

Article

Does my bum look big in this?
Reconstructing Anorexia Nervosa within
the cultural context of 21st century
Australia

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Abstract

Anorexia Nervosa is a mental health issue that has a history over many centuries, but has relatively recently been identified as a ‘real’ mental illness. A condition that predominantly afflicts young, middle class women it had long been subsumed among the ‘natural weaknesses’ of women, not unlike the manner in which ‘Hysteria’ was diagnosed within the Freudian understanding of women’s health. However, since the 1970s, and especially with the deaths of some high profile young women it has undergone a reassessment. While clinical understandings of Anorexia Nervosa remain contentious, there is an increasing recognition that the condition is also grounded within specific cultural understandings.

The article presents a brief historical overview of the construction of ‘self-starvation’ as applied to ‘fasting saints’ and to modern anorexic women. However, the major focus of the paper is an examination of the cultural situation as exemplified in contemporary Australia. Drawing on the Foucauldian notions of self surveillance the article suggests that TV programs can be used as a vehicle for modern day ‘self surveillance’ and as guidelines for the construction of self.

Briefly, TV programs, especially so called ‘reality TV,’ portray a mirror image of how we as consumers should behave. The programs I have chosen to highlight are the phenomenally popular cooking shows that are aired daily on Australian TV screens. Through an examination of the social meanings constructed around food with the TV programs as a primary carrier of these cultural references, the article seeks to address some of the contradictions with other images presented in different but contemporaneous media. While this can never be a definitive explanation of all anorectic behavior, the paper examines the images of womanhood as presented by these programs. These ‘competent and enthusiastic cooks’ are contrasted with the slim, athletic ideal as portrayed in the fashion magazines and many other ‘lifestyle’ TV programs such as holiday shows.

Introduction

Does my bum look big in this?’ has become one of the clichés of the age, so used are we to worrying about how we look, especially in relation to size. The person posing the question is almost always a woman, and quite probably a young woman. Usually the question is asked in a frivolous manner, with the expectation of reassurance from the person being questioned. However, the battle for slimness has a dark side that is played out not in the changing rooms of boutique dress shops between giggling teenagers, but within the borders of the medical profession. I refer of course to the so-called ‘slimmer’s disease’, Anorexia Nervosa. In this paper I explore notions around this debilitating condition which is probably more properly described as ‘self starvation’. This work is not written from a medical or psychological perspective, but is thoroughly grounded in a sociological understanding of the day to day ‘self surveillance’ of bodies, a notion first explicitly articulated by Foucault (Foucault 1977) then extrapolated and investigated within feminist theory to demonstrate that for women this was (and often remains) very much a part of their lived experience. I do not aim to present a complex alternative explanation for a

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condition that has been pathologised as a bewildering mental illness and explained variously through the prisms of psychoanalytic feminism and other sophisticated arguments relating to ideology, economics, politics, power and family dynamics, but rather to simply suggest that the 'pre conditions' for Anorexia Nervosa are always situated within a particular culture. In the following paragraphs I consider some popular images of food and eating in contemporary Australia alongside some of the media creations of idealized Australian womanhood, suggesting that the two when juxtaposed, give a glimpse of the contradictions through which all women create their experience of being 'successfully female' in what remains essentially a patriarchal culture. Finally, I consider the relationship between food itself and the anorectic experience.

