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## Eating Like an Ox: Femininity and Dualistic Constructions of Bulimia and Anorexia

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*Using a feminist discursive analytic approach this article investigates descriptions of anorexia and bulimia for the purposes of deconstructing some of the hierarchies implicit in them. Data includes interview accounts of women who practise bulimia and of health professionals, and items from popular culture and psychological literature. Analysis demonstrates how a binary logic and discourses of femininity are involved in the inscription of value to the category of, and practices associated with, anorexia. The practices and category of bulimia are therefore often constituted as the eating disordered 'other' to anorexia. Potential implications for women who practise bulimia are examined, as is the destabilizing potential of other ways of describing eating disorders.*

*Key Words: binary logic, discourse analysis, eating disorder, femininities*

Anorexia brings with it the appearance and feeling of total control and almost total denial. This stimulates pride, and a sense of achievement, perfectionism and of being different (perhaps even better) than other people. Bulimia, on the other hand, brings with it a feeling of being completely out of control. It is shameful in its indulgent excesses, revolting in its final scenario (the vomit spattered toilet, the streaming eyes, the stench). This stimulates guilt and self disgust. (McCarthy and Thompson, 1996: 10.)

The behaviours that typify the eating disorders anorexia and bulimia<sup>1</sup> do, at first glance, seem to be radically opposed. One is characterized by self-starving and the other by binge eating and purging. Although the diagnostic criteria (see American Psychiatric Association, 2000) for the two disorders share many features, such as desire for thinness, body dissatisfaction, and fear of weight gain, they are (correspondent with that first glance) organized into distinct and separate pathologies. Such categorization obscures any relatedness between the two

'conditions' and makes it difficult to conceptualize them, and the women<sup>2</sup> who practise them, as having much in common. Despite this, cultural theorists have argued that eating too much and eating too little represent inseparable ways of coping with a (western) culturally pervasive slenderness imperative (Girard, 2000; Lupton, 1996). Furthermore, bingeing is often described as a consequence of extreme dieting (French and Jeffrey, 1994; Polivy and Herman, 1985) and many women identified as anorexic also practise binge eating and purging (Gleaves et al., 2000). Despite such overlaps, and in line with western culture's dualistic heritage, the practices of starving and binge/purging are considered incongruent and invite oppositional constructions of the phenomena and of the women who are diagnosed, or who identify, as bulimic or anorexic.

Drawing upon feminist poststructuralist theory (e.g. Gavey, 1989; McNay, 1992; Weedon, 1987), the aim of this article is to examine the ways in which anorexia and bulimia are constructed in language in hierarchical opposition to one another in a variety of sites, how cultural discourses of femininity play out in these constructions and how some women who practise bulimia might be positioned and regulated in relation to them. My concern is not with interrogating whether bulimia and anorexia *are* or *are not* different from one another, but rather with how we understand them as different and how this knowledge is inextricably tied to assumptions about normative femininities. To contextualize this examination I begin with a brief background of how eating disorders have been framed in the media, in traditional psychological studies of lay and expert opinion and in 'critical' literature on the topic. Following this I outline the methodology and theoretical assumptions of this study. The texts that I then draw upon for my analysis include examples from popular culture, 'psy' literatures, health practitioners' discourse, and accounts of women who practise bulimia.

## BACKGROUND

The dualistic conceptual categorizations that characterize western epistemology are far from neutral and always involve the assignment of moral meanings (Gergen, 1995; Shildrick, 1996). One of the ways in which meanings are privileged in discourse is via their hierarchical and oppositional relation with other texts. Language contains implicit binaries in which one side of the opposition is positioned as the key concept against which the other is defined negatively. For example, value-laden connotations surround anorexia and bulimia in many locations where eating disorders are discussed. Traditional psychological research on lay beliefs about disordered eating has indicated that the 'symptoms' of anorexia (dieting and the pursuit of slimness) are considered normal female concerns (Levitt, 1997; Polivy and Herman, 1987) and that women with anorexia elicit shocked admiration for their appearance and control (Branch and Eurman, 1980). Bulimia (bingeing and purging) however, has popularly been judged as 'unusual behaviour' and has been regarded as uncommon and abnormal (Huon et al., 1988:

239). Such dichotomous representations are also evident in the accounts of health experts who associate 'high achievement, perfectionism and self-control' with anorexia (Butler et al., 1990: 67) and characterize self-starving girls as 'perfect children, obedient, hard working, excelling academically, admired by their teachers, and often confidants of their parents' (Whyte and Kaczowski, 1983: 91). In contrast, women with bulimia, generalizes psychotherapist Riebel (2000), practise 'a kind of rebellious selfishness' and 'break common rules of honesty and civility' (p. 183).

Within the psychological literature, popular culture and the media, eating disorders generally, and anorexia in particular, have been receiving increasing attention (Furnham and Hume-Wright, 1992; Murray et al., 1996; O'Grady and El-Sobky, 1987; Theander, 2002). In the case of pop culture and the media, anorexia has even been glamorized (Gordon, 2000; Habermas, 1992) to the point where 'an aura of golden gloss for females with anorexia nervosa exists to some extent as a common public fiction' (Andersen, 1999: 206). Unlike anorexia, with its fashionable and glamorous associations, Andersen (1999) comments that there is no such 'gloss' for women with bulimia. Instead, when bulimia is the subject of popular attention, 'it is often an object of fun' (Gordon, 2000: 207) and derision, or of pity.

Foucauldian informed critical scholarship in the area of women's eating disorders has highlighted the existence of these oppositional constructions of anorexia and bulimia and the complex interweaving of notions of femininity in their construction (e.g. Eckermann, 1997; Hepworth, 1999; Malson, 1998; McKinnley, 1999; Saukko, 2000; Squire, 2003). This body of work has revealed the dualistic hierarchical organization of autobiographical descriptions of self-starving and binge/purging and of representations of women who engage in these practices. It has been noted that anorexic behaviours are often (but not always) construed as indicative of an ultimate control: as the outcome of the mind successfully transcending the physical desires of the potentially eruptive body (Bordo, 1993; Garrett, 1998; Malson, 1998). Bulimia, by comparison, is negatively valued and fairly consistently constructed as being out of control, abnormal, risky and disgusting (Brooks et al., 1998; Lupton, 1996, 2000).

