FEEDING INTO EACH OTHER:
WEIGHT PREOCCUPATION AND THE
CONTRADICTORY EXPECTATIONS OF WOMEN

by

Catrina G. Brown

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE

MASTER OF ARTS

Department of Sociology

University of Manitoba

ISBN 0-315-86134-7

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ABSTRACT

This thesis develops a sociological explanation of weight preoccupation as a response to role and identity fragmentation among women due to the changes in women's social position in contemporary industrial society. Chapter one provides evidence for the prevalence and importance of weight preoccupation in the lives of women today. In the second chapter the changing social role of women in society and the changing body image that accompanies these changes are discussed. Both the relative de-emphasis upon reproduction (vis-a-vis sexuality) and the partial liberation of women have resulted in a shift from a round to a thin body ideal. However, women today have not accomplished a clear transition to a new social position. In their contradictory and ambiguous social position between traditional and non-traditional roles, many women experience a fragmented identity and feel unable to control their lives. The coincidence of this event and the prevailing thin body ideal gives rise to weight preoccupation as women seek to establish some control of their lives through controlling their bodies. Chapter three presents results of extensive interviews with twenty-two women and indicates the character of weight preoccupation as a lifestyle and intersubjectively shared experience. These interviews show issues of self-esteem and "control" to be central to the experience of weight preoccupation. This thesis concludes that the

problem of weight preoccupation can be effectively dealt with by the resolution of the paradoxes of women's social position.

ACKNOWLEDGEMENTS

I am indebted to a number of people who have provided me with the support needed to finish my thesis. I am grateful to Neena Chappell, my advisor, for her patience, endless readings and discussion of this material, and for giving me the freedom to grow in the direction I did. The readings, insights and support I received from committee members Julia Kwong and Joan Turner, and my friend Dawn Farough were all invaluable to me. Audrey Blandford's knowledge of computers was a great help and I thank her for her assistance. I especially thank Don Forgay for the immeasurable caring and love he has shown me throughout this work and for the sharp insights he has offered toward the development of my ideas. The thesis is dedicated to the warm memories of my father, Neil Brown.

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"To those who use 'fat' as a definitive adjective"

Ah yes, I understand,
you mean to grease perception's path,
evoke an image
you believe is universal,
shades of sneering Sydney Greenstreet,
Greed and Gluttony personified.
Then again, your thrust is rural,
meant to conjure baser creatures-
rough-jowled, mud bound, trough-tied.

In either case,
you lean upon the narrow word
the way our culture uses "Fuck,"
as if mere emphasis
could speak voluminously
of the impenetrable.

And what is "fat" to you:
a state of mind,
a mindless state,
a crime against some right-flanked
notion of ecology,
perhaps of your own voraciousness -
projected?

Those attitudes I could forgive -
considering their addled source -
but not what's couched, malevolently,
behind those meager letters:
one vowel, two consonants,
as in "old" and "Jew."

Shadow on a Tightrope, (Marianne Ware, 1983, p. 22)

INTRODUCTION

Most women today are preoccupied with weight (Sternhell, 1985). By the age of 18, 75% of all women have dieted to lose weight (Sternhell, 1985). Most women feel too fat and would like to lose weight for cosmetic reasons (Chernin, 1981). Among those women dieting between the ages of 25-54, 76% diet for cosmetic rather than health reasons (Schwartz, Thompson, & Johnson, 1985). Up to 20% of college women are bulimic (Garfinkle et al., 1982). Among college students 79% of the women have had bulimic episodes (Halmi, Falk, & Schwartz, 1981). Almost 95% of anorexics and 90% of bulimics are women (Bemis, 1978; Striegel-Moore, Silberstein, & Rodin, 1986).

The problem of weight preoccupation is not just one of "eating disorders." These are but extreme manifestations on a continuum of weight preoccupation which engulfs most women in North American society. Anorexia nervosa and bulimia are viewed here as extensions of most women's experience with weight (Lawrence, 1984). Weight preoccupation is seen to exist on a continuum which includes; fear of fatness, denial of appetite, exaggeration of body size, depression and rigid dieting.

A sociological explanation will be advanced for the contemporary epidemic of weight preoccupation. It is argued that this crisis results from a co-incidence of an ideal of thinness which itself originates as an expression of women's

role and place in modern industrial society and of the contemporary crisis in women's social position resulting from their increased participation in the economy and the public sphere and their struggle for liberation and equality.

In their ambiguous social position, women are buffeted by conflicting expectations from others, conflicting desires within themselves, and uncertain possibilities of accomplishing any chosen goal, and this situation gives rise to women's fragmented identity. Lacking control over so much of their lives many women have sought some measure of control and social approval through achievement of the ideal, thin body.

In patriarchal society, much of women's identity has been defined by their sex, i.e., their bodies. Women's experience around their bodies has a strong intersubjective component to it and this intersubjectivity is central to the experience of weight preoccupation. Women absorb and internalize the ideal of thinness through myriad experiences of stigma against fat, shared experience of positive sanction for losing weight and through direct communication with each other about weight.

Thus, the social pressure to be thin is a necessary component of the contemporary epidemic. However, the extent of the prevalence and extent of weight preoccupation cannot simply be explained by the social pressure to be thin or the

existence of a thin body ideal; only in the circumstances of a crisis in women's lives could this pressure have such far reaching effects as it does today. Indeed, changes in women's social positions that have occurred in the modern era are crucial to explaining the existence of the social pressure to be thin.

There are four chapters in this thesis. The first discusses the extent of weight preoccupation today. The second chapter offers a feminist explanation of this epidemic. The third chapter explores the intersubjective experience of women who are preoccupied with weight through discussion of twenty two intensive interviews. Concluding statements in chapter four will summarize the relationship between weight preoccupation and women's contradictory social position. The methodology for this study is elaborated in the appendix.

This thesis has developed in response to the observation that women's preoccupation with weight has had a tremendous impact on women's lives and their relationships to themselves. As a feminist, I was concerned that this preoccupation with weight impedes women's well being, as many women are actually harming themselves in order to be thin. My own personal experiences around weight and the observation that many women seemed to be preoccupied with weight, regardless of their actual weight, provided the impetus for this study. In addition to the twenty two women

interviewed for this study, coordinating a program for women preoccupied with weight has reinforced my conception that many women control and regulate their bodies and their lives by denying themselves food and that this phenomenon is oppressive to women.

Research has just begun to address weight preoccupation as a woman's issue, hence, there is limited feminist work in this area. The predominant medical model understanding of "eating disorders" separates the social obsession with thinness from anorexia nervosa and bulimia and thus allows these problems to be treated as isolated diseases disconnected from popular culture.

The social pressure to be thin is increasingly suggested by medical, psychological, and traditional psychoanalytic approaches as a reason for the prevalence of weight preoccupation today. While this pressure is often thought to be related to weight preoccupation, it is typically asserted rather than explored. Since the emphasis does not include a social understanding, there is a tendency toward the medicalization and individualization of women's concern with weight. Treatment strategies often focus on behavioural change leading to either weight loss or weight gain without understanding the larger social problem or dealing with the cause.

Feminist analysis has observed that these treatment modalities reflect the classic patient/doctor power rela-

tionship, whereby, power and control are often taken away from the women (Lawrence, 1984; Lawrence & Lowenstein, 1979). This kind of relationship has been criticized given the issues of power and control associated with eating disorders. If the problems of anorexia nervosa and bulimia are a response to feeling out of control of one's life, deliberately taking control away from women through forced bed rest, hospitalization, and refeeding may exacerbate the problem (Lawrence, 1984; Lawrence & Lowenstein, 1979). A feminist approach offers support which encourages women's empowerment and increased sense of control of their lives.

A number of authors and researchers attempt to provide a social understanding of women's preoccupation with weight and society's preference for thinness. Art historian, Anne Hollander (1980) has observed, in her study of 19th and 20th century art and fashion, that thinness represents increased equality for women through the appearance of freedom, independence and mobility. Wooley, Wooley and Dyrenforth (1979), on the other hand, have concluded that male bodies represent the cultural symbol of competancy and, therefore, women would like their bodies to be more like men's.

Chernin (1981) does not believe that thinness represents women's increased equality, rather their continued oppression. She suggests that the ideal of thinness requires that women police their bodies and deny their appetites. From her perspective, thinness is an image that

represents the oppressive conditions of women's lives seen through the stereotypical image of women as small, weak and dependent. Chernin suggests this is a response to women's changing social position, status, and subsequent increase in social power. The traditional image of vulnerability and childlikeness expressed through the thin body fashion reduces the degree of social threat to patriarchy that might arise from increased equality for women and deprives women by denying them the strong image of fertility and reproduction.

Another writer, Cauwels (1983), observes that women today must choose between the stereotype of motherhood or sexiness. She suggests that:

> The conflicts women face about what they should look like are paralleled by the questions they must ask about what to do with their lives. The maternal-looking woman becomes a housewife and mother. The thin, sexy woman can adopt these roles if she wants to, but she is expected to build an exciting career for herself. The proper figure seems to represent reserves of tremendous energy that transforms the average woman with a bit of ambition into a superwoman. (p. 138)

The perspective in this thesis is similar to Orbach's (1986) in which the image and social value of thinness are an expression of both the emancipation and oppression of women. Thinness represents increased social equality for women through the image of freedom, mobility, and independence as well as continued traditional representation of women as vulnerable and dependent. That is, throughout this thesis the social image of thinness and women's

preoccupation with being thin in contemporary society will be explored as an expression of the social position and worth of women. Thinness symbolizes the contradictions of women's position; it is an image that contains at once the conditions of liberation alongside the maintenance of patriarchy and the oppression of women. Thinness then is an image of vulnerability, dependency, denial, compliance, weakness, femininity and androgyny, independence, freedom, mobility, strength and sexuality. Women's preoccupation with weight communicates cultural change among the relations between men and women in a changing patriarchal society.

CHAPTER ONE

WEIGHT PREOCCUPATION AMONG WOMEN

This chapter will establish the existence of an "epidemic" of weight preoccupation and eating disorders today. Women are risking their health in their attempts to be thin. The social pressure to be thin encourages extreme weight loss strategies and stigmatizes against fatness.

The first section of this chapter will report the current epidemic proportions of weight preoccupation. Anorexia nervosa and bulimia are then discussed as part of the continuum of weight preoccupation. The third section will examine weight preoccupation as a women's health concern. We will then turn to a discussion which explores taken for granted assumptions around weight and health. This chapter will end by discussing the social pressure to be thin.

Prevalence of Weight Preoccupation

Current preoccupation with weight among women is not restricted to a few women, nor does it include only women who are bulimic or anorexic. Women who are not concerned about their weight are the social anomaly (Palmer, 1980). The widespread preoccupation with weight among women is found in studies reporting not only an increase in anorexia nervosa and bulimia. In American colleges, 75% of women are limiting their food intake to lose weight (Garfinkle & Garner, 1982).

It is the rare exception for women to be unconcerned about weight and dieting. Many women diet throughout their lives repeatedly gaining and losing weight (Orbach, 1978). While many studies show the popularity of dieting among teenagers, it has also been shown that at least 56% of women between the ages of 24-54 diet (Schwartz et al., 1985). It is also well documented that an estimated 95% of those who lose weight regain it (Chernin, 1981; Sternhell, 1985). This likely contributes to the continuous dieting found among women.

While women report feeling better about themselves when they lose weight, this is a precarious sense of well being, when one acknowledges the very high "failure rate" of dieting and that 90-95% gain back even more weight than they lose (Chernin, 1981; Dyrenforth, Wooley, & Wooley, 1980; Orbach, 1984; Robinson, 1985; Sternhell, 1985). Many women believe if they lose weight all of their problems will be solved (Millman, 1980; Orbach, 1978). People expect to feel more confident, to like themselves better, to be more outgoing, and that they will be happier.

Another survey found that 75% of 33,000 women felt they were too fat (Sternhell, 1985). This included women who were 45% underweight according to the 1959 Metropolitan Life Insurance Company actuarial figures. Sternhell (1985) observes that if the more liberal revised 1983 charts were used where the desirable weights are higher, an even higher

percentage of women would have been considered underweight.

Dwyer, Feldman and Mayer (1973) found that 61% of high school women had dieted, and on the day of the survey 37% were dieting. A recent Manitoba study screening anorexia nervosa and bulimia in school age populations estimates that 22% of female students and 5% of males between the age of 12 and 20 manifest problem eating behaviour and weight concerns (Leichner, Arnett, Srikamswaran, Harper, & Volcano, 1986). Among college students, 79% of the females and 49% of the males report having had bulimic episodes (Halmi et al., 1980). In another study on American college women, 20% were described as bulimic (Garfinkle & Garner, 1982). High prevalence of "eating disorders" also occurs in occupations which stress thinness, particularly among ballet dancers, athletes, and fashion models (Cassil, 1980; Garner, Garfinkle, & Olmstead, 1983).

While fatness was once valued as a symbol of social wealth, today thinness reflects a privileged social position for women (Bruch, 1973; Fearnley, 1985). In fact, it has been found that obesity is six times more prevalent among women from working class backgrounds, compared to women from the higher social echelons (Dwyer et al., 1973; Goldplatt, Moore, & Stunkard, 1965; Fullarton, 1978; Moore, Stunkard, & Srole, 1962; Silverstone, 1968, 1969; Stunkard, d'Aquili, Fox, & Filion, 1972). Some report there is an overrepresentation of anorexia nervosa among the upper social classes

(Garner et al., 1983). However, more recent evidence suggests that it is becoming increasingly widespread among lower socioeconomic groups and among all age groups of women in the western world (Garfinkle & Garner, 1982).

Anorexia nervosa and the pursuit of thinness appear to be characteristics of wealthy western societies, where food is abundant. They are virtually nonexistent in other parts of the world (Garner et al., 1983). It is also noteworthy that the relationship between class, and sex in the incidence of obesity in less affluent parts of the world is the opposite to that of the western world. In less affluent nations, obesity is most common among the upper socioeconomic strata and the more highly valued.[1]

The prevalence of overweight is notably related to sex and class. Estimates suggest that 50% of women in North America are "overweight" (Orbach, 1978). The prevalence of overweight in women is inversely related to social class and increases with age (Dwyer et al., 1971; Goldplatt et al., 1965; Fullarton, 1978; Silverstone, 1968, 1969; Stunkard et al., 1972). These same trends do not exist for men and children (Garn, 1981).

Garn (1981) reports from four studies that affluent children tend to be fatter than poorer children, from infancy to adolescence. Adult black and white men are leaner when poor. Middle class males, however, tend to be fatter and are more likely to be obese. Garn suggests that

the findings related to men and children support the economic concept of conspicuous consumption associated with wealth. Women, however, break this trend as the wealthier the women, the thinner they are. Garn reports that up to 60% of poor women may be obese. He argues that the socio-economic findings associated with obesity invalidate the argument obesity is solely genetic. He believes that there may be two types of people, some who are socially obese and some who are genetically obese.

Garn (1981) further theorizes that poor women are more often employed in the preparation of food. Research, however, shows that fat people do not eat more as a group than thin people which Garn's suggestion would imply (Dyrenforth et al., 1980). In addition, poor women are less likely to buy the products for weight loss. Interviews conducted with poor women who are fat suggests that they do not relate or identify with the social ideal body for women shown on television as much as do middle class women. Garn (1981) adds that some of the socio-economic differences among those who are fat may be a product of differing socialization around food. He purports that in a culture of poverty, poor girls may be encouraged to gain fat, and richer girls may be encouraged to lose fat at adolescence. He proposes the possibility that social pressure is likely more effective as a socializing agent if the observer identifies with the role model.

It is possible that middle class women identify with the media image, feeling that it is directed at them. In accepting the image and ideologies of slimness, middle class women may then be committed to this ideal sufficiently to work very hard at dieting to be thin. If such an effort was made in particular alongside bulimic and anorexic behaviours, women may be able to lose weight in spite of a genetic setpoint. According to Dyrenforth et al. (1980), many women must literally starve themselves in order to maintain unrealistically low body weights.

The argument advanced in chapter two (that weight preoccupation has arisen from women's ambivalent social position and consequent fragmented identity in conjunction with the prevailing thin body ideal) may be an explanation that is most applicable to middle class women. Middle class women are the largest class of women who are making the transition from the home into the world of paid labor and politics. Further, middle class women, are more likely than working class women to expect some degree of social success in spite of the fact structural obstacles often prevent the actual attainment of expectations.

The Melpomene Institute of Minneapolis, St. Paul has investigated body image among physically active women in response to previous findings suggesting that male athletes have greater body satisfaction and are more accurate in estimating their body dimensions (Paul & Robinson, 1983;

Robinson, 1985). Evidence indicating that female ballet dancers have "distorted body images," diet and tend to feel "overweight" regardless of weight suggests that female athletes may differ from men in body image (Paul & Robinson, 1983).[2]

A high percentage of the healthy and active women studied by the Melpomene Institute perceived themselves to be overweight. A total of 57% felt they were overweight and 78% of the women between the ages of 40-49 felt they were overweight. Almost all of these women were within the range of "desirable weight." In this study, only 10% who described themselves as overweight were in a high fat category (over 28% body fat). Women in all categories of weight expressed a high level of dissatisfaction with their bodies (Paul & Robinson, 1983). The mean weight for overweight in this group studied by the Melophene Institute was 143. The average weight of all the women was 123.3 pounds with 21.2% body fat (19-28% is considered average), yet a high level of body dissatisfaction was reported. Hence, dissatisfaction with current body weight and body image was not substantiated with any "objective measures." These findings were also found in this study when perceived weights were checked against the 1959 and 1983 actuarial statistics.

Another study conducted on weight control behaviour in female athletes found that 32% of 182 collegiate athletes practiced "pathogenic" weight loss behaviours. Rosen,

McKeag, Hough, and Curley (1986) found these athletes to be using self-induced vomiting, binges more than twice weekly, and the use of laxatives, diet pills and/or diuretics to control their weight. They report that others have noted similarities among runners and those with anorexia nervosa and bulimia (Blumenthal, O'Toole, & Chang, 1984).

The majority of the athletes in the Rosen et al. (1986) study indicate using these methods of weight control to improve their performance rather than for physical appearance. A total of 10% indicated that they could improve both their appearance and their athletic performance. Gymnastics exhibit high degrees of this behaviour whereby 14 out of 19 were involved in one of the "pathogenic" behaviours as were 8 out of 17 long distance runners. The findings of this study suggest that athletes have a tendency to practice these weight control techniques if they have perceived themselves as obese at any time or if they had lost more weight than they had planned to when they began dieting.

In sum, most women appear to be preoccupied with weight. The pressure to be thin tends to be directed to middle class women. Indeed the extreme expressions of weight preoccupation, anorexia and bulimia, have tended to be more common among middle class or wealthy young women. Women who are athletes, fashion models, and ballet dancers risk developing eating problems as these occupations "demand" thinness. Conversely, poor women are significantly

more likely to be fat. Those women who are dieting to lose weight are reportedly choosing to lose weight for appearance rather than health. On the continuum of weight preoccupation there are likely to be large numbers of women who have not been clinically defined as having an eating disorder and who are not included in statistics of anorexia or bulimia as they have not come to professional attention, the problem is mild, or because the person is not willing to change the behaviour (Anderson, 1984).[3]

Anorexia Nervosa and Bulimia

This section will introduce anorexia and bulimia and describe some of the typical characteristics of these problems. We will start by outlining some aspects of anorexia nervosa. This will be followed by a description of bulimia. We will then discuss some of the similarities between anorexia and bulimia.

Anorexia nervosa is characterized by a self-perpetuated and ritualistic abstinence from food, combined with a self-perception of overweight and a fear of fat even when emaciated. Anorexia is Greek for lack of "an" and appetite "orexis" (Bell, 1985). Bell (1985) points out that anorexia is a misnomer as those who suffer from anorexia nervosa do not experience a lack of appetite. Most attribute the first clinical reports of anorexia to Gull in Britain, 1874 and to Laseque in France, 1873 (Garfinkle & Garner, 1982; Gull,

1964; Laseque, 1964; Palmer, 1980). The earliest report in the medical literature is actually by Richard Morton in his Treatise of Consumption in 1689 (Bell, 1985; Bruch, 1973; Orbach, 1986). In his report, anorexia was described as a nervous consumption.

Anorexic women's lives are dominated by a preoccupation with food, thinness and weight control, and by a personal sense of inadequacy and lack of self-control. A lifestyle evolves around these feelings of inadequacy and ineffectiveness. It is argued here and elsewhere that an attempt is made to reduce these feelings through control of the body. Hyperactivity and strenuous exercise are further ways the anorexic seeks to control her body. Her physical activities are rigidly and ritualistically structured like her other behaviours in the attempt to gain a feeling of personal control and through the control a sense of adequacy. She will deny her skeletal appearance and pending death, desperately holding on to the only control she feels over her life: control of her body.

Anorexia nervosa is not primarily about weight, but about the sense of ineffectiveness and inadequacy that the woman feels and her perceived inability to control her life. Her behaviour is structured around these feelings and her effort to ameliorate them. When an anorexic woman describes herself as "getting out of control" this means that her inner feelings of inadequacy make her feel very helpless.

If she is already feeling inadequate, her conflicting need to eat with her desire to be thin, exacerbates this. She feels overwhelmed in the face of the demands she places on herself to achieve and do well.

It is reported that anorexics have high expectations of themselves, reinforced by expectations of good behaviour and achievement from those around her. Evidence suggests that the "perfectionism" usually associated with anorexics reflects her need to please and receive approval from others (Garfinkle & Garner, 1982). Further, this "perfectionism" reflects her low self-esteem as she perceives that she never does things well enough. While in an anorexic phase, she usually feels she is failing regardless of how she appears to others.

Anorexia is experienced as something she does for herself. However, she is communicating to others through her actions that something is gravely wrong and that she is unhappy. Hence, it serves as a statement of her frustrations and may be the only way she feels she can express these without feeling she is impinging upon or upsetting others through a direct communication of her feelings. She is frustrated with her inability to develop a sense of self she can accept and which she feels others will accept. Anorexic women are looking for themselves (Chernin, 1985; Friedman, 1985; Orbach, 1986).

Initial success with weight loss brings praise from

others and offers encouragement to continue losing weight. The control established over the basic human urge to eat is strong and makes her feel strong as well. However, it has been shown that starvation eventually leads to bingeing in human beings (Keys, 1950).

The desire to eat is a natural physical response to starvation. The inability to stop eating when food is available is a common reaction among all people who are starved of essential food intake (Bruch, 1973; Keys, 1950). People who are starved have been found to become preoccupied with food, talk incessantly about food, and among some anorexics the need to eat when one is starving or depriving themselves of food, precipitates binge eating.

Despite this being a natural urge, the anorexic feels this is something that she should be able to control. She experiences a sense of personal failure if she succumbs to eating. This is common among bulimics and many dieters as well. She feels a self-control and power and personal satisfaction when she can contain and curb her appetite, even if she is thereby starving herself to death. It is not weight and food that her behaviour is about, but the accomplishment of self-control that must be maintained at all costs.

Bulimia, while similar to anorexia in many ways, is perhaps more widespread in the female population. Bulimia, classically defined as ox hunger, is the insatiable craving

to eat associated with the gorging of food, which is often incited situationally or emotionally (Lucas, 1981). The bulimarexic or the bulimic may be of any weight, from very thin to overweight by social standards, depending on the extent and nature of the bingeing and purging.

Bulimia is closer to the recent reports of 'normative' weight control among women. It has been described as behaviour which allows women to eat and still control their weight. This means they can eat all that they want without gaining weight.[4] Bulimia typically involves "gorging," or consuming a vast amount of food (or a perceived vast amount) rapidly on one occasion, followed by self-induced vomiting, and/or laxative abuse, rigorous exercise, periods of starvation and denial of sleep. Purging allows the woman to rid the body of the potential caloric value of the foods consumed. The immediate purpose behind purge activities is either to avoid gaining weight or to lose weight, by not allowing the body to absorb food energy as effectively. However, it can be argued that it is a form of self-abuse and expression of anger among women who direct their anger at themselves.

Bulimia incorporates many of the characteristics typical of anorexia nervosa. The psychological aspects are similar which is perhaps one reason that many consider bulimia to be a subtype of anorexia nervosa (Garfinkle & Garner, 1982). Both anorexics' and bulimics' lives become

dichotomized around feeling in control and feeling out of control and this is directly associated with not eating or eating (Bruch, 1973, 1978; Lawrence, 1984; Orbach, 1978, 1986). The bulimic often feels she has found the perfect private solution to the pressure to be thin as she can eat as she likes, control her weight and please others simultaneously.

Anorexics and bulimics share some similarity in their subjective experiences. Alongside a self-perception and fear of being fat, these women share a preoccupation with food, their bodies, and with the maintenance of their perceived lack of control over these concerns. Typically women who are anorexic or bulimic have in common feelings of inadequacy, ineffectiveness and a lack of self-esteem, experienced as a personal sense of lack of control (Lawrence, 1984; Garfinkle & Garner, 1984).

The experience of anorexia nervosa and bulimia can be viewed as extensions of the common experience of women who are preoccupied with weight. There are many similarities between women preoccupied with weight and those who are considered to have "eating disorders." Weight preoccupation exists on a continuum which includes; fear of fatness, denial of appetite, exaggeration of body size, depression and rigid dieting. Lawrence argues that as most women have difficulties accepting their bodies, the problems of anorexic women can be seen as just more extreme experiences.

Unlike men, women tend to be dissatisfied with their bodies in comparison with a more "ideal self." Lawrence (1984) then asserts that the distortion of body image typically associated with anorexia is not unlike that of average women.[5]

Most women today are concerned with weight and feel they are fatter than they are. Many are adopting extreme methods of weight loss without being fat in the first place. Our culture appears to be "obsessed" with thinness. The average woman preoccupied with weight is not that different from those women who are anorexic or bulimic. Anorexia and bulimia, it is argued, are just more extreme expressions of the common experience of women (Lawrence, 1984; Lawrence & Lowenstein, 1979).

Women often incur the health risks associated with anorexia nervosa and bulimia in order to be thin. Some physical problems frequently associated with these problems are; low blood pressure, slow heart beat, amenorrhea, hormone imbalances, blood sugar problems, fatigue, lack of concentration, constipation, feeling cold, circulation problems, gastro-intestinal problems, dental enamel breakdown, malnourishment, lanugo or fine hair growth on the body, dry skin, kidney and liver damage, and electro chemical imbalances (Garfinkle & Garner, 1982). Mortality rates associated with anorexia nervosa are cited at 5-10% and usually occur as a result of cardiac arrest due to potassium

deficiency (Chernin, 1984; Garfinkle & Garner, 1982; Palmer, 1980). Depression in bulimia often leads to suicide which is the most common cause of death in this group.

It becomes more important to anorexic and bulimic women that they continue these activities to control their weight than the potential harmful effects. In other words, women who are bulimic or anorexic are often willing to risk their health in order to be thin. As such, their actions are often seen as self-destructive. They are, however, experienced as both self-destructive and empowering. It is the part that is experienced as providing a greater sense of control over their lives that makes the problem difficult to give up. If these women must resort to bulimic and anorexic kinds of behaviours for a sense of empowerment and control, it suggests their power and control over their lives is precarious.

A sense of empowerment and control is attained through controlling the body which masks a real lack of power and control over their lives. In their frustration and uncertainty with themselves, they force themselves to comply to a rigorous self-discipline which will provide some certainty and control. It is important, however, to recognize that women often internalize anger rather than expressing it directly, particularly at others (Greenspan, 1984; Orbach, 1986). Histories of sexual abuse or physical battering are often prevalent among women with anorexia or bulimia. These women have difficulty outwardly expressing anger at the

abuser and often blame themselves, taking out the anger on their own bodies (Wooley & Wooley, 1986).

The anorexic, bulimic, and the chronic dieter all end up bingeing as a result of rigid self-denial of food. It is this cycle of denial and then "excess" that is particularly emblematic of bulimia. Experts maintain that dieting is a prerequisite for bulimia (Wooley & Wooley, 1986). The difference between the experience of bulimics and anorexics is not just that dieting has gone out of control, but that the obsession with thinness is so intense it becomes the core of the women's identity and self-esteem (Wooley & Wooley, 1986).

The prevalence and extent of the continuum of weight preoccupation is a considerable health concern for women today. The next discussion will focus on weight preoccupation as a women's health issue.

Weight Preoccupation as a Women's Health Issue

In this section on weight preoccupation as a women's health issue, a number of points will be established. First we will examine how the "tyranny of slenderness" encourages women to follow extreme dieting methods in the pursuit of thinness. This discussion explores the popular belief that excess weight causes health problems.

Chernin (1981) calls the coerciveness of the current body ideal the "tyranny of slenderness" as it favors thin women and rewards her with greater social value and status.

The tyranny of slenderness requires women to police their own bodies and appetites by dieting, denial of appetite, and implementation of heavy exercise programs. Wooley, Wooley & Dyrenforth (1979) suggest that the issue of weight for women is a "neglected feminist topic." They suggest that as thinness is attainable for only a few people, it is attributed greater value and that it is in fact an elitist value. Dyrenforth et al. (1980) demonstrate that women's pursuit of thinness through extreme dieting methods such as cyclical starvation and bingeing is unhealthy.

They further suggest that fat is a women's health problem for a number of reasons. According to Wooley and Wooley (1984), the ideal body type for women is particularly oppressive as not only is little deviation from the ideal permitted, it is always changing. Women often believe that their bodies are only valued when they do meet the standard. As the current thin body ideal is often unrealistic, it encourages self-starvation and risks to women's health.

Wooley and Wooley (1984) argue that females are also more critical than males of their bodies. They report that females prefer to have small bodies. Additional studies repeatedly indicate that weight is a greater concern for women than men. For instance, a study by Rodin found that 60% of the girls studied between the ages of 10 and 13 had dieted at least once, compared to only 16% of the boys (Friedman & Maranda, 1984). Wooley and Wooley (1982)

suggest that dieting becomes a lifestyle or way of life for many women. Hence, women often live a life of chronic food deprivation and denial.

Dwyer et al. (1973) found concern with body shape among girls to be greater than for boys, whereby they adhered to normative images of men and women; girls wanted to be small or petite and boys big and muscular. Men have quite different experiences than women who are overweight as they do not equate fat with character. Millman (1980) observes that men tend to "introspect and psychologize" less about their weight.

According to Dyrenforth et al. (1980) and Sternhell (1985), fat women do not eat more than thin women. However, fat women diet more. Dieting is defined in this thesis as conscious behaviour on the behalf of women designed to maintain or lose weight. On the basis of clinicial observations, Wooley argues:

> In general the healthiest eaters we see are fat women. . . . Most would have to be on a starvation diet their whole lives to get them down to a weight the culture considers normal, and the physical and emotional effects of starvation are much worse than the effects of overweight. (Sternhell, 1985, p. 142)

According to Dyrenforth et al. (1980), it is the young women who experiences the most severe threat to self-esteem. The threat to women's self-esteem means that women take weight control seriously. Thus, many women are willing to

incur health risks if the result is weight loss.

