

# Feminism, eating, and mental health

Eating disorders are prevalent health problems for women today. The traditional biomedical or psychiatric approaches offer a narrow perspective of the problem, its courses, and its treatment. Analyzing disordered eating from a feminist perspective, this article discusses cultural, political, and social phenomena that have had a significant impact on the development of these disorders. Parallels of eating disorders and other women's mental illnesses and the medicalization of their symptoms is explored. A "new view" of disordered eating in women is proposed that can be advanced only through feminist research.

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**D**ESPITE THE acknowledgment of nurses that culture, social roles, and economic situation have an influence on health and illness, the current emphasis on theories that define nursing in terms of a one-to-one relationship deemphasize the social/cultural context.<sup>1</sup> Additionally, specific health issues relevant to women are often viewed from a predominantly male perspective as well as a biomedical one. The study of eating disorders, a prevalent issue for women today, suffers on both accounts.

The literature on eating disorders is replete with psychotherapy theories and biomedical etiologic formulations. Only recently has this health threat begun to be analyzed from a sociocultural-political perspective. Feminist writings have contributed greatly to expanding the understanding of disordered eating in women. Feminist theory facilitates an understanding of the context in which the family and the (biopscho) individual interact in the development of these disorders.

This article analyzes disordered eating in women from a sociopolitical-cultural femi-

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nist perspective. A definition of the phenomenon of disordered eating will be presented. Foundational to this analysis is the topic of the mental health of women in general. Many parallels exist among hysteria, depression, and disordered eating. Symptoms of disordered eating will also be explored historically, as these accounts further the present feminist analysis. Culturally, the body as a symbol further illuminates this perspective. Conclusions reflective of a "new view" will be formulated, focusing on the need for feminist research.

## **DISORDERED EATING**

The phenomenon of disordered eating has attracted much attention as a psychiatric illness and a societal norm.<sup>2,3</sup> The prevalence of this disorder among women is well documented. Women are diagnosed with bulimia nervosa and anorexia nervosa nearly 10 times more often than men. Although discrete categories differentiating these two disorders are useful in the field of psychiatric treatment, they are somewhat limited when discussing a widespread phenomenon in women that includes an obsession with slenderness and eating.<sup>4,5</sup> Many women whose eating is disordered may fall outside those discrete categories. Therefore a simple framework that views the anorectic woman as eating too little (starving herself), the bulimic woman as eating in a chaotic way, and the obese woman as eating too much, helps to capture this phenomenon.<sup>6</sup> Their relationship to each other lies in their characteristic preoccupation and behaviors associated with eating and slenderness, whether dieting, starving, or purging. Although obesity is not a psychiatric disorder like anorexia and

bulimia, its importance to the development of these other eating patterns discussed within the feminist framework cannot be omitted.

## **WOMEN AND MENTAL ILLNESS: MEDICALIZATION OF SYMPTOMS**

Mental illness in women is not a new feminist topic. Many authors contend that medical management has replaced moral management as a way of containing women's suffering, with respect to inequality, without confronting its causes.<sup>7</sup> Neuroses, in particular hysteria and depression, have been the subjects of exploration into the medicalization of such symptoms as boredom and unhappiness.<sup>8-11</sup> The idea that these symptoms exist in reality does not negate the notion of medicalization. These symptoms, according to the social-causation explanation, existed because women had reason to be both bored and unhappy; their position in society is one of disadvantage vis-à-vis that of men.<sup>8</sup>

A number of sociologists have commented on the trends in western societies in which more and more social and emotional problems are interpreted within a medical and psychiatric framework. This is particularly so for women. Wood<sup>12</sup> noted that for many thousands of years, for example, the human race has done without the concept of neurosis. However, every age seems to develop its own particular form of "pathology" that expresses in exaggerated form its underlying character structure.<sup>13,14</sup>

## **Hysteria**

Accounts of women in the late 1800s treated for "hysteria," which seemed, in

retrospect, to many current feminist writers to be no more than boredom, are well documented.<sup>15,16</sup> Feminist activist Charlotte Perkins Gilman's own account of her hysteria in *The Yellow Wallpaper*<sup>9</sup> is an example of this. Prescribed a regimen of isolation and domesticity by her medical specialist, Mitchell, she developed symptoms of "hysteria." In fact, at that time Freud advised Mitchell to add psychotherapy to his rest cure for Gilman. As part of the "cure" she was also instructed never to touch pen to paper again, thus stifling her creativity and intelligence.<sup>10,17</sup>

