"Personal Problems are Political Problems": The Gendered History of Disordered Eating

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Abstract

This essay seeks to provide a re-articulation of eating disorders' history using feminist historiography—a type of feminist historiography in which lived experiences serve not as evidence for a theorization but as a starting point for historicizing the discourses and structures that shape each experience. I look to feminist historiography as a way of countering the masculinist, institutionalized scientific discourses that have been used to define eating disorders like anorexia and bulimia. Limited conceptions of eating disorders that focus on individual deviation deny the multivalency and complexity of disorder eating. Using my own experiences as a starting point, I historically map eating disorders within their cultural contexts to demonstrate that temporally specific discursive practices shape anorexia, bulimia, and other disorders not otherwise specified. Understanding eating disorders as shaped by structural forces opens up possibilities for new types of eating disorder treatment that do not construct eating disorders as private, secretive issues but make them an issue for public concern and discussion. Eating disorders are a collective problem with a collective history(ies); we need collective solutions that address each person's own participation/implication in the sociocultural discourses that create eating disorders.

Genesis of the Essay

Much of my education as a Gender, Women's, and Sexuality Studies (GWSS) major has focused on an exploration of how the personal truly is political, or how individual experiences are in fact constituted by structural forces and discursive practices. This essay stands as a thorough application of that knowledge as I use my own personal experiences with eating disorders to investigate their historical and cultural underpinnings. I began to write about my struggles with eating disorders last year in Professor Astrid Henry's "Feminist Memoirs" course. While that course provided me with an opportunity for thoughtful self-reflection, I knew that this was only a starting point for my work. As I prepare to enter graduate school next year, I have deeply considered the type of scholarship I want to produce and my thoughts always go back to one thing—scholarship with political commitment. Moreover, I hope to use my own experiences as a starting point for scholarship with broader political and social concerns. With this essay, I map a history of eating disorders in order to make an intervention into the way disorder eating is both understood and treated.

"The Personal is Political": The Role of Experience in Historiography

In 1969, Carol Hanisch coined the phrase that would function as the foundation for much of 1970s radical feminism and the decades of feminist thought to follow—"the personal is political." In her landmark essay, Hanisch sought to explain the way in which individual's experiences are not simply isolated, private occurrences that do not concern political theory. In fact, those seemingly anecdotal experiences hold great political weight because private and public sphere discourses operate as mutually informing entities that need to be thought together. This groundbreaking declaration that individual stories are shaped by broader political discourse continues to hold great weight for feminist activism and scholarship today. As scholars continue to articulate and hone feminist historiographies, I pose the question how does "the personal is political" influence historiography?

To answer this question, I first turn to Joan W. Scott's argument for the use of experience in historical writing. In Scott's piece "The Evidence of Experience," she advocates that we use our lived experiences not as evidence for a theorization or as historical proof but instead as a starting point for historicizing the discourses and structures that shape each experience; for "experience is, in this approach, not the origin of our explanation, but that which we want to explain" (Scott 412). In other words, individuals' histories cannot be understood outside of the specific historical contexts that constitute their experiences. With this essay, I consider both Hanisch and Scott's notions of the personal to develop a feminist tracing of the history of eating disorders. I begin with my own experiences to then map a history of anorexia and related eating disorders to show them not as individual pathology but as the result of sociocultural conditions. For me, this essay represents not only an admission of my past struggles but also an opportunity to historicize from the perspective of personal experience.

Anorexia and bulimia (along with the spectrum of other eating disorders not described by these terms) are shameful, isolating diseases that as such often remain a secret. When the general public typically views the two disorders as pitiful and even disgusting individual pathologies, admitting to suffering from either illness becomes nearly unthinkable. The majority of victims, instead of voicing their struggles and opening up a public dialogue, suffer in silence, relegating their experiences to the private sphere. Personally, I remained silent for many years and this essay is a coming-out of sorts for me. I struggled with eating disorders in secret for many years, which peaked during my senior year of high school. At one point during my last year of high school, I recall stepping onto the scale and seeing it read 87.5 pounds.

