Take Up Space/ Know Your Place: On the Relationship Between Anorexia and Feminism

Laureanne Willems

Abstract

This paper takes Emma Woolf's memoir *An Apple a Day* as a case study to look at the relationship between feminism and anorexia. Reading the memoir in this context lays bare the ways in which the feminist model fails to understand Woolf's lived illness experience. Through looking at Woolf's personal aetiology theory, the stigma around anorexia and mental illness, contemporary gender roles and beauty ideals, and conceptualisations of health and illness, it becomes clear that anorexia cannot be understood in a single interpretational framework. In her memoir, Woolf is speaking back to larger narratives about anorexia.*

* The author explores the lived experience of anorexia in more detail in her MA thesis, which was awarded the UU Best Master's Thesis Award 2019.

Introduction

When I Google 'anorexia and feminism,'[1] the first search result is a 2018 *Marie Claire* article by Charlotte Lieberman entitled: "My Eating Disorder Made Me Feel Like a Feminist Fraud." As the title suggests, it was difficult for Lieberman to match her awareness and knowledge of the patriarchy and its enforced beauty ideals for women with her anorexia and "obsession with losing weight" (n.p.). This is an interesting statement, as it presents feminists and anorexics as mutually exclusive groups (at least conceptually). Clearly, Lieberman was both. In this, she is not alone: anorexics can be feminist. Put differently: feminists can be anorexic. So where does her sense of fraudulence come from?

Feminist discourse on anorexia, though relatively new, is extensive. From the 1970s onwards, it has succeeded in loosening the hold of the medical model on the treatment and understanding of anorexia by proposing a culturally and psychologically driven framework instead. While feminist interpretations of anorexia are varied, however, there is a tendency to reduce the argument to a relatively linear course of events in which there are always two constants: a patriarchal society that submits women to a set of strongly gendered (and discriminatory) norms and a female subject that is susceptible to that. This linearity cannot adequately account for the lived experience of anorexia, which does not fit neatly into such a causal structure. This is particularly evident when looking at Emma Woolf's memoir *An Apple a Day* (2012). Through relating a personal, embodied experience, Woolf connects with as well as subverts different strands of the feminist model and thereby reveals how this model fails to adequately present (and comprehend) her daily bodily reality.

Situating Anorexia in Feminist Theory

In most feminist work on anorexia, there is an overt acknowledgment of the multifactorial root of the illness, which may include societal pressures, family disturbances, trauma, genetic predisposition and imbalanced brain chemistry (among other things). However, feminist

[1] On 15 July 2019.

theories place gender at the centre, as they question why anorexics are predominantly female.[2]

Much of the early feminist discourse on anorexia was based on the work of psychoanalyst Hilde Bruch (1973), who was among the first within her field to relate anorexia to external influences (4). Bruch considered the development of anorexia to be in part due to flawed mothering: the mother is unable to see her child's desire for autonomy and so the child has trouble constituting an independent self. In addition, she saw the widespread cultural pursuit and glorification of thinness as part of the explanation of anorexia (ibid.). Susie Orbach, building on Bruch's work, focuses on the patriarchal norms of femininity and womanhood (1986). She conceives of anorexia as part of the backlash against second wave feminism: an obsessive relationship with the body was the price to pay for the newly gained liberties and rights. She likens the hunger striking suffragettes of the 1920s to the 1980s anorexics, both enacting a bodily response to a larger societal issue. The anorexic, however, "defeminizes her body" (7) through starving away her curves and ability to menstruate. The (type of) agency attributed to the anorexic and the political background to Orbach's interpretation exclude, particularly, the medical factors of the multifactorial root, which as a consequence rules out some anorexics from fitting into her reading.

