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# UNBEARABLE WEIGHT

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FEMINISM,  
WESTERN CULTURE,  
AND THE BODY

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## Anorexia Nervosa

### *Psychopathology as the Crystallization of Culture*

Historians long ago began to write the history of the body. They have studied the body in the field of historical demography or pathology; they have considered it as the seat of needs and appetites, as the locus of physiological processes and metabolisms, as a target for the attacks of germs or viruses; they have shown to what extent historical processes were involved in what might seem to be the purely biological "events" such as the circulation of bacilli, or the extension of the lifespan. But the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.

*Michel Foucault, Discipline and Punish*

I believe in being the best I can be,  
I believe in watching every calorie . . .

*Crystal Light television commercial*

#### EATING DISORDERS, CULTURE, AND THE BODY

Psychopathology, as Jules Henry has said, "is the final outcome of all that is wrong with a culture."<sup>1</sup> In no case is this more strikingly true than in that of anorexia nervosa and bulimia, barely known a century ago, yet reaching epidemic proportions today. Far from being the result of a superficial fashion phenomenon, these disorders, I will argue, reflect and call our attention to some of the central ills of our culture—from our historical heritage of disdain for the body, to our modern fear of loss of control over our future, to the

disquieting meaning of contemporary beauty ideals in an era of greater female presence and power than ever before.

Changes in the incidence of anorexia<sup>2</sup> have been dramatic.<sup>3</sup> In 1945, when Ludwig Binswanger chronicled the now famous case of Ellen West, he was able to say that "from a psychiatric point of view we are dealing here with something new, with a new symptom."<sup>4</sup> In 1973, Hilde Bruch, one of the pioneers in understanding and treating eating disorders, could still say that anorexia was "rare indeed."<sup>5</sup> Today, in 1984, it is estimated that as many as one in every 200-250 women between the ages of thirteen and twenty-two suffer from anorexia, and that anywhere from 12 to 33 percent of college women control their weight through vomiting, diuretics, and laxatives.<sup>6</sup> The New York Center for the Study of Anorexia and Bulimia reports that in the first five months of 1984 it received 252 requests for treatment, as compared to the 30 requests received in all of 1980.<sup>7</sup> Even correcting for increased social awareness of eating disorders and a greater willingness of sufferers to report their illnesses, these statistics are startling and provocative. So, too, is the fact that 90 percent of all anorectics are women, and that of the 5,000 people each year who have part of their intestines removed as an aid in losing weight 80 percent are women.<sup>8</sup>

Anorexia nervosa is clearly, as Paul Garfinkel and David Garner have called it, a "multidimensional disorder," with familial, perceptual, cognitive, and, possibly, biological factors interacting in varying combinations in different individuals to produce a "final common pathway."<sup>9</sup> In the early 1980s, with growing evidence, not only of an overall increase in frequency of the disease, but of its higher incidence in certain populations, attention has begun to turn, too, to cultural factors as significant in the pathogenesis of eating disorders.<sup>10</sup> Until very recently, however, the most that could be expected in the way of cultural or social analysis, with very few exceptions, was the (unavoidable) recognition that anorexia is related to the increasing emphasis that fashion has placed on slenderness over the past fifteen years.<sup>11</sup> This, unfortunately, is only to replace one mystery with another, more profound than the first.

What we need to ask is *why* our culture is so obsessed with keeping our bodies slim, tight, and young that when 500 people were asked what they feared most in the world, 190 replied, "Getting fat."<sup>12</sup> In an age when our children regularly have nightmares

of nuclear holocaust, that as adults we should give *this* answer—that we most fear "getting fat"—is far more bizarre than the anorectic's misperceptions of her body image, or the bulimic's compulsive vomiting. The nightmares of nuclear holocaust and our desperate fixation on our bodies as arenas of control—perhaps one of the few available arenas of control we have left in the twentieth century—are not unconnected, of course. The connection, if explored, could be significant, demystifying, instructive.

So, too, we need to explore the fact that it is women who are most oppressed by what Kim Chernin calls "the tyranny of slenderness," and that this particular oppression is a post-1960s, post-feminist phenomenon. In the fifties, by contrast, with middle-class women once again out of the factories and safely immured in the home, the dominant ideal of female beauty was exemplified by Marilyn Monroe—hardly your androgynous, athletic, adolescent body type. At the peak of her popularity, Monroe was often described as "femininity incarnate," "femaleness embodied"; last term, a student of mine described her as "a cow." Is this merely a change in what size hips, breasts, and waist are considered attractive, or has the very idea of incarnate femaleness come to have a different meaning, different associations, the capacity to stir up different fantasies and images, for the culture of the eighties? These are the sorts of questions that need to be addressed if we are to achieve a deep understanding of the current epidemic of eating disorders.

The central point of intellectual orientation for this essay is expressed in its subtitle. I take the psychopathologies that develop within a culture, far from being anomalies or aberrations, to be characteristic expressions of that culture; to be, indeed, the crystallization of much that is wrong with it. For that reason they are important to examine, as keys to cultural self-diagnosis and self-scrutiny. "Every age," says Christopher Lasch, "develops its own peculiar forms of pathology, which express in exaggerated form its underlying character structure."<sup>13</sup> The only aspect of this formulation with which I would disagree, with respect to anorexia, is the idea of the expression of an underlying, unitary cultural character structure. Anorexia appears less as the extreme expression of a character structure than as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distresses of our age. Just as anorexia functions in a variety of ways in the psychic econ-

omy of the anorexic individual, so a variety of cultural currents or streams converge in anorexia, find their perfect, precise expression in it.

I will call those streams or currents "axes of continuity": *axes* because they meet or converge in the anorexic syndrome; *continuity* because when we locate anorexia on these axes, its family resemblances and connections with other phenomena emerge. Some of these axes represent anorexia's *synchronicity* with other contemporary cultural practices and forms—bodybuilding and jogging, for example. Other axes bring to light *historical* connections: for instance, between anorexia and earlier examples of extreme manipulation of the female body, such as tight corseting, or between anorexia and long-standing traditions and ideologies in Western culture, such as our Greco-Christian traditions of dualism. The three axes that I will discuss in this essay (although they by no means exhaust the possibilities for cultural understanding of anorexia) are the *dualist axis*, the *control axis*, and the *gender/power axis*.<sup>14</sup>

Throughout my discussion, it will be assumed that the body, far from being some fundamentally stable, acultural constant to which we must *contrast* all culturally relative and institutional forms, is constantly "in the grip," as Foucault puts it, of cultural practices. Not that this is a matter of cultural *repression* of the instinctual or natural body. Rather, there is no "natural" body. Cultural practices, far from exerting their power *against* spontaneous needs, "basic" pleasures or instincts, or "fundamental" structures of body experience, are already and always inscribed, as Foucault has emphasized, "on our bodies and their materiality, their forces, energies, sensations, and pleasures."<sup>15</sup> Our bodies, no less than anything else that is human, are constituted by culture.