Broadly speaking, there have emerged three consistent models of explaining anorexia: the biomedical, the psychological and the 'cultural construct' model. Although all three are useful pathways in discussing anorexia I do not consider any one alone adequately explains the condition. The medical evidence particularly is inconclusive, often confusing cause and outcome by ignoring the cultural context in which the sufferer experiences the disease. In this essay I engage with some of the debates surrounding 'modern anorexia' particularly those debates that discuss the cultural context of the disease. Specifically, I wish to explore how anorexia exists within the framework of contemporary western culture with an emphasis on twenty first century Australia. In so doing, I also consider how 'self starvation' has had changing meanings over time by adding an historical perspective and by utilizing Foucault's insights into the construction of the 'social body' (Foucault 1977) to discuss how the cultural climate impacts on the manner in which the sufferer might experience the condition. Like all mental health issues, Anorexia Nervosa is a combination of the medical and the social. In this article I am not so much attempting to explain the cause or causes of Anorexia Nervosa, merely to outline the particular social circumstances that may in some measure contribute to the 'tools' that anorexics can 'utilize' to fashion their particular type of mental illness. I do not however wish to downplay the nature of the debilitating condition that is Anorexia Nervosa, but rather use this illness as a focus to unpack some specific instances where contradictions in cultural mores are both so obvious, yet so subtle that they may pass unnoticed, or at least unremarked upon. In exploring one aspect of 'medical self surveillance' the ideas outlined in the following paragraphs are primarily underpinned by the gender/power debate, but also informed by a contemporary understanding that modern communications - television in particular - play a starring role in holding up a mirror as to how women 'should' look and/or behave, or alternatively to how they should not look or behave if they wish to be taken seriously as successful citizens in twenty first century Australia.

By hypothesizing 'food' as a major player in the drama of anorexia, I consider some of the imagery from popular culture that seeks to validate the cooking, serving and eating of food as the expression of a sophisticated society. I also draw on some historical and ethnographic studies to challenge the assumed relationship between anorexia and fear of becoming fat. Finally, highlighting the notion that it is the fear of 'contamination' rather than the fear of fat per se that motivates contemporary food refusing behavior, I briefly explore anorexia as it is 'embodied' by sufferers, suggesting that within the ambiguity created by the veneration of food on the one hand and the insistence on slimness as part of the 'ideal of femininity' for women and girls on the other, lies at least part of the explanation for the rise in Anorexia Nervosa as a modern disease. However, my major focus in the following paragraphs is on the link between food itself as a cultural 'artifact' while demonstrating in the process, I hope, that it is sometimes the most simple yet subtle of cultural influences that can have the most far reaching effects on the behavior, and even health, of individuals.

Some Brief Historical Notes on Anorexia Nervosa

Anorexia Nervosa, with its related condition Bulimia (Brumberg 2000) is one of the most perplexing of contemporary health concerns. Before the 1970s, few people had heard of Anorexia Nervosa. Since then, this mysterious eating disorder, which primarily afflicts teen-age girls and young women who diet to the point of near starvation – or in some cases to the actual point of death through starvation - has received a great deal of attention, creating the impression that it is a new phenomenon. However, Anorexia Nervosa is not an illness that first appeared in the late twentieth century, but was named and identified almost simultaneously by medical men in England, France and the United States over a century ago. Moreover, a number of historians have demonstrated that food refusing is not a new behavior, drawing parallels with the ‘fasting’ of (female) medieval saints (Vandreycken & van Deth 1994 and (Brumberg 2000). Therefore, varieties of ‘illness’, involving ‘self starvation’ have been in existence for at least 800 years.

The French neurologist Charles Lasegue appears to have coined the term ‘anorexia’ (lack of appetite) in a publication in April 1873 in which he penned a detailed narrative description of the medical condition ‘*l’anorexie hysterique*’. In October of that same year, the British physician Sir William Gull presented a paper which was later published as ‘Anorexia Nervosa’ - a condition he had previously named ‘Apepsia (indigestion) Hysteria’, but which Lasegue’s article had prompted him to alter to ‘Anorexia’. Gull however, claimed to have been studying the condition for several years and to have been contemplating that very name change, until preempted by Lasegue some six months earlier (Brumberg 2000). I mention this ‘professional contest’ primarily because the illness itself is still mired in controversy, particularly as to its causes and how to affect a cure.

