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Introduction

Eating disorders (EDs) are often emblemized by the upper-class young white woman anorexic or bulimic, an archetype that constructs disordered eating as pathological and depicts it in a singular and comprehensible manner. Personal narratives of body dissatisfaction (rooted in both literature and qualitative research), as well as my own subjectivity as a poor East Asian-Canadian woman, will equip me with the theoretical frameworks and insights by which I problematize the homogenization of problematic eating. Subscribing to the tradition of interjecting first-person perspectives into research that is so characteristic to feminist theory, I demonstrate how a subject as visceral and commanding of credence as disordered eating not only welcomes but arguably necessitates experiential recounts. By revising the traditional (non)feminist analyses of eating disorders, weight preoccupation can be de-pathologized and its formation can be delineated as inherently racialized, gendered, and socioeconomically stratified. This is not to insinuate that these are the only interrogative lenses necessary nor that these alone are sufficient, but merely that they offer critiques which otherwise might not manifest.

De-Pathologizing Disordered Eating and Unpacking Normative Theories

Becky Thompson identifies three primary models through which disordered eating is traditionally conceptualized: the biomedical, the psychological, and the (traditional) feminist. The biomedical paradigm centers on eating problems as purely physiological in their etiologies and consequences (Thompson, 1992). This facilitates the medicalization and on some accounts, by extension, the pathologization of disordered eating. In particular, Brown (1993) exposes these

processes by positioning disordered eating (such as anorexia and bulimia) as discrete, irrational and diagnosable disorders, in stark contrast to ‘normal’ weight preoccupation. Doing so obscures the reality of the situation: people do not arbitrarily and seismically shift from normative to extreme (non)eating habits. This rationale supports my decision to use the term ‘disordered eating’ in lieu of ‘eating disorders’, as the latter is more conducive to a pathological construal. Reducing behaviours to medically demarcated disorders psychiatrizes those who exhibit particular body image, eating, and weight patterns while reassuring those whose habits do not conform to the description that they are thereby healthy and at little to no risk of developing a worrisome dysfunction in regards to their eating habits. This binary of healthy/unhealthy and non-ED/ED is instrumental in legitimizing the medicalization of eating.

To counter this normalizing paradigm, Brown suggests that the ‘weight preoccupation continuum’ is a more nuanced and viable examination of eating, disordered or otherwise (1993). This refers to the situating of various degrees and forms of problematic eating behaviours on the same spectrum as practices already found in most non-‘disordered’ individuals. More extreme versions which are constructed as wholly separate – thus precipitating their psychopathology – include, but are not limited to: the fear of fatness, denial of appetite, distortion of body size/shape, and emotional eating (Brown, 1993). In other words, many individuals (most of whom are reportedly women) already undergo different tenors of a problematic relationship with their bodies and with eating, but only some qualify, according diagnostic criteria established by mostly presumably non-‘disordered’ medical professionals, as having the medicalized condition of a definitive eating disorder.

Another critical oversight of the biomedical model, along with that of the psychological and, to a lesser extent, the traditional feminist lens, is the weak emphasis on intersectionality.

While the psychological model posits disordered eating as multidimensional – that is, according to various biological, psychological, and cultural factors (Thompson, 1992) – it fails to account for those who do not adhere to the narrow archetype of the upper-class, white woman anorexic, who appears to epitomize all disordered eating. As for the ‘classical’ feminist approach, Thompson critiques it for its overemphasis on the ‘cult of thinness’, or the ingrained beauty ideal of thinness for women. While this model is rightfully credited with shifting the eating problems paradigm from individual to systemic, it similarly lacks an intersectional gaze insofar as the emphasis on thinness does not proliferate seamlessly across racial and class lines, among others, as I will explicate later in this essay. Furthermore, this perspective can be construed as disempowering, as it insinuates that women are passive receptacles of social conditioning and thus victimized by the media propagation of thinness. Consequently, Thompson argues that some disordered eating behaviours can be reinterpreted as forms of bodily resistance and as women’s reclamation of control over their bodies, which both validate the gendered tones and implications of weight preoccupation. Although I agree that employing this paradigm can identify some source of empowerment amid the chaos of body dissatisfaction, I argue that a revised feminist analysis – while incapable of entirely accounting for the diversity in body consciousness – can supplement Thompson’s proposed analysis.