During this era, women who were particularly influential with respect to women's rights (the upper classes posed the most threat to the patriarchal system) were those treated for hysteria.<sup>15</sup> It has also been argued that social and cultural change during this period had created stress within the family at a time when the individual domestic role alternatives were few and rigidly defined.<sup>15</sup> Hysteria can be viewed, then, as an indicator of stress and the ways in which stress was resolved, however damaging to the gender.

## Depression

The occurrence of "depression" as a women's mental illness has had similar analyses in the literature. Miles<sup>8</sup> sociologic study of women's "unhappiness" uncovered more examples of the medicalization of symptoms in women. In her study, women reported unhappiness related to their roles in society and in their families. Most felt pressured to stay at home, where their lives were dominated by the demands of husbands and children. They did not for the most part perceive an alternative life style available in which their own needs could find appropri-

ate expression. In addition to describing unhappiness, they related guilt feelings for disliking housework or caretaking of others. Miles<sup>8</sup> found that doctors reinforced this guilt with statements about how they should not feel unhappy because their lives were full. At the same time, these women were referred for treatment to psychiatrists or were treated by their general physicians for "depression."

Chesler<sup>18</sup> also related depression in women to women's roles in society. Exploring the concept of loss as associated with depression, she argued that few women ever develop strong, socially approved "ideal" selves. "Women are mourning for what they never had and can't have, whether it's Prince Charming or direct worldly power."<sup>18(p44)</sup>

In addition to studies on depression and women, studies on work roles have shown such roles to be related to self-esteem in women. However, those women who do work are often caught in a "double bind"—that is, they are assumed to be less effective mothers because their work interferes with their mothering and less effective workers because their responsibilities as mother interfere with their work.<sup>18</sup> However, those who do work have more economic and social position, self-esteem, and power when compared with those women who solely engage in domestic work at home.<sup>8</sup>

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Showalter<sup>7</sup> predicts that if depression in women comes to be viewed as a meaningless catch-all category, another female malady will appear to take its place. Eating disorders, for the current generation of young women, may indeed be such a "malady."

### Eating disorders

Much has been explored in the literature about the idea of repressed femininity contributing to the development of eating disorders. Women still struggling for equality are now confronted with an additional conflict: the choice between the traditional roles of their mothers and the new opportunities awaiting them. This has been interpreted as a choice of rejecting mother for self.<sup>19</sup> Many anorectic women appear to experience anxiety over falling into the life style they associate with their mothers.<sup>19,20</sup>

Orbach describes anorexia nervosa as the quintessential symbol of female oppression in a male-dominated culture.<sup>21</sup> Her analysis states that women are raised to care for others rather than for themselves, and because of this they expect less than they might *want* by way of personal satisfaction and fulfillment. As a result, she argued, every generation of daughters reaches adulthood steeped in the necessity of self-deprivation, and this is passed on from generation to generation.<sup>21(p186)</sup> Overeating and noneating are viewed as a protest against the way in which women are regarded in society as objects of adornment and pleasure.<sup>5</sup>

Anorexia nervosa, writes Bordo, "finds a true sister phenomenon in the epidemic of female invalidism and 'hysteria' that swept through the middle and upper middle classes in the second half of the nineteenth century."<sup>22(p103)</sup> She contends that it was a

time very much like the present in many ways, "especially in the conflicting demands that women were newly confronting: the opening up of new possibilities, the continuing grip of the old expectations."<sup>22(p103)</sup>

For the most part, women's dieting and weight were often trivialized or interpreted as psychologic problems without consideration of the ways in which culture stimulated, exacerbated, and gave shape to a pattern of problematic behavior.<sup>23</sup> No one can deny the objective data, but the physical symptoms of anorexia nervosa and obesity, disordered eating, and the pursuit of slenderness may in fact suffer from medicalization. Yet medicalization, aided by the power of money, remains the primary treatment. Dieting in current society constitutes a \$5 billion-a-year industry, and only now is the federal government addressing the "medical" dieting clinics' claims and practices.<sup>23,24</sup> Additionally, a variety of treatment methodologies are available for "eating disorders" ranging from \$25 a week to \$30,000 a month for residential treatment.<sup>23</sup> Also, although many women therapists treat eating disorders, those who are most influential in the field and who publish the most are men.<sup>21</sup>

