

Women's Struggles with Food and Weight as Survival Strategies

By Carla Rice and Leslie Langdon

Misogynist culture displays contempt for women's bodies and devalues their experiences. One expression of this hatred is a systemic objectification and violation of the female body. Another expression is the social imperative that grants women power only if they participate in manipulating their bodies to conform to thin, young, white, (hetero)sexually attractive ideals of beauty. This article explores how some women use food and weight to respond to systemic objectification and violation, how they manipulate their bodies in an attempt to mitigate the violence and how this collusion shapes and perpetuates their continued oppression.

These ideas grew out of our experiences counseling women struggling with weight preoccupation. Carla's interest in this area resulted from an examination of the roots of her own body-image issues, and her interest as a lesbian in understanding how food and weight obsession is related to heterosexual relations. Leslie's interest grew out of her dissatisfaction with traditional formulations and therapy for eating disorders¹ and her developing awareness as an activist of the connections between weight issues, weight prejudice and violence against women.

Objectification and the Cult of Femininity

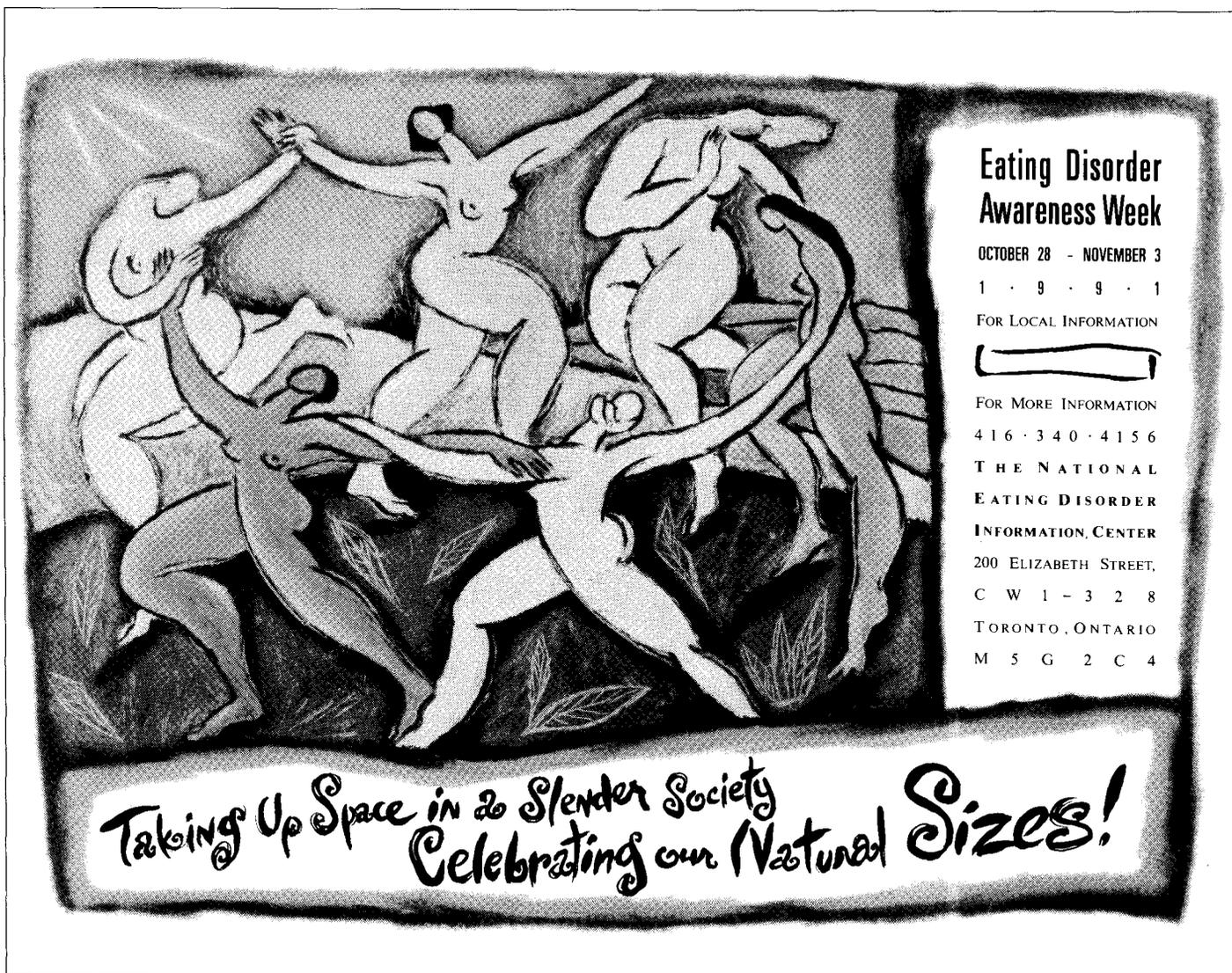
Women growing up in North America are engendered to place primary importance on their physical appearance. From infancy they are encouraged to invest in appearance and are rewarded for successfully approximating socially constructed images of beauty. Women learn that having power is intimately connected to how sexually attractive their bodies appear to men. The activities offering them the greatest potential to acquire money and power — acting, modeling, prostitution and marriage — are all occupations where they must use their bodies to gain male approval. Even if some manage to escape these traditional spheres, they continue to participate in the cult of femininity through having to negotiate socially constructed images of a successful business woman, currently the emaciated "superwoman."