Chernin (1981) and Shoenfielder and Wieser (1983) argue that fasting, jaw wiring, gastric and intestinal bypass, and amphetamine abuse take their place among the many ways women's bodies have been "mutilated" to attain the ideal of beauty. In 1977, for instance, it was reported that 49 women died trying to lose weight on a liquid protein diet that had become popular (Shoenfielder & Wieser, 1983). Wooley and Wooley (1982) describe the mass marketing of anorexia nervosa in the Beverly Hills Diet, where the dieting mentality involved condones and encourages anorexic and bulimic kinds of behaviour. The author of this diet encourages bingeing as long as it is followed by days of cutting back on food intake or fasting. The foods eaten on the diet produce a laxative effect which is partly responsible for the weight lost.

Lawrence (1984) maintains that by recognizing the predominance of women among those who experience bulimia, anorexia nervosa and a preoccupation with weight, we have critical insight into understanding the origin of the weight experience. At this time there is no evidence to suggest the etiologies of these phenomenon are physiological (Bruch, 1978). There is not sufficient support for the belief that anorexia nervosa or bulimia are caused by physiological malfunction, or by genetic causes (Garfinkle & Garner, 1984). The social and psychological explanation of the

prevalence of anorexia nervosa and bulimia among women in our culture is the most developed understanding. Social factors are becoming more widely accepted as important contributors in the development of anorexia nervosa and bulimia (Garner et al., 1983).

While popular belief maintains excess weight causes health problems, recent evidence suggests that a longer life is not correlated with the old standard desirable weights, reflected in statistical charts. This was found in studies including no less than 6 million people (Chernin, 1981). Mann argues that:

> In particular there is little to support the widespread dogma of health education programs that regard obesity as a cause of high blood pressure and treatment of obesity as a useful way of managing high blood pressure. (Chernin, 1981, p. 33)

The extent to which "obesity" is a health risk varies in the literature. Harvey (1979), for instance, points to the necessity of weight reduction in the treatment of hypertension, diabetes, fatigue, and to allow for a better sense of well being through a good body image. Obesity is commonly correlated with a variety of health problems and potential health hazards such as diabetes and cardiovascular disease (Bray, 1979). Many physical health problems have been related to overweight including bone and joint problems, respiratory difficulties, gall bladder disease, glucose intolerance, menstrual irregularities, and elevated blood pressure (Stuart, 1973). Hirsch (1978) maintains that

reduction of the incidence of obesity would advance public health. Stuart (1973) claims that the social and economic costs of being overweight are staggering without expanding or providing any evidence.

The most common definition of obesity is 20% over one's ideal, and yet sufficient evidence that 20% overweight is a health risk is not available (Harvey, 1979). A rise in mortality rates increases at 30% overweight according to the Society of Actuaries Build and Blood Pressure Study of 1959 (Sash, 1977). However, 1983 data shows a decrease in mortality as weight increases excepting for "extreme obesity".

According to Bray (1977) risks from overweight have not been identified in men after the ages 40-50. A study in Manitoba supports this finding showing that increased weight in men under age 35 was related to increase in heart disease and to sudden death in men less than 40 (Bray, 1977). However, there was no effect of weight on men after age 40. Most of the studies on weight and health are done on men and the same health risks can not be established in women to the same degree. It is thought that women's hormone estrogen acts to protect women from heart problems (Fitzgerald, 1981).

New findings suggest that the placement of fat on the body is a significant factor related to health risks. It is thought that body fat centering around the midriff and chest

has the most undesirable effects. It is theorized that the liver is more likely affected and that fatty acids enter the blood stream easier when fat is located on the abdomen. Women, however, are found to have fat placement on the thighs, hips and buttocks, which is not a high risk area for health risk (Eckholm, 1985).

The aged population may in fact be suffering deleterious consequences in trying to maintain body weight fitting for teenagers according to gerontologist Andres (Eckholm, 1985). Andres has disagreed with the widely accepted belief that adults should maintain the same weight throughout their lives.

There are a number of problems including the apparent inconsistency of results found in many of these studies. Information on the differential risks based on sex, age, class, or degree of overweight is not typically provided. Furthermore, it is almost never clear whether it is overweight or being overly fat that causes the alleged health risks. Finally, the measurement of overweight is problematic and has been shown to change across time reflecting social ideology in the preference of ideal body weights. For instance, what is defined as overweight changed in 1983. The actuarial charts say people can weigh more than they could in 1959 and still be healthy. Generalizations made about the health risks associated with excess weight often result in broad social recommendations

for weight loss which do not take into account individual or genetic differences (Harvey, 1979). Moreover, it is well documented that generally women do not diet for their health but rather to attain the ideal body. Typically, health risks caused by constant dieting in addition to repeated gaining and losing of weight are seldom examined.

Further, dieting has been shown to not work and most regain the weight lost, yet it is the most frequent approach recommended for weight loss treatment. Stunkard (1973) observes that:

> Most obese persons do not stay in treatment for obesity, of those who stay in treatment most will not lose weight, and of those who do lose weight, most will regain it (1958). . . . Attrition rates vary between 20% and 80%. Only 25% of those who enter treatment lose as much as 20 pounds; only 5% as much as 40 pounds. (p. 157)

The definition of overweight is most commonly determined by actuary tables calculated by insurance companies. Serious limitations have been observed on the use of the height and weight charts to determine overweight (Seltzer, 1965). Typically, these figures are used by those who "treat" overweight, including doctors, nutritionists, psychologists and weight loss organizations. They are also used for research to measure overweight. Seltzer (1965) suggests these weights are below the average weights of the population.

Although obesity is most commonly defined as 20% above one's ideal weight, our current definition of overweight is

historically and culturally relative. There appears to be no fixed or absolute "normal" body weight when we examine different cultures and different periods where fatness is condoned. Normative ideals for weight are, however, treated as absolutes, whereupon no deviation is considered acceptable. Ideal weights have been determined by insurance companies and the medical establishment based on correlation between overweight, life longevity and likelihood of disease.

Seltzer (1965) criticizes the use of tables for defining weight. It is suggested that these weights do not represent the weight of the adult population, and that they are lower, when in fact people's weights have increased (Garfinkle & Garner, 1982; Seltzer, 1965; Stevenson, 1978). Seltzer indicates that the data clearly show no valid basis for the claims made by the Metropolitan Life Insurance Company that the insured persons resemble the general population as far as body weight is concerned.

Moreover, weight is reportedly not itself a good measure of percentage of body fat, unless correlations with health relate to weight and not fat. For instance, individuals with relatively low body fat may weigh more than the average person, if they are more heavily muscled or have a larger body frame. Conversely, one can have a high percentage of body fat, have a small frame and be below "average" weight.

The medical and health orientated justification for women's desire for slenderness do not hold up to scrutiny. In fact, according to recent proposals from Harvard medical school, we should gain fifteen pounds or more in the interest of health (Chernin, 1981). Updated Metropolitan height weight tables, in 1983, reflect the findings supporting increased health with weight. Recent findings show the lower the body weight the greater the likelihood of earlier death (Chernin, 1981; Department of Health, 1984; Sternhell, 1985).

Today, people can weigh more than their 1959 counterparts and live as long (Department of Health, 1984). A recent paper from the Manitoba Department of Health presenting new height and weight tables indicates that for women the average increase in desirable weight was about 6% or 8 pounds for women of average height, a smaller increase for tall women of 3 pounds or 2%, but among short women there is an increased average of 10 pounds or 9%, over the 1959 data that continues to be popularly used.

There is a discrepancy between the weights indicated in the new charts and what women believe they should weigh. One report shows that a significant percentage of women who are not overweight think they are and some are in fact underweight (Robinson, 1985).

There has been confusion of the fashionable and sexually attractive body preference of our time with that of the

desirable body weights outlined in tables construed for the purpose of health (Nutrition Notes, 1984). With the release of new data which calls into question the association of fatness with disease and life longevity, it becomes clearer that the cultural pursuit of thinness among women is not motivated for health, although some may believe it to be.

Maddox (1968) argues that the medical profession treats their overweight patients as deviants. Overweight women have had to deal with doctors who don't like fat any more than they do themselves. Physicians who treat overweight rely on personal experience as opposed to formal training as a primary source of information. They actively acknowledge very little success in working with their fat patients, but continue to use the same treatments. Their attitudes toward their fat patients are reported to be more negative than the patients own self-descriptions (Maddox & Liederman, 1969). According to Sternhell (1985), the medical establishment believes that fatness and good health are antithetical.

Robinson (1985) reports a study where more than 50% of physicians and medical students characterized their "obese" patients as "awkward," "weak-willed," and "ugly." Bellar's (1977) work suggests that moralistic arguments about losing weight have "overshadowed" scientific literature that points to physiological factors such as body type which influence a predisposition toward fatness.

It is assumed that fat people eat more than thin people

and that dieting works. According to Dyrenforth et al. there is presumed to be an "obese eating style" which includes overeating. They contend that when people gain weight there is an imbalance between energy expenditure and consumption for that individual. However, their review of extensive research shows that in 12 out of 13 studies examined, the obese people consumed the same amount of food or less than normal-weight people. They report that in another 7 studies no differences were found (Dyrenforth et al., 1980). Furthermore, it has been found that there are no real differences in eating style between these two groups. The only difference that has been found is that fat people's food intake tends to be more related to the palatability of the food than thin people.

The energy levels required to maintain a constant body weight vary from person to person. For instance, one study of matched pairs shows that the individuals required large caloric differences to maintain the same body weight. It is clear that some people gain weight easier than others (Dyrenforth et al., 1980). The classic starvation studies by Keys which study the changes in individuals brought about by starvation and undernutrition, indicate that the human body has a body weight regulation mechanism, that works much like our internal thermometer. This means the body will regulate weight according to its needs (1950). Hence, if food intake is decreased for instance through dieting, the

body will compensate for this decrease in energy input by slowing down the metabolism of the food in an effort to preserve itself. The reduction in the basal metabolic rate is a physiological adaption to a decrease in caloric intake.

Keys (1950) also found that the most important changes which were brought about from starvation or undernutrition were loss of weight, weakness, depression, bradycardia, slow heart beat, and an increased relative hydration of the body. The decline in body temperature, heart rate, blood sugar levels and chemical reactions in the body may all contribute to the reduction in the basal metabolic rate (1950). Many of the undernourished people studied consumed from 600-1,000 calories a day. Women who diet today think nothing of going on 1,000 calorie a day diets. He found that some of the psychological effects of starvation were increased preoccupation with food and eating and the tendency to overeat if food became available. This is also observed today among dieters who cyclically starve themselves, followed by bingeing.

Set point theory suggests, like Keys' starvation studies, that there is an inbuilt genetic control in accordance with how fat we can each become. Some body types are genetically programmed for greater fatness. For example, using Sheldoms somatypes, the endomorph is the round, shorter limbed person with a padding of fat is more likely to get fat. The ectomorph is the tall, thin, small

framed individual who would have difficulty gaining fat. Lastly the mesomorph body can be described as lean and muscular.

Keesey's (1986) studies on set point theory of weight regulation have found that weight is closely regulated in obese people. One finding showed that obese people who had been dieting for 4 weeks had a 3% weight loss, compared to a 17% decrease in their resting rate of oxygen consumption. He suggests this means the body is actively resisting weight loss or change. Another finding indicated that among those who had maintained weight loss for 4 to 6 years their metabolic rates remained slower. Consequently, he believes that obese people are in energy balance only at the high body weight they usually have.

Obese people require only slightly higher caloric intake for weight maintenance than "normal" weight people according to Keesey (1986). If a person who is not obese were to have their weight elevated to that of an obese person, the "normal" weight person would not have a normal resting metabolism. They would be hypermetabolic as their bodies attempted to return to their normal energy balance. The implications of the set point theory are far reaching. The lifestyles of chronic dieting and eating "disorders" common among women often results in inadequate nutrition and metabolic depression. Women may be taking these risks and actually not losing any weight in the long run, as we know

that 95% regain back the weight they have lost.

Another area of controversy is whether a fat person should diet or not. It has been found in at least 7 studies that dieting as a form of weight loss decreases the basal metabolic rate. People under caloric restriction show a decrease in activity and in the energy cost of any task. In addition, people dieting burn fewer calories, are less active and use fewer calories than they did before dieting (Dyrenforth et al., 1980). It has been observed that these changes become worse with each consecutive dieting attempt. This would quite literally suggest that dieting makes one fat. It is suggested by Dyrenforth et al. (1980) that the metabolic rate decreases with each new diet and the amount of fat tissue in the body when weight is regained, than it had been previously when at the same body weight.

Researchers, Bellar (1977) and Dyrenforth et al., (1980) stress that this is a compensatory physical reaction to protect the body from the possibility of famine. Fatness is believed to have been an evolutionary factor in the continuation and survival of our species. Furthermore, women are physiologically provided with more fat than males from birth, which becomes essential for reproduction in later years (Bellar, 1977; Brownmiller, 1984). The implications of these findings are important because they tell us that dieting doesn't work, that bodies fight to stay at a set point weight, and that dieting can be unhealthy, and

that women naturally have a higher percentage of body fat than men.

There is some evidence that the tendency to get fat, given social conditions of abundance of food, is genetic. What this may suggest is that for some people normal eating sustains a normal weight for their body type. If these individuals have an endomorphic or mesomorphic body type and want to look as though they are ectomorphic when they are not, they must eat a less than normal amount of food in order to sustain a less than normal body weight for their body structure. What this may suggest is that some women are virtually starving themselves in order to attain unrealistic ideals of thinness against the very makeup of their own naturally fatter bodies.

According to Forbes (1981), in the absence of parental obesity, incidence of obesity in the offspring was 14%. Where one parent is obese offspring incidence is 40% and where both parents are obese, 80% of the offspring are. Another study shows these figures to 5%, 19%, 32% respectively. Although these figures are considerably lower there is a significant jump from the 5% who become obese who have no parental obesity to the 32% who become obese with parental obesity. These two studies show that there is an increased likelihood of obesity if one's parents are obese. Studies exploring the nature/nurture debate have studied twins in an attempt to determine the strength of genetic

determination of fatness versus fatness being a product of similar environment among family members.

Monozygotic twins or identical twins with the same genetic material are, for instance, more similar in body type than same sex dizygotic twins when compared, which Forbes reports from three separate studies. Further evidence of genetic importance are the findings that when monozygotic twins are reared apart, they are more concordant than the dizygotic twins reared together. Other reports find that the child's size is more like that of the biologic parent than a foster parent (Forbes, 1981). As there is likely a genetic aspect to fatness, the social pressure to be thin and the stigma associated with overweight appear more prejudicial.

Dyrenforth et al. (1980) believe that people are wasting their time and energy trying to attain "unrealistic expectations of body size." According to these authors, women should begin to realize that the stigma against fatness is particularly oppressive if fatness is a characteristic not amenable to one's own control (p. 53).

In this section it has been argued that women often take on extreme dieting measures in order to attain an unrealistic body ideal. We have also explored some assumptions around weight and argued that the medical justification for thinness do not stand up to scrutiny. The medical profession legitimates the social pressure to be thin

through the guise of health. The following section will explore the social pressure to be thin and the social stigma against fatness.

The Social Pressure to be Thin

The prevalence and extent of weight preoccupation cannot be explained by the social pressure to be thin, or the ideal of thinness alone. It will be argued in chapter two that the pressure to be thin has the effect it has today because of a crisis in women's lives. The pressure to be thin, and the value of thinness itself, reflects the changes in women's social position in industrial society. An exploration of the transformation of the body ideal toward thinness will put this into a historical perspective in chapter two. This section will elaborate on the social pressure to be thin and the stigma directed toward fatness.

Increasing social pressure to be thin is reflected in the interest in dieting and weight that is observed today. According to Schwartz et al. (1985), six major women's magazines studied over a twenty year period indicated an increase in articles on dieting and weight loss. In the first decade, the mean number of articles was 17.1 compared to 29.6 for the second decade (Schwartz, Thompson, & Johnson, 1985). Robinson (1985) contends that these articles directed at women are evidence of "our cultural obsession with thinness." Silverstein (1984) reports from a

study of women's magazines that they carried seventeen times more articles and advertisements on dieting and body weight as did comparably popular men's magazines. In a British study on the "cult of femininity," Ferguson (1983) observes that between 1965 and 1980 there was a distinct increase in focus on dieting in women's magazines and the development of magazines which specialize in dieting.

In addition to women's magazines, the media and the fashion industry encourage a preoccupation with weight among women through the continuous reinforcement of the belief that thin is good and beautiful and through the idea that one is a failure if they are fat (Chernin, 1981; Wooley et al., 1979). Wooley et al. (1979) observe the body ideal is marketed through these industries producing self-hate, guilt and insecurity in those who feel they are failures in comparison to the ideal.

This ideology is reinforced further through the campaign for physical fitness, whereby the controversial and unfounded argument that fat is unhealthy is used to justify society's preoccupation with weight (Sternhell, 1985). A conservative estimate of 15 billion dollars spent a year on the "fitness and weight loss" industry exists in the United States alone, which includes diet products, diet books, diet centers, workout clothes, and gyms (Chernin, 1981; Silverstein, 1984).

Chernin (1981) reports that more than 8 million people

are enrolled in Weight Watchers, allowing the organization to collect 40 million dollars a week. In Canada, there are 200 locations in southern Ontario alone with more than 11,000 members. Health and Welfare Canada maintain that Canadians spend billions of dollars on physical fitness. In Ontario during 1982, 9.9 billion dollars or close to one-tenth of the gross national product was spent on sport, recreation and physical fitness (Toronto Star, January, 1984). We know that most women exercise and diet primarily for appearance sake rather than physical fitness (Schwartz et al., 1985).

According to Sash (1977) and Millman (1980), stigma is experienced before one is 30% overweight and, therefore, before health risks can be imputed. It has been noted that people have strong reactions to weight even when it does not represent a potential health risk (Millman, 1984). Millman maintains that it has seldom been explored why powerful feelings are aroused in people about fatness, nor why people are stigmatized and excluded.

Some reports suggest that fat people are less active than thin people and this explains why they are fat, however, the difference is reported to be insufficient to explain the obesity (Dyrenforth et al., 1980). It is possible that decreased activity among fat women may be more related to a self-consciousness of their bodies. Dyrenforth et al. (1980) contend that many women don't learn to be

physically active as a result of humiliation.

The stigma and social reaction imputed to people considered overweight by society is well established in the literature. Brantley (1978) has shown that being overweight is more discrediting than other physical traits that often carry a stigma. He found that overweight incited a more negative response from people than did physical deformity, such as individuals with cleft palates. Adolescents between the ages of 10 and 18 who were without physical defect or illness, who were obese, and who had cleft palates were compared for body image and self-esteem. The obese adolescents had the lowest self-esteem and self-confidence, and showed more concern over their health and appearance. Silverstein (1984) reports fat people are less well liked than people who are lame, missing limbs, or facially deformed. Sternhell (1985) suggests this is because people who are fat are considered responsible for their physical state.

Larkin and Pines (1979) report that the overweight are often stereotypically viewed as being more stupid, lazy, and incompetent, than people of average weight in their study of people's perceptions of overweight, underweight and average weight men and women. Rating scales were used of the characteristics of ideal employees, effective top managers, and motivated workers. The overweight were seen to be less desirable employees when compared to the average weight and

underweight. The overweight were characterized as less productive, not industrious, disorganized, indecisive, inactive and less successful. They were not seen to be as conscientious, aggressive, ambitious, or as having as much initiative. They were perceived as mentally lazy and lacking in self-discipline. The underweight were not characterized unfavorably in direct relation to work, but were viewed as unattractive, nervous and weak.

Moreover, they have observed stigma among those defined as overweight when applying for jobs. Subjects rated four videotaped model job applicants, two who were of average weight and two who were overweight, performing tasks on personality and motivational characteristics denoting a positive employee and then recommended who they would hire. The overweight people were less often recommended for hiring than the average weight people. When the subjects compared themselves to the job applicants, they had higher expectations of being employed after observing the overweight models. They also note preferential college acceptance against the overweight (1979).

Even at a young age, children display hostility to their fatter peers and young children experience the stigma of overweight (DeJong, 1980; Stunkard, 1980). A study conducted by Richardson on children of different backgrounds, and some with physical disabilities, shows that when asked to rank order other children as preferred playmates, the

obese children were selected last (Robinson, 1985). This response was particularly true when the girls ranked playmates. Dyrenforth et al. (1980) agree that children learn anti-fat attitudes and strongly disapprove of other children who are fat.

The stigmatized individual has acquired identity standards which they apply to the self in spite of failure to conform to them. This leads to an ambivalence about the self (Goffman, 1961). Despair and self-hatred resulting from the stigmatization of overweight lend support to the idea that body image is inseparable from self-image.

Monello and Mayer (1963) have illustrated how the obese as a group have a shared acceptance of dominant values which consider overweight undesirable and harmful. Hence, fat people assume the same attitudes toward themselves as others have to them. Mayor notes that a low self-esteem is experienced by the group of girls studied, along with social withdrawal, isolation and feelings of rejection.

These girls identify with the acceptable body (Dwyer et al., 1973). Stunkard (1980) suggest that the identification of a prejudiced group with the dominant group is prevalent among ethnic and racial minorities. A classic study by Monello and Mayer (1963) shows that the overweight suffer from prejudice and discrimination. Adolescent girls attending a regular summer camp and girls attending a weight reduction camp were initially compared for personality

differences which might explain the etiology of the overweight girls. The researchers found, however, the differences in the two groups to result from the social and psychological pressures on fat people in society. They describe the overweight as an unrecognized minority group, as individuals tend to display conceptions of self similar to other jeopardized social groups.

Social animosity directed at the overweight suggests that negative meaning is evoked by the image of the fat woman. Descriptions of fat women often include attributes such as, "a good personality," or "a pretty face." On the other hand, stigma terms given to fat women include "fat pig," "lazy slob," and "ugly cow."[6] Millman (1980) has observed in her work with fat women that women who perceive themselves as overweight often internalize such terms using them to describe themselves.

Fatness is thought to be the most stigmatized physical feature but for skin color, whereby the individual is perceived as being able to control their weight and hence held responsible (Robinson, 1985). Those who perceive themselves as overweight show an exaggerated preoccupation with weight and judge other people in terms of weight. Weight, and food, literally become the central concern in the women's lives. It is clear that the presentation of self is a component of the symbolic communication in everyday interaction with others affecting other's reaction and definition

of overweight by cultural standards of body weight and configuration.

There are distinct ways in which discrimination has the effect of limiting the stigmatized individuals life chances. In Goffman's (1963) words:

> The attitudes we normals have toward a person with a stigma and the actions we take in regard to him [her], are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with the stigma is not quite human. On the assumption we exercise varieties of discrimination, through which we effectively, if not unthinkingly, reduce his [her] life chances. We construct a stigma-theory, an ideology to explain his [her] inferiority and account for the danger he represents, rationalizing an animosity based on other differences, such as those of class. We use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning. We tend to impute some desirable but undesirable attributes, often of a supernatural cast, such as "sixth sense," or "understanding." (pp. 5-6)

Being fat appears to be a defining aspect of people's identity and therefore "tends to color the persons existence." Furthermore, it has been suggested that in our society being stigmatized as overweight is a more powerful and pervasive experience for a woman than for a man (Millman, 1980).

This chapter has argued there is an epidemic of weight preoccupation and "eating disorders" today. One of the consequences of this problem is that many women are risking their health to be thin and adopting extreme behaviour such as anorexia nervosa and bulimia to control their weight.

This is encouraged by the social pressure to be thin and the stigma against fatness. Increasing evidence suggests that, while it is commonly assumed that fatness is unequivocally unhealthy, many of the beliefs around weight are used to legitimate the social obsession with thinness. The following chapter will offer a feminist explanation of the epidemic of weight preoccupation among women today.

CHAPTER TWO

WEIGHT PREOCCUPATION AND WOMEN'S SOCIAL POSITION

Women in advanced capitalist societies today have no certain roles and thus no certain identity. They are between traditional roles in the home and as yet undefined and disputed roles in the broader world and thus face conflicting expectations, possibilities, and desires which make it difficult to develop unequivocal personal goals, and viable means to attain these goals. Their position is structurally anomic and this anomie is expressed in a fragmented identity.

Women's traditional identity--formed around affiliation rather than ego separation--is no longer appropriate to their rapidly changing contradictory and ambivalent, social position. When we understand the co-incidence of this situation with the prevailing body image ideal of thinness, we can understand the contemporary epidemic of weight preoccupation and eating "disorders."

Within patriarchal society, women's social position has always been intimately related to their bodies and the imagery of the body has reflected that role. In preindustrial, high mortality societies, women's fundamental social role was reproduction and this role was reflected in a round, plump body expressing fertility. In modern industrial societies, there has been a partial shift of emphasis on women's role within patriarchy from reproduction towards

sexuality and this shift has been reflected in the emergence of thinness as a new body ideal for women. At the same time, women's emancipation and partial liberation within these societies has reinforced the shift to the thin body ideal which is also expressive of freedom and movement.

Uncertain how to proceed with their lives due to ambiguous and contradictory expectations, possibilities, and desires, many women have channeled attempts to gain some control of their lives into the attempt to control their bodies--to accomplish this ideal of thinness. Weight preoccupation is then expressive both of women's fragmented identity and of the equivocal social position that has given rise to it. Thus, weight preoccupation stands as a powerful metaphor for women's social position today and for the need to resolve the paradoxes of this position.

In the first section the contemporary situation of women and their ambiguous and contradictory situation within the social structure is examined. In section two, an examination of certain theories of women's identity and the question of the fragmentation of women's identity within their contemporary social position is elaborated. In the third section of this chapter we will explore the history of women's bodies and how the ideal body has expressed women's social position is explored. The fourth section of the chapter will discuss the contemporary epidemic of weight preoccupation and eating "disorders" as a product of the co-

incidence of the prevailing thin body ideal and the fragmented identity of women today. In this context the question of control is paramount. Lastly, we will examine thinness as a metaphor for women's situation today.

The Contradictory Social Position of Women

New social expectations and advances for women have resulted in contradictory role expectations. In women's position between the family and the workplace women are faced with conflicting pressures, expectations, and opportunities. There exists no normative consensus as to contemporary women's role and at the same time there are numerous structural impediments to the accomplishment of any role. Whatever role a women today might choose, "traditional," "liberated," or "inbetween," she is likely to experience both conflicting expectations, approval and sanction, and uncertain possibilities of accomplishing her goals.

In spite of increased liberation for women and the advance of feminism, society has not made the socio-economic changes necessary to liberate women as a group or class. This is apparent in the sexual division of labor through the continued pay differentials, sex segregation of tasks, lack of upward mobility or adequate and affordable childcare for women (Lengermann & Wallace, 1985; Lipman-Blumen, 1984). Moreover, the norms of traditional femininity coexist with the ideal of the individual in the public sphere. "Superwomen" today are characterized by their ability to

excel in both the private and public sphere.

The public sphere is referred to here as the sphere of paid labor organized through complex, bureaucratically organized institutions in which society's power is centered (Lengermann & Wallace, 1985). This sphere reflects our capitalist mode of production. The public sphere includes the economy, the state, formal education, organized religion and mass media. While the private sphere coexists with the public sphere, it is a network of social relations which is not organized around wage labor. In our society the less formal, (emotional) social relations of the family, friendship, and community are critical to maintaining the existing public sphere. The private sphere reflects the mode of reproduction in patriarchal society. The family involves the reproduction and socialization of future workers for paid labor in the public sphere and unpaid labor in the private sphere. Socialization, mothering/childcare, transmission of gender and social values in the family is unpaid work primarily assumed by women.

Eisenstein (1979) argues the public and private sphere are interrelated and that there is a dialectic between the process of these spheres. As such, this reflects the dialectic between patriarchy and capitalism; social production and reproduction. From her point of view, dichotomizing the private and public sphere erroneously assumes the independent existence of these spheres.

Typically the public sphere is more valued, and considered more important. This is reflected by the traditional division of labor in patriarchal capitalism through men's paid work in the public sphere and women's unpaid labor in the private sphere. Women's work in this sphere has been viewed as natural and voluntary.

Women in contemporary western society confront conflicting role expectations wherein some people expect women to maintain traditional values, others expect women to be emancipated and modern and still others expect women to combine these roles. On the other side, women experience the constricted posibilities of realizing these goals. The labor market does not allow a full range of possibilities for women. If women should choose a traditional role as housewives and mothers, they are often forced into the job market out of economic necessity. Even when women can balance the conflicting expectations placed upon them by people in their lives, they may still have to confront uncertain possibilities of actually fulfilling these expectations.

In Manitoba 50.5% of married women and 64.6% of single women participated in the labor force in 1981 compared to 3.5% of married women and 43.8% of single women in 1931 (Eichler, 1983). Although there has been a significant increase in womens labor force participation, in 1977 the average annual total income for women was less than half

that of average men (Department of Labor and Manpower, 1981).

While women have established greater equality with men politically and economically, women's lives continue to reflect an unequal gender system. Another example of this is the sanctioning of women's labor in the paid labor force without providing adequate child care facilities. Demand for day-care has increased with the increase of female labor force participation whereby only a small percentage of children get placed in licensed, approved day-care centres. Only 14.4% of children under the age of six whose mothers were employed were able to obtain space in approved day-care facilities (Canadian Advisory Council on the Status of Women, 1982). Women are also expected to perform domestic duties, and child care while they work outside the home. This has been termed the double day (Chodorow, 1978; Dinnerstein, 1977; Lengermann & Wallace, 1985; Rowbotham, 1978).

Women today are expected to perform and synchronize a multitude of roles. In addition to the wage labor and domestic labor women perform, women are still expected to achieve the cultural standards of beauty in order to attain social value (Cauwels, 1983). This emphasis on appearance reflects one area of women's lives which has not changed. This situation presents a conflict of possibilities, expectations and desires in women's social roles.

In her work on gender roles and power, Lipman-Blumen

(1984) identifies a cultural lag between expectations arising from outmoded socialization practises and the realities of everyday life. She argues that tensions produced from the gap between socialization and actual reality encourage the power struggle between men and women. Lengermann and Wallace (1985) point to changes in gender inequality such as social views about the functional differences between men and women and women's increased access to material goods through increased participation in the labor force. However, women still have less material power than men and lag behind in areas such as political power. They describe this as an "untidy package of gender arrangements, whose elements do not really mesh together, a package in which relationships and attitudes of gender inequality coexist in an uneasy and untidy 'muddle'." This untidy package is the social reality for women today and it is to this that this study refers when speaking of the contradictory expectations in women's social position.

Changes in the material conditions of women's lives have affected women's social role. It is argued here that women's position in society is in a state of anomie. Anomie, the "social conditions characterized by the breakdown of norms governing social interaction," is a concept which helps us "bridge the gap" between individual action and social structure (Abercrombie, Hill & Turner, 1984).

The concept of anomie put forward by Durkheim suggests

that it results when there is a disproportionate relationship between people's desires and their means of fulfilling these desires. Society attempts to prevent this problem by putting limitations on people's expectations and goals, so that there can be a relatively sufficient degree of success in attaining such goals. According to Durkheim, if this "framework breaks down" and people do not have sufficient means to meet their expectations suicide is one possible response, as people can only be satisfied when their needs are balanced with the means for attaining them (Giddens, 1978; Leiss, Kline, & Jhally, 1986). If society emphasizes goals but does not provide the means, individuals will respond by adopting the best way to meet their goals. This is the cultural lag mentioned earlier between expectations which arise from traditional socialization and a different social reality. In North American society crime can be seen as an anomic response to a mismatch between goals and means, as there is an emphasis on success, and the attainment of wealth, without providing the means in a class structure to meet these goals. People are rendered powerless and without sufficient autonomy as a result.