Disordered eating is not a new symptom. Today, however, it is the most obvious symptom to develop in women. In a patriarchal society that stresses perfectionism, achievement, self-control, and access to high status, the perfect body—for women, the slender body—is the symbol of all that women must adhere to in order to be accepted.<sup>5,25</sup>

### HISTORICAL PERSPECTIVES

Throughout history, eating as a "symptom" can be found in the literature. Bell,<sup>21</sup>

Brumberg,<sup>23</sup> and Bordo,<sup>22</sup> most notably, have contributed to the understanding of this history. Three specific areas will be explored: the saints and fasting behavior, disordered eating in the Victorian era, and contemporary conceptualizations. Sociopolitical climates during these eras provide, again, an understanding of the development of these "symptoms."

### Holy anorexia

Bell's<sup>21</sup> accounts of "holy anorexia," as he named the fasting in the female saints of medieval times, have established important feminist links to the present. Although some have argued that the fasting of these women was quite different from that of today's anorectic women, especially in the area of the absence of bodily perceptual distortions (seeing oneself as fat) and a negative body image, it must be remembered that the cultural norms and values of that time were quite different.<sup>23</sup> Purity of the soul, rather than a thin body, was the goal.

The saints who fasted to suppress physical urges and basic feelings such as fatigue and hunger wanted to free the body to achieve heroic feats and the soul to communicate with God.<sup>21</sup> Examining the lives of more than 250 Italian women from the 13th century to today (most notably Catherine of Sienna and Veronica Giuliani), Bell<sup>21</sup> found signs of anorectic behavior patterns.

What is significant about these accounts, as a parallel to today's fasters, is that "holy anorexia" might be described as a particularly profound example of feminine striving for direct personal connectedness in a predominantly patriarchal world—that of

priests.<sup>26</sup> Saintry women struggled to free themselves of the shackles of this male authority. In both instances, the fasting saint and the anorectic woman of today, those involved coveted a highly desired societal goal—spiritual health and self-denial in medieval times and bodily thinness in the 20th century. Both searched for perfection.

### Victorian era

In the 19th century, symptoms of anorexia nervosa as it is known today were viewed as part of "hysteria" and "genital neurosis" in women. Freud, in his case of "Anna O," interpreted eating abstinence as psychological memories associated with disgust.<sup>23</sup> Self-starvation was therefore understood as sexual abstinence.

During this era, for the first time in the West those who could afford to eat well began to deny themselves food in pursuit of an aesthetic ideal.<sup>23</sup> Unlike the fasting of the saints, aimed at spiritual purification and reserved for a select few, the late 19th century saw body management to be a middle class preoccupation and attached to the pursuit of an idealized physical weight and shape.<sup>20</sup> In summarizing this change, Bordo<sup>22</sup> contended that fat, not appetite, was the declared enemy.

While Gull is known as the first to record symptoms like those of today's anorexia nervosa,<sup>27</sup> Charles Lasegue, an influential French psychiatrist, in 1873 provided an important understanding of middle class family life in his description of "l'anorexie hysterique" in young daughters who lived at home until marriage.<sup>23</sup> Lasegue described these experiences, emphasizing that family

interaction and the preoccupation of the family with these symptoms were associated with the emotional struggle over eating.<sup>23</sup>

Other 19th century medical reports, according to Brumberg,<sup>23</sup> suggested that confused or unfulfilled expectations in the area of courtship was a common precipitating event in the "mental disorders" of adolescent girls in general. Love and the social ambition (ie, marrying well) of middle class parents could make this period of growing up very difficult for a daughter. Because the idea of authority as primary in families had been by that time replaced by love, this emotion could be suffocating or manipulative, making separation and individuation painful.<sup>23</sup> Bruch's accounts of current eating disorders and the struggle girls face concerning autonomy and control describe similar family dynamics.<sup>23</sup>

