

ANOREXIA, WOMEN, AND CHANGE

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However the face of femininity is depicted and whatever those depictions might mean, one thing is certain—that face is changing.¹ That which can now be interpreted as a part of the category of femininity expresses itself in diverse and various ways. Femininity has made an appearance with ever increasing legitimacy within more and more realms of public life. Both where femininity appears and what appears as feminine are replete with variation and transformation.

The category “femininity” is not only a way of perceiving and judging women, it is also a category which brings us face-to-face with the issue of change in women’s lives. The twentieth-century bears witness to women inserting themselves into the public realm more than ever before, particularly in the West.² After World War I, for example, women in the United Kingdom, the United States, Canada, Russia, and Germany secured the right to vote. This

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1 The nature of femininity is subject to debate. Margaret Wetherell (1997,149), for example, asks: “Is femininity a set of traits—narcissism, dependence, communion and so on—developing naturally from biological differences, a set of psychological states fixed by the different experiences, limitations and potentialities of being a woman; or is it a set of stereotypes basic to roles and taken up by the people who adapt those roles?” In the face of these diverse possibilities Wetherell (ibid.) asserts her own, “I want to suggest that femininity and masculinity are ideological practices all the more effective because they appear as natural and inevitable results of biology or experience.” One contemporary and ubiquitous practice which surrounds femininity is that of questioning its nature and thus I proceed from the premise that femininity is a “questioning” (inquiry) which appears in a variety of ways.

2 Annette Ahern (1997, 294) argues that feminism, and its socio-political consequences, is a western phenomenon steeped in Enlightenment discourse.

occurred later in France (1944), Italy (1945) and Switzerland (1971) (Synnott 1993, 60). Women now participate more fully in political, economic, and social realms-fighting to increase political representation, removing gender based wage disparities, constructing and transforming social systems with women in mind, developing 'women's studies,' feminist theology, and feminist pedagogy, as legitimate academic pursuits-and with this participation comes the reflexive metamorphosis of both society and the face of femininity. This dramatic change is accompanied by a change to the qualities and attributes, expectations and roles of women which can be interpretively collected, or dismissed, by the category of femininity.

There are, however, other ways in which femininity confronts us with the issue of change in women's lives. In the midst of positive social change, there appear some disturbing transformations to the face of femininity. There are, indeed, changes which are devastating and even fatal for women. One of the most dramatic examples of such a change, referred to by many as a "social epidemic" (Gordon 1990; Bordo 1993, 50), is the rise of the instances of "eating disorders" which, given their prevalence among young women (Lawrence 1994, 45; Hesse-Biber 1996, 129; Tolman and Debold 1994, 301), problematizes the very notion of femininity (Perlick and Silverstein 1994, 77; Wolf 1994, 100; Lawrence 1994, 30). The changing face of femininity now includes the stark figure of anorexia nervosa.³

This raises perplexing questions and issues for some: Kim Chernin (1985, xix) asks, "Why... is there an epidemic suffering among women at this extraordinary moment when women are stepping out to claim a place for themselves in the world?" Susan Bordo (1993, 66) puts the matter this way: "In this historical era, when the parameters defining women's "place" have been challenged, it is disturbing that we are spending so much of our time and energy obsessed, depressed, and engaging in attempts at anxious transformation (most frequently, reduction) of our bodies." And

3 As we will see, the symptomatology of anorexia is diverse and ever changing. Bulimia, a sister disorder to anorexia, and the new disorder "normal weight bulimia" will not be addressed in this paper.

Richard Gordon (1990, 62-4) argues that western cultures' new emphasis on female achievement and performance, the new sexual ethos, and the gains resulting from feminism are not "bad" in themselves. Rather, "It is just that in a period of such radical cultural transition, some young women are vulnerable to becoming caught in the uncertainties and ambiguities of a drastically altered set of expectations." (ibid, 63) Medical accounts of anorexia stipulate that alongside the "pursuit of thinness" are "Other socio-cultural factors affecting women and their changing role within society..." which, according to Paul Garfinkel and David Garner, predispose women to the risk of anorexia (1982, 117-118).