As this existing scholarship suggests and given the premise upon which this article is predicated – that discourses are (re)produced in social institutions as well as at the site of individual subjectivity (Weedon, 1987) – we can expect that discourses which organize anorexia and bulimia in a hierarchical fashion will be present in both the accounts of women with eating disorders and within other cultural sites in which the phenomena are discussed. I have briefly highlighted this in the traditional psychological research on lay and expert attitudes. As yet there have been no examinations from a critical psychological perspective of the ways in which anorexia and bulimia are constituted via their comparison within expert discourse. Also absent has been any analysis of whether the dualistic constructions embedded in authoritative discourses overlap with popular cultural understandings and with women's reports of their own eating disorder experi-

ences. This article addresses that gap in the literature by interrogating the dichotomous discursive fictions that have built up around anorexia and bulimia and the figures of the anorexic and bulimic woman, across several sites.

## METHODOLOGY

### *Participants and Procedure*

In this article I investigate how women who practise bulimia and health professionals in the field discuss bulimia and anorexia and the relationships/differences between the two. My analysis draws upon the transcripts of semi-structured interviews conducted with 15 women who reported binge eating and 'compensating' (vomiting, laxative abuse, exercising) on a regular basis. Most conformed to the clinical criteria for bulimia but this was not formally assessed and was not a requirement for participation. Eleven of the women identified as Pakeha,<sup>3</sup> two as Maori, one as Tongan and one as Fijian-Indian. Two-thirds of the women were aged between 25 and 35. The interviews explored topics such as eating, compensating, bulimia, anorexia, embodiment, gender, and femininity. In addition, 11 health professionals including psychiatrists, a general practitioner, clinical psychologists, the director of an eating disorder community organization, a dietician, a self-help group facilitator, and a psychotherapist were interviewed. All were involved in work with women with eating disorders. This set of interviews explored topics such as 'aetiology', diagnosis, treatment/prevention, gender, and how anorexia and bulimia are related. All of the interviews were tape recorded and transcribed verbatim.

In addition to these transcripts, and in order to contextualize these accounts, I included two additional sources of data: items from the psychological literature on eating disorders and items from popular culture. Although the collection of these was not systematic (they were encountered during the course of this study while conducting literature searches, watching television, using the internet, reading magazines and so on), they have been included because they addressed themes identified in the interviews. Their inclusion is valuable because they represent authoritative and/or popular ways of describing these phenomena and therefore form (part of) the discursive resources that constitute anorexia and bulimia as a binarized hierarchy.

### *Theoretical Assumptions and Analysis*

Fundamental to this article is the feminist poststructuralist principle that meaning is constituted through language, which is always located in discourse and inextricably connected to gendered power relations (see Gavey, 1989; Weedon, 1987). Indeed, my starting point for this analysis insists that anorexia and bulimia do not exist independently of the discourses that describe them. There are there-

fore no truths to be uncovered about eating disorders or about the women who practise them. Anorexia and bulimia are, instead, understood to be constituted by the very knowledges that seek to depict and 'know' them. From this perspective the fictions (composed of intricate weavings among psychological, expert, individual, and popular cultural discourses) that have sedimented around these categories of eating distress and around the women who populate these categories (including the power relations they (re)produce), constitute the focus of my critical analysis.

My analysis is iterative and focuses upon three interrelated areas of examination, which are organized into separate sections. In the first section, informed by a broadly conceptualized Derridian notion of textual analysis, I am concerned with deconstructing the gendered hierarchical oppositions (see Jordanova, 1989; Weedon, 1987) that structure language (e.g. male/female, mind/body, subject/other, controlled/uncontrolled) and which have been shown by others to characterize individual accounts and cultural representations of eating disorders (e.g. Malson, 1998; Squire, 2003). More specifically, this stage of analysis involved a careful reading of, and comparison between, the two sets of interview data and the psychological and cultural examples. The purpose of this was to identify and examine the themes around which bulimia and anorexia are positioned in a dichotomous and hierarchical fashion.

In the second section, commensurate with Weedon's (1987) charge that any textual analysis that 'fails to attend to questions of social context, particular interests and power' does 'not meet feminist needs' (p. 160) (see also Lather, 1991), I am interested in the broader discursive fields and power relations that structure the linguistic hierarchical oppositions I identify in the first section. Here, utilizing a form of feminist poststructuralist discourse analysis (see Gavey, 1989; Gavey and McPhillips, 1999; Potter and Wetherell, 1987), I include a discussion of how wider cultural discourses of femininity are imbricated in binarized descriptions of anorexia and bulimia. This level of analysis is interested in the ways in which definitions of femininity imbue the categories, practices, and identities that are associated with them, with meaning and value. The goal of this strategy was to reveal the implicit privileging of certain 'sides' of the binaries in order that the impact on constructions of bulimia and anorexia and bulimic and anorexic women could be exposed and problematized.

In the third and final analysis section, from a position that assumes that women with bulimia might encounter these lay and expert discourses concerning their 'condition', I analyse two excerpts taken from the larger collection of interviews with women with 'bulimia'. These extracts were selected on the basis that they included discussions about anorexia and bulimia and about the participant's experiences of both. Here I examine how the accounts position the women in relation to the binary logic of eating disorders that I have identified and discussed in the first and second sections. Informed by poststructuralist ideas concerning the discursive constitution of subjectivity (Henriques et al., 1984; Weedon, 1987), I discuss how dichotomous constructions of anorexia and bulimia provide

certain possibilities for the identities of women who practise bulimia and I suggest some implications of these. This recognizes the possibility that anorexia exists as a category against which women with bulimia might define themselves given that, as Holliday and Thompson (2001) have suggested:

any definition of the self rests on the exclusion of the other. In order to know what one is, one must first know what one is not. This 'other' is never 'real' as such, but is rather a constructed fiction against which one can define oneself. (p. 121)

### *A Note about Femininity*

A central component of my analysis is the role played by discourses of femininity. Femininity can be understood as an ideological construct around which norms cohere about the way women should be. Discourses of femininity associate specific qualities with being female and present these in opposition to those held to be synonymous with masculinity (Weedon, 1987). Women who do not conform to these ideals have traditionally been defined as deviant (McKinley, 1999). It is of course misleading to talk about femininity as if there were one monolithic construction of it operating at any one time. Although at various socioculturally, historically specific moments, different (sometimes contradictory) femininities gain currency, these do not exert a hegemonic influence but are constantly contested. Definitions of femininity are continually shaped in relation to a variety of socially significant variables such as ethnicity, sexuality, socio-economic status (among others) and are rendered meaningful within the particular contexts in which they are located and according to the gendered, classed and racialized power relations operating there.