If we think about women's current anomic position in society, in which expectations exceed the means, and in which a patriarchal structure limits means for women, women will attempt to meet these needs in the best way possible. While women's social identity is still largely placed within

the private sphere, they are struggling to maintain this identity while simultaneously forging one within the public sphere. As women try to balance the characteristics of their lives in these two spheres, there is clearly a breakdown in the traditional order of norms governing social and personal expectations for women.

As women in advanced capitalist society have no certain roles they have no certain identity. Women's position between the traditional roles in the home and the broader world remain undefined and disputed. The ambivalent and contradictory position of women is structurally anomic and this anomie is expressed in a fragmented identity. This next section will put forward a theory of women's identity and the "crisis of identity" or fragmented identity that has arisen today through the conflicting expectations, possibilities and desires of women's contradictory social position.

Theory of Women's Identity

Identity, the definition of oneself in relation to but separate from others, is critical to subjective reality and experience (Berger & Luckmann; 1967). Identity is formed through a social process of identification which involves a dialectic between the individual and society. Self-identity reflects social attitudes, values, and one's reactions to them. Identity is formed by social process and is main-

tained and shaped by social relations. The social process of forming and maintaining identity is effected by social structure.

The identity of women is formed and maintained through a patriarchal sex-gender system. Identities created through individual consciousness and social structure also act upon social structure, modifying and reshaping it and in turn modifying identity. While adult identity is relatively stable it is not static.

The changing structure in which women live impacts on their identity and similarly as their identity is affected by these changes it reacts back and enables changes in the structures of women's lives. Indeed for women to become fully emancipated change must occur at both the subjective and structural levels of social reality. Women's identities thus react upon the patriarchal social structure and are able to reshape or change it according to this perspective. Women are then active participants in defining their own reality.

The creation of self is a dynamic social process. People are not simply products of social structure. This view refutes the rigid socially determinist position on the individual's relation to social structure and reflects the methodology of Marx (1977):

> The first premise of all history is, of course, the existence of living human individuals. Thus the first fact to be established is the physical organization of these individuals and their

> congruent relations to the rest of nature. . . . The writings of history must always set out from these natural bases and their modification is the course of history through the action of men [sic]. (p. 150)

Berger and Luckmann (1967) reflect Marx's position in their belief that there is a complex interrelationship between people producing their reality and thereby producing themselves. Identities emerge from social history according to Berger and Luckmann, but history is made by people with specific identities. Following Marx's position which espouses human involvement in determining history, women cannot be viewed as simple products of society, nor moreover, victims of patriarchy. The structure of patriarchy depends strongly upon women to help maintain it, largely through widely taken for granted acceptance of it. Berger and Luckmann (1967), Giddens (1976), Marx (1977), and Mead (1977), would argue that women are simultaneously creators and products of society.

All identification takes place in a specific social world. Identity is objectively defined as location in a certain world and can be subjectively appropriated only along with that world. A self-image can only be maintained in a social context where others are willing to recognize this identity. Both the formation and maintenance of identity are determined by social structure (Berger & Luckmann, 1967).

Women's identities share similarities which reflect

their relationship to patriarchal social structure as a group. The sociological development of identity links the subjective reality to social structure. The psychic structuring of women in western patriarchy creates a particular female psychology, one that is necessary for the roles that women perform and to simultaneously uphold the very structure of gender roles and the subsequent asymetrical power relations between men and women.

The process of acquiring an identity involves identification with significant others. Significant others impose their definition of the situation as objective reality. Internalization and identification occur simultaneously whereby the individual takes on significant other's roles and attitudes, internalizing them as one's own. The process of internalization is important for the development of identity as it is through this process that one learns to understand the world as a meaningful social reality. Berger and Luckmann (1967) define identity as:

> The immediate apprehension or interpretation of an objective event as expressing meaning, that is, as a manifestation of another's subjective process, which thereby becomes subjectively meaningful to myself. (p. 129)

Through identifying with significant others, the child learns to identify itself and thereby acquires a subjective identity. The self reflects the attitude of others toward it. There is a dialectic between the identity of others and self-identity and between the identification by others and

that which is subjectively appropriated.

Primary socialization involves becoming a member of society by learning to take on the role and attitudes of the specific other and eventually the generalized other. When the generalized other becomes part of consciousness, the individual has internalized society and its objective reality. "Society, identity, and reality are subjectively crystallized in the same process of internalization" (Berger & Luckmann, 1967, p. 133).

During early socialization, children's games allow them to take on the role of the other whereby they come to be able to see themselves through other's eyes. As the primary caretaker in the first three years is usually female the interpersonal dynamics of identity formation differs for boys and girls. Girls in identifying themselves as female, experience themselves as like their mother. Conversely boys experience themselves as different in defining themselves as masculine. Therefore, boys separate themselves from their mothers in the formation of their gender identity. Gilligan (1982) suggests that feminine identity does not depend on the achievement of separation from the mother or on individuation.

Chodorow (1982), Gilligan (1982), and Greenspan (1984) argue that masculine identity is defined through separation from others, and from Greenspan's point of view, more rigid ego boundaries. On the other hand, feminine identity is

defined through attachment and other directedness. Men's tendency toward separation and women's toward affiliation has been argued by many (Chodorow, 1978; Eichenbaum & Orbach, 1982; Friedman, 1985; Frieze, Parsons, Johnson, Ruble and Zellman, 1978; Gilligan, 1982; Greenspan, 1984; Lengermann & Wallace; Lipman-Blumen, 1984; Oakley, 1982; O'Leary, 1977; Orbach, 1986).

For Chodorow, gender differences in male and female identity are not due to biology but rather to the fact that women are almost universally responsible for child care. Early environments are differentiated and experienced differently resulting in gender specific personality development and identity formation. According to Gilligan (1982), masculine identity is often threatened by intimacy compared to women's gender identity which is threatened by separation. She concludes that as a result men often have difficulty with relationships and women often have difficulty with individuation.

"Loose ego boundaries" or other directedness has been associated with women's role as caregivers. Society favors the rigid ego boundaries characteristic of man and their roles in the public sphere. Women often take care of others at the expense of themselves. The characteristics typically associated with women are attributed less value than those of men. Conceivably our society could benefit from man being more other oriented and form women not taking care of

others at the expense of themselves.

The biological male and female are transformed through social relations into genders that are masculine and feminine. Males develop masculine identities and females develop feminine identities, essential to uphold the hierarchical sexual division of labor. Materially, women are considered a sex class in terms of their relations to their sexual and reproductive selves. According to Eisenstein (1981), women's ability to reproduce is defined in political terms in relation to the needs of patriarchal society. It is her perspective that while patriarchy and capitalism operate with relative autonomy from each other, they also define the needs of each other. Sexual class is organized by state apparatus such as laws governing marriage, abortion, sexuality, contraception, and sexual practice to maintain social control over women's relationship to reproduction.

Rubin (1975) believes that every society has both a mode of production, and a "sex-gender system." For Rubin, the "sex-gender system" is:

> The set of arrangements by which society transforms biological sexuality into products of human activity, and in which these transformed sexual needs are satisfied. (p. 159)

According to Rubin every society organizes and shapes biological raw material of human sex and procreation into some kind of arrangement for the purpose of species continuity. Just as all societies must produce their means

of subsistence or else starve to death, all societies must reproduce or die off. All societies organize themselves around two basic aspects of human life, production and reproduction. These are shaped by human activity and history which have produced asymetrical power in relations of both class and gender.

Marx and Engels (1977) were the first to divide the material basis of society into two spheres; material production and human reproduction. They are, however, critiqued by socialist feminists for subsuming reproduction under production and for not recognizing fully that like society's mode of production, the mode of reproduction is a "fundamental determining and constituting element of society, socially constructed and subject to historical change and development" (Chodorow, 1979, p. 85).

Chodorow (1979) argues that women's mothering and primary parenting are central to the reproduction of capitalism. Further, the development of industrial capitalism involved the creation of private and public life as we know it now. Previously, work took place at home so there was no separation between the public and the private sphere. This historical change significantly altered the way women mothered and the patterns of male dominance with the father absent from the home. According to Chodorow (1979):

> Women's mothering as a basis of family structure and of male dominance has thus developed an internal connection to the reproduction of capitalism. But while it contributes to the production of sexual inequality, the social organization of gender, and capitalism, it is also in profound contradiction to another consequence of recent capitalist development--the increasing labor force participation of mothers. We cannot predict how or if this contradiction will be resolved. History, ideology and an examination of industrial countries which have relied on women in the labor force for a longer period and have established alternate child care arrangements suggest that women will still be responsible for child care, unless we make the reorganization of parenting a central political goal. (p. 102)

Hartmann (1979) asserts the sexual division of labor has been universal throughout history, but that in our society the sexual division of labor is hierarchical. The current position of women in society, in the labor force, legally, familially, are all the product of a history between capitalism and patriarchy.

Different personalities and behaviours among men and women reflect the social production of gender in which males and females are socially differentiated. Hartmann (1979) suggests that from a materialist framework, we can understand the production of gender as a reflection of the division of labor. The production of gender is a dialectical process as it reinforces the sexual division of labor. It is her view that the asymetrical power relations in the sexual division of labor can only be eradicated if socially created gender differences are also eradicated.

Women have a sex class identity and consciousness which

is differentiated along economic class lines, as well as racially and ethnically. Women's relations to their sexual and reproductive selves provides unity in developing sex class consciousness. Eisenstein (1981) maintains that women's identity as a sex class is a political and historical process not merely a static biological ascription. Women as a sexual class must be regarded as a political process. For Eisenstein that process is always in flux.

Greenspan (1984) provides an understanding of the relationship between the changing role of women and women's preoccupation with weight through her discussion of women's identity. She argues that socialization has not prepared women for the role contradictions confronted in the current transition from women's traditional social role, which she argues have resulted in particular identity problems. The relationship between women's identity and the social structure of patriarchal capitalism can be understood through a recognition that women's egos and identities reflect their roles in society.

Traditionally, men have studied women's psychology and have failed to recognize significant differences in male, female ego boundaries and their relations to others which influences behaviour, attitudes, experience, and self-identity. Women's psychological characteristics are subsequently judged and measured from the point of view of

male experience and are typically considered inferior, maladjusted or devalued. According to Gilligan (1982), psychological theories have reflected an observational bias: "Implicitly adopting the male life as norm, they have tried to fashion women out of masculine cloth" (p. 6). Similarly since women have begun to enter the public sphere in large numbers, they have been expected to accept the ways of male life in the public sphere as the norm.

This connectedness complies with the adult social role women assume in our society as they require connection to others rather than separation from others. Women's roles continue to be basically familial and focus on personal affective relations. This is particularly true of all women's work in the reproductive sphere. Chodorow (1978) argues that in the sexual division of labor "women are located first in the sex-gender system, men first in the organization of production" (p. 178). Even outside the boundaries of the family, ideologies about women and women's roles are based on affiliation with others more than is the case with men. Men become prepared emotionally for the capitalist work force, and for less active emotional participation in the familial sphere than women (Chodorow, 1978).

According to Greenspan (1984), the traditional work of women is the work of relatedness. Through caregiving responsibilities this work has meant that women have been

emotionally connected to others in a subservient manner primarily through caregiving responsibilities. This has created difficulty for women in separating themselves from the needs of others. She suggests that in a patriarchal society this quality takes on an oppressive cast. Women can lose a sense of themselves when they are expected to take care of others at the expense of themselves. She notes that problems associated with female identity such as issues of autonomy, independence, and the establishment of a definite sense of self are routinely encountered by therapists. She argues these problems have arisen through women's uncertainty about how to succeed in the larger social world when equipped for the traditional roles of relatedness and taking care of others.

Chodorow's (1978) work on the sociology of gender stresses the importance of the family where women's role as mothers is critical in creating the differences between male and female relational capacities and sense of self. The role of the mother is central to the formation of gender personalities as mothering typically involves the transmission of the identification process. The result of distinct female and male gender identities, relational capacities, and role differentiated personalities, is the preparation to assume the gender roles attributed to men and women.

In our present society in which women are chief

caregivers, young girls have greater proximity with their mothers than boys do with their fathers for the process of gender identification. While a girl must identify with her other to learn her social role, she must also learn to differentiate herself from her mother and experience herself as a separate individual. In our society it has been found that this separation is particularly dificult for mothers and daughters (Chodorow, 1978). The knowledge of this identification especially by feminist theorists has allowed far reaching implications in understanding women's identity. The roles that young girls learn are considered more interpersonal, other oriented, and affective than those of boys whereby girls then develop their identities with a greater degree of connectedness to others.

In our patriarchal sex-gender system, it is difficult for women to develop separate and distinct identities that result in a strong sense of self as the self has been subordinated to taking care of others. At this time in women's histories, the formation of strong identities may be difficult for some women as they attempt to synthesize aspects of the traditional and contemporary female. In the face of women's contradictory contemporary social position and the subsequent conflict of possibilities, expectations and desires women experience a fragmented identity.

A problem has arisen whereby the traditional psychic structure of women based on personal affective relations is

put into the situation of the capitalist labor force where the hard ego boundaries of men's psyches is expected and valued. This conflict of expectations and possibilities has produced a crisis of identity for women as these two psychic structures are incompatible, and as women do not have practical social equality due to structural constraints.

The changing role of women has been identified as a social factor responsible for the increase of women experiencing anorexia nervosa, bulimia and weight preoccupation (Bemis, 1978; Cauwels, 1983; Garner & Garfinkle, 1984; Leichner et al., 1986). The changing role of women requires women to have the psychological qualities which enable them to be child rearers and wage laborers in our society. Women are not socialized for the contradictory role expectations. Further, women must maintain their other orientedness for their child rearing responsibilities and adopt a rugged individualism for the capitalist labor force. The different and conflicting psychological qualities necessary to perform the roles expected of women can be linked to the development of identity problems which some women express in their preoccupation with weight.

Friedman (1985) describes bulimia as a "defense against the kind of relatedness that has been and continues to be injurious to the emergence of self" (p. 64). She argues that bingeing functions to disconnect women's experience of herself through disconnecting powerful feelings or urges

which cause anxiety. The "spontaneous self" Friedman asserts has been "killed off." By this she appears to mean that the woman avoids her feelings and tries not to react to them. To Friedman, bulimic women are cut off from themselves; living behind a mask. At the time of adolescence, some young women discover that their sense of identity is not clear. "She does not know who she is, how she feels or what she wants" (Friedman, 1985, p. 67).

Lawrence (1984) acknowledges the loss of self experienced by young anorexics as they face losing their identities when adulthood approaches. Some theorize that anorexia nervosa is caused by a fear of growing up (Palmer, 1980). Lawrence suggests a more developed understanding. She maintains that the aspect of anorexia which rejects adulthood is struggling to maintain an identity and avoid the loss of one part of the self which growing up brings with it. She acknowledges the existence of a crisis in identity. Orbach (1985) has found in her work with anorexic women that they discover who they are and who they want to be, literally creating a self in therapy. The "raison d'etre" of therapeutic work, she contends, is the "making of the individual" (p. 103).

The changing role of women in our society, and the struggle for emancipation both contribute to the construction of a body ideal that emphasizes slimness. These social changes are now evident at both the level of

social structure and within women's consciousness. Women today are caught "inbetween" the traditional role demands of other orientatedness from the private sphere and the demands of the labor force for separation from others in the public sphere. This contradiction is expressed as identity problems for many women in our changing society. The identity problems which are often expressed through different forms of weight preoccupation, and a need to control one's body, feelings and desires represents an attempt to establish a sense of control and autonomy in women's lives. This will be discussed further in the section on weight preoccupation and control.

The traditional identity of women formed around affiliation rather than ego separation is no longer appropriate to women's contradictory social position. When we understand the co-incidence of the fragmentation of women's identities with the prevailing body image ideal of thinness, we can understand the problem of weight preoccupation today.

The Historical Transformation of Women's Body Ideal

Within patriarchal society women's social position has always been intimately related to their bodies and the imagery of the body has reflected that role. Berger (1973) relates the changing images of women's bodies throughout history and the meanings attached to these images to the social position and worth of women. Similarly, Hollander

(1980) suggests that we must look beyond the attraction to slim women in the 20th century as simply aesthetic development of style, but as an expression of social and economic change. This section will begin by discussing women's relationship to their bodies and then trace the historical transformation of women's body ideal and argue that sociological factors contribute to the shift in body ideal for women from roundness emphasizing fertility and reproduction in pre-industrial society to an emphasis on thinness and women's partial liberation in industrial society.

Women as Body

Most women are concerned about body image. Indeed this concern often predominates over other concerns. As women's bodies are central to their identities women focus on their appearance. The focus on women's bodies makes women objects rather than subjects; being observed rather than doing. As women's value has traditionally been dependent on her ability to reproduce (for which in modern western societies one must attract a man) and her appearance rather than on characteristics such as intelligence and creativity, policing and surveying her appearance have become important. Women learn to view themselves as commodities or objects, policing and controlling their presentation of self. While men survey, women internalize the fashionable image, recognizing that how she appears will affect how she is

treated. In surveying herself she anticipates being surveyed, attempting to acquire some control over the process (Berger, 1973). Berger says:

> Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women but also the relations of women to themselves. The surveyor of women in herself is male; the surveyed female. Thus she turns herself into an object--and most particularly an object of vision; a sight. (p. 47)

Manipulation of one's own body may serve as a form of self-accomplishment especially when one's experience and identity depend on how she and others see her (Orbach, 1978). Social emphasis on appearance for women creates a continuous self-consciousness of their physical presentation.

Weight preoccupation exists in a consumerist society which; "affects our consciousness and our unconsciousness, and shapes our desires and sense of self, our aspirations, priorities and notion of what constitutes reward; in short, our values" (Orbach, 1986, p. 33). The objects that we consume have a power that transcends their raw material and the social relations of production they embody. Objects become invested with considerable meaning--status, power, wealth and sexuality. Having desirable objects confers status on the owner (Orbach, 1986).

Women's bodies are frequently used to sell products. The commodity takes on the meaning or attributes of the woman used to sell it--the sexuality of women's bodies.

According to Orbach (1986), "sex becomes something appropriated as a by-product of consumerism. The car makes the man sexy and he 'gets the girl'" (p. 35). Women's bodies have become that which humanizes other products, cars for instance.

However, women's bodies have become their own commodity. It is the object that women bargain with in the world. Further, as Orbach notes, women must be both unique and conform to society as they express themselves through their bodies. How women feel when they compare themselves with other women, billboards, fashion models, etc. and how they grew up in relation to their body determines women's experience of their own body.

Women are judged not only by men. Women are not only critical of their own bodies but also those of other women. Women appear to be in constant struggle with their bodies as seen by the proliferation of dieting and mass consumption of beauty aids and products. Miriam Greenspan (1984), a feminist therapist, argues that women often focus on their bodies as they learn to define themselves through their bodies in order to achieve adult feminine identity in patriarchal society.

The body as a physical object plays an important role in connecting the shared social and individual levels of experience (Berger & Luckmann, 1967). It is an instrument of communication, which mediates social structure. Polhemus

(1978) argues, therefore, that body image is molded in our interaction with others within our culture.

The body offers nonverbal or symbolic communication about sex, class, and power. Body postures and gestures communicate about power in social interaction. For instance, body postures for women are often tight, restrained and of restricted demeanor demonstrating the status of an inferior (Henley, 1977).

Women have often invested much of their self-esteem in their appearance. It has been the case in western society that men are "supposed to transcend their bodies and turn their energies toward the world . . . Women on the other hand are given approval for continuing and even increasing their investments in their bodies" (Polhemus, 1978, p. 120).

While in patriarchy women's bodies are a source of power they are also a liability (Greenspan, 1983). Women's major functions in capitalist patriarchy as sexual commmodities and as reproducers are both expressed through the body, although in different images. The thin woman is the sexy woman and the round woman is the reproductive woman. According to Greenspan (1983), the body is only a real resource until one ceases to reproduce, grows old, or until the body loses its power. Not only is woman's power centered in her body, so is her powerlessness.

Historical Transformation of Body Ideals

Different body parts and body types become a focus at

given points in history as can be seen in the paintings of Renoir and Titian where the ideal women are plump and more recent painters such as Klimt and Schiele where the ideal is one of thinness (Polhemus, 1978). Polhemus explains that the thin body ideal has become so widely accepted that it is forgotten that other societies and periods in history have held different ideals.

In West Africa, wealthy men have been known to send their daughters to "fattening houses" where they could become attractively "pale and plump" by eating fatty food and being kept inactive. They were then more valuable sexual commodities. The body ideal evolves as a social construction and expresses aspects of that society. Women's position in society has been expressed through the kind of body fashionable in a given period. Most societies create a uniform body ideal for women which is often difficult or painful to attain but which represents the woman's moral and social status.

During the medieval period the focus on the rounded belly was symbolic. This was a period when mortality rates were high. The subsequent need for a high birth rate made this pregnant or fertile look desirable (Lurie, 1980). Soft, fatty tissue in women has long been identified with women's ability to reproduce, and body fat is necessary for the reproductive process to function (Bellar, 1977; Chernin, 1981).

According to Banner (1983), in the Victorian era women's restrictive fashions were emblematic of the conservative social code which was based upon separate spheres for men and women. Banner (1983) asserts that the beauty ideal of the steel engravers was a reflection of the restrictive society for middle class women. The steel engravers beauty emphasized youth and purity. Banner suggests this reflected nineteenth century romanticization of childhood and simultaneous infantalization of women. This youthful ideal rebelled against the past identification with age and as such offered a new optimism and rejuvenation for this period (Banner, 1983). Banner reports that while this look was one which suggested stability and security, it also represented the desire for change. In addition, it was an aristocratic look of high status which contributed to its desirability. The fragile, aristocratic appearance of leisure was highly valued for women in early capitalist society as this look emphasized their husbands' and fathers' wealth.

Nineteenth century middleclass women were expected to adopt the uniform fashion of the day while simultaneously expressing the individuality or "unique personality" necessary for romantic love and as such fashion was also an avenue for upward mobility through marriage. According to Wilson (1985), appearance became increasingly intertwined with identity. She states it was "the beginning of Self as a Work of Art, the 'personality' as something that extended

to dress, scent, and surroundings, all of which made an essential contribution to the formation of 'self'--at least for women" (p. 123).

Banner (1983) outlines four distinct periods in the history of beauty between 1800 and 1920. The "steel engraving lady" dominated the antebellum years and was characterized as "frail, pale and willowy" (p. 5). The "voluptuous woman" followed in the decades after the American Civil War. This ideal originated with the British Blonds burlesque troups which came to the U.S. Lillian Russel became the voluptuous American beauty. The Gibson girl of the 1890s was tall and athletic followed as the next ideal. However, by 1910 the "small, boyish model of beauty," the flapper, became the new ideal. Mary Pickford and Clara Bow were two well-known flappers of this period.

Bennet and Gurin (1982) establish somewhere between 1910 and 1920 as the time when our society adopted a clear preference for thin women. During this period of increased automation and increased social wealth it was a sign of success for men to have slim wives and daughters. Rural peasant societies traditionally viewed plumpness as a sign of prosperity as thinness was a reminder of past famine. However, being thin now suggested that women were no longer required to perform hard physical labor and could afford to be and look fragile. The pursuit of fashion suggested leisure, pleasure and self-indulgence, a status symbol of

the wives (and property) of rich men (Banner, 1983). According to Lurie (1981), men in patriarchal society exhibit their "economic and sexual power" by conspicuous consumption of women who exhibit men's "purchasing power" by engaging in minimal labor (p. 220). Further, by 1920 women were having fewer children and it was no longer necessary for women to be pregnant throughout their lives. The look associated with thinness was symbolic of this change.

By examining the fashion of the 1920s which emphasized thinness, Hollander (1982) illustrates the contradictions expressed in the image of thinness. Her work begins to provide an understanding of the complex relationship between social conditions, the relations of the sexes and how these aspects of reality are expressed through and by women's relationships to their bodies. She argues:

> Real female independence was not expressed in the fashions of the twenties. The new look suggested the nonhuman vibrant sexuality of race horses and sportscars: as untamed, challenged organism in need of expert guidance--sleek, swift, and unaccountable--the madcap heiress ready to be subdued by the sheik. In this revolutionary period in fashion history women did not wish to resemble men in any tedious way suggesting responsibility and the management of serious affairs or hard practical work--such "mannishness" had been affected by women seeking emancipation in Victorian times. Speaking through fashion, feminine independence in the twenties was all on the surface, a matter of rhetoric just as pointed as bustles and tight lacing. (p. 121)

The emphasis on slimness and visibility of the legs in the 1920s and '30s celebrated women's emerging social

mobility and independence (Lurie, 1981). The standard of beauty in the '30s through to the '50s was less youthful and frivolous than the preceding flapper ideal (Banner, 1983).

The era of the "feminine mystique" during the 1950s was reflected in the appearance of women which communicated the "suppressed sexuality and individuality of the happy housewife" (Lurie, 1981, p. 250). According to Lurie (1981), clothing for women at this time presented a pregnant look reflecting the baby boom period. Ewen and Ewen (1982) observed that the pushup bras and girdles of the time also emphasized women as reproductive. Clothing for women reflected the proliferating conservative suburban lifestyle. At this time women were presented either as sexual objects or as childlike.

For Ewen and Ewen (1982) the 1950s echoed the Victorian ideology of women as delicate, childlike, unsuitable for the public sphere, sexually innocent, yet defined through sexual identity. Furthermore, women reflected the economic success of men and symbolized North American wealth through fashion and consumption. At this time men and women and the world of work and the world of home were distinctly separated.

In the 1960s, the radical politics of the civil rights movement, the revived women's movement and the hippie subculture influenced a rebellious, yet natural look that emphasized youth. For the first time, women who were not anglosaxon could be considered beautiful. In the 1970s focus

on women's breasts was followed by renewed interest in breastfeeding (Lurie, 1981).

Chernin (1981) has noted the corresponding development of the women's reduction movement in the 1960s with its emphasis on losing weight and the feminist movement as it re-emerged in the 1960s. The women's reduction movement believed life's problems would decrease by being thinner and that through a subsequent rise in self-esteem from weight loss one would have more confidence to change other aspects of one's life, while the feminist movement sought social change to improve women's social conditions. Both were groups of women giving support to one another and there was a mixing of elements from these two groups. The increase in anorexia nervosa and bulimia express a body politic where one can choose starvation and hunger or bingeing in an affluent society as a way to express cultural conflict or even social protest (Chernin, 1981). Women's need to be thin is then symbolic of her social conditions.

Banner (1983) reports that fashion changes are influenced by predominant social, medical and artistic forces. Fashion interacts with social events and can be an indicator about cultural changes. Ewen and Ewen (1982) maintain that the fashion of the consumer based twentieth century has played out issues of sex, class, and gender, resistance and conformity. While Banner (1983) suggests that fashion brings women together despite differences, Wilson (1985)

argues that the opposite is equally arguable. In actual fact, Banner (1983) suggests, while fashion (including body fashions) brings women of all backgrounds and classes together, standards have also functioned to differentiate groups. She argues that fashion has also been divisive and oppressive. This is particularly apparent in women's aquiescense to consumerism for the sake of attaining beauty. According to Banner (1983) men are encouraged to believe that hard work will bring them success, whereas women learn that beauty will bring them success through marriage to wealthy men. She suggests that this focus on success for women serves to "dampen social discontent" (p. 15).

Banner (1983) contends that one of the significant factors behind the changes in style has been a conflict between feminism and fashion. She suggests that feminism's attempt to free women from fashion constraints by arguing women could all be beautiful was turned back on them by fashion culture which promised the attainment of beauty for all women through consumerism. From 1920 until the 1960s, a contradiction prevailed in the fashion culture, for while greater liberation was achieved, beauty became commercialized. Radical movements in the 1960s, including the second wave of feminism challenged the fashion world.

Banner (1983) reports that women display their femininity unconsciously through their movement and their bodies. Hollander (1982) suggests that both the body and

its adornments provide visual expressions of the relations between men and women. Within the last twenty years, changes in the ideal or fashionable women's body type have been observed (Garfinkle & Garner, 1982). A more androgenous or childlike body type was found in a study that examined changes in body ideals among American beauty pageant contestants and "Playboy" models over the last twenty years. Garfinkle and Garner (1982) found that women's hips and breasts are now smaller, but their waists are larger. Another recent change is that women weigh more today than their counterparts twenty years ago (Fearnley, 1985; Nutrition Notes, 1984). This can be attributed at least in part to the improvement of nutrition. Garfinkle and Garner (1983) believe this poses a problem for as the weight of women has been steadily increasing there has been increasing emphasis on slimness as the fashionable and ideal body.

Wilson (1985) theorizes that the fashionable dress of modernity in western culture allows the "fragmentary self" the appearance of a more unified identity. She posits that:

> Identity becomes a special kind of problem in modernity. Fashion speaks a tension between the crowd and the individual at every stage in the development of the nineteenth and twentieth century metropolis. . . . Yet, modernity has also created the individual in a new way--another paradox that fashion well expresses. Modern individualism is an exaggerated yet fragile sense of self--a raw, painful condition. (p. 12)

She further argues that part of this modern individual-

ity is a fear of not being able to ensure the autonomy of self. Wilson (1985) argues that modern society creates fragmentation and that our society is afraid of depersonalization in this era of the "mass man." As a result, it is her belief that individual identities are threatened by modern society and that fashion is one expression open to the individual. One function of fashion, according to Wilson (1985), is to pull people together with their like group which acts to stabilize individual identities.

In our postmodern era, the plurality of choices including that of fashion appears to create an atmosphere of greater uncertainty. On the other hand, uniformity rather than plurality of fashionable body types exist. There exists only one very limiting and unrealistic body ideal, albeit one which could be described as androgynous (Wilson, 1985). This body type also expresses the same uncertainties and contradictions that the plurality of fashion expresses.

Banner (1983) notes that, "concern with physical appearance is a constant in women's lives" (p. 49). Throughout history, women have risked their health for the prevailing standards of beauty. For instance, the stylish eighteen inch waist of the 1820's could only be attained through the use of corsets which produced headaches, fainting spells, uterine and spinal problems (Banner, 1983). In other parts of the world there is scarification, full-body tattooing, distortion and shaping of body parts, Chinese

footbinding, and genital mutilation (Tolmach, Lakoff & Scherr, 1984). In western society the removal of ribs to attain the wasp waist and little-toe-ectomies to fit pointed shoes, high heel shoes, body building, and suntanning are all examples of how ideals of beauty predominate over health. Current cosmetic surgery including; facelifts, nose jobs, breast augmentation, and reduction, liposuction and tummy tucks, are becoming more common methods of making one look better. These cosmetic adjustments are also used to achieve an eternally youthful appearance. (Tolmach, Lakoff & Scherr, 1984).

In both modern and traditional patriarchal society women's fundamental social roles have had direct expression in the body as reproducers and sexual objects. These roles while expressed through the body are presented through different images. Reproduction is expressed through roundness symbolic of fertility and sexiness through thinness. The image of women's liberation from the limitation of our social roles is also expressed through the body. The fashionable body image of women is a metaphor for the position of women in society during emergent periods. From the perspective of this argument, thinness today expresses the co-existing aspects of women's emancipation and oppression.