Often, but not always, cultural practices have their effect on the body as experienced (the "lived body," as the phenomenologists put it) rather than the physical body. For example, Foucault points to the medicalization of sexuality in the nineteenth century, which recast sex from being a family matter into a private, dark, bodily secret that was appropriately investigated by such specialists as doctors, psychiatrists, and school educators. The constant probing and interrogation, Foucault argues, ferreted out, eroticized and solidified all sorts of sexual types and perversions, which people then experienced (although they had not done so originally) as defining

their bodily possibilities and pleasures. The practice of the medical confessional, in other words, in its constant foraging for sexual secrets and hidden stories, actually *created* new sexual secrets—and eroticized the acts of interrogation and confession, too.<sup>16</sup> Here, social practice changed people's *experience* of their bodies and their possibilities. Similarly, as we shall see, the practice of dieting—of saying no to hunger—contributes to the anorectic's increasing sense of hunger as a dangerous eruption from some alien part of the self, and to a growing intoxication with controlling that eruption.

The *physical* body can, however, also be an instrument and medium of power. Foucault's classic example in *Discipline and Punish* is public torture during the Ancien Régime, through which, as Dreyfus and Rabinow put it, "the sovereign's power was literally and publicly inscribed on the criminal's body in a manner as controlled, scenic and well-attended as possible."<sup>17</sup> Similarly, the nineteenth-century corset caused its wearer actual physical incapacitation, but it also served as an emblem of the power of culture to impose its designs on the female body.

Indeed, female bodies have historically been significantly more vulnerable than male bodies to extremes in both forms of cultural manipulation of the body. Perhaps this has something to do with the fact that women, besides *having* bodies, are also *associated* with the body, which has always been considered woman's "sphere" in family life, in mythology, in scientific, philosophical, and religious ideology. When we later consider some aspects of the history of medicine and fashion, we will see that the social manipulation of the female body emerged as an absolutely central strategy in the maintenance of power relations between the sexes over the past hundred years. This historical understanding must deeply affect our understanding of anorexia and of our contemporary preoccupation with slenderness.

This is *not* to say that I take what I am doing here to be the unearthing of a long-standing male conspiracy against women or the fixing of blame on any particular participants in the play of social forces. In this I once again follow Foucault, who reminds us that although a perfectly clear logic, with perfectly decipherable aims and objectives, may characterize historical power relations, it is nonetheless "often the case that no one was there to have invented" these aims and strategies, either through choice of individuals or

through the rational game plan of some presiding "headquarters."<sup>18</sup> We are not talking, then, of plots, designs, or overarching strategies. This does not mean that individuals do not *consciously* pursue goals that in fact advance their own position. But it does deny that in doing so they are consciously directing the overall movement of power relations or engineering their shape. They may not even know what that shape is. Nor does the fact that power relations involve domination by particular groups—say, of prisoners by guards, females by males, amateurs by experts—entail that the dominators are in anything like full control of the situation or that the dominated do not sometimes advance and extend the situation themselves.<sup>19</sup> Nowhere, as we shall see, is this collaboration in oppression more clear than in the case of anorexia.

#### THE DUALIST AXIS

I will begin with the most general and attenuated axis of continuity, the one that begins with Plato, winds its way to its most lurid expression in Augustine, and finally becomes metaphysically solidified and scientized by Descartes. I am referring, of course, to our dualistic heritage: the view that human existence is bifurcated into two realms or substances: the bodily or material, on the one hand; the mental or spiritual, on the other. Despite some fascinating historical variations which I will not go into here, the basic imagery of dualism has remained fairly constant. Let me briefly describe its central features; they will turn out, as we will see, to comprise the basic body imagery of the anorectic.

First, the body is experienced as *alien*, as the not-self, the not-me. It is "fastened and glued" to me, "nailed" and "riveted" to me, as Plato describes it in the *Phaedo*.<sup>20</sup> For Descartes, the body is the brute material envelope for the inner and essential self, the thinking thing; it is ontologically distinct from that inner self, is as mechanical in its operations as a machine, is, indeed, comparable to animal existence.

Second, the body is experienced as *confinement and limitation*: a "prison," a "swamp," a "cage," a "fog"—all images that occur in Plato, Descartes, and Augustine—from which the soul, will, or mind struggles to escape. "The enemy ['the madness of lust'] held my will in his power and from it he made a chain and shackled me," says Augustine.<sup>21</sup> In the work of all three philosophers, images of

the soul being "dragged" by the body are prominent. The body is "heavy, ponderous," as Plato describes it; it exerts a downward pull.<sup>22</sup>

Third, the body is *the enemy*, as Augustine explicitly describes it time and again, and as Plato and Descartes strongly suggest in their diatribes against the body as the source of obscurity and confusion in our thinking. "A source of countless distractions by reason of the mere requirement of food," says Plato; "liable also to diseases which overtake and impede us in the pursuit of truth; it fills us full of loves, and lusts, and fears, and fancies of all kinds, and endless foolery, and in very truth, as men say, takes away from us the power of thinking at all. Whence come wars, and fightings, and factions? Whence but from the body and the lusts of the body."<sup>23</sup>

And, finally, whether as an impediment to reason or as the home of the "slimy desires of the flesh" (as Augustine calls them), the body is the locus of *all that threatens our attempts at control*. It overtakes, it overwhelms, it erupts and disrupts. This situation, for the dualist, becomes an incitement to battle the unruly forces of the body, to show it who is boss. For, as Plato says, "Nature orders the soul to rule and govern and the body to obey and serve."<sup>24</sup>

All three—Plato, Augustine, and, most explicitly, Descartes—provide instructions, rules, or models of how to gain control over the body, with the ultimate aim—for this is what their regimen finally boils down to—of learning to live without it.<sup>25</sup> By that is meant: to achieve intellectual independence from the lure of the body's illusions, to become impervious to its distractions, and, most important, to kill off its desires and hungers. Once control has become the central issue for the soul, these are the only possible terms of victory, as Alan Watts makes clear:

Willed control brings about a sense of duality in the organism, of consciousness in conflict with appetite. . . . But this mode of control is a peculiar example of the proverb that nothing fails like success. For the more consciousness is individualized by the success of the will, the more everything outside the individual seems to be a threat—including . . . the uncontrolled spontaneity of one's own body. . . . Every success in control therefore demands a further success, so that the process cannot stop short of omnipotence.<sup>26</sup>

Dualism here appears as the offspring, the by-product, of the identification of the self with control, an identification that Watts sees

as lying at the center of Christianity's ethic of anti-sexuality. The attempt to subdue the spontaneities of the body in the interests of control only succeeds in constituting them as more alien and more powerful, and thus more needful of control. The only way to win this no-win game is to go beyond control, to kill off the body's spontaneities entirely—that is, to cease to *experience* our hungers and desires.

