

Lecture 2

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Today, we will examine the societal roles that women were required to fulfil between the early 1900s and the 1960s, how these roles started to alter, and how these changes informed feminist beliefs on the etiology of anorexia. We'll also talk about how poststructuralism, which questions the rhetoric behind these theories, criticizes feminist views.

The present slide examines the social environment in which women lived in the United States and the United Kingdom between the 1900s and the 1960s. There were two world wars at this time. Before World War I, women weren't encouraged to pursue education, further education, or careers since they were expected to fulfil the roles of wife and mother. If they did work, it was probably in a profession like nursing. During WWI men left to fight in the war and women were needed in the workforce to help with the war effort in jobs such as administration, teaching, making uniforms and manufacturing ammunition. When the war ended women were expected to return to the domestic sphere and many women were unhappy about this and began protesting for equal rights such as the right to vote and the right to work and earn an equal wage. During World War II women were again allowed to enter the workforce and once the war ended they were expected to stop working and resume the role of wife and mother.

Women's rights in the workplace gradually improved by the 1960s as a result of the Women's Liberation Movement and other women's rights groups. For instance, the Equal Pay Act of 1963 outlawed paying women less than men in the same position in the United States. It became unlawful for an employer with 15 or more employees to discriminate on the basis of sex as well as of race, religion, or national origin after Title VII of the Civil Rights Act was adopted in 1964. Before the enactment of this law an employer could legally refuse to employ women. However, it was only in 1978 that the rights of pregnant women in the workplace were protected by legislation. Even though legislation was put in place, women still experienced discrimination in the workplace and they were still expected to fulfil the role of wife and mother. For example, in the United Kingdom, it was only in the late 1960s that nurses were allowed to get married and live out of the nurse's home. It was the view at the time that women weren't able to take on the role of being a nurse as well as the role of being a wife and mother. Thus, they needed to choose between having a career and having a family. In addition, if a woman fell pregnant out of wedlock they would lose their job. It was decades later that women in South Africa were afforded the same rights as men, with Black women having experienced double-discrimination historically. Even though the Women's Charter started campaigning for equal rights for all women in South Africa in 1954, it was only when the Bill of Rights was adopted by the Constitutional Assembly in 1996 that all women were given equal rights under law.

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In the 1970s, feminist perspectives regarding the origin of anorexia began to appear. These theories represented the first significant opposition to the psychological and medical models that were covered in the previous lecture. Feminist works clearly referenced women's experiences of themselves and their social interactions while redefining anorexia. These theories explored the interrelationships between women's experience of living in Western societies, such as the changing social roles discussed, the effects of having to be in a subordinate position to men in society and the denial of food by women. Overall, these theories viewed anorexia as a form of social protest in which women expressed distress about their conflicting social roles and identities through food refusal. This would

have been an unconscious process. For example, prisoners have little control over their environment and a lack of rights. One of the ways that they engage in protest to effect change is through going on a hunger strike. They cannot be forced to eat and, as the threat to their health becomes serious, government officials are forced to listen to their protests. This is an example of a conscious choice to refuse food. Similarly, food refusal can be viewed as a form of protest where a person's dissatisfaction with being in a subordinate role, needing to put their needs ahead of the needs of others and the feelings associated with the confusion of changing social roles is expressed by refusing food. However, unlike a hunger strike in a prison, food refusal is theorised to be an unconscious response to these social factors. Not all people would respond in this way. Some people may unconsciously manage or express their distress in other ways such as using substances such as alcohol and drugs or their distress may be expressed as symptoms depression or anxiety. Two of the feminist theories on the aetiology of anorexia that we will be discussing in this lecture are Susie Orbach's theory and Kim Chernin's theory.

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Susie Orbach, a well-known author of the 1986 book *Hunger Strike*, examined the causes of anorexics' refusal to eat. Orbach asserts that women who forego eating are denying both their bodily and emotional needs. Women were expected to put the needs of others before their own by playing the roles of wife and mother before they had equal rights and it was socially acceptable for them to work. As a result, the individual's emotional needs were neglected so that they could concentrate on addressing the needs of others. Being a caretaker was a societal position that women felt obligated to fulfill and for which they would be evaluated by society for not fulfilling, they didn't feel that having their needs met was something that they could exert control over. Thus, they lacked agency over their lives. However, the person could control their own body and what they consumed. Thus, food refusal was theorised to be a way of gaining control over one's body by ignoring its needs. Control of food intake was viewed as a form of protest against being in a subordinate social position in society as discussed on the previous slide. It was also a way to manage one's feelings and desires that could not be met during a time that was confusing for many women. By the late 1960s it became more acceptable for women to work but they were still expected to fulfil the role of wife and mother. Thus, they had many roles to choose from but they still entered the world as guests as they didn't have equal rights. An example of the confusion experienced by women at this time is feelings of guilt experienced by mothers who were working. During this time research began emerging on the effects of day care on children's well-being with some studies finding that being separated from your mother at an early age was detrimental to the child's psychological well-being while other studies found that a child receiving good quality day care wasn't negatively affected. Thus, even though a woman may have chosen to go back to work she still experienced guilt about the possible negative effects that separation would have on her child. Thus, many women experienced this contradictory pull between needing to satisfy the needs of others while also wanting to satisfy their own needs by studying and having a career for example Interestingly, little research has been done on the effects that a father going to work has on the child's psychological well-being.