Pre-industrial patriarchal reproduction was affected by the changing social and material conditions of industrialization. Changes from agrarian to industrial society created

a new occupational environment away from the homefront which broadened women's social involvements. Alongside this change, having many children became a liability. Increased standards of living also resulted in a decrease in infant and child mortality. An increased standard of living was more likely if one had fewer children. These factors contributed to changes in women's reproductive role and in freeing women from sole and constant involvement with reproduction leading to a further stage in the emancipation of women.

Industrial society provided the beginnings of the emancipation of women by freeing them from some restrictions of reproduction, and by changing the structure of work. Women's social role was broadened to roles outside the household. By the late nineteenth and early twentieth century social concerns around fertility had relaxed and for the first time the purpose of sex was not limited to reproduction (Epstein, 1983). Sex became eroticized in popular culture and was associated with pleasure in a way it never had before. The focus had shifted from reproduction to sexuality. Fertility rates in Canada today are the lowest they have ever been. In 1960 the average women had 3.9 children compared to 1.7 in 1980 (Eichler, 1983). Where roundness had always been an image of fertility and reproduction, thinness represented the shift away from reproduction. Thinness became associated with women's increased

liberation, movement and freedom.

In this sense thinness appears on the surface to be an anti-patriarchal rebellion. The thin body image expresses in reality both the liberation of women and patriarchal sexiness. The image of thinness reflects the contradictions in women's lives as being neither truly liberated or oppressed. While it expresses women's increased liberation through the image of mobility, independence, sexuality, and freedom, it can also be said to express women's continued oppression through images of weakness, smallness, dependence, childlikeness, and vulnerability. In sum, two social forces encourage thinness for women today. From the perspective of patriarchal society women are identified with their bodies. The liberation of women attempts to define woman as more than her body, however, the same body type which symbolizes patriarchal influence also symbolizes liberation. The thin body image then incorporates the patriarchal conditions of women's lives and women's opposition to patriarchy.

Surveys on current television images of women show that successful women are portrayed as young and thin. Characters who are overweight are more likely to be old, black or belong to another minority group. Women portrayed in vocations with relatively low social status such as housewives and mothers are also heavier (Dyrenforth et al., 1980). The conclusion is that women representing the new

image of women are young, slim, active, have exciting jobs and social lives, are upwardly mobile and "in the swing of things." In addition to measuring up to these aspects of the female role, many women also assume the roles of daughters, sisters, wives, and mothers.

Weight preoccupation is seen as the product of the coincidence of the prevailing body image ideal of thinness and the women's fragmented identity which has arisen through an ambiguous social role. Uncertain how to proceed with their lives due to the contradictory and ambivalent expectations, possibilites and desires, many women have channeled attempts to gain control of their lives into the attempt to control their bodies. The next section will explore weight preoccupation as an attempt to establish a sense of control in women's lives.

Weight Preoccupation and Control

Contradictory expectations, desires, and possibilities come together in women's transition from the private to the public sphere to create a "crisis of identity and control" for women. In a society where women are trained to provide for others' emotional needs and to succeed through others approval, it is argued here that many women find they can gain approval and a sense of self-worth and autonomy if they can control their bodies. Women's insecurities about their lives leads them to try to find security through their bodies.

The changing images of women's bodies reflect women's position in society. The thin image fashionable today represents women's new social role. The contradictions of women's "new role" is reflected in her ideal body image of thinness which expresses vulnerability and dependence alongside her active role outside the familial sphere in her independent work in the labor force. This image emphasizes women as productive and sexual rather than reproductive. In striving to attain success as a "new" woman, many women focus on weight as one objective of this image that is reachable. Women's preoccupation with weight permits women some sense of control over their reality through focusing on controlling the body. Being thin can be achieved while other aspects of life may be uncertain, and controlling one's body may provide many women with a sense of control.

Women turn to controlling their bodies as a way to fulfill one cultural expectation; being sexually attractive. Thus, weight preoccupation among women can be explained as a response to the contradictory role expectations, desires and possibilities women encounter while their social role changes. The conflicting expectations women experience often produces a lack of control over their lives. Weight is something that can be controlled and at the same time satisfy a major social expectation. Consequently, at a time when women feel they have no control over their lives as a consequence of the "identity crisis" which corresponds with

the conflicting role demands, the body can become a focus and weight a preoccupation.

Lawrence (1979) believes that the "central paradox" of anorexia nervosa is control. By central paradox, Lawrence means anorexics achieve total control in one area of their lives yet feel out of control in other respects. She has observed that anorexics achieve control through control of size and shape which is preceived as morally worthy. She notes this control over the body has the consequence of producing control in family relationships for example.

Anorexia is also about being out of control. These women are terrified of becoming fat and perceive eating to detract from their moral worth. (Lawrence, 1979, p. 93). She suggests that "when anorexics talk about control, they invariably mean the power to regulate, command and govern over their own lives and actions." From Lawrence's (1979) perspective, one cannot understand anorexia without recognizing that the issue of control is central to it. As anorexic women have difficulty asserting who they are in the social world, they "exercise self control, which we might understand as power turned inwards. The battleground then becomes an internal one; the battle is fought within the individual rather than between the individual and the world" (Lawrence, 1979, p. 93).

However, the control paradox is experienced by many women on the continuum of weight preoccupation not just

anorexic women. Similar to anorexia nervosa the most overt and central behaviour is the desire to control food and weight in order to feel in control of their lives. Lawrence (1979) maintains that, "controlling weight is used by many women as a substitute for controlling the real issues in their lives over which they have no control" (p. 94).[1] Self-control is then a substitute for taking active and effective control through interacting with others in the social world. Hence, when it is difficult to work out a satisfactory relationship with one's environment, it sometimes seems easier and less emotionally threatening for it to become an internal problem (Lawrence, 1979).

A struggle for autonomy and a sense of personal adequacy and women's fragmented identity is expressed through control of the body and weight among anorexics, bulimics, or women who are weight preoccupied. Women's attitudes toward their bodies suggests the "scarcity and superficiality of the chances they feel they have to win or succeed in todays society" (Orbach, 1978). Furthermore, women's control over the body and eating expresses the need to establish a sense of mastery, success, or confidence, in an area of their lives (Bruch, 1978). The need to control what one eats regardless of hunger, and the need to control one's weight regardless of actual body weight, suggests a perceived sense of lack of control in the rest of one's life (Lawrence, 1984). It has been suggested by Chernin (1981)

that anorexia nervosa and the "women's reduction movement" reflect the same protests as the women's movement, except her rebellion is "expressed through a veiled and disguised symbolism" (p. 103).

One constant in the quickly changing whirl of women's lives is the continued pressure to be physically attractive. This constant provides a link between the public and private sphere as thinness is desired by both. As one must be thin in our society today to achieve social success from their appearance many women become very concerned with their weight. According to Wooley et al. (1979) many women must diet constantly in order to maintain artifically low body weights reflecting the unrealistic thin body ideal. The need for women today to find success through their appearance reflects their sense of inadequacy and ineffectiveness in finding personal success through other avenues. As many women's lives have been shaped by responses to others it can be argued that their knowledge of themselves and their own desires is often not developed (Orbach, 1986, p. 113). Some women rebel against this situation by beginning to struggle with their own needs. This struggle is expressed through the body according to Orbach (1986). By controlling food intake and their bodies women can attain a sense of something that they control. Ironically, this only perpetuates the denial of self that she is rebelling against. (Orbach, 1985, p. 113).[2]

Conflict between social expectations and women's subjective experience of their capacities may be most evident at times when there are significant social changes in the role of women. Anorexia, bulimia, and weight preoccupation may be a way to cope with desperation and uncertainty between how one feels they measure up to outer standards (Lawrence, 1979; Rodolico, 1980).

The liberation of women from food and weight involves decoding what eating problems appear to be about and going beyond the apparent symptoms to the underlying meaning.[3] In decoding this phenomenon Chernin (1985) concludes that the difficulties women have with food and weight obscure a problem with female identity that has occurred with extending the idea of what it means do be female in our society. For Orbach, women's entry into what is traditionally called the public world, needs to be socially accepted. It appears, however, that the acceptance of this change in women's social position is not without conflict and ambivalence. Indeed the position of women is an ambivalent one. She observes that the media communicates the conditional acceptance women face, whereby there is a continual emphasis on improvement, changing, or never being good enough without the use of one product or another. The message women receive about their bodies is often complicated and leaves women feeling insecure and negative about themselves.

Lawrence (1984) believes that in our society women require a strong sense of self and a high self-esteem to resist the social pressure to be thin. Low self-esteem and a less well defined sense of self, may be evident in women succeptible to developing anorexic or bulimic symptoms. The less well developed sense of self may be a reflection of confusion around changing gender roles. Lawrence (1984) believes that in our society women require a strong sense of self and a high self-esteem to resist the social pressure to be thin. [4],

Orbach (1985) suggests that one needs to understand the relationship between "aspects of women's psychology, such as unentitledness, insecurity, shaky boundaries, and outer-directedness, that make them succeptible to seeking validation and safety by aquiring the 'correct body'" (p. 88). The anorexic woman and some dieters discipline their bodies as a way to deny needs and emotional life. She will consequently often feel strong or "in control" if she can deny her needs and her appetites for food, water, sleep, sex and love.

Hence, food for the anorexic woman becomes dangerous and not eating is perceived as essential to her survival (Orbach, 1985). Orbach (1986) believes that anorexia functions as a way to connect women to the social world by being a "psychological bridging mechanism" (p. 103). She is described as feeling unentitled and excluded from entry in

the public sphere. By being anorexic she can become better, good enough, and not feel as unentitled, and inadequate.

At this time in women's history, women are struggling to ascertain their autonomy and identity within a changing contradictory world. Both Orbach (1986) and Chernin (1985) describe the current preoccupation women have with weight as being the consequence of a "crisis of identity" from our entry into masculinist culture".

Chernin (1985) says:

> The widespread suffering of women today, for which we have no good explanation, no deep and meaningful healing suggests that we are in grave danger of simplifying the whole question of what it means for a generation of women to take upon their own shoulders this difficult task of entering a world that has refused to see us as human beings with the same crises of development that have received thousands of years of expression on behalf of men . . . Women are the new immigrants crossing the border from an old world. And meanwhile, as we make ourselves over into men, we are busily stripping ourselves of everything we have been traditionally as women. (p. 33)

She likens this entry to a rite of passage suggesting that society has been unable to provide women with a meaningful avenue for the transformation of identity and entry into the public sphere as women move out of earlier social and personal identity formations (1985).

The ambivalent social position of women has given rise to women's fragmented identity. Lacking control over so much of their lives many women have sought some measure of control and social approval through achievement of the

ideal, thin body. Weight preoccupation is expressive of women's fragmented identity and their equivocal social position. The contemporary epidemic of weight preoccupation and "eating disorder" is a product of the co-incidence of the prevailing thin body ideal and the fragmented identity of women. Thus weight preoccupation is a powerful metaphor for the paradoxes of women's social position.

Thinness as Metaphor

The thin body fashion for woman expresses her success visibly as a woman today (Hollander, 1980; Lurie, 1981). Both women's and society's concern with thinness reflects the social relations between men and women during this period where women are attempting to blend traditional and emancipated roles for themselves. It is argued that the thin body ideal is a physical metaphor of the contradictory position of women in society. It represents women's fragmentation between traditional and emancipated gender relations as it represents women as both childlike and vulnerable, in addition to her being autonomous, independent, active, mobile and sexual. The body image ideal is then a blend of the contradictory components which form the new uncertain role for women as they try to balance the private and public sphere. However, not all agree with this interpretation of today's body ideal.

Hollander (1980) suggests that thinness represents increased equality for women through the appearance of

mobility, freedom, activity and independence. By 1920 feminine emancipation from many physical and moral restraints evidenced through the popularity of sports and new possibilities for employment and political power eventually contributes to the development of the thin physical ideal. The new ideal of slenderness and the fashion of the day were seen to reflect a modern look which expressed comfort, movement and activity which were congruent with women's changing social role.

Wooley has yet another interpretation (Sternhill, 1985). She believes social obsession with weight is a perversion of feminism where women value a more male body for themselves through attaining thinness. She argues we cannot trade in women's bodies in order to show our increased emancipation. It is important, she argues, to respect and maintain female bodies. She suggests women aspiring for success see thinness as a cultural symbol of competency (Sternhell, 1985).

Paradoxically, others argue the image of thinness can be interpreted as one where women police their bodies and deny their appetites (Chernin, 1981). From this perspective thinness is an image that represents the oppressive material conditions in women's lives seen through the stereotypical image of women as small, weak and dependent. Chernin (1981) suggests this is a response to women's changing social position, status and subsequent increase in social power.

From her perspective the traditional image of vulnerability and childlikeness expressed through the thin body fashion reduces the degree of social threat and deprives women by denying them of the strong image of fertility and reproduction.

According to Cauwels (1983), women today must choose between the stereotype of motherhood or sexiness. She believes that the pressure for women to be thin parallels other demands in women's lives such as making choices between various roles available to women. Cauwels (1983) suggests that the maternal or fatter look is associated with being a housewife and mother. On the other hand the slim look represents career success.

Despite the differences, Cauwels (1983), Cherin (1981), and Hollander (1980), all associate the increasing social pressure for women to be thin with the changing role of women. Cauwels (1983) points to the superwoman complex of this past decade where women are expected to be successful in the traditional spheres of mothers, lovers, homemakers, in additon to conforming to the existing social standard of beauty of the time, while also being successful outside the home in their careers.

The perspective adopted here, however, recognizes the image and social value of thinness as an expression of both the emancipation and oppression of women. According to this perspective, thinness represents increased social equality

for women through the image of freedom and independence, as well as the continued traditional representation of women as vulnerable and dependent. That is, the social image of thinness and women's preoccupation with being thin in contemporary society is an expression of the social position and worth of women.

Following the logic of Dyrenforth et al. (1980), women's preoccupation with weight communicates cultural change among the relations between men and women in a patriarchal society. They argue that increased equality for women has resulted in a "new" role for women. This role reflects both traditional and contemporary expectations for women. The visible portrayal of the new women is expressed through the thin body. Conceding with these authors, it is critical for women's self-esteem that they "measure up" to the new image of womanhood. They suggest it is sensible for women to begin where they are most likely assured success. Controlling one's own body provides an avenue for potential success.

In sum, the image of thinness represents the successful and happy woman today. Thinness itself communicates metaphorically women's contradictory position in society. This position contains the old and new social roles for women and is replete with contradictions. The thin body image expresses these contradictions by presenting women as vulnerable, dependent, active, independent, productive,

mobile, free and sexual.

It has been argued in this chapter that the contemporary epidemic of weight preoccupation and "eating disorders" is a co-incidence of the prevailing thin body ideal and the fragmented identity of women today. These two conditions "feed into each other." The fragmented identity women experience is a product of their ambivalent social position. Many women have sought both a sense of control in their lives and social approval through the achievement of the thin body. At a time when women may feel shaky about their ability to take control of their own lives, controlling their bodies, becoming thin, represents one form of success and achievement that is widely condoned.

CHAPTER THREE

WOMEN'S EXPERIENCE OF WEIGHT PREOCCUPATION

Most women have accepted the value of thinness portrayed by the media and fashion magazines which is reflected in their desire to be thin and in frequent dieting. However, as an ideology thinness would not have much significance in terms of effect on people's behaviour if women as a group were to reject it as oppressive. The value of thinness is reinforced through women's intersubjective acceptance of it. The social interaction which revolves around weight control, group aerobics, coffee break sharing of diets, and complimenting others on weight loss reinforces and contributes to the social pressure to be thin. By accepting thinness as the ideal, we legitimate it. Chapter two has argued, however, that social pressure alone cannot explain the epidemic proportions of this problem, and that a crisis in women's social position has resulted in women's preoccupation with weight today.

This chapter will provide an explication of the experience of weight preoccupation. The chapter is divided into four sections. We will begin with a characterization of the 25 women who were interviewed for this study. A discussion is then developed from the interviews on the importance of perceived weight rather than actual weight in determining eating behaviour. An exploration of weight preoccupation as a lifestyle follows. In this section on

weight preoccupation as a lifestyle, we will examine the women's dieting histories, eating behaviour and control and self-esteem and control. The next section on predisposing personal histories for self-perceived overweight will be broken down into discussion on sexual abuse and family situation--alcoholism, physical abuse and divorce.

The purpose of this chapter is to establish the concept of weight preoccupation in order to understand the theoretical argument proposed in this study. The lifestyle of weight preoccupation illustrates how women use the control of weight as a means to gain control over their lives in general. The section on predisposing personal histories will argue that histories of sexual abuse, familial alcoholism, and separation from parents, contribute to a feeling of lack of control over one's life and presents women with conflicting expectations, possibilities and desires.

Sample

Open ended exploratory interviews investigating self-perceived overweight were conducted with a convenience sample of 25 women in Winnipeg, Manitoba between May and December of 1982. The women interviewed were asked to recommend women they knew who perceived themselves to be overweight who might participate in this study. Five of the 25 women interviewed did not perceive themselves to be overweight. The first three interviews conducted were pilot interviews. These initial interviews allowed for the

testing of the interview schedule and increased sensitivity of the interviewer to the subject matter. The interview schedule was then modified to produce a more sensitized and, therefore, more effective research tool.

The ages of the 22 remaining women interviewed ranged between 18 and 64 years. There were 10 or 46% of the women in the age group 18-23. In the group 24-29 there were 7 or 32%, and in the group 30-35, there were 3 or 14%. There was 1 woman in the age group 36-41 and 1 in the over 60 age group.

Most of the women were single, 16/22 or 73% compared to 4/22 or 18% who were married. One of the women interviewed was divorced and 1 was engaged. The years the women were married ranged from 2-18 years. A few of the women had children, 5/22 or 23%. The remaining 17 women did not have children. Two of the 22 women interviewed were single parents, or 9%. Among the women interviewed, 8/21 or 36% were eldest children, 7/21 or 32% were middle children, and 6/21 or 27% were the youngest. Several women lived by themselves, 7/22 or 33.3%. As the interview procedure followed a semi-structured schedule, the base number of women for whom data is available is sometimes less than 22, depending on the topic under discussion. No interview conducted was identical. The conversations reflected the concerns of the individuals and were not rigidly directed by the interviewer.

Among the women in the study, 52% or 11/21 had mothers who they described as having a weight problem, and 63% or 12/22 indicated that they had siblings with weight problems. Only 29% or 6/21 reported having fathers with weight problems.

The education levels attained by the women varied, although 8/22 or 36% had completed at least 1-4 years of university, and 13/22 or 59% had university training. Four or 18.2% had highschool educations and another 18% or 4/22 had some college training.

Self-income varied from having no earnings or earnings under 3,000 dollars a year, to over 34,999 dollars a year. Several women, 7/22 or 32%, did not work or earned under 3,000 dollars annually. Another group, 6/22 or 27%, earned between 3,000-6,999 annually. The largest group, 8/22 or 36%, earned between 7,000 and 19,999 a year. The income of the women's partners varied from 7,000 to over 35,000 dollars annually.

The women were asked what their occupations were and classified according to Occupational Groupings Standard Occupations Classification of Statistics Canada (1980). A good proportion of the women in the study were students, where 5/22 or 22.7% were undergraduate students, 4/22 or 18.2% were graduate students and 1/22 or 4.5% was a college student. There were 2/22 or 9.1% of the women in the field

of social science research. There was 1/22 or 4.5% of the sample in the area of public relations and 2/22 or 9.1% worked as dental and optometrist assistants. Of the rest of the women, 4/22 or 18.2% were working in the clerical field and 1/22 or 4.5% were involved in sales, waitressing and being a homemaker. Partners' occupations also varied.

The self-identified ethnic origins of the women interviewed included American, English, Jamaican, Native Indian and Japanese, and were indicative of the women's diverse background characteristics.

The average interview time for the three pilot interviews was 5.5 hours. Two required two meetings with the interviewer to obtain sufficient information. Following the three pilot interviews, the interview schedule was revised. Hence, the first three interviews were excluded from the final analysis. The analysis reported here includes information obtained from 90 hours of interview time with 22 women. The average interview was 4.9 hours for these 22 women. (A total of 106.25 hours were spent interviewing all 25 women, with an average of 4.3 hours per interview.)

Of the 22 women, 4 were interviewed on more than one occasion. One was interviewed twice for a total interview time of 5 hours, 2.5 hours each time. As a single parent of a small child, she did not have the free time required for the interview to be completed in one meeting. One person cancelled three times. On the fourth appointment, an inter-

view was conducted. All 25 interviews were taped, except for one person who did not give her consent.

This discussion has shown that the women interviewed were from varied social backgrounds.

Self-Perceived Overweight

In this section, self-perceptions of overweight will be compared to Metropolitan Life Insurance measures of overweight. Women were initially interviewed if they perceived themselves to be overweight regardless of actual weight. In total, 20/25 women perceived themselves as overweight. For the purpose of comparison, 5/25 women were interviewed who did not perceive themselves to be overweight. However, three of the women who perceived themselves as overweight belonged to the pilot study leaving 17/22 who perceived themselves as overweight and 5/22 who did not. Of these remaining women, two women indicated after the interview began that they thought their weight was about average leaving 15/22 who perceived themselves as overweight and 7/22 who did not perceive themselves as overweight. The snowball sample used for this thesis does not provide a representative sample and therefore data are not generalizable. Rather, the interviews provide support to the theoretical argument being made. (See Appendix B for chart of sample characteristics.)

Most of the women, 15/22 or 68%, perceived themselves

to be overweight. For the purpose of comparison, a smaller number, 7/22 or 32%, were interviewed who did not perceive themselves as overweight. One of these women, person 23, reported a history of overweight and had only recently lost weight. Three women in total had only recently lost a significant amount of weight. Some women who perceive themselves to be overweight were not overweight, according to actuarial tables suggesting appropriate body weights for height and body build.

Of these women who perceived themselves as overweight, 10 said they were slightly overweight, 2 very overweight, 1 quite overweight, 1 average to slightly overweight, and 1 satisfied with her weight, however, indicating that she wanted to lose weight. This is compared to 5/22 who described themselves as about average and two women who defined themselves as slim.

16/22 or 73% reported they wanted to lose weight. This means that 1 woman who does not think she is overweight still would like to lose weight. In total, 7 women were interviewed who were not preoccupied with their weight. Five of these women were not preoccupied with weight, as they saw themselves as slim and their weight as acceptable, but they felt it was appropriate for those who were fat to be preoccupied. This group of women on the whole reported that they believed it was more socially desirable to be thin and that they were glad they were thin and not fat.

The women who did not perceive themselves as overweight also unanimously agreed that in our society there was more pressure on women to be thin than on men. When asked, they indicated they couldn't imagine being fat and had a hard time relating to the experience: they did not consider the sections of the interview on losing weight and dieting history relevant in their day-to-day reality. Hence, while some women have a lifestyle of weight preoccupation, others have no experience of this at all. While they shared inter-subjectively with the other women around the value of thinness, they were unable to share feeling too fat and being preoccupied with weight.

Among the 16 women who wanted to lose weight in this study, 14 considered themselves to be preoccupied with their weight, where preoccupation with weight means women define weight as a salient aspect of their self-esteem and identity. This in turn involves constant concern about or acting with regard to one's weight. Twelve of the 16 actually reported that they felt desperate to lose weight.

In terms of satisfaction with weight, 12/21 reported being satisfied or 57% and 9/21 or 43% reported being dissatisfied. A range of both satisfaction and dissatisfaction could also be noted. Of those who reported being satisfied with their weight, 10 felt they were only moderately satisfied. Among the women interviewed, 7 women were completely dissatisfied.

The women's self-perceptions of overweight were compared and classified according to the best weights given in the 1959 and 1983 Metropolitan Life Insurance actuarial statistics on body build, height and corresponding weight (see Table 1). As the 1959 and 1983 statistics differ, both were used and compared.[1] Recommended weights are higher in all categories of height and build for the 1983 statistics compared to those of 1959 (see Table 1).

Table 1

Weight Status

1959 and 1983 Actuarial Tables and Self-Perception

Weight Status	1959	1983	Self-Perception
overweight	59% (n=13)	36% (n=8)	68% (n=15)
not overweight	41% (n=9)	64% (n=14)	32% (n=7)
Totals	100% (n=22)	100% (n=22)	100% (n-22)

According to 1983 statistics, 14% of the sample perceive themselves as overweight but are underweight. Comparatively, using 1959 tables, there were no women in the sample who were underweight (see Table 3). More of the women who perceived themselves as overweight were overweight according to the 1959 actuarial tables than with the 1983 tables. Using the 1983 tables, only 27% of the women who perceived themselves to be overweight had an overweight status, compared to 50% of the women using the 1959 tables.

Self-perceptions are closer to the 1959 statistics than

the 1983, reflecting preference for the lower body weight as the acceptable self-weight. Although 68% of the women interviewed perceived themselves as overweight, only 59% according to the 1959 statistics were measured as overweight. When using the 1983 tables, only 36% of the women are overweight (Table 1). According to these latest actuarial statistics, 64% of the sample were not overweight. More than twice as many women believed they were overweight, 68% compared to 32% suggested in the 1983 data (Table 1).

Table 2 indicates the various groups which emerged in this study concerning perceived and actual weight.

Tables 1 and 2 indicate experience and perception of weight may have little to do with actual weight. In the 1983 figures, 32% of the women perceive themselves as overweight and are not, compared to 18% using 1959 statistics (see Table 3).

Women's perceptions of their weight were compared to 1959 and 1983 Metropolitan Life Insurance actuarial statistics. It was found that a large percentage of the women who perceived themselves to be overweight were not overweight according to 1983 statistics. This study shows that self-perceptions of overweight is a more important determinant of weight experience than actual body weight.

Table 2

Weight Status Groups

Group Perceived and Actuarial Weight	Actuarial Statistical Year 1959	1983
1. Perceived Overweight and overweight	59% (n=13)	36% (n=8)
2. Perceived Overweight and not overweight	18% (n=4)	18% (n=4)
3. Perceived not Overweight and not overweight	9% (n=2)	5% (n=1)
4. Perceived Average Weight and underweight	14% (n=3)	27% (n=6)
5. Perceived Overweight and underweight	---	14% (n=3)
Totals	100% (n=22)	100% (n=22)

Note: Category 1, Chart 1959, 2 women who perceive themselves as overweight, are not preoccupied with weight, or 2/22 (9%). Similarly in chart 1983, 2 women felt the same way, or 2/22 (9%).

Table 3

Perceived and Actuarial Weight Status II

Groups Perceived and Actuarial Weight	Actuarial Statistical Year 1959	1983
1. Perceived Overweight and overweight	59% (n=13)	36% (n=8)
2. Perceived Overweight and not overweight	18% (n=4)	32% (n=7)
3. Perceived Not Overweight and not overweight	23% (n=5)	32% (n=7)
Total	100% (n=22)	100% (n=22)

Note: Category 1, Chart 1959 and 1983, 2/22 or 9% perceive themselves as overweight, differ from the rest of the group because it is not a central concern and their self-esteem in not effected.

A Lifestyle of Weight Preoccupation

Many women of average weight are preoccupied with weight in a way that men of average weight seldom are (Millman, 1980). Women, when asked the one thing they would like to change about themselves, often report that they would like to lose weight, regardless of their actual weight. Many women who want to lose weight are not "fat" and not even discernably "overweight." What is clear is that very few women feel comfortable in their own bodies. In our society, many women report being most afraid of getting fat (Chernin, 1981). This part of the chapter will elaborate on the lifestyle of weight preoccupied women by examining dieting histories, dieting and eating behaviours,

eating behaviour and control, and self-esteem and control.

In this study, weight was found to be a central issue in some women's lives. The women were asked whether weight was a central issue in their lives and 12 or 55% reported that it was. This is 75% or 12/16 of the women who wanted to lose weight. Similarly, women were asked whether they were preoccupied with their weight. Of the 16 women who reported that they wanted to lose weight, 14 or 82% described themselves as being preoccupied with weight. The women who described themselves as preoccupied with weight have incorporated their weight concerns into their lifestyle. Dieting behaviour is examined here as part of that lifestyle.

In the day-to-day lives and experiences of the women, weight preoccupation existed as something that was taken for granted. The women who were preoccupied with weight seemed to presume that they should be preoccupied with weight in an effort to attain their desirable weight. Similarly, they never questioned whether it was an appropriate and worthwhile focus for their energy and time. Only two women who perceived themselves as overweight felt they were not preoccupied with weight and maintained that weight was not important to them. These two women appeared to be able to establish self-esteem in other ways than having a thin body. Most of the interview process either directly or indirectly explored weight preoccupation, through discussion of weight

history, weight loss, eating behaviours, and the women's feelings about their bodies and themselves.

Dieting History

Diet histories of weight preoccupied women will be reported here. Of the 16 women who wanted to lose weight, 11 were dieting at the time of the interview. That is, 69% of the women who wanted to lose weight were actively trying to do so. All 12 women who reported that weight was a central issue in their lives also reported being preoccupied with weight, a desire to lose weight, and a history of dieting. A history of dieting was true for 18/22 or 82% of the 22 women interviewed. Histories were taken of the women's gaining and losing weight cycles showing a lifestyle of chronic on and off dieting. This cycle was taken for granted as an appropriate and inevitable way to control weight. Although weight loss was always followed by eventual weight gain, each weight loss attempt was assumed to be the one that would work without acknowledging their previous history of "failure" to keep weight off. It was an accepted belief that if one gained weight they should make an effort to try and lose the weight gained.

Person 23 has in her twenty year struggle with weight just lost weight again. At 30 she had entered graduate school and was beginning to think about re-entering the job market after spending several years at home with her children and therefore she felt she needed to lose weight.

Her weight dropped from 242 to 132 pounds in one and a half years. Aside from a previous stint on a liquid protein diet supervised by a physician and a period of chewing food but not swallowing it, she speaks about her dieting experience:

> Probably every fad diet that's come around I've tried. Grapefruit diets, cottage cheese diets, boiled eggs, Stillman's diet. I went to Weight Watchers. I went to this group called Overeaters Anonymous. I went to doctors. Diet pills off and on. I tried to make my own diets for a while. They all worked. I'd buy every diet book I saw practically. There's the exchange diet where you give up this so that you can eat that. I tried those, they worked too. There was one book I bought that was called the Reverse Calories, where this doctor says there are certain things we can eat that actually burn up more calories in digestion than the food actually contains so the more you eat the more you lose because as you eat you are burning up more calories than you're taking in. These foods were things such as apples, different vegetables, and various fruits. The diet mainly consisted of these foods, food such as beef. There were days that you had to eat certain things. It's very regimented.
>
> I've weighed everywhere from 135 to 240 pounds in the past twenty years.

For the women interviewed, dieting included a variety of approaches from past membership with the Weight Watchers organization to the use of amphetamines for the purpose of appetite suppression and weight loss. Increased exercise was used by 11/22 to lose weight. Of those interested in losing weight, 69% or 11/16 have used exercise for that purpose. This lends some support to the assertion made earlier that women often exercise to be thin rather than to be healthy.

Reflecting the lifestyle of weight preoccupation, 17 or 94% of the women reported that they regain weight after they lose weight. This is 100% of the women who wanted to lose weight in the study. These women report that they are cyclically on and off diets, losing and gaining weight repeatedly. For many of these women this activity has been over several years. One woman, person 23, said:

> I've been on and off diets for about 20 years. They are all successful. Every diet that you go on if you stick to it you lose weight. The problem has never been for me losing weight; the problem has always been maintaining it after.