Many of these researchers-be they philosophers, cultural critics, or medical practitioners-have addressed the issue of anorexia by answering questions such as, "Why so many women?", "Why now?" and "Why only in Western cultures?"⁴ Such explanatory accounts are as varied as are the faces of femininity. Thus, "The eating disorder literature... has found neither a consistent etiological profile nor a universally accepted explanation for why eating disorders have swelled into a social disease." (Seid 1994, 3) Despite this lack of consistency, these accounts have implicitly produced a universal depiction of women resulting from the on-going search for explanations for this debilitating and, even, fatal disorder. The universal depiction is that the face of femininity is ever changing.

Thus the notion of change, be it at the level of the body, social roles, or cultural organization or political structure, is crucial for understanding the limits and possibilities of femininity. In fact, change has become inexorably tied to femininity-it allows us to "see" and comprehend new faces of femininity and even those of society and it provides for the meaning of the link between femininity and anorexia. The notion of "changing faces" itself relies upon an

4 There are few exceptions to this form of questioning. Margaret Miles' (1994) work, for example, exempts itself from this form of questioning by seeking to understand eating disorders in relation to women's participation in the history of Christian asceticism and its conceptions of desire. For Miles, "The crucial question is this: what feature(s) of human experience does a society designate as symbolic of self, revelatory of the truth of who-one-is?" (ibid., p. 62)

implicit understanding of change to femininity for its meaning. The purpose of this paper is to interrogate the connection between femininity and change as it appears within the discourse on anorexia.

I proceed by providing a brief history of the rise of anorexia as a distinct category of medical discourse and as a growing epidemic among women. This history is not intended as a comprehensive survey but, rather, as a depiction of the different ways the concept of "change" figures within explanatory accounts of anorexia. In more traditional medical accounts, women are spoken of as either adapting to, or suffering from, change. Change, in this sense, is like an objective force inserted into women's lives in regards to which women develop either good (healthy) or bad (ill) relations.⁵ However, there are other accounts generated from the standpoint of feminism and/or philosophy and cultural criticism which do not conceive of change as an object-like risk factor. Instead, of "objectively given" change is represented as "subjectively problematic" (Goode 1996,1-11)-it is something that is brought to life through interpretations of women and through women's relations to change.

Both kinds of accounts represent rival and contradictory interpretive relations to the notion of change.

...it is only within the movement of interpretation that we apperceive the being we interpret... Moreover, it is only in a conflict of rival hermeneutics that we perceive something of the being to be interpreted. (Ricoeur 1974, 19)

Thus, the point is not simply to show that one kind of an account is better than another since such either/or propositions clarify one position against the other, but do not necessarily reveal the shared meaning that lies between them. Between change conceived as objectively given and as subjectively problematic lies an

5 I will not be addressing any of the more spurious research in this field which begin from the premise that what women really suffer from is stupidity, e.g. women develop eating disorders because they are attempting to look like models, but have been unable to notice that the waist/hip ratio of models is not the waist/hip ratio of the anorectic.

important question, namely, what does it mean to link femininity and change within current explanatory accounts of anorexia. This paper analyses the conflicting and rival discourses of explanation so as to reveal the significance of bringing femininity and change together as we now do.

1 A Brief History of Anorexia

The entire history of anorexia nervosa is steeped in ambiguity. Until the early 1970's, medical practitioners rarely encountered it. Hilde Bruch (1973, 4) begins her classic study of eating disorders by saying "...anorexia nervosa, the relentless pursuit of thinness through self-starvation, even unto death, is rare indeed, but the medical interest in it has always been great, quite out of proportion to its infrequent occurrence." Richard Gordon (1990, ix), as an intern in clinical psychology in 1971, recounts that "My supervisor told me that I was very fortunate to have the opportunity to observe such a patient, as anorexia nervosa was a very rare condition..."

Anorexia is no longer regarded as a rare disorder, and it has been estimated that a fifth or more of women university students suffer from eating disorders. (Hesse-Biber 1996, 129; Wolf 1994, 97).