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As social roles changed and it was viewed by society as more acceptable for a women to work, not everyone believed that women should work if they had children. Thus, there would have been social pressure to stay at home rather than work and many women were made to feel guilty for choosing to work. In addition, women who worked were still primarily responsible for raising their children. Thus, women experienced conflicting feelings of liberation and guilt. Feelings of liberation about having

more equal rights, being able to work and study but guilt about doing this as they were still expected to be a good wife and mother to their children.

Orbach argued that the mother-daughter relationship played an important role in the aetiology of anorexia. It was theorised that the daughter's needs stirred the mother's unmet needs. In other words, now that young women had more freedom and choice about entering the workforce, the mother who didn't have this freedom and who had remained in the role of wife and mother, putting her family's needs before her own became aware of her own unmet needs. Perhaps she had also wanted to have a career but was unable to do so at the time as it wasn't socially acceptable. As a result, the mother would have experienced mixed feelings toward her daughter and her parenting would have been inconsistent. On one hand, she would have wanted her daughter to be happy and successful, but on the other hand she may have been overprotective and controlling and wanted her daughter to remain dependent on her. Thus, the daughter would have struggled to deal with the developmental challenge of separation vs. individuation. In this context, anorexia was viewed as a way for the person to return to her mother and to avoid the conflicting feelings that arose if she tried to separate from her mother and become independent as she would most likely remain at home, and her mother would continue to care for her and a lot of her mother's attention would be on trying to get her daughter to eat.

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Kim Chernin's theory on the aetiology of anorexia also focused on changing social roles and on the mother-daughter relationship. According to Chernin, young women experience a conflict between new and traditional social roles. These conflicts are the same type of conflicts discussed by Orbach in relation to a women having the freedom to work but also being expected to fulfil the role of the wife and mother and to put the needs of others before her own needs. Chernin proposed that young women experienced ambivalence (or mixed feelings) and feelings of guilt about moving into the 'male sphere' of work and of self-development where they put their own needs and desires before the needs of others. Thus, they experienced a terror of female development which resulted in the person unconsciously transforming their bodies, through weight loss, in reaction to feelings of guilt about transforming their lives and personalities. Thus, a person with anorexia would be consumed by their obsession with food refusal in place of freedom. In other words, the person would spend a lot of time and energy thinking about avoiding food and worrying about putting on weight and this would divert their attention from having to think about and make decisions about their future and whether they wanted to pursue a career, have a family or both and how they were going to achieve this.

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Chernin also viewed the mother-daughter relationship as playing a central role in the development of anorexia. Chernin theorised that eating disorders are an expression of identity confusion and that a young person with anorexia struggles to separate from their mother and develop their own identity and sense of self. One of the reasons for this is that the young person feels guilty about surpassing, or achieving more, than their mother has achieved. It is socially acceptable for them to work and put their needs first but it wasn't socially acceptable for their mother to do this so their mother never had the same opportunities as them. The mother also experiences conflicting feelings towards her daughter due to the fact that she did not have the same opportunities. Thus, the mother may experience feelings of rage toward her daughter as her daughter matures and starts to become independent but then these feelings are followed by guilt as she also want her daughter to be independent and successful. The daughter picks up on her mother's contradictory feelings and this

makes it more difficult for her to separate from her mother and increases her feelings of guilt about surpassing her mother.

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Feminist theories were some of the first theories to shift the focus of the causes, and in turn therapy for anorexia away from the individual onto the social context in which the person's symptoms emerged. These theories aimed to create an understanding of food refusal rather than viewing food refusal as a sign of deviance or pathology. These theories also recognised that eating disorders are the result of oppression of women within our culture. In therapy, the therapist would focus on family dynamics and the relationship that the client has with her mother. In addition, they would assist the client to explore their contradictory social roles and overidentification with caretaking roles and the feelings associated with these and how they are related to food refusal. The therapist also assists the person to explore the way in which they may be identifying with cultural ideals of thinness that are portrayed in the media. Thus, the therapist tries to assist the client to gain an understanding of the reasons why they are refusing to eat. These theories also highlight the need for social change rather than placing the burden of change on the individual. Thus, these theories attempted to depart from the dominant medical models of the time and from using invasive treatments such as confinement, force feeding, hospitalisation and electroconvulsive therapy. However, there are several limitations to these theories. One limitation is that the theories are largely based on clinician's observations of their clients and on their own experiences with eating disorders as several of the theorists had eating disorders themselves. These theories also don't attempt to explain why some young people go on to develop anorexia while others don't even though they are affected by the same societal changes. In addition, little research was done to test these theories so there is a lack of evidence-base supporting them. An analysis of the discourse used in these theories also highlights the fact that these theories failed to move away from a psychomedical epistemology. This will be discussed in more detail in the subsequent slides.