In a culture where woman's value is determined by the sexual attractiveness and saleability of her body, her identity is intimately bound up with how she looks. In his book, *Ways of Seeing*, John Berger states: "Men look at women. Women

watch themselves being looked at. This determines not only most relations between men and women but also the relation of women to themselves."² Berger suggests that men demonstrate their ownership of women by placing themselves in the subject position when viewing women's bodies in art, the popular media and daily life. As subject, viewer and creator, man assumes the power to act through his body and mind. As object, woman is created and consumed by him and can affect him only through changing the ways she is seen by him. While objectifying her body does help a woman gain some power, it also ultimately contributes to her own subjugation. She can never transcend being assessed in relation to her physical self.

Objectification is a form of violence against women. In being rendered objects, women are dehumanized, stripped of their personhood. Furthermore, the objectification process leaves them vulnerable to more overt violence: seeing women as less than human makes it easier for men to insult, degrade, use, abuse and even kill them. Not only is objectification a form of violence against women, but participation in the objectification process is a form of violence against the self. Plucking, waxing, dyeing, bleaching, curling, starving, shaving, straightening, painting, teasing, trimming, tucking and tightening are all contortions. Whether perpetrated by men against women or by women against themselves, these contortions are acts of violence which can cause physical and psychological damage, the long term consequences of which are only beginning to be acknowledged.

In the twentieth century, visual media have become an increasingly common



This poster was designed and illustrated by Helen D'Souza for The National Eating Disorder Information Center

means of communication.³ The profusion of female body images in the media magnifies the extent to which women identify with their bodies and men perceive women as body. Moreover, women are increasingly depicted as victims of graphic acts of violence. Feminist theorists and researchers have shown how this trend reflects and shapes the attitudes and behaviours of men. The violence against women is sexualized and made more and more permissible.

Weight Preoccupation and Violence Against Women

The objectification of women is a fundamentally important aspect of women's psychology in a culture where a woman's body is, literally, her self. Of all the attributes of the current beauty ideal, thinness is the most essential. Regardless of class, ethnicity, sub-culture or identity, most women growing up over the past

three decades have been engendered to despise fat and place a high premium on thinness. In fact, 80-90 per cent of women dislike the size and shape of their bodies;⁴ 80 per cent have dieted by the age of 18;⁵ 70 per cent are currently dieting;⁶ and 66 per cent of women have experimented with bulimic behaviours in the hope of losing weight.⁷