From a historical point of view, Joan Jacobs Brumberg (1988) has argued that these early texts on anorexia were instrumental in signalling the meaningfulness of women's collective dieting practices and worries about the body, which were dismissed as trivial before (36). In delineating the history of anorexia, Brumberg favours a cultural interpretation, as she shows how women have been linked to ascetic practices in the Middle Ages and body maintenance from the early twentieth century onwards. However, as she shows that anorexia is an old rather than new experience, she does not support the causal relationship between contemporary culture and the rising incidence of anorexia. Moreover,

[2] In a 2017 Stanford Children's Health article, it was stated that 10% of anorexics are male; 90% are female (Digitale). Although the male to female ratio of anorexic patients varies among different researchers, it is clear that the overwhelming majority is female.

she points out that there are many women who do not develop anorexia (39), and therefore questions the cultural hegemony present in interpretations such as Orbach's.

This cultural dominance is also emphasised by Naomi Wolf (1991), who sees the societal fixation on thin (and thinning) female bodies as a political instrument of the patriarchy to exert control over women's sense of self and consumer behaviour (208), as well as to "neutralize the achievement" (211) of women. Writing out of personal experience, she stresses that the pervasive cultural messages about female beauty played a large part in her developing anorexia. This is compounded, she argues, by contemporary gender roles for women, who are "expected to act like 'real men' and look like 'real women'" (211). Again, this brings to mind Brumberg's rightful questioning of why most women do not develop anorexia, as they are all, in this theory, subjected to the same patriarchal norms and power structure.

In response to this question, Susan Bordo has argued that although not all women develop anorexia, a large majority has trouble with their body and their appetites (1993). In her view, therefore, anorexia is not an exception but rather a more extreme form of otherwise normal female eating behaviour and body perception (154). Importantly, Bordo does not consider anorexics to "reflect any social or political understanding at all" (159) of their illness, thereby deviating from Orbach. However, she does emphasise that the anorexic is afraid of traditional female domesticity and the "archetypal image of the female: as hungering, voracious, all-needing, and all-wanting" (160), which signifies a loss of control (149).

These interpretations have been written out of personal experience (Wolf) or in collaboration with anorexics through observation and interviews (Orbach, Bordo, Bruch), with the idea of letting the anorexic be heard and making the personal political: a move away from the medicalisation of the anorexic subjectivity within psychiatry and health care practice. However, Elspeth Probyn already cautioned in 1987 against "exploiting the anorexic as metaphor" (210), and Su Holmes (2016) has argued that in most of these works, "anorexic, or recovered anorexic, voices are used by the researcher to *interpret* the role played

by gender" (original emphasis), resulting in a "lack of dialogue, or opportunity to speak back" (195). Holmes also disputes Bordo's "implicit dichotomy between enlightened feminist researcher and politically unaware anorexic" (205). This speaking back and voicing the individuality of an anorexic subjectivity is mainly done through autobiography, as it provides a self-reflective way of narrating an experience of illness without risking medicalisation or symbolisation by others (Couser 2).

Woolf's Lived Experience

Emma Woolf wrote *An Apple a Day* when her column for *The Sunday Times*, in which she was tracking her recovery process, gained popularity. As it is not feasible within the scope of this paper to discuss the book in full, I will focus on a few of the ways in which Woolf's lived experience can be seen to interact with and present an alternative view on feminist thought.

Firstly, and most obviously, Woolf's interpretation of her anorexia's aetiology does not fit into the structures provided by feminist theory, as it does not take gender as a cause. Woolf does not consider beauty ideals to have played a part in her anorexia: she writes that "it seems a different world" now as she "[doesn't] remember anyone skipping lunch, getting super-thin or over-exercising" or "the intense scrutiny on every aspect of women's bodies" (81). And this was not for a lack of awareness, as she read feminist works from the age of seventeen, among them those of Wolf and Orbach. Rather, she developed the illness as a response to a break-up: she indicates that "[s]tarving was a way of coping with the pain [she] felt, and a way of controlling [herself]" (87). This pain stemmed not just from heartbreak, but also from a feeling of rejection, which she punished herself for. She writes that she is very confident in most areas of her life (including her professional and love life, and her appearance) and has for this reason been diagnosed with "*atypical* anorexia" (73; original emphasis) as she does not have "the classic 'distorted' view" (ibid.). To her mind, her aetiology therefore springs from her personality and "temperament" (ibid.), but also has a medical cause: she argues that she always felt that her "brain is wired differently" (125) and