In medieval Europe, particularly in the years between 1200 and 1500, many women refused their food and prolonged fasting was considered a female miracle. Catherine of Siena, the most famous of the ‘fasting saints’ was said to have existed on a handful of herbs each day, occasionally shoving twigs down her throat to bring up any food she was forced to eat (Brumberg 2000). This form of fasting was fundamental to an ideal model of female holiness: the medieval woman’s capacity for survival without eating indicated that she had attained such an elevated state of piety that she received enough sustenance through prayer and the Christian Eucharist –the body and blood of Christ- ingested as wafer and wine- to survive (Bynum 1988). By the seventeenth and eighteenth century, however, fasting was on the decline as a result of the breakup of medieval culture, the Protestant Reformation and the efforts of religious reformers to discourage traditional practices such as the worship of saints (Brumberg 2000). Nevertheless, the notion of ‘fasting miracles’ did not vanish overnight and into the early modern period, stories of miraculous fasting maids continued to circulate.

However, scientific minded physicians had begun to observe the food abstinence common among women of the High Middle Ages as a ‘medical condition’ which they expressed through the medical lexicon as anorexia mirabilis (miraculously inspired loss of appetite).¹ By the time Gull, Lasegue and others were conducting their research the condition had become part of the discourse of scientific medicine. It was therefore a relatively small step for them to convert the terminology from the ‘miraculous possibilities’ of womanhood to the notion of the ‘hysterical woman’, a popular depiction of womanhood in Victorian times (May 1990). It is then only a small leap from ‘hysteria’ to the more acceptable ‘nervosa’ in common usage today. This is not to say that Anorexia Mirabilis and Anorexia Nervosa are one and the same. This view can only be sustained by rejecting any cultural input and unproblematically accepting the biomedical and psychological models of the disease as if there were complete case studies of historic subjects available² and that these historic subjects could be psychologically analyzed retrospectively.

¹ Use of the word ‘anorexy’ or ‘anorexia’ to denote loss of appetite, according to the oxford English dictionary, dates to the 16th century.

² For instance as Brumberg has argued ‘...evidence such as the fact that the individual did not eat, lost her appetite, or stopped menstruating need not signify anorexia nervosa ...after chronic starvation has set in the medieval ascetic and the modern anorectic have the same biomedical i.e. they are unable to eat, but is clear that the on the issue of *recruitment* the routes to anorexia mirabilis and anorexia are quite different. In addition, it could be argued, the ‘fat phobia’ proposed as

There are, however, some similarities. The major one is that of gender. Research has not revealed any 'fasting' male saints, and among modern day anorectics, the ratio of females to males is about 10 to one (Gremillion 2001) (although there is some suggestion that this gender gap has decreased slightly in recent years). As nearly all sufferers are female, the importance of gender must be considered beyond debate (Falloon *et al.* 1994). As Helen Gremillion has noted, 'while anorexia must be considered a psychiatric illness it must be situated within new cultural expectations about ideal femininity' (Gremillion 2001). Food refusal has been a constant behavioral problem since the 11th century and today's anorectic is one of a long line of women and girls throughout history who have used control of appetite, food and the body as a focus of their symbolic language (Brumberg 2000). The symbolic value (for women especially) of what is rejected must therefore play a pivotal role in understanding the motivation for self starvation. Even as basic an instinct as appetite is transformed by cultural and social systems and given new meaning in different historical periods (Brumberg 2000). For that reason I will now look closely at the symbolic role that food plays in the twenty-first century in Australia.

The Social Meanings of Food

Few could argue that food plays an important symbolic and emblematic role in contemporary Australian culture. Melbourne in particular, the city with which I am most familiar, has attempted in recent years to fashion itself as a sort of 'food' capital with the numerous eating places featured as highlights in any television program or magazine article outlining the delights of the city for tourists and residents alike. The two Melbourne daily newspapers the *Herald-Sun* and the *Age* both feature weekly supplements dedicated to describing the Bacchanalian delights of food and beverage. Noted Melbourne-based food critic, Terry Durack has noted that 'the food we eat is an integral part of our culture, our history and who we are...it marks the milestones of our lives, from the birthday cake to the Christmas turkey, from the wedding banquet to the plate of sandwiches at a wake' (Durack 2008). And while the preparing and serving of food to guests in one's home – 'entertaining' as it used to be called when I was growing up – has been a constant in Australian society since at least the 1950s, it seems that now the expectation of the 'quality' or the complicated nature of the repast offered has risen to dizzying heights. While a basic 'home cooked' lamb roast was once perfectly acceptable to offer dinner guests, today, I doubt any conscientious host would venture into the kitchen without a complex recipe, a list of ingredients and at least a twinge of anxiety that the meal would not work out well. One only has to observe the plethora of cooking shows that have become so much of our 'diet' of TV watching in recent years, to peruse the shelves of any suburban newsagent, to marvel at the size of the 'Cookery' section in any bookshop, or to ponder on the cult of the 'celebratory chef,' to understand that food and the rituals surrounding it play an important role in the current cultural climate, especially through notions of social acceptability.