Ten women report they began dieting and being concerned with weight between the ages of 13 and 16 and have dieted since that time. The onset of dieting and concern about weight ranges from 7 to 44 years of age among the women interviewed. Many of the women were frequently or always dieting or trying to lose weight, 14 or 64%. This is 14/16 of the women who want to lose weight or 88%. The failure to sustain weight loss following diets means that many women spend years of their lives in a lifestyle of chronic cyclical dieting.

In this segment of the chapter, it has been shown that these women live their lives chronically on and off diets, often from the time they reach puberty throughout the rest of their lives. Many women have tried a plethora of different approaches to lose weight and while they lose weight, they always regain it. In the next part of the discussion,

we will see that these women are commonly involved in cycles of bingeing and purging behaviour in order to control their weight.

Dieting and Eating Behaviour

Many women are involved in a regular cutting back of their food intake to control their weight (Department of Health, 1986). This was true for 16/22 or 16/17 who want to lose weight. A total of 94% of those in this study who want to lose weight use cutting back food intake as an approach to this end.

Person 18, a 24 year old bulimic woman who perceived herself to be overweight but is not according to 1959 or 1983 actuarial charts, has made up her own diet:

> Well, it's not an official diet, it's my own, kind of fasting. It's not official at all and there is never an end to it. I would consider it my own diet. It is very spontaneous, like there is one thing I will not do and that's plan what I eat. I can't do it. Like I might eat one meal a day. I might eat some chocolate, and some milk or soda and if I feel too heavy, then I won't eat at all.

A number of women, 7/16 or 44%, who want to lose weight were involved in mild binge-purge behaviour as a means to regulate their weight. This involves dieting or cutting back food intake followed regularly and cyclically by increased consumption of food, and letting go of their restrictive control of what is being eaten. At this time there is more likely to be what is commonly referred to as "pigging out" or bingeing. Among the cyclical dieters,

15/16 or 94% report that they feel their eating is "out of control" sometimes. Another 15/16 indicate they are diet bingers where dieting is followed by bingeing. Such behaviour was common in this study. This behaviour is also typically reflective of bulimia. This is a recent term referring to the binge-purge phenomenon increasingly found among women who are preoccupied with controlling weight. This study would suggest that this phenomenon is much more widespread, indeed perhaps typical behaviour among women trying to lose weight, rather than a disease which affects a small percentage of the population.

Some women resort to "starving" themselves to lose or control weight in order to avoid becoming "too fat." For 11/16 or 69% of the women interviewed who wanted to lose weight, starvation is used from time to time, where one stops eating or eats very little to lose weight. Person 23 has experienced starvation in her attempt to control her weight:

> Say at 13 or 14 I probably tried to be very sensible and I'd go on a healthy diet where I was eating a properly balanced diet, trying to stay away from junk food. Trying to stick to fruits and vegetables and to avoid starches. As I got a little older I found that I couldn't live with just eating those kinds of foods and to lose weight faster so that I could get off of the damn diet to begin with. It was much easier if I would go on a fad diet. So I would fad diet and I would lose weight quickly but you would hit plateaus faster as well. Plateaus were really hard to deal with because you were dieting for 2 weeks or 3 weeks and if you lose anything you gain it back. But those diets weren't healthy, and as soon as you went off it you would gain it back. So that

> would really make you more depressed. Then I would find that I would really feel terrible because I would starve for a month or I felt like I would starve for a month and in 2 weeks I needed to starve again. It seemed like when I went on a fad diet that's what I did, I starved.

All of the dieters use unsupervised diets, that is they are not supervised by nutritionists or doctors, as is often recommended. A recent study also showed that most diets are unsupervised (Department of Health, 1986). Some women who want to lose weight have used more potentially harmful measures such as laxatives and amphetamines, 5/16 or 31%, and diuretics or vomiting by 2/16 or 13%. These methods of weight loss are typically associated with but not restricted to the eating disorders, anorexia nervosa and bulimia.

About laxative use, person 17, not a bulimic but someone who has used laxatives in the past over a 3 month period to control her weight, says:

> I thought it was easy. There isn't much you have to do on your part but swallow the pill. And then I didn't use them again until I pigged out again.

This examination of eating and dieting behaviour, supports the, as assertions in chapter one, that women are often willing to adopt extreme weight loss measures to lose weight and even those that may be potentially dangerous to one's health. In the following inquiry on eating behaviour and control, the "desperation" that exists around losing weight is related to issues of control.

Eating Behaviour and Control

In the theoretical analysis of weight preoccupation among women in chapter two, it was concluded that women seek a measure of control over their lives through controlling their bodies. In the discussion which follows, the presentation of interviews expresses how controlling eating behaviour is necessary to controlling one's body, and hence, feeling more in control over one's life.

All 14 of the women who were preoccupied with weight felt a dichotomized sense of control over their lives which was dependent upon their relationship to food at a given time. When she is dieting and controlling her weight, the following person says the rest of her life seems in control. Person 17 describes her experiences around self-control:

> When I get into my diet routine. When she's good she's really good, but when she's bad she's horrible. When I'm dieting everything goes right. I don't get depressed as often. My house is right, my office, I've got all my appointments straightened out. School work goes good. When I diet I'm more energetic. I don't think about food. I think about work. If I'm pigging out, I'll be counting the hours until lunch or I'll get this chapter done . . . I'm a lot better person when I'm dieting. So dieting is a reward for me in a way even though it constrains my eating.

This example illustrates the thesis presented in chapter two that women employ control over their weight as a means to gain control over their lives in general. She feels in control and good when dieting and bad and out of control when she is not dieting and at such times feels the need to binge.

Person 18, who was bulimic, describes the experience of control suggesting that one is controlling the consequences in effect to control the course and nature of one's life. Both the feelings and the weight gain are not wanted; one attempts to prevent them, control them. She says:

> O.K. if you're going really fast in a car, in a sense you feel out of control because you're going so fast. If you know positively that you're not going to crash and not going to get a ticket, then you're probably not going to feel out of control, because there is no consequence to your action.

It is only the women who perceive themselves as overweight in this study and who binge who become concerned with eating because they are afraid of weight gain. Comparatively, the women not afraid about weight gain do not give much thought to their eating and do not feel out of control with regard to their eating. They feel they have control over the consequence of their actions in terms of eating because they are not afraid of gaining weight even when they binge. The women who perceive themselves as overweight, however, want to eat and be slim. Their experience is that they cannot eat and be slim, which leads to a sense of panic about eating.

For person 19, a twice divorced woman who perceives herself as overweight, trying to control or repress her feelings of anger by eating results in her feeling out of control:

> You can hate yourself for eating what you just ate. Center on being angry at yourself instead of

> angry maybe at whatever is bothering you. Just sort of get your emotions off the direction they were in into something else.

Person 5 has a very controlled way of eating and preparing food. This makes it easier for her to stay on her diet:

> As you saw when you came in I was weighing food, you have to think about it alot. You have more control that way. It saves time, later its ready. You don't have to think about it.

Person 17, who perceives herself as overweight but is not according to the charts, feels more in control by "doing something" about her weight. She is not bulimic but her eating behaviour follows a cycle of bingeing and dieting:

> I don't think its bad unless you're fat then it's hard to get back up again if you fall off your diet. If you pig out. Like this summer I weighed 113 pounds then some things started to go wrong that I hadn't expected to go wrong and I pigged out for a good 2 weeks and then I felt bad about that and I didn't want to go out. And now I'm back on the diet again I feel more confident again. I always feel better when I'm on a diet. I know I'm doing something I'm not just accepting the way I am. I'm doing something about it. I always feel better. I feel self-conscious when I'm out in public and I'm not; well if I've been pigging out or whatever.

When things started to go wrong for this person, or become out of her control, she binged for two weeks. When she starts to do something about her weight, the action of taking control of her weight, makes her feel more in control.

As a way in which to feel better about herself and more in control of her life, person 18 has developed various

rituals related to weight. These impositions upon herself are attempts at regulating and subsequently controlling her life. These are extreme expressions on a continuum of preoccupation with weight. The women interviewed who were not preoccupied with weight did not relate to this experience. Although not as extreme as this bulimic woman, some women who are preocupied with weight also have "ritualistic" behaviour.

For instance, weighing themselves at the same time every day, and when weighing themselves taking everything off including jewelry, and perhaps weighing themselves several times a day. Similarly, scheduled workouts designed for weight loss often become quite compulsive. In addition to keeping check on one's body through frequent weighing, some regularly feel how much fat they have, making sure their wrists, pelvic bones, and ribs are sufficiently boney. Often women will only eat certain foods and avoid other foods because they are fattening. Person 5, as reported, routinely weighs and records all her foods. This behaviour is prevalent among women who belong to Weight Watchers as it is part of their weight loss program. While many women who are preoccupied with weight do not purge themselves by vomiting or by using laxatives, they exercise or abstain from or cut back eating for a period of time as a way of compensating for food eaten or weight gained.

Person 18, a bulimic, went through a period where she

could only eat white food, i.e., milk, potatoes, rice, and cauliflower. She has kept long journals of her weight, measurements, and daily food intake. She weighs herself 10 times a day. She also checks to feel her hip bones, ribs and wrists to make sure she is thin enough. She used to have to go to the bathroom 40 times a day having taken 60 laxatives a day. She always has to have part of her body moving and sleeps in an idiosyncratic fashion which is related in some manner to her feeling that she's "going to die early, so what's the use." Another ritual is eating in 3's. At the time of the interview she would eat 3 bags of M & M's daily. She opened them up in the car, and counted them out in threes. She also liked to go to bed in the middle of the night. Another old ritual that she had was with her grandmother's fence:

> My grandmother, her house. What she has is metal bars that are part of the fence and they are about this wide. And as kids we used to make a game of saying we couldn't eat unless we could pass through the bars and still everytime I go to my grandmother's house I have to see if I can pass through those bars.

Person 24, who also is bulimic, has some rituals which make her feel more in control. At the time of the interview she was having periods of not sleeping and waking early or in the middle of the night and sometimes goes all night without sleeping. Like the anorexic's ascetic denial of hunger for a sense of control, this woman denies the need for sleep. She smokes, drinks coffee and chews sugared gum

constantly to reduce the amount she eats by satisfying "oral" cravings. She also regularly exercises to keep her weight under control.

Many women who diet and who are not anorexic or bulimic, "pig-out" at the end of their diets. They will often describe their behaviour in terms reminiscent of the anorexic woman. The control that is established through the rituals of persons 18 and 24 is not unlike the sense of control women often establish from dieting. Thus, the separation between the average woman who diets and who lives a lifestyle preoccupied with weight, and the anorexic or bulimic woman can be viewed as only one of degree.

While some women describe their eating in terms of feeling out of control, some women in this study feel they are always in control of their eating and thus that control is not something they think about with regard to food. One woman, person 22, feels that she is lucky as she can eat and not gain weight. So although she is not preoccupied with weight, she considers herself "lucky" reflecting her internalization that thinness is valuable and attractive. Further, even though this woman binge eats, she does not feel she is out of control. She does not describe herself as a compulsive eater rather a "constant" eater. She indicated that she craves foods and eats them until satisfied; all types of food:

> I'm a cookie monster, I love cookies, sweets, chocolate bars, cake and all the good things for

> you. I eat all the time, everybody gets disgusted, but I'm never really out of control.

Another woman, person 25, has never perceived herself as overweight or had a history of dieting. She allows herself to eat what she desires without guilt or by compensating through dieting. She accepts her eating behaviour and, therefore, does not call her eating behaviour bingeing. She does not gain weight easily:

> I enjoy eating so I might think about what I'm going to eat, looking forward to if I'm going to have something for supper. I really enjoy eating. Most people do, it might just be normal. I can eat alot but it never bothers me. I can just eat alot, but when I get full I'll just stop. Usually when I get hungry I'll just eat. If I wanted to stop I would just stop. It's not like I'm eating and I can't stop. I just want to eat. But that might be alot of things to eat. Somebody else might think that's crazy. Look at all your eating. It's not like it's out of control: attach it to something emotional, out of control. Lately around exams wasn't going out much. Before going home I'd go to Safeway, come home and watch Dallas. Sit there and had popcorn and pickles, cheese and crackers. Sat around and had a bunch of food. Maybe that would be binge eating.

Another woman who perceives herself as overweight and is overweight according to the 1959 and 1983 charts, person 5, finds feeling fat and losing weight is also a limiting experience:

> It bugged me, I didn't want to go anywhere. I still feel self-conscious. Sometimes I wish people woudln't say I've lost weight. Sometimes I just don't want to talk about it anymore, and just forget about it. You feel like you fail . . . plus you're not finished yet.

Person 24, a bulimic woman who takes 10 laxatives a day to control her weight, does not like her body. She finds

when she is fat people don't notice her and that there is a social pressure to be thin. She is not fat:

> I know I'm not obese. I know I'm not huge. I don't have deformities, and I know basically my body is O.K., but because my eating and my obsession with diet and eating and fat is like a symptom of something else, so of course I don't like my body. The emphasis on thinness has to do with that's what we are being fed. . . . I'm aware I'm fat and different from everybody else, but if I am fat I'm not even a part of it, so it doesn't make a difference what I look like and if I'm thin, then I'm just fitting in with everyone else and I'm not different than anybody else and no one will pay attention to me.

Person 17 talks about her body image and sexuality expressing her reasons for wanting to be thin. This woman's self-esteem is lowered when she is not dieting:

> If I'm eating then I'm not happy with my self-image, my figure. When I'm with someone I don't want to present to them someone who is fat. I would probably be more assertive and initiate a lot more things maybe leave the lights on. And if I'm fat lights off. I don't want anyone to see me. When you're naked you're vulnerable. If you're naked and fat, God help you.

The following poem, written by person 18, a bulimic woman describing her body image, reflects her self-contempt toward her body:

> I am an elephant with
> trunk
> like
> legs . . .
>
> intimately acquainted with my
> pills and porcelain pal.
> In my distorted reflection,
> I see a carnival house character--
> foreign . . . even to me.
> A grotesque, fattened animal . . .
> readied for the kill.

Person's 24, 17, and 18 were not considered overweight by the 1959 or 1983 tables. This is confirmation that women can feel fat and self-loathing whether they are fat or not. This supports Wooley and Wooley's (1986) and Lawrence's (1984) belief that an average weight woman can feel fat. Indeed, these women not only felt fat, their lives are preoccupied with weight. They all feel in control of their lives and happier when they feel in control of their weight.

Person 19 perceives herself to be overweight and talks about how being in control feels good and being out of control feels bad:

> In my first marriage I had to be in control. In my second marriage I couldn't be in control because he wouldn't let me. Being in control in my own life just gave me a good feeling about myself. It gives you a feeling of self-confidence.

Person 5, age 28, notes that people often think they will be happier if they are thinner and that people would like them better. She felt that when she lost weight, people expressed greater animosity toward her. The others at work appeared to accept her more when she was fatter:

> People think they will be happier, that people will respond to them differently. I found that when I was heavier, ones at work were friendlier to me, now I'm thinner, and they're not trying, they are not as friendly. People are even less friendly because you're succeeding and they are not. I go for lunch and how would you feel they are sitting there having a Salisbury hamburger. I don't care, but I mean. So I'm afraid that anything you might say might offend them or something cause they figure I'm criticizing what they are eating and I don't care.

A study of Garner, Olmstead, Polivy and Garfinkle (1984) compared the characteristics of anorexic women to women who were weight preoccupied and found that certain traits characterize both groups. It was found that both groups had a similar degree of weight preoccupation and drive for thinness. Further, dieting behaviour, dissatisfaction with appearance, and bulimia were similar for the anorexic and the weight preoccupied group of women. A control group on non weight preoccupied did not share these similarities. Similarly, in this study, the group of women who were not preoccupied with weight did not share these concerns. They did not diet cyclically, did not deny themselves food, felt in control of their eating even when they ate alot, and did not associate feeling bad, feeling fat, eating, and feeling out of control. Their lives were not affected by weight. Weight was something they were comfortable with, took for granted and did not think about. They did not experience the dichotomized feelings of feeling good when they were not eating and feeling thin and bad when they were eating and feeling fatter.

Wooley and Wooley (1986) observe from 150 patients in their Clinic for Eating Disorders that 90% are female, dissatisfied with their weight and feeling upset by their perceived lack of control over their eating behaviour. According to these authors, food and a struggle to control eating have become central to their lives. Their eating is,

however, not unlike that of most women except for the shame they often feel. These women often feel depressed, hopeless, and have difficulty asserting themselves in the world. They often think when they are thinner everything else in their lives will improve.

One part of the lifestyle of weight control is often emotional eating. Evidence exists to show that fat people do not eat more than thin people (Dyrenforth, Wooley & Wooley, 1980; Wooley, Wooley & Dyrenforth, 1979). While standardized food intake measures were not used here, it was found that both thin and fat women's eating behaviour is affected by stress. All of the women interviewed whether weight preoccupied or not indicate that their pattern of eating were affected by situations of stress, moreover, the specific changes in eating behaviour (eating more or eating less) were not associated with whether one was preoccupied with weight on not.

Eating behaviour commonly becomes an issue when a person feels they are either too fat or too thin. A thin person may at such a time try to make themselves eat more although they don't feel like eating. A fat person may try to eat less although an appetite for food is present. A number of fat women here report emotional reasons for eating. Women appear to become involved in a conflict between the desire to be thin and the "need" to eat. This

experience becomes central in the chronic dieter's life-style. People report feeling guilty after they eat and feel a greater urge to diet following a "binge." This cycle repeats itself, with women gaining and losing weight repeatedly. As stated earlier in this chapter dieting is often related to feeling in control and bingeing is often related to feeling out of control.

None of the women interviewed felt a lack of information or knowledge about nutrition was responsible for their weight problems and eating behaviour, rather they tended to identify emotional eating as being important. Typical, however, of all of the women interviewed who perceived themselves as overweight, was person 5 in her treatment of food. Person 8, a graduate student, and person 12, a researcher, however, do not base their self-esteem on weight in the same way the other women who perceive themselves as overweight do and hence are not as punitive or restricting in terms of eating. Person 5 was questioned about how she felt if she did not lose weight when dieting and she responded:

> Depends, if I deserve it I deserve it. If I don't then well, like right now sometimes I don't lose weight because I'm on my last 20 pounds. It's hard, so I cut calories down to 700 calories a day, salads, etc., don't eat breakfast.

This person, for instance, prided herself on her knowledge of nutrition and yet felt it was acceptable to starve herself at 700 calories a day. This caloric intake is

significantly below the recommendations of the Canada Food Guide and is medically considered starvation. Further, her behaviour reflects a punitive attitude toward herself. She believes if she is not losing weight, she just better try harder or that she does not "deserve" to lose weight. This person weighs and measures her food intake daily and keeps a caloric record.

Bingeing behaviour was associated with weight gain among the women who perceived themselves as overweight. While all of the women interviewed indicated involvement with bingeing behaviour, the women who did not perceive themselves as overweight felt they did not gain weight from eating. As weight was not an issue for these women, bingeing behaviour was not experienced as problematic.

Person 22 has no history of dieting and has never felt she has had to lose weight. On the contrary, she has on occasion felt she's looked too thin and described herself as looking "sickly." None of the women in this study were happy with their bodies even when they didn't feel fat. This supports the argument made in chapter one and two that women seldom accept their bodies as they are. As women's bodies and appearance continue to provide them with social value and status, women police and regulate their appearance as a commodity they must bargain with. While person 22 is moderately satisfied with her appearance she would like to be shorter. "Under 5 feet and petite." She also doesn't

like what she feels are bow legs and remembers that for years she wouldn't wear a dress, but adds on the other hand, "I can wear a belt around my waist."

Underlying reasons reported above for bingeing behaviour included; depression, frustration, loneliness, and boredom. Eating was seen by all the women who perceive themselves as overweight to provide a "release" from these kinds of feelings, and was reported to act to "numb" or "pacify" such feelings. All women interviewed indicated that their eating behaviour was affected by external circumstances and emotional states. While clearly some people are not interested in eating when emotionally stressed, this study lends support to the idea that food is often used by people in our culture as a response or a way to make oneself feel better when under stress, for instance, of anxiety or depression (Bruch, 1973; Orbach, 1978).

Another woman with a history of weight gain and loss who was bulimic at the time of the interview, person 18, says about her eating:

> Well it calms me down sometimes. It can be a pacifier, but it can also be a catalyst, like if I eat, sometimes the process of eating is very pacifying and it can really calm me down, but then following that its the total reason for a panic.

For person 17, an average weight women who is preoccupied with her weight:

> Once I get more into school and I'm busy then I don't pig out as much. I'm busy, I'm doing things that are rewarding to me. I don't need little

> satisfactions like that. It is, it's a satisfaction, sometimes it's a reward, sometimes it may be a security blanket. If I've had a bad day, I'll curl up with my chocolate bars on the couch and watch TV.
>
> After I feel guilty. It's like an alcoholic. I do perceive myself to be an alcoholic. Not with alcohol. A food-a-holic. I have cravings. I have to fight. I want it. I do perceive myself as having an illness. I don't perceive it to be healthy at all. Some people will pig-out on the weekend. It's part of my lifestyle.

Another woman is from a physically abusive family and two years ago had attempted suicide after which she was hospitalized for psychotic depression. Person 24 describes her eating as being like her father's beating, a way to "release and yet ignore immediate tensions." During her period of hospitalization, she found she ate less and lost weight. "When I'm in the hospital, I lose weight, there is no reason to eat, it's safe, things are taken care of."

She feels that part of her likes to be fatter because men do not pay as much attention to her and she prefers this. Her experience with people tells her that getting close to people and trusting them is "setting herself up to be hurt or let down."

> People I don't have much faith in. I don't have control of myself enough. I feel very vulnerable if I get close, have trust, it's been that way my whole life. If I overeat I feel out of it--don't have to deal with it.

She would prefer that men see her as "a slightly overweight friendly little person, as a friend not a lover." About eating she says "eating becomes part of the sex problem,

then it becomes a problem in itself. That is being punished for not accepting what is good and for behaving in a way that makes [me] fat."

This is how person 24 describes her binge eating:

> Let's hurt myself real bad here; then afterwards--I just really did a shitty thing--I deserve to feel this way. Half the time I have a tremendous amount of willpower. Control in bingeing is self-destructive, part of the conflict in eating is that it is both adaptive and destructive. Eating is important to people, it is adaptive, being thin is imposed on individuals, it is destructive. Eating doesn't become a problem till it starts to cause problems. I don't think this world is that hot. This is a passive way of saying I'm not buying into it.

Person 9, a 28 year old single parent, feels that food numbs her by "doing something compulsive." Rigid eating, baking or preparing happens when she doesn't want to feel a certain way or confront bad feelings. "I want to feel good, food does that. Alcohol does the same thing." (It is interesting to note that bulimics are often considered to have a joint problem with alcohol). She had bad experiences within her family. "There was no love, affection or hugging." She believes she "substitutes food for the love that was missing." Person 24 has also found that alcohol and drugs have functioned as coping mechanisms in the same way as food, during different periods of her life:

> I can lose 10 pounds, have a gorgeous body--but I'll still go back to eating--if I don't go back to eating, I'll go to something else. I could substitute eating for exercising, anything. I picked this up to cope. Was a period I was drinking instead of eating. Wasn't obsessed with

> eating was obsessed with drinking. Until grade 11 I was thin. I never thought about food.
>
> I hated school, got really depressed. At that point I was smoking lots of drugs and food tasted really good. I stopped smoking dope and starting eating.

While not all women found their binge eating problematic, women with a history of dieting, and the desire to lose weight were upset with themselves when they ate food outside of their self-determined constraints. These women did not want to be fat, felt they were overweight, and tended to see their eating behaviour as the action which prevented the attainment of thinness. In fact, there seemed to be a conflict between the desire to be thin and the desire to eat. The desire to eat sometimes wins out, producing self-dissatisfaction with what is experienced as a lack of self-restraint. At such times women report feeling guilty, angry and frustrated with themselves. Of course, this complicates the process because these feelings also will encourage the desire to eat in spite of wanting to be thin.

Some reasons for eating outlined here included; emptiness, frustration, to calm down, pacifier, satisfaction, release tension, to feel emotionally safe, to hurt oneself, adaptive, when in physical pain, feel good and substitute for love. Perhaps if food is a response to these emotions, attaining emotional satisfaction is a greater need than the need to be thin.

This portion of the chapter has shown several things.

First, it has shown that these women often attempt to control their negative feelings by "numbing" themselves out through binge eating. This process allows them to establish a temporary "release" and feel better about themselves. However, for some, the consequence of this behaviour is weight gain and this results in feeling out of control. Part of this dilemma arises out of a desire to eat which momentarily transcends the desire to be slim. Some people could not accept the potential weight gain from the bingeing and would purge to both avoid the gain and out of panic and anger at themselves.

The interviews suggest that women preoccupied with weight, unlike those women not preoccupied with weight, view their eating behaviour as a gauge of the degree of control they have over themselves, and their lives. For many women here, "overeating" was interpreted as being out of control, feeling bad about oneself and feeling fat. Conversely, dieting and controlling food intake is felt to be a measure of self-control which produces positive feelings about oneself. While these relationships appear to be true, it also seems that feeling good about oneself results in a perceived ability to control food intake, and that feeling bad often results in binge eating.

In sum, eating behaviour is inextricably connected with feeling in or out of control among the women interviewed who were preoccupied with weight. In support of the theoretical

contention of chapter two, women who are preoccupied with weight often focus on this one area of their lives as something they have potential to control.

Self-Esteem and Control

In chapter two it was argued that when women feel shaky about who they are they often turn to controlling their bodies as something they can control in their lives. This next section will illustrate the relationship of self-esteem to feeling a sense of control over one's life.

Women often suffer a loss of self-esteem when they feel too fat. When one's self-esteem suffers, one tends to feel one has less possibilities of achieving their expectations for themselves in the social world; they tend to feel less in control over directing their own lives.

Social pressure to be thin was reported as the impetus to lose weight as well as a motivation to maintain the weight preoccupied lifestyle of chronic dieting. When society devalues fat people, it is difficult for people to like themselves when they are fat. One's self-concept and identity arise in our interaction with others in the social world. The social pressure to be thin and the internalized value of thinness are cited by one woman, person 17, as reasons for wanting to lose weight. Although, like most women, she does not naturally have the socially ideal appearance, she is eager to make herself as close to it as possible. Person 17 states her reason for wanting to be

thin:

> Partly to feel better, not as sluggish. To project a certain image to myself and to others. People feel more comfortable being with people who look nice. Because it reflects on you who you hang around with. I want to look slim. I don't fit the ideal, long, lean, lanky, blonde. I'm not tall, I'm squat so it's more important for me to lose weight because to have that slim look you have to work at it more.

However, if she feels that she has gained weight from "pigging out," she feels limited socially and personally and this gives her less control over her immediate situation.

> I don't feel like walking in front of people and I have to dress differently. I wear skirts. I wear skirts or dresses that tie around the waist. I have a small waist and what falls below the waist people don't see. Or I'll wear looser clothing. I have a whole strategy of how to dress. I have certain clothes that camouflage.

Person 18, now 24 years old, was first prompted to start dieting as she felt her legs were too big at age 16-17. She believes she focuses her body feelings on her legs. She is bow-legged and begins a diet if her legs touch. She currently wants to lose weight because:

> I want to look and feel better. I want my thighs to be smaller and my rear, and I would feel I have more energy. I know that I feel like moving around more, being more active, because I'm not embarrassed about the way I move. Even when others aren't around, I still feel that way. I just feel too heavy.

Person 24 is a 23 year old student who is bulimic and depressed. She feels she is slightly overweight and would like to lose 10-15 pounds. She is 5 feet tall and weighs 100 pounds. She is not overweight by the 1959 or 1983

Metropolitan Life standards. She says she "has no idea why she wants to lose weight"--just because she thinks she is fat, doesn't want to be fat and feels she doesn't look good if she is fat. She adds "it's the thing to be thin, the well-balanced, stable person has control over their weight."

Society attributes meaning and value to fatness and thinness. Person 17, a graduate student, finds unlike person 5 that people like thin people better:

> Pleasing to the eye. It's a benefit to you in the business and social world. Feel more confident, like a job preparation as well. I see it as that too. I put alot of emphasis into my dress because it is beneficial professionally and socially. People are more willing to deal with beautiful people. Whenever I go shopping I dress up in something nice and you just have salesclerks running after you. People feel more comfortable with people who look nice, don't have to be beautiful; because it reflects who you hang around with too and so I think if you pay attention to body image and clothes, etc. you get along alot easier. Competition for yourself. Actualizing certain goals and then you can go on.

One 24 year old bulimic, person 18, associates weight with self-esteem and happiness and has the following feelings about overweight:

> I believe that if somebody is overweight they are not going to respect themselves too much. There is a certain amount of self-control that people lack if they are overweight . . . Yes, people who are overweight are generally unhappy.
>
> To be overweight is seen as symbolizing a lack of willpower and control. For some it may be metabolic. It may suggest family problems, problems in self-confidence and problems in controlling yourself.

She also expressed the view that:

> It's harder on women to be overweight than men in our society; I guess in some ways. Because it is more expected to be thin and attractive. In terms of employment, however, both would be discriminated against.

This suggests that being fat affects one's possibilities in the social world and becomes a barrier to both feeling and attaining control over one's life.

Person 22, age 36, a woman who has never experienced any problems with being too fat and is not overweight according to the weight charts, recognizes the social pressure to be thin. She also makes assumptions about fat people's hygiene problems. Overweight symbolizes to her:

> When I see somebody overweight, in a sense I kind of feel sorry for them. Most overweight people are very pretty and I always say to myself, I wonder if they lost 20 pounds what they would look like cause they are such a pretty girl or pretty nice looking guy. Then the next question that comes to mind is I wonder if it's a gland problem and I always want to think positively that they have a gland problem. I do anyway. I always think positively for these poor people cause I really do feel sorry for them. I actually feel sorry for people who are overweight.
>
> Well, it's a definite struggle. They've got problems, getting clothes and of course there is the jokes, like; where did they get the clothes; at tent and awning. You know. And people tend to make snide remarks about overweight people. First of all, hygiene problems because of overweight, and it's really too bad. Well, they perspire more. They can't fit into chairs.

On the subject of slimness, she says:

> Thinness to me means, happy. Whereas someone who is overweight I think the reverse.

It is not difficult to see how it is hard for fat

people to feel good about themselves when other people hold these sorts of conceptions about them. Regarding her own slimness and others' reactions to it she expresses anger at fat people and assumes fat people have no willpower in a blaming attitude:

> The only people that annoy me are the people that are overweight and sit there and fill their faces and talk about it and they say "you're so lucky," as they're putting a cream puff into their mouths. "And you're so lucky, and you're so skinny." That they make no attempt. People like that frustrate me. Like you know walk a block. I'm not saying that people who are overweight should go out and play a game of tennis, because they are just not used to that kind of exercise. But if you're not happy, if you're not happy with the way you look, you're the only one who can do something about it. Nobody else can do it for you. There is no sense sitting there saying, "God you're lucky," as you're filling your face and like one can help themselves by saying something to take the guilt off them. I don't know. The only people that I shake my head at that are dieting are people that are thin and they're dieting, like why?