that "something is broken inside [her] head" (236). This mixed explanation does not lend itself easily to a gendered reading, as Woolf does not consider her being a woman to play a part in it. Overall, her personal aetiology theory is more diverse than the feminist one and takes more factors into account. By rejecting the determining role of gender in feminist discourse, she creates a distance from the idea of succumbing to or physically protesting against the patriarchy, which she does not identify with.

But she does identify as a feminist and, like Lieberman, Woolf feels like her politics and her illness do not match. She writes: "How ironic, then, that for all my feminist principles and independence, growing up in a family of strong women, I should end up with anorexia, this most enfeebling of conditions" (71). Through her choice of words here, she clearly contrasts feminism (as 'strong') and anorexia (as 'weak', or at least 'weakening'), and in this way shows the reader the complexity of her reality, as she is both, and therefore, in her terms, strong and weak at the same time. Interestingly, she also considers independence to be characteristic of feminism, thereby issuing forth the implication that anorexia comes with a form of dependence (at least for her). The dichotomy may seem evident; if anorexia is associated with illness (bodily and/or psychological), then it may entail some sort of weakness or dependence on others. I wonder at the absence of strength, though, as well as the apparent absence of weakness in Woolf's perception of feminism; this seems inaccurate. Feminists cannot always be strong (who can?); anorexics are certainly not always weak or dependent.

Although Woolf may have described her contrastive reality in this way, she does show throughout her memoir that anorexia is not just weakening, nor necessarily a cause for dependence. When she was anorexic, she still studied at Oxford, built a solid career in journalism, and committed to a loving relationship; hardly signs of weakness. In a similar vein, Woolf is far from dependent on other people; if anything, she is the opposite. She writes: "Apparently it's normal for human beings to seek life-partners and to cohabit […] I actually crave being alone" (220-1). She has been living with anorexia for over a decade when she starts writing her memoir and has had very little help during that time.

Although she has tried a large array of treatments, ranging from university counselling to psychoanalysis to cognitive behavioural therapy and psychiatry, she has done most of it alone (135-6). But while she is and has been independent, Woolf also recognises that her anorexia has isolated her from other people, most notably her family, and she writes: "I'll always carry the isolation inside me" (54). This isolation is a deep, far-going consequence of her life with anorexia. Moreover, in her description of this she makes a clear statement: 'full' recovery is not possible, at least not for her; this part of her anorexia will never completely go away. She writes: "It's a deep scar, a mindset which stays with you for life, no matter how 'normally' you learn to eat, no matter how well you learn to live with it" (59). Interestingly, she has chosen to use quotation marks around the word 'normally' here. In doing so, she signifies that this word should not be taken at face value; it is not straightforward.

Woolf displays this ambiguity of normalcy particularly well in her reiteration of the advice she has been given from family, friends and readers about healthy eating habits: "My mother says I need more cheese, healthy fats and oils in my diet […] A woman from Paris emails that I should start eating meat and fish again […]" (127). Clearly, conceptions of healthy and normal eating are different for everyone. Nevertheless, Woolf recognises how her own restrictive way of eating is, for lack of better words, not (considered) 'healthy,' nor 'normal,' and she finds it difficult to get accustomed to this: "I have to accept that the world sees it differently. Whatever I think is right—is wrong" (54). Recovery figures here as a step towards clear thinking and even, it seems, 'common' sense, as she hints at a universal agreement. This is in line with the feminist discourse (among many others) on anorexia, which also equates recovery with a return to a state of health and normality.