To clarify, my framing certain configurations of weight preoccupation as resistance is neither an attempt to valorize disordered eating nor ignore its problematic implications. I recognize that harmful practices should be addressed; in fact, I argue that healing is more achievable once the deep sociocultural connotations of weight preoccupation are delineated. As such, it is paramount that the problematizing arguments I raise be attended to as a fundamental step towards combatting eating issues. This is reminiscent of how Diamond (2013) advances that

critics of psychiatrization (which refers to the institutionalization of diagnosing and treating individuals designated as having psychiatric disorders) should not abandon their radical visions for freedom from psychiatric oppression, but should simultaneously fulfill the immediate needs of particularly disenfranchised communities. Rather than disavow and dispose of existing practices, our collective objective as researchers, as feminists, and as a community, should be the amelioration of the conditions of those grappling with problematic body image. This intervention can be soundly accomplished alongside a deeper investigation of the variable causes, triggers, rationales, experiences, and manifestations of disordered eating. To conduct this revised feminist interrogation is to identify the differential emergences and responses to body dissatisfaction that pose some relevance to structural factors, namely race and ethnicity, gender, and socioeconomic status.

Returning to Brown's (2013) weight preoccupation continuum, it can be capitalized on to articulate the conceptualization of bodily resistance across identities. She proposes that (non)eating behaviours can be partly considered as an attempt at gaining control over the oppressive social conditions in which individuals (in particular, many women) exist. Such efforts will be exemplified later in this paper. However, I am not remotely suggesting that the bodily resistance paradigm is all-encompassing or sufficient but I argue that it offers insights absent from the three approaches identified by Thompson (1992). In fact, I will, in turn, problematize this very lens using counterexamples from lived experience – both my own and others' – to advance my thesis: in order to begin unpacking what problematic weight preoccupation entails and reflects as part of the larger sociocultural fabric, we must rethink existing theories, feminist or otherwise. Just as Diamond (2013) suggests situating institutional psychiatry within the greater 'matrix of domination' in order to avoid liberal tendencies of valuing all forms of anti-sanist resistance

equally (that is, to avoid critically assessing discourses that unequivocally oppose psychiatrization without regard to the complex social conditions in which it arises), I propose that the conceptualization of disordered eating must be contingent on socially governing factors, namely racialized, gendered, and socioeconomically stratified underpinnings.

Disordered Eating as Tempered by (the Intersection of) Identities

Racialization

Thompson (1992) explicates the manipulation of body size and shape as an avenue through which oppressive experiences might be capable of transcendence. In particular, her findings from interviews with women include the understanding of food as an accessible and socially acceptable coping mechanism. Some participants of the study cite binge eating as helping to sedate their emotions and relieve their anxiety, with one participant, an African-American woman named Joselyn, recalling how she felt inferior due to her white grandmother comparing her to her lighter skinned cousins along with the recollection of her being called fat. As a result of the social conditioning of her lesser-valued blackness and the perception of her fatness, Joselyn attributes the onset of her disordered eating to her attempt to approximate conventional beauty standards in spite of her race (Thompson, 1992).

As Thompson examines race as one defining factor in African-American and Latina women's relationships with food, I supplement her findings with my subjectivity as a Chinese-Canadian young woman. Rather than implying that my experiences are representative, I merely wish to complicate both Thompson's theoretical work and the existing models she critiques using my embodied knowledges. While I am privileged in my fair skin, I can relate to Joselyn's attempts, which are self-destructive yet understandable from a racialized perspective. Having accepted that

certain glamourized features mostly associated with white or Eurocentric bodies are inaccessible to me – found most notably in my stereotypical small, monolidded, East Asian eyes – I maintain that occupying a thin body is my best opportunity at approaching these established standards.