I am not sure when my issues with eating and body image really began, but I can honestly say that is has felt like a looming presence in my life for as far back as I can remember. I never felt comfortable in my own body and a lot of that comes from the fact that I never had a role model of positive body image. I had no idea of what it meant to accept your body and treat it with respect. Growing up, I watched and absorbed my mother's continual obsession with food and dieting. I saw her swing between periods of excessive eating (and subsequent weight gain) and periods of extreme dieting and exercise. Whether she realized it or not, these behaviors severely affected the way I perceived bodies and weight management. I do not think that my mother realized the pressure that she placed on me to stay thin and I can recall many instances of her telling me to keep my weight down so I would not have to go through the ups and downs that she has struggled with. I internalized this pressure as an all-consuming desire to be as skinny as possible.

Until recently, all of my struggles with weight, self-perception, and eating have been a hidden, internal battle. The last year marks the first few times I have ever admitted to any of

these behaviors. Partially, I don't think I claimed an eating disorder because I didn't have the vocabulary or discourses available to articulate what I was going through. Disordered eating was never anything that was openly discussed in my household or in school. Any conception I had of eating disorders were stereotypical textbook definitions of anorexia and bulimia that I heard during health class. To me, the only types of eating disorders that existed were anorexia, which in my mind, meant someone with this disease never ate anything, and bulimia, which I thought meant excessive eating, followed by vomiting, at eating every meal. In my mind, there was no room for gray areas, only extremes. I assumed that if I was eating at all or not throwing up, then I must be fine. Now, when I think about my fixation with diet and exercise, plaguing thoughts of dissatisfaction with my body, and the once perpetual blister on my right index finger I know that was not fine. I have come to understand that eating disorders come in all shapes and sizes and no one fits into over-simplified, antiquated definitions.

I hesitate to end this account on a happy note, telling everyone that I am cured and received the help I needed, because that feels clichéd and disingenuous. Recovery from eating disorders is just that—recovery. I do no believe that there is any sort of permanent cure for an eating disorder, partially because of the Western culture's obsession with slenderness and "anorexic logic" (Heywood xii). My discovery of feminist/queer theory and empowerment through academia at Grinnell College marked a major turning point in my life and the beginning of my healing process. I found that the methods of power and class analysis presented in feminist and queer theory offered a framework that reflected my experiences as a young woman. More so, I discovered therapy in understanding my struggles with anorexia and bulimia as the result of structural forces and not a personal failure, for "it is not individuals who have experience, but subjects who are constituted through experience" (Scott 401). I firmly believe in the therapeutic

utility of coming to know ones life as shaped by cultural discourse and sociohistorical conditions. This essay continues my realization that my struggles with eating disorders cannot be adequately understood as individual issues shaped by my personal (and not public) life experiences. My experiences with disordered eating are produced within the larger framework of the sociocultural discourses that politicize all aspects of life.

As previously stated, I view my use of personal experience as a site for explanation as a type of feminist historiography. I turn to feminist historiography because it stands apart from mainstream accounts of history in its desire to raise "issues of historical evidence: What counts? What is available? Who provided and preserved it and why? How and to what end has it been used? and by whom? Thus history is not frozen, not merely the past. It provides an approachable, disruptable ground for engaging and transforming traditional memory or practice in the interest of both the present and the future" (Glenn 389). Importantly, it provides the means for establishing counter-histories or alternative ways of understanding historical events. I look to feminist historiography as a way of countering the masculinist, institutionalized scientific discourses that have been used to define eating disorders like anorexia and bulimia. I believe that as a truly gendered issue ("Ninety to 95 percent of anorectics are young and female") eating disorders are better understood and described within their sociohistorical contexts (Brumberg 15). In addition, understanding eating disorders in their historical frameworks allows us to see them as structural issues, not individualized psychopathologies.