Yet Woolf's questioning of normal eating puts forward important questions, which show a deviation from the feminist model: if a uniform way of normal eating does not exist, and by that reasoning an abnormal way does not either, then how can or should the presence or absence of anorexia be measured? And what does this presence or absence then mean? The concomitant question can be asked of feminism: if a 'full'

recovery from anorexia cannot be considered a uniform state of health and normalcy, then how to understand Holmes' perceived dichotomy between "politically unaware anorexic" and "enlightened feminist researcher" (205) in the feminist model? Holmes has convincingly argued that within this model, the anorexic, theorising her own illness without gender as a component, is guilty of "false consciousness" and seen as unable to view her own situation clearly and intelligently (199).

This idea of false consciousness can be connected to conceptualisations of mental illness, and specifically as a medical and social construct that is "based on a deficit model which presumes the pathology and inadequacy of 'the mentally ill'" which means that "their thoughts, emotions, perceptions and behaviours [are conceptualised] as wrong and defective" (Beresford 582). A similar construct underlies part of the feminist works previously discussed: although the anorexic is given a voice, there is a pathologisation of her subjectivity. For anorexia, moreover, another type of stigma applies as well, which Michele Easter calls "volitional stigma" and which "involves the 'trivialization' of eating disorders as behavioral choices" (1409). Research has borne out that this form of stigma effectively means that the lay public attributes a significant responsibility to the anorexic (Crisafulli et al. 337), both in causing the illness and in being able to recover.

Woolf is aware of the dual stigma attached to anorexia and wants to battle it in her memoir. One way in which she does this is by asking her readers: "Would it sound lame if I said that anorexia was never my choice?" (46). Her phrasing is tentative here; she may really be wondering about the answer. While she is trying to talk back to the volitional stigma, her way of doing so indicates her own doubt as to what people think about her distancing herself from the responsibility for her illness. In this, she diverges from Orbach's and Wolf's understanding of anorexia as a protest, and thereby a choice: although Woolf considers anorexia to have been a coping mechanism (87), she makes clear that she never consciously made the decision to starve herself. Woolf also talks back to stigma through arguing for the severity of anorexia, and she makes a case for it not to be trivialised as "a silly female hang-up, or something which affects teenage girls: the quest for the perfect figure"

(59). Her primary narrative strategy for this is the delineation of her embodied experience(s) of anorexia, exemplifying its physical and psychological ramifications: there are lengthy descriptions of (non-)eating scenes (e.g. 96-8), of her complex and disabling food-related rules (e.g. 118, 158), the moments of (near) depression and sadness (e.g. 24), of what happens when the body goes into "emergency mode" after prolonged starvation (32), or of the anorexic voice "which never, *ever* shuts up" (15; original emphasis) and which reprimands her for eating (e.g. 98-9, 100). Through these various portrayals, the reader is invited to navigate among the stigmatising attitudes towards anorexia and Woolf's experience of them.

These stigmatising attitudes, moreover, assume that recovery will be easier than it actually is. This is based on two ideas: 1) anorexia is a choice, and so recovery is too, and 2) there exists a state of health and normalcy that the anorexic can aspire and return to. These in turn both imply that ('full') recovery is possible. Woolf shows how this understanding is relative (and constructed) through emphasising that anorexia can cause, for example, irreversible internal damage: "I recently found out that up to 90 per cent of anorexics will show some degree of bone loss" (139-40), and she herself now has osteopenia,[3] which cannot be undone completely. Although texts like Wolf's and Orbach's do account for the psychological component to anorexia, and its effect on the whole body, there is no adequate recognition of the incredibly physical/bodily experience that anorexia is, too, which includes "amenorrhoea […] infertility, depression, insomnia" (18).[4] Importantly, by underlining the long-lasting (sometimes even permanent) effects of anorexia on her life and self, Woolf portrays anorexia as more than a 'phase,' a 'diet gone wrong' or a 'protest,' which all seem to have a temporary nature. Rather, she considers the idea of returning to a full state of 'health' to be unrealistic and, as mentioned earlier, recognises that some parts of her illness experience will always be a part of her Self. In the feminist interpretations previously discussed, there is no room for this part of her

[3] Osteopenia is a state of low bone mineral density and can be a precursor to osteoporosis.