Within Aotearoa New Zealand<sup>4</sup> where this research was conducted,<sup>5</sup> a variety of discourses of femininity, including Maori and Pacific definitions of womanhood, circulate. Not all are afforded the same amount of legitimacy, however. In ways that presumably overlap with other English-speaking cultures where similar western values dominate (and silence, marginalize, and colonize 'other' ways-of-being [Smith 1999]), the forms of femininity that tend to be privileged in Aotearoa New Zealand include contemporary Pakeha middle-class discourses of femininity. Broadly speaking, these encompass combinations of consumerist, heteronormative, liberal humanist ideals within which discourses of beauty, success, individuality, slenderness, and self-control occupy prominent positions. These forms of femininity, while not constitutive of the subjectivities of *all* women who are exposed to them (given the specificities of individual women's numerous positionings), powerfully infiltrate cultural sites and institutions in ways that provide 'templates' or norms for ideal femininity. Against and through these, many women will be judged, positioned, and regulated both by others and by themselves. These sites include those from which this article draws examples, such as popular culture, psychological literature, and expert and lay discourse on the topic of eating disorders. Although western, middle-class definitions of

femininity can be located in these places, it is important to emphasize that, for participants, a variety of other ‘knowledges’ about what it means to be feminine and unfeminine might also be salient.

From this position, it is impossible to present an exhaustive analysis of the multiplicity of ways in which participants took up or resisted the binarized discourses of femininity that I analyse in the first sections of this article. Rather, I examine the roles played by particular (largely western, middle-class) discourses of femininity in the provision of dualistic ‘eating disordered’ positions around which *some* women with bulimia are positioned. This does not render my analysis idiosyncratic but emphasizes that the contingent, fluid and multiple nature of discursive fields, and the complexities of socially significant markers of identity, renders ‘conclusions’ across women impossible. At best, this analysis (like post-structuralist discursive work generally) shows how certain styles of femininity, present in cultural and individual texts that deal with the subject of eating disorders, can (at times) be powerfully constitutive of subjectivity and practice for *some* women with bulimia.

## FINDINGS AND DISCUSSION

### *Control and Lack of Control*

Eating disorders are currently conceptualized in the psychological literature as issues of control. Bulimia is understood to represent a lack of control (Bruch, 1973) and anorexia quite the opposite: an over-control (Jarman et al., 1997). This framing is also central to psychological measures of eating disordered behaviours and, not surprisingly, characterizes the accounts of women with eating problems (Brooks et al., 1998; Fontana, 1996; Malson, 1998; Surgenor et al., 2002) and the descriptions provided by lay people (Benveniste et al., 1999; Ogden, 1997). The following extract by Dr Hilda Bruch (1985), a pioneer in the study of eating disorders, demonstrates that persisting constructions of women with bulimia as uncontrolled were evident in psychological discourse on the subject almost two decades ago:

They [women with bulimia] make an exhibitionistic display of their lack of control or discipline, in contrast to the adherence to discipline of the true anorexics . . . The modern bulimic is impressive by what looks like a deficit in the sense of responsibility. Bulimics blame their symptoms on others; they may name the person from whom they ‘learned’ to binge, in particular those who introduced them to vomiting . . . from then on, they behave as completely helpless victims. Though relatively uninvolved, they expect to share in the prestige of anorexia nervosa. Some complain about the expense of their consumption and will take food without paying for it. They explain this as due to ‘kleptomania’, which indicates, like bulimia, an irresistible compulsion that determines their behaviour. (p. 12)

Within Bruch's account, bulimic women are constructed as lacking. They are deficient in discipline, control, and a sense of responsibility, and embody a questionable morality. Worse, they are at the mercy of their irresistible compulsions in comparison with the 'discipline of the true anorexics'. A representation of bulimia as a 'helpless' and 'exhibitionistic' failure of control is clearly derogatory and functions to idealize the discipline embodied by the 'true anorexics'. In Becca's account that follows, this control/out of control dichotomy persists as a construction around which bulimic and anorexic practices are made meaningful.

*Extract 1*

Becca: I think to get, to actually be an anorexic, you'd have to have like incredible, supreme control, and just to get to that place, something inside you must just push you there. Whereas I think with bulimia, it's just (long pause) it's a lot more common because it's like a, a humans are fallible, that's what they do. They indulge and they try to make up for it.

Becca's account portrays anorexia as quite rare and as an outcome of having 'incredible, supreme control' whereas bulimia is constructed as an unremarkable or as a predictable human behaviour. Becca's language indicates that indulgence and compensation are inevitable due to inherent human fallibility. Women with anorexia have something extra that just pushes them there, which distinguishes them from the weakness or indulgence embodied by bulimic women. In this account just as in Bruch's, anorexia is idealized as the epitome of control.

*Success and Failure*

Another way in which anorexia and bulimia were differentiated was around the theme of success and failure. Here Fran distinguishes between 'anorexics' and 'bulimics' in terms of the kind of achievement represented by bodily control.

*Extract 2*

Fran: I almost feel that anorexics are the . . . are the successes /MB: Right/ Bulimics are the failures (laughing).

MB: Why is that? Can you tell me a little bit about why you think that?

Fran: Well, anorexics can do it, I can't I mean, I sort of feel like I've even failed at being an anorexic (laughing).

MB: And so that would be the preferable way to be?

Fran: Oh yeah. Mm I would love it. I would really, really love it.

MB: So what is the um, what is the bulimia then if it's . . .



Fran: Well, it's sort of like, having given in. You know like having let your appetite control you. You know whereas, anorexia's a wonderful feeling of being in control. Of, you know – not letting um, your hunger or anything else take charge of you.

In this extract, the achievement and valuing of abstinence informs Fran's separation of bulimia and anorexia, rather than any psychological categorization. Within individualistic cultures, to be controlled and successful is usually regarded as highly desirable (Lupton, 1996; Thompson and Hirschman, 1995) whereas to allow oneself to be overcome by one's body is constructed as a moral failing (Cooper, 1992). Fran represents the practices of bulimia as failure: as her body and hunger taking over and taking charge of her. This is offered as an example of unsuccessful personhood. The phrasing Fran deploys constitutes herself as separate from her hunger or appetite, which are constructed as external forces. This dichotomizing construction of eating or bingeing as the body overcoming the self has also been noted by Malson (1997) in the accounts of women who self-starve. According to a hierarchical and dichotomous construction of indulging one's appetite as 'the body out of control' and not eating as 'the body in control', bulimia and anorexia are represented as failure and success.

This framing of anorexia as success and bulimia as failure was also located in the talk of health professionals as indicated by a psychiatrist's comments below.

### *Extract 3*

Jill: They're [women with anorexia] overachievers – are often – well they're high achievers and (long pause) they're quite driven a lot of them, they have a certain um (long pause) they have a persistence that allows them to be anorexic. You've actually gotta be . . . quite good at . . . controlling yourself to be anorexic. Most people can't manage it . . . ah, there's a certain persistence about them that ah, most people don't have and – so they do have certain personality qualities – you know quite obsessive and . . . driven that allow them to succeed at anorexic – if you can succeed as an anorexic whereas I think a bulimic, you know, you could consider a bulimic as a failed anorexic.