My ultimate aim of this historical analysis is an amendment to the way eating disorders are viewed and diagnosed, specifically Grinnell College's policy in regards to eating disorder treatment. In the writing that follows, I create a historical overview of eating disorders that highlights their specific sociocultural conditions in order to show that eating disorders need to be

addressed and treated in relation to broader political discourses. The current policy in place at Grinnell relies heavily on sending students with eating disorders home for the duration of their recovery. I feel that this policy is antithetical to treatment in many ways: it perpetuates the silence surrounding eating disorders and places the sufferer back in the domestic sphere—the breeding ground for many eating disorders. My personal experiences with eating disorder recovery informs my opinion that sending a student home does not aid treatment and, in some cases, can actually hinder it. As described above, my healing process did not begin until coming to college. While it is true that I battled with bulimia during my time at Grinnell, I think that sending me home would have been entirely detrimental to my health. Unfortunately, though, I did not find resources at the College for eating disorder treatment and any person I told about my secret battle discouraged me from going to anyone at the school for help out of fear that I would be sent home. While I do feel that it was in my best interest to remain at Grinnell, I wish that there had been more resources available to me, instead of dealing with these issues in a lonely, isolated manner. I believe that continuing this policy of removing those with eating disorders from the public view and once again privatizing their disorder only preserves eating disorders as an individualized condition with which one suffers in silence. I feel that a productive policy would open up a public dialog about eating disorders by creating support groups and discussion forums for both those currently suffering with and those recovering from eating disorders.

Anorexia Nervosa and Bulimia Nervosa's Discursive Constitution

Turning to a historical mapping of eating disorders provides sociocultural explanations for their origins in addition to alternative frameworks for thinking about disordered eating. Current understandings of anorexia and bulimia that root their diagnoses in individual biological and

psychological deviation deny the multivalency and complexity of disorder eating. Continuing with these limited conceptions only furthers closed-down definitions of anorexia and bulimia that exclude the vast number of eating disorder cases and leave little room for examining the structural forces that shape them. In her study of anorexia, Helen Malson argues that "if we are going to problematize the concept of 'anorexia nervosa' as individual pathology, if we are going to question the medical distinction between women's 'pathological' and 'normal' experiences, then determining the prevalence and demographic distribution of 'anorexia nervosa' or eating distress becomes even more complicated" (5). Here, Malson crucially touches on our need to understand anorexia and bulimia not as separate, easily classified disorders but as part of a spectrum of disordered eating that encompasses characteristics of both.

Often times, anorexia nervosa is rigidly understood as the refusal to eat anything at all and bulimia nervosa is taken to mean binging and purging in the absence of any other symptoms of distressed eating. These types of classifications limit the possibility of diagnosing and treating eating disorders that do not completely fit either anorexia nervosa or bulimia nervosa. For instance, those who compulsively exercise or those who count calories strictly and limit the intake of particular foods remain left out of these types of definitions. Realistically, eating disorders not otherwise specified are the most common type of eating distress; yet, it is somewhat unclear what comprises a not otherwise specified eating disorder—whether this disorder defines someone whose symptoms are different from both anorexia and bulimia or if this defines someone with a combination of symptoms. Research demonstrates that patients often exhibit characteristics of both anorexia and bulimia. In fact, studies indicate "that cross-over is common between diagnostic subtypes, with up to 62% of patients with restricting-type anorexia nervosa developing binge eating/purging-type anorexia nervosa" (Eddy, et al. 245). This

diagnostic cross-over demands that we complicate our understandings of what comprises an eating disorder with the hopes that a more nuanced understanding will lead to effective treatment.

Gerald Russell first developed the diagnosis for bulimia in his 1979 paper titled "Bulimia nervosa: an ominous variant of anorexia nervosa" named a trend he witnessed in patients, the majority of whom were formerly diagnosed as anorexic, who consumed large amounts of food and followed with self-induced vomiting. Russell identified what would later be called an epidemic that affected up to one in a hundred adolescent women growing up in Western society (Palmer 447). However, this epidemic could not be explained as an organic phenomenon or one with genetic origins; "the apparent rapidity of the rise suggests strongly that psychosocial factors were importantly involved…no one has proposed an infectious or toxic origin for the disorder, and the gene pool cannot change that quickly" (Palmer 447-448). The sociocultural roots of eating disorders were clear from the beginning. The first researchers to diagnose bulimia saw the epidemic as historically located and a particularly Western condition.