Despite the current public awareness of anorexia and of its existence in epidemic proportions among young women, it was established as a "medical phenomenon" just over a hundred years ago. In 1874, William Gull coined the term 'anorexia nervosa' thereby dropping his previous (1868) designation "hysterical aepsia" (Bruch 1973, 213).⁶ This change in terminology reflected his changing conception of women's practices of self-starvation. Gull

6 Richard Gordon (1990, 12) documents how the medical community now credits Thomas Morton as providing the first description of what is now called anorexia in 1689 which Morton described as a wasting disease not caused by consumption. Others trace the figure of anorexia back to 4th century BC Hippocratic texts (Perlick and Silverstein 1994, 77). Such interpretations of past practices do call attention to the problem of privileging the knowledge categories currently in use, over and above the meanings attached to such practices in other times and places. For a discussion of the "epistemologically privileged position of the present" see Berger (1963, 55ff).

no longer conceived of fasting, the morbid fear of fat, amenorrhea, and so on, as a sub-type or symptom of some other mental condition such as hysteria. In contrast, Charles Laseque in 1873 made use of the term "anorexie hystérique" (ibid) attesting to his conception that "neurotic disorders" involving fasting practices by women are best understood as symptomatic of hysteria. (Gordon 1990, 13) The debate as to anorexia's status as a clinical entity continues to this day, but the dominant trend is to understand it as distinct from depression, schizophrenia, obsessive illness or hysteria. (Garfinkel and Garner 1982, 25)

Anorexia has a broken and highly controversial history of being regarded as a purely biochemical or endocrinological problem. In 1914, anorexia was confused with Simmonds disease--atrophy of the pituitary gland--leading to grafts, injections of extracts, and other invasive and largely ineffective medical procedures. (Palazzoli 1985, 7, 8) Some contemporary researchers (ibid; Gordon 1990, 13) regard this aspect of anorexia's history as sign of the early twentieth century's unregulated pride in, and enthusiasm for, biochemistry and endocrinology. This also attests to the ease with which organic models of thought can confuse the symptoms of self-starvation, such as amnorrehea, lower metabolic rate, gastrointestinal dysfunction, etc., with its cause. The 1930's and 40's witnessed the waning, but not eradication, of purely organic explanations of anorexia and the eventual rise of medically based "multi-causal" explanations (e.g, Bruch 1973; Garfinkel and Garner 1982).

As the 1970's and 80's saw more and more women diagnosed as anorexic (Gordon 1990, 2-3, Bordo 1993, 50), a clinical profile of the suffers began to crystallize among medical practitioners and subsequently within the public imagination. The anorexic was typically understood as a heterosexual women between the ages of 15-25, middle to upper class and white (Garfinkel and Garner 1982, 100-190; Bordo 1993, 320). The 1990's witnessed not only a swelling of the anorexic population to near epidemic proportions but also a disruption to this typification. Jewish people, African Americans, Native persons, once understood as immune to such "bodily obsession", were now joining the ranks of those involved in self-starvation. Very young girls and much older women,

heterosexual and lesbian, poor and very wealthy, sexually abused or not-all types of women from all kinds of backgrounds were beginning to appear among the anorectic population. (Thompson 1994; Lawrence 1994, 6; Hesse-Biber 1996, 109-112) Since the advent of documented medical-case studies of self-starvation, men have consistently appeared to constitute only one tenth or less of the anorectic population (Gordon 1990, 32; Lawrence 1994 6; Hesse-Biber 1996, 106; Bruch 1973, 283).⁷

The types of women diagnosed as anorexic vary as much as do descriptions of their symptomatology. For example,

The appetite may be absent but also may be present, increased, or perverted. Some have a true anorexia and genuinely have no desire for food. Others crave food but refuse to eat. Some eat and then vomit; whereas others surreptitiously hide or dispose of their meals so as not to arouse the suspicion and disapproval of their families and physician. There are those who fear to eat because digestion may cause fearful somatic distress or lead to obesity; and there are a few who eat docilely and then purge themselves of the offensive nutrients by cathartics and enemas. But in every case, although the reasons and stratagems will vary, the final result is a reduction in the intake of calories, a loss of weight and semi-starvation. (Bliss and Branch cited by Palazzoli 1985, 23)

Moreover, the behaviour and organic effects, which are counted as signs of anorexia, vary among countries, institutions, disciplines, and individual researchers. The different and conflicting descriptions of anorexia demonstrate that, to date, one of the few things this population characteristically holds in common is being a starving woman within the plenitude of a western culture.

