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## **Eating Disorders and Constitutive Absence in Contemporary Women's Writing**

By Mónica Calvo-Pascual<sup>1</sup>

### **Abstract**

Anorexic narratives share the thesis that compulsive behaviours like eating disorders are determined by a strong existential component fuelled by women's paradoxical position in present day capitalist western culture. After a review of social and psychological factors that play a significant role in the development of the disorders, this essay explores the representation of anorexia nervosa in three different first-person narratives. By portraying the psychological intricacies of the illness, these texts provide valuable information regarding its aetiology and cure in the line of recent bio-medical research on eating disorders that stresses the need to treat the disease as a symptom of a deeper emotional distress. In short, patients and characters manage to overcome the illness when they acknowledge a sense of constitutive absence as the root of their disease and learn to live with the ensuing need for identity definition.

*Keywords:* Eating disorders, Structural trauma, Women's life writing

### **Introduction**

Anorexics, like all addicts (and to some degree like most humans), are masters at seeking external solutions to internal sources of emptiness and distress. (Knapp 139)

Twenty years ago the two parts of my split self agreed they wanted to live. It was the beginning of a long, self-conscious struggle. Yet, someday, somehow, they became one again, and the restrictive type of anorexia that had occupied my entire being retreated into some hidden recess of my mind until my memories of it seemingly vanished. Coming across Jenefer Shute's novel *Life-Size* a few years later awakened those lost memories and the need to find out and articulate the reasons behind the illness and, even more so, the trigger of my "spontaneous" recovery. The analysis of many narratives on eating disorders (both fictional and autobiographical) has allowed me to trace some shared patterns in the survivors' experience that I elaborate in this essay. More specifically, delving into the representation of other women's mental processes has enabled me to identify a sense of existential void as the common root of eating distress, which is made explicit in some narratives but remains veiled in many others, as it does in many patients' unconscious. For this piece of research I have selected three texts belonging to different subgenres that illustrate this thesis – which has, in turn, been corroborated by recent clinical research like Sing Lee's and Nicole Moulding's, briefly tackled in this essay.

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## Towards an Aetiology of Eating Disorders

Literature that centres on the representation of eating disorders has proliferated over the last decades, as has the publication of feminist psychological, sociological and medical studies on their aetiology and cure. Possibly because this cluster of disorders affects mostly women, mainstream (patriarchal) accounts of it have fostered a series of prejudices that, for sheer lack of understanding, do nothing but bar the development of successful preventive and healing techniques. Among the preconceptions denounced by critical research lie the ideas that anorexia and bulimia affect only pre-pubescent girls who want to call adults' attention and, more often than not, become resistant patients (Sheppy *et al*); that they are high achievers from the upper-middle class avoiding genital sexuality (Bruch; Palazzoli; Sayers); and, more dangerously, that these disorders cannot be completely cured, thereby measuring the success of a treatment only by the patient's achievement of "standard" weight together with the withdrawal of amenorrhea (Orbach). As many feminists denounce, what medical treatments of anorexia, bulimia and binge eating generally lack is an in-depth psychological study of each individual patient which may bring to the surface the causes of an illness<sup>2</sup> that is nothing but a symptom of a much more deeply engrained disturbance whose roots are psychological as well as social (Orbach). In Helen Malson's terms, "'Anorexia' is saying something about what it means to be a woman in late twentieth-century Western culture" (6) and, one may add, in the twenty-first.

As Susie Orbach explored in her acclaimed and oft quoted *Hunger Strike*, anorexia is "an expression of a woman's confusion about how much space she may take up in the world" (xii) as much as an attempt to deny her needs and emotions.<sup>3</sup> Orbach defines it as "a complex personal response to a set of interpersonal, intra-psychic, social and political phenomena that structure the individual woman's relationship to self and other", reflecting "the tortuous conflict between desire and denial, wanting and not being able to have, plenitude clashing with impermissibility" (xviii, xix). As early as 1993, Orbach quoted a figure of 150,000 women dying every year in the U.S.A. from the effects of anorexia; the lack of a serious medical response to such a devastating illness evinces not only the patriarchal prejudices mentioned above but also the widespread assumption that eating problems are part of women's experience since it is deemed normal that eighty per cent of the women in the western world are dieting at one time or another (xxiii).