In an almost admiring fashion, Jill portrayed 'anorexic women' as overachievers, driven, persistent, and good at controlling themselves. These adjectives, when taken out of the context of describing anorexia, depict what would be considered a collection of desirable characteristics belonging to a successful individual in western cultures (see Rose, 1996). Indeed, in Jill's account, the types of women who succeed at anorexia embody the rare but socially admired qualities of self-actualized subjecthood. Anorexia is therefore perversely represented as an exemplar of much that is desirable. Jill's description of bulimics as 'failed anorexics' poignantly echoes Fran's self-description, and serves to portray women with bulimia as at least lacking in those desired qualities, if not embodying all of the opposite negative characteristics.

*Greed versus Abstinence*

A differentiation between anorexia and bulimia was also achieved through attributions of greed and physicality to bulimic behaviours, and transcendence and restraint to those characterized as anorexic.

*Extract 4*

Rosie: I used to think that bulimics were um . . . were greedier and I used to think that it was really bad to be bulimic but it was OK to be anorexic, because it was um bulimia was like a greedy type of behaviour like you'd eat and then you'd be sick whereas anorexia they just didn't eat at all. I always wanted to be like that [ . . . ] bulimia is is a more um, is a more physical thing, you actually have to physically go and find somewhere that you can throw up your food and you have to do it and then you have to sort of . . . come back in and carry on doing what you were doing. Sometimes you'd be in company and other times you wouldn't, whereas anorexia is . . . I mean, there is no physical doing, you just, you just don't eat.

Rosie describes the 'doing' of bulimia as socially disruptive due to the act of eating and self-induced vomiting, which requires removing oneself from social situations and finding somewhere to throw up. Her description of the physicality of bulimia contributes to a construction of it as somehow more bodily or more embodied than anorexia. It involves being greedy, eating and being sick whereas anorexia seems to transcend the base functions of the body because 'there is no physical doing', 'you just don't eat'. A framing of bulimia as greedy and physical in this account is what contributes to its construction as 'bad' and less 'OK' than anorexia.

Women's bodies have historically been regarded as sites of 'unwellness' and infirmity (Showalter, 1987; Ussher, 1992) so when Rosie describes bulimia as a 'more physical thing', it is more easily characterized as sick. Pathologizing representations of the excessive nature of bulimia can also be found in historical and contemporary psychological literature where binge eating is characterized as 'rapid and grotesque eating orgies' (Russell, 1979: 443), and 'seeking oblivion at the trough' (Riebel, 2001: 40). These descriptions both sexualize and dehumanize binge eating in ways that are easily incorporated into narratives of female deviance that depend upon lurid representations of the leakiness of women's bodies (Creed, 1993; Grosz, 1994). It seems less congruent to ascribe what is more easily characterized as the aloof self-controlled and contained body (Lupton, 2000; Malson, 1998) of the woman who refuses to eat in the same way. This is reflected in popular culture where there is an almost voyeuristic obsession with, and sensationalizing of, women's binge eating (e.g. Bishop, 2001). While introducing a guest and describing her past eating difficulties, Kim Hill, a popular radio host, focussed on the shocking disclosures in her guest's book, thereby (re)producing a cultural fascination with the 'feminine grotesque hysterical body' (Lupton, 1996: 110). Rather than describing her guest's 'recovery', Hill (2000)

told how she ‘stole food from work friends, she gorged on unthawed cakes straight from the freezer, she took meals from the food trolley at the old folk’s home where she worked’.

### *Sexuality*

Popular cultural representations of women’s deviant appetites are not confined to prescriptions about appropriate eating but are infused with sexual themes whereby women’s desire for food is often conflated with, and substituted for, desire for sex (Bordo, 1993). This is also evident in psychological discourse. The diagnostic features for women who binge/purge institutionalize a conflation between unseemly indulgence and pathology (e.g. Wiederman, 1996). Women with bulimia are described as more likely to have ‘impulse-control problems, to abuse alcohol or other drugs, to exhibit more mood lability, and to be sexually *active*’<sup>6</sup> (American Psychiatric Association, 1994: 541, italics added). They ‘may be quite promiscuous’ (Abraham et al., 1985: 72) and are considered to ‘experience their first romantic/erotic encounters at a younger age’ (Morgan et al., 1995: 68), ultimately having difficulty developing age-appropriate sexual identities (Meades, 1993). In contrast, women who starve are characterized both in popular culture (Restifo, 1988), and psychological discourse, as ‘having difficulty negotiating heterosexual relationships, ultimately retreating from, or rejecting, the inevitability of becoming a sexually mature woman’ (Morgan et al., 1995: 68).

This theorized relationship between sexuality and bulimia within mainstream psychology deserves mention because value-laden notions of what constitutes ‘appropriate’ feminine sexuality (i.e. heterosexuality structured around male desire and a coital imperative [see Gavey, in press]) saturate these discussions and work to pathologize sex/ualities outside this frame as Abraham and Llewellyn-Jones (1995) demonstrate:

Bulimia nervosa patients are frequently sexually assertive, their sexual behaviour mirroring their eating behaviour. Their level of sexual activity is associated with an increased risk of pregnancy and a higher rate of induced abortion. More bulimic women than age-matched women masturbate to orgasm, have organital sex or anal intercourse and reach orgasm regularly. (p. 283)

These descriptions conflate eating with sexual activity and indicate the negative way in which those women who indulge (in non prescriptive ways) either of these appetites, are construed.

Notions of compulsory heterosexuality and its enmeshment in discourses of consumption are also evident in popular culture as illustrated by the title of a recent autobiography *Good Girls Do Swallow* (Oakes-Ash, 2000). Eating and a particular type of sex are similarly evoked by understandings of swallowing as both ingesting food and as an activity that *should* occur when a woman performs fellatio. Although it seems to disrupt traditional notions of femininity that

prescribe control around food and sex, the title simultaneously reinstates the importance of a certain type of sex. Heterosexuality is privileged, and the kind of sex that the 'good girl' engages in is structured around *his* pleasure. Clearly, in terms of food and sex, the 'good girl' (unlike the over- or under-eater) lets in prescribed amounts of both.

In the following account Sue (a psychologist) deploys a similar, although more ambivalent representation of women who have bulimia. In her attempts to account for how women with anorexia and bulimia differ, she describes women who binge/compensate as more sensual and more appetitive.

*Extract 5*

Sue: She [friend with bulimia] just loved to eat. She was a very sensual person and she loved to eat and she liked to sleep with strange guys (laughs) and you know I mean she she she / MB: yeah / she um she she really lived and and she couldn't bear putting on weight so she used to vomit.