7 While this is neither a statistically irrelevant number, nor an unimportant form of suffering for some men, anorexia has remained a feminized disorder within the literature. Anorexia serves as an occasion to question, analyze, and explain what being a women means. It is similar to crime and violence serving as an occasion to theorize masculinity even though women commit crimes and sometimes do so violently. This situation has much teach us about the cultural organization of knowledge, but this is beyond the scope of this paper.

While self-starvation practices hold a relatively short career as a medicalized problem, many of these same practices have an ageless quality. It is certain that neither the intake of nutrients nor the appearance of human embodiment has ever been left untouched or unregulated by the symbolic realm of culture. What people eat, how we eat, what we "look like" are all things endowed with significance beyond that of sheer survival. Specific to the anorexic experience are practices such as extreme restriction of food and purging. But such practices, in other times and places, were often understood as expressions of political or religious conviction and commitment. Critique, suspicion, and normative regulation have also surrounded fasting practices. Mara Palazzoli (1985, 75) ends her consideration of the mixed meanings of fasting in various cultures by highlighting one its more ambiguous representations: "It is worth stressing that Christ, too, after fasting for forty days in the desert was tempted to sin against His own humanity." Resisting the needs and desires of one's body seems always to be accompanied by counter temptations of one's will, power, hubris, and so on. In contemporary times, Chernin (1994, 167) notes that the transformative hope that anorexic practices are supposed to serve is asking the cultural order of food to carry too much. How self-starvation appears and is treated within contemporary western cultures represents for Bordo a change within the symbolic order food. She argues that fasting, asceticism, dieting, and pursuit of an idealized weight, have all become parts of a project "in service of body rather than soul." (Bordo 1993, 185)

2 Anorexia Nervosa: Body or Soul?

The classical medical (psychiatric) account of anorexia is that it is

a syndrome characterized by the relentless pursuit of a thin body size. (Bruch 1970) It is associated with an exaggerated dread of weight gain and fat, often in spite of emaciation, and to the detriment of other physical and psychological aspects of an individual's life. (Garfinkel and Garner 1982,1)

It certainly appears that the soul has been sacrificed for the sake of the body. Yet the question of a shifting emphasis from soul to body becomes problematic when considered in light of explanations of how anorexia comes to be. For example:

These inability to deal with issues of autonomy and identity, due to either ego deficits, regression, or developmental delays, help explain the two strongest predisposing factors to the syndrome: the characteristic age and sex distribution. It has been suggested that adolescent girls are subject to specific pressures in our society. At a time when they are first becoming aware of developing into adulthood, their secondary sexual characteristics, and sexual feelings, they must assume an increased sense of responsibility for, and control over, their behaviour. (*ibid.*, 195)

Teenage girls become aware of changes in their bodies which are related to "specific pressures in our society". Insofar as change is a type of pressure, both body and soul are put to work to deal with this objective force and both are proved to be inadequate for the task. In the face of "natural" bodily change, such as the onset of puberty, young girls are understood to face many other changes, for example, a change in awareness of their own relation to adulthood which represents the need for still another change, this time at the level of behaviour. Anorexia, in this sense, is both a response to and a sign of the problem of change-changes of body, societal pressure, developmental status, and behaviour. In this explanatory account, it is not that the body is split from soul or even from mind. Rather, the account depicts women as split from change. In the face of anorexia, that which is understood to function as the bridge between women and change is said to be constructed from the building blocks of disease, inability, distortion, and disfigurement.

From feminist and/or cultural points of view, explanations of anorexia take shape in more diverse and varied ways. It is explained, for example, as protest against, a retreat from, and a unwitting participation in, changing and contradictory conventional constructions of femininity (Bordo 1993, 174-175). Others see anorexia as one aspect of Western culture's developing cult of thinness, which involves ritualistic performance and obsessions with a goal or idea (Hesse-Biber 1996, 5). Or, again, anorexia is considered to be a desperate attempt to found new rites of passage whereby women, in ceremonial form, can enter culture which has only been partially opened for women's inclusion (Chernin 1994, 6, 161-176). Anorexia has also been understood as the logical outcome

of a culture which has made its obsession with thinness into its new religion (Seid 1994, 3-16). Anorexia is thus conceived of as a sign of over-conformity to the on-going transformations of culture, rather than as a sign of a pathological departure from "natural" conceptions of femininity and health.