The classification of anorexia as a disorder of puberty concerning the rejection of bodily change seems to rest on the assumption that grown-up femininity is unproblematic. Yet, as feminist authors like Susan Bordo (*Unbearable Weight*), Helen Malson, Sarah Sceats and Naomi Wolf claim, it is the paradoxical condition of the culturally defined role of adult femininity in the era of consumerism that is pathological per se, rather than the anorectic's<sup>4</sup> refusal to accept it. The social changes taking place over the last six decades have also had an impact on women's relation to

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<sup>2</sup> Despite Helen Malson's thorough genealogy of the discursive construction of "anorexia" through the confluence of medical and psychiatric approaches, and her attempt to depathologize eating disorders, I still choose to use the term "illness" for the undeniably pernicious—sometimes even lethal—effects of anorexia nervosa on the patients' health.

<sup>3</sup> My discussion on the main psychological factors in the development of anorexia draws mainly upon Orbach's study, as it has laid the ground for most research on the illness published in the last three decades.

<sup>4</sup> Throughout the essay I stick to the technically correct use of "anorectic" as a noun—the medical term for a person diagnosed with anorexia—while "anorexic" is used only as an adjective. The terms, however, will be used in an inclusive sense rather than in a restrictive one, as anorexia usually involves bouts of binge eating and, occasionally, self-induced vomit.

their own bodies.<sup>5</sup> The backlash ideology, imposed in the United States and elsewhere in the western world after World War II, involved women's renunciation to their newly acquired grasp on the public sphere and work outside the domestic realm. Instead, their efforts were redirected towards the satisfaction of their husbands' and children's needs. The internalization of the official discourse meant that women's needs should mutate into their husbands' and their sense of gratification should come to rely on the care for and satisfaction of their families. The subsequent Women's Liberation Movement in the late 1960s and 1970s opened new doors in terms of both sexuality and job opportunities, creating many a conflict of feelings between duty and desire, guilt and freedom of choice. These tensions explain to a great extent the unprecedented growth of anorexia nervosa in the 1970s and 1980s.<sup>6</sup> In these generations, according to Orbach, mothers' inner conflicts were unconsciously transmitted to their daughters:

Explicitly as well as unconsciously she psychologically prepares her daughter to accept the strictures that await her in womanhood. [...] For a young woman today, developing femininity successfully requires meeting three basic demands. The first of these is that she must defer to others, the second that she must anticipate and meet the needs of others, and the third that she must seek self-definition through connection with another. The consequences of these requirements frequently mean that in denying themselves, women are unable to develop an authentic sense of their needs or a feeling of entitlement for their desires. Preoccupied with others' experience and unfamiliar with their own needs, women come to depend on the approval of those to whom they give. (23)

As a side-effect, many aspects of women's selves are under-developed and their denied needs do not find expression, to the point that they cannot develop a sense of entitlement and are not even able to assess the degree and legitimacy of their needs and desires – unwittingly confusing need for greed. Besides, autonomy and self-gratification in women often meet criticism and denigration, since those are not considered feminine qualities. Furthermore, Orbach argues that “the capacity to experience oneself as a separate person, as a subject (to individuate), rests on the gratification of early dependency needs” (26). Mothers themselves frequently cut down on their daughters' nourishing demands as part of the process of “appropriate” gender socialization, lest girls become too greedy, while encouraging their sons'. As a corollary, the meaning of “enough” is distorted for many girls.

The power of consumer society to shape the individuals' consciousness and their unconscious wishes, values, and sense of self is also widely acknowledged. Material objects become markers of one's identity, self-expression and social status (Lury; Stearns; Woodward). Women's bodies are commoditized through advertising, as sexy models appear in commercials of

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<sup>5</sup> Although I am aware that eating disorders currently affect people from every ethnic origin, social class and culture partly because of the effects of globalization, I focus on Western Caucasian women's accounts because analyzing the existing diversity exceeds the scope of this article. On the other hand, generalizing would be an utter mistake, as shown, for instance, by Zimbabwean Tsitsi Dangarembga's novel *Nervous Conditions* (1988), where the protagonist's cousin Nyasha suffers from anorexia due to the identity conflict caused by her Zimbabwean patriarchal upbringing and her more liberal western socialization in London as a university student.