This is what many anorexics describe as their ultimate goal. "[I want] to reach the point," as one put it, "when I don't need to eat at all."<sup>27</sup> Kim Chernin recalls her surprise when, after fasting, her hunger returned: "I realized [then] that my secret goal in dieting must have been the intention to kill off my appetite completely."<sup>28</sup>

It is not usually noted, in the popular literature on the subject, that anorexic women are as obsessed with *hunger* as they are with being slim. Far from losing her appetite, the typical anorectic is haunted by it—in much the same way that Augustine describes being haunted by sexual desire—and is in constant dread of being overwhelmed by it. Many describe the dread of hunger, "of not having control, of giving in to biological urge," to "the craving, never satisfied thing,"<sup>29</sup> as the "original fear" (as one puts it),<sup>30</sup> or, as Ellen West describes it, "the real obsession." "I don't think the dread of becoming fat is the real . . . neurosis," she writes, "but the constant desire for food. . . . [H]unger, or the dread of hunger, pursues me all morning. . . . Even when I am full, I am afraid of the coming hour in which hunger will start again." Dread of becoming fat, she interprets, rather than being originary, served as a "brake" to her horror of her own unregulatable, runaway desire for food.<sup>31</sup> Bruch reports that her patients are often terrified at the prospect of taking just one bite of food, lest they never be able to stop.<sup>32</sup> (Bulimic anorexics, who binge on enormous quantities of food—sometimes consuming up to 15,000 calories a day<sup>33</sup>—indeed *cannot* stop.)

These women experience hunger as an alien invader, marching to the tune of its own seemingly arbitrary whims, disconnected from any normal self-regulating mechanisms. Indeed, it could not possibly be so connected, for it is experienced as coming from an area *outside* the self. One patient of Bruch's says she ate breakfast because "my stomach wanted it," expressing here the same sense of alienation from her hunger (and her physical self) as Augustine's when he speaks of his "captor," "the law of sin that was in my member."<sup>34</sup>

Bruch notes that this "basic delusion," as she calls it, "of not owning the body and its sensations" is a typical symptom of all eating disorders. "These patients act," she says, "as if for them the regulation of food intake was outside [the self]."<sup>35</sup> This experience of bodily sensations as foreign is, strikingly, not limited to the experience of hunger. Patients with eating disorders have similar problems in identifying cold, heat, emotions, and anxiety as originating in the self.<sup>36</sup>

While the body is experienced as alien and outside, the soul or will is described as being trapped or confined in this alien "jail," as one woman describes it.<sup>37</sup> "I feel caught in my body," "I'm a prisoner in my body":<sup>38</sup> the theme is repeated again and again. A typical fantasy, evocative of Plato, imagines total liberation from the bodily prison: "I wish I could get out of my body entirely and fly!"<sup>39</sup> "Please dear God, help me. . . . I want to get out of my body, I want to get out!"<sup>40</sup> Ellen West, astute as always, sees a central meaning of her self-starvation in this "ideal of being too thin, of being *without a body*."<sup>41</sup>

Anorexia is not a philosophical attitude; it is a debilitating affliction. Yet, quite often a highly conscious and articulate scheme of images and associations—virtually a metaphysics—is presented by these women. The scheme is strikingly Augustinian, with evocations of Plato. This does not indicate, of course, that anorexics are followers of Plato or Augustine, but that the anorectic's metaphysics makes explicit various elements, historically grounded in Plato and Augustine, that run deep in our culture.<sup>42</sup> As Augustine often speaks of the "two wills" within him, "one the servant of the flesh, the other of the spirit," who "between them tore my soul apart," so the anorectic describes a "spiritual struggle," a "contest between good and evil," often conceived explicitly as a battle between mind or will and appetite or body.<sup>43</sup> "I feel myself, quite passively," says West, "the stage on which two hostile forces are mangling each other."<sup>44</sup> Sometimes there is a more aggressive alliance with mind against body: "When I fail to exercise as often as I prefer, I become guilty that I have let my body 'win' another day from my mind. I can't wait 'til this semester is over. . . . My body is going to pay the price for the lack of work it is currently getting. I can't wait!"<sup>45</sup>

In this battle, thinness represents a triumph of the will over the body, and the thin body (that is to say, the nonbody) is associated

with "absolute purity, hyperintellectuality and transcendence of the flesh. My soul seemed to grow as my body waned; I felt like one of those early Christian saints who starved themselves in the desert sun. I felt invulnerable, clean and hard as the bones etched into my silhouette."<sup>46</sup> Fat (that is to say, becoming *all* body) is associated with the taint of matter and flesh, "wantonness,"<sup>47</sup> mental stupor and mental decay.<sup>48</sup> One woman describes how after eating sugar she felt "polluted, disgusting, sticky through the arms, as if something bad had gotten inside."<sup>49</sup> Very often, sexuality is brought into this scheme of associations, and hunger and sexuality are psychically connected. Cherry Boone O'Neill describes a late-night binge, eating scraps of leftovers from the dog's dish:

I started slowly, relishing the flavor and texture of each marvelous bite. Soon I was ripping the meager remains from the bones, stuffing the meat into my mouth as fast as I could detach it.

[Her boyfriend surprises her, with a look of "total disgust" on his face.]

I had been caught red-handed . . . in an animalistic orgy on the floor, in the dark, alone. Here was the horrid truth for Dan to see. I felt so evil, tainted, pagan. . . . In Dan's mind that day, I had been whoring after food.<sup>50</sup>

A hundred pages earlier, she had described her first romantic involvement in much the same terms: "I felt secretive, deceptive, and . . . tainted by the ongoing relationship" (which never went beyond kisses).<sup>51</sup> Sexuality, similarly, is "an abominable business" to Aimee Liu; for her, staying reed-thin is seen as a way of avoiding sexuality, by becoming "androgynous," as she puts it.<sup>52</sup> In the same way, Sarah, a patient of Levenkron's, connects her dread of gaining weight with "not wanting to be a 'temptation' to men."<sup>53</sup> In Liu's case, and in Sarah's, the desire to appear unattractive to men is connected to anxiety and guilt over earlier sexual abuse. Whether or not such episodes are common to many cases of anorexia,<sup>54</sup> "the avoidance of any sexual encounter, a shrinking from all bodily contact," is, according to Bruch, characteristic of anorectics.<sup>55</sup>

#### THE CONTROL AXIS

Having examined the axis of continuity from Plato to anorexia, we should feel cautioned against the impulse to regard anorexia as

expressing entirely modern attitudes and fears. Disdain for the body, the conception of it as an alien force and impediment to the soul, is very old in our Greco-Christian traditions (although it has usually been expressed most forcefully by male philosophers and theologians rather than adolescent women!).