Sue's anecdote reproduces a notion of women with bulimia as more indulgent than women with anorexia. By qualifying her statements with an almost admiring 'she really lived', Sue's account avoids the pathologizing framing that appears in psychological discourse concerned with the sexual *appetites* of 'bulimic' women. Her construction is more ambiguous and simultaneously draws upon some valued and more agentic notions around women's (heterosexual) desire and getting the most out of life. However, by highlighting her friend's sensuality, love of eating and that she liked to have sex with 'strange guys', as somehow implicated in her eating and purging behaviour, Sue also characterizes her friend in ways that are consistent with 'bad girl' (hetero)sexuality. She is represented as a woman who does not show restraint but seeks and enjoys physical pleasures. This 'bad girl' sexuality is in direct contrast with the (albeit exaggerated) 'good girl' sexuality exemplified by the figure of the 'anorexic' woman who is constructed as having limited sexual experience and desire.

At this point my analysis indicates that women who practise bulimia and professionals working in the field draw upon notions (shown also to be present in popular culture and psychological literature) of control, success, restraint, and abstinence, in their representations of anorexia and self-starving. Bulimia, by contrast, has been constructed negatively as indulgence, failure, unrestrained desire, greed, and deviance. Commensurate with poststructuralist conceptualizations of the complex and potentially contradictory nature of discourses, the following section demonstrates that anorexic bodies and practices do not have one fixed meaning but can be theorized at the junctures between many discourses (see also Malson, 1998). In what is a departure from the pattern that has been identified so far, in the next section anorexia is positioned on the opposite side of the eating disorder binary. Here it is constructed in extremely negative terms as a 'hateful parody' (Gordon, 2000: 204) of the cultural slender imperative.

*Anorexia: Spectacle and Spectre*

In what follows, it is the appearance of a woman who self-starves and the potentially fatal outcome of her activities that are deployed in the construction of her and her practices as deviant. In contrast to previous accounts, anorexia is produced on the opposite side of the eating disorder binary, as more severe and more pathological than bulimia.

*Extract 6*

Alison: I think anorexic women, they can kill themselves. *None* of us would, that have these compensatory things are gonna – are trying to kill ourselves. We just . . . yeah, we, we don't . . . and we generally *do feel* quite good about ourselves. I mean, when I'm, I'm slim, I really do feel quite *good* about my figure and I don't really want to lose anymore.

*Extract 7*

Pip: I think they're [anorexia and bulimia] both severe – they both have enormous implications. If you regard death as the ultimate then the anorexics [*sic*] the one that is terrifying.

In these extracts Alison and Pip (a doctor) reported that anorexia is more serious and more extreme than bulimia, due to it being potential suicide, which is the gravest or 'ultimate' implication. Both portrayed anorexia as severe due to its potentially fatal outcome; however, unlike Alison, Pip also constructed bulimia as having very serious implications. In contrast, Alison represented her body management practices as quite reasonable through her justificatory statements about being in control, being able to stop losing weight, her ability to be happy with her slim body and her (minimizing) reference to 'compensatory things'. She therefore distanced herself from women with anorexia who go too far and risk death. Described in both accounts as not potentially fatal, bulimia was portrayed as the less severe and less serious condition.

In the next extract it is the observable outcomes of starvation that contribute to anorexia's construction as worse than bulimia.

*Extract 8*

Becca: Anorexia . . . I think the real reason it's considered – with – more with distaste is because, you really, really do see the results of it, and it's just so horrifying to see these skinny, skeletal, you know, skeletal figures, and it's, it's more like the shock value where – with anorexia, and I think, more, more, more people would consider anorexia . . . as, as a worse . . . as a worse thing than bulimia.

In this account the 'anorexic' woman's emaciated figure existed as a 'shock[ing]' and 'distasteful' sign of her disorder. In cultures where identities are read off the

surface of the body, one's physical state is understood to represent both moral and mental health. As Becca described, the shocking evidence of anorexia invites judgements about the severity of a woman's illness. Indeed, the emaciated figure of a woman who starves can more readily be incorporated into notions of psychopathology than the average and unremarkable body of the woman with bulimia who *just wants* to be slim and beautiful.

In the last three excerpts, it is the potential consequences of anorexia (emaciation and death), not the practices themselves (restriction), that are constructed as deviant and pathological. This produces something of a paradox. Initially, as demonstrated in the first section of this article, restriction is valued in terms of control, success, and discipline. It seems that this valuing only occurs up to a point however, beyond which such qualities are viewed as obsessive and extreme. This shift is delineated by changes in the self-starving woman's physical appearance, which evokes associations with death. As Brown (1993) has pointed out about anorexia, '[p]rior to the emaciation her behaviours and psychological stance is likely to be encouraged and rewarded' (p. 58). This differs markedly from representations of bulimia where there is no such initial valuing of the 'symptoms' (Squire, 2003). The practices themselves (bingeing and purging) are consistently rendered out of control and deviant. Unlike the body produced by anorexia however, the 'end product' of bingeing/purging is a visibly normative body, which escapes public scrutiny.

### *Dualisms: The Imbrication of Femininities*

Having identified how accounts of anorexia and bulimia are organized according to a dualistic logic, it is useful to examine the ways in which discourses of femininity might be involved in these constructions. This analysis enables us to uncover how binaries afford certain moral (albeit shifting) identities and work to privilege certain body management practices and identities over others.

In the first five extracts, Bruch's quote, and the examples from popular culture and psychological literature, anorexia was positively associated with the mind and with success, control, strength, and discipline, whereas bulimia was represented as a bodily disorder linked to greed, promiscuity, capitulation, impulsivity, and weakness. The portrayal of anorexia as the mind being in control of physical urges fits with age-old Cartesian gendered conceptualizations of the self, not as an embodied entity but as a mental entity or self – gendered male – housed in an unpredictable body (Shildrick, 1997). Heywood (cited in Lupton, 2000) has described the anorexic aesthetic in these terms as 'privileging reason over emotion, mind over body and because the feminine is associated with emotion and the body, the masculine over the feminine' (p. 215).

Indeed, when 'femininity is coded as corporeality' (Lupton, 1996: 110; Grosz, 1994) and as female bodies have historically been 'associated with instinct, irrationality, unpredictability, sensuality, uncleanliness, and evil' (Hutchinson, 1994: 154), alluding to the *physicality* of bulimia and describing it as a greedy condi-

tion, as Rosie does in Extract 4, produces it as a gendered disorder. Bulimia as 'lett[ing] your appetite control you' (Fran) therefore exemplifies entrenched cultural anxieties about the unpredictable nature of female bodies, and the consuming or excessive woman (Brooks et al., 1998; Cooper, 1992; Squire, 2003). Becca's statement in Extract 1, about bulimia being due to an inherent fallibility and *natural* tendency to indulge fits within this framework of inherent *female* weakness.