<sup>6</sup> Not coincidentally, eating disorders always boost in times of women's social and political progress, like the nineteenth-century campaigns for female franchise or the liberation movement (Brumberg and Striegel-Moore). In the latter case, as Naomi Wolf argues, the beauty myth of female slenderness is a subtle weapon that slowly and imperceptibly undermines the ground gained by feminists' years of struggle (19).

cars, alcoholic beverages, deodorants and other products explicitly targeted to male viewers. Women's position not as a subject but as an object of desire is reinforced by the notion that their bodies are the tools with which they negotiate the world. Female self-assessment and worth are deeply entwined with their sense of being attractive, but even this is an unstable measuring tool, since the standards of beauty may shift from one season to another.<sup>7</sup> As Orbach points out, thinness became fashionable in the 1960s as a reaction to the emphasis on curves, hips and breasts that symbolized women's nurturing role in the 1950s. Slimness thus came to represent liberation, mobility, a response to social and sexual pigeonholing—and, simultaneously, a misogynistic attack against female forms and the space women should occupy, enhanced by the consumer market's drive towards the maintenance of youth, increasingly associated with slimness (xxi).

On top of that, acquiring a corporeal sense of self is pivotal in the development of a stable identity. In this sense, anorectics' urge to disassociate themselves from their bodies or to transfigure into non-corporeal beings evinces the intimate relation between anorexia nervosa and the formation of identity. The "dualistic heritage" stemming from Plato's philosophy and continued by Descartes has established a clear-cut hierarchy whereby the female has been confined to the role of the body, while the higher realm of the mind is associated to the male (Bordo "Anorexia Nervosa" 92). Western culture is characterized by a strong somatophobic component (Grosz), and every culture undervalues the female body for its natural rhythms and fluids, connecting it to the uncontrolled and uncontrollable, much in the line of Julia Kristeva's notion of abjection. As she states: "the body must bear no trace of its debt to nature: it must be clean and proper in order to be fully symbolic" (Kristeva 102). Moreover, if the body is fat, it represents "the full horror of embodiment, situating it as that which must be cast aside for the self to truly come into being" (Kent 135)—hence the wish to exterminate corporeality (as other) in order to reach the ideal of original spirituality and integrity that was lost in the process of identity formation.

Besides, social demands that female bodies be kept at bay and, if possible, at its minimum expression, may trigger a conflicting relation to corporeality, as Orbach points out: "The way young women are encouraged to be in their bodies—restrained and contained—is strikingly at odds with the actual physical potential that their bodies hold", and those who are physically strong or unruly can be perceived as unfeminine (61). Restraint, starting from mothers' control of their daughters' food intake, is paradoxically opposed to the tendency to resort to the breast or bottle when children are seeking a different kind of comfort, whereby many infants may eventually see in food the only source of soothing available for them to counteract any kind of distress. The result of both is, yet again, the confused perception of need and satisfaction. In Orbach's words, for the compulsive eater and the anorectic who binges, eating is an assuaging activity "to quiet an upset, to make whole what is empty, to say what cannot be spoken" (44)—a description that foregrounds three fundamental notions to explain the import of anorexia nervosa: wholeness, emptiness and saying.

### **Structural Trauma and Writing on Eating Disorders**

Literary texts dealing with eating disorders have in common certain elements like the predominance of female autodiegetic narrators—i.e., first person narrators who are the protagonists of their own narrative—who belong to white middle-class dysfunctional families and

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<sup>7</sup> The shift of beauty standards may be seen clearly in the changing size of Miss America contest winners and Playboy bunnies, whose average was 5'6" and 150 pounds in the 1950s and 5'8" and 110 pounds in the 1980s (Seid).

suffer from feelings of alienation. Another common feature is the use of double chronology and discourse, where the narrator adopts the dual role of analyst and analysand in a discursive drama of self-revelation (Pascual). This characteristic is shared with the autobiographical accounts of trauma experiences, which have proliferated in the last decades in the form of testimonies, memoirs, and fictionalized autobiographies. According to critics like Cathy Caruth, Suzette Henke or Judith Herman, this kind of writing functions as a healing narrative whereby the subject's psychic fragmentation generated by the traumatic event is somehow counteracted. By means of scriptotherapy, a sense of agency is restored "to the hitherto fragmented self, now recast as the protagonist of his or her life drama" since, "through the artistic replication of a coherent subject-position, the life-writing project generates a healing narrative that temporarily restores the fragmented self to an empowered position of psychological agency" (Henke xxi).<sup>8</sup>