[4] Amenorrhoea is the absence of menstruation.

experience, as a distinction between health and illness (and normalcy and deviation) is possible and recovery, therefore, too.

Conclusion

The feminist discourse on anorexia is pervasive, especially culturally: the relationship between eating disorders and beauty ideals and concomitant dieting in particular has become ubiquitous. Although Woolf acknowledges the existence of this relation in her memoir, it becomes clear throughout her argument that she considers anorexia to be highly individual and far from a constant experience. She primarily shows this through putting forward her own aetiology theory, as well as through revealing (the severity of) her own daily bodily reality, thereby questioning the underlying conceptions of health and illness in the feminist model. Her memoir reveals that the lived experience of anorexia cannot be narrowed down to one framework, however diverse it may be, as the currently available terms do not do it justice. Embodied knowledge, gained through experience, provides this insight, and Woolf's decision to use autobiography as a vehicle underscores this. She has come to her own interpretation—leaving enough room for those of others—and through this narrative resists medicalisation or symbolisation by others. While she writes against some of the main feminist understandings of anorexia, however, she still writes as both a feminist and an anorexic, showing her readers it is possible to be both; it just takes a deep commitment to battle stigma and the status quo.

Works Cited

Beresford, Peter. "Thinking about 'Mental Health': Towards a Social Model." *Journal of Mental Health*, vol. 11, no. 6, 2002, pp. 581-584.

Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. U of California P, 1993.

Bruch, Hilde. *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*. Routledge & Kegan Paul, 1974 (1st ed. 1973).

Brumberg, Joan Jacobs. *Fasting Girls: The History of Anorexia Nervosa*. Vintage, 2000 (1st ed. 1988).

Couser, G. Thomas. *Signifying Bodies: Disability in Contemporary Life Writing*. U of Michigan P, 2012 (1st ed. 2009).

Crisafulli, Michele A., et al. "Attitudes Towards Anorexia Nervosa: The Impact of Framing on Blame and Stigma." *International Journal of Eating Disorders*, vol. 41, no. 4, 2008, pp. 333-339.

Digitale, Erin. "Stanford Researchers Expand Comparison of Males and Females with Anorexia." *Healthier, Happy Lives Blog*, Stanford Children's Health, 11 Jan. 2017.

Easter, Michele M. "'Not All My Fault': Genetics, Stigma, and Personal Responsibility for Women with Eating Disorders." *Social Science & Medicine*, vol. 75, 2012, pp. 1408-1416.

Holmes, Su. "Between Feminism and Anorexia: An Autoethnography." *International Journal of Cultural Studies*, vol. 19, no. 2, 2016, pp. 193-207.

Lieberman, Charlotte. "My Eating Disorder Made Me Feel Like a Feminist Fraud." *Marie Claire*, 28 Feb. 2018.

Orbach, Susie. *Hunger Strike*. Penguin, 1993 (1st ed. 1986).

Probyn, Elspeth. "The Anorexic Body." *Body Invaders: Sexuality and the Postmodern Condition*, ed. Arthur Kroker and Marilouise Kroker, Macmillan Education, 1987, pp. 201-212.

Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women*. Harper Perennial, 2002 (1st ed. 1991).

Woolf, Emma. *An Apple a Day: A Memoir of Love and Recovery from Anorexia*. Summersdale, 2012.

Biography

Laureanne Willems is a graduate of the research master Comparative Literary Studies (Utrecht University) and is currently teaching Academic Skills at the University of Amsterdam. She wrote about the lived experience of anorexia in her MA thesis too, which is entitled "What is Normal, What is Healthy? A Comparative Study of Anorexia Nervosa Through the Lens of Autobiographical Illness Narratives", and was awarded the UU Best Master's Thesis Award 2019.