Unlike medical accounts, these accounts do not locate that which has gone wrong within individual women suffering from pathological relations to change, and change is not conceived as ipso facto a "normal" objective force. More often than not, it is instead culture which is deemed "sick", e.g., culture imposes its new obsession with thinness on its members, inscribes its contradictory and shifting (pathological) conceptions of the feminine on women. Feminist and/or cultural/philosophical accounts understand "nature", the "body", and "women" as caught in the pathological strangle-hold of culture which has produced the stark and startling new face of femininity in the figure of the anorexic.

These explanatory accounts do, however, raise some perplexing relations between feminized bodies, the psyche or soul, and their relation to changing cultural conceptions of women. At one time, the body and soul are depicted as united in their service to culture and as registers of contradictory cultural conceptions of women, such as the need to appear sensually desirable while at the same time not experiencing that desire (an - orexia). At other times, body and soul are depicted as resisting femininity, which is interpreted as a set of changing and contradictory societal expectations and roles which, in true Durkheimian fashion⁸, are conceived as external to the individual and endowed with a coercive power. Either way, femininity is constructed, perceived, and made sense of in relation to change.

Within feminist/cultural accounts, change attests to femininity's nature as nothing other than a cultural construct. Nothing about it is regarded as eternal, essential, or transcendent, in that femininity is

8 Durkheim (1966) speaks of social facts as "ways of acting, thinking and feeling external to the individual and endowed with a coercive power by reason of which he is controlled."

always and forever changing its face, and is always-already subject to the vagrancies of time and place. Body, soul, psyche, mind, are engaged in practices of resistance, adaptation, negotiation, submission in the face of change and such engagement means that the face of femininity is forever changing. Insofar as femininity, bodily ideals, and even health itself are cultural constructs, they too function as registers of the ever-changing forces of time and place. Femininity stands in the shifting sands of culture leading to its symbolic standing as a sign of a culture's health or illness or, in Bordo's (1993, 139) words, anorexia nervosa is the crystallization of culture's psychopathology.

Medical accounts, while rarely able to focus on cultural forces, share the understanding that women and their bodies are subject to change, but "natural" change, and regard these changes as potentially problematic. Undoubtedly, the subtlety of analysis on the part of feminists and/or cultural constructionists outweighs that of medical accounts, which often lack any awareness of their perpetuation of unexamined feminine bodily ideals-witness the recent revision of medicine's standard weight charts. From the medical point of view, such a revision does not so much represent shifting societal conceptions regarding ideals of weight and shape, as it does the modern conception of progress in the accumulation of knowledge of the nature of bodies, their naturally ideal weight, and their natural shapes. Any instance of change thus serves to confirm medicine's conception of women, and even of femininity, as a construct of nature.

Both medical and cultural accounts use the notion of change in such a way that women and femininity are depicted as "mere constructs" - either those of nature or of culture. Thus, in the life of an individual woman and in the history of women there is change-change constitutes both their identity and their difference. While women are born of change, change is generated by forces beyond that which signifies those changes. The forces which produces change are either nature or culture and it is one or the other that produce the changes which constitute who-woman-are and what they are is nothing other than construct. Either way, women are not much

beyond the appearance of the changing faces of femininity which reflects the generative power of either nature or culture.

"The changing faces of femininity" metaphorically expresses the absolute vulnerability of women's identity conceived of as the "Changing-One", i.e., the One who is insofar as she changes. To have an identity as the Changing-One should, at least initially, strike us as a contradiction.⁹ The wholeness (one) of womanhood constituted from, and "seen" in, the many-ness of her forever changing faces, is a conception perpetuated by contemporary accounts of anorexia.