It is in my painful desperation to conform to Eurocentric beauty ideals that Pecola Breedlove of Toni Morrison's *The Bluest Eye* resonates with me. Indeed, her fixation on blue eyes, which signal power and societal acceptance to her, is reminiscent of my own struggles with self-love. Indeed, physical beauty is noted as “probably [one of] the most destructive ideas in the history of human thought” as it, along with romantic love, “originated in envy, thrived in insecurity, and ended in disillusion” (Morrison, 1970). Although I do not necessarily herald blue eyes (but general facial and bodily features) as the epitome of unreachable whiteness, I can overwhelmingly attest to this estimation of beauty standards. Moreover, I internalize the symbolism of the titular (singular) blue eye as the Eurocentric gaze through which I visualize myself as a perpetual foreigner and by extension, as aesthetically inferior. Thus, my body dissatisfaction extends beyond a cult of thinness-like conceptualization; it is deeply entrenched in a racialized embodied subjectivity.

Moreover, having grown up in a Chinese(-Canadian) household and through dialogues and observations of other East Asian individuals, I note the particularly high pressure on East Asian women to be skinny. I argue that this expectation plays on racialized and gendered tropes of the demure, petite East Asian woman. As such, thinness is not only my point of access to conformity to whiteness in a sense, but it is also particularly societally imposed. Either way, my struggles originate and can be located in the racialized and gendered hegemony, thereby corroborating the postulation that weight preoccupation should not be framed merely as adhering to the cult of

thinness model or any other theories which claim to encompass the gamut of experiences with disordered eating, as doing so would neglect a salient racialized underpinning.

Gendering

A glaring omission often made by mainstream disordered eating research and considerations is that of cisgender men. Even in the feminist theorizing of (non)eating behaviours as bodily resistance to structural oppression, it begs the question: how do cis men fall into this equation when they are afforded the most gender privilege? What are they specifically trying to resist when they have access to a number of privileges that arguably protect them from the need to resort to eating-related self-mutilation? I maintain that I cannot answer these questions, and perhaps their very responses exceed the scope of this paper, but it is indisputable that their very legitimacy serves as a fundamental interrogation of several existing paradigms. Despite my construal of the bodily resistance lens as unable to integrate cis men, this all the more sediments my thesis: weight preoccupation must be decoupled from oversimplified analyses that claim to account for all experiences with body dissatisfaction.

The biomedical paradigm has also been cited as arguably relying on gender tropes or emphasizing a woman-specific perspective. To begin, there is the common argument of cis women being more diagnosed with disordered eating. While I dare not dismiss this assertion, I question the conditions that precipitate this phenomenon, assuming its veracity. Are cis women entirely more susceptible to developing eating problems or can their disproportionately higher prevalence be somewhat attributed to their behaviours conforming more evidently to symptoms established by the *Diagnostic and Statistical Manual of Mental Disorders*? Is this very emblemizing of a certain kind of individual as the 'poster child' of disordered eating precluding cis men from realizing that they have a weight fixation somewhat similar in nature and severity? Even if they do

realize this, is the stereotype of the thin white woman anorexic/bulimic precluding them from seeking diagnosis and treatment due to a lack of understanding on the part of friends and family members as well as, most regrettably, medical professionals? It would not be remiss of me to claim that theories lacking nuanced discussions surrounding body dissatisfaction create and/or exacerbate the lack of institutional support and self-belief for cis men who might in fact develop eating problems. A prime example of the biomedical approach perpetuating a woman-centered understanding at the expense of considerations not surrounding cis women is found in Ali's lamentation that diagnostic hospital intake forms asked whether he had experienced amenorrhea, the absence of menstruation. He refers to this as a specific example of the many medical texts that construct bodies undergoing problematic eating as biologically female, thus exacerbating his feeling of exclusion and contestation over his identity as a man experiencing anorexia (Ali, 2014).

Similarly, the cult of thinness model operates using an unjustifiably myopic focus on women to the exclusion of other groups. By advancing the cult of thinness as a primary 'rationale' behind disordered eating, this neglects cis men as claiming that the media-propagated imagery of shrinking women is responsible for extreme weight preoccupation excludes men from the discussion when one considers the societal pressure for men to be muscular and comparably larger. Such a rudimentary approach also omits men who do not wish to be skinny but still develop problematic eating behaviours namely in 'bigorexia' or 'reverse anorexia', where some men are restricted by their fear of appearing small and weak (Mosley, 2009). Taking these critical questions into consideration, it is evident that contemporary approaches to disordered eating (namely the three articulated by Thompson (1992), as well as her bodily resistance lens) have theoretical gaps that might be alleviated with the assistance of revised feminist analyses.