Its varied causes notwithstanding, anorexia nervosa per se is a traumatic illness since it generates a state of psychological fracture in the individual, the two conflicting parts struggling against each other for either survival and recovery or self-destruction, either eating or starving. Moreover, first person accounts of eating disorders like anorexia nervosa, be they fictional or autobiographical, usually reveal at the core of their reflections the fact that the illness springs from a disturbing sense of dissatisfaction and the need to overcome an inner sense of emptiness that usually stems from the difficulty to develop an acceptable sense of identity in a gender-biased society. In late capitalist western culture, once the satisfaction of our basic needs is guaranteed, the search for the meaning of one's life frequently becomes the individual's main concern which, as indicated above, acquires particular relevance in the case of women. This search can be well explained by having recourse to Dominick LaCapra's notion of structural trauma, defined as an existential void or absence at the level of metaphysical foundations. Constitutive absence produces anxiety that "may never be entirely eliminated or overcome but must be lived with in various ways" (706-07) since it is nothing(ness) that provokes it. An affirmation of absence in its own terms is desirable in order to learn to live with it; or, to put it in existentialist terms, it is in the process of becoming that the search for the meaning of one's life acquires significance. When facing this kind of anxiety, however, what many individuals do is to transform absence, which is abstract, into a specific loss, as if by making absence concrete it could be more easily dealt with and overcome. Yet, the opposite effect is achieved, leading the sufferer to a state of melancholia provoked by the fact that the absence causing the mourned loss is not properly acknowledged.

In this line of thought, books dealing with eating disorders generally show the effects of absence being translated into a specific loss. As my subsequent textual analysis will illustrate, characters beat the illness only when they acknowledge absence and manage to transcend it. The same may be said of patients: those who—either spontaneously or with psychological aid—unearth existential anxiety as the source of their disease and find a way of feeling fulfilled as human beings have a stronger and more stable chance to entirely overcome their eating disorder than those whose therapy centres exclusively on gaining weight and acquiring a realistic view of their bodies. This stance is becoming increasingly reinforced by medical accounts like that of Hong Kong psychiatrist Sing Lee, who analyses anorexia nervosa as a capitalist-culture-bound syndrome and discovers through field research that there are patients of anorexia in Asia and Eastern Europe

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<sup>8</sup> Canonical texts in trauma studies highlight the vital role of testimony and narrativization of the traumatic experience as a necessary tool for the victims to reorder their thoughts and eventually overcome trauma (Caruth; Herman). Yet, recent controversies contend that the insistence on imposing chronological and narrative order to the emotions and memories of a traumatized subject are—like the medicalization of post-traumatic stress disorder—an attempt to depoliticize trauma and re-accommodate the victim into the social and linguistic order (Edkins 9).

where there does not seem to be a strong sense of fat phobia. Significantly, her Chinese interviewees point to the meaninglessness of their lives as the origin of their illness: they stop feeding themselves simply because they feel their lives are meaningless. Indeed, Lee reproduces patients' complaints that therapists are of no help because their only interest lies on weight gain regardless of the causes that triggered the disease and, consequently, patients are offered no help in this respect. Interestingly, Lee refers to the high rates of women who recover spontaneously without any medical intervention, whereas traditional therapies of behaviour modification are felt as humiliating counterproductive coercion mechanisms. Similarly, mental health and social work expert Nicole Moulding denounces the excess of surveillance and control in anorexic patients' treatments based on bed rest, feeding, public weighing and psychotherapy, which do nothing but aggravate their obsession with self-control and autonomy—two recurrent traits of anorexic patients (Polinska 575). The other significant common feature is the anorectic's inability to express by means of language the conflicts and sources of anxiety which she cannot fully understand or articulate and which are metaphorically expressed by their decreasing body size and physical deterioration.

### **Appetites: Why Women Want**

In her theoretically informed memoirs, *Appetites: Why Women Want* (2003), Caroline Knapp scrutinizes the context and causes of her suffering from anorexia nervosa, approaching the illness as a deeply engrained, paradoxical combination of want, self-denial, and gratification. Her personal account is complemented with other women's experiences of anorexia, bulimia, deliberate self-harm and compulsive shopping as mechanisms to try to give voice to their needs, dissatisfaction, and everything they could not express with words because they lacked the language and, they believed, the right to speak. Her main focus of attention is women's paradoxical position after the second wave of feminism, when the opening of women's choices was met with feelings of lack of entitlement and guilt at being allowed to escape the "cage" of compulsory marriage and motherhood to which young women's mothers had been fated, while those very choices put the strain of having to master one's life. As she explains, being at university in the 1970s meant facing a vast range of options opened up by the second wave of feminism: the sexual revolution, birth control, and access to higher education, as opposed to the prescribed path of marriage and motherhood. What women *needed* for subsistence before the second wave of feminism—food, shelter, intimate partnerships—became what women *wanted* in order to feel sated. Facing "a landscape of unparalleled opportunity, doors nailed shut to women just a decade or two earlier having been flung wide open" (6) implied having to decide what kind of person to become. Identity and hunger are brought together in the following terms:

the endlessly daunting business of defining a self—naming one's needs, speaking up for oneself, tolerating pain and frustration and disappointment—simply ground to a halt in the narcotizing stupor of a binge, all anxiety focused on the procuring of food, then eased, briefly but powerfully, in its consumption. (46)

In this context, starving served two purposes: on the one hand, it helped address the "anxiety that felt both oceanic and nameless" (22) of multiplying options by focusing attention on a very specific goal where Knapp could exert control: transcending hunger (8). On the other hand, self-starvation also allowed Knapp to address her discomfort about her place in that new scenario:

“permitted, at least in theory, to be big (ambitious, powerful, competitive), I would compensate by making myself small, fragile, and non-threatening as a wren” (8). Thus, food came to represent an index of how much she wanted and, at the same time, of her awareness that she would never eat or have enough (9). As Knapp argues, freedom to build her own identity was terrifying and somehow illicit, contradicting what it meant to be female. *Appetites* explores women’s inability to feel fully satisfied as an outcome of internalized attitudes of self-denial together with a poor sense of agency and entitlement, which are necessary to enable them to assert: “first, *I want*, and then, more critically, *I deserve*” (4). This is so because, as Orbach also points out, female desire is scary for many women because it is perceived as selfish, self-serving and aggressive, and therefore as unfeminine or inappropriate (44). Knapp acknowledges the determining role of gender also in terms of what the body represents: “the idea that there’s something inherently shameful and flawed about the female form” (9), which makes women “experience the body as a thing outside the self, something a woman *has* rather than something she *is*” (96)—hence anorectics’ denial of their bodies as part of their process of identity construction. Anorexia thus becomes “a form of silent protest, a hunger strike that expresses some deep discomfort with the experience of inhabiting an adult female body” (23).

As Knapp saw it, anxiety is so pressing for the individual due to the intractability of the roots of absence and desire (166). Like Freud’s death instinct and the yearning to recapture a pre-natal state of bliss, Knapp’s recourse to Lacan’s description of desire brings us back to the notion of structural trauma: desire is understood as a longing for something that was first experienced as gratifying and then lost. A fundamental sense of incompleteness and the feeling that something is missing are concomitant to desire. Anorexia is a response that takes the shape of denial—of hunger, pain and emotion—“but every so often the denial cracks and you feel the full force of your hunger, the depth of your emptiness and despair, the enormity of the ache. [...] [A] sudden pang of hollowness and yearning that seems wholly unrelated to any specific want [...], simple human sorrow” (163–5). Thus, acknowledging desire and hunger as inherently human and intrinsically insatiable introduces a sense of proportion. As she puts it, “there is no unequivocal answer, no final resting place” but the chance of enjoying fleeting moments of contentment or “narcotized bliss” (166) that “you have to relish and eat up like pie” (192). In LaCapran terms, absence cannot be overcome; yet, anxiety levels drop if absence is accepted and lived with. Knapp sticks to this pattern since, as she explains, she overcame anorexia by replacing it with another activity—rowing—that reinforced her sense of agency, control and mastery, aided by her awareness of the sources of her illness and of the fact that the sense of existential void can be filled neither entirely nor permanently, as desire and becoming are concomitant to human nature.

### **Stick Figure: A Diary of My Former Self**

Lori Gottlieb’s *Stick Figure: A Diary of My Former Self* (2000) takes the form of the one year diary written by eleven-year-old Lori in 1978. Her journey into and out of anorexia unravels through the witty entries in a diary she addresses as naturally as any pre-adolescent girl would. There, she describes herself as a “weirdo” because, unlike her friends, she has an exceptionally high IQ and enjoys books, math and chess rather than gossip about boys and clothes (18). Gottlieb’s selection and edition of her pre-teens diaries deftly combines reflections of critical and analytical depth with the defamiliarization of a gender-biased society through the ingenuous focalization of a child. The girl is clever enough to exasperate adults by throwing back at them their own contradictions. For instance, Lori does not understand why her friends’ mothers, like her



own, purposefully refrain from eating as much as they need and make girls eat less than they wish, saving the desserts for the boys and leaving the table “wanting a little something more” (35) but, when no one sees them, they binge at night while their families sleep. This anecdote clearly highlights women’s shame at their own physiological needs, which they do not openly acknowledge. Similarly, Lori is struck by women’s magazines, which teach readers how to make biscuits but always warn them not to eat them: “Mom’s magazines have recipes in them, too—like ‘12 Great Cookie Ideas’—but then on the next page they always have articles called ‘12 Great Diet Plans’ that tell you never to eat what you just baked” (85).