There is little doubt that anorexia involves issues of the mind and body, psyche and soul, cultural forces and the forces of nature. As we have seen, much research has explicated the content of these interpretive categories. And, there is no doubt that anorexia is tied to changes among all these issues. Research has been oriented to documenting such change and its effects. However, the tacit conception of woman as the Changing-One, which informs much of this research, has remained largely unexplicated and unexamined. Even though woman as the Changing-One is an essential concept used to account for, explain, describe, and even perceive, anorexia, it remains an invisible issue masked by the changing faces of femininity. Accounts of anorexia now serve as textual testimony to Western cultures' belief that who women are and what they will become is best understood by attending to "the changing faces of femininity". But recall Margaret Miles' (1994, 62) question: "... what feature(s) of human experience does a society designate as symbolic of self, revelatory of the truth of who-one-is?" The human experience of woman as the Changing-One is that which our society designates as symbolic of her-self and revelatory of the truth of who-woman-is.

9 Efrat Tseëlon (1995, 5) speaks of the paradox that "...woman is constructed as artifice and marginalised for lacking essence and authenticity." Tseëlon shows the paradox to be nothing but a dangerous myth insofar as women's thoughts and lives differ from it. My concern is not to dismiss or accept woman as the Changing-One. Rather, I seek to reveal what meaning is held out to women by such a conception.

3 Identity, Self, and the Concept of Change

That textual depictions of anorexia bring us face-to-face with the need to explain it and to do so by positing the contradictory identity of woman as the Changing-One must, as Miles question indicates, have as much to say about society as it does about anorexia. Miles' use of the term "society" does not so much refer to external forces which produce femininity as it does to the realm of symbolic significance constituted by how women's lives are spoken of and given meaning. Thus, what symbolic significance is to be found in the human experience of women as it is configured within accounts of anorexia? Is there something which can be learned from what, at first, appears as nothing but a contradictory conception of woman? What problematic could help us understand the societal tendency to explain the suffering of women by positing an essence steeped in woman's embodiment of change? Addressing questions such as these requires a closer analysis of the concept of change as revelatory of the meaning of identity and of self, as these issues are given to us within the confines of the experience of these textual renderings of anorexia.

As we have seen, medical accounts argue that the changing form, content, and future of femininity are best understood as predisposing risk factors of anorexia. Culture-oriented accounts reject this argument and emphasize that anorexia is best understood as a solution, even if a surprising one (Chernin 1985, xix), to the troubles and traumas culture delivers to women. Behind this formulation, lies the intertwining of women and change, but change, like woman, is presented in a diversified fashion.

At the level of social organization, there is the Gadamerian conception of change which holds that "A change always means that what is changed also remains the same and is held on to. However totally it may change, something changes in it." (Gadamer 1975, 100) However many changes are instituted, these changes can be understood to occur within a society organized by patriarchal relations. For example, the cultural expectation that feminine restraint should become "assertiveness" can be understood as a change in the ways patriarchy "gets done", thus as a change in patriarchy and not necessarily its transformation. This conception of

change, lies behind Bordo's (1993, 177) charge that anorexia, like hysteria and agoraphobia, arises in relation to times of "gender change," since changes in the organization of gender provoke the patriarchal character of culture to tighten its grip (often literally) on the bodies and lives of women.

Accounts of anorexia also rely upon a relativist conception of change. Here a change always means that what can be changed has never remained the same, and will continue to change. However totally things change, a change always signifies the same shifting, ephemeral constitution of existence steeped in the relative equality between all human variation. This conception of change supports accounts of femininity that break it down into the instances of its embodiment, finally to dissolve the category. Thus the changing faces of femininity are due to shifts in power, ideology, or myths which produce its variations, its problems, and ultimately femininity itself.

There is also a political conception of change: A change always means there is good reason for change, a reason to resist and subvert that which aims to remain the same. This conception lies behind accounts of anorexia as a form of resistance and as a response to injustice (Lorber, 1998, 198).

There are certainly many ways of making use of the concept of change. Still, the concept of "change" serves the singular purpose of organizing the accounts of the form, content, nature and, even, future of femininity, even though accounts of anorexia represent the experience of change differently and display their particular relation to the symbolic meaning of change. Thus the concept of change is used to depict woman as the Changing-One and femininity as a diversity of faces. Cahill (1998, 32), for example, says "For whatever reason, it seems that we consider a greater diversity of personal fronts compatible with a female identity than with a male identity in this society." But this observation begs the question of how the apparent contradiction of woman as a great diversity of personal fronts finds its meaning in the social experience of the human condition. In other words, what does woman understood as diversity have to teach us about the relationship between femininity, identity, and self?