In a culture where a woman's body size is of such paramount importance, it is not surprising that dieting and other weight loss behaviours have become normative.⁸ While few researchers working in the area of eating problems would dispute the existence of a relationship between cultural pressures to be thin and the increased prevalence of weight preoccupation, most are reluctant to link dieting and eating disorders on a continuum because they perceive eating disorders as being qualitatively different from "normal" dieting concerns.⁹ By highlighting the differences

between these and other eating disorders, researchers divorce anorexic and bulimic behaviours from "normal" dieting behaviours, and from a larger socio-cultural context, even though the degree of weight preoccupation in both groups may be similar and many women move from one so-called category to another throughout their lifetime.

Anorexia and bulimia are further divorced from socio-cultural factors by the popular conceptualization of eating disorders as multi-dimensional or bio-psycho-social problems.¹⁰ Here, as with numerous other feminist issues, socio-cultural pressures are separated from individual and family characteristics even though these intra-psycho-social factors have systemic roots.¹¹ Women with eating disorders are commonly described as having feelings of low self-esteem and ineffectiveness. However, it has been well documented that women are engendered

with low self-esteem,¹² and feelings of ineffectiveness develop as a result of social and economic powerlessness.¹³ Moreover, it has also been shown that the family factors associated with eating disorders describe the ways in which family relations mirror social relations in a patriarchal culture.¹⁴

Mainstream researchers have not begun to explore the relationship between experience of violence and food and weight issues. Most of the well known (and for the most part male) "experts" have demonstrated little or no interest in exploring the connection between violence against women and eating disorders, and continue to refer to the "possible" and "unsubstantiated" relationship between the issues. This connection was first made by female researchers who found the prevalence of sexual and physical abuse among women with eating disorders to be shockingly high. In their study of 200 bulimic women, they found that 66 per cent had been sexually or physically abused.¹⁵ Other studies have generated similar figures.

It is our belief that most research has not identified or expanded upon connections among violence, power, the female body and weight because these issues have profound implications with respect to how eating issues are conceptualized and treated. Recognizing sexual abuse, assault, violation and all systemic violence against women would mean having to address the oppression of women in general and acknowledge the patriarchal subjugation of women through their bodies. As well, it would be necessary to acknowledge the power dynamics inherent in relationships between predominantly male clinicians and researchers and predominantly female clients and support staff. This examination would call into question the male researcher's engendered position of power in relation to all women.

Food and Weight Struggles as Survival Strategies

Food and weight struggles are coping strategies often used by women to negotiate their victimization experiences. The eating problems may begin as part of the women's initial experience of revulsion or depression in response to abuse. Eating issues become fused with body image/weight struggles in a culture of contempt for women's bodies. Women may also focus on food, fat and weight to numb

themselves and keep thoughts away from the memories of victimization. Survivors may use such strategies so as not to feel the terror, guilt, sadness, anxiety, shame and rage associated with the traumatic experiences.

Beyond these common coping strategies, struggles with food and weight have different meanings for individual survivors. A woman who has experienced abuse or assault might express her trauma through food and weight in a variety of

In their study of two hundred bulimic women, female researchers found that sixty-six per cent had been sexually or physically abused.

ways. These include:

- vomiting to assert control over what goes in or out of her mouth and to expel what was done to her;
- angry, out-of-control eating as an expression/suppression of rage;
- purging to expel powerful and frightening feelings;
- using hunger pains, pain caused by laxative abuse, vomiting or exercising to erase, imitate or master pain caused by trauma;
- restriction of nourishment as a symbolic way of saying no to life;
- food restrictions and use of laxatives, diuretics, diet pills, ipecac or herbal teas to purify the body;
- laxative abuse or vomiting as a way of attempting to rid the body of an unwanted presence;
- excessive exercise as a way of trying to regain control over the body.

Women cope with assault or abuse experiences and their emotional repercussions by using their bodies to speak their pain. Food and weight concerns have become a primary language through which women communicate victimization in a culture where they are otherwise silenced. While this language can provide women with an emotional outlet, it also embroils them in self-struggle. The obsession with food and weight traps women in a perpetuating cycle of self-hatred that allows them to voice their pain only through raging against their bodies.