Trouble starts with the realization of another paradox stemming from the process of gender socialization: Cousin Kate, aged 15, denies being on a diet but eats “like a grown woman”, i.e., very little. Lori decides she wants to behave ladylike, as Kate does, so that her parents can be proud of her, as Kate’s are, but she gets reprimanded for not eating when she starts skipping meals, which increases her lack of understanding of what exactly is expected from her:

I asked Kate if she also lost weight from not eating very much, but Kate said she’s not on a diet. Which made no sense, since she hardly ate anything at dinner. Then Kate explained how that’s not a diet, it’s just how you have to eat when you grow up. [...] I guess here’s another rule: If you’re a woman, you’re supposed to try to look like a girl with a “girlish figure.” But if you’re a girl, you’re supposed to act like a woman by not being “spirited.” Except I eat and talk like the guys do. No wonder everyone thinks I’m a weirdo. (63, 62)

Lori’s plight is ironically mocked by the fact that her paediatrician prescribes her mother to read Hilde Bruch’s *The Golden Cage* so that she can better understand Lori’s illness. Lori is irritated by the suggestion (following Bruch’s main thesis) that her problem is resistance to growing up when she is just trying to act grown-up by not eating (131). This takes us back to Orbach’s argument that what is problematic is adult femininity, not adolescents’ reluctance to accept it. Other examples of the contradictory messages sent to patients include the hospital nutritionist’s refusal to eat a 400-calory cookie she orders Lori to eat, and the fact that she skips meals at lunchtime to go jogging instead.

Society’s contradictory dictates are accompanied by an evident lack of family communication: Lori’s parents do not express their feelings and disapprove of her blatant, sometimes embarrassing, honesty; she is constantly reprimanded for saying things openly and feels an unbridgeable gap between her family and her:

I guess as you get older you just have to keep your real feelings inside, like a secret, but I’m kind of a blabbermouth, which gets me into trouble. [...] The thing about my family is, you can never say anything that might ruin someone’s day, even if you think it’s very important. I was better off not talking. (18, 56)

The contradictory messages Lori receives together with the fact that she is not allowed to freely express her feelings destabilizes her self-perception and sense of identity, as the following extract shows: “I guess I was thinking more about Dad’s question, ‘Who do you think you are, young lady?’ Because if I was allowed to say what I feel, I’d probably say, ‘I have no idea anymore’” (21).

It is obvious at many points that Lori feels empty and isolated, and there are seemingly casual comments that hide deep reflections. This is the case of Lori's idea that the French are cleverer than English speakers since *having* hunger (from French *J'ai faim*) is more easily tackled than *being* hungry (132), denoting the existential component of her plight. The protagonist's "hungry-ness" is mostly triggered by her confused future expectations. Growing up in an environment where all the adult women she knows only care about shopping and dieting (fat and ugly women have to learn to type and become secretaries because they are doomed not to find a husband) Lori ends up believing in slimness as the only way out of a job and future life she finds terribly boring and off-putting (208). At this prospect and weakened by her illness, she tries to kill herself by sticking a pair of scissors in her stomach and, in the list of pros for suicide, she includes: "Won't have to be a secretary my whole life if I grow up fat" (204). After nurse Elizabeth saves Lori before she bleeds to death, the girl confesses that she also wanted to die to stop thinking about dieting, because she feels compelled to worry about her weight in order to fit in and stop being a "weirdo" (208).

Lori's path toward recovery starts when Elizabeth tells her she is an interesting girl that can be an astrophysicist, or a dancer, or anything she wishes, and will never become a boring diet-obsessed secretary (214). Equally important is the nurse's account of childbirth as a positive experience—one Lori's mother always complained about. Lori realizes that if she has a child she will not be on her own no matter how fat she gets. It is significant that, while the male paediatrician and psychiatrist are portrayed as detached and just as useless as the standard professional hospital treatment, only the nurse's humane care and helping the patient to see her future as potentially meaningful and satisfactory make Lori wish and struggle to overcome her illness.