But although dualism is as old as Plato, in many ways contemporary culture appears *more* obsessed than previous eras with the control of the unruly body. Looking now at contemporary American life, a second axis of continuity emerges on which to locate anorexia. I call it the *control axis*.

The young anorectic, typically, experiences her life as well as her hungers as being out of control. She is a perfectionist and can never carry out the tasks she sets herself in a way that meets her own rigorous standards. She is torn by conflicting and contradictory expectations and demands, wanting to shine in all areas of student life, confused about where to place most of her energies, what to focus on, as she develops into an adult. Characteristically, her parents expect a great deal of her in the way of individual achievement (as well as physical appearance), yet have made most of the important decisions for her.<sup>56</sup> Usually, the anorexic syndrome emerges, not as a conscious decision to get as thin as possible, but as the result of her having begun a diet fairly casually, often at the suggestion of a parent, having succeeded splendidly in taking off five or ten pounds, and then having gotten hooked on the intoxicating feeling of accomplishment and control.

Recalling her anorexic days, Aimee Liu recreates her feelings:

The sense of accomplishment exhilarates me, spurs me to continue on and on. It provides a sense of purpose and shapes my life with distractions from insecurity. . . . I shall become an expert [at losing weight]. . . . The constant downward trend [of the scale] somehow comforts me, gives me visible proof that I can exert control.<sup>57</sup>

The diet, she realizes, "is the one sector of my life over which I and I alone wield total control."<sup>58</sup>

The frustrations of starvation, the rigors of the constant physical activity in which anorectics engage, the pain of the numerous physical complications of anorexia: these do not trouble the anorectic. Indeed, her ability to ignore them is further proof to her of her mastery of her body. "This was something I could control," says



one of Bruch's patients. "I still don't know what I look like or what size I am, but I know my body can take anything."<sup>59</sup> "Energy, discipline, my own power will keep me going," says Liu. "Psychic fuel, I need nothing and no one else, and I will prove it. . . . Dropping to the floor, I roll. My tailbone crunches on the hard floor. . . . I feel no pain. I will be master of my own body, if nothing else, I vow."<sup>60</sup> And, finally, from one of Bruch's patients: "*You make of your own body your very own kingdom where you are the tyrant, the absolute dictator.*"<sup>61</sup>

Surely we must recognize in this last honest and explicit statement a central modus operandi for the control of contemporary bourgeois anxiety. Consider compulsive jogging and marathon-running, often despite shin splints and other painful injuries, with intense agitation over missing a day or not meeting a goal for a particular run. Consider the increasing popularity of triathlon events such as the Iron Man, whose central purpose appears to be to allow people to find out how far they can push their bodies—through long-distance swimming, cycling, and running—before they collapse. Consider lawyer Mike Frankfurt, who runs ten miles every morning: "*To run with pain is the essence of life.*"<sup>62</sup> Or consider the following excerpts from student journals:

The best times I like to run are under the most unbearable conditions. I love to run in the hottest, most humid and steepest terrain I can find. . . . For me running and the pain associated with it aren't enough to make me stop. I am always trying to overcome it and the biggest failure I can make is to stop running because of pain. Once I ran five of a ten-mile run with a severe leg cramp but wouldn't stop—it would have meant failure.<sup>63</sup>

When I run I am free. . . . The pleasure is closing off my body—as if the incessant pounding of my legs is so total that the pain ceases to exist. There is no grace, no beauty in the running—there is the jarring reality of sneaker and pavement. Bright pain that shivers and splinters sending its white hot arrows into my stomach, my lung, but it cannot pierce my mind. I am on automatic pilot—there is no remembrance of pain, there is freedom—I am losing myself, peeling out of this heavy flesh. . . . Power surges through me.<sup>64</sup>

None of this is to dispute that the contemporary concern with fitness has nonpathological, nondualist dimensions as well. Particularly for women, who have historically suffered from the ubiq-

uity of rape and abuse, from the culturally instilled conviction of our own helplessness, and from lack of access to facilities and programs for rigorous physical training, the cultivation of strength, agility, and confidence clearly has a positive dimension. Nor are the objective benefits of daily exercise and concern for nutrition in question here. My focus, rather, is on a subjective stance, become increasingly prominent, which, although preoccupied with the body and deriving narcissistic enjoyment from its appearance, takes little pleasure in the *experience* of embodiment. Rather, the fundamental identification is with mind (or will), ideals of spiritual perfection, fantasies of absolute control.

Not everyone, of course, for whom physical training is a part of daily routine exhibits such a stance. Here, an examination of the language of female body-builders is illustrative. Body-building is particularly interesting because on the surface it appears to have the opposite structure to anorexia: the body-builder is, after all, building the body *up*, not whittling it down. Body-building develops strength. We imagine the body-builder as someone who is proud, confident, and perhaps most of all, conscious of and accepting of her physicality. This is, indeed, how some female body-builders experience themselves:

I feel . . . tranquil and stronger [says Lydia Cheng]. Working out creates a high everywhere in my body. I feel the heat. I feel the muscles rise, I see them blow out, flushed with lots of blood. . . . My whole body is sweating and there's few things I love more than working up a good sweat. That's when I really feel like a woman.<sup>65</sup>

Yet a sense of joy in the body as active and alive is *not* the most prominent theme among the women interviewed by Trix Rosen. Many of them, rather, talk about their bodies in ways that resonate disquietingly with typical anorexic themes.