Bulimia as a 'greedy' and uncontrolled disorder can be conceptualized negatively as rejection of idealized notions of virtuous, self-denying, and moral femininity characterized by generosity towards others (Lupton, 1996). For example, in her discussion of the threat posed by eating disorders to the environment, Riebel (2001) has described bulimic practices in ways that construct such women as transgressing a femininity predicated upon selflessness, warning that during a binge a woman with bulimia 'might consume what could literally feed a whole village' (p. 38). Additionally within such a framework, bulimia can be understood as conforming to pathologized notions of a negative type of femininity constructed as voracious, animalistic, immoral, uncontained, and uncontrolled, as Rosie's account (Extract 4) exemplifies. Either way – conceptualized as a rejection of a type of valued, selfless femininity or conformity to negative, labile, and uncontrolled femininity – bulimia is firmly embedded on the derogated side of the eating disorder binary. This contributes to its marginalization and characterization as abnormal relative to women who self-starve and women without an eating disorder diagnosis.

The notions of compulsory heterosexual femininity identified in the examples of psychological discourse demonstrate how ideologies around acceptable womanhood are intimately connected to dominant ideologies of consumption, indulgence, sexuality, and weight.<sup>7</sup> Clearly, a woman can be both 'too sexual' and 'too hungry', with each existing as a metaphor for the other (Bordo, 1993). This is reflected by the psychologist in Extract 5, and in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), where notions of the appetitive 'bulimic' woman are deployed in ways that account for indulgence in both eating and sex. McKinnley (1999) has questioned whose interests are served by agendas of normative feminine (hetero)sexuality, pointing out how constructions of women's unrestrained sexuality as 'dangerous and loathsome' (p. 105) stem from the potential that an uncontained female desire for its own sake has to undermine or 'threaten male virility' (p. 105). Dichotomous constructions of sexual abstinence/passivity and indulgence/promiscuity, embodied in psychological discourse around anorexia and bulimia, mirror the age-old dualism of the Madonna ('good girl') and the Whore ('slut').

Within many of the examples it is clear that anorexia can be portrayed more positively than bulimia and can be reflective of an admired identity. A cultural privileging of control (especially for women when 'femaleness' is paradoxically constructed as out-of-control) and popular definitions of mental wellbeing as

'rational' (Rose, 1996) operate powerfully to position bulimia and bulimic behaviours on the derogated periphery of the eating disorder binary. Bulimia is expressive of cultural concerns about losing control whereas anorexia (until the point of emaciation which can also be characterized as out of control [Malson, 1998]) indicates mastery over one's femaleness. It is the apparent loss of control expressed physically, rather than pathology per se that invites judgements of deviance. This makes sense in cultures where the ideal self is the site of discipline. Lupton (2000) has argued that 'the symbolic basis of anxiety is the threat of disorder, the loss of control over our bodies and the negative cultural meanings associated with this, rather than more manifest concerns about the threat of illness or disease' (p. 213).

Indeed, despite anorexia's medical status as the more dangerous eating disorder (Zipfel et al., 2000), its practices appear to exaggerate some positively valued (and potentially contradictory) requirements of both historical and more contemporary femininities. In addition to representations of anorexia as the embodiment of a more traditional femininity characterized by abstinence, restraint, and passivity, self-starving is also paradoxically privileged as a signifier of those qualities that have historically been associated with 'masculinity', such as self-control, persistence, transcendence of the (labile feminine) body, and strength. It thereby brings into relief the way contemporary (western) ideals of womanhood circulate as a somewhat contradictory mixture of both feminine and masculine 'qualities'. Importantly, however, although anorexic practices might be (regularly) positively represented (either as reflective of 'good girl' femininity or of positively valued, more traditionally, 'masculine' qualities), this is not always the case.

The remaining extracts (6, 7 and 8) demonstrate how anorexic and bulimic bodies can represent a multiplicity of socially meaningful positions. Anorexia and food restriction cease to be privileged over bulimia and instead are constructed as deviant and dangerous. This shift is not a simple reversal of the binary, however, as this construction of anorexia occurs independently, or at least not directly in terms of its relation to bulimia. Due to the problematic nature of construing the (potentially) dying anorexic woman positively (see Malson and Ussher, 1997), we see in Extracts 6, 7 and 8 that a woman who restricts no longer exemplifies the characteristics of a desirable femininity. She becomes, as Becca describes, a 'horrifying' skeleton. To engage in practices that potentially invite death cannot be incorporated within dominant discourses of femininity characterized by selflessness and care-giving. Furthermore, unlike a woman with bulimia who is able to remain an object of the heterosexual male gaze, a woman with anorexia undermines the 'gendered performance criteria' and becomes a 'spectacle stripped of pleasure for the public spectator' (Spitzack, 1993: 3). In effect, her body dramatically exceeds the slender ideal. This results in its exclusion from representation in terms of the various femininities signified by the kind of slenderness that is culturally sanctioned as, for example, healthy (see Burns and Gavey, in press), beautiful, successful, among others. A construction of



anorexia as deviant therefore relies on bearing witness to its physical outcomes whereas representations of bulimia as deviant rest upon cultural 'fears' around 'feminine' impulsivity, greed, and indulgence.

Indeed, the ambiguity embodied by the anorexic woman is not matched in constructions of bulimia, which is fairly consistently disparaged (as the extracts in this study demonstrate). This, I believe provides the foundation which allows for the hierarchical dichotomization of women's over- and under-eating and which overlaps across various sites, as I have shown using cultural examples, 'eating disordered', psy, and expert accounts. In the latter two instances, as others have also argued, by separating and listing personality characteristics and behaviours in the diagnostic criteria sets for anorexia and bulimia (thereby constructing these as deviant), psychiatry and psychology participate in the promulgation of dichotomizing cultural assumptions regarding what is and is not acceptable womanhood (e.g. McKinnley, 1998; Saukko, 2000).

In her analysis Saukko (2000) has suggested that narratives of anorexia and bulimia often leave us with two 'bad girls', one who is 'too frigid/rigid' and the other who is 'too easygoing' (p. 306). This assessment seems to be an oversimplification, however. My research indicates that while women with bulimia are repeatedly portrayed negatively, anorexia and its practices are characterized in more complex and contradictory ways. These include representations that are consistent with a type of valued contemporary femininity that includes control, discipline, and strength. This conclusion extends Bordo's (1993) influential analysis that has suggested that anorexia is freakish given that, as the embodiment of an abnormal capacity for self-denial, it represents 'the incorrect management of impulse and desire' (p. 187). She describes bulimia, on the other hand, as a predictable resolution of western culture's 'schizophrenic' relationship with food, where women are encouraged to indulge and are simultaneously chastised for their consumption. This 'take' on anorexia as extreme, and on bulimia as unremarkable and less extreme, is certainly exemplified in the final part of the first section of my analysis.