Creating a historical account of the institutional and structural forces constructing eating disorders exposes their ideological underpinnings. Specific epistemologies or "systems of knowledge construct explanations of the phenomenon of anorexia nervosa in particular ways based on the emergence of specific discourses" (Hepworth 104). Eating disorders do not exist independent of societal discourses but are instead produced within them. Both a disorder's emergence and diagnosis reflect their society's historical conditions as they are described in terms of the language and discourses made available and intelligible. These discourses shape how society views and defines our bodies, not only in terms of popular aesthetics but also in terms of the medical language used to both pathologize and treat.

The body becomes the site of discursive impression. As Foucault states, "the body is the inscribed surface of events…Genealogy as an analysis of descent, is thus situated within the articulation of the body and history" ("Nietzsche" 148). In other words, bodies are the inscriptive surfaces that display specific historical contexts; they are written on and fashioned by the cultural practices specific to their temporal existence. For example, the anorectic's body exemplifies a historical period's ideologies surrounding gender roles, eating practices, and beauty ideals. The discourses available further define an anorectic's self-articulation as she understands her self and body through the linguistic terms made culturally intelligible.

In Patrick Anderson's *So Much Wasted,* he argues that we push limits of this argument to see that "self-starvation represents the most extreme domain of what Michel Foucault called subjectivation" (Anderson 2). This pushing of the limits requires us to not just see the body as a reflective surface but one that acts as a participant in the production of her own subjectivity. That is not to say that subjects are entirely autonomous or that they are capable of deciding their individuality outside of the discourses at work, but that they are not just a form open for molding. More seriously, it means that we do not read these bodies as simply "docile bodies" or as empty inscriptive surface but pay attention to materiality and corporeality of those bodies (Foucault, *Discipline* 135). Moreover, reading the bodies merely as shells of inscription inadvertently denies the material effects and lives at risk; we must acknowledge the fact that "eating disorders have the highest mortality rate of any mental illness" and not ignore the material deaths caused by eating disorders ("Eating Disorder Statistics"). The anorectic's self-subjectivation is undeniably bound to the greater cultural practices surrounding her self-starvation; what I argue is that we find a means of understanding eating disorders that acknowledges both their sociohistorical construction and the material bodies they affect.

I begin my analysis of eating disorders by looking at their phenomenon-like nature. Throughout history, eating disorders have presented shockingly large (epidemic) numbers during some time periods while remaining hardly noticeable during others. The currently high number of cases of anorexia, bulimia, and other disorders not otherwise specified parallels the overwhelmingly high cases of hysteria during the Victorian era. This relationship between anorexia and hysteria begs that we question why the two have presented similarly during two temporally disparate periods. Susan Bordo connects the two conditions by stating that both "hysteria and anorexia have challenged modern science, not only with their seeming insistence on the power of the body to behave irrationally and inexplicably…but also because of the spectacle of the *patient*" (*Unbearable* 66-67). The two disorders challenge to scientific explanations demands that we look to an alternative account that details the similar histories that gave birth to both anorexia and hysteria; science has been unable to classify either as a disease with organic or genetic origins, but historicists and cultural analysts have identified similar sociohistorical conditions surrounding the two. The late twentieth and early twenty-first century's anorexia and the nineteenth century's hysteria characteristic of feminine invalidism share a sister-history in both their shocking numbers and middle to upper-middle class demographics.

The Present-Day Angel in the House: The Relationship between Victorian Femininity and Contemporary Eating Disorders

Anorexia's first naming and recognition as an illness reflects its strong associations with the Victorian era. Joan Jacobs Brumberg explains, "anorexia nervosa was first named and identified in the 1870s…The 'birth' of the disease in the Victorian era was related not only to the

new authority of medicine but also to changes in the larger society that had consequences for young women" (6). Many of these changes referred to here revolve around the rise of the middle classes the subsequent upheavals of gender role ideologies. Specifically, while men became increasingly involved in commerce and public sphere exchange, women were required to become more and more domesticated.

