Do you believe that thin for women is the only acceptable size in society?

(15) Do you feel that obese women are looked down on in our society? Why or why not?

(16) How do you feel when you see a very thin person? Does it make a difference to you if the thin person is male or female?

(17) Should teenage girls be on diets? Why or why not?

(18) What pressures (if any) do you feel to become or remain slim?
Glorification of Youth

(19) Does staying thin or becoming thin make you feel younger and more beautiful?

(20) How do you view yourself compared to 3 years ago?

(21) What size of clothing do you enjoy wearing? Do any of your friends wear the same size?

(22) Would you be happy if you could fit into children’s clothing? Why or why not?

(23) Where do you see yourself in 8 to 10 years from now? Do you have any concerns about growing older?

Changing Roles of Females

(24) How do you think women should look? What is the female ideal?

(25) Do you think the ideal for women and men are the same? Why or why not?

(26) What do you think is sexy in a woman? Do you feel sexy?

(27) Are obese women sexy? Why or why not?

(28) Do you think it is okay for a woman to be expected to be a wife, mother, maid and a professional? Why or why not?

Media Image and Marketing of the Superwoman

(29) How do you view others? Specifically, how do you view female women in the media?

(30) Do you think that thin models are healthy?

(31) When you watch television and commercials, what do you think they portray the most?

(32) Do you feel that women are sometimes objectified? Are women ever seen as objects?

(33) Do you think men prefer to be with a very thin woman, an average sized woman, or a large sized woman?

The Sport and Fitness Craze

(34) Is exercising important to you?

(35) Do you exercise for weight loss purposes? To what extent do you exercise each day?
(36) Were you athletic before you had an eating disorder?

(37) Do you play sports? If yes, what are your favorites? If no, do you enjoy watching specific sports?

(38) If in fitness: Have any of your coaches, trainers or peers remarked at all about your weight or other’s weights?

Is there anything you would like to add?
Dulimia Anorexia Nervosa Association
3640 Wells Ave.
Windsor Ontario N9C 1T9
(519) 253-7545

May 6, 1994

RE: Agreement To Conduct Research

This statement is to certify that Ms Susan Martell has requested permission to conduct research at BANA on our clients receiving therapy for eating disorders. Permission is granted, provided the Ethics Committee accepts her proposal, and she follows all of the guidelines that the University of Windsor has set forth.

I have read her questionnaire, confidentiality statement, and with the revisions, I feel that her research will add to the growing body of knowledge on eating disorders. The participants in her study will be receiving therapy at BANA, and our staff will be on the premises, at all times during the questioning, should any issues arise as a result of the study.

Feel free to contact me should you need any further information on our services.

Sincerely

Mary Kaye Lucier
Executive Director
Dear Volunteer:

My name is Susan Martell and I am a graduate student in the Sociology and Anthropology Department at the University of Windsor. Currently, I am preparing to conduct my research in the area of females with eating disorders and your help is needed. Your responses to a set of interview questions asked by myself are very important to the outcome of this study.

Anorexia Nervosa and/or Bulimia Nervosa are life-threatening food-related disorders which are effecting an increasing amount of girls and women in society today. As a recovered anorexic, I am aware of the many explanations surrounding eating disorder causes. However, past research has at times neglected the allowance of the victim to speak for herself. This is an important aspect of the understanding of, and prevention of eating disorders among females today. Thus, your responses will add to the understanding of the feelings and reasons behind female eating disorders.

Your responses will be held in strict confidence. Individual names WILL NOT be used, and the data will be presented in a way to protect your confidentiality. If you consent, I will interview you using a tape recorder to record the interview. At the completion of this study, a post-interview will be conducted, and a written copy of the findings and results will be made available to you.

It is up to you to decide whether you want to take part in this project and you can stop the interview at any time, and refuse to answer any questions if you feel uncomfortable.

Lastly, I would like to inform you that this project has been approved by the Ethics committee at the University of Windsor, Department of Sociology and Anthropology. Any questions or concerns regarding ethical methods can be directed to Dr. Alan Hall at 253-4232 ext. 2202. Thank you for your time and cooperation.

Sincerely,

Susan Martell

I am freely taking part in this research and the purpose of the study has been explained to me. I realize that all of the information I give is confidential and minor details may be altered to conceal possible identification.

----------------------------------  ----------------------------------
Signature                        Date

RESEARCHER STATEMENT

I have offered an opportunity for further explanation of this study to the individual.

----------------------------------  ----------------------------------  ----------------------------------
Name of Researcher                Signature                        Date
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Sage Publications.


Harper & Row.


Vita Auctoris

Name: Susan Elizabeth Martell

Place of Birth: Cambridge, Galt, Ontario

Year of Birth: 1971


Trent University, Peterborough, Ontario 1990-1994 Honours B.A. Sociology