To return to the Victorian sociopolitical scene, Mitchell's rest cure—or, more appropriately, "isolation and domesticity"—were used by physicians who viewed the girl with disordered eating and abstaining from food very much like the patients Mitchell treated for "nervous disorders."<sup>23</sup> According to Brumberg, Mitchell reasoned that seclusion was the only sensible way around what he regarded as the manipulative politics of female invalidism. He quotes Mitchell as follows:

There is often no success possible until we have broken up the whole daily drama of the sick room, with its little selfishness and its craving for sympathy and indulgence.... A hysterical girl is as Wendell Holmes has said in his decisive phrase, a vampire who sucks blood of the healthy people about her; and I may add that pretty surely where there is one hysterical girl there will be soon or late two sick women.<sup>23(p153)</sup>

## Contemporary developments

The increase in the incidence of anorexia nervosa has been significant during the past 30 years. In addition, bulimia and the more defined clinical entity of bulimia nervosa, as separate disorders from anorexia nervosa, have existed only since the late 1970s. The increase in obesity as well and its associated stigma have played a crucial part in a reemphasis of disordered eating from a psychological/psychiatric perspective. Most notably, fashion, modern dieting, the medical involvement in obesity, and the changing roles for women have been cited as influencing this increase in disordered eating.<sup>23</sup>

The traditional association of fatness with prosperity and good health in the middle classes disappeared early in the 20th century. Between 1900 and 1920 the medical establishment began to promote an ideal weight and expressed concern over the relationship of obesity to morbidity.<sup>23</sup> Growing fat was viewed as unhealthy, although very little empirical information existed to support this. The recognition, with data from insurance companies, of the importance of body weight to individual health was formalized in the structure of the modern medical examination; charts for desired weight became a part of this.<sup>23</sup>

According to Brumberg,<sup>23</sup> the body and not the face became the focus of female beauty by the 1920s. Elite American women began to follow fashion and were greatly influenced by the French. A slim body conveyed a positive message. Such a body was not only an "instrument of fashion," but also a statement of the changing times.<sup>23</sup> Brumberg noted that "a woman with a slender body distinguished herself from the plump

Victorian matron and her old fashioned ideals of nurturance, service and self-sacrifice. The body of the 'new woman' was a sign of modernity that marked her for *more* than traditional motherhood and domesticity."<sup>23(p245)</sup> More and more women strove to meet their new slender ideal. Magazines, with their emphasis on fashion and dieting articles, reinforced this new ideal.

Although dieting has not caused eating disorders, much has been written about this way of life for many women in the West. In fact, the centrality of modern dieting has been important in describing the number of anorectic women in the late 20th century.<sup>23</sup> Bruch's<sup>2</sup> case histories of girls who developed anorexia nervosa begin with their dieting behavior. By the 1940s, adolescents, known as subdebs, were targeted for dieting information and literature.<sup>23</sup> Weight control in this population was promoted by parents, physicians (because childhood obesity began to be viewed as pathologic), and the commercial industries, recognizing this new "market" for their products.<sup>23</sup>

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Changing roles for women in the last half of this century have been a frequently cited association to the rising incidence of eating disorders. Chernin,<sup>19,20</sup> Brumberg,<sup>23</sup> and Woodman,<sup>28,29</sup> among others, have made noteworthy contributions in this area. Chernin<sup>19</sup> argues that the changing awareness of women in this society has divided itself into two divergent movements, one of

which is a movement toward feminine power and the other a retreat from it, supported by the fashion and diet industries, which fear that women's power will hurt them financially by repelling their products. Others also contend that today's adolescent female is faced with social changes that converge with the usual anxieties confronted in the transition to adult womanhood. Today's young woman faces an unstructured life with endless possibilities. The conflict is also one with mother<sup>20</sup>—they are unsure what parts of "tradition" they want to keep or leave behind.<sup>23</sup> Unlike mothers who "followed dad to graduate school and supported him along the way, today's undergraduate wants her own career and everything else such as marriage."<sup>23(p267)</sup> The seeking of this "superwoman" ideal and striving for the perfect self become a striving for the perfect body as well, because self is often interpreted as physical self.<sup>29</sup> Brumberg describes today's young woman as "epitomizing the psychic burdens of the dutiful daughters of a people of plenty."<sup>23(p271)</sup>

Anorexia Nervosa expresses the predicament of a very distinct group—one that suffers from the painful ambiguities of being young and female in an affluent society set adrift by social change...determined to maintain control in a world where things as basic as food and sex are increasingly out of control—the contemporary anorectic pursues thinness—a secular form of perfection.<sup>23(p271)</sup>

In summary, disordered eating has been viewed historically as holy, as hysterical, and now as perfectionism. Each era seems to take on a different theme for what appears to be the same struggle—a struggle in which women are in conflict with the norms of a patriarchal society. How this culture sym-

bolically views and interprets the female body adds to a further understanding of this struggle and resultant disordered eating.