Class

The corporeal form is unique in that it is truly situated at the junction of all identities. I speculate that this is because axes of privilege and oppression operate through the human body and all of its embodied experiences. In other words, it is by interacting with the external environment, with our embodiment as a conduit, that we become socially marked. Indeed, we are implicated in the construction and mobilization of social identities such as race (determined based on epidermal and physiological schemas), disability, and gender (with regards to gender presentation through bodily adornment, movements, and voice). In particular, when discussing body consciousness, there is an indisputable socioeconomic/class-based element that has been subsumed by normative discourse surrounding weight preoccupation.

For one, Thompson's (1992) study identifies a participant named Yolanda, a black Cape Verdean single mother who left her abusive husband. Despite her financial struggles, she relies on (over)eating as a coping mechanism as she feels that her body is all she has once she begins supporting herself and her children on welfare. She cites her compulsive eating as a way to calm herself and to grapple with loneliness, even eating inexpensive, nutritionally lacking food such as boxed macaroni and cheese. As such, she finds temporary solace in bingeing, as she comes to frame food as a relatively affordable and non-disruptive anesthetic, given that overeating numbs without resulting in a hangover that would impair her ability to work and care for her children, as she herself notes (Thompson, 1992).

While Yolanda seeks healing from eating, I cannot relate. My relationship with food as a poor racialized woman is governed by the internalized association of starvation with self-discipline. Having grown up and now acclimated to constant financial stress, I have developed spending and eating habits that coincide ideologically; my fear of (over)spending money exacerbates my fear of gaining weight or appearing fatter. Similarly, my socioculturally sanctioned

fatphobia reinforces my frugality. In the short documentary *A Thin Line* that chronicles four college-aged women's body dissatisfaction journeys, one of the subjects, Callaghan, similarly identifies the stress of having her weight putatively reflect her character and self-control (University of North Carolina, 2014). While Callaghan's fears and anxieties echo the moralization of (non)eating to which I reluctantly subscribe, I must note that my identities as socioeconomically disadvantaged and as a woman of colour (Callaghan is white and the documentary offers no clues to her being lower-class) work in conjunction to further complicate this association. Not only do I intimately relate self-discipline to self-starvation, but I also conflate it with the satisfaction I experience when successfully resisting the desire to *purchase* food.

The analysis I propose does not and should not cease at this particular realization. Rather, it is imperative to apply my subjectivity to the various aforementioned models. It is fair to ask how my conflation of willful starvation and discipline align with the bodily resistance theory. In one sense, I argue that I self-impose hunger as rebellion against the capitalist hegemony that is responsible for my socioeconomic oppression. In other words, I wish to renounce corporations that profit off the exploitation of oppressed racialized bodies primarily in the Global South (often hired to cultivate crops or farm food products that are sold to Global North consumers), as well as restaurants that overprice their dishes. However, I simultaneously recognize that I am not truly resisting, as self-starvation precedes my access to the beauty ideal of thinness, representing conformity, if anything. Therefore, these models (biomedical, psychological, cult of thinness, and even bodily resistance) are insufficient alone to capture the contested, hegemony-modulated relationships that different individuals have with their bodies and with eating. It is worth repeating that my experiences are not representative of anyone's but my own; I am not implying that the practices performed by other poor individuals, particularly (East Asian) women, are illegitimate

in any way because they differ from mine. Instead, this corroborates my claim: (feminist) analyses of weight fixation alike must be revised in order to be conducive to a broad, nuanced understanding, even and especially if they are contradictory.

Conclusion

The aim of this paper is two-fold: supplement Thompson's arguments against more traditional, hegemony-complicit paradigms of body consciousness – the biomedical, psychological, and cult of thinness – and to problematize her proposed bodily resistance lens. Rather than dismiss the latter for its tendency to homogenize various relationships with food, I acknowledge its merits while critiquing its oversights and assumptions. This is accomplished by augmenting her scope with my East Asian, specifically Chinese-Canadian, experiences, questioning heretofore unchallenged gendered elements, and supplementing my class-specific conceptualizations of willful starvation. In short, I advocate a particular revision of existing analyses, feminist and non-feminist alike, to de-pathologize disordered eating and to deconstruct the archetype of the upper-class white woman anorexic.

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