I suggest, however, that an overemphasis on this particular framing of eating disorders belies the complexities contained within constructions of women's food refusal and 'over'-consumption/compensation. It also focusses upon the physical bodies of women with eating disorders without sufficient attention to the meaningful practices in which they engage. Concentrating (only) upon the emaciated body of the anorexic woman renders any positive construction of her self-denial and control untenable and therefore renders many of the 'positive' accounts in this study 'uninterpretable'. Similarly, focussing upon the (visibly) normal body of a woman who practises bulimia enables attributions of her, and the disorder, as unremarkable or even normative (as parts of Bordo's [1993] analysis suggest). However, if we turn our attention to the practices of these so-called disorders, then the 'conditions' and the women who practise them can be imagined quite differently. In contexts in which individual self-control, discipline, and containment are prized because they are considered simultaneously difficult and desir-

able, transcending the needs of the body for sustenance and applying rigorous self-restraint are valued can be positively constructed. In contrast, capitulation to the body's appetites (especially when 'bodyliness' is aligned with a derided and immoral femininity), reflected by overeating and emptying out again, is judged to be weak, disgusting, and wasteful, and is therefore routinely reviled.

My analysis in this article suggests that this latter construction is one that appears to permeate (although not in a totalizing fashion as evidenced by simultaneous references to the pathology of self-starvation) accounts of bulimia and anorexia, which inform the hierarchically organized binarized linguistic constructions located in the accounts of women who practise eating disorder, health experts, the psy literatures and in popular culture.

### *Implications for Subjectivity and Practice*

I now consider the implications of these binaries for subjectivity and practice. The following extracts demonstrate how women work with, and 'take up', positions in relation to the dualistic logic I have identified and discussed in the first and second sections. They demonstrate the potentially problematic effects of such a categorization of eating disorders in which anorexic practices are portrayed more positively.

#### *Extract 9*

MB: You've alluded to this already but do you think that um . . . women who say have anorexia are similar to or different to women who have bulimia?

Kay: Mm. Totally different . . . ends of the scale to me.

MB: So how would you explain that to yourself then, when you sort of feel like have, have periods of doing both?

Kay: That I'm a very confused person, that's one thing I would put it down to . . . um (long pause) I think that . . . I'm taken to be a very strong person by a lot of people . . . that aren't right inside my life . . . I appear very strong-minded, strong-willed. I go after what I want . . . but those people don't really know what I'm like inside (quietly) and they don't know that I'm actually quite a weak person . . . and as far as the way I eat . . . goes, I see that a little bit as . . . what I am . . . and . . . what I try to be. It's like two . . . sides of it. Like when I'm bulimic, I'm very vulnerable and weak and . . . that's probably the real me. Being the other side of it where I'm not eating . . . it's a wonderful . . . cover or . . . face (long pause) It's very strong. Mm. So it's very conflicting and um, it's actually quite bizarre that it's – can be – that I can be both ways 'cos then I often think too, when I'm like this, why aren't I always like this, that I have control of what I put in my mouth. Like I can't understand that I can actually lose control so badly.

In this excerpt Kay deploys a familiar discourse that produces women with bulimia as different from women who have anorexia. This dualistic construction

raises difficulties for her in terms of accounting for why she experiences episodes of both anorexic and bulimic type behaviours. Rather than drawing into question the legitimacy of the diagnostic labelling and popular understandings that tend to pit bingeing against self-starving, Kay accounts for her 'bizarre' sequential participation in these apparently oppositional behaviours in terms of her own shortcomings and confusion.

Rather than considering the gendered social construction of attributions of strength and control or fallibility and failure to various eating practices, Kay reproduces dominant psychological theory and popular representations that posits these behaviours as arising in part from personal characteristics originating within individuals (Rose, 1996). Restriction is therefore discussed in terms of control and strength and binge/purging in terms of weakness and vulnerability. The results of this, combined with psychology's assumptions about the stable and internal nature of pathology, are, at least, threefold. First, eating disorders are seen to originate within individual women, with a coinciding attribution of responsibility that 'acts to deny the social and discursive context of women's lives' (Ussher, 2000: 210). Second, the binary sets up anorexia as the more acceptable/'desirable' eating behaviour reflective of, and arising from, inner strength and resolve, whereas bulimia represents the antithesis of the idealized self-controlled subject. Finally, a focus on the self as responsible for eating 'pathology' results in Kay reporting the problem as originating within her. She effectively *becomes* her diagnosis and her identity and behaviour become defined by her 'illness'. Because, as I have demonstrated in the first two sections of analysis, being self-controlled and abstinent are viewed positively (especially for women), and because Kay describes struggling (often unsuccessfully) to be this way, she concludes that her real self is a bulimic self with all the negative associations this conclusion confers. Kay says that 'when I'm bulimic, I'm very vulnerable and weak and . . . that's probably the real me.'

A dichotomous construction of bulimia as weak and anorexia as strong informs Kay's account of who she is and forecloses a representation of herself as strong minded and strong willed whenever she is in a bulimic 'phase' (see Dickerson and Zimmerman, 1995). Consequently, Kay describes not only being miserable about her behaviour, but also about the version of the self that this entails. This representation of her *real* self as ineffectual is informed by psychiatry's (re)production of a liberal humanist idea of selfhood as rational, unified, fixed, self-contained, and stable. Kay is prevented from representing herself as mutable, plural, and contextual (e.g. Gergen 1991; Henriques et al., 1984) and therefore capable of being, for example, weak, strong, helpless, and powerful at different times and in different contexts, or even simultaneously.