There is the same emphasis on will, purity, and perfection: "I've learned to be a stronger person with a more powerful will . . . pure concentration, energy and spirit." "I want to be as physically perfect as possible." "Body-building suits the perfectionist in me." "My goal is to have muscular perfection."<sup>66</sup> Compulsive exercisers—whom Dinitia Smith, in an article for *New York* magazine calls "The New Puritans"—speak in similar terms: Kathy Krauch, a New York art director who bikes twelve miles a day and swims two and a half,

says she is engaged in "a quest for perfection." Mike Frankfurt, in describing his motivation for marathon running, speaks of "the purity about it." These people, Smith emphasizes, care little about their health: "They pursue self-denial as an end in itself, out of an almost mystical belief in the purity it confers."<sup>67</sup>

Many body-builders, like many anorectics, unnervingly conceptualize the body as alien, not-self:

I'm constantly amazed by my muscles. The first thing I do when I wake up in the morning is look down at my "abs" and flex my legs to see if the "cuts" are there. . . . My legs have always been my most stubborn part, and I want them to develop so badly. Every day I can see things happening to them. . . . I don't flaunt my muscles as much as I thought I would. I feel differently about them; they are my product and I protect them by wearing sweaters to keep them warm.<sup>68</sup>

Most strikingly, body-builders put the same emphasis on *control*; on feeling their life to be fundamentally out of control, and on the feeling of accomplishment derived from total mastery of the body. That sense of mastery, like the anorectic's, appears to derive from two sources. First, there is the reassurance that one can overcome all physical obstacles, push oneself to any extremes in pursuit of one's goals (which, as we have seen, is a characteristic motivation of compulsive runners, as well). Second, and most dramatic (it is spoken of time and again by female body-builders), is the thrill of being in total charge of the shape of one's body. "Create a masterpiece," says *Fit* magazine. "Sculpt your body contours into a work of art." As for the anorectic—who literally cannot *see* her body as other than her inner reality dictates and who is relentlessly driven by an ideal image of ascetic slenderness—so for the body-builder a purely mental conception comes to have dominance over her life: "You visualize what you want to look like . . . and then create the form." "The challenge presents itself: to rearrange things." "It's up to you to do the chiseling; you become the master sculptress." "What a fantasy, for your body to be changing! . . . I keep a picture in my mind as I work out of what I want to look like and what's happened to me already."<sup>69</sup> Dictation to nature of one's own chosen design for the body is the central goal for the body-builder, as it is for the anorectic.

The sense of security derived from the attainment of this goal appears, first of all, as the pleasure of control and independence.

"Nowadays," says Michael Sacks, associate professor of psychiatry at Cornell Medical College, "people no longer feel they can control events outside themselves—how well they do in their jobs or in their personal relationships, for example—but they can control the food they eat and how far they can run. Abstinence, tests of endurance, are ways of proving their self-sufficiency."<sup>70</sup> In a culture, moreover, in which our continued survival is often at the mercy of "specialists," machines, and sophisticated technology, the body acquires a special sort of vulnerability and dependency. We may live longer, but the circumstances surrounding illness and death may often be perceived as more alien, inscrutable, and arbitrary than ever before.

Our contemporary body-fetishism expresses more than a fantasy of self-mastery in an increasingly unmanageable culture, however. It also reflects our alliance *with* culture against all reminders of the inevitable decay and death of the body. "Everybody wants to live forever" is the refrain from the theme song of *Pumping Iron*. The most youth-worshipping of popular television shows, "Fame," opens with a song that begins, "I want to live forever." And it is striking that although the anorectic may come very close to death (and 15 percent do indeed die), the dominant experience throughout the illness is of *invulnerability*.

The dream of immortality is, of course, nothing new. But what is unique to modernity is that the defeat of death has become a scientific fantasy rather than a philosophical or religious mythology. We no longer dream of eternal union with the gods; instead, we build devices that can keep us alive indefinitely, and we work on keeping our bodies as smooth and muscular and elastic at forty as they were at eighteen. We even entertain dreams of halting the aging process completely: "Old age," according to Durk Pearson and Sandy Shaw, authors of the popular *Life Extension*, "is an unpleasant and unattractive affliction."<sup>71</sup> The mega-vitamin regime they prescribe is able, they claim, to prevent and even to reverse the mechanisms of aging.

Finally, it may be that in cultures characterized by gross excesses in consumption, the "will to conquer and subdue the body" (as Chernin calls it) expresses an aesthetic or moral rebellion.<sup>72</sup> Anorectics initially came from affluent families, and the current craze for long-distance running and fasting is largely a phenomenon of young, upwardly mobile professionals (Dinitia Smith calls it "Dep-

riation Chic").<sup>73</sup> To those who are starving *against* their wills, of course, starvation cannot function as an expression of the power of the will. At the same time, we should caution against viewing anorexia as a trendy illness of the elite and privileged. Rather, its most outstanding feature is powerlessness.

#### THE GENDER/POWER AXIS

Ninety percent of all anorectics are women. We do not, of course, need to know that particular statistic to realize that the contemporary "tyranny of slenderness" is far from gender-neutral. Women are more obsessed with their bodies than men, less satisfied with them,<sup>74</sup> and permitted less latitude with them by themselves, by men, and by the culture. In a 1984 *Glamour* magazine poll of 33,000 women, 75 percent said they thought they were "too fat." Yet by Metropolitan Life Insurance Tables, themselves notoriously affected by cultural standards, only 25 percent of these women were heavier than their optimal weight, and a full 30 percent were *below* that weight.<sup>75</sup> The anorectic's distorted image of her body—her inability to see it as anything but too fat—although more extreme, is not radically discontinuous, then, from fairly common female misperceptions.

Consider, too, actors like Nick Nolte and William Hurt, who are permitted a certain amount of softening, of thickening about the waist, while still retaining romantic-lead status. Individual style, wit, the projection of intelligence, experience, and effectiveness still go a long way for men, even in our fitness-obsessed culture. But no female can achieve the status of romantic or sexual ideal without the appropriate *body*. That body, if we use television commercials as a gauge, has gotten steadily leaner since the mid 1970s.<sup>76</sup> What used to be acknowledged as an extreme required only of high fashion models is now the dominant image that beckons to high-school and college women. Over and over, extremely slender women students complain of hating their thighs or their stomachs (the anorectic's most dreaded danger spot); often, they express concern and anger over frequent teasing by their boyfriends. Janey, a former student, is 5'10" and weighs 132 pounds. Yet her boyfriend Bill, also a student of mine, calls her "Fatso" and "Big Butt" and insists she should be 110 pounds because (as he explains in his journal for my class) "that's

what Brooke Shields weighs." He calls this "constructive criticism" and seems to experience extreme anxiety over the possibility of her gaining any weight: "I can tell it bothers her yet I still continue to badger her about it. I guess that I think that if I continue to remind her things will change faster."<sup>77</sup> This sort of relationship, in which the woman's weight has become a focal issue, is not at all atypical, as I have discovered from student journals and papers.