A number of myths and stereotypes about fatness were expressed above by the women interviewed. That fat people have no willpower, eat more than thin people, and are lazy as person 22 assumes has not been satisfactorily proven in studies done to date. Many studies argue the opposite. In addition, some argue that there is a genetic predisposition for the body type that favors fatness. If this is the case, person 22's assumption that people should just try harder may be inappropriate. Finally, the assumption that fat people don't try to lose weight is also erroneous. This study for instance shows that women live a lifestyle in

which women are constantly on and off diets trying to lose weight.

The relationship between self-esteem and feeling in control of one's life among the women in this study who were preoccupied with weight has been discussed in this passage. It is clear that body image and self-image for women cannot be separated. These women's self-images are clearly affected by how they and others view their bodies. The interviews suggested that presenting an acceptable body/self in social interaction is an important aspect of image management. A significant consequence of such management is the attempt to be more in control of how others treat them and their subsequent possibilities in the social world.

It is clear from these interviews that feeling good about oneself (by being thin) allows one to feel more in control of their lives and that feeling bad about oneself (by being or feeling fat) makes one feel panicky and bad about one's situation. Feeling good allows one to feel more in control and more powerful and feeling more powerful makes one feel good. The finding that controlling one's body is a viable way to feel good about oneself and more in control of one's life, supports the theoretical premises discussed in chapter two.

Predisposing Personal Histories

This section will explore the personal histories of the women interviewed who perceived themselves to be overweight.

This discussion will be divided into two parts. We will first focus on sexual abuse. This will be followed by examination of the family situation. The high prevalence in this study of sexual abuse, physical abuse, nuclear family "disintegration" and alcoholism within the family environment suggests that these experiences may contribute to a feeling of lack of control over their lives. The emotionally impoverished situation of conflict ridden families cannot be ignored as the anger, lack of power and control often experienced by the individual impacts on her self-definition, and one can argue produces conflicts in one's expectations, possibilities, and desires.

Bemis (1978) documents characteristics such as; well-behaved, introverted, conscientious, high intelligence, superior scholastic performance, shyness, anxiety, and "obsessive-compulsive" traits in individuals who may become anorexic (p. 596). Further, predisposing factors offered by Bemis are; dieting, instability in childhood, and entering a new situation for which existing skills seem inadequate such as college, marriage, or puberty.

Others suggest a combination of individual, familial, and cultural factors predispose an individual for anorexia including; autonomy, identity and separation concerns, weight gain, magnification by the culture of weight, eating, fitness and performance expectations, and the social pressure to be thin. They also suggest the possibility of a

parental history of "affective illness" and possible alcoholism, family history of anorexia, maternal obesity and specific parent-child interactions leading to difficulties in autonomy and separation (Garfinkle & Garner, 1982). Table 4 provides some information on the histories some women have experienced within this study.

Table 4

Social Histories

Person	sexual/physical abuse	family separation	anorexia/ bulimia	family alcoholism
4				
5				
6				
7	*	*		*
8		*		
9	*	*		
10	*	*	*	
11				
12		*		
13				
14		*		
15		*		
16		*		
17				*
18	*	*	*	*
19		*		
20		*		
21				
22				
23				
24	*	*	*	
25		*		
Total	5	13	3	3

Note: Family separation/desertion refers to both the family of procreation and orientation.

Sexual Abuse

Women are frequently subjected to sexual assault such as rape, indecent assault and incest. One out of 17 women in Winnipeg have been raped at some time during their lives and 1 out of 5 had experienced some form of sexual assault (Kinnon, 1981, p. 2). Many such assaults continue to go unreported and unprosecuted. It is also estimated that 1 in 10 Canadian women are battered by their husbands (Lewis, 1982, p. 1).

Sexual abuse is increasingly associated with problems of anorexia nervosa and bulimia. Wooley and Wooley (1986) suggest these women "shut down emotionally as a result of sexual abuse." Wooley and Wooley report that more than half of the women that they have treated have been victims of incest, sexual molestation in childhood, or rape. It is common for women to blame themselves for these assaults on their bodies. They often feel that if they hadn't been so needy for affection, the assault wouldn't have happened, so they try not to need anyone at all (1986). Wooley and Wooley (1986) have found that women with anorexia nervosa and bulimia who have been sexually abused as children often learn to deny their emotions and learn to be "strong" from childhood. Person 18, whose father is an alcoholic and who was sexually abused by her stepfather, responded by saying that she 'doesn't feel' when asked to describe her feelings.

Sometimes the women are from families where they have

sensed others are more needy, i.e., an alcoholic mother or ill father. One aspect of traditional socialization for women is that they put others' needs before their own. Perhaps when women come from impoverished social backgrounds, they learn to ignore their own needs. They may be unable to feel any power over their lives. While anorexic and bulimic women appear on the surface to be competent and in control, they often feel angry, hurt, needy, and lonely underneath this mask (Wooley & Wooley, 1986).

Sexual abuse and physical battery are expressions of a patriarchal social structure in which men exploit women as sexual objects. Ironically, while anorexia nervosa and bulimia are attempts to control one's own body, such behaviour colludes with the social control of women's bodies, as the emphasis on thinness complies with the patriarchal value that emphasizes women's appearance.

Body image among women with histories of sexual abuse is often negative (Wooley & Wooley, 1986). Through the shame they feel they learn to hate their bodies. Bulimia or anorexia becomes for some of these women a form of "self-purification" (Wooley & Wooley, 1986).

Person 18 is a twin who has been sexually abused by her step-father and has written a poem about her bulimia. This writing conveys a sense of the self-abuse and physical pain associated with laxative abuse:

HABIT FORMING
(as promised)

A nightly ritual
in a few minutes
done.
Rushes of warmth
followed by chills
shakes
sweating
gestation 9 hours.

Cramps roll over my abdomen
like a Mack truck
18 W H E E L E D

Hesitation between wheels
allows for gasps and screams,
frantic anticipation of
wheels to come.

The long awaited
birth takes place.

My stillborn child
floats
deformed
unnamed.

Having just given up laxatives at the time of the interview, she experienced the following:

> My weight has gone up almost 10 pounds and my bowels are not in good shape at all. Most of the time I'm constipated for days on end. I tend to eat alot of milk, chocolate, soup; nothing with fiber. I was eating a pound of chocolate a day, drank 2 liters of soda (coke) a day. Lately it's been milk. Gave up coke because of the calories, my teeth and my stomach's been sore.

Person 10, who had been anorexic, reports sexual abuse from her father and has now chosen a lesbian lifestyle. Person 18, a 24 year old bulimic, was sexually abused by her step-father. Person 9 was sexually abused by her mother. All of these women developed eating disorders. A total of

3/22 or 14% of the women interviewed were sexually abused. All of the women who were sexually abused were preoccupied with weight at the time of the interview.

Perhaps the key is the recognition that common to anorexics, bulimics, and chronic dieters is physical and emotional self-denial. While most women are involved in self-denial around food, the experience of bulimic and anorexic women appears to be more deeply linked to previous psychological and familial trauma and thus these women do not adopt the more extreme manifestations of bulimia and anorexia. Persons 18 and 24 who were bulimic and person 10 who had at one time been anorexic have possibly become more capable of physical and emotional self-denial due to their particular histories of physical abuse.

Family Situation

While all women face the social pressure to be thin only some become bulimic or anorexic. Some reasons typically offered for this include coming from more traditional families--where mothers are homemakers and fathers emotionally distant (Wooley & Wooley, 1986). Some argue the families are too enmeshed, or so close that the women are unable to form a separate identity (Chernin, 1986). The other family type suggested is conflict ridden with such problems as marital tension or conflict as seen by numbers of divorces, alcoholism, physical battery, and sexual abuse. The emotionally impoverished social situation for the

individual cannot be ignored as the anger, lack of power and control often experienced by the individual impacts on her self-definition, and it can be argued, impedes the development of a strong sense of identity.

A number of women in this study lost their parents or a parent when they were children. Person 3 of the pilot study reported a difficult childhood whereby she had been sent away from her family to go to school. Similarly, person 20, a native Indian woman from the north in Manitoba, was also sent away from her family to go to school. Person 9, a single parent, was looked after by her grandmother in Jamaica from the age of one and a half when her parents moved to England. They sent for her when she was eight and at that time they had had another daughter. She felt unwelcome, like a stranger, and missed her grandmother. Person 8 is a graduate student from England whose father died when she was 12, and person 19's father died when she was 16. Person 12, a researcher who perceived herself as overweight, was also raised by her grandmother. So, among this sample, there was considerable separation from or loss of parents as children. A few of the women who were preoccupied with weight came from families which were divorced suggesting family tension such as persons 7, 18 and 24. Two of the women were divorced themselves.

Alcohol was a problem in some families of the women who perceived themselves as overweight. Person 7's and person

18's fathers were alcoholics and person 17's mother was. It is possible that the alcoholic family member not only demonstrated a coping mechanism that operates like eating by "numbing" the person emotionally, but that they communicated a sense of helplessness and being out of control of their lives. Another possibility is the alcoholic parent may be less capable of giving their child emotional support as they need it themselves. The interaction within alcoholic families is not likely to be conducive to emotionally healthy home environments. Physical, emotional, and sexual abuse are often associated with alcoholism and, hence, there may be a connection between violence in the home and alcohol abuse. It is interesting to note that a number of women commented that alcohol was interchangeable with food as a coping mechanism that let them block out unpleasant emotions.

Other families had overt conflict as well. Person 13 perceives herself as overweight and has tremendous anger against her father and had recently had dreams where she was stabbing him. Person 10, previously an anorexic and who would still like to lose weight, left her family when she was a minor. She then sued her family for child support as they were unwilling to support her.

Person 24, a depressed bulimic, was physically abused by her violent father who also beat her mother. Person 1 from the pilot study, who perceives herself as overweight,

had been physically abused by her husband. Person 7's father beat her mother, her brother and herself. Studies on physical and sexual abuse of women report a much higher frequency than society typically acknowledges. Three of the five women here who have survived sexual and physical abuse had "eating disorders."

Wooley and Wooley (1986) and Chernin (1984) point out that young women today are the children of the "weight watcher" generation. Wooley and Wooley suggest that when young women feel their mothers are judging or uncomfortable with their developing bodies, they are more likely to become bulimic. Sometimes young women learn attitudes about their bodies from mothers who are preoccupied with weight.

This section has explored the personal histories of the women interviewed. The impoverishment of many of the women's family situations, including sexual abuse, physical abuse, alcoholism, and separation from parents have likely contributed to a feeling of lack of control over their lives. The anger and lack of power experienced in any of these family situations may have contributed to women's attempts to seek a measure of control over their lives through control of their bodies.

Summary

Findings from the interviews indicated shared experiences of weight preoccupation and the shared value of thin-

ness. Perceived weight rather than actual weight was found to be more significant in weight experience. Weight preoccupation was discussed as it manifested itself in a lifestyle of chronic and cyclical dieting.

Women often perceived themselves as overweight when they were not fat and even when they were underweight. Women who were considered overweight by the Metropolitan Life standards placed an emphasis on their weight if they viewed it as important to their overall sense of self. The way an individual experienced their weight and the kind of behaviour they engaged in was dependent on their perception of their weight rather than their actual weight.

All of the women's eating behaviour was affected by stress, whereby some ate more and some ate less. The women who perceived themselves to be overweight, cyclically dieted and binged. The primary difference in eating behaviour found between the women in this study was that those who perceived themselves to be fat dieted. It is noted, however, that the food intake of the women was not strictly measured. They reported on their food intake on the day preceding and the day of the interview in addition to describing their eating and bingeing behaviour generally. The work of Dyrenforth, Wooley and Wooley (1980) has explored this area and shown that fat people do not eat more than thin people.

Food was a source of comfort and nurturance for many

women. Eating was often used to avoid direct expression and experience of emotions such as anger, conflict or frustration. Also, eating behaviour only became an issue of concern with women if the results of the eating appeared to be weight gain, and becoming fat, although they may not actually be fat.

The dichotomy of experiencing oneself as being in and out of control was clear among all of the women who perceived themselves as overweight but not among the women who did not perceive themselves as overweight. The similarities among all the women preoccupied with weight lends support to the argument made here and elsewhere that weight preoccupation exists on a continuum. The one anorexic woman and the two women who were bulimic in the study were similar to women who perceived themselves as overweight in every area explored. Even the women who were not preoccupied with weight shared the value of thinness, and did not want to be fat.

Although, as stated, some of the women interviewed perceived themselves to be overweight, they were not according to the Metropolitan Life tables of 1983. While actual weight in this study had little to do with one's weight experience, issues of control and self-esteem were pertinent for all women preoccupied with weight. This suggests that weight itself is not the issue rather, a crisis of self esteem is brought under control by the control of

weight. As suggested in chapter two, when women feel shaky about who they are, weight often becomes a focus.

For women who perceived themselves to be overweight, this lifestyle or preoccupation was related to whether women felt in control of their lives. When they felt in control of their lives, they were often controlling their food intake and their weight. At such times, women reported feeling good about themselves and their lives. Conversely, when women felt they were involved in the binge eating part of the cycle they felt badly about themselves and less in control. There tends to be a dichotomization of these feelings whereupon when one part of the situation is going well, the whole experience is reported positively and when one part is going badly everything else goes badly as well.

It is possible that feeling bad about oneself translates into feeling less control over one's life. Hence, while eating may be what makes women feel bad about themselves, it is the feeling of low self-esteem that results in feeling out of control. Similarly, it is feeling good about oneself that allows one to feel in control of one's life (rather than the fact that one is able to avoid emotional eating). Women focus on the eating behaviour to explain feeling in and out of control rather than on self-esteem. However, when women are feeling good they may be less likely to eat emotionally and when they are feeling badly they may be more likely to eat emotionally. Eating and weight become

significant gauges of whether one is feeling in control of one's life and on the state of the women's self-esteem. These findings lend support to the theoretical argument made in chapter two that women focus on controlling their weight, eating and bodies as a tangible factor of control in their lives.

While the women with histories of anorexia nervosa and bulimia shared the value of thinness, and being thin was central to them, they all had backgrounds of trauma, including desertion, sexual and physical abuse, family conflict and alcoholism. However, there was a high incidence of such personal histories among all the women who were preoccupied with weight.

The findings in this study suggest a number of things. We should not simply treat anorexia nervosa and bulimia as separate phenomena from the overall experience of women who are preoccupied with weight. Treatment and research approaches which ignore this connection negate women's experience with weight as a woman's issue. It is argued that we need to recognize a continuum of weight preoccupation in order to understand anorexia and bulimia as more extreme manifestations of many women's experience. Anorexia and bulimia may reflect the poor self-esteem that often develops from impoverished social histories. Studies, for instance, show that women are likely to have a low self-esteem when there is abuse in their backgrounds. Studies

also show that bulimics and anorexics often have sexual abuse and alcoholism in their family histories (Wooley & Wooley, 1986).

In this study sexual and/or physical abuse is present in the histories of the three women who have had problems with anorexia or bulimia. Of the women, 10 who had backgrounds of being separated from one or both of their parents through divorce, death or being cared for by others, 8 perceived themselves to be overweight and had issues with eating. All 3 of the women who have alcoholism in their families were preoccupied with weight and one of the women was bulimic. Histories of sexual/physical abuse in the family, separation from one's family, and alcoholism appear in this study to be characteristics common among women preoccupied with weight. These findings suggest further research on such areas may be valuable.

All five of the women who experienced physical/sexual abuse were preoccupied with weight. Physical and sexual abuse of women by men reflects a patriarchal structure of male dominance and control over women's bodies and sexuality. In addition to the argument made in chapter two, that this period of uncertainty for women leaves women feeling out of control of their lives, it can be argued that such instances of sexual abuse, familial alcoholism and separation from one's family may also contribute to feeling a lack of control over one's life and controlling one's body may be

one area women feel they can have control.

While many professionals disregard the concept of control associated with weight preoccupation, this study supports the literature which stresses the importance of sensitivity to concern with the issue of control when working with women preoccupied with weight. This is perhaps evident by the prognosis for anorexics following traditional treatment. According to Bemis (1978), fewer than 50% show any significant improvement, whereby between 25-50% experience a "reoccurrence" (p. 597). Up to 38% are readmitted to hospital within two years of initial discharge from traditional inpatient treatment programs that disregard the control issues for the woman (Bemis, 1978). Garfinkle and Garner (1982) have examined the prognosis for treatment of anorexia and found that in studies with longitudinal follow-up that are not restricted to women under the age of 18, 40% of the women are totally recovered, 30% are improved and 30% continue to have problems or die as a consequence of the problem.

The interviews here provided support to Lawrence and Lowenstein's, (1979) contention that treatment of anorexia and bulimia should stress empowerment rather than threaten a precarious sense of control through methods such as forced bed rest, forced refeeding, and behaviour modification approaches which use aversion techniques.

The value of thinness and social pressure to be thin

should not be reinforced through research analysis and treatment approaches. Myths or taken for granted assumptions about weight control, such as fat people eat more than thin people and have less willpower, should also be questioned and not reinforced by research or by professionals.

Certainly one way this lifestyle cycle of weight preoccupation could be broken is for women to stop policing their bodies and their food intake and to begin accepting their bodies as they are. Weight preoccupation is clearly connected to control and self-esteem in a way that women do not always acknowledge, for they focus on feeling fat. It would be a positive move for women to begin to acknowledge and look beneath the surface of weight concerns.

Further exploration is needed into why some women resort to anorexia or bulimia rather than for instance alcoholism, drug abuse, depression, or suicide. Given the social pressure to be thin and virtual legitimization of any method to attain thinness and women's need to be attractive for social value, weight preoccupation is a more socially acceptable phenomenon than for instance alcoholism. These different experiences are not mutually exclusive as anorexia and bulimia are often accompanied by depression, and sometimes with alcohol and/or drug abuse (Brisman & Siegel, 1984). Moreover, bulimics are often reported to be suicidal (Garfinkle & Garner, 1982).

Depression is a similar women's health issue to

anorexia and bulimia, in terms of its widespread prevalence, its expression on a continuum, and its coexistence with other issues such as sexual abuse, physical abuse, and alcoholism. Traditionally, "eating disorders" and depression are treated as psychiatric disorders which often involve medical intervention such as the use of psychotropic drugs. A study in Winnipeg showed that 20% of the women were using such drugs two weeks prior to the study (Nairne & Smith, 1984). Further, both depression and "eating disorders" become a lifestyle or way of life that may reflect longstanding and unresolved conflict. In any event, both of these not entirely separate phenomenon inform us about the existence of problems in women's collective lives.

This chapter has discussed the experience of weight preoccupation among women; it was not intended to be a test of the argument in chapter two. While it is argued in chapter two that women's preoccupation with weight is a response to their contradictory social position within patriarchal society, women are not necessarily overtly aware of the underlying social structure of their lives. The data is interpreted within a feminist framework in order to understand the underlying social mechanisms of this problem.

CHAPTER FOUR

CONCLUSION

In this thesis a sociological argument has been advanced to explain the current epidemic of weight preoccupation and "eating disorders" among women. It has been argued that this widespread prevalence of weight preoccupation is a product of the co-incidence of the prevailing thin body ideal and the fragmented identity of women. The social pressure to be thin which permeates our society does not by itself explain the problem of weight preoccupation today, rather it has been argued that it is the contradictory expectations and social position of women which give rise to a fragmented identity that accounts for this problem.

In patriarchal society women's roles have been related to their bodies, and the imagery of the body has reflected women's roles. The prevailing thin body ideal which emerged at the turn of this century reflected the shift in women's social role from reproduction to sexuality. Women's emancipation and partial liberation within these societies has reinforced this ideal, as thinness also expresses women's increased social freedom and movement. Thinness is then a metaphor which expresses the equivocal social position of women.

The ideal of thinness and the current uncertain situation for women together can provide an understanding of weight preoccupation. The ambivalent social position of

women; the contradictory expectations, possibilities and desires, give rise to a fragmented identity and shaky sense of self. Women's attempts to control their bodies represent one form of success and achievement that can be attained during this uncertain period, when women feel unsure of their ability to control their own lives. Lacking control over much of their lives, they seek control and social approval through their bodies.

The redefining of gender roles are expressed in the image of thinness. This new image of women reflects women's position in the labor force and her changing role away from reproduction toward a focus on sexuality. It is an image that is both strong and weak, independent and dependent, sexually active and productive, all of which women are expected to be today. The ideal body image for women embodies the changes for women in the productive and reproductive spheres.

The continuously changing ideals of women's bodies, fashions, the unrealisitic expectations of the current ideal of thinness, and the need for women to be preoccupied with their weight in order to maintain a slim body ideal all suggest women have little control over their own bodies. Women learn that their bodies speak of their social value and they must police themselves and their bodies. The identity pressures women face today in terms of their changing social roles make women particularly vulnerable to

their success being determined by appearance. Appearance is one area women feel they can control when other aspects of their lives are difficult to control. A lack of strong self-definition makes women malleable to external demands, and currently vulnerable to the ideologies of thinness. Advertising seeks out the insecurity of our identities, and reminds women of their constant obligation to be changing and improving ourselves according to the latest external dictates.

Greenspan's (1984) analysis of women's other relatedness and lack of ego boundaries permits the understanding that in patriarchal society women lose a sense of self when always concerned with the needs of others. Difficulties in establishing a separate identity from the mother, and the other orientedness of the traditional role of women in patriarchal society impedes the development of a strong sense of self-identity. This is confounded by the complex changes evolving in the social relations between women and men, leaving women's role unclear, contradictory and ambiguous, and making the development of the healthy and confident self more difficult.

The reproduction of gender relations and the patriarchal social structure in this period of change and flux have exacerbated identity problems for women. The willingness of women to adopt self-improvement regimes today is evidence of this. Weight preoccupation among women and the increasingly

high incidence of anorexia nervosa and bulimia can be seen as expressions of women's need for greater autonomy and self-definition based on a confident sense of self.

The "personal is political" is a feminist slogan appropriate to this thesis as it has been argued that women's experience with weight reflects women's political situation in society. A feminist perspective, like most philosophies or theoretical positions, is inherently biased and political. A feminist position is perhaps more overt than other arguments as one of the obvious objectives of this perspective is to change women's lives by eradicating sexism and women's oppression. It is argued in the methodology (see Appendix A) that a feminist theoretical and methodological framework cannot accept a positivist view of science as it mystifies power in patriarchal social relations. The tradition of science has excluded women and reflected "male stream" thought in primarily reflecting a male reality (Gilligan, 1982; March, 1982).

The interviews conducted in this study helped to illustrate the experience of weight preoccupation, which allowed for a better understanding of the theoretical argument of this thesis. It was found that perceived weight rather than actual weight is more significant in terms of women's preoccupation with weight. Women are often preoccupied with weight whether they are actually fat or not. A number of myths about weight exist in society. This study was able to

provide support to the results of other people who challenge some of these myths. Many of the women ate for emotional reasons, not just fat women. Fat women appear to be more predisposed toward gaining weight. Fat women do try to lose weight although many assume fat people just don't try to lose weight. It was found that all of the women who were preoccupied with weight lived a lifestyle of chronic dieting. When people were dieting they reported feeling in control of their lives and feeling good about themselves. The argument made in chapter two that women seek a measure of control over their lives through control of their bodies seemed to be reinforced through the findings of the interviews.

From this study it became apparent that a number of areas need further exploration. A study to explore the cultural meaning and significance of food would be very valuable. Where food is abundant, eating takes on great social meaning. People do not just eat when they are physiologically hungry. There is a need for some sensitive research to be done on men's experience with weight preoccupation, particularly anorexia and bulimia. It would be interesting to test the theory of control postulated here. Some documentation does show that working class men are more likely to have eating problems than wealthier men. It is possible that they experience themselves as less powerful in the social world and take control like women do by

controlling their body.

Another area of importance would be the relationship between incest, sexual abuse, alcoholism and eating problems. While people allude to this relationship there still is a paucity of information available and certainly nothing definitive. It would be interesting to explore the topic of weight preoccupation from the point of view Lacht takes in his new book The Minimal Self (1984) and explore the creation of mass images, consumerism and the "fragile self" in post modern society. How to raise children to have positive body images and "healthy" eating behaviour would be a valuable contribution to our understanding.

The theory of control advanced in this thesis suggests that the traditional treatment models for anorexia and bulimia which involve a traditional hierarchical power relationship between the woman and doctor or therapist may only exacerbate the women's sense of lack of control. The position here concedes unequivocally with Lawrence that control is the central paradox, and as such the helper who is aware of the underlying aspects of the problem should be aware that taking control away from the woman exacerbates the problem. If a power struggle develops this will impede any help the helper can give at all. An empowering, encouraging, supportive, helping relationship between the helpee and the helper are de rigeur. Hospitalization and disease

model approaches are quite possibly unhelpful most of the time (Lawrence, 1984).

The women's health movement needs to claim women's eating problems and weight preoccupation and offer help and women helping women support systems like women's groups have done for other issues such as wife abuse, rape, and sexual abuse. We need to encourage the empowerment of women who are preoccupied with weight instead of perpetuating their low self-esteem and feelings of powerlessness by treatments and research-writing which often reflects a punitive attitude and which threatens to take away what becomes women's primary area of control; control over their bodies.

The implications of this study may be that only the achievement of actual equality for women through the establishment of a nonpatriarchal society, and the breaking of the hegemonic body ideal can result in women beginning to accept themselves and their bodies.

APPENDIX A

METHODOLOGY

This section will begin by outlining the rationale for the structure of the interviews in this study. We explore briefly the socialist feminist epistimology that determines the theoretical argument of this thesis. A feminist critique of positivism will follow this discussion.

A hermeneutic or interpretative framework is used for understanding the interviews conducted on women's experience with weight, and for placing these experiences within the larger social world. A relativist position on social knowledge is presented in the feminist critique of positivism. Knowledge is viewed as socially embedded and reflective of social reality and social structure. Indeed, science is seen as a mechanism which has tremendous power to legitimate and reinforce existing power relations in society. Typically women are invisible in social science research. The theoretical argument provided for weight preoccupation in chapter two, however, reflects a realist position on social knowledge as it need attempts to understand the underlying social mechanisms and structure of this problem. Although these are competing epistemologies, they are used in this analysis which interrelates the individual, inter-subjectivity and social structure.

As the epistemology of feminist theory varies depending on the distinctive feminist perspective it is important to

clarify at the outset the perspective employed here. Contemporary feminist theory has been divided into a number of areas. While all are concerned with the oppression of women they each carry with them a different conception of human nature, and thus these differing epistemologies are logically incompatible with each other. The most well known divisions are those delineated by Jaggar (1983) as liberal, radical, marxist and socialist feminism.

While radical feminism was the first theory to argue for the need to overcome masculine bias in theory through understanding reality from the standpoint of women, this perspective tends to reflect a biologically determinist approach to gender differences. Further, it overgeneralizes women's commonalities without consideration to class and race. Difficulties with the conceptualization of the liberal, radical and Marxist feminist perspectives have led to the adoption of the socialist feminist model.

The socialist feminist theory of human nature is structurally similar to traditional Marxism as is its epistemology. Like both traditional Marxist and radical feminist theory, the socialist feminist perspective conceives of knowledge as socially constructed. Like the Marxist tradition, socialist feminism believes science dialectically reflects and creates social reality. Moreover, it is assumed that in a given historical period the prevailing world view will reflect the interests and values

of the dominant class. The dominant class is not only the group that owns the means of production but from this perspective it is also patriarchal control over the material conditions of reproduction. Jaggar (1983) also argues for the greater theoretical adequacy of socialist feminism:

> The political economy of socialist feminism establishes that, in contemporary society, women suffer a special form of exploitation and oppression. Socialist feminist epistemologists argue that this distinctive social or class position provides women with a distinctive epistemological standpoint. From this standpoint, it is possible to gain a less biased and more comprehensive view of reality than that provided either by established bourgeois science or by the male-dominated leftist alternatives to it. An adequate understanding of reality must be undertaken from the standpoint of women. As socialist feminists conceive it, however, the standpoint of women is not expressed directly in women's naive and unreflective world view. . . . Instead the standpoint of women is discovered through a collective process of political and scientific struggle. (p. 371)

Patriarchy is defined by socialist feminist theorist Eisenstein (1984) as:

> the process of politically differentiating the female from the male, as woman from man. Patriarchy in this sense is the politics of transforming biological sex into politicized gender, which priorizes the man while making the woman different (unequal), less than, or the "other". This process of differentiating woman from man while establishing the privilege of men operates partially on the level of ideology that centers the phallus in the series of symbols, signs, and language while dividing the private world from the public world. And it simultaneously establishes the sexual division of labor, the distinctness of the family and market, and so on. Patriarchy in this sense operates both as ideology and as a series of concrete political relations that are not separate but rather distanct realms that are dialectically related. (p. 90)

The reproduction of gender, the creation of what is assumed to be appropriately male or female is critical to the maintenance of patriarchal society and produces women as a sex class. The dynamic of sex class is the process of hierarchically differentiating men and women. Women as a sex class suggests that women's activities in reproduction are necessary to the operation of society as a whole. The relations of reproduction, are the social relations which arise from women's sexuality that produces a sexual division of labor based on the economic, sexual, and political social use of women's bodies for reproduction. These relations of reproduction; domestic labor, mothering, reproduction of children, commodity consumption, and a ghettoized labor force, constitute basic activities of society. These relations tie reproduction to production, capitalism to patriarchy.

The methodology used in this thesis adopts a feminist perspective. Research on women from a feminist point of view recognizes that science is often an instrument used to legitimate "suis generis" facts, knowledge or realities that are oppressive, and which serve the interests of elite sectors of society (Berger & Luckmann, 1966; Mies, 1983; Schroyer; 1970). As Mead (1977) points out science is a mechanism for mediating social reality, however, within our society not all social groups have the same interests nor do

they have equal power that enables them to define reality (Berger & Luckmann, 1967; Mead, 1977).

This study attempts to understand and explain how the subjective experience of weight preoccupation reflects a taken for granted reality, and how the idea that thinness is desirable has become reified, acting back upon the women. We will seek to understand the relationship between the subjective experience of weight preoccupation and the larger social world (Berger & Luckmann, 1967; Mead, 1977; Schutz, 1967).

In this thesis there is an emphasis on attaining subjective information, through developing rapport, and sensitivity to the central issues of weight preoccupation during the interview process. The subjective meaning attached to the experience of weight preoccupation is treated as interpreted life experience. Part of developing trust and rapport involved some degree of self-disclosure around my own weight experiences. It is possible the women were open and trusting as they felt I could relate to the topic.

Finch (1984) believes that when a feminist sociologist interviews other women she should interview in a style which is not too structured and which subsequently avoids encouraging a hierarchical relationship between the women. It has been her experience that women are often quite enthusiastic to talk to a woman researcher. She notes they often treat the interviewer more like a guest than an intruder. Finch

argues that some women have a great need to discuss and sort out issues in their lives particularly if they are socially isolated. Therefore, they often enjoy the opportunity to talk if the interviewer is supportive and a good listener. In this study the women were all very interested in talking about weight preoccupation and their experiences around weight.

"Reciprocity", was also an important factor of this research. Through developing a sense of reciprocity in the interview the possibility of obtaining "expected behaviour" on behalf of the subject can be avoided, as increased trust and rapport is established. This approach to the interview permits the interviewer to attain indepth information on women's subjective realities through active participation rather than simply "spectator knowledge" of the researcher. Further Schwartz and Mertens (1971) perspective suggests that the approach in this study resembles that of participant observation, as the researcher can establish reciprocity through a sensitivity to the experience of weight preoccupation through a history of related experience.