Slides 9 and 10

The current slide covers the material on slides 9 and 10. Julie Hepworth's book on *The Social Construction of Anorexia Nervosa*, which was published in 1999, draws upon a poststructuralist, Foucauldian analysis to examine the construction of knowledge through which Anorexia emerged throughout history and in feminist theories on the aetiology of this disorder. As discussed earlier, phenomena such as anorexia are socially constructed through discourse. The language used when discussing anorexia influences our understanding of the disorder and positions the subject, or the person with the disorder, in a particular way. For example, medical discourse places a person with anorexia as the patient with an illness and as a person who is deviant, irrational and emotionally unstable. This discourse influences the way that the person is treated, the way other people view the person and it reproduces dominant ideas about the phenomenon.

Hepworth acknowledges that feminist theories were the first major challenge to the medical model and that these theories acknowledged the need to focus on the social, cultural and political factors underlying this disorder. These theories also gave women with anorexia a voice which they did not have previously and they highlighted the way in which the medical paradigm limited, rather than facilitated, recovery from anorexia. However, the fact that these theories were partly based upon psychoanalytic analyses of anorexia meant that these theories failed to move away from a psychomedical epistemology. This is evident in the quotes from feminist writings on the next slide. In two of these quotes a person with anorexia is referred to as an anorectic. Firstly, the medical term anorexia is still being used. Secondly, this term implies that anorexia is part of the person and their

identity. Anorexia is something that the person is rather than something the person has or may be experiencing. This is also evident in the third quote that states that “the anorectic woman encompasses in her symptom ...”. In the second quote anorexia is directly referred to as a mental illness in the same paragraph as it is referred to in the social context of it being a metaphor for our age. In the last two quotes which are: “she defeminizes her body” and “she has agreed to take up only a little space in the world” it is implied that the person is choosing to engage in these behaviours in contrast to viewing the behaviours associated with anorexia as caused by social factors.

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Hepworth critiques the fact that feminist theories view the mother-daughter relationship as central to the aetiology of anorexia for several reasons. Firstly, the father-daughter relationship isn't analysed in any of the feminist texts and the relationship between eating disorders and sexual abuse isn't examined. The fact the father is excluded when analysing family dynamics means that family is essentially considered as consisting of a mother and a daughter. This also results in the continuation of the mother being positioned as the bedrock of family life and the central link in explaining pathology. These are all criticisms of the earlier medical and psychoanalytic theories on the aetiology of anorexia and it highlights the fact that these theories haven't successfully moved away from viewing this disorder from a medical and psychoanalytic perspective and that the discourse used reproduces the dominant idea that anorexia is a psychomedical condition.

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Another criticism of feminist theories is that anorexia is viewed as a problem of identity. This is evident in Orbach's theory where she describes the difficulty that the young person experiences with the developmental task of separation vs. individuation, where the daughter needs to separate from her mother to become independent and develop her own identity and sense of self. It is also evident in Chernin's theory where she states that the daughter is struggling to separate from her mother and is searching for her identity and a sense of self. Viewing anorexia as a problem of identity means that the source of pathology continues to be located within the individual, as becoming independent and developing a sense of identity is something that the individual isn't able to do. This theory also reduces the explanation of anorexia to an identity crisis rather than perceiving it as a more complex phenomenon. In addition, the person is positioned as having failed to cope with the transition into adulthood. Overall, the individual rather than society is expected to change. Again, locating the pathology within the individual and expecting the individual to change are the same criticisms discussed in relation to medical and psychoanalytic theories.

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Lastly, although feminist theorists such as Orbach recognised the problematic nature of the term anorexia nervosa, this term continued to be used and a person with anorexia was repeatedly referred to as the anorexic or the anorectic in the literature. In addition, words such as mental illness and symptoms were used when discussing anorexia. Thus, feminist theories didn't move away from using medical discourse in their writing and they didn't question the meaning and utility of the term anorexia. This reproduced explanations of anorexia as a psychiatric category even though it was the intention to move away perceiving anorexia as an illness or psychological disorder. Referring to someone a person with anorexia has a different meaning to referring to the person as an anorexic or an anorectic. The terms anorexic and anorectic imply that anorexia is something that you can be, that the person can and is their disorder and that the disorder is a central part of the person's identity. The use of these terms also separates a person with anorexia from other women who are not anorexic.

Thus, through analysing the discourse used in feminist writings on anorexia, it is evident that these theories have failed to establish a shift away from a psychomedical epistemology