Hilda Bruch reports that many anorectics talk of having a "ghost" inside them or surrounding them, "a dictator who dominates me," as one woman describes it; "a little man who objects when I eat" is the description given by another.<sup>78</sup> The little ghost, the dictator, the "other self" (as he is often described) is always male, reports Bruch. The anorectic's *other* self—the self of the uncontrollable appetites, the impurities and taints, the flabby will and tendency to mental torpor—is the body, as we have seen. But it is also (and here the anorectic's associations are surely in the mainstream of Western culture) the *female* self. These two selves are perceived as at constant war. But it is clear that it is the male side—with its associated values of greater spirituality, higher intellectuality, strength of will—that is being expressed and developed in the anorexic syndrome.<sup>79</sup>

What is the meaning of these gender associations in the anorectic? I propose that there are two levels of meaning. One has to do with fear and disdain for traditional female roles and social limitations. The other has to do, more profoundly, with a deep fear of "the Female," with all its more nightmarish archetypal associations of voracious hungers and sexual insatiability.

Adolescent anorectics express a characteristic fear of growing up to be mature, sexually developed, and potentially reproductive women. "I have a deep fear," says one, "of having a womanly body, round and fully developed. I want to be tight and muscular and thin."<sup>80</sup> Cherry Boone O'Neill speaks explicitly of her fear of womanhood.<sup>81</sup> If only she could stay thin, says yet another, "I would never have to deal with having a woman's body; like Peter Pan I could stay a child forever."<sup>82</sup> The choice of Peter Pan is telling here—what she means is, stay a *boy* forever. And indeed, as Bruch reports, many anorectics, when children, dreamt and fantasized about growing up to be boys.<sup>83</sup> Some are quite conscious of playing out this fantasy through their anorexia; Adrienne, one of Levenkron's patients, was extremely proud of the growth of facial and

body hair that often accompanies anorexia, and especially proud of her "skinny, hairy arms."<sup>84</sup> Many patients report, too, that their father had wanted a boy, were disappointed to get "less than" that, or had emotionally rebuffed their daughter when she began to develop sexually.<sup>85</sup>

In a characteristic scenario, anorexia develops just at the outset of puberty. Normal body changes are experienced by the anorectic, not surprisingly, as the takeover of the body by disgusting, womanish fat. "I grab my breasts," says Aimee Liu, "pinching them until they hurt. If only I could eliminate them, cut them off if need be, to become as flat-chested as a child again."<sup>86</sup> The anorectic is exultant when her periods stop (as they do in *all* cases of anorexia<sup>87</sup> and as they do in many female runners as well). Disgust with menstruation is typical: "I saw a picture at a feminist art gallery," says another woman. "There was a woman with long red yarn coming out of her, like she was menstruating. . . . I got that *feeling*—in that part of my body that I have trouble with . . . my stomach, my thighs, my pelvis. That revolted feeling."<sup>88</sup>

Some authors interpret these symptoms as a species of unconscious feminist protest, involving anger at the limitations of the traditional female role, rejection of values associated with it, and fierce rebellion against allowing their futures to develop in the same direction as their mothers' lives.<sup>89</sup> In her portrait of the typical anorexic family configuration, Bruch describes nearly all of the mothers as submissive to their husbands but very controlling of their children.<sup>90</sup> Practically all had had promising careers which they had given up to care for their husbands and families full-time, a task they take very seriously, although often expressing frustration and dissatisfaction.

Certainly, many anorectics appear to experience anxiety about falling into the life-style they associate with their mothers. It is a prominent theme in Aimee Liu's *Solitaire*. Another woman describes her feeling that "[I am] full of my mother . . . she is in me even if she isn't there" in nearly the same breath as she complains of her continuous fear of being "not human . . . of ceasing to exist."<sup>91</sup> And Ellen West, nearly a century earlier, had quite explicitly equated becoming fat with the inevitable (for an elite woman of her time) confinements of domestic life and the domestic stupor she associates with it:

Dread is driving me mad . . . the consciousness that ultimately I will lose everything; all courage, all rebelliousness, all drive for doing; that it—my little world—will make me flabby, flabby and fainthearted and beggarly.<sup>92</sup>

Several of my students with eating disorders reported that their anorexia had developed after their families had dissuaded them from choosing or forbidden them to embark on a traditionally male career.

Here anorexia finds a true sister-phenomenon in the epidemic of female invalidism and "hysteria" that swept through the middle and upper-middle classes in the second half of the nineteenth century.<sup>93</sup> It was a time that, in many ways, was very like our own, especially in the conflicting demands women were confronting: the opening up of new possibilities versus the continuing grip of the old expectations. On the one hand, the old preindustrial order, with the father at the head of a self-contained family production unit, had given way to the dictatorship of the market, opening up new, nondomestic opportunities for working women. On the other hand, it turned many of the most valued "female" skills—textile and garment manufacture, food processing—out of the home and over to the factory system.<sup>94</sup> In the new machine economy, the lives of middle-class women were far emptier than they had been before.

It was an era, too, that had been witnessing the first major feminist wave. In 1840, the World Anti-Slavery Conference had been held, at which the first feminists spoke loudly and long on the connections between the abolition of slavery and women's rights. The year 1848 saw the Seneca Falls Convention. In 1869, John Stuart Mill published his landmark work "On the Subjection of Women." And in 1889 the Pankhursts formed the Women's Franchise League. But it was an era, too (and not unrelatedly, as I shall argue later), when the prevailing ideal of femininity was the delicate, affluent lady, unequipped for anything but the most sheltered domestic life, totally dependent on her prosperous husband, providing a peaceful and comfortable haven for him each day after his return from his labors in the public sphere.<sup>95</sup> In a now famous letter, Freud, criticizing John Stuart Mill, writes:

It really is a still-born thought to send women into the struggle for existence exactly as men. If, for instance, I imagine my gentle sweet

girl as a competitor it would only end in my telling her, as I did seventeen months ago, that I am fond of her and that I implore her to withdraw from the strife into the calm uncompetitive activity of my home.<sup>96</sup>

This is exactly what male doctors *did* do when women began falling ill, complaining of acute depression, severe headaches, weakness, nervousness, and self-doubt.<sup>97</sup> Among these women were such noted feminists and social activists as Charlotte Perkins Gilman, Jane Addams, Elizabeth Cady Stanton, Margaret Sanger, British activist Josephine Butler, and German suffragist Hedwig Dohm. "I was weary myself and sick of asking what I am and what I ought to be," recalls Gilman,<sup>98</sup> who later went on to write a fictional account of her mental breakdown in the chilling novella *The Yellow Wallpaper*. Her doctor, the famous female specialist S. Weir Mitchell, instructed her, as Gilman recalls, to "live as domestic a life as possible. Have your child with you all the time. . . . Lie down an hour every day after each meal. Have but two hours intellectual life a day. And never touch pen, brush or pencil as long as you live."<sup>99</sup>