## THE BODY AS SYMBOL

Styles of the female figure vary over time and across culture; they reflect cultural obsessions and preoccupations in ways, according to Bartky,<sup>30</sup> that are still poorly understood. However, the shift from the hourglass figure of the 1950s to the lanky, androgenous, increasingly elongated, slender look of today cries out for interpretation.<sup>25</sup> Three important analyses are presented to advance an understanding of this culture's symbolic meaning of women's bodies: the body as control, the body as power with respect to gender, and the body as the state of the soul. The relationship of these specific interpretations to disordered eating are explored.

### The body as control

Much has been written about the slender body of today as a metaphor for control.<sup>28</sup> Douglas<sup>31,32</sup> thesis that rapid social change and disintegrating social boundaries stimulate both greater external and internal control of the physical body is a well-accepted one, particularly in feminist circles. Thus disorders in the "body politics" have implications for the individual's body. The Victorians externally bound the body in corsets.<sup>25</sup> During that era, female slenderness symbolically emphasized reproductive femininity corseted under tight control. Today, slenderness is viewed as internal control by many authors. Brumberg<sup>23</sup> notes that in today's world, with an increase in sexuality and the

problem of acquired immunodeficiency syndrome (AIDS), controlling one's eating seems to be a way to manage the anxiety produced by these other issues. Chemin<sup>19</sup> views the drive for a slender body as control over moving forward with emotional development and womanhood. Bruch<sup>3</sup> sees the anorectic woman as striving for control over her very self, her autonomy. To many, this generation's anxiety over the potential for chaos and excesses seems to be found in bodily symbols.<sup>25</sup>

This mastery over the body represents, according to Sacks, ways of proving one's self-sufficiency.<sup>22</sup> "People no longer feel they can control events outside of themselves...how well they do at their jobs or their personal relationships, for example, but the food one eats can be controlled."<sup>22(p99)</sup> To that individual, and the ones looking on, the toned, slender body represents mastery and control.<sup>25</sup> What has become scarce, metaphorically, during the 20th century, is self-control, instead of self-indulgence.<sup>25(p278)</sup>

### The body as power and gender

Throughout western religions and philosophic traditions the capacity for self-management has been coded as "male."<sup>25</sup> The emotions, on the other hand, seen as in need of control, have been coded as "female." The slender body of today, androgynous and increasingly tubular, may, as Bruch<sup>23</sup> has argued, represent a male side of the self. She viewed anorexia nervosa as a struggle between male and female sides of the self.<sup>3</sup>

However, merely interpreting the slim body of today as symbolizing the "male" and the more powerful may be superficial. Bordo<sup>25</sup> claims that hunger (starving) as a metaphor for female sexuality, power, and



desire may be a less important interpretation than the symbol of liberation from a domestic, reproductive destiny—the symbol of the rounded female body of other eras.

It has been frequently noted that in times of gender change in society, the “consuming woman” theme proliferates in art and literature, while the dominant construction of the female body becomes more sylph-like.<sup>30,33</sup> Michie<sup>33</sup> contends that since the early 1970s, feminism has in most of its manifestations (eg, art and literature) set out to construct a female body different from that found in patriarchal conventions.