In dramatic fashion, accounts of anorexia show that a woman's identity is constituted through forces not of her own choosing or making. Noticing a change such as the onset of puberty, for example, is a way to refer to the forces which produce the "adolescent identity". This "noticing" also suggests that a "self" must now adjust to this externally imposed social identity. Attending only to such external social identities suggests that women are handed a repertoire of shifting images, socially presented as their essential identity, thus condemning them to the never changing category of the Changing-One.¹⁰

Accounts of anorexia make change a signifier of the forces which produce identity. However much change displays the forces which produce identity, there is still a self who must always develop a relation to this. Despite explanatory accounts of anorexia, and despite the singular conception of women perpetuated by these accounts, there remains the problem of the self's relation to the forces which produce identity. The relation between identity (what I am) and the self (who I am) lies buried in accounts of anorexia which stress the more obvious social factors of identity production. Even when the only aim is to explain the genesis of anorexia, the accounts attest to the problematic of researcher, reader, or anorectic herself being positioned between the constitutive forces which cause the identity of anorexia and the self's always-already relation to them. The self's relation, however, is not "caused"; it is, instead, chosen and this does not change.¹¹

10 Even though men are also presented with a repertoire of shifting images, it includes the image of the assertive male thus making it possible for them to reject or change images. Thus men are understood as "image makers"; men control images, women are controlled by them. This may be understood as the basis of sexism.

11 Taylor (1989, 3) equates the concepts of identity, human agency, person and the self. However, I distinguish between the self and identity. I use the term self to refer to individual human agency as it is situated in relation to social life and the term identity to refer to societal agency as it is situated in relation to individual embodiment and mindedness.

The diversity of the explanations and descriptions of anorexia, which make manifest woman's identity as the Changing-One, also implicitly express the problematic relation which exists between an identity and the self. These accounts document how such an identity is constituted in relation to natural or cultural forces and in so doing show that the "account maker" finds him or her self in relation to the productive forces behind an identity's constitution. (This holds for any one who gives shape and form to anorexia, including those who suffer from it.) Even if anorexia is explained as the twentieth century's grandest illness myth in service of the oppression of women, such an account still makes manifest the identity of the anorectic and the self's relation to its identity category. Such an account suggests that identity is the product of myth and it shows that the self can make such a myth an object of inquiry. Even though the account does not make it a topic it, nonetheless, shows that there is a distinction between an identity and the self.

The current cultural drive to explain anorexia, the diverse understandings of change, the noticing of change at the level of body, behaviour, psyche or soul, the variation among the anorectic population, the impossibility of a universal etiology, the various forces impinging upon women's lives, the various ways women respond to natural or cultural changes--all serve as testimony to remind us that the self is not "caused" since it stands in relation to identity and is not reducible to it. Thus accounts of anorexia serve as reminders of the human problematic of being situated in *media res*--'who we are' is played out in the midst of how 'what we are' is identified by our self and by others.

Explanatory accounts of the formation of the anorectic identity may explicate its nature or the cultural character of femininity, but they also narrate the ageless issue of the self as one who stands in relation to the forces constitutive of identity. Read in this light, accounts of anorexia serve as documents of the need to attend to the relation between an identity and the self. Attending to narratives of change offers the opportunity to pursue such self-reflection. The significance of the concept of change does not lie in its causal character. Instead, change can act as a reminder that the self cannot be captured within the bonds of causal accounts. The self cannot be

explained by documenting the causes of her identity and this fact points to the human condition as it is graced by the perplexity of the need to seek its meaning. This is why any consideration of the changing faces of femininity, be it in nature, in history, or in culture, is a truncated inquiry if such work does not also attend to the ways in which accounts of "change" are both a display of, and a solution to, the problematic relation between an identity and the self.

4 Summary

I have argued that explanations of anorexia are related to an implicit conception of women as the Changing-One. This conception lies behind the ways in which the accounts of anorexia document biological changes, media images of women, cultural ideals of slimness, the diet industry, patriarchal oppression, abuse, and shifting conceptions of femininity, as factors in the genesis of anorexia. As these accounts show, such factors are a part of every woman's life, imbuing them with the significance of change and a startling ambiguity. The accounts also demonstrate that such factors are brought forcefully into focus in the face of anorexia.