Beyond Survival: Strategies for Change

How can women move beyond this perpetual cycle of self-hate? How can they find freedom from violence, the traumatic effects of abuse and the coping strategies that perpetuate their oppression? In a patriarchal culture, women have little experience of bodily integrity, respect and affirmation. Because there is little room in this culture for women to resist domination, they participate in and perpetuate

misogynist attitudes, structures, and relations in order to survive. There is no easy, proven formula for moving beyond oppression. Solutions cannot be achieved solely through conventional models of intra-psychic growth, but must address the issues on multiple levels.

One resolution involves women working through their relations with their bodies and the traumatic effects of their abuse. While it is an individual response, this solution is not solely psychological because it requires examining sexual violence and objectification in a social and political context.

Some examples of such work might include:

- examining common stereotypes about fat/thin and beauty in daily life and challenging fat prejudiced attitudes in self and others;
- de-emphasizing appearance and challenging the heterosexist imperative for women to conform to ideals of beauty to attract men;
- struggling to resist participating in self-objectifying and hetero-sexualizing behaviour, e.g., waxing or shaving legs, colouring hair, wearing make-up, etc.;
- understanding one's experience of objectification, violation, assault and abuse in the larger context of the systemic hatred of and violence against women;
- struggling to gain power/feel powerful in ways other than through

commodifying and objectifying the body (e.g., experiencing the body as agent by building up physical fitness, endurance and strength; exploring sexuality in ways that are experienced as empowering);

- working with other women to explore and resolve victimization experiences, the repercussions of trauma and coping strategies.

Another solution involves collective organizing and taking overt political action. Some collective action strategies include:

- starting or joining anti-weight prejudice action groups, e.g., Hersize, Fat Liberation Front, National Association to Advance Fat Acceptance (NAAFA), Mediawatch, and Re: focus;
- supporting groups, organizations and coalitions fighting violence against women, e.g., rape crisis services, battered women's resources, sexual assault/abuse clinics, legal education/action committees, and demonstration/action coalitions;
- questioning consumer spending on items or services that perpetuate objectification of, or violence against, women, promote fat-hatred or misogyny;
- writing letters, lodging formal complaints, organizing boycotts, and speaking out publicly against objectification and violence.

A third avenue for change is found in the expression of creativity and spirituality. Some examples of this may include:

- surrounding oneself with positive, life sustaining and enhancing images of women which reflect a range of body images;
- exploring historical and cross-cultural goddess worship and imagery;
- finding creative outlets to resolve feelings around the body, the self, and past trauma, e.g., writing about them, painting, listening to and creating music, reading the writing of others, sharing feelings with women friends;
- practicing bodylove and self-care through meditation, yoga, massage and bubble baths.

Individual and collective acts of resistance assist women in gaining power. However, these solutions do not provide a blueprint for moving beyond survival. Patriarchal structures and relations causing women to bind their identities to their physical selves, and to fear violation of and through their bodies, will continue to

thwart a larger movement towards empowerment for all women. Women cannot and will not find a means to liberate themselves until they find a means to emancipate themselves from patriarchal relations with their bodies.¹⁶ Ultimately, freeing women from oppressive relations with the body means struggling to move beyond the patriarchal construct of women as body and searching for a means of finding and claiming potential voices and identities elsewhere.

Conclusion

An attractive body operates both as a survival mechanism in a system of sexual terrorism and as a necessary psychic component of a woman's sense of self in a culture where women are valued as sexual objects. Engaging in self-objectifying behaviour occurs as women learn they must have their physical self approved of by others to have their sense of self validated. The cultural message women receive and internalize about their bodies is a paradoxical one: the more they watch themselves being looked at, the more they invest their self-worth in their bodies and appearance, the more they objectify and dehumanize themselves, the closer they will come to being respected as human beings. The horrible tragedy of this is that in striving for autonomy, personhood and connectedness through trying to maintain a thin body size, women collude in their own oppression.