By the end of her diary, eleven-year-old Lori reaches a two-fold conclusion: first, even smart people can end up believing it is normal to worry about one's weight; and second, there is nothing wrong in being different (233). In the epilogue to the book, adult Gottlieb expresses her hope that her childhood diary entries can help people understand eating disorders because, beyond the mere anecdotal, they reflect universal feelings and experiences. The result is a funny, ironic and thought-provoking book that exposes in an apparently naïve way the contradictions of the culture we live in, and girls' difficulties to get to know what they should do, how they should behave in a world where the messages that come across are at the very least paradoxical.

### **Life-Size**

Set in the early 1990s, Jenefer Shute's novel *Life-Size* (1992) allows the discussion to extend to the backlash period that followed the women's liberation movement in the United States. Shute shows through fiction what Knapps's memoirs explored by means of testimonies and conscientious reflection. The novel is structured as a multileveled narrative portraying the experience and perceptions of Josie, a twenty-five year old student of economics, in a rehabilitation centre for anorectics. The primary narrative line is her first-person account of her daily life in hospital, chronologically ordered but frequently interrupted by the intrusion of flashbacks that add information about her past experiences. Replicating a pattern of free association of ideas, these flashbacks generally take the reader to her process of identity formation and gender socialization into proper femininity and heterosexuality, and they are more or less cryptic depending on the impact that the remembered events caused in her psyche. The autodiegetic quality of the narrator also offers an illustrative approach to the mental struggle the anorectic suffers, as she is torn by the opposite pull between the need to recover and the wish to die. *Life-Size* is disturbingly precise

and detailed in the description of the anorectic's symptoms and obsessive rituals of observation and monitoring of her own body—the protagonist's checking her wrists' width with two fingers, counting her ribs, checking how her collarbone and hipbones protrude... in short, all the compulsions that an (ex)anorectic will easily recognize as her own:

Every morning the same ritual, the same inventory, the same naming of parts before rising, for fear of what I may have become overnight. Jolting out of sleep [...] the first thing I do is feel my hipbones, piercingly concave, two naked arcs of bone around an emptiness. Next I feel the wrists, encircling each with the opposite hand, checking that they're still frail and pitiful, like the legs of little birds. There's a deep hollow on the inside of each wrist, suspending delicately striated hands, stringy with tendon and bone. On the outside of the wrist, I follow the bone all the way up to the elbow, where it joins another, winglike, in a sharp point. (9-10)

The novel brings the disorder to life like no other fictional text also in its complexity, as it unravels the seeds of its deeply implanted roots. In this sense, the central element in the novel is Josie's obsessive search for an acceptable sense of "self", much in the light of LaCapra's notion of structural trauma. Absence, related to the concept of "self" as a unified whole, is expressed in *Life-Size* as Josie's desperate attempts to find her true self, to "become a self [...] a pure form, an essence of self" (50) by reducing her body to a minimum, "perfecting [her] emptiness" (52). She describes herself as being overpowered by a yearning to fill her existential void, by a "loud, black emptiness inside" (198). Feeling "full of emptiness, satisfied with nothing" (85), she can only think of food as the means to make herself full. Significantly enough, she defines the act of eating as follows: "eat: stuff myself with everything I could find [...] blocking in the only way I knew how the banshee wail that inhabited me" (209). References to the existence of a strangled cry within her feeling of emptiness are recurrent, and food is seen as a blockage resort: "Something had opened in me like a funnel, and the only possible appeasement was to fill my mouth. This has nothing to do with hunger. It has to do with filling the mouth so the howl can't make its way out" (167). Her sense of absence and void is thus concretized into a physical need that, for its misdirected nature, can never provide the longed-for plenitude.