In this study "conscious partiality" or "the conscious identification with the research object", prevails (Mies, 1983, p. 122). This strategy permits a widening of consciousness and facilitates learning for both the researcher and the subject. A semi-structured interview schedule was

followed during the interviewing process. According to Stebbins (1972) this format permits interviews to resemble "incipient interpersonal relationships". Attaining these kinds of relationships with interview subjects is important in developing rapport, and deliberately threatens objectivity with the aim of attaining subjectivity. The experiences of the women interviewed lends support to the theoretical argument of this thesis.

As this study focuses on obtaining information on subjective experience the interview is more valid when it is able to permit the understanding of subjective experience and meaning (Stebbins, 1972). Extensive, taped interviews were conducted with 25 women, for a total of 106 hours. This study employs both an inductive research strategy through the development of theory from the data of the interviews, and a deductive strategy through employing feminist and social theory. These two methods are not viewed as mutually exclusive.

All 25 women were interviewed through the snowball sampling technique. Each woman interviewed was asked to recommend women they knew who perceived themselves as overweight as well as women who did not perceive themselves as overweight that might consent to being interviewed for this study. The snowball procedure was continued until there were sufficient data to allow comparisons between women who perceived themselves as overweight and those who did not,

and until there was data saturation, or no new information was discovered. As this was a small sample and not representative, it is not generalizable to the larger population. The exploration of subjective realities does, however, allow the level of meaning to be extended to the intersubjective reality of the women interviewed.

It is important that individual women's experiences be collectivized or that the intersubjective verification of the subjective experience is attained. This allows for the generalization of individual women to women as a group or class. By extending a Weberian "verstehen", to Schutz's conception of an intersubjective level of meaning the phenomenon of weight preoccupation among women can be understood through a feminist and sociological perspective (Schutz, 1967a; Weber, 1964). Intersubjectivity is critical to the creation and maintenance of social reality and therefore this study explores the shared experience of weight preoccupation among the women interviewed as an aspect of the creation and maintenance of their experience and reality as women. From a feminist ontology Schutz's concept of intersubjectivity or shared meaning is valuable in understanding the common experience of women as an oppressed social group. Understanding the shared meanings of women allows a better understanding of women's position within the larger social world.

The intersubjectivity of social life is of central

importance to the understanding of social reality. Schutz (1967a) considers the subjective interpretation of meaning to be a typification of the common sense world. By typifying events in society people are able to make sense of their own and others behaviour (Schutz, 1967a). In exploring the shared realities of weight preoccupied women verstehende Soziologie is not soley employed. As an interpretative sociology verstehen does not enable understandings of the shared realities groups of people have in society. Schutz's (1967a) view of Weber maintains:

> He does not try to identify the unique and fundamental relation existing between the self the other self, that relation whose clarification is essential to a precise understanding of what it is to know another person . . . . He naively took for granted the meaningful phenomena of the social world as a matter of intersubjective aggreement in precisely the same way as we all in daily life assume the existence of a lawful external world conforming to the concepts of our understanding. For in the simple process of living we directly experience our acts as meaningful, and we all take for granted, as part of our natural outlook on the world, that others, too, directly experience their action as meaningful in quite the same sense as we would if we were in their place. (pp. 8-9)

The historical process of change is also important, and is attained here through a life history approach to the interview. The life history focused on the subjective experience and perception of preoccupation with weight, and provided extensive, detailed and historical background to the life experience (Denzin, 1978). This study examines the history of dieting and of the women's relationship to food, in an

attempt to understand the experience of weight preoccupation.

The life history is a powerful observational and analytic tool (Becker, 1978; Denzin, 1978). Becker (1978) argues the life history can provide direction to discovering the "truth" especially when little research has been done in the area. The life history is effective in showing how the subjective definition reflects particular group membership. In understanding peoples behaviour, Becker (1978) believes that the researcher has to examine how the situation looked to the person, and what they perceived their choices and opportunities to be. Through comparing the interviewed women's experiences life histories are not restricted by the presentation of only one person's point of view (Denzin, 1978).

This segment of the appendix has reviewed the orientation of the interviews conducted in this study. The next part of this discussion will offer a critique of positivism from a feminist point of view.

Feminist Theory and Positivist Methodology

From a feminist perspective women are not definers of reality and their realities are seldom explored or discussed. March (1982) calls this an androcentric view of reality (1982), and argues that most academic work considered to be objective, maintains a clear bias in reflecting only a male reality. As sociological studies are often

about men and reflect men's perspective it is important to develop knowledge about women from women's perspective (Chappell, 1980). As weight preoccupation is primarily a problem experienced by women in the social world this study focuses on women.

A feminist sociology is interested in doing sociology for women rather than a sociology of women (Finch, 1984; Smith, 1975). According to Gould (1980), nonfeminist sociologists tend to perceive feminist theory purely as a political issue and hence, do not perceive it as an alternative theoretical and methodological approach.

Recognition of the androcentric bias in the social sciences, described by March (1982), contributes to what constitutes a feminist approach to methodology and allows one to draw upon existing criticisms against positivism and the principles of value free research which predominate in the social sciences. Methodologies reflect an ontological position and are hence interwoven with a way of seeing the world. Theoretical understandings and methodologies are not separate entities and should be consistent with one another.

Smith (1975) employes a Marxist feminist perspective in examining women's exclusion in the production of thought. Smith is aware that ideas and images are a means by which society is organized and controlled. People who are in positions of power in society view the world a particular way and these people also control the means of "mental

production". Knowledge which is produced reflects their experience, interests, life observations and they assume without question most often the moral and political values of their research and study. Smith (1975) is careful to point out that there is a class and sex basis of ideology. She states:

> In the various social apparatuses concerned with the production and distribution of ideas and images, or with the training of people to participate in and respond to these forms of thought, it is men who occupy the positions of authority, men who predominate in the production of ideas and social knowledge, and men who control what enters the discourse by occupying the positions which do the work of gatekeeping and the positions from which people and their 'mental products' are evaluated. (p. 357)

In order to ameliorate the exclusion of women's realities we need to study them. Feminist research, according to Hochschild (1975), must acknowledge women's "experiential base." March (1982) suggests that by focusing on the female experience we can expand the parameters of what is believed to be central for understanding the social world. Aspects of women's reality often invisible can be explored. Feminist theorists must stress the investigation of social structure which is often taken for granted such as gender, hetrosexuality and the division of labor. March (1982) asserts that we can be more objective if less is assumed and more is examined.

Hochschild (1975) argues for a sociology of feelings. It is her opinion that sociology tries to focus on the most

"objective" in order to be recognized as a "real science." She suggests that most social science research view people either as conscious and cognitive or unconscious and emotional. There is a tendency to exclude the "sentient" actor, one who is both conscious and emotional. Her position is that the cognitive conscious actor's behaviour cannot be separated from their emotional reality. March (1982) and Hochschild (1975) both criticize the Weberian definition of rationality as it cannot account for the emotional complexity of social life and assumes that emotion is irrational. This study treats the women interviewed as sentient or as feeling actors and is concerned about the relationship between women's emotional reality and their social position.

We need to use the subjective experience of women to inform our theory. March (1982) argues that:

> All social theory is in fact socially located; after all, that is the central message of Marx's sociology of knowledge. I would argue that the fact that all theory is authored by particular people who are socially located should be made explicit, rather than obfuscated. Male authored and male-centered theory is not objective, but subjective, and female-centered theory is subjective as well. (p. 99)

Mathews (1982) has argued that feminist discourse reinforces traditional gender relations in society and that research should be objective and not encourage political perspective such as feminism as ideology to obstruct the making of science. Eisenstein (1982) responds to Mathews

(1982) positivist critique against the need for feminist discourse and her dichotomization of science and ideology:

> And to the degree sociology is rooted in a male world-view it is as much ideology as it is science. The dichotomization between science and ideology does not hold. The conception of value free social science was called into question a long time ago by Mannheim and Weber . . . . Feminism, by recognizing the "sociology of knowledge" rejects the positivistic conception of social science. As a result feminism is explicit about its bias. It self-consciously directs its attention to the inequities of patriarchy reflected in gender difference. Positivist sociology, on the other hand, presumes its objectivity while reifying gender difference by ignoring the structural inequalities between men and women.
>
> My point is this: The feminist critique of sociology and positivist social science in general, developed out of the fact that sociology was (is) biased by a patriarchal view of reality. Feminism, in this sense, is an attempt to correct sociology's partial view of the material world . . . and in the end make sociology "scientific." (p. 36)

Objectivity is taken here to mean the ability to detach oneself from the situation in which they are involved and to examine facts without bias or preconceptions. The facts should be considered on the merits of evidence and reason. By this definition this thesis is not objective nor neutral as it employs a feminist perspective which has biases and preconceptions about the social world and I have deliberately not detached myself from the situation.

Feminist theorists have queried the "objectivity" of classical works such as Marx, Weber, Durkheim, Plato and Hegel producing evidence on how gender, and the sexual division of labor are taken for granted due to the biases of

their theories (Eisenstein, 1979; Clark & Lange, 1979; Johnson, 1972; Mills, 1979; March, 1982; Moulton, 1981; O'Brien, 1983, 1979).

Any view of reality is subjective and reflects one's group membership. We are not, however, simply products of our group membership, as in producing our own history we actively produce ourselves. So while we reflect our group membership, we are not machines and can to some extent stand back from our group membership and be critical. Epstein (1974) argues given the inherent relativity of knowledge, research should still strive for objectivity by "cutting through one's cultural or chauvenistic blinders" (p. 645).

Epstein (1974) believes that one common bias in American research and study is that people do things because they want to. What is presumed to be objective is consequently apolitical and does not recognize power and domination. However, this approach is not objective as it is political, because it functions to uphold the politics of the status quo. Clearly, adopting this perspective when working with powerless or minority groups would be ineffectual. An additional problem is that the experimental methods of research are often designed in such a way that they also do not recognize salient aspects of social power and conflict.

Increasing emphasis on testing and verifying hypothesis in the social sciences reflects the methodology of the

natural science, rather than a methodology suited to the reality of the social world. According to Schroyer (1970) positivistic views of science and knowledge suggests that 1) knowledge is inherently neutral 2) there is a unitary scientific method, and 3) the standard of certainty in the physical sciences is the only explanatory model of scientific knowledge (p. 210).

As fundamental differences exist between the natural and social sciences, the methodologies of the sciences should also differ (Schutz, 1967a, p. 5-6). As observation of the social world is not structureless or independent from social interaction is must be investigated accordingly.

Schroyer (1970) argues that science functions as a technocratic ideology which is not neutral, but rather provides a technocratic legitimation of the existing social reality. Thus he argues contemporary science and technology have become a new form of legitimating power and privilege (p. 210). According to Schroyer (1970), this form of legitimation of social order can be called, "scientism". Moreover:

> When ever scientism permeates a scientific establishment it functions as a societal a priori that uncritically permits the extension of an exploitive instrumental rationalization. (p. 228)

He adds that in advanced society, systems maintenance is of critical concern and "scientism" is a chief perpetuator.

Hence, both Schutz (1967a) and Schroyer (1970) contend that the human sciences require a unique methodology, rather than adopting the methodology of the natural sciences. Schroyer asserts the human sciences are a hermeneutic science (p. 222). Therefore drawing upon Hegel he posits that there are "logical" differences between the natural and human sciences. In the natural sciences the focus is on perception and explanation, compared to concern with interpretation and understanding in the social sciences. Consequently, concepts, theories, methods, and principles of verification utilized should be related to the process of inquiry for the validation of the science being done.

Clearly the social sciences as a hermeneutic science are constrained by our socially established conventions that exercise a predefinition of how we understand symbolic communication (Schutz, 1967a, p. 223). Following Schroyer:

> Thus the first systems of common symbols that are sedimented first in ordinary language and thus in typical action patterns and typical attitudinal orientations are the rules of the logic in use of hermeneutic understanding. In formulating rules of interpretation we are consciously trying to recapture the process of interpretation that enables everyday actors to understand each other. (p. 223)

Similarly Mead (1977) views science as a mechanism for mediating social reality. Androcentric social science has tended to mediate the existing social reality of patriarchy. Such science acts to guide and direct the existing body of knowledge and it may encourage for instance an understanding

of weight preoccupation which is insensitive to women's realities within patriarchy.

Women are forced to understand their experiences through categories created by men according to March (1982). She cites as an example women's femininity and the category of penis envy. Women are told what their experiences are by "experts" when women are potentially their own experts. March (1982) has this to say about female invisibility in social inquiry:

> The problem of female invisibility in sociological theory is perpetuated by merely dismissing the authors as Victorian sexists, for the analysis of their work reveals many of the mechanisms that operate among contemporary authors and teachers. By focusing on mechanisms and processes by which female absence from sociological theory has been systematically achieved and perpetuated, we can begin to demystify female invisibility and to see commonalities past and present in the processes by which this invisibility is constructed and perpetuated. (1982, p. 100)

Mead (1977) suggests that science can never be neutral free as it is simply a more structured form of what is done in everyday life. In his work he theorizes that science plays a role in creating society and making us self-conscious of what we are doing. "Through science, humans have then created an order that can create them". As new solutions depend on the existing order, knowledge is relative and based upon interpretation of the relations of social phenomena (Berger & Luckmann, 1966; Mannheim, 1936; McHugh, 1968; Mead, 1977; Schutz, 1967a & b). Just as language and thought can not be divorced from existing

knowledge, neither can social science investigation.

The positivist philosophy of science has overlooked the societal framework within which research practice takes place, exercising a direct influence on the processes of the theory and the data. Typically social science has denied the existing predefinitions of the object of knowledge by the prior organization of our experience (Schroyer, 1970, p. 211). Following Johnson (1975); "Challenges to the objectivity of existing social science knowledge involve issues of epistemology, or theories of knowledge" (p. 15).

Positivism holds promises of an absolute or presuppositionless body of knowledge. Positivist science reflects the belief that objectivity can be obtained by presuming the social world in inherently objective and not socially constructed. Again it is assumed that the objects studied by the social sciences are the same as those in the physical sciences and that it should be scientific in the same manner as physics through measurement and qualification.

Further the social world is assumed to be ahistorical, static and natural in and within itself. According to Johnson (1975);

> The promise of positivist objectivism, then, is to eventually produce a body of factual knowledge about the natural world which is not dependent on the properties of any particular knowing mind or the existential situation of that knowing mind in the world. (p.6)

Positivism not only includes an understanding of

science which focuses on "factual" character of the real world observations, distinguishing positivistic science from theologies and speculative philosophy, but employs a very rigorous program of methodology as it were, which describes itself as the "scientific method". This method characteristically specifies hypothesis prior to research and predefines measurement indices rather than obtaining its definitions from the actual social world of everyday life (Johnson, 1975, p. 2-6).

The true positivist tradition maintains that science can only deal with observable entities and causes. Hence, the analyses of Marx, critical theory, symbolic interactionists, and feminist theorists are viewed as invalid as these theories are considered to be based on unobservable social structures and mechanisms that can not be tested and hence, allow falsification.

From the above it can be said that social science requires both critical theory and methods (Blumer, 1954; Glazer & Strauss, 1970; Mannheim, 1936; Schroyer, 1970). In Schroyer's (1970) words:

> Scientism has created a crisis in man's (sic) knowledge of himself (sic) in that it mystifies the practice and social functions of science. In so concealing contemporary research guiding framework scientism becomes a self-fulfilling and self-reinforcing force of history. The faith that men (sic) will be emancipated through the extension of neutral techniques of science and technology obscures the reality of research-serving and justifying technical control systems that accept power structure as given. (p. 211)

In the study of "eating disorders" and women's preoccupation with weight in our society most findings fail to illuminate the reason for why this is a women's concern. Anorexia nervosa and bulimia are treated and "understood" as psychiatric pathologies without recognition of the similar behaviour exhibited by many "normal" women in society. The patriarchal power structure is, furthermore, not typically examined when trying to explain these phenomenon.

Both Schroyer (1970) and Mannheim (1936) are relativists who argue the need for social science to be self-critical and reflexive. Reflecting the relativist position on social knowledge they believe that the observer is bound to the accepted knowledge that preceded them and the investigation. The perspective of this thesis is that as social knowledge is relative, and thus never neutral, objectivity will always be restricted, regardless of the methodology used. However, it is critical that the bias be recognized and that social phenomenon be examined from alternative world views. The writings of this study reflect a feminist bias and alternative world view.

While the epistemology herein accepts the relativist and hermeneutic perspective on social knowledge it is somewhere between a relativist and a realist epistemology. The realist position of this thesis defends the use of a feminist analysis as it rejects the positivist conception of science and seeks to uncover underlying mechanisms and

structure that can be causally connected to social phenomena.

According to Berger and Luckmann (1967) most often solutions to socially defined problems reflect the social structure from which the knowledge and problem are embedded. They hold that social reality is continuously being legitimated and rationalized.

Berger and Luckmann argue that science, language and philosophy are built into the social structure, as systems of legitimation or "machineries of universe maintenance". As ideas cannot be manufactured themselves they are precarious in nature and can thus be sustained through these systems of legitimation.

Marx (1978) wrote, "Life is not determined by consciousness, but consciousness by life" (p. 155). Hence, humans and the social world interact with each other in such a way that the product is able to act back on the producer. This is witnessed in social science methodologies, and epistemologies, reflect and reify the existing social order and structure. The interviews in this study attempt to develop an understanding of the experience of weight preoccupation. The feelings and thinking that women have toward their bodies and themselves are viewed as arising from within their position as women in society.

In sum, the theoretical argument given in chapter two to explain the relationship between women's experience of

weight preoccupation and women's contradictory social position, and the analysis of this experience in chapter three relied on epistemologies which allowed for both the understanding of subjective and intersubjective experience--the hermeneutic, and the relationship of this experience to social structure and the material conditions of women's lives--the realist. A realist epistemology is employed to uncover the underlying causal mechanisms and a hermeneutic approach is used to interpret the interviews and provides an unerstanding of human action in terms of the larger social world that gives it meaning.

The methodological discussion of this thesis has provided information on the nature of the study itself and the philosophical basis for the study. The relativist position that social world facts and values are inseparable, as knowledge is socially produced by people, and that people cannot separate themselves from their own interests, prejudices and word view, was adopted. This position is taken due to the feminist critique of "masculinist" social science. While traditional social science claims to be objective, it usually fails to discuss women's social realities, and to analyze the gender relations or capitalist patriarchal division of labor which shapes women's lives, and thus it tends to reinforce and sustain the status quo of this structure.

APPENDIX B

Sample Characteristics

Person	Marital status	Occupation	Age	Weight
4	S	management	8	211
5	M	clerical	2	147
6	M	homemaker	2	126
7	E	waitress	1	110
8	S	grad student	2	185
9	S	student nurse	2	160
10	S	sales	1	132
11	S	clerical	1	145
12	S	research	2	152
13	S	legal secretary	1	137
14	S	undergraduate	1	152
15	D	graduate student	3	109
16	S	" "	2	123
17	S	" "	1	119
18	S	undergraduate	2	122
19	D	clerical	3	140
20	S	undergraduate	1	138
21	M	dental assistant	1	110
22	M	ass. optomotrist	4	114
23	M	graduate student	3	132
24	S	undergraduate	1	110
25	S	" "	1	97

Note: The following is a chart of some of the characteristics of the women interviewed.

Marital Status S-single
M-married
D-divorced
E-engaged

Weight Status OW -overweight
NOW-not overweight
UW -underweight

Age
1= 18-23
2= 24-29
3= 30-35
4= 36-41
5= 42-47
6= 48-53
7= 54-59
8= 60+

Metropolitan Height Weight Charts
Metro 59 = 1959 chart
Metro 83 = 1983 chart

Person	Height inches	perceived weight	weight Metro 1959	weight Metro 1983
4	66	OW	OW	OW
5	63	OW	OW	OW
6	62	OW	OW	OW
7	61	OW	OW	NOW
8	70	OW	OW	OW
9	66	OW	OW	OW
10	65	OW	OW	NOW
11	62	OW	OW	OW
12	68	OW	NOW	NOW
13	68	OW	NOW	NOW
14	67	OW	OW	OW
15	64	NOW	NOW	NOW/UW
16	66	NOW	NOW	NOW/UW
17	62	OW	NOW	NOW/UW
18	64	OW	NOW	NOW
19	61	OW	OW	OW
20	64	OW	OW	OW
21	66	NOW	NOW	NOW/UW
22	68	NOW	NOW	NOW/UW
23	65	OW	OW	NOW/UW
24	60	OW	OW	NOW
25	63	NOW	NOW/UW	NOW/UW

M. A. THESIS INTERVIEW SCHEDULE

The Genesis and Experience of Perceived Weight Problems and Related Eating Behavior Among Women

Hi, my name is Catrina Brown. I'm doing my Masters in Sociology at the University of Manitoba.

I am interested in self perceived weight problems, weight control and the related eating behaviour among women.

This interview will attempt to elicit the issues which surround becoming and being overweight for women in our society. An important aspect of this study is to examine the role that eating has in your life.

The information that I collect will be used in the completion of my M.A. Thesis and provide a better understanding of the actual experience women have in dealing with their perceived weight problems. I feel that understanding the experience and development of a perceived or real weight problem, will allow for the development of new strategies to deal with the problem.

You do not have to answer questions that you do not want to answer. All information will be kept strictly confidential, as your name will not be used at any time.

Thank you for being a part of this study.

TABLE OF CONTENTS

Date:_____

Identification Number:_____

Case Number:_____

Pilot: Yes_____ No_____

Time Start:_____ Time Finish:_____

Place of Interview:_____

SECTION 1 BACKGROUND INFORMATION

I'd like to begin by asking you some general questions about yourself.

1. What is your present marital status?

   1. single (never married) 4. divorced 7. engaged
   2. married 5. commonlaw
   3. separated 6. widowed

2. If married, how long have you been married?_____

3. In which age group do you belong?

   1. 18 - 23 3. 30 - 35 5. 42 - 47 7. 54 - 59
   2. 24 - 29 4. 36 - 41 6. 48 - 53 8. 60 or over

4. What is your present occupation?_____

5. What is your partner's/spouse's occupation?_____

6. The following are ranges for your total annual income. (after deductions) Please tell me the number closest to your own income.

   1. Not working/less than $3,000. 5. 15,000. - 19,999.
   2. 3,000. - 6,999. 6. 20,000. - 24,999.
   3. 7,000. - 10,999. 7. 25,000. - 34,999.
   4. 11,000. - 14,999. 8. over 35,000.

7. If you are currently living with a partner/spouse what is their total earned income per year after deductions?

1. Not working/less than $3,000.
2. 3,000. - 6,999.
3. 7,000. - 10,999.
4. 11,000. - 14,999.
5. 15,000. - 19,999.
6. 20,000. - 24,999.
7. 25,000. - 34,999.
8. over 35,000.

8. What is the last year of school that you attended?

1. grades 1 - 8
2. high school 1 - 9
3. college 1 2 3 4
4. university 1 2 3 4
5. masters 1 2 3 4
6. Ph.D. 1 2 3 4 5
7. other, please specify _____

9. Do you have any children?_____

If so, how old are they?_____

10. Do you have any brothers or sisters?_____

If yes, what is your placement in the family?_____

_____

SECTION II WEIGHT AND DIETING HISTORY

A. Weight and Dieting History

I'd like to know the periods in your life when you have felt overweight. Please indicate any attempts you made to lose weight at those times. Mention any significant events that may relate to your weight loss attempts, and to feeling overweight. Any particular eating behaviours that you have that should also be discussed.

AGE	WEIGHT	AMOUNT OVERWEIGHT	METHOD TO LOSE WEIGHT	SIGNIFICANT LIFE EVENTS
1. Birth - 10 yrs.				
2. 11 - 20 yrs.				
3. 21 - 30 yrs.				
4. 31 - 40 yrs.				
5. 41 - 50 yrs.				
6. 51 - 60 yrs.				
7. over 60 yrs.				

2. Have you used any of the following methods to lose weight, other than those you have mentioned?

   1. Tops
   2. Weight Watchers
   3. Overeaters Anonymous
   4. Slim Clinic
   5. Health Spas
   6. Weight loss Resorts
   7. Supervised Diet (i.e. doctor, psychologist)
   8. Unsupervised Diet
   9. Starvation Diet
   10. Non prescription diet products
   11. Diet pills
   12. ECG shots
   13. Behaviour modification therapy
   14. Hypnosis
   15. Psychotherapy or Councilling
   16. Other, please specify:_____

3. Have you ever considered radical measures to lose weight such as; jaw wiring, by-pass surgery, tapeworm, surgical fat removal, artificial stomach fillers, use of diuretics or laxatives?

   If so, please explain:_____

   _____

B) Weight History

1. How would you describe your present weight?_____

_____

1. slightly overweight

2. very overweight

3. about average

4. other

Interviewer comment:_____

2. At what weight have you felt your best or do you think you would feel your best?_____

_____

_____

3. 1) Would you like to lose weight?_____

2) If yes, how much weight would you like to lose?

_____

4. Why do you want to lose weight?_____

_____

_____

_____

5. Have you tried to lose weight before?_____

_____

_____

6. Are you now dieting?_____

_____

_____

7. What was your weight last time you weighed yourself?

_____

_____

8. How often do you weight yourself?_____

1) Daily

2) Weekly

3) Bi-weekly

4) Bi-monthly

5) Monthly

6) Seldom

7) Never

9. What is your present height without shoes?_____

What do you consider your bone structure to be?_____

1) small 2) average 3) large 4) other:_____

_____

Interviewer comments:_____

_____

_____

_____

C) Dieting

I'd like to go over your dieting experience from the earliest point you can remember.

1. What first prompted you to begin dieting?_____

_____

_____

2. How old were you?_____

3. How did you feel about your body at that time?

_____

_____

4. Would you say that a lot of your time is spent thinking about dieting, food and weight control?

_____

_____

5. Do you feel that weight and weight control is a central issue in your life?_____

_____

6. Do you go through a psychological preparation period before undertaking a diet?

_____

_____

If so, how would you describe this psychological preparation?

_____

_____

7. What usually encourages, inspires or motivates you to diet?

_____

_____

8. When are you most likely to lose weight?_____

_____

9. Do you have a hard time losing weight?_____

If so, why?_____

10. How do you feel when you lose weight?_____

_____

11. Does your eating behaviour change at this time?

_____

_____

12. Does your activity level change at this time?_____

13. What is the most frequent method you use to lose weight?

_____

_____

14. How often are your diets successful?_____

_____

15. What is the longest you have maintained your weight loss?

_____

_____

16. What is the most weight you have ever lost on a diet?

_____

_____

17. What would discourage you or turn you off your diet?

_____

_____

18. Do you regain weight after losing it?_____

_____

19. Do you attribute your weight gain periods to anything in particular?

_____

_____

20. Do you remember any weight gain which was particularily traumatic?

_____

If yes, why was it so traumatic?_____

_____

21. Do you find that dieting is usually followed by bingeing?

_____

If so, please describe what you usually do and how you feel prior to, during and after the binge session?

_____

_____

22. Do you ever find yourself eating "out of control"?

_____

If yes, when is this likely to happen?_____

_____

23. When do you usually binge eat?_____

_____

24. Why do you feel that you binge eat?_____

_____

25. Do you have any particular time of the day when your food intake is more difficult to control?

_____

_____

26. Describe how you feel when you are on a diet?

_____

27. How do you feel when you are not on a diet?_____

_____

28. Would you say that you always seem to be on a diet? About what percentage of the time are you conscious of your weight? About what percentage of the time are you attempting to diet?

_____

_____

_____

29. Can you count the number of diets that you have been on?

_____

30. Do you have any special diet tricks of your own or ones that you have discovered in the course of your dieting history?

_____

_____

31. Do you try the diets in magazines?_____

32. Do you have any specific habits or foods which make it difficult for you to lose weight?

_____

_____

33. Do you feel you are aware of the foods that are good and bad for you?

_____

_____

34. Do you generally know the caloric content of most foods, and the nutritional breakdown into carbohydrates, proteins, fats, etc.?_____

_____

If so, how do you know this?_____

_____

_____

Additional comments:_____

SECTION III MEDICAL HISTORY

1. Do you ever experience any of the following:

	Never	Seldom	Sometimes	Regularly	Often
1) Swelling					
2) Different or unusual sleeping patterns					
3) Headaches					
4) Stomach problems					
5) Excessive sweating					
6) Dizziness					
7) Fatigue					
8) Constipation					
9) Frequent urination					
10) Eating in the middle of the night					

11) Other, please specify:_____

_____

2. Does your family have a history of:

1) Heart conditions

2) Kidney disease

3) Ulcers

4) Alcoholism

5) Mental illness

6) Diabetes

7) Hypoglycemia

8) Other, please specify:_____

_____

3. Does your family have a history of overweight?

_____

4. Do you see a physician regularly?_____

5. Do you have or have you had high blood pressure?

_____

6. Do you have:

1) Diabetes

2) Hypoglycemia

3) Glandular problems

7. Do you have or have you had heart problems?_____

8. Do you have or have you had kidney disease?_____

9. Do you have or have you had ulcers?_____

10. Do you have or have you had high cholesterol?_____

11. Do you have any allergies?_____

12. Do you have any chronic or persistant medical problems?

_____

13. Do you have any medical problems which are related to being overweight?

_____

_____

14. Do you have any medical problems which are complicated by your overweight?

_____

15. Have you ever had any serious illnesses?_____

16. Have you ever been hospitalized, other than for example, childbirth?

_____

17. Have you previously taken medication for any extended period of time?

_____

_____

18. Are you currently taking any medication? (i.e. valium, laxatives, diuretics, amphetamines)

_____

_____

19. Do you smoke?_____

20. How much coffee, tea or other caffeinated beverages to you drink daily?

_____

_____

21. Do you eat or drink diet products?_____

22. How much alcohol do you usually consume in:

1) a day_____

2) a week_____

3) a month_____

23. How often do you consume highly refined foods?

_____

_____

24. What have you eaten in the past two days?

_____

_____

25. How physically active are you?

1) very active

2) active

3) average

4) very inactive

Please describe your physical activities:_____

_____

_____

26. How often are you involved in doing physical exercise?

Activity	Daily	Weekly	Monthly	Never
1)				
2)				
3)				
4)				
5)				
6)				

Additional information:_____

_____

_____

SECTION IV ATTITUDES

A. Stigma and Attitudes

1. How satisfied are you with the way you look at your present weight?

   1) Completely satisfied

   2) Moderately satisfied

   3) Neutral

   4) Moderately dissatisfied

   5) Very dissatisfied

   6) Other, please specify:_____

   _____

2. Do you have difficulty maintaining your current weight?

   _____

   If yes, please explain:_____

   _____

   If no, do you watch your weight carefully?_____

   Please explain:_____

   _____

3. Please describe the way you feel about your present weight:

   _____

   _____

4. Imagine yourself the way you would like to look. Can you describe her to me?

   _____

   _____

   How are you different from this image?_____

   _____

5. Have you ever found yourself comparing yourself to other people who you feel are thinner than yourself?

6. How do you feel when you are with a group of thin people?

7. How do you feel about people who you consider to be overweight?

8. How do you feel when people tell you that you have gained weight?

9. How do you feel when people tell you that you have lost weight?

10. How do you feel when people you know or people you are close to gain weight?

11. How do you feel when people talk about diets, say that they are fat or that they should go on a diet?

12. How do you feel when someone else weighs you?

13. Do people you know bother you to go on a diet?

14. How do you feel if other people tell you how to eat?

_____

15. Can you remember any particular incidents in the past or recently in which others have indicated specific attitudes or reactions toward your weight?