#### *Extract 10*

Lyn: I don't know how the atmosphere had been created but I know that it felt right away that there was some kind of hierarchy between those labelled with anorexia and those labelled with bulimia and that anorexia represented this more

kind of achievement of perfection and it was a cleaner disorder because you weren't throwing up and there were just all of these things that um made – made that category. I mean that's the ultimate achievement of anorexia is to kind of have it perfectly / MB: mmm / um . . . and I was labelled with bulimia and right away um the problem grew really really strong and difficult for me and decided that it needed to be called anorexia and um I went rapidly down hill in all ways and I was in this supposedly very supportive environment but things took such a turn for the worse that I was um you know an inpatient in a matter of months in a couple of months / MB: right / and that was not being addressed at all in the program I felt like I *couldn't* speak about it at that time but it was there was some kind of competition happening there that was really unhealthy.<sup>8</sup>

In this reflexive account, Lyn uses externalizing language<sup>9</sup> to deconstruct her past experience of eating disorders. She offers an explanation for the development of anorexia that is an alternative to the legitimate frames of knowledge we would find in the clinical literature, and which dominate the field in which Lyn works and was herself treated as a (in)patient. Lyn's report that there was an implicit atmosphere of competition in the treatment facility, between the 'achievement of perfection' and 'throwing up' deploys (in a critical way) the hierarchical binary discussed earlier, in accounting for why she developed anorexia. Rather than describing her move into the category of anorexic and her declining health in terms that imply that *her* psychopathology worsened, the development of anorexia is portrayed as a reaction to the implicit valuing of this category and the corresponding derogation of the failure and uncleanness represented by bulimia. Her move into anorexia can be seen as becoming a 'good girl' in this treatment context.

Lyn's use of a less conventional way of constructing the onset of anorexia is useful in terms of theorizing the potential 'extra-discursive' implications of privileging certain eating disorder behaviours over others. It offers insights that are useful for understanding interactions in eating disorder treatment/support settings where women with bulimia and women with anorexia both participate. In order to protect against the unhealthy competition that Lyn describes, (and which has been articulated by many women in this and other research<sup>10</sup>) it is important in these settings to challenge the implicit hierarchy that privileges anorexia above other types of eating distress. Anecdotal evidence and Extract 10 suggest that failing to take this into account can result in further isolation for women with bulimia, a potential worsening of their binge eating and purging behaviours and the development of self-starving.

#### CONCLUDING COMMENTS: DESTABILIZING THE BINARIES

In this article I have sought to highlight and problematize the ways that we have become accustomed to thinking about the categories of anorexia and bulimia and women identified as anorexic and bulimic. My goal was to demonstrate that constructions of eating disorders located in the accounts of women with bulimia,

health professionals, psy literatures, and in other cultural examples are organized according to a dualistic logic and are intimately connected to historically contingent discourses of femininity. These dualistic discourses (re)produce patriarchal dichotomies in which femininity is associated with corporeality, excess, weakness and irrationality (Bordo, 1993; Malson, 1998). The associations between bingeing and compensating, and this extremely negative construction of female lability and danger, render the self-starving body as transcendent of this derided femininity and produce a strong, controlled, contained, disciplined, and successful subjectivity in opposition to that signified by bulimia and its practices. While anorexia is ostensibly the more deadly condition, I have shown that women who identify as bulimic, or who are labelled bulimic by the health professionals they seek help from, are at risk of being constructed as the eating disordered 'other' to women with anorexia and the practice of dietary restriction. This has implications for treatment practices, the way in which we understand the 'condition' and for the person who is the subject of this definition and the practices arising from it.

In order to conclude and to raise the possibilities presented by different ways of conceptualizing eating disorders, I have included an extract that troubles the more common hierarchical and dualistic construction of them. Although such expressions were rare in the interviews, Lyn consistently eschewed dominant psycho-medical conceptualizations that characterized anorexia and bulimia as discrete diagnostic categories. As a strategy this is interesting to consider as it has the potential to disrupt the fictions that have built up around the categories of anorexia and bulimia and the women who are identified in this way.

*Extract 11*

Lyn: I kind of think of them as interchangeable and I would / MB: right / just say that all as one word if I could.

MB: Right OK right so

Lyn: I really don't think of there be – as being any difference between the two / MB: right/ I mean there are some different behaviours but I don't / MB: mmm / generally I would talk about it as like anorexia and bulimia as one word.

This representation of anorexia/bulimia, not as fixed, separate and stable but as practices that can be engaged in simultaneously or sequentially, problematizes diagnostic categorizations of eating disorders and blurs the boundaries between them, reframing them as a continuum or as 'interchangeable'. This conceptualization is potentially deconstructive, as is the reported desire to refer to anorexia and bulimia with one word. Referring to eating disorders with a generic term disrupts the associations that have become crystallized around each disorder and around the women who populate these categories. A more fluid and contextual conceptualization of disordered eating in all its forms is one that is excessive to the current binary I have identified in my analysis. It does not simply replace the

dualism identified in this article by its reversal, still maintaining but inverting patriarchal dichotomies, but displaces this structure altogether. By exceeding these dualistic oppositions, such a move troubles the very binary around which eating disordered behaviours and identities are separated, and organized, in terms of their 'value'.

In terms of the dualistic constructions that have been identified in my analyses, this tactic could potentially disrupt attributions of weakness, failure, greed, sexual promiscuity, loss of control, and deviance that are often made to women who are diagnosed or who identify as bulimic. It disrupts the 'double' pathologization or 'othering' that women who practise binge eating and purging arguably encounter. Furthermore, a notion of fluidity between the eating disorders and a construction of 'over'-eating and 'under'-eating as inseparable responses to a (western) slenderness imperative (that are intimately tied to cultural assumptions around appropriate womanhood), might also function to break down the dangerous idealization of abstinence and restriction that have become exemplars of feminine control and strength.

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#### NOTES

1. *Bulimia* is derived from *boulimia*, which literally translates from the Greek, meaning 'ox hunger'.
2. Ninety-five percent of people diagnosed with eating disorder are women (American Psychiatric Association, 2000).
3. The term *Pakeha* refers to people born in Aotearoa New Zealand of European descent.
4. *Aotearoa* is a Maori term for New Zealand.
5. Research in Aotearoa New Zealand indicates that, at 2 percent of the population, rates of bulimia are similar to those reported in the UK and America (Bushnell et al., 1994).
6. Interestingly, for a woman to be sexually *active* (rather than sexually over- or under-active) is construed as problematic.
7. Given their transgression of normative scripts of feminine restraint *and* heterosexuality, it is possible that lesbian women who practise bulimia would be even more likely to be subjected to discourses linking their 'deviant' appetites with disorder.

8. Although Lyn was recruited to this study as a health professional, here I have utilized extracts in which she draws upon her own eating disorder experiences.
9. This involves using narrative to separate the 'self' from the experience of a problem by objectifying the disorder rather than constructing it as an inherent or stable condition (White and Epston, 1990; Zimmerman and Dickerson, 1994).
10. For critical analyses of this competition in inpatient facilities see Gremillion (2003) and Segal (2002). In her ethnographic study of an eating disorder unit Segal (2002) describes how 'women needed to establish themselves as pure anorexics rather than bulimics, who rank lower than anorexics in the eating disorder hierarchy' (p. 7).

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