The television shows in particular make such a feature of the conviviality and social cache that comes with the ability to cook, serve and enjoy food that one could be convinced that being an unenthusiastic or poor cook is a sure way to social isolation. Even feeding the family is presented as a minor art form. Daytime cooking shows of which there are many, seem to be aimed primarily at women, most particularly stay-at-home mums. This is an assumption on my part; however the presenters of these daily mid-morning or afternoon shows are most likely to be toothsome young men with perfect skin and hair or pleasant, open-faced women of the kind you expect to see at the school gate. One popular presenter, restaurateur Ian Hewitson, who is best described as engagingly middle-aged, has even been known to address his audience as 'mum' as in: 'the great thing about this recipe, mum is that the kids will love the leftovers in their lunch boxes ...' (Hewitson 2008).

Such is the appetite for these shows, however, there are also regular (weekly) cooking shows in prime time viewing hours. Some of these are local, but many are imported, usually from Britain. Two of the most popular imported cooking shows are those featuring Jamie Oliver or Nigella Lawson, both of whom

important in the development of modern anorexia nervosa would not have been present in the a society less obsessed with slimness than 'piety' for women.

have enjoyed several seasons on the ABC and in Oliver's case, on commercial television as well. Both these celebrity chefs conclude their shows with scenes of their elegant trendy friends laughing and chatting around tables laden with beautiful, bountiful foodstuffs over which they preside with barely concealed smugness.

A homegrown local show features two Australian (or one Australian and one New Zealander – depending on the series you view) larrikin 'surf-mad chefs' who carouse through the countryside chatting engagingly to the 'locals' before effortlessly whipping up delicious morsels while standing on the sands of windswept and glistening iconic Australian (or New Zealand) beaches. After dispensing their largesse to (an unseen) but appreciative camera crew, the 'boys' take to the waves on their surfboards to prove they really are genuine 'new age blokes' who can conquer a wave as easily as they can throw together an impeccable soufflé. I guess the point I am trying to make is that the idea of men as chefs seem to be crafted to 'add to' rather than 'disrupt' their dominant gender roles. Men - even real men - might not eat quiche, but they sure can, if they feel inclined, make it. I am being a bit disingenuous (and possibly) a bit ungenerous as well here: there are of course men who struggle with the ambiguities in notions of modern masculinities, but as this paper is only concerned with gender roles as they impact on the experience of anorexia I will not take up the discussion about expectations of male roles except to note that the recasting of 'Aussie blokes' to 'Aussie blokes who can cook' is much more seamless than any image that might emerge from the combination of food and 'desirable femininity'.