Freud, who favorably reviewed Mitchell's 1887 book and who advised that psychotherapy for hysterical patients be combined with Mitchell's rest cure ("to avoid new psychical impressions"),<sup>100</sup> was as blind as Mitchell to the contribution that isolation, boredom, and intellectual frustration made to the etiology of hysteria. Nearly all of the subjects in *Studies in Hysteria* (as well as the later *Dora*) are acknowledged by Freud to be unusually intelligent, creative, energetic, independent, and, often, highly educated. (Berthe Pappenheim—"Anna O."—as we know, went on after recovery to become an active feminist and social reformer.) Freud even comments, criticizing Janet's notion that hysterics were "psychically insufficient," on the characteristic coexistence of hysteria with "gifts of the richest and most original kind."<sup>101</sup> Yet Freud never makes the connection (which Breuer had begun to develop)<sup>102</sup> between the monotonous domestic lives these women were expected to lead after they completed their schooling, and the emergence of compulsive daydreaming, hallucinations, dissociations, and hysterical conversions.

Charlotte Perkins Gilman does make that connection. In *The Yellow Wallpaper* she describes how a prescribed regime of isolation and enforced domesticity eventuates, in her fictional heroine, in the

development of a full-blown hysterical symptom, madness, and collapse. The symptom, the hallucination that there is a woman trapped in the wallpaper of her bedroom, struggling to get out, is at once a perfectly articulated expression of protest and a completely debilitating *idée fixe* that allows the woman character no distance on her situation, no freedom of thought, no chance of making any progress in leading the kind of active, creative life her body and soul crave.

So too for the anorectic. It is indeed essential to recognize in this illness the dimension of protest against the limitations of the ideal of female domesticity (the "feminine mystique," as Betty Friedan called it) that reigned in America throughout the 1950s and early 1960s—the era when most of their mothers were starting homes and families. This was, we should recall, the era following World War II, an era during which women were fired en masse from the jobs they had held during the war and shamelessly propagandized back into the full-time job of wife and mother. It was an era, too, when the "fuller figure," as Jane Russell now calls it, came into fashion once more, a period of "mammary madness" (or "resurgent Victorianism," as Lois Banner calls it), which glamorized the voluptuous, large-breasted woman.<sup>103</sup> This remained the prevailing fashion tyranny until the late 1960s and early 1970s.

But we must recognize that the anorectic's protest, like that of the classical hysterical symptom, is written on the bodies of anorectic women, not embraced as a conscious politics—nor, indeed, does it reflect any social or political understanding at all. Moreover, the symptoms themselves function to preclude the emergence of such an understanding. The *idée fixe*—staying thin—becomes at its farthest extreme so powerful as to render any other ideas or life-projects meaningless. Liu describes it as "all encompassing."<sup>104</sup> West writes: "I felt all inner development was ceasing, that all becoming and growing were being choked, because a single idea was filling my entire soul."<sup>105</sup>

Paradoxically—and often tragically—these pathologies of female protest (and we must include agoraphobia here, as well as hysteria and anorexia) actually function as if in collusion with the cultural conditions that produced them.<sup>106</sup> The same is true for more moderate expressions of the contemporary female obsession with slenderness. Women may feel themselves deeply attracted by the aura

of freedom and independence suggested by the boyish body ideal of today. Yet, each hour, each minute spent in anxious pursuit of that ideal (for it does not come naturally to most mature women) is in fact time and energy taken from inner development and social achievement. As a feminist protest, the obsession with slenderness is hopelessly counterproductive.

It is important to recognize, too, that the anorectic is terrified and repelled, not only by the traditional female domestic role—which she associates with mental lassitude and weakness—but by a certain archetypal image of the female: as hungry, voracious, all-needing, and all-wanting. It is this image that shapes and permeates her experience of her own hunger for food as insatiable and out of control, that makes her feel that if she takes just one bite, she will not be able to stop.

Let us explore this image. Let us break the tie with food and look at the metaphor: hungry . . . voracious . . . extravagantly and excessively needful . . . without restraint . . . always wanting . . . always wanting too much affection, reassurance, emotional and sexual contact, and attention. This is how many women frequently experience themselves, and, indeed, how many men experience women. "Please, God, keep me from telephoning him," prays the heroine in Dorothy Parker's classic "A Telephone Call,"<sup>107</sup> experiencing her need for reassurance and contact as being as out of control and degrading as the anorectic does her desire for food. The male counterpart to this is found in Paul Morel in Lawrence's *Sons and Lovers*: "Can you never like things without clutching them as if you wanted to pull the heart out of them?" he accuses Miriam as she fondles a flower. "Why don't you have a bit more restraint, or reserve, or something. . . . You're always begging things to love you, as if you were a beggar for love. Even the flowers, you have to fawn on them."<sup>108</sup> How much psychic authenticity do these images carry in 1980s America? One woman in my class provided a stunning insight into the connection between her perception of herself and the anxiety of the compulsive dieter. "You know," she said, "the anorectic is always convinced she is taking up too much space, eating too much, wanting food too much. I've never felt that way, but I've often felt that I was *too much*—too much emotion, too much need, too loud and demanding, too much *there*, if you know what I mean."<sup>109</sup>

The most extreme cultural expressions of the fear of woman as "too much"—which almost always revolve around her sexuality—are strikingly full of eating and hungering metaphors. "Of woman's unnatural, *insatiable* lust, what country, what village doth not complain?" queries Burton in *The Anatomy of Melancholy*.<sup>110</sup> "You are the true hiennas," says Walter Charleton, "that allure us with the fairness of your skins, and when folly hath brought us within your reach, you leap upon us and *devour* us."<sup>111</sup>

The mythology/ideology of the devouring, insatiable female (which, as we have seen, is the image of her female self the anorectic has internalized) tends historically to wax and wane. But not without rhyme or reason. In periods of gross environmental and social crisis, such as characterized the period of the witch-hunts in the fifteenth and sixteenth centuries, it appears to flourish.<sup>112</sup> "All witchcraft comes from carnal lust, which is in women *insatiable*," say Kramer and Sprenger, authors of the official witch-hunters handbook, *Malleus Malificarum*. For the sake of fulfilling the "mouth of the womb . . . [women] consort even with the devil."<sup>113</sup>