In Josie's search, binge eating becomes a way of trying different things in a desperate attempt to discover what it is that she really wants: "I had to devour everything in hopes of discovering what I wanted" (184). In other words, she falls back on binge eating to calm down the anxiety and emptiness provoked by emotional and sexual dissatisfaction, pointing towards the confusion of needs analysed by Susie Orbach. Josie's disorientation regarding her sense of satisfaction extends to her inability to measure satiety, as she asks Nurse Suzanne in a terrified state: "how will I ever know when I've had enough?" (176). The side effect of this compulsive eating is the growing impulse to control her body through self-imposed starvation, seeking in her slimming process an escape from corporeal ties toward the realm of thought. As she says, her mind had "never been purer and less cluttered, concentrated on essentials instead of distracted by a body clamouring for attention, demanding that its appetites be appeased. [...] One day I will be pure consciousness" (7). In her rejection of what the female body represents in western culture—needs, desire, drives, nourishing, earthliness—Josie identifies her self with pure will power and a light mind: "without my will, what am I?" (114). She distances herself from her own body, which in

earlier stages of her life prevented her from developing a sense of her real identity: “Buried in this blubbery disguise was my true form, the sharp but delicate articulation of a self” (123).

The figure of the hospital nurse plays a decisive role in *Life-Size* as it does in *Stick Figure*, foregrounding the importance of female bonding, support and empathic listening in the recovery of anorexics. This contrasts with the figure of the male therapist, whom Josie perceives as an unsympathetic intruder into her privacy and wittily renames as “the rapist”. Regarding the importance of the figure of the empathic listener in the process of recovery from trauma, Jennie Edkins adduces that the problem with certain traumas is that no one wants to listen because speaking about them throws to society’s faces their own responsibility in the events. Hence, the trite idea that traumatic events are “unspeakable” or “unimaginable” responds to the refusal to listen to and acknowledge the survivors as such because their subjection benefits the system (3, 5). In the case of eating disorders, one may add that the state of anxiety and vulnerability the illnesses provoke benefit patriarchal control over women who might otherwise get too much or too far.

Supportive nurse Suzanne proves fundamental in Josie’s path toward recovery as she reveals to her patient the two keys to accept and overcome her existential predicament: that her body is part of her and cannot be annihilated, and that the meaning of life is living. The end of the novel therefore constitutes a clever tour de force: in her conversations with Suzanne, Josie elatedly realizes that, in getting out of hospital, she is going to “live”, “a novel idea” to her (229). Furthermore, she becomes aware not only of her need for self-definition, grasping the import of her structural trauma—the first step in the process towards working it through—but also of the fact that the body is an intrinsic part of oneself:

I thought I had it all figured out.

The less I swallowed, the more I declined, the more I hoped to pare things down to essentials. Why shouldn’t all problems have a single, bare-bones solution? I needed to discover what was left when excess was stripped away, when nothing survived but the self in its minimal form.

I thought the body could be redesigned as a perfect, self-sufficient machine. But the more I denied it, the louder it cried. The more I reduced it, the less I found. The more I wasted it, the more space it claimed, until my whole mind was under occupation.

Don’t say ‘I have a body,’ Suzanne tells me: say ‘I am a body.’ I can’t do that yet.

But if it were true, if I were a body, what would I be? (230)

The novel does not offer a closed ending in a traditional sense. Yet, closure is achieved as the text leads to the conclusion that, for a healthy embodiment of self, corporeality has to be accepted back as part of one’s identity, an existence that acquires meaning, as the last sentence seems to advance, in its own process of becoming.

## Conclusion

Despite their diversity in terms of genre, the texts under analysis show a concern with the causes of anorexia nervosa, presented as a disorder with complex social and psychological roots. Far from reducing it to an immature obsession with slimness and the contemporary beauty ideal, as many demeaning mainstream accounts of the illness do, women’s writing as materialized in

these texts succeeds in offering a dignified, respectful view of patients as clever women with strong critical skills. Anorexia is portrayed as a symptom of a deeper emotional distress rooted in existential anxiety and feelings of emptiness and dissatisfaction, which are in turn exacerbated by the need to define one's identity in a society that alienates women from both their own bodies and their legitimate claim to self-fulfilment in the public sphere.

By highlighting the vital role of empathy in the recovery process, the texts also evince the failure of medical systems based on weight gain and surveillance that do not bother to trace the roots of an illness that inadvertently benefits the status quo. Eating disorders are thus revealed as a logical if devastating outcome of the disordered, inhabitable condition of being an adult woman in late capitalist western culture. In other words, these texts unquestionably share the focus on one of the main causes of anorexia nervosa: the sufferer's conscious or unconscious search for a satisfactory sense of self, triggered by the existential drive inherent to the human being, but which acquires a sharper edge in the case of women who, growing up in a society where demands are unbearably paradoxical, can never know for sure to how much they are entitled: how much they want, and how much they deserve.

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