The expected gender roles for women are best captured in the phrase "the angel in the house," first coined in the 1854 poem by the same name (Hellerstein, Hume, and Offen 134). The poem, written by Coventry Patmore, describes the courtship and domestic life of the ideal Victorian couple. Patmore's poem echoed the new idealization of womanhood that informed and encouraged women's relegation to the domestic sphere. As men spent more time out in the general public thought to be full of sin and vice, "a man's wife, it was thought, could, by staying at home—a place unblemished by sin and unsullied by labor—protect her husband's soul from permanent damage; the very intensity of her purity and devotion would regenerate, as it were, its war-scarred tissue and thus keep his personal virtue protected from the moral pitfalls inherent in the world of commerce" (Dijkstra 8). The woman then was to embody every sense of piety in order to protect her family from the evils of the outside world. Thus, the ideal woman was the "sexless, sacrificial virgin" (Dijkstra 63). Yet, women were expected to not only abstain from immoral sexual activity but all human, earthly vices, including dietary indulgence.

Through her reading of Carroll's 1865 *Alice in Wonderland,* Nancy Armstrong describes young Victorian women's appetite: "The girl's ability to master appetite tells us whether or not she contains those desires characterizing men as well as unruly women and if she is destined not to fit in" (548). Women's hunger has traditionally been tied to a voracious sexuality and by denying their appetite and hunger, women could maintain an image of morality and innocence.

The thinner the woman, the more pure she was thought to be and soon "proper human angels were weak, helpless, ill" (Dijkstra 26). True womanhood then was fragile, delicate, and invalid; Victorian society expected proper women to suffer from chronic illness and remain confined to their homes, too physically weak to leave. Some women, though, because of their natural better health did not fall victim to the same feminine maladies. As a result, self-starvation became a means of achieving a truly feminine aesthetic.

Not shockingly, "anorexia emerged at the interface of medical and cultural discourses on hypochondria, hysteria, and femininity. It was constituted as a feminine disorder at a time when the 'nervous woman' was a significant cultural figure" (Malson 49). Like Malson mentions, with the rise of science occurring around this same time, scientists attempted to provide medical explanations for women's hypochondria and hysteria. However, preceding current problematic biological accounts of anorexia and bulimia, Victorian women's hysteric symptoms continuously puzzled medicine and alluded rationalization. Nevertheless, the weak, ailing woman stood as the primary image of ideal femininity, but importantly, she remained hidden from the view of the general public in her shroud of domesticity.

As temporally distant as we feel from the Victorian era, many of the same ideologies regarding female sexuality and appetite remain in place today and manifest in/on contemporary women's bodies. Possibly of greatest similarity are attitudes towards female eating as "female eating is virtually always represented as private, secretive, illicit" (Bordo, *Unbearable* 129). Eating for women still represents an impure act that should make them feel guilty. Men today, like those in the Victorian era who were free to take part in the immoral public exchange, are encouraged to fulfill their bodily desires and indulge their hunger to complete satiety. Contrastingly, women are expected to conquer their hunger and eating becomes a deeply

shameful act. Bordo describes: "For women, the emotional comfort of self-feeding is rarely turned to in a state of pleasure and independence, but in despair, emptiness, loneliness, and desperation" (*Unbearable* 126). With such thinking in place, women learn to indulge in isolation, frequently in the privacy of their homes.

Accordingly, most binging and purging behaviors take place in the privacy of one's home and the bulimic body stands as a referential figure that is thinkable only in its invisibility because "even when the bulimic body does not exist (is not seen), it stands as the ghostly reference point. In other words, contemporary culture establishes an impossible identity centered on the body: not the anorexic, spectacular body, but precisely the clearly unrepresented and repressed bulimic one that is the ghost of contemporary female identity, one both crucial and limiting to any thinking about the ethics of the female body" (Morag 172). Unlike the anorexic body that creates a visible, spectacular image of female appetite (or lack thereof), the bulimic body stays hidden in bedrooms, kitchens, and bathrooms, safe from the normalizing gaze of the public who simultaneously abject her yet construct the notion of femininity around her mythic, ghostly presence. In order to develop a productive public discourse about eating disorders, the bulimic body must be recovered from the shadows and recognized in public forums that address distressed eating. Moreover, a treatment program that relies on removing those suffering with eating disorders from public view reinforces eating distresses as individual pathologies that must be removed from sight. This removal further functions as a denial of the structural forces at work that mold eating disorders; treating eating disorders as an individual problem effaces their cultural production and our collective responsibility to enact change. Most frighteningly, sending young women home often translates to sending them back to the haunting site that initially bred the very condition in need of treatment. A recognition of the home as a discursive construction

forces us to recognize that the home may not be the best place for a recovering anorectic or bulimic; meaning we have to face the uncomfortable fact that domesticity is not always the nurturing, ideal place we come to identify it as but a socially constructed domain open to fostering harmful ideologies.