Please specify:_____

_____

16. When you gain weight what are the attitudes of people to you?

_____

_____

17. Have you ever felt that others have attempted to ruin your dieting efforts?

_____

Please explain:_____

_____

18. What are the attitudes of the following people about your weight problems?

	Negative	Indifferent	Positive

1) Partner/spouse:_____

_____

2) Children:_____

_____

3) Parents:_____

_____

4) Inlaws:_____

_____

5) Friends:_____

_____

6) People at work:_____

_____

7) Others, please specify:_____

_____

19. What are the attitudes of the following people about your attempts to lose weight?

	Negative	Indifferent	Positive

1) Partner/spouse:_____

_____

2) Children:_____

_____

3) Parents:_____

_____

4) Inlaws:_____

_____

5) Friends:_____

_____

6) People at work:_____

7) Others, please specify:_____

_____

20. Do your relationships with people play any role in your weight problems?

_____

Please explain:_____

_____

21. Does your relationships with others play any role in your periods of weight gain?

_____

Please explain:_____

_____

22. Do any of these people play a role in your life before, during or after you've lost weight?_____

_____

Please explain:_____

_____

Additional comments:_____

_____

B. Social Situations

1. Are there any situations in your life which are related to losing weight?

_____

_____

2. Are any of the following situations or emotions related to losing weight for you?

	1. Yes	2. No	3. Not applicable
1) Stress/specify	1.	2.	3.
_____			
2) New job	1.	2.	3.
3) New manfriend/ partner	1.	2.	3.
4) Change in seasons	1.	2.	3.
5) Vacations	1.	2.	3.
6) Special occasions	1.	2.	3.
7) Very busy	1.	2.	3.
8) Inactive	1.	2.	3.
9) Pregnancy	1.	2.	3.
10) When child is born	1.	2.	3.
11) Illness	1.	2.	3.
12) Death	1.	2.	3.
13) Tensions	1.	2.	3.
14) Boredom	1.	2.	3.
15) Depression	1.	2.	3.
16) Anxiety	1.	2.	3.
17) Worry	1.	2.	3.
18) Happy	1.	2.	3.
19) Arguments/ conflicts	1.	2.	3.
20) Dissatisfied	1.	2.	3.
21) When feel good about yourself	1.	2.	3.
22) When feel bad about yourself	1.	2.	3.
23) other, please specify:_____			

Additional comments:_____

_____

3. Are there any situations in your life which are related to gaining weight?

Please specify:_____

_____

4. Are any of the following situations or emotions related to when you gain weight?

	1. Yes	2. No	3. Not applicable
1) Stress	1.	2.	3.
2) New job	1.	2.	3.
3) New manfriend/ partner	1.	2.	3.
4) Change in seasons	1.	2.	3.
5) Vacations	1.	2.	3.
6) Special occasions	1.	2.	3.
7) Very busy	1.	2.	3.
8) Inactive	1.	2.	3.
9) Pregnancy	1.	2.	3.
10) When child is born	1.	2.	3.
11) Illness	1.	2.	3.
12) Death	1.	2.	3.
13) Tensions	1.	2.	3.
14) Boredom	1.	2.	3.
15) Depression	1.	2.	3.
16) Anxiety	1.	2.	3.
17) Worry	1.	2.	3.
18) Happy	1.	2.	3.
19) Arguments/ conflicts	1.	2.	3.
20) Dissatisfied	1.	2.	3.
21) When feel good about yourself	1.	2.	3.
22) When feel bad about yourself	1.	2.	3.
23) other, please specify:_____			

Additional comments:_____

_____

5. Do you feel your weight effects your daily activities?

_____

1) No effect

2) Some effect

3) Often interferes

4) Extreme effect

Please explain:_____

_____

6. Do you ever feel that your social activities are limited by being overweight?

_____

_____

7. Do you ever avoid doing something by yourself or with other people because of your weight?

_____

_____

8. Have you ever avoided social interaction or activity because you felt self conscious or too fat?

_____

_____

9. Are there any specific things that you do because of your weight? (i.e. always wear a sweater even when your warm, sit rather than stand, avoid drawing attention to yourself in a social gathering, wear higher heals, wear dark colors, wear a girdle, always wear your shirt hanging out).

_____

_____

10. Are you very conscious of or concentrate a lot on the way that you feel your body looks?

_____

11. How do you usually feel when shopping for clothes?

_____

12. Have you ever avoided looking at yourself in the mirror?

_____

_____

13. Have you ever felt the need to lie about your weight?

_____

14. Have you ever avoided weighing yourself?_____

_____

C. Relationship with Food

1. How would you describe your relationship with food and eating?

_____

_____

2. How do you feel about this relationship?_____

_____

3. When would you say this relationship developed?_____

_____

4. Why would you say this relationship developed?_____

_____

5. Do you ever feel totally out of control around food or have incredible eating binges?

_____

If so, could you explain this further:_____

_____

6. Do you feel in control of your food intake and your eating?

_____

_____

7. Do you ever feel that food controls you?_____

_____

8. Do you ever feel desperate about eating?_____

_____

9. If you do not want to eat but find yourself eating, why is it that you are eating?

_____

_____

10. Would you describe yourself as a compulsive eater?

_____

Please explain:_____

_____

11. What role does food and eating play in your life?

_____

_____

12. Why does food play this role, rather than something else?

_____

_____

13. Do you ever feel desperate about losing weight?

_____

_____

14. Have you ever had a major mood change after a significant weight loss?

_____

_____

15. Have you ever noticed any changes in yourself after a significant weight loss, do others?

_____

_____

16. Have you ever felt any of the following after weight loss?

MOOD	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE FREQUENTLY	EXTREMELY OFTEN
1) Depressed					
2) Sad					
3) Feeling down					
4) Anxious					

MOOD	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE FREQUENTLY	EXTREMELY OFTEN
5) Nervous					
6) Irritated					
7) Annoyed					
8) Angry					
9) Restless					
10) Hyperactive					
11) Fatigued or worn out					
12) Difficulty sleeping					
13) Afraid of gaining back weight					
14) Very conscious of what eating					
15) Preoccupied with eating and food					
16) Lack of self confidence					
17) More self-confident					
18) Very satisfied					

17. Do you experience any of these feelings while dieting?

_____

_____

18. Do you find that some of these feelings precipitate eating?

_____

_____

19. Have you had these feelings after a weight gain?

_____

_____

20. When are you most likely to gain weight?_____

_____

21. How do you feel when you gain weight?_____

_____

22. Do your activity levels change at this time?_____

_____

Please explain:_____

_____

23. Do your sleeping patterns change at this time?_____

_____

Please explain:_____

24. Do your eating behaviours change at this time?_____

Please explain:_____

25. Could you expand on difficulties that you've had in dieting?

_____

_____

26. Could you expand on the extremely significant events that have effected your weight and associated body image?

_____

_____

27. What does being overweight symbolize to you?_____

_____

Additional comments:_____

_____

28. What does being thin symbolize to you?_____

_____

29. If you were thin, what would this mean to you?_____

_____

To others?_____

Additional comments:_____

_____

D. True or False

1. The following are a series of true/false questions. You may feel that both true and false responses are appropriate. Please indicate if so.

1) I sometimes think that I want to be fat.

2) Being fat sometimes has its advantages.

3) Being thin sometimes has its disadvantages.

4) I don't like my body.

5) Others don't like my body.

6) I diet to be thin so that others will accept me.

7) I feel self-conscious of my body.

8) Others make conclusions about me because I am overweight.

9) People will like me better if I'm thinner.

10) I will like myself better if I'm thinner.

11) I care too much about what others think of me.

12) Sometimes being overweight allows me to make excuses to myself.

13) Sometimes being overweight allows me to make excuses to others.

14) As a result of being overweight I sometime have an excuse for failure.

15) Being overweight makes me feel a little bit different from others.

16) People like thin people better than fat ones.

17) People would generally rather get to know someone who is thin than someone that is overweight.

18) Sometimes I have been attracted to someone, but they paid no attention to me because I was overweight.

19) People who are overweight are sometimes discriminated against.

20) People believe that if one is overweight they have no will power or self-respect.

21) I believe that if one is overweight they have no will power or self-respect.

22) Sometimes I feel ashamed of myself because I am overweight.

23) Sometimes I feel worthless because I am overweight.

24) Sometimes I avoid doing something or procrastinate feeling that I can do it when I lose weight.

25) I sometimes get anxious when a camera is around, as I don't want my picture taken.

26) Being overweight means that you sometimes worry whether you will fit into a small space.

27) If a person is overweight they are often just plain greedy.

28) A person who is overweight is sometimes excluded from popular social activities.

29) It isn't as bad when a man is overweight as when a woman is.

30) Being overweight is more frustrating for women than men.

31) In our society it is more important for women to be thin than men.

32) Women worry more about overweight than men do.

33) It is harder on a woman to be overweight than men, in our society.

34) People who are overweight are generally unhappy.

35) I am unhappy

36) I am unhappy because I am overweight.

37) I am overweight because I am unhappy or dissatisfied with certain things.

38) People often think that someone who is overweight must be jovial and easy going.

39) I feel that I must be jovial and easy going when I'm with other people.

40) I do not tell people I am unhappy or angry with things they say or do.

41) People who are overweight do not usually overeat because they are hungry.

42) People who are overweight eat for reasons other than being hungry.

43) When people overeat they don't always feel in control of what they are doing.

44) The person who is overweight has only themselves to blame.

45) Sometimes things drive me to eat.

46) People who are overweight are often stared at.

47) People who are overweight are often looked down upon.

48) A person who is overweight is sometimes an embarrassment to their friends or family.

49) A person who is overweight is sometimes an embarrassment to themselves.

50) If someone who is overweight compares themself to women in the media, such as magazines, T.V., or films, they are likely to feel badly.

51) Sometimes I feel guilty when I'm eating something that I know I shouldn't be eating. I know I'll feel guilty but I can't stop myself from eating.

52) Sometimes I feel guilty after I eat something.

53) Sometimes I can't stop myself from eating.

54) I sometimes eat compulsively.

55) Food is sometimes a type of reward for me.

56) I feel good when I'm eating.

57) I feel bad when I'm eating.

58) I feel good and bad when I'm eating.

59) I feel that I can't control my weight.

60) I feel that I can't control myself.

61) Feeling in control of myself is important to me.

62) When I overeat I do not feel in control of myself.

63) I do not feel in control of myself before I over ate.

64) When I can control what I'm eating and my weight I feel in control of myself.

65) When I can't control what I'm eating and my weight I do not feel in control of myself.

66) I feel bad when I do not feel in control of myself.

67) In order to feel in control of myself I sometimes do not express my real feelings or emotions to others.

68) Sometimes when I'm not feeling in control of myself, I eat, and even feel less in control of myself.

69) Deepdown I don't think that I like myself very much.

70) Sometimes eating is one of the most pleasureable things that might happen in a day or even longer.

71) Sometimes I wake up in the night and feel I must eat something.

72) Sometimes I come home from work or being out somewhere and begin eating as though I can hardly stop myself.

73) I have eaten until I've been sick on occassion.

74) My weight seems to go up and down like a yo yo.

75) My moods seem to be related to the way I eat on a certain day or during a certain period of my life.

76) When I am feeling in control of what I am eating I feel good about myself.

77) When I am feeling in control of my life I feel good about myself.

78) When I feel in control I feel good about myself.

79) When I am feeling good about myself I have no difficulty controlling my eating and my weight.

80) When I am feeling bad about myself I have difficulty controlling my eating and my weight.

81) The way that I feel about myself has a lot to do with the way I feel about my body.

82) The way that I'm feeling about myself has a lot to do with whether I'm in control around food.

83) My life seems to depend a lot on the way that I feel about my body.

84) I feel depressed when I really think about my eating and my body.

85) I would say that I want to lose weight more for myself than for other people.

86) I would say that I want to lose weight to like my body more.

87) I would say that I want to lose weight because I will look better.

88) I would say that I want to lose weight because others will like my body better.

89) I would say that I want to lose weight because of health reasons.

90) I would say that I want to lose weight for the way my body will look more than for health reasons.

91) I would say that I want to lose weight for the way my body will look more than for health reasons.

92) I want to lose weight because I think I will look and feel better.

93) I want to lose weight because I will look better and be healthier.

94) I can lose weight, it's keeping it off that is tough.

95) Something always gets in the way of my dieting efforts.

96) I have actually cried because of my body.

97) All there is to losing weight is just to eat less.

98) I usually eat very little when I'm around other people.

99) I sometimes pigout or gorge myself.

100) I often pigout or gorge myself.

101) I usually am alone when I gorge myself.

102) I have an eating buddy.

103) I am a compulsive eater/overeater.

104) Sometimes I am out of control around food.

105) I am sometimes submerged by gorging and dieting.

106) I talk about the way I feel about food and eating with someone.

107) I worry alot about food, eating and being overweight.

108) I feel awful about my body.

109) I sometimes feel awful about myself, as someone who is out of control.

110) Other people are indirectly involved with my reasons for eating.

111) Being overweight plays some functional roles in my life.

112) Eating plays some functional roles in my life.

113) I am not hungry yet I continue eating.

114) Sometimes I come home and eat until I am extremely uncomfortable, to the point where I feel I can hardly move.

115) Sometimes I wake up in the morning and start eating something, without hardly being aware that I'm going to do this.

116) Sometimes when I am gorging myself I can't even taste the food.

117) When I start to binge I don't stop, if I do I'll start to realize what I'm doing and have to stop myself. Then I might feel guilty for letting myself get so out of control.

118) I don't always deal with things that are bothering me.

119) Sometimes I get depressed an I can't figure out why until quite some time later.

120) I think that I'm anxious too often.

121) I can do things as well as men can.

122) If I could eat as much as I wanted as often as I wanted without worrying about putting on weight I would be happy.

123) If we lived in a society where being overweight was considered good and beautiful, I would be happy.

124) I am not assertive enough about the way I feel, when I am hurt or angry.

125) I try to please others too often, by satisfying their wants and needs.

126) I would like to receive more approval for the things that I do.

127) I seldom say no to other people.

128) In some ways being overweight protects oneself.

129) Being overweight allows a person to avoid competition.

130) Rather than cause a fuss, I would rather not bring up an issue that bothers me with friends or family.

131) Rather than upset someone, I would rather not tell them what I really think.

Additional comments:_____

_____

_____

E. Self Characteristic Scale

1. Would you describe yourself as high, average or low for the following characteristics?

	HIGH	AVERAGE	LOW
1) Anxious			
2) Happy			
3) Lonely			
4) Attractive			
5) Aggressive			
6) Independent			
7) Considerate			
8) Honest			
9) Open			
10) Easy going			
11) Feminine			
12) Fashionable			
13) Bored			
14) Tense			
15) Friendly			
16) Nervous			
17) Self-esteem			
18) Reliable			
19) Responsible			
20) Ambitious			
21) Selfish			
22) Guilty			
23) Will power			
24) Athletic			
25) Skilled			
26) Demanding			
27) Desperate			
28) Hostile			
29) Caring			
30) Affectionate			
31) Intelligent			
32) Creative			
33) Political			
34) Opinionated			
35) Self-righteous			
36) Sexy			
37) Desirable			
38) Satisfied			
39) Powerless			
40) Frustrated			
41) Shy			
42) Outgoing			
43) Outspoken			

	HIGH	AVERAGE	LOW
44) Meek/passive			
45) Assertive			
46) Traditional			
47) Radical			
48) Sexual			
49) Feminist/women's movement supporter			

Additional comments:_____

_____

SECTION V SOCIAL NETWORKS

A. Weight History

1. What is your partner/spouse's height?_____

2. What is your partner/spouse's present weight?

_____

3. Has your partner/spouse ever been overweight?

_____

4. How would you describe your partner/spouse's present weight?

_____

1) very overweight		1) lean
2) quite overweight	and	2) muscular
3) slightly overweight		3) overweight/fat
4) above average		4) average combined type
5) slightly underweight		
6) very underweight		

5. Please describe your children's age, sex, height, weight and whether they are:

1) overweight		1) lean
2) average	and	2) muscular
3) underweight		3) overweight/fat
		4) average combined type

6. Who lives in your current residence with you?

_____

7. Describe your father's weight while you were growing up?

_____

8. Describe your mother's weight while you were growing up?

_____

9. Please describe your siblings weight now and when you were growing up?

_____

Additional comments:_____

_____

B. Family

1. Who raised you as a child?_____

2. How would you describe your father?_____

   Describe your relationship with your father?_____

   _____

3. How would you describe your mother?_____

   _____

   Describe your relationship with your mother?_____

   _____

4. How would you say your mother would describe your father?

   _____

   _____

5. How would you say your father would describe your mother?

   _____

   _____

6. Briefly describe the relationship you had with your siblings when you were growing up?

   _____

   _____

7. How have all of the above relationships changed from when you were growing up?

   _____

   _____

8. Did you feel that your parents really know you as a person?

   _____

Please explain:_____

_____

9. Who did you get along with the best in your family?

_____

10. Did you family spend alot of time together?_____

11. Did your family spend alot of time at home or were they more socially orientated?

_____

12. Would you describe your family life as happy when you lived with your parents?

_____

13. Did you enjoy being with your family at home?_____

_____

14. Were your family members affectionate to one another?

_____

15. Did family members openly discuss their feelings?

_____

16. Were your parents proud, supportive, and complimentary to you?

_____

17. Were family members sensitive to each others feelings?

_____

18. Do you feel that members of your family showed each other respect, were considerate and polite to one another?

_____

19. Did you usually do what your parents wanted you to do?

_____

20. Who would you describe as having the most power in your family?

_____

21. What kinds of activities did your family do together?

_____

22. Did you enjoy going on vacations with your parents?

_____

23. How did your family feel about your friends and social activities?

_____

_____

24. Did your relationship with your family change when you reached adolescence?

_____

_____

25. Did you feel that your friends and family understood you when you were an adolescent?

_____

_____

26. Did you like your adolescence?_____

27. Did you like your childhood?_____

28. How did your parents react when you started physically developing?

_____

_____

Your friends:_____

29. How did you react to yourself?_____

30. How did you feel about yourself when you were with your family?

_____

_____

31. Did people in your family confront what was bothering them or keep it to themselves?

_____

_____

32. Did members of your family yell alot to express themself?

_____

33. Would you say that your family fought alot?_____

34. How did your family contend with its disagreements?

_____

35. Do you remember any really big fights that took place in your family in which you were involved?

_____

_____

36. Is there any particular period in which you remember having particular difficulty getting along with your family?

_____

_____

37. Did you have any conflicts with your parents that stand out in particular?

_____

_____

38. Do you think that you could have done anything to improve yourself in your parents' eyes?

_____

_____

39. Were your family members critical of one another?

_____

40. Do you feel that members of your family deliberately or continuously provoked one another for one reason or another?

_____

41. Was there a lot of teasing and bickering in your family?

_____

When did this usually occur?_____

42. Did members of your family ever insult one another?

_____

If so, how often did this occur?_____

If so, when did this usually occur?_____

43. Did your parents believe in hitting their children for punishments?

_____

44. Have your parents ever separated or divorced?_____

_____

45. What would be your main criticism of your family life?

_____

46. Would you describe family meals as a time for your family to get together and talk?

_____

_____

47. Were family meals a happy or good time?_____

48. Did all members of your family sit down together to eat meals?

_____

49. Who was primarily responsible for preparing meals in your family?

_____

50. Did you enjoy the food that was generally served at meal time?

_____

51. Did your family ever fight about food?_____

52. Was meal time in your family ever spoiled by teasing and bickering?

_____

_____

53. Did you diet when you lived with your family?_____

If yes, was it difficult to diet?_____

54. What was your family's reaction if you went on a diet?

_____

_____

55. If you were ever dieting while living at home do you feel that your family understood?

_____

56. Do you feel that your family sometimes tried to sabbotage your dieting efforts while you lived at home?

_____

57. Do you feel they sometimes try to ruin your dieting efforts now?

_____

58. Did your family ever pressurize you into going on a diet?

_____

Additional comments:_____

_____

C. Married, Common-Law, and Sexual Relationships

1. How long have you been married or lived common-law?

_____

2. How long did you know each other before you were married or lived common-law?

_____

3. Have you been married or lived common-law more than once?

_____

4. Are you now divorced or separated from your partner/spouse?

_____

If so, what were the main reasons for this separation or divorce?

_____

5. Did you go out with other people romantically before you met your partner?

_____

6. Would you describe yourself as popular or unpopular with men?

_____

7. How do you feel about this?_____

_____

8. Would you say that you are fairly pleased with the ways things have worked out in your relationships with men?

_____

9. How many serious relationships have you had with a man?

_____

10. Do you have you own interests and activities separate from your partner's/spouse's?

_____

11. Do you have your own friends separate from your partner/spouse?

_____

12. How does your partner/spouse feel about your separate activities and interests?

_____

_____

13. How would you describe your partner/spouse?_____

How would you describe your relationship with your partner/spouse?

_____

14. If your relationship could be improved in any way, how could it be changed?

_____

_____

15. Would you describe your sexual relationship(s) as satisfying?

_____

16. Is your sexlife adequate?_____

If not, how could it be improved?_____

17. How important is your sexuality in your life?_____

_____

18. How important is sex to you?_____

19. How do you feel about your body when making love?

_____

20. How did you feel about your body when you were developing?

_____

_____

21. How did you feel about your sexuality when you were developing?

_____

_____

22. Do you have any major conflicts with your partner/spouse?

_____

_____

23. How does your partner/spouse feel about your relationship to food?

_____

_____

24. What does your partner/spouse think about the way that you look?

_____

_____

25. What do his relatives think about the way that you look?

_____

_____

26. What do your relatives think about the way that you look?

_____

_____

Please describe any other information you feel is relevant to your weight problem. This would include interaction with your family, and friends, efforts by people to sabbotage your weight control, additional weight loss programs you have endeavored or any part of your family or personal history that is related to your weight problem.

_____

_____

_____

D. Friends

I would like to now ask you some questions related to friends and other people that you interact with.

1. Do you feel that you have lots of friends?_____

2. Where did you meet most of your friends?_____

3. How often do you generally see your friends?_____

4. What do you usually do when you are with your friends?

_____

5. Do you have more women friends or more male friends?

_____

6. Do you generally get along better with men or women?

_____

7. How many of your friends are really close friends?

_____

8. Do you have one special friend which you can confide in and discuss for example things that might bother you with?

_____

_____

9. Do you feel that most people understand you?_____

10. Do you tend to talk things out with your friends?

_____

11. Do you find that you listen to your friends' problems more often than they listen to yours?

_____

12. What do you enjoy doing in your free time?_____

_____

13. What would you really like to do if you had the time and/or money?

_____

_____

14. Do you prefer being alone than being with other people?

_____

If so, why?_____

15. Do you consider yourself to be a fairly socially orientated person? (i.e. like being around other people, going to parties etc.)

_____

16. Do you ever find that you don't get to see your friends as often as you like?

_____

17. What kinds of people do you like to have as friends?

_____

18. What kinds of people like to have you as friends?

_____

19. What things do people generally like the most about you?

_____

20. Do you have many disagreements with your friends?_____

If so, why?_____

21. What kinds of things upset or bother you most about the people that you know?

_____

22. What kinds of people do you tend not to like?_____

_____

23. What kinds of people tend not to like you?_____

_____

24. What things do people generally like the least about you?

_____

25. Do you ever feel that your friends are being critical, hostile or judging you inaccurately?

_____

26. Do you feel that when things go well for you your friends are happy for you or that they are envious?

_____

27. Do you often avoid doing or saying things to people in order to avoid creating conflicts?

_____

Additional comments:_____

_____

_____

Are there any additional things that you would like to discuss concerning your weight problem. Please describe any additional information that you feel is relevant to your weight problem. For example, you may like to further discuss; interaction with you family, friends who may attempt to sabbotage your weight loss programs, or any part of your family or personal life that is relevant to your weight problem. There may be a specific period in your life which hasn't been discussed to your satisfaction, which you might want to talk about.

_____

_____

_____

Thank you for participating in this study. The results as you know will remain confidential. You will be able to read the final report upon conclusion. For any further information you can contact me at 774-9500.

FOOTNOTES

Chapter One

[1]For this thesis the important comparison would actually be degrees of women's emancipation, to compare political rights and participation, workforce participation, childcare support systems, access to professions, access to contraception, material wealth, and the size and depth of the women's movement.

[2]Like Lawrence (1984), this study will employ Fisher and Cleveland's definition of body image--"pictures of our body which we form in our mind and the attitudes and feelings we have about our body" (p. 42). According to Garfinkle and Garner (1982), anorexic women surveyed show that greater self-esteem is associated with greater satisfaction with one's body and a preference for a larger body size. In such instances the anorexic will estimate the size of her body to be smaller than it is. Similar findings have been reproduced among average women whereby there is a positive relationship between self-esteem and body satisfaction. Garfinkle and Garner (1982) suggest that self-worth is often focused on the body. If one has a negative "non-physical" self and if low self-worth is associated with fatness, one will often see themself as larger than they are.

[3]Alonzo (1979) argues that individuals can "contain" signs of illness in their everyday lives, whereby they do not seek medical intervention. He suggests that, "the process of illness definition emerges within socially defined situations against the total backdrop of daily life and relations with others" (p. 137). The defining situation will affect whether an individual will define one's self as ill if the illness can be contained.

Containment or the "interaction between body state deviation and social situation," requires distancing the signs of illness. Women's preoccupation with weight can be considered "everyday illness behaviour" as it is normative and contained. The woman remains involved in daily social situations. The social situation in which weight preoccupation arises condones dieting behaviour and values thinness. Hence, more extreme weight preoccupations such as anorexia nervosa and bulimia can often be contained, whereby the individual does not define themselves as ill and they remain involved in their daily social situation.

[4]Bulimarexia is a recent term coined by Boskind (1981), which describes both the binge and purge part of a cycle women engage in with food. It is a more accurate term than bulimia, however, it is awkward, and so the term bulimia is

used throughout. The classical definition of bulimia as ox hunger appropriately refers to bingeing or compulsive eating. Bulimarexia, on the other hand, means binge eating and cyclical denial of food as the two parts of the word suggest.

[5]The American Psychiatric Association's Diagnostic Statistical Manual (DSM III), which is commonly used to diagnose bulimia and anorexia as psychiatric disorders, is under review to revise their definition of bulimia. The current definition of bulimia could conceivably include most women as it is so broad. However, until the redefinition of bulimia becomes effective, women who are afraid of becoming fat, cyclically diet, and/or starve themselves to lose weight and engage in purging behaviours have a disorder. Arbitrarily with a new definition of bulimia, they will not have a disorder, yet the behaviour will not have changed. While the perspective here is that it is ludicrous to define common almost "normal" behaviour as psychiatric disorders, there is concern that preoccupation with losing weight and being thin among the "normally obsessed" will then become recognized as a common and normal way of being not to be questioned, or changed, but that is legitimate and condoned.

Chapter Two

[1]While some researchers and writers acknowledge the issue, of control it is not typically central to their argument, as it is for Lawrence (1984). Garfinkle and Garner (1982) believe, for instance, that the pursuit of thinness for anorexic women is de rigeur in order to "feel a sense of mastery or control over her body" (p. 1). Palazzoli (1978) challenges the notion that anorexics are attempting to revert to childhood and instead suggests that anorexics, want to become autonomous adults and that they reject aspects of the feminine body which may produce potential problems. Similarly, Bruch (1973) links the behaviour of anorexics to an "overwhelming sense of ineffectiveness."

[2]Davis (1985) suggests that unlike other goals women have the means to attain the desire or goal of thinness today. Davis observes that medieval holy anorexics used their bodies as a way to rebel and to try to establish greater control over their lives. While modern day anorexics conform to the thin ideal of beauty, medieval anorexic saints conformed to the ideal of saintliness. Saintliness was expressed through the thin body suggesting asceticism. Further, while medieval anorexic women rebelled against the patriarchal church and the family by being anorexic, they also colluded with the patriarchal ideals of being a saint.

[3]The reproduction of gender through mothering involves reported differential feeding and nurturance behaviours to babies on the basis of their sex (Orbach, 1985). Orbach (1985) believes that their is a "mismatch" between the daughter's desires and needs and the mothers response to them from this early phase of their relationship. Food becomes an aspect of creating social relations (Orbach, 1985). From the time of birth it is the most "basic medium of communication" (1985, p. 52). One form of expression in our culture is the primary involvement of women in food preparation and delivery. The mother and food are closely associated to the child and, as food is a medium of communication, the mother can reject or accept a child through food or vice versa. Orbach (1985) comments that in times of food shortage, men and children are fed the better foods and more of them. Orbach theorizes that for the compulsive eaters, early feeding was likely a positive experience. It was pleasurable, comforting and produced feelings of safety. She believes that among anorexics, the early feeding relationship must have been tense and problematic as food arouses such fear in her (1985).

Clearly, women's relationship to food is not simple. Leisure and social events in our culture often focus on food. Advertising of food is often directed toward women.

The preparation of food continues to be seen as women's responsibility, especially the feeding of her children, and it is a way in which one can express love for others (Lawrence, 1984). There also appears to be a social sentiment that eating is unfeminine and hence unattractive behaviour for women (Lawrence, 1984). Social values appear to restrict women from having vociferous appetites be they for sex or food.

Food and the use of food cannot be separated from the culture in which we live. The absence or abundance of food impacts largely on social relations and imagery of social relations. The increased abundance of food through industrialization is implicated in this thesis in the changing body ideal toward thinness and the choice to both starve oneself and to binge. Food itself is a medium of communication through social interaction and our treatment of it reflects our social conditions.

[4]Recent findings lend support to the argument that weight preoccupation is related to the changing social roles of women (Srikameswaran, Leichner, & Harper, 1984). Boskind-White (1983) asserts that bulimic women embrace the traditional female role. Crisp (1980), on the other hand, believes that anorexics are rejecting the traditional female role. A recent study was conducted on the sex role ideology among women with anorexia nervosa and bulimia. The findings suggested that both bulimic and anorexic women reflect a feminist ideology. Bulimics were, however, found to be more feminist in their views. Both the women who were anorexic and bulimic were found to be involved in goals for the benefit of others as opposed to themselves. The changing role of women is reflected in these findings as while anorexics and bulimics are feminists they continue to uphold the traditional female behaviour which depends on external approval. This reflects women's traditional orientation toward being affiliative within the private sphere.

Chapter Three

[1]The 1959 and 1983 Metropolitan Life actuarial charts are employed in this study as indicators of what society defines as appropriate body weight and because they can provide a social measure of weight status. These charts are not being condoned nor are they assumed to be good measures of ideal or desirable weights. Women's self-perceived weights are compared to the external social measure of these charts. This study finds perceived weight to be more significant than "actual" weight. Weight or degree of body fat does not appear to be the determining factor in determining women's eating behaviours or feelings about their bodies, rather it is the perception of being too fat which seems most important and the degree to which this affects a person's self-esteem and sense of self-control.

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