For the most part, accounts of anorexia aim at explanation through determining its cause located either in nature or culture. Even though explanation has its place in the study of anorexia, it remains only one of many possible relations to it. Suffering, disgust, sympathy are others as are criticism or seeking to understand the textual representations of anorexia as a phenomenon in its own right. Explanation, however, is so much the dominant mode of relating to anorexia that it is often difficult to imagine any other approach. Despite the fact that anorexia seems especially able to confound the possibility of any universal etiology and block the efficacy of explanation, much effort is still employed in mapping the potential causes of the disorder and in documenting their shadowy effects. One result of these efforts is that various people (doctors, philosophers, anorexics), who presumably hold a diversity of interests, all stand in an explanatory relation to this form of suffering.

Yet, anorexia remains inexorably tied to femininity and change. I want to end this discussion by raising the problem of the meaning of change.

In Plato's *Symposium* (207d), Socrates recollects the words of his teacher, Diotima. "A man", says Diotima, "is called the same, and yet..."

Hair, flesh, bones, blood, and the whole body are always changing. This is true not only of the body but also of the soul, whose habits, tempers, opinions, desires, pleasures, pains, fears, never remain the same in any one of us, but are always coming and going; and equally true of knowledge.

In the midst of change, Diotima finds

...the law of succession by which all mortal things are preserved, not absolutely the same, but by substitution, the old worn-out mortality leaving another new and similar existence behind--unlike the divine, which is always the same and not another...

According to Diotima, this is the way that "...the mortal body, or mortal anything, partakes of immortality; but the immortal in another way."

When others give us an identity, such as, woman, feminine, or even anorexic, it is constituted in relation to the changes in the body, soul, and in traditions of knowledge. For Diotima, these changes serve as reminder of the "law of succession"--the only immortality that humanity can achieve. She shows that change is promissory in character. Every instance of change is a reminder that we are not gods and yet holds out the promise of immortality. Change bears the paradox of allowing for the beginning of something new while providing for the succession of the world and its people.

Whereas Diotima speaks of change in relation to the body and the soul, Arendt (1996, 55) speaks of it in relation to the world into which we are born.

...man was created into time, but time itself was created simultaneously with the world, namely, together with motion and change. Not only is time unthinkable without the existence of "some creature by virtue of whose movement time could pass," [Augustine, *The City of God*, XII] but movement is unthinkable without the motion of passing time. Moreover, the beginning that

was created with man prevented time and the created universe as a whole from turning eternally in cycles about itself in a purposeless way and without anything new ever happening. Hence, it was for the sake of *novitas*, in a sense, that man was created. Since man can know, be conscious of, and remember his "beginning" or his origin, he is able to act as a beginner and enact the story of mankind.

Arendt characterizes the world as motion and change and this is given to the world at the same time that humans act, think-begin in the world. Here, too, change holds a promissory character. It promises to remind us of our beginnings and, yet, whatever is begun is part of a continuation - an enactment of the story of what and who we are.

In both accounts, change serves as a reminder that we begin in the midst of a world which exists before our insertion into it and will remain after we are gone. Yet there is change-of body, soul, knowledge and the world itself. These changes occur with our movement through the world, a movement which Arendt characterizes as a kind of narrative.

Thus attending to change, such as those found in accounts of anorexia, is an occasion for us to recollect the stories we tell about what we are (identity) as they are enacted in who we are (self). In this paper, I have attempted to attend to accounts of anorexia as having something to say about what the changing faces of femininity are, as these narratives enact a relation between the self and the world. How we come to relate to change as it is represented in accounts of anorexia will always contain some implicit answer to the question "Who am I?" I have avoided asking "Why am I?" since asking "Why?" may explain much but it always hides the relation between identity, the self, and the world. Thus I began by treating explanatory accounts of anorexia as an opportunity to examine the taken-for-granted conception of the relation between femininity and change. Uncovering these narratives of change not only allowed for an examination of woman as the Changing-One but also for a consideration of what change itself might reveal about the human condition.

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