¹ Here we use the term eating disorders to refer to a psychiatric diagnostic classification which includes anorexia nervosa and bulimia nervosa. We believe that such classifications create a false dichotomy between supposedly "normal" and "pathological" women. We do not distinguish between women who engage in dieting or other weight loss behaviours and those diagnosed by bio-medical models as having bulimia or anorexia nervosa because we believe the difference is one of degree rather than kind.

² J. Berger, *Ways of Seeing* (London: British Broadcasting Corporation & Penguin Books, 1972), pp. 47-48.

³ M. McLuhan, *Understanding Media* (New York: McGraw Hill Book Company, 1964).

⁴ Marcia Hutchinson, *Transforming Body Image* (New York: The Crossing Press, 1985).

⁵ C. Sternhall, "We'll Always be Fat But Fat Can be Fit," *Ms* (May, 1985), p. 66.

⁶ *A Report on the Behaviour and Attitudes of Canadians with Respect to Weight Consciousness and Weight Control* (Toronto: Canadian Gallup Poll Limited, 1984).

⁷ Hersize: A Weight Prejudice Action Group. Pamphlet, 1987.

⁸ Janet Polivy & C. Peter Herman, "The Diagnosis and Treatment of Normal Eating,"

Journal of Consulting and Clinical Psychology, 55 (5), pp. 635-644; Judith Rodin, Lisa Sibberstein & Ruth Striegel Moore, "Women and Weight: A Normative Discontent," T.B. Sonderegger (ed.) *Psychology and Gender: Nebraska Symposium on Motivation* (Lincoln: U of Nebraska P, 1985), pp. 267-304.

⁹ Polivy & Herman, "The Diagnosis and Treatment of Normal Eating," p. 638. Their findings are based on a number of studies including: D.M. Garner, M.P. Olmsted & P.E. Garfinkel, "Does anorexia nervosa exist on a continuum? Subgroups of weight preoccupied women and their relationship to anorexia nervosa," *International Journal of Eating Disorders* 2, pp. 11-20; D.M. Garner, M.P. Olmsted, J. Polivy & P.E. Garfinkel, "Comparison between weight preoccupied women and anorexia nervosa," *Psychosomatic Medicine* 46, pp. 255-266.

¹⁰ D.M. Garner & P.E. Garfinkel, *Anorexia Nervosa: A Multi-Dimensional Perspective* (Montreal: Bronner & Mazel, 1982); D.M. Garner & P.E. Garfinkel (eds.) *Handbook of Psychotherapy for Anorexia Nervosa and Bulimia* (New York: The Guilford Press, 1985); Hilde Bruch, *The Golden Cage* (Cambridge: Harvard University Press, 1978).

¹¹ E. Szekely, *Never Too Thin* (Toronto: The Woman's Press, 1988).

¹² L. Tschirhart & M.E. Donovan, *Women and Self-Esteem* (New York: Viking Press, 1984).

¹³ S. Kano, *Making Peace with Food: A Step-By-Step Guide to Freedom from Diet/Weight Conflict* (Danbury, Connecticut: Amity Publishing Company, 1985).

¹⁴ M. Bograd, "Enmeshment, Fusion or Relatedness? A Conceptual Analysis" and "A Feminist Examination of Family Therapy: What is a Woman's Place?" in Lois Braverman (ed.), *A Guide to Feminist Family Therapy* (New York: Harrington Park Press, 1988); M. Root, P. Fallon & W.N. Friedrich, *Bulimia: A Systems Approach to Treatment* (New York: W.W. Norton & Company, 1986).

¹⁵ Quoted in P. Fallon, "A Feminist Systems Approach to the Treatment of Bulimia," presented at the *Third International Conference on Eating Disorders*. New York (April, 1988).

¹⁶ F. Haug, *Female Sexualization*, pp. 247-266.

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