To return briefly to the two 'imports' I mentioned earlier, it is interesting to observe how gender plays out in these popular cooking shows where the food definitely takes second place to the personality of the presenter. Jamie Oliver remained the very 'pukka' brash young man-about-town scooting about the streets of London to collect his ingredients, or hanging out with his musician mates before enthraling his friends with his late night dinner parties. That is until he reinvented himself as the caring family man complete with wife and photogenic children who successfully petitioned London councils on behalf of the 'underdog' to provide nutritional meals for school tuck shops. Clever marketing maybe, and I am certainly not criticizing him for this, but the point is that his masculinity was never compromised. He, like the Australian 'boys' is portrayed as a healthy, uncomplicated 'boy next door', who would as soon swap you a recipe for flourless chocolate cake as help you get your car started. Nigella, on the other hand, is all sex and seduction; close ups of her red lips, flawless skin and carefully tousled hair as she wantonly licks the (full fat) cream from her fingers is the stuff of male adolescent dreams. Exquisitely beautiful as she is, most interviews with her inevitably focus to some extent on her fragile self-esteem owing to her 'weight problem'. Nigella is almost –but not quite- forgiven for being plumper than the desired norm because she clearly plays the seductress/nurturing role in preparing food that is as voluptuous as she is for the gaze of her (mostly male?) audience. Most women do not get off so lightly. While Nigella is gently chided for her extra kilos – it is of interest that in all of her cooking shows she is always shown either in close-up or above the waist only, in longer shots. If women are carrying 'extra weight' it is acceptable if it is in the form of generous breasts - in fact this is the 'ideal' form, but the extra large breasts must be accompanied by a slender waist, boyish hips and long slender legs. It is no coincidence that this is the most difficult and 'unnatural' female shape to attain without recourse to both dieting and surgery. A handful of 'supermodels' are among the minority of women genetically programmed to be this shape. Yet that are held up as the 'ideal'. It is no wonder that many young women experience negativity with their body image. In the following paragraphs I will attempt to unpack some of the contradictions in the discourse of appropriate femininity in the light of this discourse surrounding food and success.

Food and Fitness

Women are still seen as the natural suppliers and servers of food; male chef celebrities notwithstanding. If men do cook as I have demonstrated above, it is seen as an *addition* to their masculine role, while for women it is still the *expected* norm. At the same time as food is seen as a sign of affluence and cultural credibility, being overweight is constructed as not only an impediment to success, but as a lack of control on behalf of the overweight person. This is especially applied to women. Advertising and clothes

merchandising propose a slim svelte figure as the way to style, success, sex (May 1990) and wealth. Melbourne's two major department stores, *Myer* and *David Jones* vie for supremacy in the fashion stakes with their respective 'super models'. Myer's representative for the 2007-2008 season is the slender, blonde and 'girlish' former 'Miss World' Jennifer Hawkins, who at 24 is reputedly already a multi-millionaire, owing to her numerous television appearances, usually jet setting to exotic locales, in addition to her Myer contract. Megan Gale, as the 'face' of the generally more conservative David Jones store is similarly long-limbed, but with raven locks. Gale shot to fame when she gushed that on a fashion shoot in Italy 'men ran from everywhere to stare...' adding that she was once considered 'too well built' to be a successful model. Lest this be interpreted as victory for fuller figured women, I hasten to add that Ms. Gale carries not one apparent ounce of fat on her washboard flat stomach, buttocks or legs, but does have an observable cleavage. As the Duchess of Windsor was famously reputed to have said, 'one cannot be too rich or too thin' (Andersen 1992). Whether apocryphal or not, this statement once and for all firmly equated wealth with thinness. There is no doubt she was speaking for herself and other women; there is much more leeway for men to be a bit overweight, although increasingly, they too are encouraged to diet. However this is more in the interests of their health rather than their aesthetic appeal, I suspect. It is this tension between hedonism and discipline that Joan Brumberg has suggested can be a defining factor for young women, who are most susceptible to advertising and peer group influences, to be diagnosed with eating disorders (Brumberg 1985). In addition, as Brumberg and others have noted, most of these girls come from intact, affluent or at least comfortable, nuclear families.

This observation prompted the work of Hilde Bruch, regarded by many until recently as the guru of eating disorders. The publication of her book *Eating Disorders* in 1973 paralleled the ascendancy of eating disorders in the modern period. Bruch was one of the first to propose a psychological explanation arguing that the 'eating function had become the focus of psychological conflict' and moreover that this conflict was a result of feelings of inadequacy on the part of the anorectic, arising in part as a result of family dysfunction (Gordon 2000). Family therapy studies have taken up this notion and used it to underpin the social systems theory from which they largely operate, suggesting that when one person in the family is afflicted with Anorexia Nervosa then the whole family is infected with the disease (Minuchin 1988; Dallos 1991). Therefore attempts to 'cure' the anorectic member become a family affair in that the family as a unit seeks medical intervention for the ill member encouraging and participating in (her) rehabilitation. In accounting for the limited success of these ventures Helen Gremillion hypothesizes a theory that I believe comes closest to offering at least a partial explanation for the prevalence of this devastating illness.