Self-Construction in a Post-Feminist Era

In contemporary society, messages of self-control and self-improvement are both prominently visible and widely supported. The body, the female body in particular, becomes the site of inscription for this set of ideologies. As discussed in the section above, "the image of 'slenderness' acts as a contemporary metaphor for desire and management of female sexuality" (Hepworth 109). The thin body represents the ability to control one's hunger—whether that hunger is sexual or food-related—but this rhetoric of self-control extends beyond the ability to suppress an appetite to a discourse of self-improvement—a notion of self-improvement in which if one is disciplined enough to eat the right foods and spend enough time in the gym, one can achieve a perfect body. These ideologies exemplify the way in which "the individual is no doubt the fictive atom of an 'ideological' representation of society, his [sic] is also a reality fabricated by the specific technology of power that I have called 'discipline'" (Foucault *Discipline* 194). Foucault here is referring to the way in which ideology generates a sort of power that controls the way bodies are viewed and regulated. In this regard, "discipline" refers to sociocultural monitoring of bodies. Yet current disciplining ideologies condition bodies with a discourse of self-control.

Within this mode of thought lies the idea of a bodily transcendence—a belief that the body represents an object to be conquered and controlled. This transcendence reveals the dualist

thought central to Western culture that supposes a mind/body split. Like Descartes's infamous statement "I think, therefore I am," the mind represents the place of selfhood with the body as an unnecessary appendage. The mind is then aligned culture and the body with nature in the nature/culture dualist paradigm. The body remains on the side of nature to be shaped and manipulated for culture's purposes. Additionally, the body represents something that can be conquered with mindful control: "Through your self-sacrifice, your willingness to offer yourself up to agony, you are given the opportunity to use your mind to discipline your soft body, overcome its limitations, vulnerability, and needs, and to become the self-sufficient male icon offered in American culture as the embodiment of selfhood" (Heywood 6). For one to develop selfhood or subjectivity, one must conquer her body; with proper work and discipline, she can transcend her womanly body to become a speaking subject. Eating disorders then represent a means of more closely approximating Western society's male ideal—literally in body type and (more importantly) in the ability to control, conquer one's body. The disciplined, and by extension slender, body represents not only an ideal of self-control but also a masculine hardening and streamlining of soft curves. With this ideal in mind, anorexia becomes a means of achieving bodily transcendence and becoming more male. A masculine physique connotes strength, empowerment, and ability. In fact, many anorectics talk specifically about their desire to rid their bodies of feminine curves in the hopes of looking more like a boy—in the hopes of even "becoming" a boy.

Discourses of feminine body mastery reflect a striking set of thematic ideologies characteristic of today's post-feminist condition. One definition of post-feminism describes it as "the worst excesses of second wave feminism can be discarded in favour of a political healing process in which the family can be made whole—freed from the indecent assaults of a sexual

politics which has been held to deny the sanctity of personal privacy" (Whelehan 196). Gender inequalities are effaced and regarded as non-issues since when women are thought to have the same opportunities as men. This effacement leads to mounting pressures for women as they may be given the chance to enter a "man's world" but with the expectation that they can conquer their womanliness. Though women may be out in the public sphere, many of the same gender ideologies characteristic of the Victorian era still ring true. Womanliness (embodied in the female form) carries the same connotations of invalidity and emotional instability. The female body stands as the weaker body in need of control and as such "anorexia, mental and physical, is central to the self-definition of most women, particularly educated women attempting to gain access to the 'white male power' that requires them to cancel out their bodies" (Heywood 33). In an attempt to rid their bodies of feminine weakness and transcend their bodies with the hopes male power and status, many women turn to eating disordered behaviors.