Gender interpretations related to eating disorders and the striving for a thin body have also been advanced by MacKenzie,<sup>5</sup> who argues that women may be more vulnerable to the importance of body size because, traditionally, achievements accessible to them have been those concerned with controlling their size. Also, now that women find themselves in a competitive workplace, there seems to be a rejection of the “earth-mother” in favor of what seem to be the symbols of competence and performance—“streamlined lean efficiency with the fat cut out.”<sup>5(p188)</sup> Bordo<sup>25</sup> supports this notion and contends that “taking on the accoutrements of the white male world may be experienced as empowerment by many women themselves and a chance to embody qualities such as detachment, self-containment, self-mastery, and control which are highly valued in this culture.”<sup>25(p105)</sup>

### The body as state of the soul

Prior to the 19th century, bourgeois success was the interpretation given to corpulence,

which was seen as an outward manifestation of accumulated wealth.<sup>5,25</sup> However, by the end of that century, corpulence went out of vogue, and excess body weight came to be seen as reflecting moral or personal inadequacy or lack of will.<sup>25</sup> Increasingly, the size and shape of the body has come to operate as a market or personal internal order (or disorder)—as a symbol, according to Bordo, of the state of the soul.<sup>25</sup> One is assumed to “care about oneself” if she is slim, and obesity is seen as a “failure.” It is interpreted as a transgression against the basic cultural moral tenets of society.<sup>5</sup> This failure is one of not upholding the “cultural virtue of the responsibility to strive for self-control, willpower, and competence.”<sup>5(p175)</sup>

Further assumptions about the body as reflective of the state of the soul are outlined in the literature on discrimination associated with obesity. The moral meaning becomes “if she cannot get her life together to get slim, then she probably could not organize her work well enough to be employed.”<sup>5(p188)</sup> Thus this need to conform has become one of excessive conformity—“not compliance but over-compliance with cultural ideals.”<sup>5(p187)</sup> The anorectic girl, for example, associates mental lassitude and weakness with the traditional round female image of one who is all-needing.<sup>25</sup>

Although symbols change over time and from culture to culture, their interpretations within a culture are contagious<sup>5</sup> and may be as infectious as a microorganism. Decoding images broadens understanding of phenomena under study in any discipline. The female body, slender and androgynous, means control, a rejection of traditional femininity, empowerment, and virtue. These well-adopted meanings set the stage for particular

ways of being and behaving. Overeating, not eating, and chaotic eating, as ways of being and behaving, have been labeled eating disorders.

Reviewing the historical, sociopolitical, and cultural literature related to disordered eating has highlighted several areas for discussion: the suspected psychopathologic origin of all "eating disorders," the significance of cultural interpretations in the development of eating patterns considered disordered, and the purpose disordered eating as a symptom may serve in a patriarchal society. Demedicalization of those with disordered eating and the adoption of a "new view" of women and new eating patterns are dependent on feminist research. Nurses as women and as health care researchers have a significant role in advancing this type of research.

## EATING AND PSYCHOPATHOLOGY

Although eating disorders unquestionably exist today, the discrete categories used to define them as psychopathologic conditions can contribute to the medicalization of those that are, in fact, normal. MacKenzie<sup>5</sup> noted that a continuum of normal to abnormal eating might help differentiate normal behavior and mental illness. As with depression, it is not that no one among those diagnosed as mentally ill is really ill, only that many of them are not.<sup>12</sup> Discrete categories produce the need for other categories to which ambiguous cases can be assigned, and then the potential exists for all disordered eating to be seen as illness.<sup>5</sup> The DSM-III-R diagnostic manual has such categories.<sup>4</sup> If symptoms cannot be classified into the category of Bulimia Nervosa or Anorexia Ner-

vosa, then they are assigned to the category of "Atypical Eating Disorders" or "Eating Disorders Not Otherwise Specified."

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A continuum approach would assist health care providers to view a number of parameters related to disordered eating as healthy or unhealthy.<sup>6,34</sup> This would result in more patterns being considered normal. Certainly weight is one parameter, and an extremely high or extremely low weight needs treatment. However, other parameters such as eating styles (restricting vs indulging) and preoccupation with weight, shape, fat, and diet may not be behaviors outside the norm.<sup>25</sup> According to Bordo,<sup>25</sup> viewing diet and body management as a pathologic condition obscures its normalizing function.