What Gremillion suggests is that the rise in the rate of anorexia in the 1970s coincided with the rise of not simply slimness, but slimness *and* fitness as an icon of bodily health (Gremillion 2002). It was during this time that the middle classes in America took to the gym in great numbers as a daily or weekly event. Previously, it was only the eccentrically 'super fit' and athletes who were regular attendees. I suspect that the craze took a little longer to take off in Australia, but certainly by the mid 1980s gyms were as least as popular in Australian cities as in the US. In 1981, the singer Olivia Newton-John released a million selling record called 'Let's Get Physical' that featured the singer in a leotard, with short cropped hair held in place by a wide headband. This look became a fashion statement, and was worn by people who had never been near a gym. So in a 'fashion sense' at least, the cult of the gym had arrived. Gremillion, however suggests that the notion of a 'fit female body' is problematic in itself. 'A slender and fit body', she claims, 'implies autonomy and success for women (while) it also implies depending on others for approval (Gremillion 2002). There seems to be a particular imperative for Australian girls to look fit as well as slim. Newton-John, who long ago discarded the leotard and headband is still admired for her glossy hair, slim figure and clear unlined skin that 'belies her fifty-nine years', according to the *Australian Women's Weekly* (October 2006). In addition, both Hawkins and Gale are presented as 'healthy, fit outdoor types'; Hawkins, in particular is often shown advertising 'active' holidays, where she happily attempts mountain climbing, skiing, assorted water sports, even high jumping, with a giggling enthusiasm and an élan that would elude most holidaymakers just looking for a rest. Gale, although

portrayed as more the 'sophisticate' than an outdoor girl is always evenly tanned and apparently well travelled, her long legs striding confidently down ancient cobbled streets or along sun-drenched beaches.

In addition, as I have demonstrated in a previous paragraph, there exists a profound contradiction between the injunction to diet and create a fit body and incitements to consume and serve food on the other (Gremillion 2002). What Bruch, Brumberg and Gremillion agree on is that Anorexia Nervosa is often an attempt by sufferers to gain some control over their identity by controlling their bodies. Refusal of food is understood as an expression of the adolescent's struggle over autonomy, individuation, individuality and sexual development (Brumberg 1985). However, food refusal and compulsive exercise are forms of self control that continually create the desires that seem to require control. This, I suggest is one of the reasons that medical treatment is often unsuccessful: simply because the medical profession, together with the anorectic's family can be seen to be exerting even more control over the patient, especially if the patient's food intake is monitored, documented and even 'rewarded' (Brumberg 2000, Saukko 2008)³ in some cases. Alternatively, the patient is required to undertake to reach a certain weight that is set by the doctor, thus heightening the feeling of loss of control over her body, which is a major cause of her becoming ill in the first place. Thus a circular pattern develops where the patient seeks to subvert the treatment by 'pretending 'to have put on weight, in order to escape hospitalization and surveillance (Saukko 2008).