The slim, controlled body is certainly not limited to a narrative of selfhood and achievement as ultra-thin bodies are a mainstay in popular media as well. Though super-slim models like Twiggy first appeared in the 1960s and 70s, eating disorders were not nearly as prevalent as they are today. I attribute this difference largely to the change in discourses available to young women. The late 60s and early 70s marks the rise of second wave feminism and the Women's movement, so even if young women were exposed to images of newly slim models, they also had access to discourses of body acceptance and a dialog about women's presentation in the media. Today, we are presented with even thinner models in the absence of public feminist discourse. Instead, images of ultra-thin models are accompanied by messages of self-improvement and control, indicating that anyone can achieve an adequately slender body with the right amount of diet and exercise. Few models actually speak about the work (much less

the disordered eating) that goes into maintaining a slender body; many models claim that they are naturally that thin or stick to a healthy regimen of diet and exercise.

Former high-fashion, now plus-size model Kate Dillon in the documentary *Dying to Be Thin* bravely exposes the actual physical and emotional pain that creates and maintains a model's thin body. Dillon reveals that her body was naturally far from the model ideal and it took a severe case of anorexia to achieve that look. She states, "I looked beautiful. I mean it's not like...you would not look at that picture and see someone who is feeling bad about themselves, or see somebody who hadn't eaten in two weeks" (NOVA, 2000). Instead of the image of an unhealthy, unhappy individual, Dillon appeared "beautiful" and in control of her body. In the case of model's bodies, "the discourse of self-improvement deployed here constructs 'an imperfect self' which can be worked on and improved. A constant striving for perfection will bring one closer to happiness" (Malson 162). Whether or not models explicitly talk about the self-construction that goes into shaping their bodies, the media's images are framed by a discourse of self-improvement that normalizes the ultra-thin model body as something that can be achieved if one properly disciplines her body. Furthermore, not only can one achieve that body, doing so will make one a happy person.

As we question the origins of the recent rise in the number of eating disorder cases, I believe that examining current post-feminist discourse proves quite revealing. Science seeks to find a biological explanation for eating disorders yet "culture is the critical variable that explains why and how anorexia nervosa became the characteristic psychopathology of the female adolescent in the late twentieth century" (Brumberg 9-10). Larger sociocultural practices are inseparable from bodily practices as they discipline bodies—in terms of both discourse and self-definition.

"Political Therapy": New Approaches to Eating Disorder Treatment

Many explanations for anorexia and bulimia base their descriptions on the personality of the diseases' sufferers, claiming that anorectics' perfectionist streak or bulimics' lack of impulse control are to blame. While it may be true that certain personalities are more prone to developing eating disorders, it is dangerous to make such sweeping generalizations about sufferers. Not to mention, positioning anorexia and bulimia as behavioral or personality disorders pathologizes the struggling individual and is not a far reach from victim blaming. Again, though, applying a paradigm of victim blaming certainly does not provide an adequate lens through which to view explanations of eating disorders either. I hesitate to position those suffering with disorder eating as docile victims of cultural violence; I by no means want to strip them of agency. Yet, viewing an eating disorder as a personal deficit or, even worse, a choice presents a denial of the structural forces that give rise to anorexia and bulimia. Ultimately, "anorexia appears less as the extreme expression of a character structure than as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distresses of our age" (Bordo, "Crystallization" 229). I argue for a kind of treatment that acknowledges eating disorders as a structural, political issue while paying attention to the lived experiences of each sufferer.

A sociocultural explanation begins with treating eating disorders as "a manifestation of…concerns about femininity and feminism, about the body, about individual control and consumption within a consumer society" (Malson 5-6). My historical mapping aims to arrive at new ways of understanding and thus treating eating disorders like anorexia and bulimia. Eating disorders tend to present in near phenomenon-like ways at certain points in history, and the recent late twentieth, early twenty-first century period represents one of those points. Discourses

of post-feminism, consumer society, and self-improvement manifest on the female body in epidemics like anorexia and bulimia, similar to that of hysteria in the Victorian era. Additionally, many of the Victorian ideologies regarding domesticity and gender continue to influence current cultural practices in subtle, often unnoticeable ways.