Anxiety over women's uncontrollable hungers appears to peak, as well, during periods when women are becoming independent and are asserting themselves politically and socially. The second half of the nineteenth century, concurrent with the first feminist wave discussed earlier, saw a virtual flood of artistic and literary images of the dark, dangerous, and evil female: "sharp-teethed, devouring" Sphinxes, Salomes, and Delilahs, "biting, tearing, murderous women." "No century," claims Peter Gay, "depicted woman as vampire, as castrator, as killer, so consistently, so programmatically, and so nakedly as the nineteenth."<sup>114</sup> No century, either, was so obsessed with sexuality—particularly female sexuality—and its medical control. Treatment for excessive "sexual excitement" and masturbation in women included placing leeches on the womb,<sup>115</sup> clitoridectomy, and removal of the ovaries (also recommended for "troublesomeness, eating like a ploughman, erotic tendencies, persecution mania, and simple 'cussedness'").<sup>116</sup> The importance of female masturbation in the etiology of the "actual neurosis" was a topic in which the young Freud and his friend and colleague Wilhelm Fliess were especially interested. Fliess believed that the secret to controlling such "sexual abuse" lay in the treatment of nasal "genital spots"; in an operation that was sanctioned

by Freud, he attempted to "correct" the "bad sexual habits" of Freud's patient Emma Eckstein by removal of the turbinate bone of her nose.<sup>117</sup>

It was in the second half of the nineteenth century, too, despite a flurry of efforts by feminists and health reformers,<sup>118</sup> that the stylized "S-curve," which required a tighter corset than ever before, came into fashion.<sup>119</sup> "While the suffragettes were forcefully propelling all women toward legal and political emancipation," says Amaury deRiencourt, "fashion and custom imprisoned her physically as she had never been before."<sup>120</sup> Described by Thorstein Veblen as a "mutilation, undergone for the purpose of lowering the subject's vitality and rendering her permanently and obviously unfit for work," the corset indeed did just that.<sup>121</sup> In it a woman could barely sit or stoop, was unable to move her feet more than six inches at a time, and had difficulty in keeping herself from regular fainting fits. (In 1904, a researcher reported that "monkeys laced up in these corsets moped, became excessively irritable and within weeks sickened and died"!)<sup>122</sup> The connection was often drawn in popular magazines between enduring the tight corset and the exercise of self-restraint and control. The corset is "an ever present monitor," says one 1878 advertisement, "of a well-disciplined mind and well-regulated feelings."<sup>123</sup> Today, of course, we diet to achieve such control.

It is important to emphasize that, despite the practice of bizarre and grotesque methods of gross physical manipulation and external control (clitoridectomy, Chinese foot-binding, the removal of bones of the rib cage in order to fit into the tight corsets), such control plays a relatively minor role in the maintenance of gender/power relations. For every historical image of the dangerous, aggressive woman there is a corresponding fantasy—an ideal femininity, from which all threatening elements have been purged—that women have mutilated themselves *internally* to attain. In the Victorian era, at the same time that operations were being performed to control female sexuality, William Acton, Richard von Krafft-Ebing, and others were proclaiming the official scientific doctrine that women are naturally passive and "not very much troubled with sexual feelings of any kind."<sup>124</sup> Corresponding to this male medical fantasy was the popular artistic and moral theme of woman as ministering angel; sweet, gentle, domestic, without intensity or personal am-

bition of any sort.<sup>125</sup> Peter Gay suggests, correctly, that these ideals must be understood as a reaction-formation to the era's "pervasive sense of manhood in danger," and he argues that few women actually fit the "insipid goody" (as Kate Millett calls it) image.<sup>126</sup> What Gay forgets, however, is that most women *tried* to fit—working classes as well as middle were affected by the "tenacious and all-pervasive" ideal of the perfect lady.<sup>127</sup>

On the gender/power axis the female body appears, then, as the unknowing medium of the historical ebbs and flows of the fear of woman as "too much." That, as we have seen, is how the anorectic experiences her female, bodily self: as voracious, wanton, needful of forceful control by her male will. Living in the tide of cultural backlash against the second major feminist wave, she is not alone in constructing these images. Christopher Lasch, in *The Culture of Narcissism*, speaks of what he describes as "the apparently aggressive overtures of sexually liberated women" which "convey to many males the same message—that women are *voracious, insatiable*," and call up "early fantasies of a possessive, suffocating, *devouring* and castrating mother."<sup>128</sup>

Our contemporary beauty ideals, by contrast, seemed purged, as Kim Chernin puts it, "of the power to conjure up memories of the past, of all that could remind us of a woman's mysterious power."<sup>129</sup> The ideal, rather, is an "image of a woman in which she is not yet a woman": Darryl Hannah as the lanky, newborn mermaid in *Splash*; Lori Singer (appearing virtually anorexic) as the reckless, hyperkinetic heroine of *Footloose*; the Charley Girl; "Cheryl Tiegs in shorts, Margaux Hemingway with her hair wet; Brooke Shields naked on an island;"<sup>130</sup> the dozens of teenage women who appear in Coke commercials, in jeans commercials, in chewing gum commercials.

The images suggest amused detachment, casual playfulness, flirtatiousness without demand, and lightness of touch. A refusal to take sex, death, or politics too deadly seriously. A delightfully unconscious relationship to her body. The twentieth century has seen this sort of feminine ideal before, of course. When, in the 1920s, young women began to flatten their breasts, suck in their stomachs, bob their hair, and show off long colt-like legs, they believed they were pursuing a new freedom and daring that demanded a carefree, boyish style. If the traditional female hourglass suggested any-

thing, it was confinement and immobility. Yet the flapper's freedom, as Mary McCarthy's and Dorothy Parker's short stories brilliantly reveal, was largely an illusion—as any obsessively cultivated sexual style must inevitably be. Although today's images may suggest androgynous independence, we need only consider who is on the receiving end of the imagery in order to confront the pitiful paradox involved.

Watching the commercials are thousands of anxiety-ridden women and adolescents (some of whom may well be the very ones appearing in the commercials) with anything *but* an unconscious relation to their bodies. They are involved in an absolutely contradictory state of affairs, a totally no-win game: caring desperately, passionately, obsessively about attaining an ideal of coolness, effortless confidence, and casual freedom. Watching the commercials is a little girl, perhaps ten years old, whom I saw in Central Park, gazing raptly at her father, bursting with pride: "Daddy, guess what? I lost two pounds!" And watching the commercials is the anorectic, who associates her relentless pursuit of thinness with power and control, but who in fact destroys her health and imprisons her imagination. She is surely the most startling and stark illustration of how cavalier power relations are with respect to the motivations and goals of individuals, yet how deeply they are etched on our bodies, and how well our bodies serve them.