The Embodied Experience of Anorexia Nervosa

One of the dangers in talking about the socially constructed body is that the lived experience of real people with real illnesses can be ignored, which seems to be a disservice to sufferers of this distressing illness. Anorexia is a very debilitating illness; it has the highest mortality rate of any psychiatric illness, approximately 10% of sufferers die as a result of the illness, and very few ever completely recover. However, the 'bloodless' language used by researchers can create a body that is as 'disembodied' as that which is at the mercy of medical discourse. However, a recent study by Megan Warin attempts to explore the material reality of the lives of anorexia patients by questioning one of the taken for granted assumptions in most literature about Anorexia Nervosa. While Gremillion and others have exposed the contradictions in the social construction of the female body, Warin seeks to understand from the anorectic's point of view how it *feels* to live inside an anorexic body. Her findings are very enlightening, and I believe consolidate rather than contradict the notions previously explored with regard to anorexia. Warin's study challenges the notion that all anorectics have a fear of becoming fat, or at least gaining weight, and suggests instead that for many their refusal of food emanates from the repulsion they feel towards certain food substances. Fats or calories were the two substances cited by Warin as being particularly undesirable; because of their amorphous qualities they are capable of seeping, leaking or oozing into the body to pollute or contaminate it (Warin 2003). Rather than the *self*-disgust that many researchers impose on anorectics maybe this rejection of certain foods functions symbolically to 'protect the body' from outside polluting cultural influences and to express disgust at a society that imposes such constraints on women. Although ultimately self-destructing, might this not be an attempt to dismiss the impossible contradictory restrictions placed on women? As Bruch and others have stated in their work, a refusal of food for the modern anorectics can operate as an attempt to regain control over one's life (quoted in Gremillion 2002: 384). This limited control may be all they can hope for in a society that holds out something as basic as food as the symbol of both the healthy, robust outdoor life and the entrée to the world of elegant dinner parties with entertaining friends, but then says that this world is to be denied to women: if they want to be *sexually* successful – which is implied in both the healthy outdoor lifestyle and the elegant indoor entertaining - they have to be super slim. Therefore women can go to the dinner party, they can prepare it, but they must not partake. As Bruch has noted long ago, Anorexia (loss of appetite) is

³ The tragic irony that can be a part of this type of 'treatment' is outlined by Paula Saukko in her analysis of her own treatment of for anorexia as she explains that she was 'allowed' to exercise and run if she consumed a certain amount of food in a given time. Paula, however explains that she did not 'want' to run- it was the Anorexia that made her run in an almost frenzied state: until, as she states at times until she felt her lungs were bleeding. Saukko exclaims ' Running! But I hate running. I only run because this horrible condition makes me run...' P. Saukko –*The Anorexic Self- A Personal, Political Analysis of a Diagnostic Discourse*, State University of New York Press, 2008, p. 20.

really a misnomer, anorexic patients are constantly preoccupied with food and the temptation to resist (Gremillion 2002). The patients that Megan Warin interviewed also told her of their constant hunger. It is the *contamination* they fear, not the food itself. Gull's original 'Apepsia' may have been closer to a true description - anorectics desire food, but find it 'indigestible' or 'unpalatable'.

Another 'lived' experience of Anorexia is described by Paula Saukko. Saukko, a survivor of Anorexia Nervosa has written of her battle with the condition at the age of eleven (Saukko 2008). She too rejects the notion that women who become anorexic do so as a result of overzealous dieting in a desperate attempt to fit the desirable contemporary body shape. Instead, however, Saukko argues that the discourse itself on anorexia is denigrating to women with eating disorders as well as counterproductive, because implied in the traditional explanation is the idea that women with Anorexia Nervosa are somehow 'overly dependant on other people's approval' (Saukko 2008). Saukko is an articulate and confident woman, who thirty years after recovering from her battle with anorexia, urges a 'multidimensional' approach in considering the condition based on an ability to see that our personal lives and politics are more complex than they seem. Interestingly, Saukko does not explicitly diagnose the reasons for her own struggle, but in a succinct, yet raw cry of anger and pain implies that the origins of her particular anorexia lie in her family background. She explains it thus: 'we (presumably Paula and her siblings) are offspring of poverty, exploitation, desperation, and irresponsibility. I stop eating' (Saukko 2008: 19). Not all suffering from anorexia have the same dysfunctional family history as Saukko- indeed as discussed earlier in this paper and many others on the subject- the majority of sufferers come from stable, middle class backgrounds, therefore a plurality of reasons is most likely. There is no doubt there are as many origins of Anorexia Nervosa as there are for any psychological illness. However, a notion worth considering is that a part of the reason for the large numbers of anorexic sufferers may be that many women still have no other way to protest at their narrow prescriptive and contradictory choices except to reject them all in the most simple, yet ultimately the most self destructive way of all.

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