Normal body management must be studied to develop a more realistic view of eating behaviors. When symptoms such as preoccupation with weight and shape are only studied from an illness or psychopathology model, they are then viewed from that perspective by society. Demedicalization of those with disordered eating will occur if more information related to eating, diet, and weight management in a population of women who view themselves as healthy is provided. Furthermore, society must begin to address the weight control market and its perpetuation of the medicalization of eating patterns, size, and shape. Only now, after years of fraudulent claims and the seduction

of a vulnerable group (women) is Congress investigating weight control programs.<sup>24</sup>

## INTERPRETATIONS OF THE BODY

Body image alterations and distortions are adopted nursing diagnoses. Whether an overweight body symbolizes weakness, lassitude, and moral failing has been little studied in nursing. Furthermore, many assumptions exist about the meaning of a thin or an overweight body. Often diagnoses such as "low self-esteem" are erroneously attached to someone with a negative body image. One study clearly demonstrated that obese women, on self-report, actually had high self-esteem even though they had a negative body image.<sup>35</sup>

Studies of the relationship of body shape and size to one's view of oneself must be undertaken in nonclinical samples. When weight control clinic samples or bulimic women in treatment, both biased subgroups, are utilized, then those who view themselves as needing treatment are studied. Allan's<sup>36</sup> investigation of women and weight management in a naturalistic setting using ethnographic techniques provided much information on weight. Studies on eating patterns and styles and further qualitative studies on shape and body image are also needed. Those investigations on "normal controls" such as college students cite that these women are also preoccupied with weight and shape, suggesting that this might be a part of normal female development. Studies such as Rose's<sup>37</sup> phenomenological one on the mental health of women need to be undertaken to provide important information on normal vs pathologic body image and on women's interpretation of their bodies as symbols.

## DISORDERED EATING AND PATRIARCHAL POWER

When disordered eating is viewed as only arising from within the individual, the treatment is individually oriented. There are many examples historically of how symptoms are actually protests against a patriarchal society. Connors<sup>16</sup> noted that the "sick role" could be seen as a means for women to sabotage their traditional roles. The view that women who develop anorexia nervosa, in particular, are actually rejecting the female role and regressing into childhood is a well-accepted one. What is missing from this analysis, however, is the consequence of this form of protest for women in society. Bordo<sup>25</sup> writes that "paradoxically, and often tragically, these pathologies actually function as if in collusion with the cultural conditions that produce them."<sup>25(p105)</sup> She contends that as a feminist protest, the obsession with slenderness is hopelessly counterproductive, actually empowering patriarchal systems such as medicine. Davis<sup>26</sup> argues that a similar phenomenon occurred with "holy anorexia" and the saints, "where little or no understanding of women was achieved while the patriarchal clergy moved steadily toward a reassertion of its power and authority."<sup>26(p190)</sup>

Although the women's movement helped women come together to challenge both the psychoanalytic and medical categories of traditional psychiatry and to propose alternatives like feminist psychotherapy, self-help groups, and political activism, much is left to be done by women and by nurses.<sup>7</sup> Women need to be concerned with their own survival and self-definition.<sup>18</sup> Nurses need to help women avoid interactions on both an individual and societal basis that do not

support this self-definition and survival. As role models, nurses must begin to transfer the primary force of their supportiveness to themselves and each other—but never to the point of self-sacrifice.<sup>18</sup> The “dutiful daughters of a people of plenty”<sup>23(p271)</sup> do not have to be dutiful anymore. What must be stressed is that the capacity for warmth, nurturance, and emotionality (the heart of nursing)—that necessary part of women—need not be forsaken in these endeavors.<sup>18</sup>

## TOWARD A NEW VIEW

Demedicalization of disordered eating and the development of symbolic interpretations of women’s bodies from a feminist perspective rather than a patriarchal one will mean a reexamination of eating and women’s perceptions on shape, weight, and body image. Viewing the problem within the woman ignores the sociopolitical issues. Focusing on

culture alone ignores familial and psychological variables.

Analyzing disordered eating from a feminist perspective is a beginning. The next necessary step is feminist research. This type of research stresses the view that all investigations are value laden and context bound.<sup>38</sup> Streigel-Moore<sup>38</sup> outlined emergent criteria for feminist research on eating disorders. This type of research takes a contextual approach and examines units for analyses that are larger than the individual; it affirms a positive view of women; it utilizes a broad spectrum of research methods, exploring experiences and establishing a collaborative relationship with the research participant; and finally, it considers the findings for social, rather than individually based, change—change that would identify strategies to mitigate gender inequities. In this way, protests would not be silent, expressed only in behaviors apt to be labeled “mental illness.”

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