In thinking of new approaches of eating disorder treatment, I turn to Carol Hanisch's notion of "political therapy" that encourages us to come to terms with our personal problem within the context of political conditions. She states, "personal problems are political problems. There are no personal solutions at this time. There is only collective action for a collective solution" (Hanisch). Eating disorders are a collective problem with a collective history(ies); we need collective solutions that address each person's own participation/implication in the sociocultural discourses that create eating disorders.

While eating disorders function as a collective issue for society as a whole, they are particularly of concern for academic communities. Young women tend to struggle with distressed eating most during their high school and college years. Indeed, "91% of women surveyed on a college campus had attempted to control their weight through dieting" ("Eating Disorder Statistics"). With a number like 91%, disordered eating is obviously not an individual problem on college campuses. This fact then begs the question: why we do we treat it as such? Why treat eating disorder as personal problems or pathologies? Further, if the majority of college women have a disordered relationship with food, we need to find a way to address the connection between college campuses and eating disorders. Doing so allows us to see the underlying factors contributing to anorexia and bulimia along with finding more nuanced methods for treatment.

Currently at Grinnell College, instead of bravely and openly addressing eating disorders,

those with eating disorders are encouraged to quietly leave the campus for the duration of their recovery. The College's policy makes "a student's enrollment contingent," contingent upon what is unclear ("Eating Disorder Protocol"). Like I previously stated, I kept my own personal struggles a secret largely out of fear that I would be sent home. Cultivating a campus culture where eating disorders remain a dirty secret to be dealt with at home or kept hidden out of fear fosters a climate that can really only breed eating disorders. Along these lines, while I acknowledge that academic pressures can exacerbate an eating disorder, I do not think that sending someone home is necessarily the solution. A college campus, however, is not the only place that can contribute to eating disorders. The home, or domestic sphere, frequently is the site of disordered eating, so sending a sufferer home could often be sending them back to an even more exacerbating situation.

What appears more in agreement with both a healthy campus climate and the College's own social justice investments are public discussion about eating disorders in addition to campus support groups. Campus-wide discussion in a public forum does the necessary work of increasing awareness and visibility as well as creating a space for understanding eating disorders as a collective issue. Support groups add another resource for more personal attention, and these groups can take many forms, including group therapy, peer support, and even media awareness groups. Media awareness groups work on building cultural literacy or creating proficient readers of culture; these type of groups attempt to decipher and expose the discursive practices at work in the cultural images we are inundated with on a daily basis. Having a more complete understanding of the media and its effects empowers young women to become critical of these images, while beginning to see their individual struggles with body image as culturally influenced instead of a personal deficit. In both public and small group discussion, we need a

complete exploration of the possibilities afforded by reading eating disorders as a structural issue and cultural manifestation.

Throughout this paper, I map the cultural and historical locations of eating disorders as a means of comprehending disordered eating as a political, collective issue. I begin with my own story in order to theorize or historicize from my lived experiences, demonstrating the way in which my experience was not individual but part of larger sociohistorical conditions. Using experience in this manner, as a site for explanation instead of evidence, "refigures history and the role of the historian and opens up new ways for thinking about change" (Scott 412). Approaching historiography from this perspective rethinks institutional, accepted knowledges and provides new forms of inquiry. I read this type of historiography, which uses lived experience as a point for explanation, as a sort of feminist historiography that, as a deeply gendered issue, the history of disordered eating demands. Lastly, it allows us to get outside of knowing eating disorders as an individual pathology and alternatively, allows us to see the cultural history of women's experiences with anorexia, bulimia, and other disorders that excluded by those terms. I hope that different understandings lead to new, different types of eating disorder treatment that do not construct eating disorders as private, secretive issues but in turn make them an issue for public concern and discussion. Eating disorders will not change without intentional, directed collective action. I believe that as a microcosm of progressive thinking and socially mindful academics, Grinnell College stands as an ideal community to begin such change. Collective solutions, however, will remain elusive without revisions to the current policy regarding eating disorders.

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